

Date: May 27, 2011



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

Subject: GUINEA WORM WRAP-UP #205

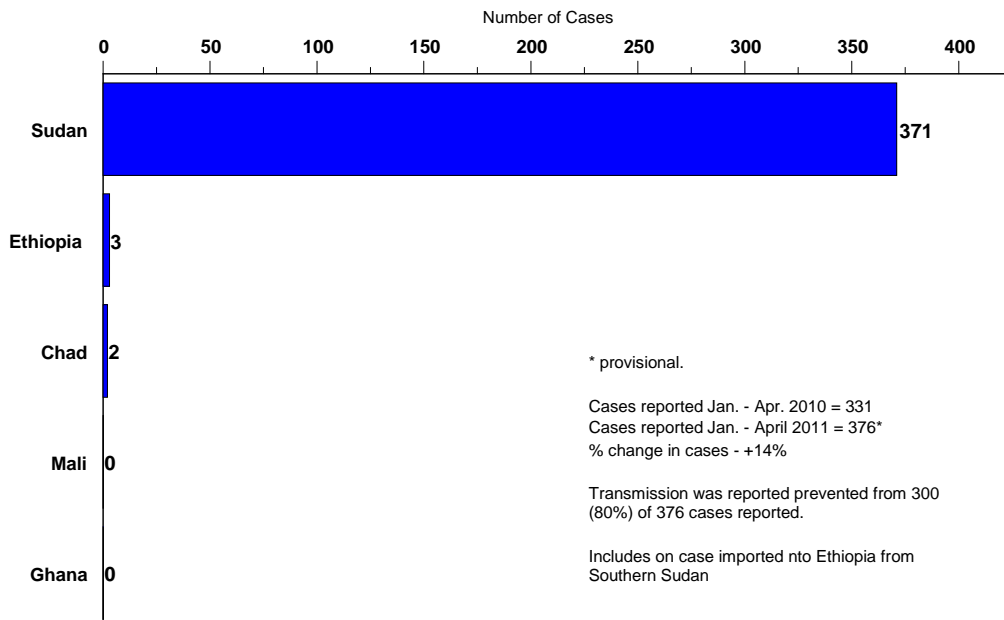
To: Addressees

Number of uncontained cases in January-April 2011
Sudan: 74 Ethiopia: 1 Chad: 1

WORLD HEALTH ASSEMBLY ADOPTS NEW RESOLUTION ON ERADICATION OF DRACUNCULIASIS

On May 24, 2011, the sixty-fourth World Health Assembly (WHA) adopted a new resolution on eradication of dracunculiasis (Guinea worm disease) that the Executive Board of the World Health Organization (WHO) recommended to the WHA for consideration, along with a report on the status of the program. The draft of this resolution was earlier discussed in Committee A on 23rd May, wherein, Representatives of Benin (speaking on behalf of African countries), Côte d'Ivoire, Ghana, Italy, Iraq, Southern Sudan, Thailand, Togo, United Kingdom, and the United States made remarks at the WHA supporting the proposed resolution. All speakers noted the progress made so far and recognized efforts to date in support of the eradication campaign by The Carter Center, WHO and UNICEF, in addition to the key efforts of the endemic countries. The delegation of the United States was supported by delegations of Italy and the United Kingdom in successfully amending the draft resolution to require reporting on the eradication program to subsequent World Health Assemblies each year until the disease is eradicated. The full text of the Resolution that was approved is reproduced on the next page.

Figure 1 **Distribution By Country of 376 Reported Cases of Dracunculiasis: January - April 2011***



Agenda item 13.11

Eradication of dracunculiasis

The Sixty-fourth World Health Assembly,

Having considered the report on dracunculiasis;¹

Recalling resolutions WHA39.21 and WHA42.29 on elimination of dracunculiasis and WHA44.5, WHA50.35 and WHA57.9 on eradication of dracunculiasis;

Recalling that health ministers of countries that were endemic for dracunculiasis in 2004 signed, during the Fifty-seventh World Health Assembly, the Geneva Declaration for the Eradication of Dracunculiasis by 2009;

Noting the resolutions on the eradication of dracunculiasis adopted by the Regional Committee for Africa;²

Noting with satisfaction the excellent results achieved by the countries where dracunculiasis is endemic in decreasing the number of cases from an estimated 3.5 million in 1986 to 3190 reported cases in 2009 and less than 1800 reported cases³ in 2010;

Encouraged that only four countries remained endemic for dracunculiasis at the end of 2009, all in sub-Saharan Africa, and that 187 countries and territories have been certified free of dracunculiasis transmission;

