

Date: April 10, 2006

From: WHO Collaborating Center for
Research, Training and Eradication of Dracunculiasis

Subject: GUINEA WORM WRAP-UP #161

To: Addressees

representatives of the nine remaining
occurred nearly twenty years after the delegates from 20 endemic countries met
Regional Conference on Dracunculiasis Eradication in the same building, the
s, in July 1986. The Niger minister of health, Dr. Ary Ibrahim

_____, opened the
meeting by noting the priority that the Government of Niger places on eradicating Guinea Worm
disease. This meeting focused on the need to stop transmission quickly in the remaining endemic
countries, which was signed by ministers of health from all the remaining endemic countries in
may 2004, the participants recommended that

- **Cote d'Ivoire, Burkina Faso, Togo and Nigeria** should interrupt transmission of dracunculiasis by the end of 2006;
- **Ethiopia, Niger and Mali** should stop transmission in 2006 or 2007;
- **Ghana**

Table 1

**Status by Country During 2005 of Numbers of Rumors Investigated and Cases of
Dracunculiasis Confirmed, Establishment of a National Pre-Certification Committee, a Cash
Reward for Reporting and of a Rumor Registry**

Country	# rumors investigated	# GW cases confirmed	National Pre-certification Committee	Cash Reward	Rumor Registry
Sudan	4	0			
Ghana	??	??			
Mali	97	5	??	+	+
Niger	164	28	??	+	+
Nigeria	27	1	2005	+	+
Togo	10	0	2003	-	+
Burkina Faso	28	0	??	-	+
Cote d'Ivoire	7	0	Year?		+
Ethiopia	76	31		+	+
TOTAL	413	65			

WHO PREPARES TO CERTIFY MORE COUNTRIES

Dr. Dirk Engels of WHO chaired the 52nd Meeting of the International Coordinating Group for Dracunculiasis Eradication that met immediately after closure of the Program Managers Meeting on March 31st. Participants included representatives of The Carter Center, UNICEF, WHO, Health and Development International, and Vestergaard Frandsen, as well as delegates from Niger and Ethiopian Guinea Worm Eradication Programs. Drs. Engels and Ahmed Tayeh of WHO announced that WHO conducted a pre-certification visit to Mauritania in March 2006, which included visits to 40 villages and eleven health centers in three formerly endemic regions. A similar visit to Benin is scheduled to take place on May 8 – 20, 2006, following a visit to Uganda in November 2005. Official International Certification Teams are also scheduled to visit Chad, Central African Republic (CAR), Cameroon, Liberia, Sierra Leone and Guinea-Conakry over the next several months. Current plans are for the International Commission for the Certification of Dracunculiasis Eradication to consider the certification of Cameroon, CAR, Chad, Guinea-Conakry, Liberia and Sierra Leone at its sixth meeting in Geneva on March 5-7, 2007, with Benin, Kenya and Mauritania to be considered in early 2008.

GHANA: CASES UP 12% IN 2006

TIME REMAINING TO ERADICATE DRACUNCULIASIS FROM GHANA

2005		2006												2007		
Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	
				↑											↑	
				DATE NOW											TARGET DATE	

Ghana has reported a provisional total of 1,598 cases of dracunculiasis in January-March 2006, which is an increase of 12% compared to the 1,429 cases reported during the same period of 2005. Of the 3,981 cases reported in Ghana in 2005, 51% were reported from only four districts, 69% were reported from the top seven districts, and 95% were from only 15 of Ghana's 110 districts. This comes at a time when all three of Ghana's immediate neighbors (Burkina Faso, Cote d'Ivoire, Togo) are on track to possibly stop transmission of dracunculiasis this year, and will become increasingly concerned about the relatively large numbers of cases still occurring in Ghana and putting them at risk of imported cases.

