

Date: June 13, 2012



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

Subject: GUINEA WORM WRAP-UP #212

To: Addressees

Disease eradication requires discipline, accuracy in reporting, and constant supervision of supervisors.
— Dr. Fred Soper

SOUTH SUDAN GWEP: PROGRESS ACCELERATING



The South Sudan Guinea Worm Eradication Program reported a provisional total of 265 cases of Guinea worm disease (GWD) during January- May, 2012, a 57% reduction in cases from the 621 cases reported during the same period in 2011 (Figures 1, 2, and 7, and Table 2).

Figure 1

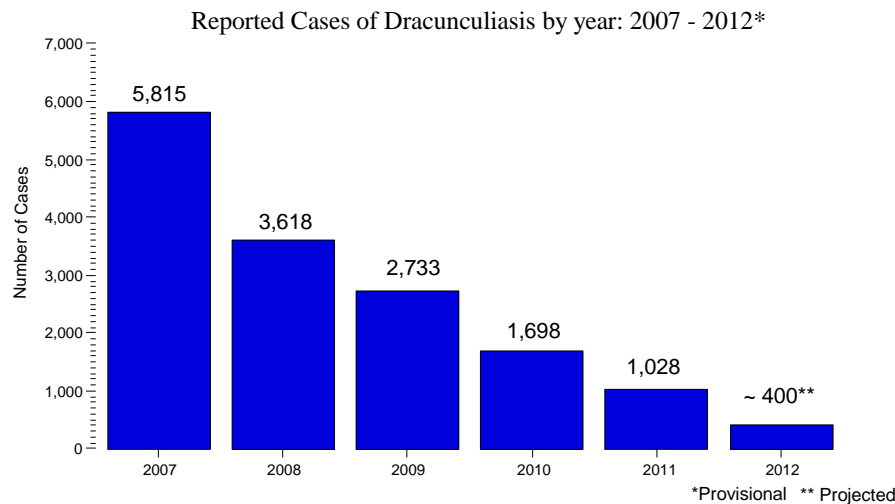
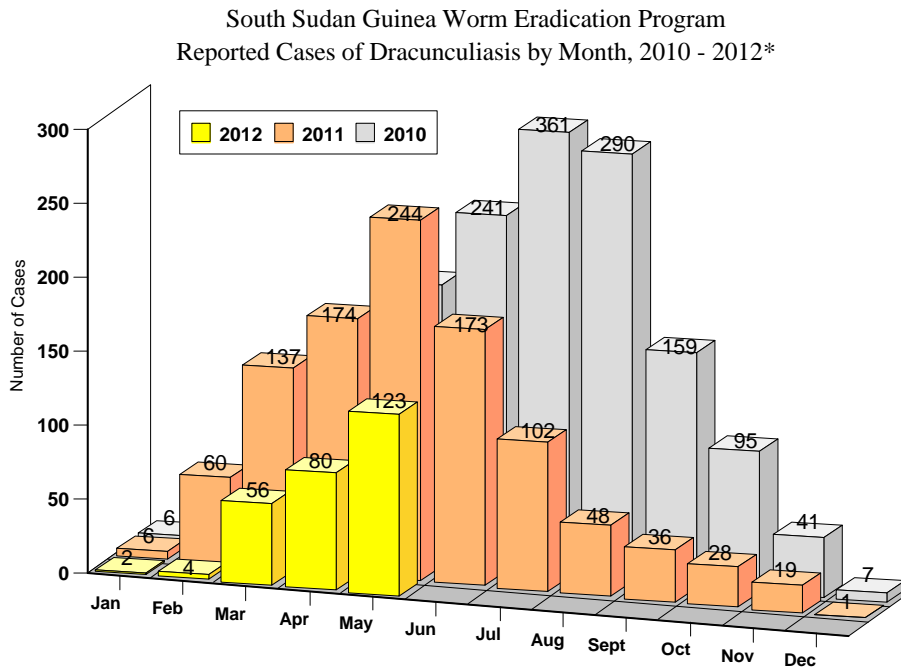
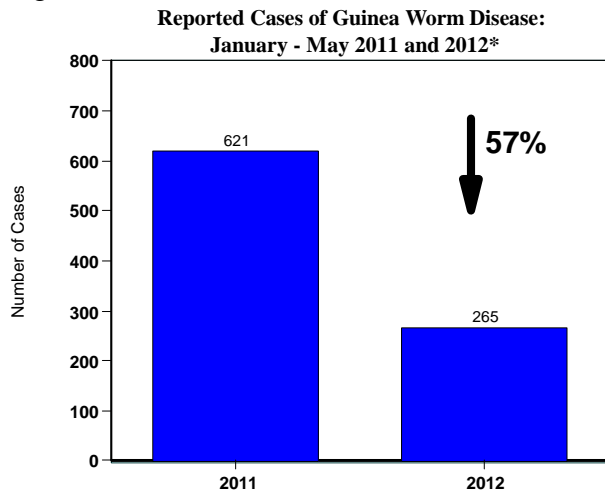


