



Date: August 28, 2006



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

Subject: GUINEA WORM WRAP-UP #165

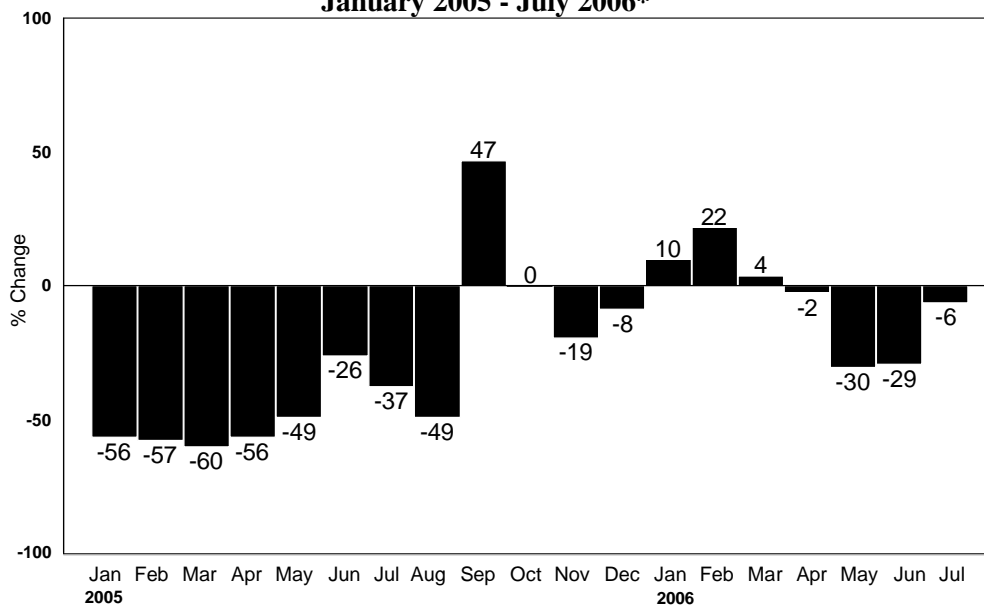
To: Addressees

Count Down to Glory
Consecutive months with zero indigenous cases:
Burkina Faso 7
Nigeria 2
Ethiopia 1

GHANA PROGRAM REVIEW WITH PRESIDENT CARTER IN ATLANTA

The annual Program Review of the Ghana Guinea Worm Eradication Program was convened at The Carter Center in Atlanta USA on August 16-17, 2006. This special review was held in support of Ghana's goal to Stop Transmission of Guinea Worm Disease in Ghana by March 2007 (no indigenous cases after March 2008), which will be the 50th anniversary of Ghana's independence. The Honorable Mr. Issah Ketekewu, deputy regional minister for the Northern Region, led the delegation from Ghana, which included director of public health Dr. George Amofa, national program manager Dr. Andrew Seidu-Korkor, UNICEF/Ghana resident representative Mrs. Dorothy Rozga, Carter Center/Ghana resident technical advisor Mr. Philip Downs, and Carter Center/Ghana technical assistant Mr. Jim Niquette. The meeting's three objectives were to review the status and trends of Guinea worm disease and control measures in Ghana, discuss options for improving interventions and program management, and to prepare an ACTION PLAN of agreed targets and actions for the "make or break" 2006-2007 transmission season. Other participants at the Review included former U.S. President and Mrs. Jimmy Carter, UNICEF deputy director Mr. Kul Gautam, and other representatives of UNICEF, the World Health Organization, CDC, The Carter Center, and the Atlanta-based consulates of Japan and the United Kingdom.

