

DEPARTMENT OF HEALTH & HUMAN SERVICES

Date: February 26, 2007



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

Subject: GUINEA WORM WRAP-UP #170

To: Addressees

“With public sentiment, nothing can fail; without it, nothing can succeed.” Abraham Lincoln, 1858

GHANA: PRESIDENTS KUFUOR & CARTER ADDRESS GW CHALLENGE

Co-incident with a visit to Ghana by Former U.S. President and Mrs. Jimmy Carter on February 6-9, Ghana awoke to the news that more than 1,000 cases of dracunculiasis were detected in the country in January 2007, compared to 622 cases in January 2006. The Northern Region’s Savelugu-Nanton District alone reported 656 of the new cases (vs. 99 cases in January 2006), including 533 cases in the district capital of Savelugu (population ~25,000) itself (vs. 29 cases in January 2006). Having reported a total of 4,136 cases in calendar year 2006, which was the second-highest number of cases after Sudan in a year during which Ghana’s immediate neighbors Burkina Faso, Cote d’Ivoire and Togo together reported a total of only 33 indigenous cases, this latest news underscored dramatically the challenge that Ghana must overcome in this otherwise festive year of the Golden Jubilee of its political independence. The Northern Region’s disastrous regression is the combined result of a complete breakdown in the water supply of the Northern Region’s capital, Tamale, in March 2006, during which vendors sold contaminated water to unsuspecting households (including in Savelugu, which normally receives drinking water via a pipeline from nearby Tamale), and inadequate interventions against transmission of Guinea worm disease by the Northern Region in recent years. For the global Guinea Worm Eradication Program, this latest explosion of cases in the Northern Region is also a threat to Ghana’s neighbors, as well as an unexpected financial distraction from support for activities in southern Sudan.

Ghana’s President John A. Kufuor has decided to appoint a special advisor for Guinea worm eradication reporting directly to him, and Ghana has declared Guinea worm disease to be a national medical emergency and a regional disaster in the Northern Region. The Government of Ghana has also pledged to provide its ministries 10 billion cedis (~\$1 million) to fight GW disease in 2007, in addition to the 5 billion cedis (~\$0.5 million) it had already committed recently. President Carter reported to President Kufuor and later to Ghana’s minister of health Maj (Rtd) Courage E.K. Quashigah on Carter’s distressing visit on January 8 to the district health post in Savelugu, where he was accompanied by the minister for the Northern Region Alhaji Mustapha Ali Idris, the director –general of the Ghana Health Service Pr15>

were treated with Abate at least once in 2006), and improve supervision, active surveillance and containment. A total of 11 case containment centers are now receiving patients, the availability of free treatment is widely advertised, and the reported containment rate for cases of the disease in January 2007 was 88% (Figure 1). The new safe water supply for Tamale and Savelugu will not be completed until July 2008. Meanwhile, in January 2007 the village of Diare in Savelugu-Nanton District, which in 2006 was the second-highest endemic village (298 cases) in Ghana, saw the completion of a second water project that provided it with adequate safe sources of drinking water for the first time. Three other priority endemic villages in the same district (Chrifoyle, Tingoli and Wantugu) that together reported 268 cases in 2006, are still waiting for electrification promised by regional authorities last year in order to mechanize completed high-yielding borehole wells and obtain safe drinking water. 300,000 household filters and 270,000 pipe filters arrived in country in January 2007, and will be distributed soon.

President Carter also visited Khartoum and Juba, **SUDAN**, where he met with President Omar Al-Bashir, Vice-President Salva Kiir, Federal Minister of Health Dr. Tabita Shokaj, South Sudan Minister of Health Dr. Theophilus Ochang, and other ministry of health officials to discuss Sudan's on-going war against Guinea worm disease; **ETHIOPIA** where he met with Prime Minister Meles Zenawi and Minister of Health Dr. Tedros A. Ghebreyesus to discuss Ethiopia's impending eradication of dracunculiasis, the need for close coordination between the Guinea worm eradication efforts in Ethiopia and southern Sudan, and the security situation in Ethiopia's endemic Gambella Region; and **NIGERIA**, where he met with President Olusegun Obasanjo and ministerial officials and congratulated them on the dramatic progress of Nigeria's GWEP and discussed details of the recently discovered outbreak there (see below). Officials of the Government of South Sudan emphasized their commitment to eradicate Guinea worm disease by 2009. President & Mrs. Carter, the chairman of The Carter Center's Board of Trustees Mr. John Moores and their entourage were accompanied at various parts of the four-country trip by Lions International President Jimmy Ross, former Nigerian head of state

Figure 2

Country	2005	2006
Ethiopia	29	1
Burkina Faso	24	3
Nigeria	120	16
Togo	70	25
Mali	656	323
Cote d'Ivoire	9	5

Table 2

Number of Cases Contained and Number Reported by Month during 2007*
(Countries arranged in descending order of cases in 2006)