Figure 2



Bigger reduction in cases:

- Recent annual reductions were -24% (2009), -38% (2010), -39% (2011)
- 156 uncontained cases January-May 2011 vs. 76 uncontained cases January-May 2012*

Smaller endemic area:

- Reductions of 39% in number of non EVS, and of 55% in EVS reporting cases (Fig. 3).
- 584 endemic villages (EVS) in 2009, 227 EV in 2010, 125 EV in 2011
- 83% of all cases were in only one county (Kapoeta East, of E. Equatoria) in January - May 2012*

Figure 3

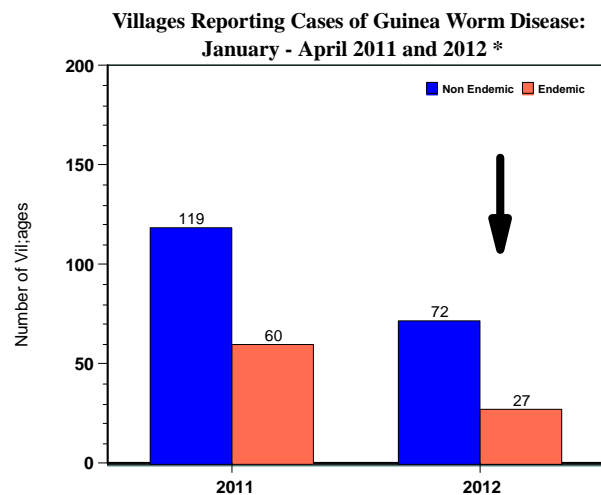
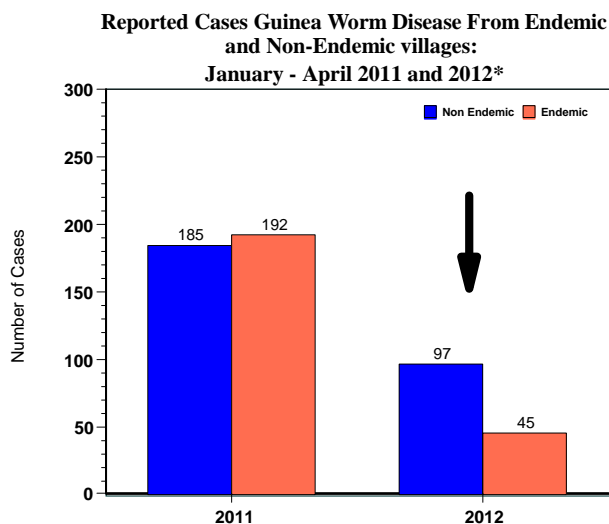


Figure 4



Stronger interventions:

- Reductions of 47% in numbers of cases reported from Non EVS and 76% from EVS (Fig. 4).
- 8% of reported cases contained in a Case Containment Center in 2009, 20% in 2010, 58% in 2011
- Abate was used in 45% of endemic villages in 2009, 60% in 2010, 85% in 2011
- More supervisors (58 national program officers and technical assistants in 2011, 70 in 2012)