Figure 1 **Ghana Guinea Worm Eradication Program**
Percent Change in Cases of Dracunculiasis Compared to the Same Month in the Previous Year:
January 2005 - July 2006*



Dr. Seidu-Korkor presented an extensive and thorough report that summarized the status of the program during the first six months of 2006. The peak transmission season in Ghana is October-April. Ghana reported 2,597 cases in January-June 2006, a reduction of -3% from the same period of 2005 (Figures 1 and 2). The cases were reported from 732 villages, of which 525 villages are endemic. Only 62% of this year's cases were contained (vs. 60% in 2005, 66% in 2004), and cases are highly focalized (88% in Northern Region, 80% in the top 7 districts, 47% in the top 20 endemic communities). 60% of cases are male, and 49% are children 15 years or younger. The average intervention rates so far in 2006: 86% health education coverage of endemic villages, 85% of endemic villages have complete cloth filter coverage, 53% have pipe filters, 40% are using Abate, and 39% have at least one source of safe drinking water. Despite the 98% reduction in cases since the program's first nationwide search for cases in 1989, the reduction in cases since 1995 has been minimal. Major program weaknesses are manifest in passive surveillance and ineffective interventions, which in turn reflect inadequate training and supervision, and reluctance to replace under-performing personnel. In addition to 9,308 community-based surveillance workers, 5,433 Red Cross Mothers Club members and 753 supervisory-level health workers are involved in the program at least part-time.

The Action Plan developed at the meeting includes 15 specific action steps. The Action Plan was appended to a communiqué addressed mainly to the vice-president and to the minister of health of Ghana.

