



Date: May 12, 2006

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

Count Down to Glory

Consecutive months with zero indigenous cases:

Table 1

**Ghana Guinea Worm Eradication Program
Interventions Against Transmission of Guinea Worm Disease: 2001- 2006***

Year	Number of villages reporting 1+ cases	Number of cases reported	% of cases contained	Percentage of Endemic Villages		
				with filters in households	using ABATE	with 1+ sources of safe drinking water
2001	783	4739	68%	85%	20%	34%
2002	739	5611	66%	95%	26%	44%
2003	975	8290	59%	100%	39%	42%
2004	876	7275	66%	94%	7%	47%
2005	422	3981	60%	89%	56%	39%
2006*	296	1995	61%	74%	16%	37%

* Provisional reports for January -April

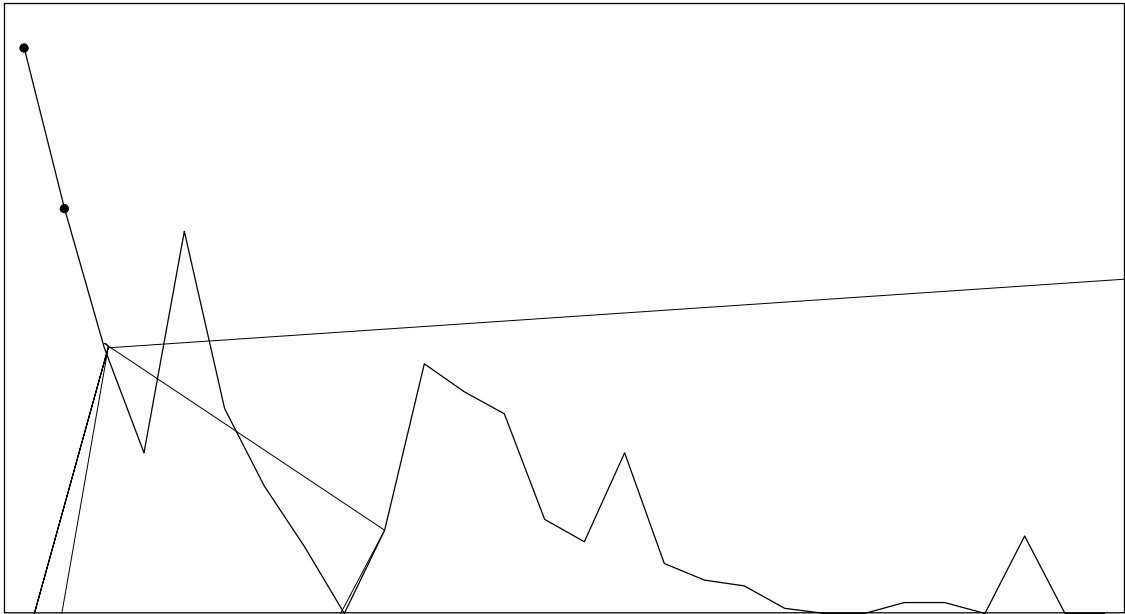
The number of cases reported so far this year and the large proportion of those cases that were not contained pose a serious challenge to Ghana's intention to celebrate freedom from transmission of Guinea worm disease in conjunction with the Golden Jubilee of its Independence on March 6, 2007. There is potentially still time to accomplish this goal before the end of the year-long celebrations in 2007, but only if Ghana mobilizes itself fully to make that happen. Among the Ghanaian artists working to fight the disease, Mr. Sheriff Ghale, Ghana's 2005 Reggae Artist of the Year, has been writing songs for the Guinea Worm Eradication Program, and performed at a massive concert to support health education about the disease in Savelugu (Northern Region) in March 2006. Miss Ghana 2005, Miss Lamisi Mbillah, meanwhile, continues her efforts to help mobilize villagers and decision makers in endemic areas by undertaking another tour to key zones in the Northern Region for two weeks in May 2006. Also in May, the director for prevention and control of communicable diseases at WHO's Regional Office for Africa, Dr. James N. Mwanzia, led a delegation of six persons from the WHO to review the Guinea worm situation. The team was accompanied by Dr. George Amofa, the director of public health in the Ghana Health Service, in a visit to Savelugu in the Northern Region. Dr. Amofa is reported to have called for a "state of emergency" in regard to Guinea worm eradication in Ghana following the visit. *ERRATA: In last month's issue, we reported that the Government of Ghana has allocated the equivalent of \$500,000 to the Ministry of Health for the GWEP in 2006. A request was made to the ministry for \$500,000 in support, but the program is not yet sure of how much additional support it will receive beyond the \$77,000 already received for 2006. We regret the error.*

NIGERIA: ANY CASE OF DRACUNCULIASIS FROM NOW ON COULD BE THE LAST CASE!!