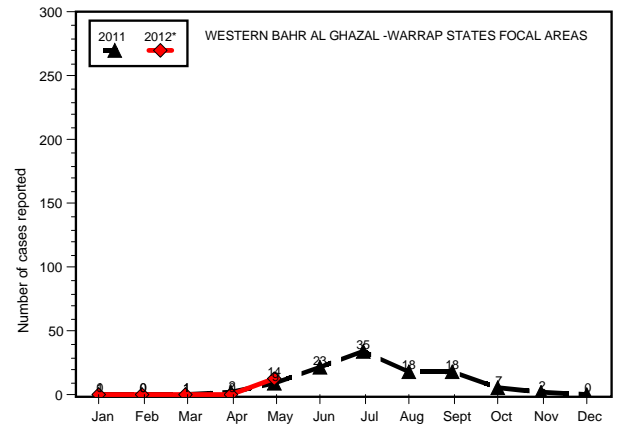
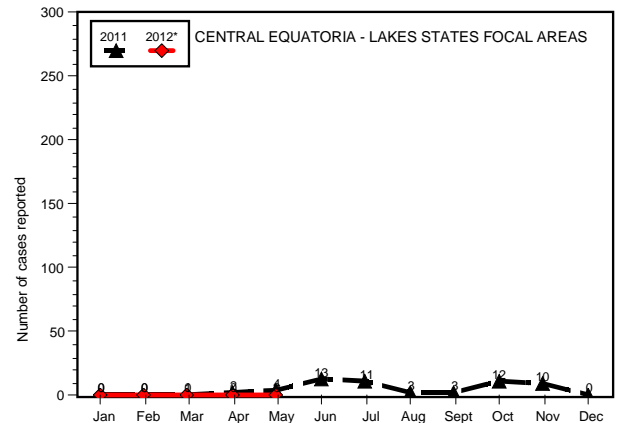
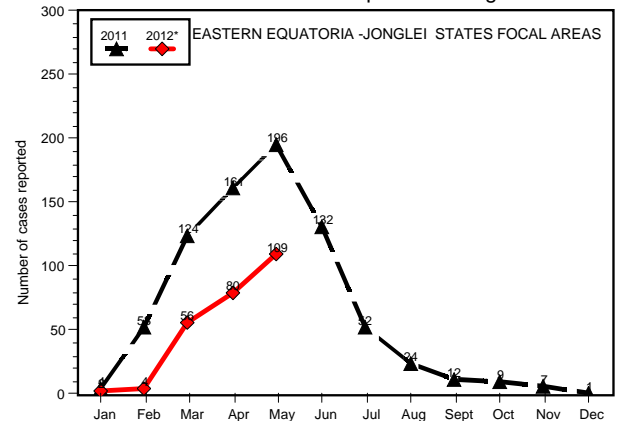
*provisional

Figures 3 and 4 illustrate the reductions in disease-endemic and non endemic villages reporting cases of GWD, and the numbers of cases reported from these villages during January- April 2011, and 2012. The trends in reported cases from the three foci of transmission of GWD during 2011 and 2012, are shown in Figure 5. The number of rumors recorded and number of confirmed cases from areas free of transmission of GWD during 2009-2011 are depicted in Figure 6. The number of cases and cases contained by county and Payam during January-May 2012 is shown in Table 1.

Over 90% of South Sudan's known endemic villages have been reporting monthly since 2009, all are receiving health education about Guinea worm disease, and essentially all have cloth filters in all households. Twenty new wells have been provided to endemic villages so far in 2012; 9 of them in Eastern Equatoria State. As of April, 41 (31%) of the 134 known endemic villages (2011-2012) have one or more safe sources of drinking water.

After nearly a year of precarious status, the steel "Kauto bridge" (Father Mathew Haumann Memorial Bridge) in Lokuruwa, Kauto Payam, Kapoeta East County (KEC) of Eastern Equatoria State collapsed in May. This bridge is the only road link to more than half of KEC, which is the highest Guinea worm-endemic county in South Sudan. It is vital for road transport of staff and supplies for the eradication program and for humanitarian assistance to that remote part of South Sudan. Airlift is currently the only option for access to and from this important area.

Figure 5 South Sudan Guinea Worm Eradication Program Number of Cases of Dracunculiasis Reported During 2011 - 2012*



* Provisional: as of May 28, 2012

Figure 6 South Sudan Guinea Worm Eradication Program Number of Rumors Recorded and Number Confirmed as Cases of Guinea Worm Disease in Areas of South Sudan Free of Transmission: 2009 - 2011

