

Date: December 1, 2005

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

Subject: GUINEA WORM WRAP-UP #158

To: Addressees

DOES YOUR PROGRAM HAVE SPECIFIC MEASURABLE OBJECTIVES FOR 2006?

TWO SUDANESE MINISTERS OF HEALTH ATTEND PROGRAM REVIEW

The Federal Minister of Health of Sudan, Dr. Tabita Shokai, and the Minister of Health of the Government of South Sudan, Dr. Theophilus Ochang, both attended the entire two day Program Review for Sudan's Guinea Worm Eradication Program that was held at The Carter Center in Atlanta, Georgia USA on November 16-17. Both ministers were appointed to their positions only a few weeks before the Review. They both expressed their gratitude for the opportunity to learn more about the program, and both stated their intention to ensure that Sudan interrupts transmission of dracunculiasis by 2009.

Sudan has reported 6,525 cases of dracunculiasis from 2,591 villages in January-September 2005. This is a reduction of only -4% from the 6,797 cases of disease that Sudan reported during the same period of 2004. Two cases, both imported from southern Sudan, were reported by the northern states of Sudan in

Table 1

Sudan Guinea Worm Eradication Program

56252 342.84 TD 54 8770.32 0 TD -0.0109 770.32 059-12.2

Ranking of endemic payams (districts) according to cases of GWD reported during January 2004 to July 2005

Payam	State	2004		2005		TOTAL	% TOTAL
		Jan-Dec		Jan-Jul			
Rlwoto	EEQ	0		2426		2426	29%
Kwauto	EEQ	647		452		1099	13%
Terekeka	CEQ	742		28		770	9%
Kapoeta	EEQ	0		618		618	7%
Toch (old Fanjak)	JGL	547		48		595	7%
Kassingor	JGL	380		52		432	5%
Akop	WARAB	306		110		416	5%
Marial Wau	W BAG	346		35		381	5%
Bunagok	LAKES	88		275		363	4%
Akon	WARAB	186		54		240	3%
Pathuon	WARAB	0		167		167	2%
Alek	WARAB	98		68		166	2%
Kuanjthll	WARAB	86		62		148	2%
Kuajok	WARAB	98		45		143	2%
Udici	W BAG	61		76		137	2%
Awerial	LAKES	56		29		85	1%
Alamtoch W	LAKES	23		54		77	1%
Toch (Gorgrial)	WARAB	3		58		61	1%
Mangargier	N BAG	24		35		59	1%
Marou	JGL	13		37		50	1%
		3704		4729		8433	