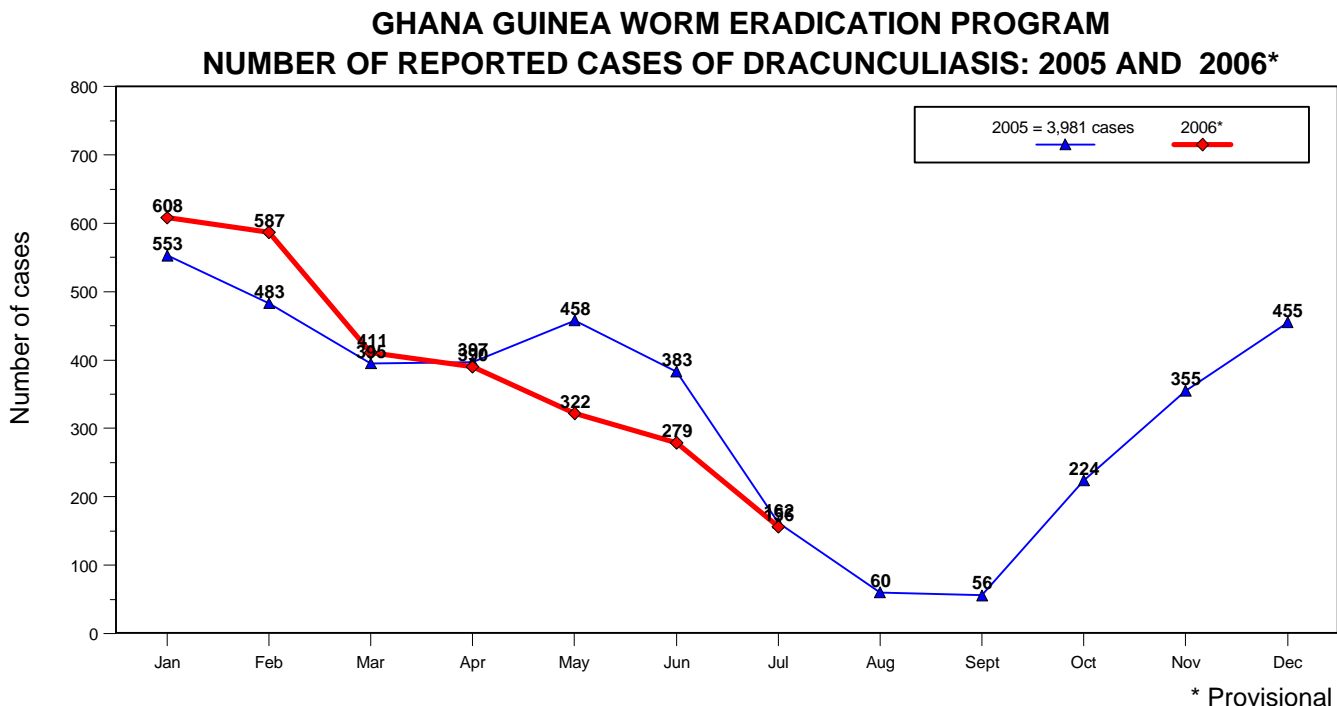


Among other urgent actions, the communiqué urges that Guinea worm disease be declared a National Emergency, that the ministry of health involve other relevant ministries in the campaign, and that non-performing staff be replaced by the beginning of the transmission season. Ghana's partners and well-wishers in the global Guinea Worm Eradication Program will monitor the implementation of these actions.

Also on display at this meeting was a miniature Ghanaian-made wooden coffin, in the shape of a human foot and lower leg with an emerging wooden Guinea worm wrapped around a stick. Ghanaian artist Mr. Joseph Tetteh Ashong, who specializes in creating unique coffins that reflect his clients' interests, crafted the unusual piece of art in response to a special order by Dr. Ernesto Ruiz-Tiben and

Mr. Craig Withers of The Carter Center. Opened, the small coffin contains a space in which to bury the last Guinea worm

Figure 2



IN BRIEF:



Togo. Togo has reported only 8 indigenous cases of dracunculiasis during January - July and is in a close race with Nigeria (15 cases during January - July) to determine which of the two countries will report the least number of cases during 2006. If Togo reports more case by the end of 2006, then Nigeria will, for the first time since the campaign began overtake Togo in the ranking of cases reported for the year. Watch out Togo!!

UNICEF / Togo has announced that it will rehabilitate boreholes in 11 endemic villages by October 2006. These rehabilitations are in addition to having recently completed boreholes in the 14 most endemic villages in Togo, which were targeted in 2005 via a grant provided by the Gates foundation for that purpose (Table 1).