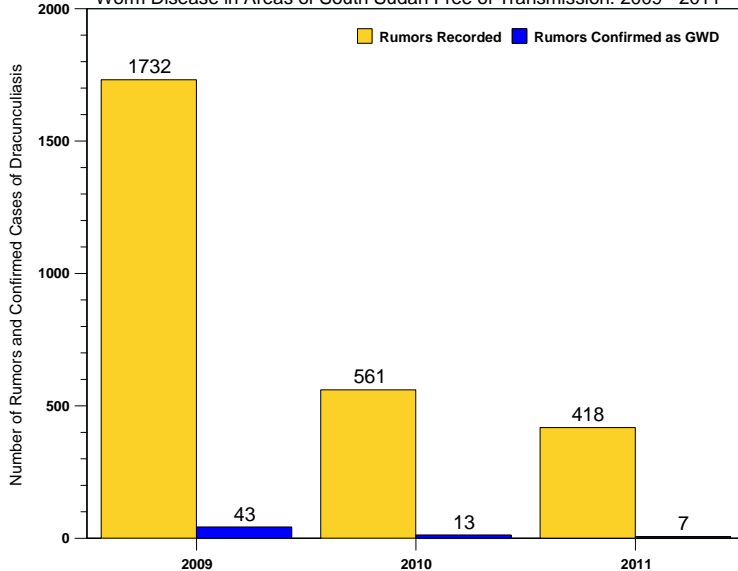


Table 1

SOUTHERN SUDAN GUINEA WORM ERADICATION PROGRAM
CASES REPORTED AND CONTAINED DURING 2012* BY STATE, COUNTY AND MONTH

State	County	Cases Contained / Cases Reported												% Contained	
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec		Total
Eastern Equatoria	Kapoeta East	1 / 1	2 / 3	36 / 48	49 / 68	69 / 97	/	/	/	/	/	/	/	157 / 217	72%
	Kapoeta North	1 / 1	1 / 1	1 / 2	1 / 3	6 / 8	/	/	/	/	/	/	/	10 / 15	67%
	Kapoeta South	0 / 0	0 / 0	1 / 1	1 / 2	0 / 0	/	/	/	/	/	/	/	2 / 3	67%
STATE TOTAL		2 / 2	3 / 4	38 / 51	51 / 73	75 / 105	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	169 / 235	72%
Jonglei	Pibor	0 / 0	0 / 0	2 / 4	3 / 7	2 / 4	/	/	/	/	/	/	/	7 / 15	47%
	Ayod	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	0 / 0	0%
	Wuror	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	0 / 0	0%
TOTAL		0 / 0	0 / 0	2 / 4	3 / 7	2 / 4	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	7 / 15	47%
Warrap	Tonj North	0 / 0	0 / 0	0 / 0	0 / 0	4 / 5	/	/	/	/	/	/	/	4 / 5	0%
	Tonj East	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	0 / 0	0%
	Tonj South	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	0 / 0	0%
	Gogrial East	0 / 0	0 / 0	1 / 1	0 / 0	8 / 9	/	/	/	/	/	/	/	9 / 10	0%
	Gogrial West	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	0 / 0	0%
	Twic Mayardit	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	0 / 0	0%
STATE TOTAL		0 / 0	0 / 0	1 / 1	0 / 0	12 / 14	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	13 / 15	87%
Western Bahr Al Ghazal	Jur River	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	0 / 0	0%
TOTAL		0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0%
Lakes	Awerial	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	0 / 0	#DIV/0!
	Cuibet	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	0 / 0	0%
	Yirol E.	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	0 / 0	0%
	Yirol W.	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	0 / 0	0%
	Maper	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	0 / 0	0%
	Rumbek Centre	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	0 / 0	0%
	Rumbek East	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	0 / 0	0%
STATE TOTAL		0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0%
Central Equatoria	Terekeka	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	0 / 0	0%
	Juba	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	0 / 0	0%
TOTAL		0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0%
SOUTHERN SUDAN TOTAL		2 / 2	3 / 4	41 / 56	54 / 80	89 / 123	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	189 / 265	71%
% CONTAINED		100%	75%	73%	68%	72%								71%	

* Provisional

Table 2

Number of Cases Contained and Number Reported by Month during 2012*
(Countries arranged in descending order of cases in 2011)

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*	
SOUTH SUDAN	2 / 2	3 / 4	41 / 56	54 / 80	89 / 123	/	/	/	/	/	/	/	189 / 265	71
MALI [^]	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	0 / 0	0
CHAD	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	0 / 0	0
ETHIOPIA	0 / 0	0 / 0	0 / 0	0 / 1	1 / 1	/	/	/	/	/	/	/	1 / 2	50
TOTAL*	2 / 2	3 / 4	41 / 56	54 / 81	90 / 124	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	190 / 267	71
% CONTAINED	100	75	73	67	73								71	
% CONT. OUTSIDE SUDAN	0	0	0	0	100								50	

*Provisional

Cells shaded in black denote months when zero indigenous cases were reported. Numbers indicate how many imported cases were reported and contained that month.

Cells shaded in yellow denote months when transmission of GWD from one or more cases was not contained.