Congratulating all parties concerned, particularly UNICEF and The Carter Center, for increasing the availability of safe drinking-water, improving surveillance case detection and case containment, strengthening other interventions and expanding public awareness of the disease,

1. ENDORSES the strategy of intensified surveillance, case containment, use of cloth and pipe filters, vector control, access to safe drinking-water, health education and community mobilization;
2. CALLS ON the remaining Member States where dracunculiasis is endemic to intensify their eradication efforts, including active surveillance in villages where the disease is endemic and surveillance in dracunculiasis-free areas, prevention measures and political support at the highest levels;
3. CALLS ON Member States that have already been certified as free from dracunculiasis and those that are in the pre-certification stage to intensify surveillance for the disease and report the results regularly, and to notify WHO within 24 hours of any case detected and the alleged country of origin of the case;
4. URGES Member States, UNICEF, The Carter Center and other appropriate partners to support the remaining countries where dracunculiasis is endemic in their efforts to stop its transmission as soon as possible, with, inter alia, provision of adequate resources for interrupting transmission and eventual certification of eradication of the disease;
5. REQUESTS the Director-General:
 - (1) to garner support for the remaining countries where dracunculiasis is endemic in their efforts to stop its transmission as soon as possible, with, inter alia, provision of adequate resources for interrupting transmission and certification of eradication of the disease;
 - (2) to support surveillance in dracunculiasis-free areas and countries until global certification of eradication;
 - (3) to closely monitor the implementation of this resolution and report progress through the Executive Board to the Health Assembly every year until eradication of dracunculiasis is certified.

¹ Document A64/20.

² Resolutions AFR/RC38/R13, AFR/RC41/R2, AFR/RC43/R9, AFR/RC44/R8, and AFR/RC45/R8.

³ Provisional figures.

Almost 100 persons attended the Informal Meeting on Guinea Worm Eradication that was held at the Palais des Nations in Geneva on May 18 from 6 to 8 pm during the WHA, including the ministers of health of Chad, Ghana, Mali, Mauritania, Niger and the Government of Southern Sudan, as well as ministerial representatives of Benin, Burkina Faso, Cameroon, Côte d'Ivoire, Nigeria, Togo, Uganda and Yemen. Ethiopia did not attend. The meeting was chaired by the WHO's Regional Director for the Eastern Mediterranean Region, Dr. Hussein Abdul R. Gezairy. Other senior representatives included the WHO Assistant Director-General, Dr. Hiro Nakatani; the Director, disease and prevention control for the WHO African Region, Dr. Jean-Baptiste ROUNGOU; the chairman of the International Commission for the Certification of Dracunculiasis Eradication, Dr. A.R. Al-Awadi; Dr. Pascal Villeneuve of UNICEF; and Mrs Nicole Kruse and Dr. Ernesto Ruiz-Tiben of The Carter Center. Also present were the representatives of Austria, France, United Kingdom, Thailand, CDC, IOM, Saudi Fund for Development, DFID and Vestergaard Frandsen. Dr. Donald Hopkins of The Carter Center and Dr. Gautam Biswas of WHO gave updates on progress towards eradication, and current status of certification and pre-certification, respectively. It was noted that the recent outbreak in Chad as well as persisting cases in Ethiopia and Mali all resulted from failures in surveillance in supposedly Guinea worm-free areas.

The "Geneva Declaration" and Resolution WHA57.9: Eradication of Dracunculiasis, of 2004 both called for completing dracunculiasis eradication by 2009, meaning zero cases in 2010. Informally, the target for the last case is now 2012. Where are we?

Table 1

Target: Last indigenous case in 2012

	2010	2011*	2012	2013
Ghana	8	0	0	0
Chad	10	2	0?	0?
Ethiopia	20	2	0?	0?
Mali	57	0	0?	0?
Southern Sudan	1,698	371	?	0?

*January-April

CHAD: TWO KNOWN CASES IN JANUARY-APRIL 2011

Chad has reported a second case of Guinea worm disease in 2011 (Figure 2). The worm began to emerge from a 12 year-old girl in the village of Vandal in Bousso District, around April 14. Migrant cattle herders reportedly shared the surface water sources in this village twice a year. The patient was brought to the local health center for management, but her infection was not detected in time to be contained. Health workers conducted health education and a door-to-door search for cases, applied ABATE® Larvicide immediately to eligible ponds in the village, and distributed cloth filters. The previous case detected this year was an 11 year-old girl in Toulomeye-Bardai village of Bere District. Neither patient gives a history of travel outside of Chad. A total of 35 villages have been associated with the 12 cases detected in 2010-2011 so far, in 5 regions (Mayo Kebbi East, Chari Baguirmi, Guera, Moyen Chari, Tandjile), including 10 health districts (Guelendeng, Fianga, Bongor, Mandalia, Massenya, Dourbali, Sarh, Melfi, Bousso, Bere) (Figure 3). WHO has paid the cash rewards for reporting each of the 12 cases in 2010-2011 so far. The Carter Center representative in Chad, Dr. Fernand Toe, arrives in N'Djamena on May 27. A report of this outbreak is scheduled to appear in the June 10 issue of *CDC's Morbidity and Mortality Weekly Report*.