5454

54

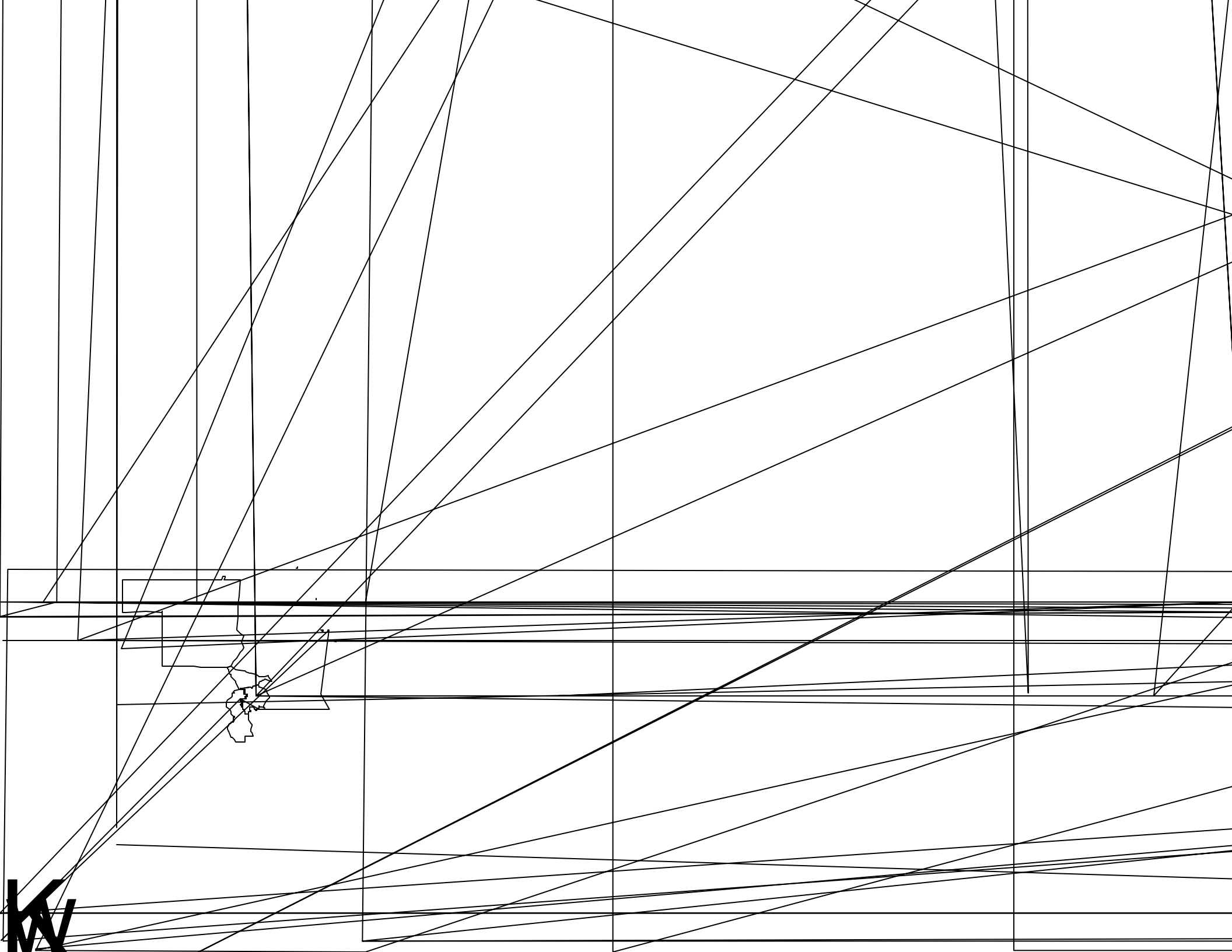
Mangargier

N BAG

54

Ranking of endemic payams (districts) according to cases of GWD reported by state during January 2004 to July 2005

Payam	State	2004		2005		TOTAL	STATE TOTAL	% TOTAL
		Jan-Dec		Jan-Jul				
56aWTj ET Q 8094	94 ET Q Tw (TOTAL) Tu T81 87	56252	342.84	54 8770.32	0 TD -0.0109	770.32	059-12.2	TD (50) 23 59c7



staffing and supervision in order to mount a two-pronged attack, aiming to intensify interventions in the accessible known endemic areas, with emphasis on the four priority areas described above, and simultaneously begin searching for cases and implementation of interventions as soon as possible and appropriate in newly accessible areas.

Other participants at the Program Review included the National Program Coordinator Dr. Nabil Aziz, Dr. Pius Subek and Dr. Samson Baba of the South Sudan Ministry of Health, Dr. Tong Malek Deran of the Federal Ministry of Health, as well as representatives of CDC, UNICEF, WHO and The Carter Center. The two Sudanese ministers also made a courtesy visit to President Jimmy Carter, who thanked them for their participation in the Review and assured them of his personal support for Sudan's Guinea Worm Eradication Program.

Mr. Steve Becknell, MPH, a former consultant for The Carter Center to the Guinea Worm Eradication Program of Ghana for more than two years and recently of CDC, will replace Ms. Glenna Snider as The Carter Center's Resident Technical Advisor to the South Sudan Ministry of Health in December 2005. His office is expected to relocate from Lokichokio, Kenya to Juba, Sudan early in 2006. WELCOME aboard Steve, and THANK YOU Glenna!