[^] Beginning in April 2012 reports include only Kayes, Koulikoro, Segou, Sikasso, Mopti Regions; the GWEP is not currently operational in Timbuktu, Kidal, and Gao Regions

Number of Cases Contained and Number Reported by Month during 2011
(Countries arranged in descending order of cases in 2010)

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*	
SOUTH SUDAN	5 / 6	46 / 60	99 / 138	135 / 173	180 / 244	129 / 173	70 / 102	37 / 48	28 / 36	19 / 28	14 / 19	1 / 1	763 / 1028	74
MALI	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	1 / 3	1 / 3	2 / 3	0 / 1	1 / 1	0 / 1	0 / 0	5 / 12	42
ETHIOPIA [^]	0 / 0	0 / 0	1 / 2	1 / 1	4 / 4	1 / 1	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	7 / 8	88
CHAD	0 / 0	1 / 1	0 / 0	0 / 1	0 / 0	0 / 0	1 / 2	1 / 4	0 / 0	0 / 0	0 / 0	1 / 2	4 / 10	40
GHANA	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0
TOTAL*	5 / 6	47 / 61	100 / 140	136 / 175	184 / 248	131 / 177	72 / 107	40 / 55	28 / 37	20 / 29	14 / 20	2 / 3	779 / 1058	74
% CONTAINED	83	77	71	78	74	74	67	73	76	69	70	67	74	
% CONT. OUTSIDE SUDAN	0	100	50	50	100	50	40	43	0	100	0	50	53	

* provisional

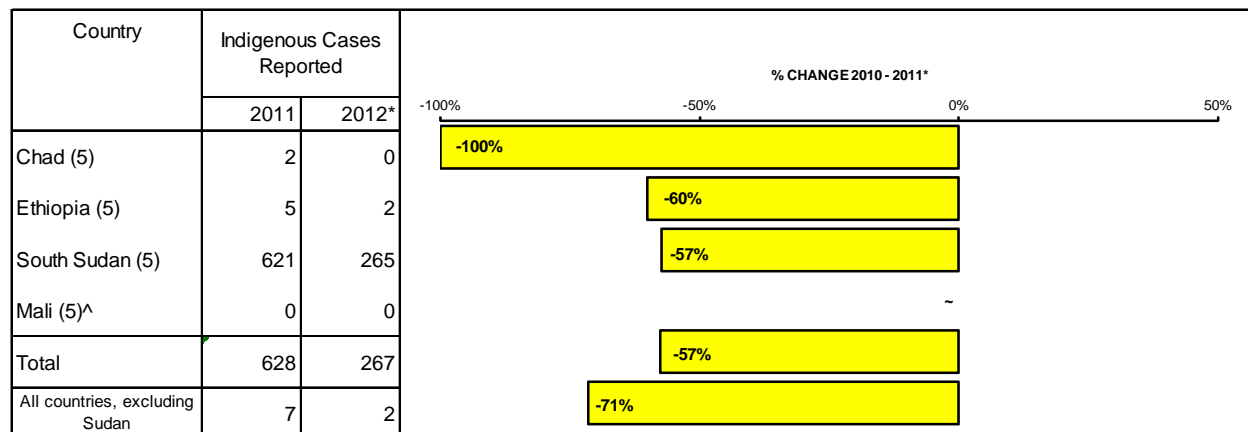
Cells shaded in black denote months when zero indigenous cases were reported. Numbers indicate how many imported cases were reported and contained that month.

Cells shaded in yellow denote months when transmission of GWD from one or more cases was not contained.

[^] one case of GWD (not contained) was imported into Ethiopia from South Sudan during March and a second (contained) during May.

Figure 7

Number of Indigenous Cases Reported During the Specified Period in 2011 and 2012*, and Percent Change in Cases Reported



* Provisional. Numbers in parentheses indicate months for which reports have been received, i.e., (5) = January - May. Excludes cases exported from one country to another.

^ Beginning in April 2012, reports include only Kayes, Koulikoro, Segou, Sikasso, and Mopti Regions; the GWEP is not currently operational in Timbuktu, Kidal, and Gao Regions

During May the SSGWEP, WHO and TCC staff held live radio interviews with listeners of Miraya FM radio stations on GWD. Listeners from all over South Sudan interacted with GWEP staff. One listener responded by asking Mr. Evans Lyosi of WHO and Ms. Jessica Flannery of TCC if one could become infected with GWD by eating fish, another listener from Wau Town, Warrap State, complained of having had GWD for the last two years. The SSGWEP Director Mr. Makoy Samuel Yibi briefed the radio audience on the current status the program of and progress made against interruption of transmission of GWD in South Sudan. The audience was more concerned about the support patients with GWD receive; the GWEP team used this opportunity to educate the listeners on GWD, its mode of transmission and about preventive measures. Emphasis was given to the importance of vigilance about possible cases of GWD (surveillance) and to advising listeners what to do in case they detected a person with the disease or learned about others suspect of having the disease.