Figure 2

Chad Guinea Worm Eradication Program
 Reported Cases of Dracunculiasis by Date of Guinea Worm Emergence
 and by Month: 2010-2011*

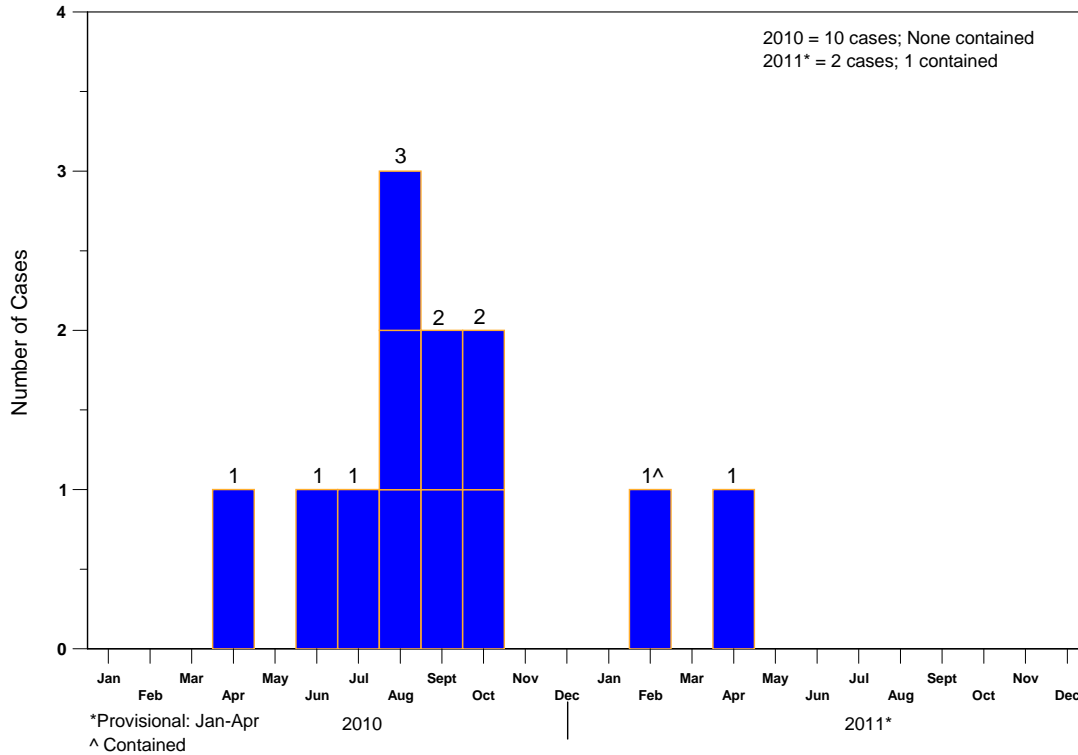
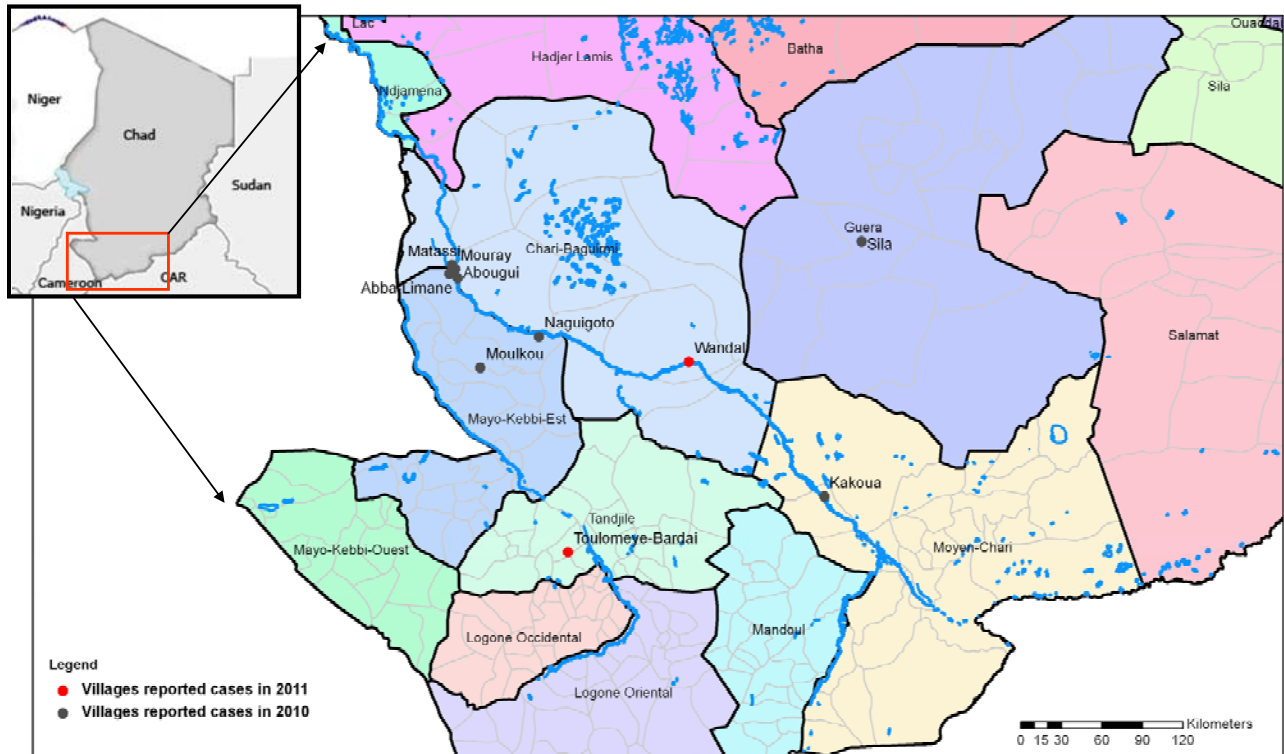