GHANA: 50% FEWER CASES IN JANUARY- OCTOBER, 65% CONTAINED

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		

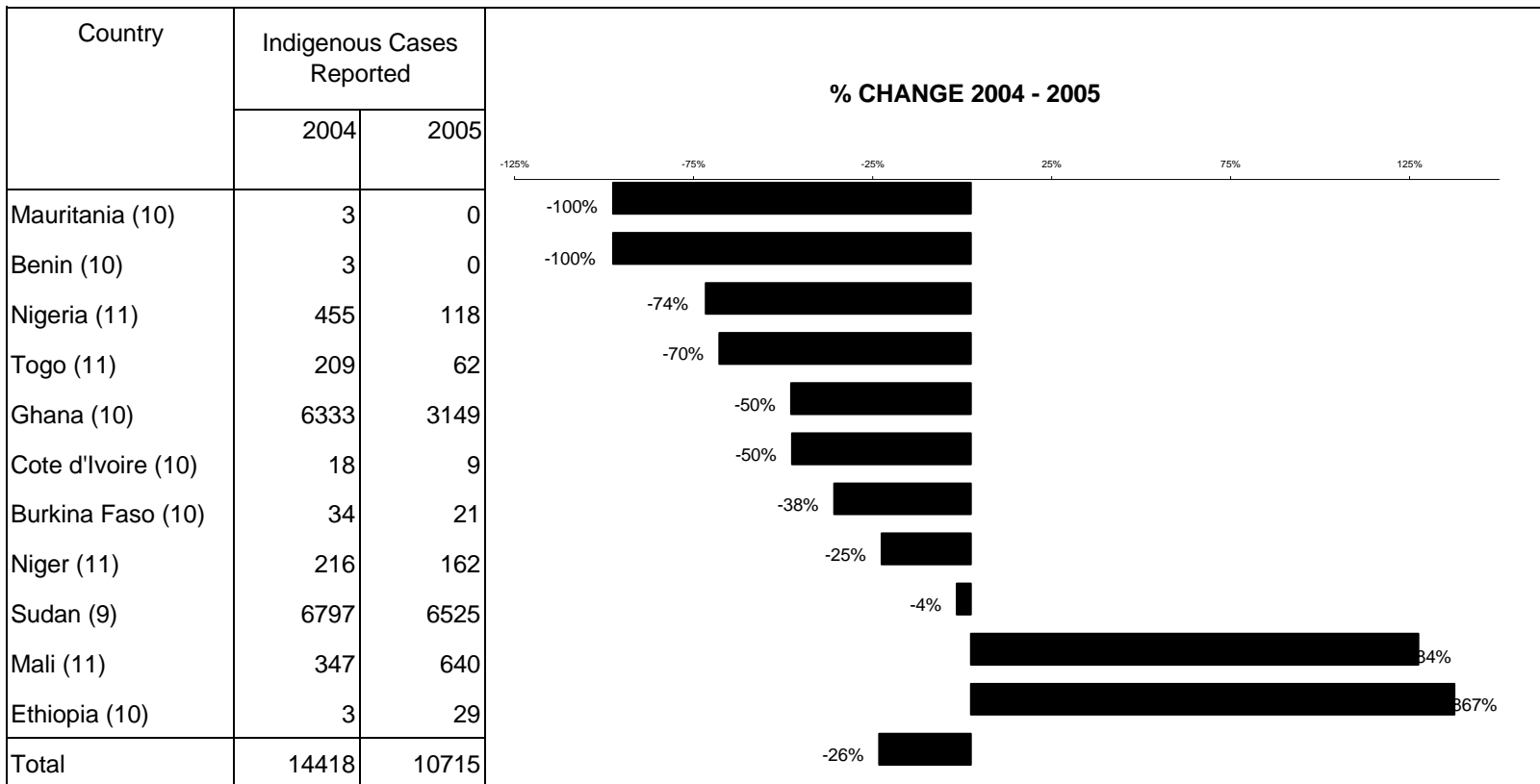
Ghana has reported a total of 3,153 cases of GWD, and 387 villages have reported indigenous cases during January-October 2005. This is a reduction of -50% from the 6,340 cases reported during the same period of 2004. 65% of cases have been contained so far this year—a figure that is expected to increase after cases pending containment last month have been confirmed as fully contained. Several steps are being taken to intensify interventions during the current peak transmission season, in the run up to the March 6, 2007 target date for interrupting transmission. Supervisors in the top 15 endemic districts were re-trained in how to conduct a supervisory visit and ABATE@ larvicide application during a review meeting held in Tamale on November 16-18. The total number of regional and district supervisors has increased from 17 in August 2005 to 25 as of November. A new Health and Hygiene Education Technical Assistant, Ms. Afishetu Al-Hassan, was hired to help districts organize and plan six core health education activities: school health education, durbars, video shows, drama, Worm Weeks, and Public Service Announcements on radio. Worm Weeks will be held between November 20 and December 3 in Tolon/Kumbungu, Savelugu/Nanton, Gushiegu/Karaga, East Gonja, Tamale, Zabzugu/Tatale, Yendi, Atebubu, Nanumba and Nkwanta Districts. Radio messages have already begun to be broadcast in local languages in the Northern Region, progress reports are being published in newspapers, and the Ghana Health Service has commissioned a private media consultant to shoot a documentary film on Guinea worm eradication.

MALI

Mali has reported 590 indigenous cases of dracunculiasis during the first ten months of 2005. This is an increase of 101% over the 293 indigenous cases reported during the same months of 2004. About one-half of this year's cases are reported from Ansongo District, another 24% are from Gao District, and 14% are

Figure 2

Number of Indigenous Cases Reported During the Specified Period in 2004 and 2005*, and Percent Change in Cases Reported



(10)Indicates months for which reports were received, i.e., Jan-Oct 2005

Provisional

Overall % change outside Sudan =-45%

from Mopti Region. 76% of this year's cases were reportedly contained. September and October are the two peak transmission months in Mali. The annual national review meeting will be held in Bamako on January 17-19, 2006.