WHO in collaboration with the MOH worked closely with the two mobile telephone operators (Vivacell and Gemtel) in broadcasting surveillance messages on GWD throughout the area covered by the two mobile telephone companies.

As of the end of May 2012, the MOH, with WHO support, trained 315 health workers in South Sudan on GWD, and conducted three active case searches in northern Jonglei state. No case of GWD was detected, but 36 suspects are being followed by health workers (15 in Uror, 13 in Nyiror and 8 in Ayod counties).

INFORMAL MEETING ON GW ERADICATION AT WORLD HEALTH ASSEMBLY



World Health Organization

The World Health Organization convened the seventh annual Informal Meeting with Ministers of Health of Guinea Worm-Affected Countries from 6-8pm on May 23rd during the Sixty-fifth World Health Assembly in Geneva. The Regional Director for WHO's Eastern Mediterranean Region, Dr. Ala Alwan chaired this year's meeting, which attracted the largest number of participants to date, including the Honorable Ministers of Health of Benin (Prof. Dorothee A. Kinde Gazard), Chad (Dr. Mamouth Nahor Gawara), Ghana (Mr. Alban .S. Bagbin), Nigeria (Prof. C.O. Chukwu), South Sudan (Dr. Michael Milli Hissen), and Sudan (Mr. Bahar I. Abu Garda). Ethiopia was represented by its State Minister of Health (Dr. K.W. Admasu), while Mali was represented

by the Secretary-General Prof. M.S. Traore. The representatives of each of the four countries that reported cases in 2011 (South Sudan, Mali, Chad, Ethiopia) described the status of eradication efforts in their nations. Dr. Abdul Al-Awadi (chair) and Dr. Joel Breman (member) spoke on behalf of the International Commission for the Certification of Dracunculiasis Eradication (ICCDE). Dr. Donald Hopkins of The Carter Center and Dr. Gautam Biswas of WHO summarized the status of the global eradication campaign and the status of certification and pre-certification activities, respectively. Representatives of two major donors, the Bill & Melinda Gates Foundation and the United Kingdom's Department for International Development, also addressed the meeting briefly before WHO Deputy Director-General Dr. Anarfi Asamoah-Baah gave concluding remarks. The National Program Director of South Sudan's Guinea Worm Eradication Program, Mr. Samuel Makoy Yibi, also attended this meeting as a member of his country's first national delegation to the World Health Assembly.

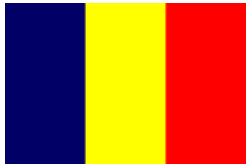
IN BRIEF:



Ethiopia. The Ethiopia Dracunculiasis Eradication Program (EDEP) reported a second case of dracunculiasis, an 11-year-old girl resident of Utuyu Village in Gog Woreda, whose first worm emerged on May 23, 2012. Two other worms emerged, one on May 24th and the third on June 1st. This patient was admitted immediately to the case containment center in Pugnido Town, Gog Woreda on May 23rd. Transmission from all worms was prevented. She and the male patient with GWD detected during late April 2012 in Terkudi Village, Perbengo Umha Kebele of Abobo Woreda are linked to exposure in the vicinity of Utuyu during April-May 2011, when a resident of this village was confirmed to have GWD.

The national certification committee met on May 17th with Dr. Joel Breman, a member of the ICCDE, who visited the Ethiopia Dracunculiasis Eradication Program on behalf of the ICCDE during May 9-20, 2012. Key issues emphasized during his debriefing and subsequent discussions were the following:

- Increase collaboration with the Ministry of Water and Energy: there is urgent need to strengthen intersectoral collaboration with Ministry of Water and Energy at various levels and ensure that areas where GW transmission is suspected to occur get water supplies as a matter of priority.
- Strengthen surveillance, including rumour registration and investigation: the rumor registers available at the lowest levels of the health system are not used properly. Efforts should be made to ensure that surveillance of GW is done properly including rumor registration and their prompt investigation.
- Strengthen cross border collaboration: the collaboration between EDEP and the South Sudan GWEP has to be strengthened as the border is porous and thousands of migrants are coming to Ethiopia due to conflicts in South Sudan.
- Request The Carter Center (TCC) to continue its support in Gog Woreda: TCC is requested to extend its support through 2013 given detection and confirmation of two cases of GWD after nine months of zero case reports.
- Inadequate knowledge on the reward: in many of the places visited there was inadequate knowledge about the reward even among the health workers. Efforts should be made to increase knowledge about the reward.