Figure 3

Distribution of Dracunculiasis Cases in 2010 and 2011*



This map is for WHO's internal use only. The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent World Health Organization approximate border lines for which there may not yet be full agreement.

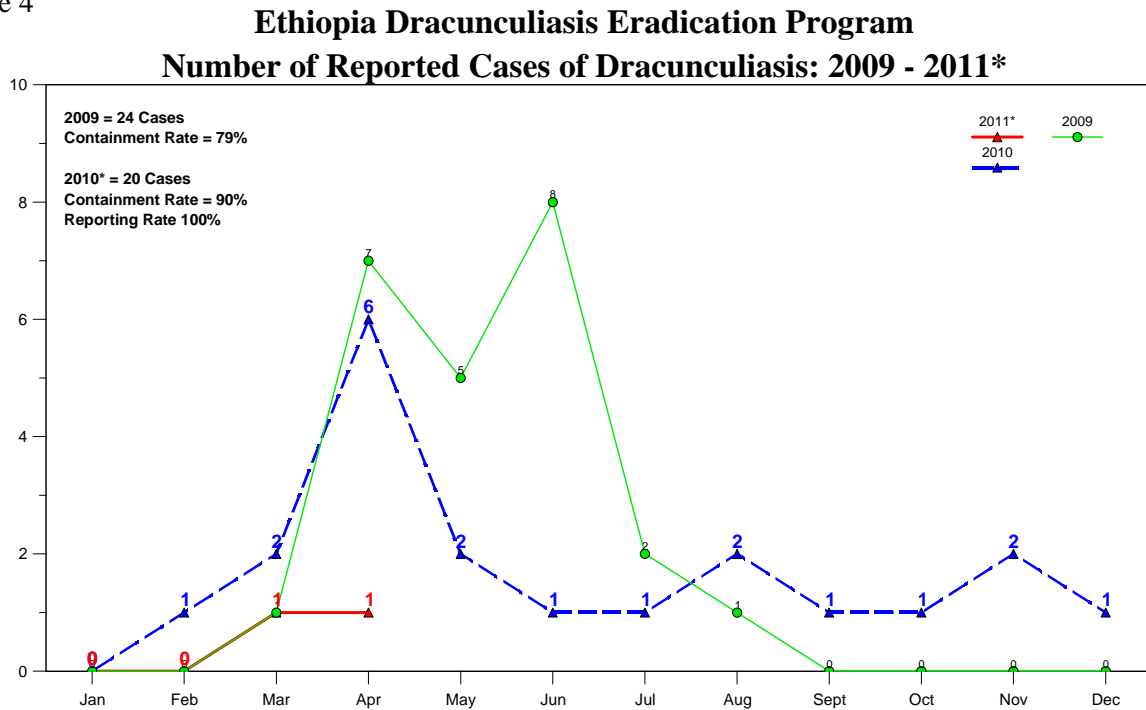
Data source: MOH and World Health Organization
 Map production: Guinea worm Eradication