Dr A. Maiga, WHO AFRO, carried out follow-up visit to Togo from 17-22 July to evaluate the level of implementation of recommendations made during his previous visit and to discuss with the newly established Certification Committee about preparedness for certification of eradication. He conducted a field visit to Haho and Ogou Districts to assess precertification activities including surveillance and registration and investigation of rumors of alleged cases of dracunculiasis.

Table 1

List of Endemic Villages in Togo Receiving Borehole Wells (Villages No. 1-14), and/or Rehabilitation of Borehole Wells (Villages No. 15-23) During 2006

Number	Village	District	Reported Cases of Guinea Worm Disease		
			2003	2004	2005
1	Azakpé*	Haho	19	10	8
2	Tsavé	Haho	1	10	4
3	Bafai	Haho	2	2	0
4	Kpéle	Haho	17	2	0
5	Amenryankope	Haho	3	1	0
6	Agbole	Ogou	0	2	0
7	Gangan	Bassar	0	17	0
8	Kissafo	Dankpen	0	20	16
9	N'nabone-Bissagma	Dankpen	4	20	0
10	Kounkoumpé	Keran	11	3	0
11	Napo	Keran	0	5	0
12	Misseouta	Douffelgou	10	22	0
13	Aloum	Douffelgou	0	3	0
14	Panga I*	Oti	18	5	0
16	Apakpakpe	Haho	0	1	0
17	Demé	Haho	0	0	0
18	Kpatala	Ogou	1	1	6
19	Okelekoutou	Ogou	0	0	0
20	Brobro	Est-Mono	0	0	0
21	Yebou-Yebou	Est-Mono	0	0	0
22	Hekpé	Ave	2	1	0
23	Boulou	Keran	0	5	1
Total number of cases			88	130	35
National total			669	278	73
% of 2005 Cases Impacted by Safe Drinking Water					48%

* One borehole well to be rehabilitated in Tsavé and two in Panga.