Chad. Mr. Adam Weiss, assistant director of the GWEP at The Carter Center and Dr. Nandini Sreenivasan, Epidemic Intelligence Services Officer from the Centers for Disease Control and Prevention visited Chad on April 20 – May 23, 2012 to assist the Ministry of Health of Chad in a further investigation of the cases of GWD that occurred in Chad in 2010 and 2011. The local office of the World Health Organization provided part of the transport required to support this mission.

Ministry of Health and Carter Center-trained village volunteers and supervisory staff are now active in 726 (77%) of 937 villages in areas associated with the Guinea worm cases in 2010-2011; 71% of the 726 villages reported to the program during April. No cases of GWD have been detected in Chad during the first five months of 2012.

The Chad GWEP with WHO support conducted a series of compound to compound active case searches coupled with social mobilization/awareness about GWD, including about monetary rewards for information leading to confirmation of cases of the disease in localities of the districts of Kyabe in the Moyen Chari region and in the Haraze-Manguaigne districts of Salamat region during May 2-18, 2012. These districts, in south eastern Chad were not accessible and could not be visited due to security concerns during the initial investigations following detection of the outbreak in mid 2010.

In the district of Kyabe: 15/15 functional Peripheral Health Center head nurses and 48 vaccinators were trained on GWD disease surveillance and on the case searches and community awareness creation activities. Of the total of 453 localities in the district 314 (69 % of the localities) were visited. In which 14,303/23,001 (62%) of house-hold compounds were visited with a total of 78,858 persons interviewed and informed on the cash reward scheme for voluntary reporting of cases of GWD. No cases of GWD were found. Two rumours of alleged GWD were investigated, and found not to be cases of the disease.

In the district of Haraze-Manguaigne: 5/5 functional Peripheral Health Center head nurses and 15 vaccinators were trained on GWD disease surveillance and on the case searches and community awareness creation activities. Of a total of 98 localities, 53 (54%) were visited and case searches, coupled with social mobilization/awareness about GWD, including about monetary rewards for information leading to confirmation of cases of the disease were conducted in 42% (1,301/3,113) of total compounds in the localities. A total of 8,362 persons were interviewed. No rumors about possible cases were received, nor active cases of GWD confirmed in this area.

Kyabe and Haraze- Manguaigne districts were formerly endemic during 1992-1998. Access during the rainy season (May – October) to these districts is not possible or is very limited. The ministry of health – WHO team recommended the GWEP and districts officials to complete the cases searches and community awareness creation in the remaining localities of the districts and to further strengthen surveillance for possible cases of GWD through the use of the existing network of trained vaccinators mainly during June-September which historically were the peak transmission period in these areas.

The activities were conducted under the supervision of the national GWEP of Chad and Dr. Dieudonné P. Sankara WHO/HQ Geneva, Dr Honoré Djimrassengar, WHO/ country office in Chad and Dr Issa Degoga, consultant as well as Dr Alhouseini Maiga, WHO/IST West Africa Ouagadougou.



Mali. The National Program Coordinator, Dr. Gabriel Guindo, confirms that no cases of GWD have been reported for April 2012 from the regions (Kayes, Koulikoro, Segou, Sikasso, Mopti) that are still controlled by the government. Dr. Guindo and Carter Center Country Representative Mr. Sadi Moussa visited several districts in Segou Region in mid-May to discuss placement of two technical assistants to aid surveillance and other interventions in those areas.



Niger. The Niger GWEP continued to maintain surveillance for possible cases of GWD, especially among displaced Malians in refugee camps. During assessments in these camps in February and April 2012 to strengthen surveillance for possible cases of GWD, the following observations were made:

1. As of May 2012 report, no cases of GWD case were reported in Niger. One rumor was reported from a refugee camp in April 2012 which was investigated and GWD was ruled out.
2. Leaders of the refugee camps are committed to continue social awareness in these camps to ensure early detection of cases, and to continue to inform residents about the availability of cash rewards for information leading to confirmation of cases of the disease.
3. Written instructions were given at all the levels of the health system to strengthen the sensitivity of GWD surveillance within the integrated disease surveillance and response system.
4. Increase the advocacy for greater commitment for GWD surveillance among administrative authorities and NGOS in these refugee camps.