ETHIOPIA: SECOND INDIGENOUS CASE REPORTED IN 2011

Ethiopia has reported its second indigenous case of dracunculiasis in 2011 (Figure 4). The patient is a 35 year-old woman whose worm began emerging on April 18, one day after she was admitted to a Case Containment Center as a suspect case. This patient lives in the village of Utuyu, Gambella Region, but travels regularly between Utuyu and Abawiri villages and the Pugnido Refugee Center. Ethiopia has reported a total of two indigenous and one imported case in January-April 2011, of which only the two indigenous cases were reportedly contained. The older brother of Ethiopia's first indigenous case in 2011 (see Guinea Worm Wrap-Up #204) has been located and does not have Guinea worm disease. Gog Woreda, where all indigenous cases have occurred in 2010 and so far in 2011 (Figure 5), oversees 160 trained village-based volunteers, 71 chief's and 22 Health Extension Workers to maintain routine household surveillance in all 63 inhabited villages of the district. However, during a visit by Carter Center representative, Dr. Teshome Gebre, to Gambella Region on April 27-29, the head of public health emergency of Gambella's Regional Health Bureau "expressed his concern that no significant progress has been observed in strengthening the surveillance system" in other parts of the region outside of Gog District.

Dr. Teshome Gebre, The Carter Center Country Representative in Ethiopia since 1994 will be leaving his post on June 2, 2011 to join the International Trachoma Initiative. Dr. Zerihun Tedasse will replace Dr. Gebre as Country Representative. We wish Dr. Gebre success in his new endeavors and welcome Dr. Tedasse to his new post.