Ghana's program has finally begun to record the status of interventions monthly, data that we shall convey in the *Guinea Worm Wrap-Up* regularly from now on (Table 2). So far, the latter data unfortunately do not yet reflect improvements in case containment rates or in safe water supply to endemic villages. On the contrary, reported rates of case containment have declined from 2004 (66%) to 2005 (60%) to 2006 (61%), and so has the reported percentage of endemic villages with at least one or more sources of safe drinking water (46%, 39%, 35%). This may be a reporting artifact, but if so, the reporting deficiency must be corrected quickly, so that the program knows the true status of these key indicators each month, and can act to improve them where necessary. The Government of Ghana has allocated the equivalent of \$500,000 to its Ministry of Health and Ghana Health Services for the Guinea Worm Eradication Program in 2006, and it is hoped that these funds will be brought to bear in Ghana's GW program effectively. Only eleven months remain to the Golden Jubilee target date of March 6, 2007 for interrupting transmission of Guinea worm disease in Ghana!

Table 2

Ghana GWEP Status of Major Indicators in 2005 and by Month, During 2006

	2005	Jan '06	Feb '06
No. cases	3981	608	584
% Cases contained	60%	54%	50%
No. Endemic villages	422	422	475
% EVs reporting	100%	74%	89%
% EVs with 100% h/h filter coverage	89%	37%	79%
% EVs with health education activities	100%	59%	89%
% EVs with 1+ safe water	39%	37%	34%
% EVs treated with ABATE	56%	14%	21%

ABATE Effectively!

Table 3

Number of Cases Contained and Number Reported by Month during 2005
(Countries arranged in descending order of cases in 2004)

COUNTRIES REPORTING CASES	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED													%
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL*	
GHANA	363 / 553	345 / 483	281 / 395	261 / 397	337 / 458	274 / 383	105 / 162	37 / 60	30 / 56	83 / 224	146 / 355	143 / 455	2405 / 3981	60
SUDAN	0 / 66	2 / 102	4 / 169	21 / 146	12 / 1606	47 / 1442	36 / 542	45 / 499	27 / 324	4 / 410	0 / 262	0 / 1	198 / 5569	4
NIGERIA	25 / 36	13 / 17	9 / 13	11 / 29	7 / 9	4 / 6	4 / 5	1 / 1	0 / 0	0 / 0	2 / 2	2 / 2	78 / 120	65
MALI	3 / 4	1 / 1	1 / 1	1 / 1	22 / 25	25 / 25	43 / 86	98 / 132	163 / 203	94 / 116	47 / 52	10 / 13	508 / 659	77
NIGER	2 / 2	4 / 4	1 / 3	1 / 2	1 / 3	3 / 3	5 / 7	22 / 23	19 / 19	41 / 43	50 / 59	14 / 15	163 / 183	89
TOGO	11 / 11	1 / 4	2 / 2	3 / 3	16 / 19	7 / 8	5 / 6	1 / 4	0 / 1	1 / 2	4 / 4	7 / 9	58 / 73	79
BURKINA FASO	0 / 0	0 / 0	0 / 0	1 / 1	0 / 0	3 / 3	0 / 5	13 / 15	0 / 0	1 / 1	3 / 4	0 / 1	21 / 30	70
COTE D'IVOIRE	0 / 0	0 / 0	1 / 1	0 / 0	0 / 0	0 / 3	1 / 4	1 / 1	0 / 0	1 / 1	0 / 0	0 / 0	4 / 10	40
BENIN	0 / 0	0 / 0	1 / 1	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	1 / 1	100
ETHIOPIA	2 / 2	0 / 0	0 / 0	3 / 3	7 / 7	16 / 20	2 / 2	2 / 3	0 / 0	0 / 0	0 / 0	0 / 0	32 / 37	86
MAURITANIA	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0
UGANDA	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	4 / 4	1 / 1	2 / 2	2 / 2	0 / 0	0 / 0	0 / 0	9 / 9	100
KENYA	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	2 / 2	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	2 / 2	100
TOTAL*	406 / 674	366 / 611	300 / 585	302 / 582	402 / 2127	385 / 1899	202 / 820	222 / 740	241 / 605	225 / 797	252 / 738	176 / 496	3479 / 10674	33
% CONTAINED	60	60	51	52	19	20	25	30	40	28	34	35	33	

Shaded cells denote months when zero indigenous cases were reported. Numbers indicate how many imported cases were reported and contained that month.

