

Date: March 5, 2014

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

Subject: GUINEA WORM WRAP-UP #224

To: Addressees

“Success is the ability to go from one setback to another with no loss of enthusiasm.”

Sir Winston Churchill

CONTAIN EVERY WORM!

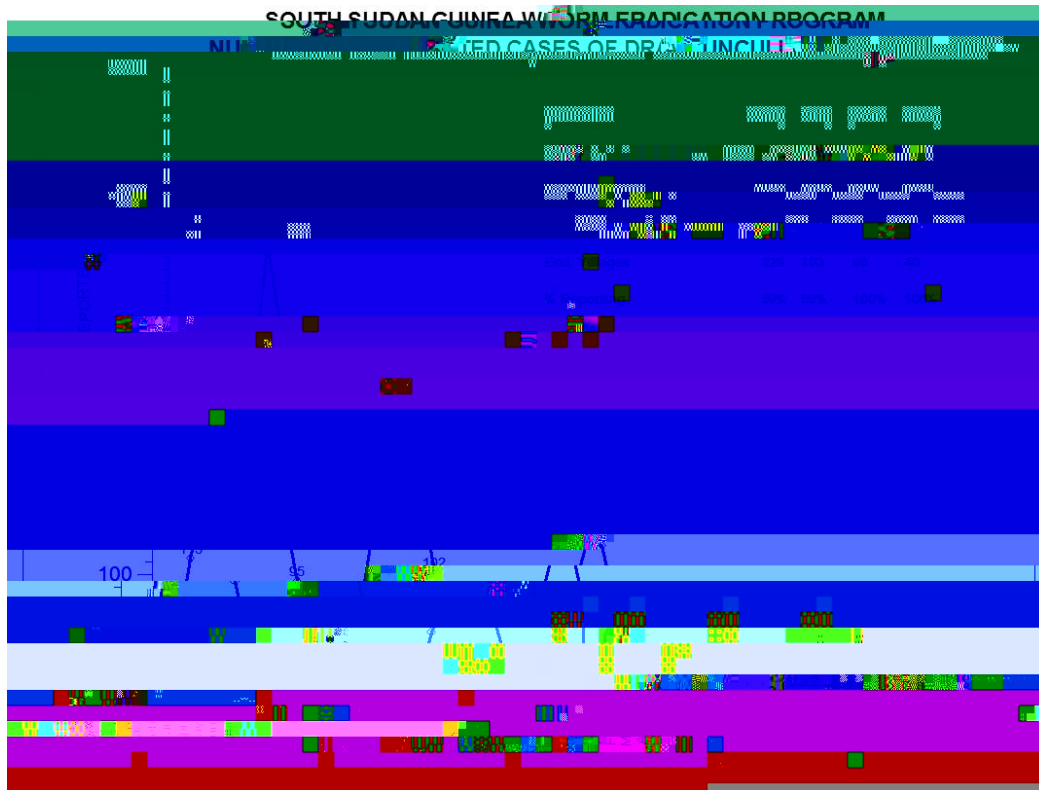
TRACE EVERY SOURCE!

SOUTH SUDAN: ZERO CASES REPORTED FOR 3 CONSECUTIVE MONTHS, WITH AVERAGE 81 PERCENT REPORTING RATE



Against many odds, the South Sudan Guinea Worm Eradication Program (SSGWEP) has recorded no cases of Guinea worm disease (GWD) for three consecutive months, November 2013-January 2014. Reporting rates in November and December 2013 were 100% and 62%, in respectively, from 6,682 villages under active surveillance (VAS), including 396 cattle camps. The reporting rate in January 2014 was 81% from 4,681 VAS as of January 1, including 394 cattle camps. The SSGWEP expects the reporting rate during these periods will increase to nearly 100% as reports for almost all VAS were collected and are in transit to the national program secretariat. (Figure 1).