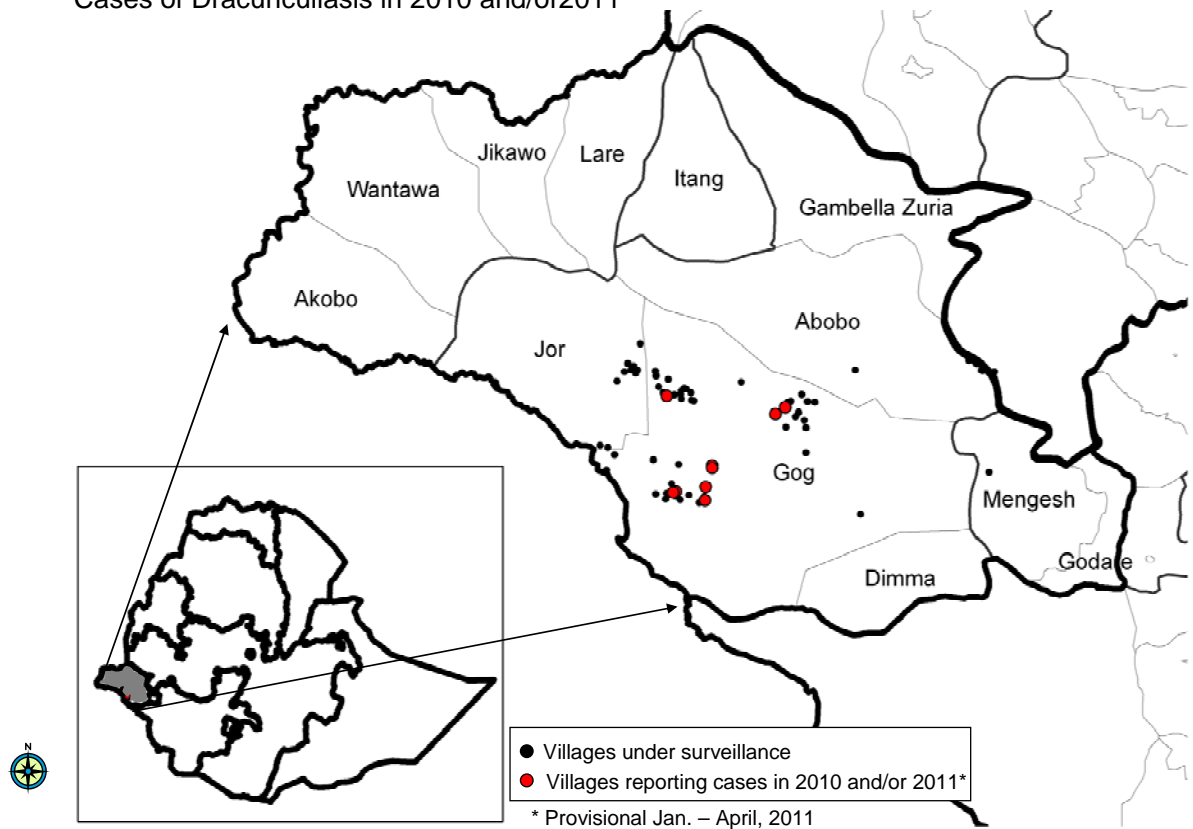
Figure 4



^ Excludes one case imported from Sudan into South Omo in May 2010

* Provisional: Jan. - April. Excludes one case imported from Sudan into South Omo in March 2011

Figure 5 Ethiopia Dracunculiasis Eradication Program
Villages under Active Surveillance and Villages Reporting
Cases of Dracunculiasis in 2010 and/or 2011*



S. SUDAN: 14% INCREASE IN CASES, BETTER CASE CONTAINMENT

Southern Sudan's Guinea Worm Eradication Program (SSGWEP) has reported a total of 371 cases in January-April 2011, which is an increase of 18% over the 314 cases reported during the same period of 2010 (Table I). Fully 338 (91%) of the 371 cases were reported from Eastern Equatoria State, which is also the source of 16 cases exported into Jonglei State. As reported in the previous issue, this year's problem in Eastern Equatoria is the result of poor supervision that allowed inadequate coverage of endemic areas and late detection of cases during the first quarter of 2010. However, the SSGWEP has contained 80% of all cases so far this year, compared to 74% of cases in 2010. A larger share (80%) of this year's cases was admitted at a Case Containment Center (CCC) and 67% were contained in one of the 9 operating CCCs. The monthly meeting of the GWEP Task Force met in Juba on April 28, under the chairmanship of Dr. Lul Riek, the Director General for Community and Public Health. The Task Force plans to meet again on May 31st.

Of 81 endemic villages prioritized by the SSGWEP for receiving safe sources of drinking water in 2011 (un-served or under-served villages that reported 5 or more cases in 2010), 51 villages that together reported 501 cases in 2010 have been targeted already. UNICEF plans to provide 80 new wells in 2011, of which 7 have been completed as of April 30, and another 8 were drilled but awaiting installation of casements and hand pumps. Only two incidents of insecurity disrupted Guinea worm program activities in January-April 2011, compared to 10 such incidents during the same period of 2010.

Table 2

SOUTHERN SUDAN GUINEA WORM ERADICATION PROGRAM
CASES REPORTED AND CONTAINED DURING 2011 BY STATE, COUNTY AND MONTH

State	County	Cases Contained / Cases Reported												% Contained	
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec		Total
Eastern Equatoria	Kapoeta East	3 / 4	29 / 39	78 / 96	99 / 111	/	/	/	/	/	/	/	/	209 / 250	84%
	Kapoeta North	0 / 0	12 / 14	19 / 27	30 / 35	/	/	/	/	/	/	/	/	61 / 76	80%
	Kapoeta South	0 / 0	0 / 0	0 / 1	6 / 11	/	/	/	/	/	/	/	/	6 / 12	50%
	Torit	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	/	0 / 0	0%
STATE TOTAL		3 / 4	41 / 53	97 / 124	135 / 157	/	/	/	/	/	/	/	/	276 / 338	82%
Warrab	Tonj North	1 / 1	0 / 0	1 / 1	2 / 2	/	/	/	/	/	/	/	/	4 / 4	100%
	Tonj East	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	/	0 / 0	0%
	Tonj South	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	/	0 / 0	0%
	Gogrial East	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	/	0 / 0	0%
STATE TOTAL		1 / 1	0 / 0	1 / 1	2 / 2	/	/	/	/	/	/	/	/	4 / 4	100%
Lakes	Awerial	0 / 0	0 / 0	1 / 1	2 / 2	/	/	/	/	/	/	/	/	3 / 3	100%
	Cuibet	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	/	0 / 0	0%
STATE TOTAL		0 / 0	0 / 0	1 / 1	2 / 2	/	/	/	/	/	/	/	/	3 / 3	100%
Central Equatoria	Terekeka	1 / 1	1 / 1	1 / 1	0 / 0	/	/	/	/	/	/	/	/	3 / 3	100%
	Juba	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	/	0 / 0	0%
TOTAL		1 / 1	1 / 1	1 / 1	0 / 0	/	/	/	/	/	/	/	/	3 / 3	100%
Jonglei	Pibor	0 / 0	5 / 5	5 / 9	1 / 9	/	/	/	/	/	/	/	/	11 / 23	48%
	Ayod	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	/	0 / 0	0%
TOTAL		0 / 0	5 / 5	5 / 9	1 / 9	/	/	/	/	/	/	/	/	11 / 23	48%
Western Bahr Al Ghazal	Jur River	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	/	0 / 0	0%
	TOTAL	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	/	0 / 0	0%
SOUTHERN SUDAN TOTAL		5 / 6	47 / 59	105 / 136	140 / 170	/	/	/	/	/	/	/	/	297 / 371	80%
% CONTAINED		83%	80%	77%	82%									80%	