Figure 1

Country	2004	2005
Mauritania	3	0
Benin	3	0
Nigeria	495	120
Togo	232	70
Cote d'Ivoire	20	9
Ghana	7268	3977
Burkina Faso	35	24
Niger	233	175

Table 4

Table 5

Number of Cases Contained and Number Reported by Month during 2006*
(Countries arranged in descending order of cases in 2005)

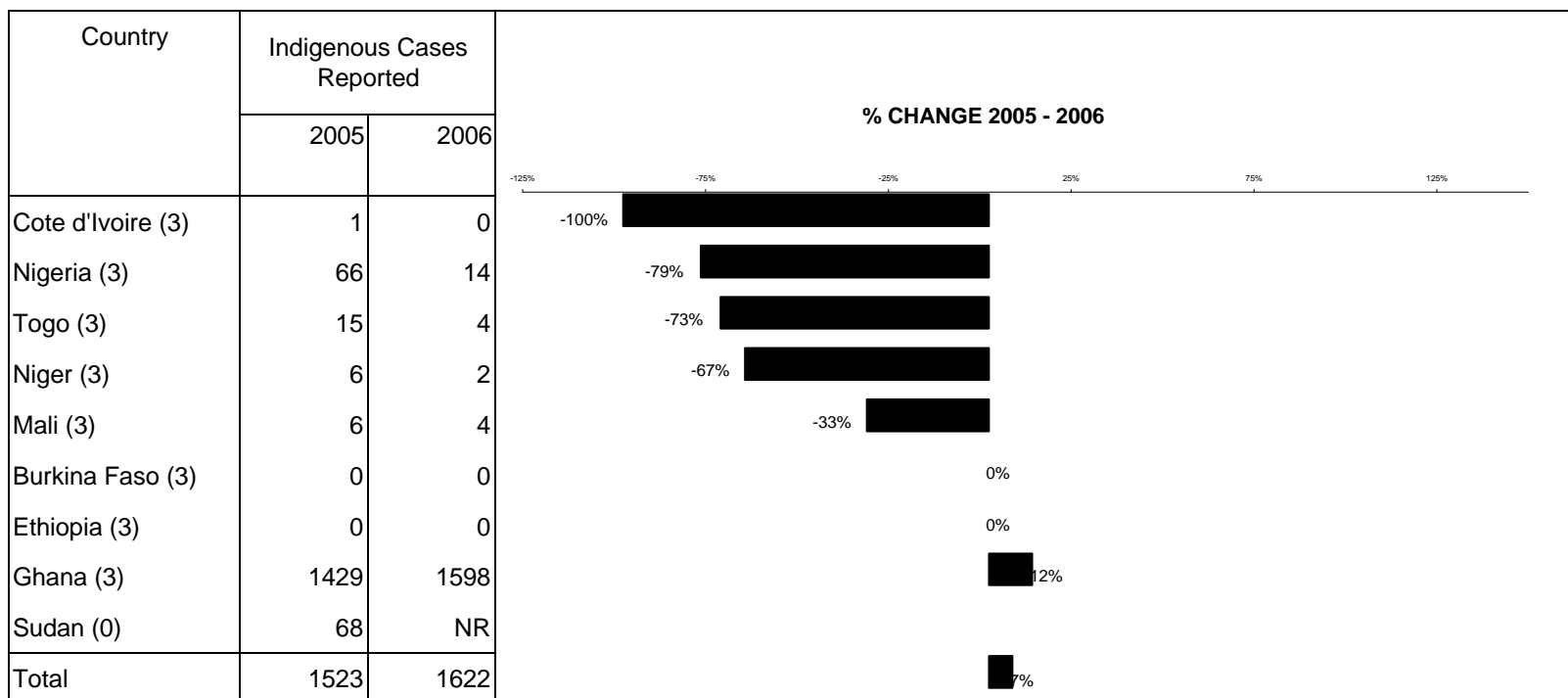
COUNTRIES REPORTING CASES	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED													% CONT.
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL*	
SUDAN	/	/	/	/	/	/	/	/	/	/	/	/	0 / 0	
GHANA	396 / 608	372 / 584	206 / 406	/	/	/	/	/	/	/	/	/	974 / 1598	61
MALI	3 / 3	1 / 1	0 / 1	/	/	/	/	/	/	/	/	/	4 / 5	80
NIGER	2 / 2	0 / 0	0 / 0	/	/	/	/	/	/	/	/	/	2 / 2	100
NIGERIA	0 / 0	10 / 14	0 / 0	/	/	/	/	/	/	/	/	/	10 / 14	71
TOGO	1 / 1	2 / 3	0 / 0	/	/	/	/	/	/	/	/	/	3 / 4	75
BURKINA FASO	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	/	/	0 / 0	
COTE D'IVOIRE	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	/	/	0 / 0	
ETHIOPIA	1 / 1	0 / 0	0 / 0	/	/	/	/	/	/	/	/	/	1 / 1	100
TOTAL*	403 / 615	385 / 602	206 / 407	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	994 / 1624	61
% CONTAINED	66	64	51										61	