NIGERIA REPORTS ZERO CASES FOR SECOND MONTH IN A ROW

In October 2005, Nigeria reported zero cases of dracunculiasis nationwide for the second successive month. These two months of zero cases in September and October followed only one case reported nationwide for August 2005, with the result that Nigeria reported only one case for August-October 2005, vs. 27 cases reported during the same three months of 2004, including zero case reported for the first time in September 2004. As of October, all endemic villages had cloth filters in all households, 37% were using ABATE® larvicide, and 66% had at least one safe source of drinking water. UNICEF/Nigeria provided 7 borehole wells in 7 previously endemic villages of Borno State. During November Nigeria reported only two cases of GWD nationwide. Both cases in November were reported from Benue State. Thus, during August – November 2005 Nigeria has reported only 3 indigenous cases of dracunculiasis, a decrease of -93% from 84 cases reported during the same months in 2004.

UPDATE ON STATUS OF UNICEF/GATES WATER SUPPLY FOR MALI, NIGER AND TOGO

Mali - Four successful wells were fitted with hand-pumps in July 2005, in Sorori, Tinaguimine, Tanzikiratene, and Azoulmoukou villages of Ansongo District. These four villages combined reported 68 (11% of 592) cases of GWD during January -October 2005. Drilling began again in early October, with successful borehole (not yet fitted with a hand pump) in Tidialene and Egassane Eloine villages of Gourma Rharous District (reporting 17 cases during Jan-Oct 2005). Drilling is underway in Nangaye, which reported 6 cases of GWD so far during 2005) in Gourma Rharous District before moving on to Gao District. Thus successful wells have so far been achieved in 6 of the 14 villages targeted and these wells will impact 91 (15%) of the 592 cases reported so far in 2005.

Niger. Drilling of wells has resumed in the Ayerou area; 3 have yielded water in villages of Inera, Tidirgalene, Tinigangan [none fitted with hand pumps]. Seven of 12 boreholes drilled so far have yielded safe drinking water. Work on 3 hand-dug wells continues. 12 endemic villages are being targeted.

Togo. Successful boreholes have been drilled in 5 villages, but none have been fitted with hand pumps yet. Drilling of other boreholes in the remaining 9 of 14 endemic villages targeted is to resume in December.

IN BRIEF:

is3TT0 11.D, a

December.

NIGER: 39% FEWER CASES, 92% CONTAINED

Niger has reported a total of 109 cases of dracunculiasis in January-October 2005, including 7 imported cases one from Ghana and six from Mali. This is a reduction of –39% from the indigenous cases reported during the same period of 2004. Forty-three cases were reported in October, –a reduction of only 16% from October 2004—which is the first of two peak months (October, November) of transmission in Niger. Although a high proportion of this year's cases (92%) were reportedly contained (vs. 73% in 2004), the program has had much less success in tracing the sources of sporadic cases outside of Tillaberi Region. Of 11 cases reported so far this year in Tahoua (3), Zinder (4), Dosso (2) and Maradi (2) Regions, the source of transmission was not established in any case. This suggests there may be hidden sources of transmission, and may explain why Niger had only 2 months with zero indigenous cases in 2004 and none so far this year.

WHO AND CDC EVALUATE UGANDAN PROGRAM



Drs. Ahmed Tayeh of WHO headquarters, Sharon Roy of CDC and Mr. Waltaji Terfa from Ethiopia conducted an evaluation of the Ugandan GWEP during a visit to Uganda on November 1-11. Major objectives of the visit included confirming the interruption of transmission of dracunculiasis and assessing the surveillance system. Three teams, including ministry of health staff, visited 9-10 randomly selected formerly endemic villages in each of 4-5 sub-counties in Kotido, Moroto and Arua Districts. The teams concluded that transmission apparently has indeed been interrupted in Uganda, but that record keeping is inconsistent, and delays in distributing funds to the UGWEP is impeding surveillance, supervision and health education activities in the three districts visited.

MEETINGS

WHO will convene a meeting to discuss pre-certification issues for dracunculiasis eradication at Kampala, Uganda on November 29-30. Representatives from Ethiopia, Kenya, Sudan (northern states), and Uganda will participate.

Mali will hold its National Program Review Meeting in Bamako, during Jan. 17-19, 2006.

The Ethiopian Dracunculiasis Eradication Program will hold its National Review Meeting in Addis Ababa, on Feb. 27, 2006

The Annual Meeting or Program Managers of GWEPs is scheduled to be held in Niamey Niger, March 29-30, 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.