Nigeria has reported only 14 cases of dracunculiasis in January-April 2006, compared to 95 cases during January-April 2005, and all of this year's cases were reported in February. In the past year (May 2005-April 2006), Nigeria has reported a total of only 39 cases, 9 of which were not contained: two cases each in May and June 2005, one case in July 2005, and four cases in February 2006. During that year, Nigeria, which enumerated over 653,000 cases of Guinea worm disease during its first national case search in 1988-89, reported five months with zero indigenous cases of dracunculiasis (Figure 2). Nigeria has recorded 54 rumored cases of Guinea worm disease in its national rumor register for the period January-April 2006. Only one of these was confirmed as a case of dracunculiasis.

Figure 2

**NIGERIA GUINEA WORM ERADICATION PROGRAM
MONTHLY DISTRIBUTION OF CASES OF DRACUNCULIASIS REPORTED DURING 2004 - 2006***



SUDAN ESCALATING INTERVENTIONS

The Sudan Guinea Worm Eradication Program and its partners have been working furiously to escalate interventions in the remaining endemic areas of southern Sudan, especially in the four Focus Areas (Figure 3), before the rains limit access. The Carter Center has provided six international technical advisors for the four areas, as well as 11 four wheel drive vehicles, 950,000 cloth filters and 1,000,000 pipe filters, ABATE® Larvicide, health education materials and other supplies. UNICEF plans to drill 40 borehole wells in Kapoeta North County. Two new data managers have been trained with CDC's assistance, and are beginning to organize reports for 2006. So far, 2822 cases have been during January - April 2006 which represents an increase of 737%, compared to 337 cases reported for all of Sudan during the same period of 2005.

In a speech before the parliament of South Sudan on April 11, 2006, the President of the Government of South Sudan and Vice President of the Government of National Unity, His Excellency Mr. Salva Kiir, noted his government's intention to combat several debilitating diseases, including Guinea worm, and said that "With assistance from The Carter Center, WHO, UNICEF and other organizations, the Government of Southern Sudan hopes to eradicate the guinea worm disease from the whole of Southern Sudan by the year 2009. All these plans go hand in hand with programs for drinking water and environmental sanitation."

Figure 3

IN-BRIEF:

Kenya. Dr. Ahmed Tayeh, WHO/Geneva conducted an assessment of Kenya's Guinea Worm Eradication Programme during May 3 -9, which included a field visit to the formerly endemic district of Turkana to review surveillance and case containment activities, provide technical assistance, and make recommendations. Since the last known indigenous case occurred in Kenya in 1994, this country

Table 2

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

	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED												TOTAL*	CONT.	%	
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER				
SUDAN	/	0 /	0 /	/	/	/	/	/	/	/	/	/	0 /	2822	0	
	396 /	374 /	269 /	183 /	/	/	/	/	/	/	/	/	1222 /	1995	61	
GHANA	608	587	411	389	/	/	/	/	/	/	/	/	5 /	5	100	
MALI	3 /	1 /	0 /	1 /	/	/	/	/	/	/	/	/	3 /	4	75	
NIGER	2 /	0 /	0 /	2 /	/	/	/	/	/	/	/	/	10 /	14	71	
NIGERIA	0 /	10 /	0 /	0 /	/	/	/	/	/	/	/	/	3 /	5	60	
TOGO	1 /	2 /	0 /	1 /	/	/	/	/	/	/	/	/	0 /	0	0	
BURKINA FASO	0 /	0 /	0 /	0 /	/	/	/	/	/	/	/	/	1 /	1	100	
COTE D'IVOIRE	0 /	0 /	0 /	1 /	/	/	/	/	/	/	/	/	1 /	1	100	
ETHIOPIA	1 /	0 /	0 /	0 /	/	/	/	/	/	/	/	/	1 /	1	100	
TOTAL*	403 /	615											1			



Figure 4

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

Country	Indigenous Cases Reported	
	2005	2006
Ethiopia (4)	3	0
Nigeria (4)	95	14
Togo (4)	18	5
Niger (4)	8	4
Mali (4)	7	5
Cote d'Ivoire (4)	1	1
Burkina Faso (4)	0	0
Ghana (4)	1825	1995
Sudan (3)	337	2822
Total	2294	4846