Table 3

Number of Cases Contained and Number Reported by Month during 2011* (Countries arranged in descending order of cases in 2010)

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	5 / 6	47 / 59	105 / 136	140 / 170	/	/	/	/	/	/	/	/	297 / 371	80
MALI	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	/	0 / 0	0
ETHIOPIA [^]	0 / 0	0 / 0	1 / 2	1 / 1	/	/	/	/	/	/	/	/	2 / 3	67
CHAD	0 / 0	1 / 1	0 / 0	0 / 1	/	/	/	/	/	/	/	/	1 / 2	50
GHANA	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	/	0 / 0	0
TOTAL*	5 / 6	48 / 60	106 / 138	141 / 172	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	300 / 376	80
% CONTAINED	83	80	77	82									80	
% CONT. OUTSIDE SUDAN	0	100	50	50									0	

* provisional

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

[^] one case of GWD (not contained) was imported into Ethiopia from South Sudan during March.

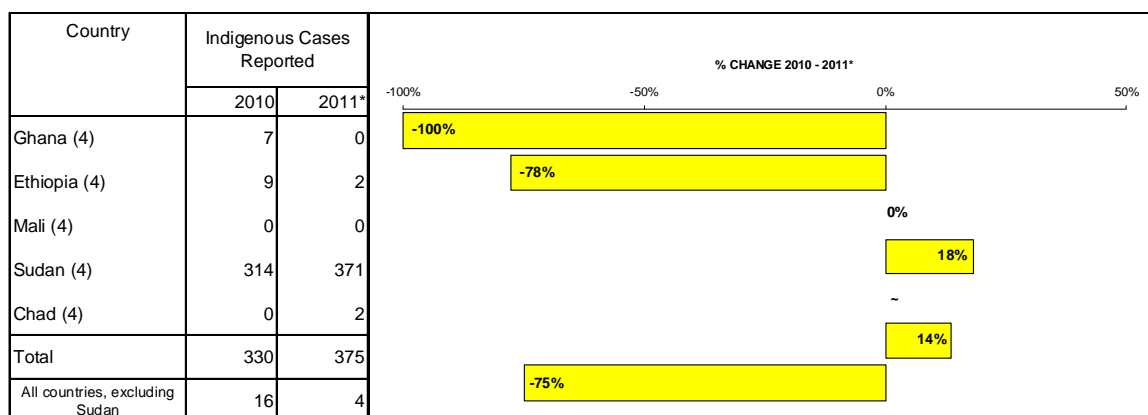
Number of Cases Contained and Number Reported by Month during 2010 (Countries arranged in descending order of cases in 2009)

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	5 / 6	21 / 35	78 / 113	119 / 160	144 / 190	173 / 241	273 / 361	226 / 290	118 / 159	71 / 95	31 / 41	5 / 7	1264 / 1698	74
GHANA	2 / 2	3 / 3	1 / 1	1 / 1	1 / 1	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	8 / 8	100
MALI	0 / 0	0 / 0	0 / 0	0 / 0	1 / 1	0 / 0	4 / 6	6 / 6	13 / 19	18 / 19	3 / 5	0 / 1	45 / 57	79
ETHIOPIA [^]	0 / 0	1 / 1	2 / 2	6 / 6	1 / 2	1 / 2	1 / 1	2 / 2	1 / 1	1 / 1	2 / 2	1 / 1	19 / 21	90
CHAD	0 / 0	0 / 0	0 / 0	0 / 1	0 / 0	0 / 1	0 / 3	0 / 3	0 / 1	0 / 1	0 / 0	0 / 0	0 / 10	0
NIGER [^]	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	2 / 2	0 / 1	0 / 0	2 / 3	67
TOTAL*	7 / 8	25 / 39	81 / 116	126 / 168	147 / 194	174 / 244	278 / 371	234 / 301	132 / 180	92 / 118	36 / 49	6 / 9	1338 / 1797	74
% CONTAINED	88	64	70	75	76	71	75	78	73	78	73	67	74	
% CONT. OUTSIDE SUDAN	100	100	100	88	75	33	50	73	67	91	63	50	75	

[^] Ethiopia reported and imported case from Southern Sudan in June, and Niger reported three imported cases from Mali (2 in October and 1 in November). The origin of cases in Chad is uncertain.