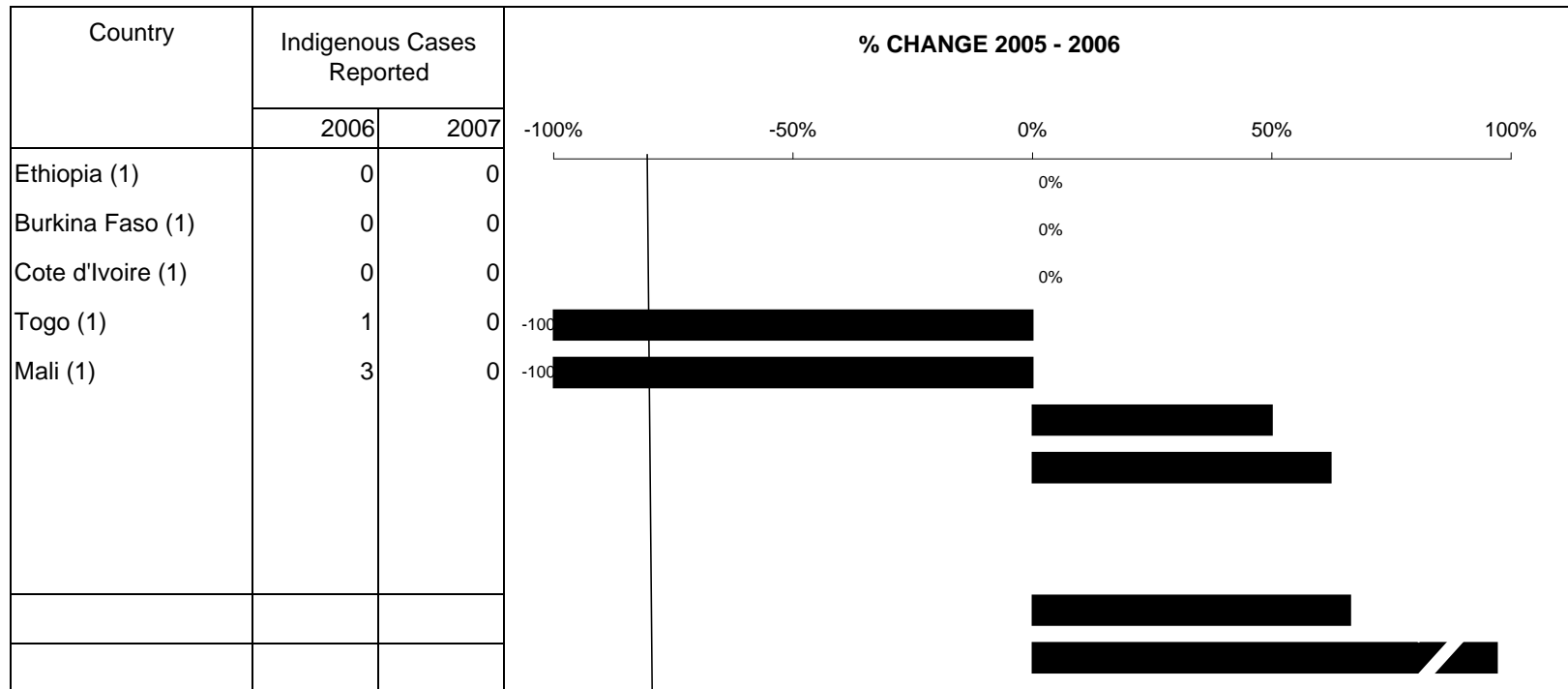
COUNTRIES REPORTING CASES	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED													%
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL*	CONT.
SUDAN	/	/	/	/	/	/	/	/	/	/	/	/	0 / 0	
GHANA	889 / 1008	/	/	/	/	/	/	/	/	/	/	/	889 / 1008	88
MALI	0 / 0	/	/	/	/	/	/	/	/	/	/	/	0 / 0	
NIGER	3 / 3	/	/	/	/	/	/	/	/	/	/	/	3 / 3	100
TOGO	0 / 0	/	/	/	/	/	/	/	/	/	/	/	0 / 0	
NIGERIA	7 / 32	/	/	/	/	/	/	/	/	/	/	/	7 / 32	
BURKINA FASO	2 / 2	/	/	/	/	/	/	/	/	/	/	/	2 / 2	100
COTE D'IVOIRE	0 / 0	/	/	/	/	/	/	/	/	/	/	/	0 / 0	
ETHIOPIA	0 / 0	/	/	/	/	/	/	/	/	/	/	/	0 / 0	
TOTAL*	901 / 1045	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	901 / 1045	86
% CONTAINED	86												86	
% CONT. OUTSIDE SUDAN	86												86	

* provisional

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

Figure 3

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



NIGERIAN OUTBREAK DELAYS FIRST ZERO CASE YEAR

Like several no longer endemic countries (e.g. Benin, Cameroon, Pakistan, Uganda), Nigeria discovered an unexpected outbreak of dracunculiasis just as it was preparing to cross the finish line to interrupting transmission nationwide. The outbreak, in two villages of Enugu East Local Government Area (LGA) of Enugu State, came to notice when a patient went to a clinic to seek treatment in mid-January. Program staff from the Southeast Zone confirmed the rumor on January 22. Subsequent investigation revealed 28 active cases in Ezza Nkwubor village, and 2 cases in Ezza Ugwuomu village nearby. The latter two patients, a mother and her child, had just come there from the first village. Ezza Nkwubor is inhabited exclusively by Ezza people who migrated from Ezza speaking communities in Ebonyi State. The source of the outbreak in Nkwubor village, which began in about October 2006, is believed to be Amainyima

