



The owner had tied the dog up after he noticed signs of infection before the worms began emerging. The dog had been purchased from a village located in Tenkou district of adjacent Mopti Region. An investigation is underway in the implicated areas of Mopti Region. Two other dog infections are suspected also, one each in Mempe, which is located about 8 kilometers from Fangasso and

From June 20 to July 6, Dr. Ernesto Ruiz-Tibon, director of The Carter Center's MEP, led a large team from The Carter Center and from Exeter University in the United Kingdom to Chad, where they met with the Minister of Health Mr. Assane Nguéadougou, the Director-General in the Ministry of Public Health, Dr. Jabbar Hadith, the National Program Coordinator, Dr. Phillip Ouakou; Carter Center Country Represen

Guinea worm transmission in Mali and how best to interrupt the disease transmission at the earliest. Participants also discussed opportunities to strengthen cross border surveillance so as to prevent any resurgence of the disease in Burkina Faso and freed areas of Mali bordering Burkina Faso.

These included:

1. Establishing a mechanism to detect any cases of Guinea worm disease in humans and animals, especially dogs.
2. Identifying social mobilization strategies including ways and means to increase the community awareness of the cash reward for voluntarily reporting of guinea worm disease cases.

Participants at the meeting included the Deputy Governor (Director of Cabinet) of the Segou Region/Mali, the Administrative Head (Haut-Commissaire) of the Province of Kossi/Burkina Faso, the Mayor of Tominian town, the national coordinator of the Guinea Worm Eradication Programme of Mali, the Coordinator of NTDs of Burkina Faso and the focal point of Guinea worm eradication as well as a staff member from WHO country office in Burkina Faso. In addition, veterinary and animal welfare department staff and security forces from the Gendarmerie and the Police of Burkina Faso attended the meeting along with participants from national, regional and district levels of Mali.

II. East Africa on GWEP involving Kenya, South Sudan and Uganda was conducted in Hawassa town, Ethiopia from 16-17 June 2016:

The cross-border meeting convened delegates from South Sudan and Ethiopia (both currently endemic), Kenya (in pre-certification phase) and Uganda (post-free). The delegates discussed the current epidemiological situation in the region (East Africa), risk factors for Guinea worm transmission across their common borders and opportunities, recommendations and action points for strengthening cross-border surveillance in the region.

The Deputy Governor of SNNPR region opened the meeting on behalf of the Federal Minister of Health of Ethiopia. The WHO Country Representative, in a speech read for him, entreated countries to coordinate efforts and collaborate effectively to strengthen cross-border surveillance for GWD.

The meeting was facilitated by the WHO AFRO Focal Point for GWE, who made a presentation on how to ensure efficient use of resources through risk-based micro-planning and implementation to strengthen GWD surveillance in cross-border areas.

The meeting recommended that participating countries should:

1. Explore and use every opportunity to improve direct communication between countries at the operational level (County, Woreda, and District).
2. Continue to advocate with partners and relevant government sectors to provide safe water sources in endemic and high risk areas in order to minimize the vulnerability to GW infection in these areas.
3. Share cross border plans and synchronize activities, wherever possible, e.g. active case search, awareness campaigns/ assessments between their bordering districts.

Table 1

CHAD GUINEA WORM ERADICATION PROGRAM
LINE LISTING OF CASES OF GWD DURING 2016*

Case #	Village or Locality of detection			District	Region	Patient		Case Contained?			Home Village or Locality			Presumed Source of infection identified?		Presumed Source of infection is a known VAS?	
	Name	1 or 2= VAS	3= VNAS			Age	Sex	Date GW emerged (D/M/Y)	(Yes, No, or Pending) or house each evening with grandmother.	1 = imported 2= indigenous	Name	1= VAS	3= VNAS	(Yes or No)	Name	(Yes or No)	Actions/Comments?
1.2																	
1.3																	
2.1	Ngara (quartier Mani)	1		Bailli	Chari Banguermi	5	M	29 Apr 16	Yes		2	Ngara	1		No		
3.1	Gole (quartier Massa)	1		Onoko	Chari Banguermi	11	F	25 May 16	Yes		2		1	Possible	Pond across the river	Yes	The household is in enclave separate from the VAS. No ASV was serving that specific area.
3.2								16 Jun 16	Yes		2						
4.1	Mama Korkol		3	Sarh	Moyen Chari	38	F	2 Jun 16	No	N/A (Chari)		Mama Korkol		3	No		Patient crossed river traveling to health center, with worm submerged in the water.