* provisional

Shaded cells denote months when zero indigenous cases were reported. Numbers indicate how many imported cases were reported and contained that month.

Figure 2

Number of Indigenous Cases Reported During the Specified Period in 2005 and 2006*, and Percent Change in Cases Reported



(3)Indicates months for which reports were received, i.e., Jan. - Mar. 2006

* Provisional

MASSIVE PUBLIC “APPLAUSE” FOR BENIN AND UGANDA

During one of the mailings to supporters of The Carter Center late last year, the director of that activity highlighted Benin and Uganda as two countries that recently broke transmission of Guinea worm disease. She also mentioned that the heads of state of those two countries might like to receive some congratulations and encouragement to remain vigilant until the disease is eradicated everywhere. The response was overwhelming: at last count in January 2006, The Carter Center had received 10,450 letters for the president of Benin, and 10,300 letters for the President of Uganda! The boxes of letters, which weigh 42 pounds (about 20 kilos) each, will be mailed to the respective presidents this month.

Forecasting!

IN BRIEF:

Burkina Faso had 8 uncontained cases in 6 villages in 2005. Zero cases reported during January, February and March 2006.

Cote d’Ivoire. The minister of health visited the endemic village of Arrah during the national Guinea Worm Day celebration in March 2006. He was accompanied by the resident representatives of UNICEF and WHO. Zero cases reported during the last 7 consecutive months!

Nigeria has reported no uncontained cases between August 2005 and January 2006. The four officially uncontained cases that occurred in one village in February 2006 were in fact surrounded by several interventions, including ABATE® larviciding. Nigerian health authorities, however, are not prepared to maintain adequate surveillance for dracunculiasis in the vast areas of the country that are now free of the disease, although the reward for reporting of a case is widely publicized. Nigeria reported zero cases of GWD during March 2006, the fourth time since August 2005 that zero cases have been reported nationwide.

Sudan reported a total of four imported cases in the northern states during 2005.

The governments of Cote d’Ivoire, Ethiopia, Mali and Niger have allocated the equivalents of \$188,000; \$3,496; \$16,000; and \$53,000 respectively, for their national Guinea Worm Eradication Programs, according to data presented at the Program Managers meeting in Niamey.

Diversified IEC!