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

Figure 6 Number of Indigenous Cases Reported During the Specified Period in 2010 and 2011*, and Percent Change in Cases Reported



* Provisional. Excludes one case imported into Ethiopia from South Sudan in March.
 (4) Indicates months for which reports were received, i.e., January - April



WHO REPORTS

Ethiopia. From 18 to 26 April 2011, WHO carried out a technical support mission to Ethiopia, to ensure follow up of the level of implementation of the recommendations formulated by the last WHO mission, carried out in April, 2010. The mission conducted by Dr A. Maiga (WHO/AFRO) visited: two regions (Oromia and SNNPR region); three zones (East-Shoa, West Arsi and Sidama Zone) and five Woredas or districts (Mojo, Adama Rural, Shashemane Rural, Wendo, and Arsi Nagale District). In conclusion, the mission observed that at least 57% (including the increase from 3, in 2009 to 8, in 2010 of the number of technical support missions from WHO/Ethiopia) of the 2010 recommendations were fully implemented and the others are underway. The main challenge during 2011 is to scale up the pre-certification activities to cover 100% of the entire country.

Kenya: From 3 to 13 May 2011, WHO carried out a technical mission conducted by Dr A. Maiga (WHO/AFRO) and Dr Dieudonné Sankara (WHO/HQ) to ensure a follow up on the implementation of recommendations formulated by the February 2010 WHO technical support mission to strengthen Guinea worm disease pre-certification activities in Kenya and to advise the country on the way forward for fulfilling the requirements for certification as a dracunculiasis “free country”. The mission visited the districts of Turkana North and Turkana South. During the debriefing sessions organized with the Director of Public Health and Sanitation and the WHO representative in Kenya, discussions were held on the inadequate implementation of the recommendations of February 2010, the need for integration and effective use of the many missed opportunities to strengthen guinea worm disease surveillance and pre-certification activities. The urgent need to establish the national committee for the certification of Guinea worm disease eradication was also discussed.

Southern Sudan: The WHO supported the MOH/GOSS in production of the registers for recording of rumours/suspected Guinea worm cases, monthly summary of reports of suspected/rumors, Guinea worm cases and Guinea worm case work-up. A total of 1500 such reporting registers were produced and distributed to all functional health facilities in Southern Sudan. 35 Surveillance Officers were trained at the "Training of Trainers" in the West of the Nile. This training was conducted in Rumbek town in April 2011. Following the TOT training, WHO has released funds through the Ministry of Health to support 206 community based volunteers in areas prioritized by the program in guinea worm free areas. The training of these volunteers will be conducted during wk 22 and 23 of 2011.

MEETINGS

The next meeting of the International Commission for the Certification of Dracunculiasis Eradication will be held at WHO headquarters in Geneva on November 29-December 1, 2011. Among the formerly endemic countries, Burkina Faso and Togo are scheduled to be considered for certification.

ERRATA

In *Guinea Worm Wrap-Up #203*, Table 1, we mistakenly reported the percentage of persons in Burkina Faso with knowledge of the cash reward for reporting of a case as “41%”. The national coordinator of Burkina Faso’s Guinea Worm Eradication Program, Mme. DONDASSE Louise, informed us that the correct figure is 43%. We regret the error.

RECENT PUBLICATIONS

World Health Organization, 2011. Dracunculiasis eradication-global surveillance summary, 2010. Wkly Epidemiol Rec 86:189-198.

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

WHO Collaborating Center for Research, Training, and Eradication of Dracunculiasis, Center for Global Health (proposed), Centers for Disease Control and Prevention, Mailstop F-22, 4770 Buford Highway NE, Atlanta, GA 30341-3724, USA, email: gwwrapup@cdc.gov, fax: 770-488-7761. The GW Wrap-Up web location is http://www.cdc.gov/ncidod/dpd/parasites/dracunculiasis/moreinfo_dracunculiasis.htm

Back issues are also available on the Carter Center web site English and French are located at http://www.cartercenter.org/news/publications/health/guinea_worm_wrapup_english.html, http://www.cartercenter.org/news/publications/health/guinea_worm_wrapup_francais.html



**World Health
Organization**

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