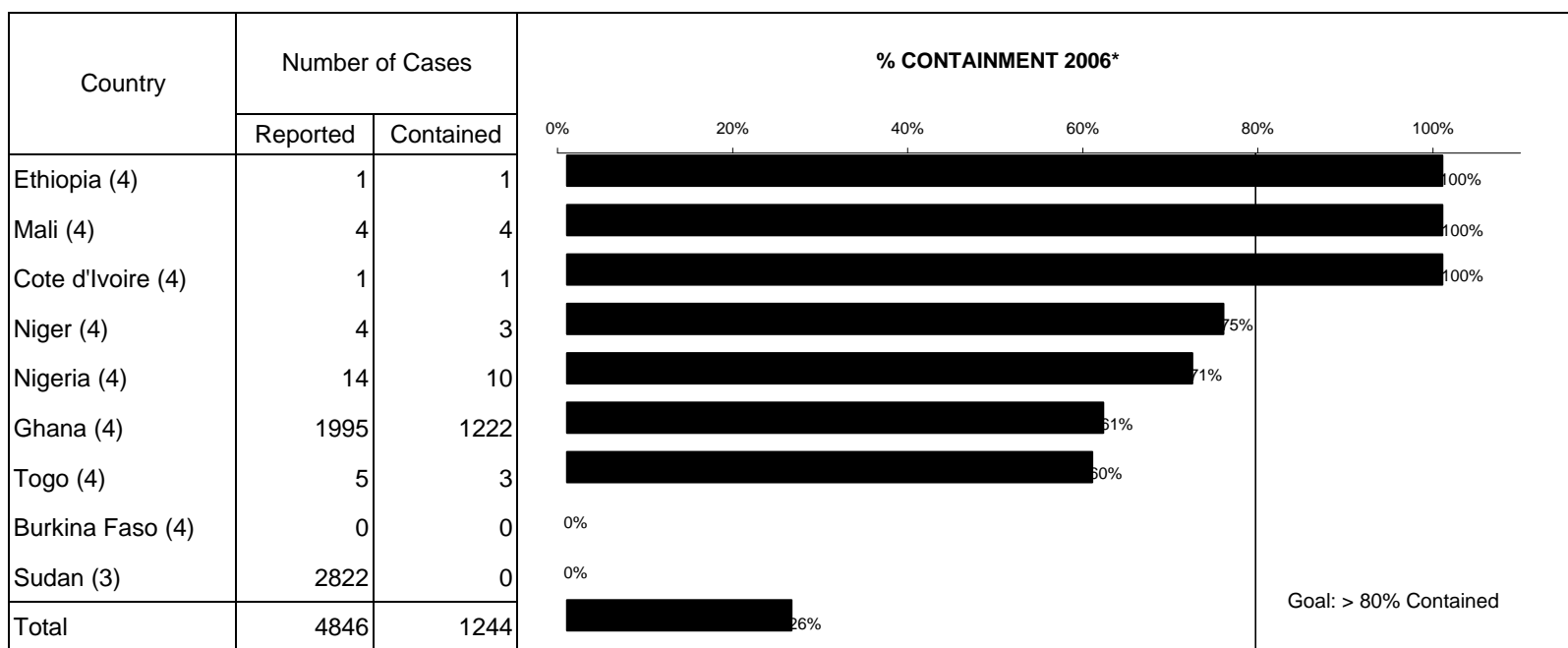
Overall % change outside of Sudan = 3%

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

* Provisional

Figure 5

Number of Cases of Dracunculiasis Reported by Country During the Specified Period in 2006*, and Percent of Cases that were Contained



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

* Provisional

STATUS OF GATES/UNICEF WATER SUPPLY PROJECTS

Mali. The project has been completed, with 12 of 14 planned wells provided. Eight are currently functional and 4 are in disrepair. We are informed that the two remaining planned wells will not be provided.

Togo. 14 of 14 new wells successfully drilled. Temporary hand pumps were placed on 3 of the wells in April, and those are now functioning in the villages of Agbole, Kpatala, and Okeloukoutou. Permanent hand pumps for all 14 wells were to arrive in Lome on May 10, 2006.

Niger.



NEW PUBLICATIONS

Menon T, 2006. Incidental finding of *Dracunculiasis medinensis* in Australia. Med, J. Australia 183:51-52. [This report is of a calcified Guinea worm identified by X-ray in an immigrant from Sudan.]

World Health Organization, 2006. Dracunculiasis eradication: global surveillance summary, 2005. Wkly Epidemiol Rec 81:173-182.

Sternberg S, 2006. Carter Center closes in on the Guinea worm. USA Today May 15; 7D

DEFINITION OF CASE CONTAINMENT

A case of Guinea worm disease is contained if all of the following conditions are met:

1. The patient is detected before or within 24 hours of worm emergence; **and**
2. The patient has not entered any water source since the worm emerged; **and**
3. The village volunteer has properly managed the case, by cleaning and bandaging until the worm is fully removed, and by giving health education to discourage the patient from contaminating any water source (if two or more emerging worms are present, the case is not contained until the last worm is pulled out); **and**
4. The containment process, including verification that it is a case of Guinea worm disease, is validated by a supervisor within 7 days of the emergence of the worm.

*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.