STATUS OF GATES / UNICEF WATER SUPPLY PROJECTS

Figure 3 Number of Cases of Dracunculiasis Reported: 2000 - 2005

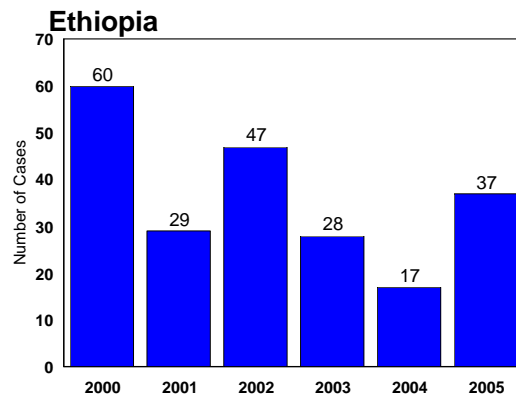
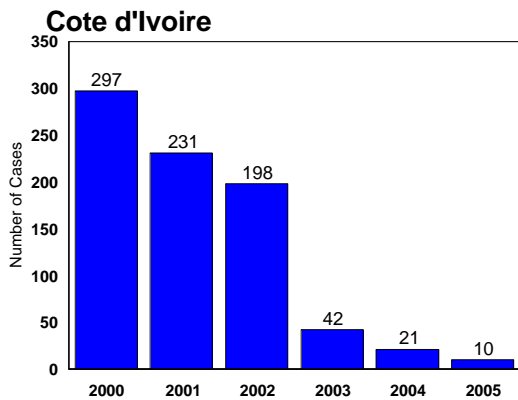
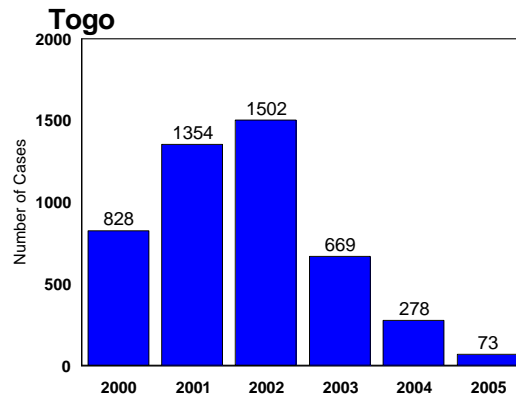
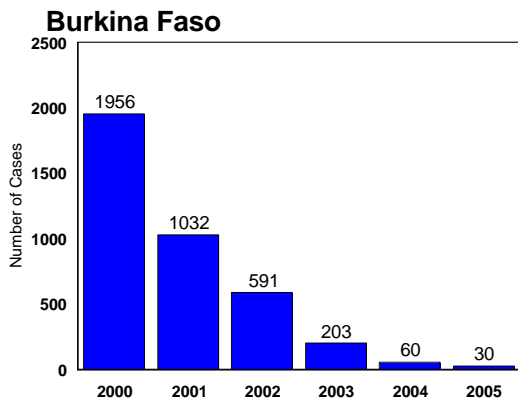
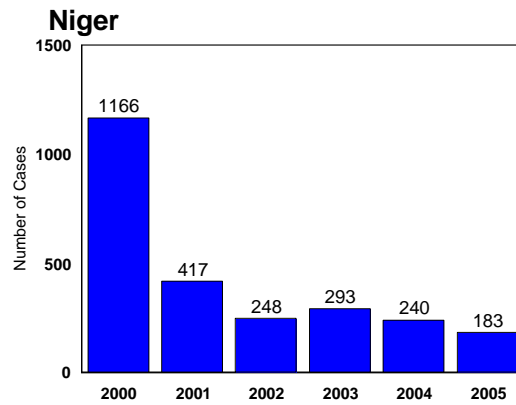
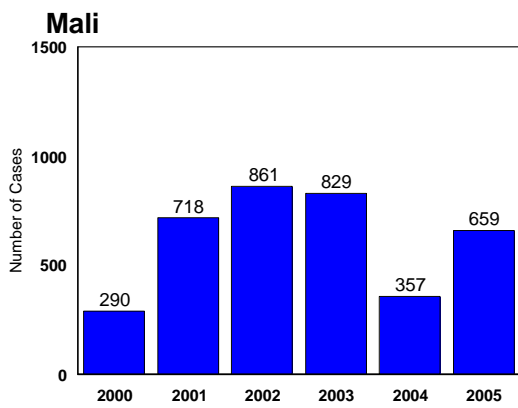
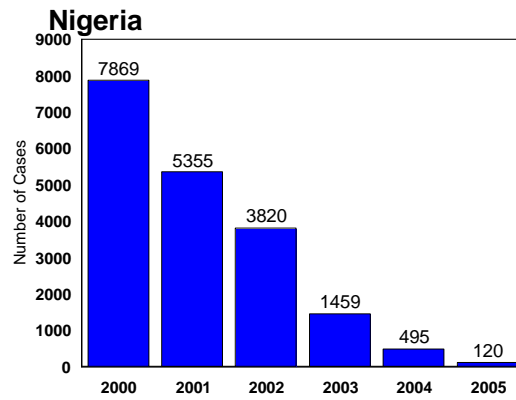
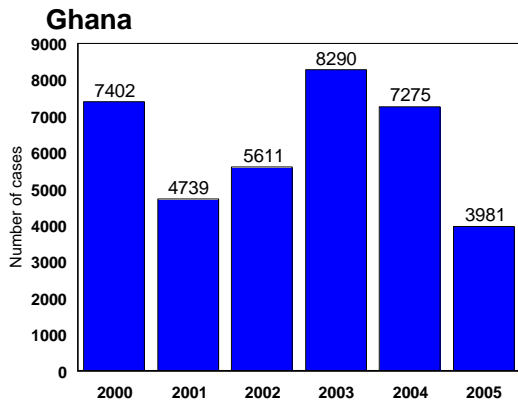
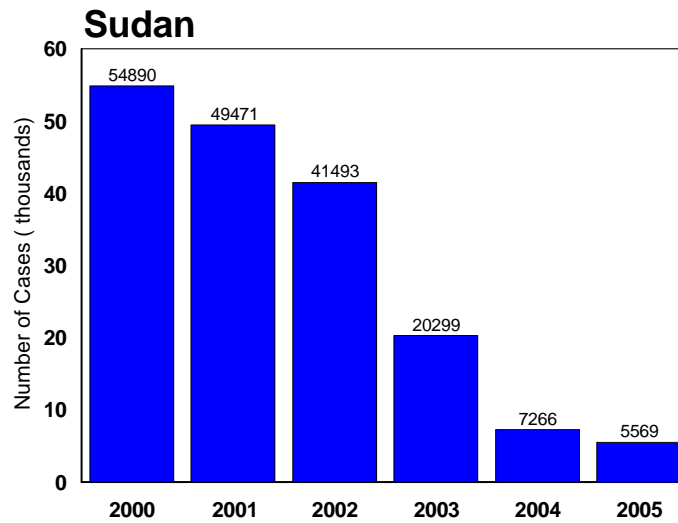


Figure 4

Number of Cases of Dracunculiasis Reported: 2000 - 2005



2006 FRANCOPHONE PROGRAM REVIEW

This year's Program Review for the remaining endemic francophone countries will be held at The Carter Center on November 14 -15, 2006.

*Inclusion of information in the Guinea Worm Wrap-Up does not constitute "publication" of that information.
In memory of BOB KAISER*

For information about the GW Wrap-Up, contact Dr. Sharon Roy, WHO Collaborating Center for Research, Training, and Eradication of Dracunculiasis, NCID, Centers for Disease Control and Prevention, F-22, 4770 Buford Highway, NE, Atlanta, GA 30341-3724, U.S.A. FAX: 770-488-7761. The GW Wrap-Up web location is <http://www.cdc.gov/ncidod/dpd/parasites/guineaworm/default.htm>.



CDC is the WHO Collaborating Center for Research, Training, and Eradication of Dracunculiasis.