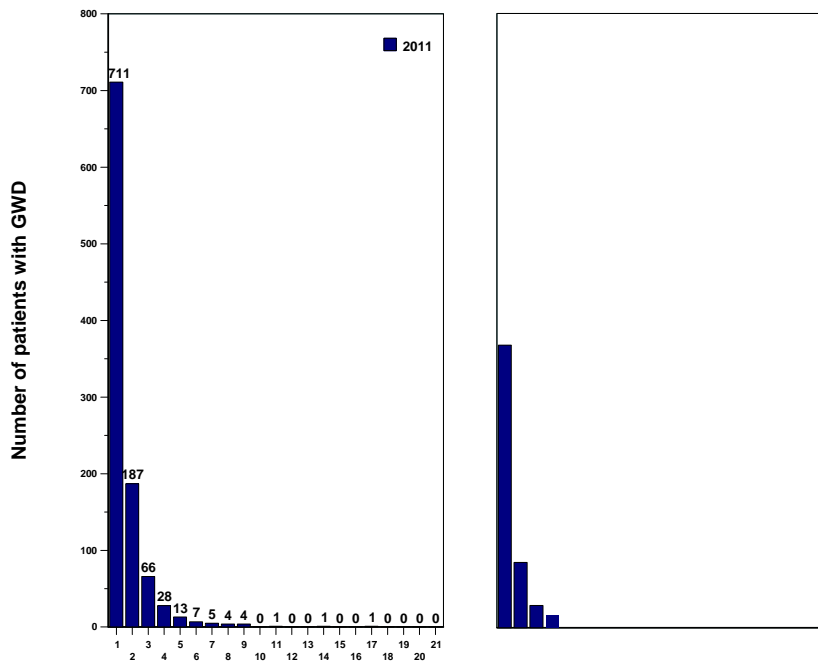
Figure 1

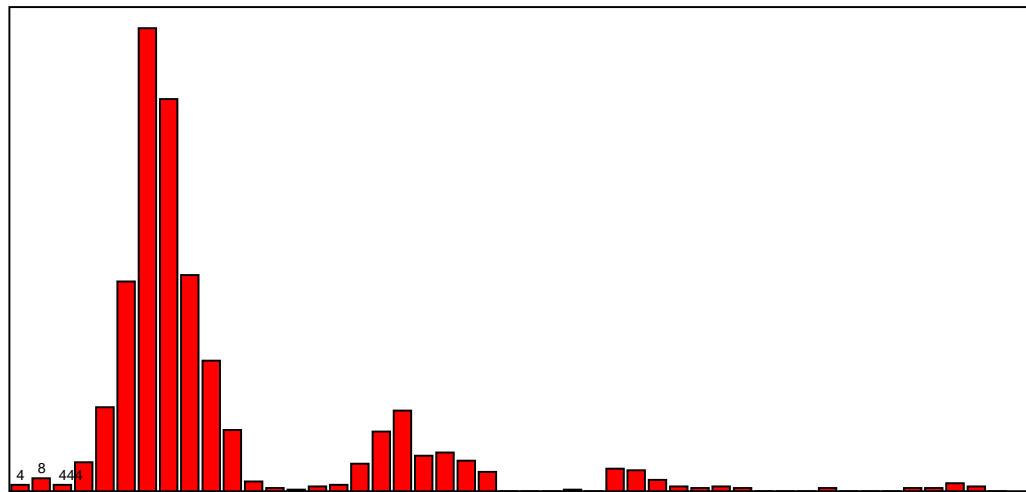


For all of 2013, the SSGWEP has reported a provisional total of 113 cases from 79 villages, which is a 78% reduction in cases and a 69% reduction in villages reporting cases, from the 521 cases in 255 villages in 2012. 67% of cases met the criteria for case containment in 2013, vs. the 64% containment rate in 2012. In addition, the total number of Guinea worms that emerged from all patients in South Sudan was reduced by 83%, from 879 worms in 2012 to only 148 worms in 2013 (**Figure 2**).