Other measures included: identification of other camps hosting refugees and determining the status/origin of the refugees. The remaining challenge is the insecurity in the entire area north of Tillabery and Tahoua districts making visits to the refugee camps only possible with military escort.



Sudan. Dr Gautam Biswas, Team Leader, Guinea Worm Eradication, WHO, Geneva, visited Sudan from 28th April to 10th May. The visit included desk reviews of GWD surveillance and reporting from the village-based active case searches, the national integrated disease surveillance and response system (IDSR) and the Health and Management Information System, at the National, State and District levels. Visits to former endemic villages were made in the States of North Kordofan and White Nile. Following the review, areas of priority for implementation were discussed with national health authorities. The focus was to prioritise awareness generation on the reward scheme and need to report on any suspected cases, especially in the states bordering South Sudan and Chad. A nation-wide survey is planned to be carried out at the end of the year during the house-to-house survey to be carried out during a polio eradication search for cases of acute flaccid paralysis.

WHO Workshop for GWEP Data Managers:



World Health Organization

The Regional WHO Office for Africa (AFRO) held a workshop for GWEP data managers in Ouagadougou, Burkina Faso during May 8-11, 2012. It was attended by the data managers from Burkina Faso, Chad, Cote d'Ivoire, Ethiopia, Ghana, Niger, Nigeria and South Sudan. The following topics/issues were covered during the workshop (a) data management practices in the GWEP and the linkages to other surveillance systems, such as the IDSR, Health Management Information System (HMIS), Community Based Surveillance (CBS) and Polio;(b) data management issues; (c) data requirements for program management, certification and sending specimens to the WHO collaborating Center in Atlanta, USA; (d) reporting forms and data validation; (e) re-streamlining the submission of data to WHO; (f) data importation of the district monthly surveillance indicators into MicroSoft Access; (g) metadata; and (g) the use of optical readable forms for surveys. The workshop was facilitated by Ms Junerlyn Agum and Mr Ekoue Kinvi of WHO.

“Foul Water, Fiery Serpent” As of June 1, 2012, the documentary “Foul Water, Fiery Serpent” has been broadcast 642 times in 122 television markets, covering more than 76 percent of the U.S. This film was produced in 2010 by Cielo Productions under the leadership of Mr. Gary Strieker with sponsorship by Mr. John Moores, former chairman of the Board of Trustees of The Carter Center.

THIRTY YEARS SINCE WASHINGTON WORKSHOP ON GUINEA WORM DISEASE

June 16-19 will mark the thirty year anniversary of the Workshop on Opportunities for Control of Dracunculiasis that met in Washington, D.C. under the chairmanship of Dr. Myron Schultz of CDC. This was the first international meeting devoted to dracunculiasis. It was conceived by CDC, sponsored by the National Research Council of the U.S. National Academy of Sciences, co-sponsored by WHO, and funded by the United States Agency for International Development (USAID). It brought together 27 multi-disciplinary experts, including scientists from Ghana, India, Nigeria and Togo.

RECENT PUBLICATIONS

Cairncross S, Tayeh A, Seidu-Korkor A, 2012. Why is dracunculiasis eradication taking so long? Trends in Parasitology 28(6)225-230.

World Health Organization, 2012. Monthly report on dracunculiasis cases, January, 2012. Wkly Epidemiol Rec 87(12):115-116.

World Health Organization, 2012. Dracunculiasis eradication-global surveillance summary, 2011. Wkly Epidemiol Rec 87:177-187.

World Health Organization, 2012. Monthly report on dracunculiasis cases, January-March, 2012. Wkly Epidemiol Rec 187-188.

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

WHO Collaborating Center for Research, Training, and Eradication of Dracunculiasis, Center for Global Health, Centers for Disease Control and Prevention, Mailstop C-09, 1600 Clifton Road NE, Atlanta, GA 30333, USA, email: gwwrapup@cdc.gov, fax: 404-728-8040. The GW Wrap-Up web location is <http://www.cdc.gov/parasites/guineaworm/publications.html#gwwp>

Back issues are also available on the Carter Center web site English and French are located at http://www.cartercenter.org/news/publications/health/guinea_worm_wrapup_english.html.
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