ETHIOPIA DRACUNCULIASIS ERADICATION PROGRAM
LINE LISTING OF CASES OF GWD DURING 2016*

Case #	Village or Locality of detection			District	Region	Patient		Case Contained?			Home Village or Locality			Presumed Source of infection identified?		Presumed Source of infection is a known VAS?		
	Name	1 or 2= VAS	3= VNAS			Age	Sex	Date GW emerged (D/M/Y)	(Yes, No, or Pending)	If no, date of Abate Rx	1 = imported 2= indigenous	Name	1= VAS	3= VNAS	(Yes or No)	Name	(Yes or No)	Actions/Comments?
1.1	Olane	1		Gog	Gambella	14	M	20 May 16	Yes		?	Olane	1		?	?	?	March July 2015: Olane Village, Awako Village, Turkish commercial farm, Kothiaban hunting area

SOUTH SUDAN GUINEA WORM ERADICATION PROGRAM
LINE LISTING OF CASES OF GWD DURING 2016*

Case #	Village or Locality of detection			Payam	County	Patient		Case Contained?			Home Village or Locality			Presumed Source of infection identified?		Presumed Source of infection is a known VAS?	
	Name	1 or 2= VAS	3= VNAS			Age	Sex	Date GW emerged (D/M/Y)	(Yes, No, or Pending)	If no, date of Abate Rx	1 = imported 2= indigenous	Name	1= VAS	3= VNAS	(Yes or No)	Name	(Yes or No)
1.1	Runhieth	1		Wunlit	Tonji East	19	F	4 Jun 16	No	30 May 16 9 June 16					Yes		Worm Specimen sent to CDC 6/15/2016
2.1	Angon	1		Udici	Jur River	13	F	9 Jun 16	Yes	NA					Yes		Worm Specimen sent to CDC 6/28/2016

VAS = village under active surveillance in level 1 or 2 areas
VNAS = village not under active surveillance, level 3 areas

LATEST PUBLICATIONS

Eberhard ML, Yabsley MJ, Zirimwabagabo H, Bop H, Cleveland CA, Maerz JC, et al. (2016) Possible role of fish and frogs as paratenic hosts of *Dracunculus medinensis*, Chad. Emerg Infect Dis. 22(8), 1428-1430. <http://dx.doi.org/10.3201/eid2208.160043>

Galán-Puchades, M. T. (2016). Dog and Guinea worm eradication. The Lancet. Correspondence. Infectious Diseases, 16(7), 770.

GUINEA WORM DISEASE IN THE NEWS AND CYBERSPACE

Jason B. How Are Health Workers Putting End To Guinea Worms?. TED Radio Hour (NPR). June 24, 2016;

Jason, B. (2016). The Last Days of Guinea Worm. All Things Considered (NPR),

Inclusion of information in the Guinea Worm Wrap-Up does not constitute "publication" of that information.

In memory of BOB KAISER

Note to contributors:

Submit your contributions via email to Dr. Sharon Roy (gwwrapup@cdc.gov) or to Dr. Ernesto Ruiz-Tiben (eruizti@emory.edu), by the end of the month for publication in the following month's issue. Contributors to this issue were: the national Guinea Worm Eradication Programs, Drs. Donald R. Hopkins and Ernesto Ruiz-Tiben of The Carter Center, Drs. Sharon Roy of CDC, Dr. Dieudonné Sankara of WHO, and and Mark Eberhard.

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