Table 2

Number of Cases Contained and Number Reported by Month during 2006*
(Countries arranged in descending order of cases in 2005)

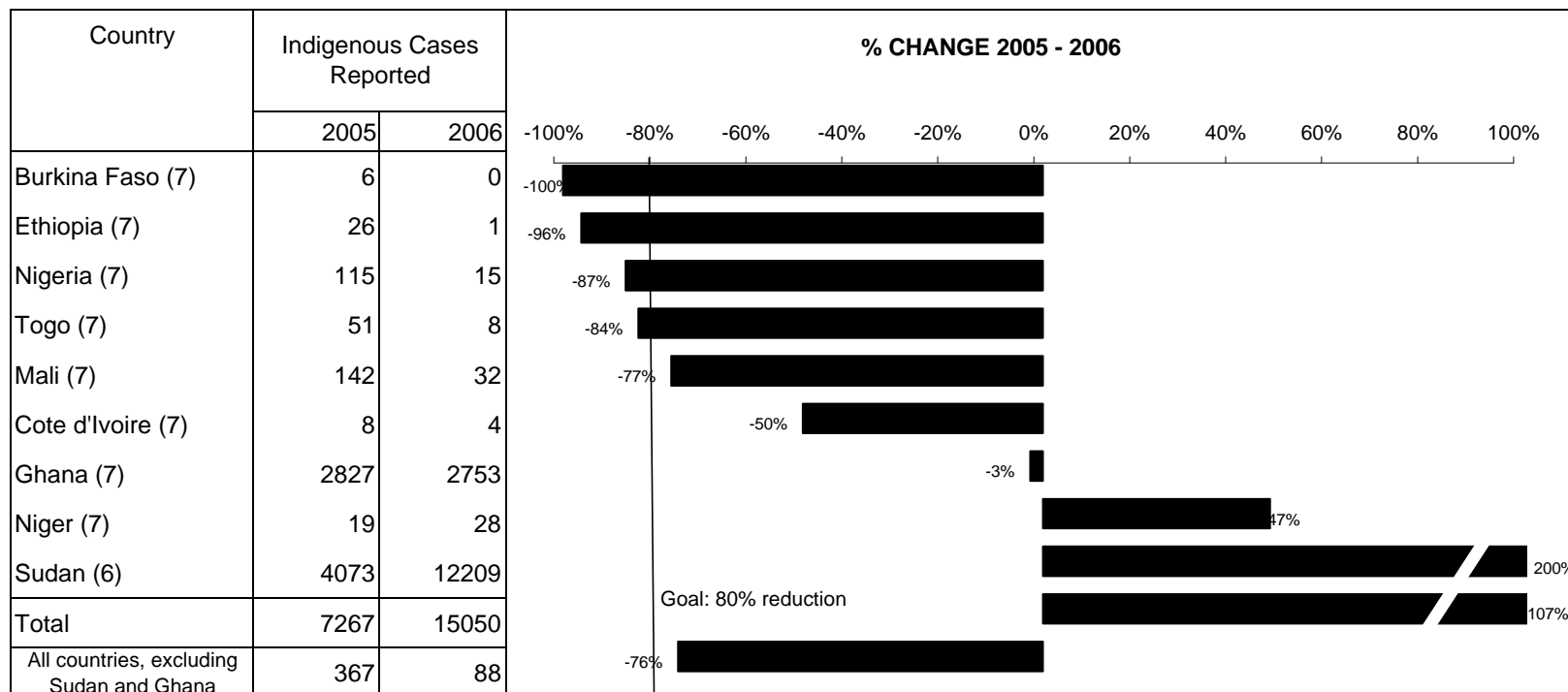
COUNTRIES REPORTING CASES	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED													% CONT.
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL*	
SUDAN	0 1 2	7 / 9	176 / 358	2323 / 3126	2730 / 5042	2327 / 3672	/	/	/	/	/	/	7563 / 12209	62
GHANA	397 / 608	378 / 587	267 / 411	237 / 390	160 / 322	177 / 279	69 / 156	/	/	/	/	/	1685 / 2753	61
MALI	3 / 3	1 / 1	0 / 0	1 / 1	3 / 3	14 / 14	12 / 14	/	/	/	/	/	34 / 36	94
NIGER	2 / 2	0 / 0	0 / 0	1 / 2	6 / 6	7 / 7	11 / 12	/	/	/	/	/	27 / 29	93
NIGERIA	0 / 0	10 / 14	0 / 0	0 / 0	0 / 1	0 / 0	0 / 0	/	/	/	/	/	10 / 15	67
TOGO	1 / 1	2 / 3	0 / 0	0 / 1	1 / 1	2 / 2	0 / 0	/	/	/	/	/	6 / 8	75
BURKINA FASO	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	1 / 1	/	/	/	/	/	1 / 1	0
COTE D'IVOIRE	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	2 / 2	2 / 2	/	/	/	/	/	4 / 4	100
ETHIOPIA	1 / 1	0 / 0	0 / 0	0 / 0	1 / 1	1 / 1	0 / 0	/	/	/	/	/	3 / 3	100
UGANDA	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	1 / 1	/	/	/	/	/	1 / 1	
TOTAL*	404 / 617	398 / 614	443 / 769	2562 / 3520	2901 / 5376	2530 / 3977	96 / 186	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	9334 / 15059	62
% CONTAINED	65	65	58	73	54	64	52						62	
% CONT. OUTSIDE SUDAN	66	65	65	61	51	67	52						62	