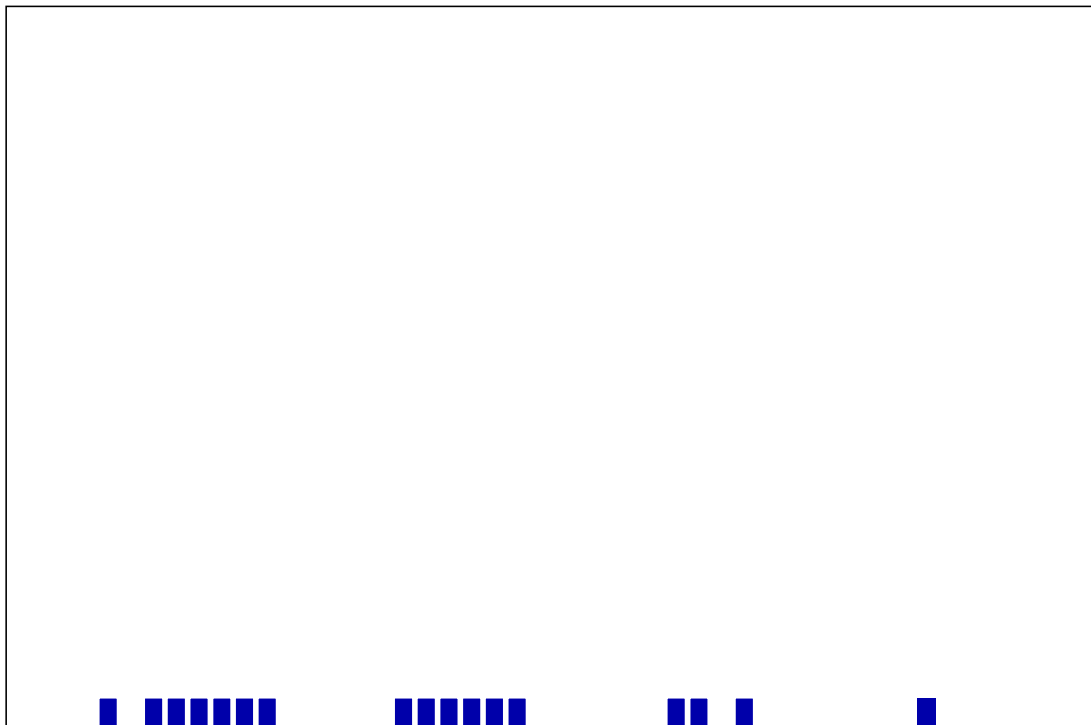
Figure 2

**South Sudan Guinea Worm Eradication Program
Frequency Distribution of the Number of Patients with Guinea Worm Disease and the
Number of Guinea Worms Emerging in 2011, 2012, and 2013***





Mali Guinea Worm Eradication Program
Reported cases of dracunculiasis: 2010 - 2013*



CHAD: ACTIVE SURVEILLANCE EXPANDED TO SARH DISTRICT

Following the discovery of 5 cases (none contained) of GWD in Maimou village of Sarh District in Moyen Chari Region of southern Chad in November-December 2013 (**Table 2**), Chad's GWEP began establishing active village-based surveillance in Maimou and surrounding villages with assistance of The Carter Center. A sixth case, which was *contained*, was detected in January 2014. So far, however, the *source* of infection of the cases in Maimou, including the case detected in January 2014, is *unknown*. Chad's second case of 2014 (who did not contaminate water and is pending containment at the local health center), was detected in February in the village of Yadime, in the passive surveillance section of Kouno zone, of Bousso District, Chari Baguirmi Region. During the period of infection, the case lived in Madjamra, a village under active surveillance in Kouno and lived near Lelgoui pond where residents fish. This pond was previously contaminated by the 2012 Case #7 in August of 2012 (a date outside the 10-14 month incubation period). The Bongor District of the Mayo Kebbi East Region, where no cases of GWD have been detected since 2010, but which had been under active surveillance, transitioned to passive surveillance at the end of 2013. The WHO office in Chad is helping the GWEP to integrate surveillance for GWD into the polio and measles campaigns in all regions of the country following a partners meeting on February 6. The Minister of Health, Dr. Ngariera Rimadjita, has written the Minister of the Interior and Public Safety to request assistance in implementing control measures. A meeting was held jointly by the Ministry of Health and the Ministry of Rural Water on February 10th to advocate for partner organizations to provide potable water in Guinea worm affected communities.

IN BRIEF

Sudan. At the request of the Ministry of Health, WHO supported a mission to El Radom locality of South Darfur in December(?) 2013 to investigate the 3 cases reported from the area of Kafia Kingi and begin strengthening surveillance there. Sudan had detected no indigenous case of GWD since 2002. The 3 patients, all females, are related (a 45 year old woman, her 18 year old niece and 4 year old granddaughter), their infections began in June and September 2013, and they reportedly have not traveled to South Sudan, Chad, or Central African Republic in recent years. A traditional leader of Kafia Kingi, a local health worker and several other villagers allege that uniformed soldiers from South Sudan occupied the area and displaced local residents for more than a week beginning on April 29, 2012. The villagers believe the soldiers contaminated a local water source, which resulted in infection of the 3 patients.

Former U.S. President Jimmy Carter discussed issues related to renewed Carter Center assistance to Sudan's GWEP with Sudanese President Omar Al-Bashir and ministry officials during a visit

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Table 1

	Name	1= EVAS	2= NEVAS					(Yes, No, or Pending)	If No, Date of Abate Rx*		Name	1= EVAS	2= NEVAS	(Yes / No)	Presumed Source of Infection Identified?	Presumed Source of Infection is a Known	
															Description	(Yes / No)	Actions?
1.1	NAPUSIRIYET	1		JIE	KAPOETA EAST	25	F	24 Feb 14	YES		2	NAPUSIRIYET	1	1	WATER SOURCES SURROUNDING VILLAGE (STILL UNDER	YES	FULL INTERVENTIONS IN PLACE

MEETINGS

RECENT PUBLICATIONS

Hopkins DR, 2014. The Sudan conflict and disease (letter, on-line). New York Times January 9.

Jones AH, Becknell S, Withers PC, Ruiz-Tiben E, Hopkins DR, Stobbelaar D, Makoy SY, 2014. Logistics of Guinea worm disease eradication in South Sudan. Am J Trop Med Hyg 90:xxx-xxx. See also: www.ajtmh.org/content/early/2014/01/16/ajtmh.13-0110.abstract

McNeil DG Jr, 2014. Guinea worm said to infect few in 2013. New York Times January 17.

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

Contributors to this issue were: the national Guinea Worm Eradication Programs, Drs. Donald R. Hopkins and Ernesto Ruiz-Tiben of The Carter Center, and Drs. Sharon Roy and Mark Eberhard of CDC.

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