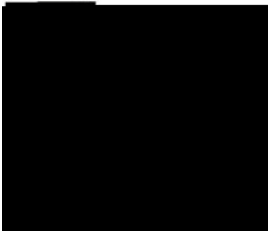


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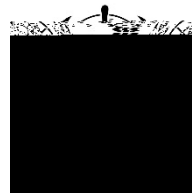
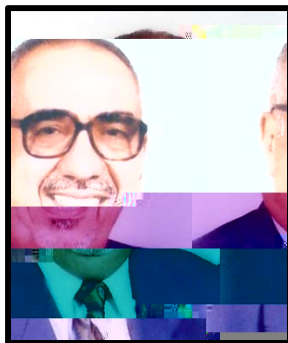
Memorandum



Date: August 8, 2019
From: WHO Collaborating Center for Dracunculiasis Eradication, CDC
Subject: GUINEA WORM WRAP-UP #262
To: Addressees

“The public interest requires doing today those things that men of intelligent good will would wish, five or ten years hence, had been done.” Edmund Burke

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It is with deep sadness and painful regret that we report the recent passing of Dr. Abdulrahman A. Al-Awadi on July 6, 2019. As President of the Thirty-third World Health Assembly, Dr. Al-Awadi signed the declaration of global eradication of smallpox with World Health Organization Director-General Dr. Halfdan Mahler on May 8, 1980. The WHO Collaborating Center for Dracunculiasis Eradication (ICCDE) in

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Dr. Al-Awadi received his advanced education at the American University of Beirut (M.D., 1963) in Lebanon and the United States. According to the *Kuwait Times*, he joined the Ministry of Health in Kuwait in 1964. He worked in the Ministry of Health where most hospitals were built. In 2011 he received an award from His Highness the Amir of Kuwait for his 30 years of service to Kuwait.

Dr. Al-Awadi of Yemen remembers that Dr. Al-Awadi “was very active in the 1970s and 1980s through the Yemeni-Kuwait Health Cooperation Agreement in Sana’a”. ICCDE member Prof. David Molyneux of the University of Liverpool mourns the passing of a hugely respected and influential member of the Dracunculiasis Eradication Unit at WHO, Dr. Dieudonne Sankara, said “we

have lost a great Guinea worm warrior, a brilliant scientist, and a wonderful person” while CDC’s Dr. Sharon Roy recalled “his experience, insights, wisdom, and sense of humor”. Dr. Donald Hopkins of The Carter Center remembers Dr. Al-Awadi as a compassionate and forceful public health physician and leader with an ever-present sense of humor and who was dedicated to Guinea worm eradication. Fluent in Arabic, English and French, as chair of the ICCDE he oversaw certification by WHO of 199 countries, areas and territories as free of dracunculiasis; only seven countries remain to be certified. He signed the “Geneva Declaration” on Guinea Worm Eradication with President Carter and ministers of health of the remaining endemic countries during the World Health Assembly in May 2004, participated in four annual Informal Meetings on Guinea worm eradication during World Health Assemblies in 2007, 2011, 2012, and 2013, and attended a national review meeting of the South Sudan Guinea Worm Eradication Program in Juba in December 2011. We regret that this ardent supporter could not witness the end of the Guinea worm campaign and certification of dracunculiasis eradication.

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Chad has reported 1,516 dogs and 21 cats with Guinea worm infections in January-July 2019,(Table 1) compared to 834 infected dogs and 18 cats in the same period of 2018. Twenty-four cases of Guinea worm disease were reported in humans in January-July 2019 vs. 10 cases in January-July 2018. Some of the increase in infected dogs reported probably resulted from expansion of the number of villages under active surveillance (VAS) from 1,895 at the end of 2018 to 2,138 as of May 2019. Intensified surveillance this year has generated a five-fold increase from 6,023 rumor ;