* 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



Overall % change outside of Sudan = -11%

(7) Indicates months for which reports were received, i.e., Jan. -July 2006

* Provisional

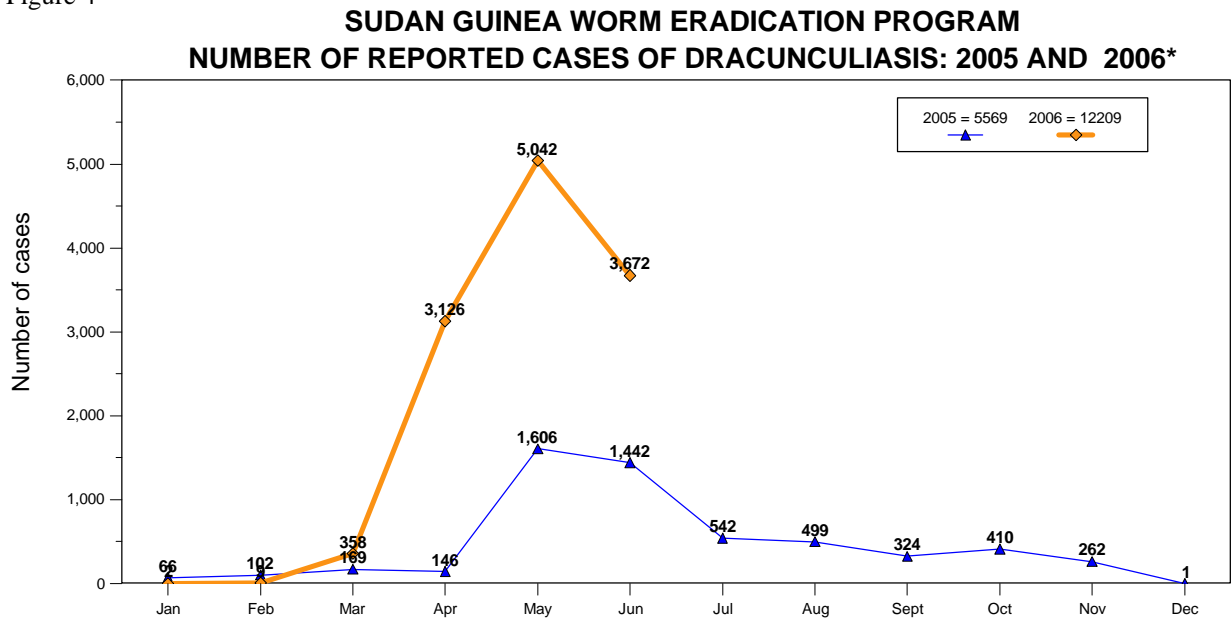


Niger. On July 6-7, the governor of Niger's Tillaberi Region, Mr. Idder Adamou, visited the districts of Tillaberi and Tera. He was accompanied by the regional GW coordinator, and an assistant of the national Guinea Worm Eradication Program, as well as others. The governor visited the communities of Bibiyargo, Gay Gorou, and Ayerou in Tillaberi District, and Gotheye, Dargol, Bankilare and Tera in Tera District. At each community, he stressed the importance of everyone participating in surveillance of Guinea worm disease, the importance of early detection and immediate reporting, and he disseminated information on how to prevent the disease and contain cases. All 29 cases reported from Niger so far this year have been reported from Tillaberi Region.



Sudan. South Sudan has reported a provisional total of 12,209 cases of dracunculiasis from 2,062 villages/localities during January – June 2006 (Figure 4). Eastern Equatoria State, one of the areas most intensely affected during the civil war has reported 8,823 cases (72%), while Warrab State reported 1,672 (14%) and Jongoli State reported 763 (6%) of all cases in 2006, so far. Although the general peak transmission season is from May to October, important regional variations in the peak transmission season are being gradually documented as the South Sudan GWEP is able to assess the presence and extent of endemic transmission in newly accessible areas of Eastern Equatoria and Jongoli State, and within all 10 States of South Sudan. The dearth of infrastructure, vast distances, geographic dislocation of endemic foci of dracunculiasis, and mobility of affected populations present an enormous challenge to the GWEP and its quest to stop transmission by 2009.

Figure 4



* Provisional



Sierra Leone. Dr Ahmed Tayeh, WHO-Geneva, visited Sierra Leone from 16 to 25 July to assess the status of Guinea-worm disease and begin to assist the country to prepare for a visit by an International Certification Team, which is to confirm the absence of endemic transmission. Dr. Tayeh's visit was only possible after the country had recovered from the civil conflict which struck the country for many years. He visited four selected districts near the borders of Guinea and Liberia to investigate rumours of alleged cases of Guinea worm disease. There was no indication that transmission of Guinea worm is occurring in Sierra Leone, and people who drink from open water sources either use water from deep open wells or running water from streams. In October 2006, an International Certification Team (ICT) will visit the country to formally verify the absence of the disease in Sierra Leone and if so, recommend to the International Commission for the Dracunculiasis Eradication (ICDR) whether to certify the country free of dracunculiasis transmission. The next meeting of the ICDR will be in Geneva during March 2007.

TRANSITIONS

In September, Mr. Jim Niquette will become the new Carter Center resident technical advisor to Ghana's Guinea Worm Eradication Program. For the past year, Mr. Niquette has been a technical advisor for The Carter Center in Ghana, assisting the water supply component of the GWEP. Previously, he also consulted for The Carter Center to the GWEPs of Nigeria and Sudan.

Mr. Niquette replaces Mr. Philip Downs, who will return to Carter Center headquarters as deputy to Dr. Ernesto Ruiz-Tiben, the technical director of The Carter Center's Guinea Worm Eradication Program.

Mr. Aryc Mosher will assume a new administrative position at The Carter Center, in association with integration of onchocerciasis and trachoma control activities.

MEETINGS



The World Health Organization (WHO) has announced that the Sixth Meeting of the International Commission for the Certification of Dracunculiasis Eradication will occur on March 5-7, 2007 at WHO headquarters in Geneva, Switzerland.

RECENT PUBLICATIONS

Mathur, S. Gahlot, R S., 2006. Calcified guinea worms in breast. The Journal of the Association of Physicians of India :54 p:201.

Shulman ST., 2006 Cases, we've got cases. Pediatric Annals. 35(6):403-4

*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 the 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.