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A 49-year-old woman of Massa ethnicity from the village of Dabana in Guere health district of Cameroon's Extreme-Far North Region observed a white worm emerging from a large ulcerative wound on her lower right leg on March 22, 2019. This was brought to the notice of health authorities during a national immunization campaign in the district at the time. The worm was completely extracted on March 29 by the head of the health zone and placed in alcohol. The patient reportedly gave contradictory statements about her movements during January-May 2018, the probable period of her infection. Her village is located on the border with Chad, about 1.5 kilometers from the Logone River, and her home is only 400 meters from a large pond, formed from a tributary of the Logone river, which she and other members of the community use for washing. According to unconfirmed reports of a joint investigation by Cameroonian and Chadian health authorities in May 2019, at 1 ethn!

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Mali has reported no human with Guinea worm disease since November 2015. It has reported 2 dogs (contained) with confirmed Guinea worm infection In January-July 2019, compared to 7 infected dogs reported in the same period of 2018. The first infected dog was detected in Tominian district (Sokoura village) of Segou Region in May, but had been recently imported from Sabare village in Tenenkou district of Mopti Region (see previous issue). Tominian district also detected the second dog infection

N.B.: If this woman was infected by contamination from someone else soon before she entered the CCC in July 2018, that could have produced a GW to emerge in June/July 2019. Favoring the hypothesis that the infection this year is from part of a worm left over from 2018 are 1) this year's worm emerged in the same spot where a tender hard spot remained after last year's infection, 2) no prodromal symptoms before this year's emergence, 3) this year's worm emerged dead from a pus-filled abscess. The segment of this year's worm is at least 5 inches (13 centimeters) long, but its quality is not yet known. Absence of other cases nearby this year and/or genetic comparison with last year's worm specimens may provide additional information.

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Carter Center CEO Ambassador Mary Ann Peters, Vice President for Health Dr. Dean Sienko and GWEP Director Mr. Adam Weiss visited Angola June 15-19 to advance discussions with the Angolan Ministry of Health towards a Memorandum of

Table 2

Number of Laboratory-Confirmed Cases of Guinea Worm Disease, and Number Reported Contained by Month during 2018*	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED												TOTAL*	% CONT.
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER		
CHAD (Countries arranged in descending order of cases in 2017)	0 / 2	0 / 1	0 / 1	2 / 5	7 / 7	8 / ;	0 / 1	/	/	/	/	/	16 / 26	78%
§	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	/	0 / 0	0%
TOTAL*	0 / 5	1 / 1	0 / 1	2 / 5	7 / 7	8 / ;	0 / 1	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	16 / 27	78%
% CONTAINED	0%	100%	0%	87%	71%	87%	0%						78%	

*Provisional

Cells shaded in black denote months when zero indigenous cases were reported. Numbers indicate how many cases were contained and reported that month.

Shaded cells denote months when one or more cases of GWD did not meet all case containment standards.

inimbuktu and Gao Regions; contingent on security conditions during 2018, the GWEP continued to deploy one technical advisor to Kidal Region to oversee the

Number of Laboratory/Confirmed Cases of Guinea Worm Disease, and Number Reported Contained by Month during 2018* (Countries arranged in descending order of cases in 2017)

COUNTRIES WITH TRANSMISSION OF GUINEA WORMS	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED												TOTAL*	% CONT.
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER		
§	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 / 0
ANGOLA^	/	/	/	0 / 1	/	/	/	/	/	/	/	/	0 / 1	0%
TOTAL*	1 / 1	1 / 1	1 / 1	0 / 1	1 / 5	0 / 2	2 / 8	2 / 8	1 / 1	0 / 1	0 / 0	1 / 5	10 / 28	58%
% CONTAINED												55%	58%	

*Provisional

Cells shaded in black denote months when zero indigenous cases were reported. Numbers indicate how many cases were contained and reported that month.

Shaded cells denote months when one or more cases of GWD did not meet all case containment standards.

^ Investigation of the origin of this case is ongoing. Preli p

