



Date: March 6, 2015

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

Subject: GUINEA WORM WRAP-UP #232

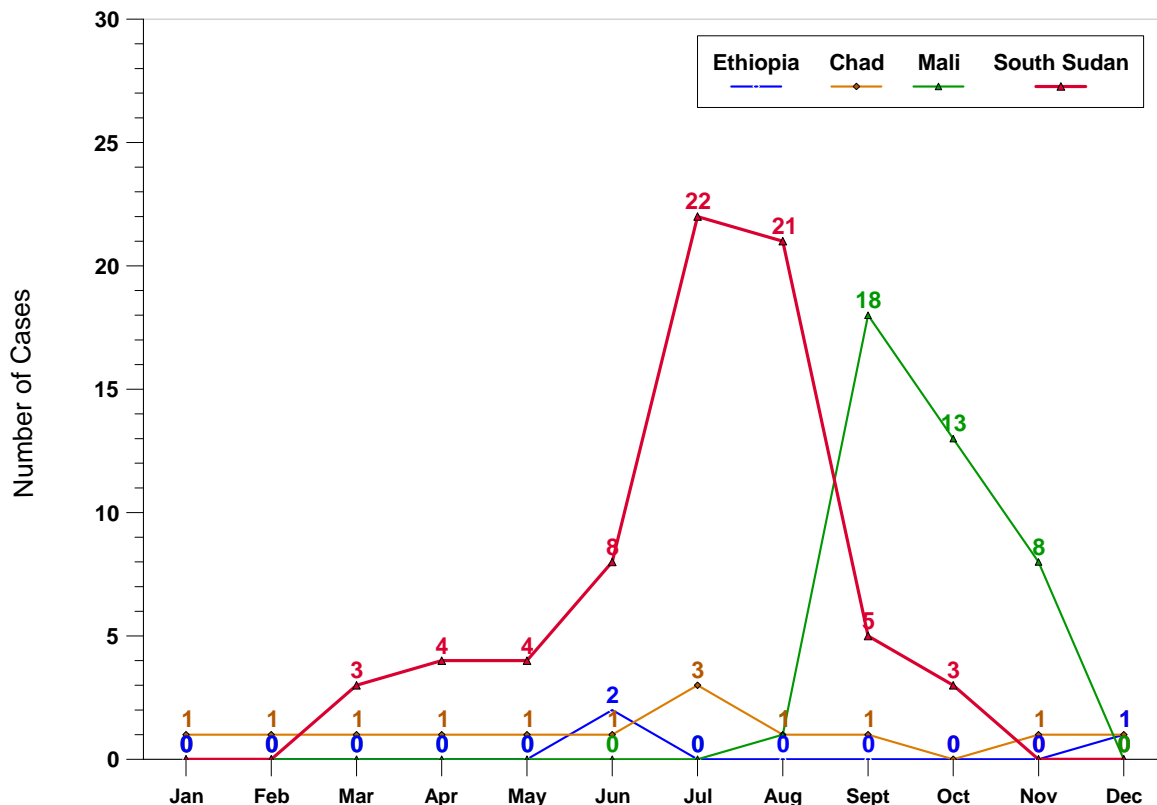
To: Addressees

**2014 VS. 2013: -13% GUINEA WORMS, -15% GW CASES, -57% ENDEMIC VILLAGES**

The 19<sup>th</sup> International Meeting of Guinea Worm Eradication Program (GWEP) Managers met at the Grand Hotel in Bamako, Mali on February 18-20. Mali’s Ministers of Health and Water presided at the Opening Ceremony, which was attended by directors of the Guinea Worm Eradication Programs of the four remaining endemic countries and of several formerly-endemic or never endemic countries, the World Health Organization (WHO) and UNICEF country representative of Mali, the Chief Executive Officer of The Carter Center, and two members of the International Commission for the Certification of Dracunculiasis Eradication, as well as other representatives of Mali’s GWEP, WHO, and The Carter Center. The International Meeting was preceded on February 16-17 by the first annual program review of Mali’s GWEP in several years.

Figure 1

Reported Cases of Guinea Worm Disease: South Sudan, Mali, Chad and Ethiopia by Month During 2014



The final official reports of endemic countries for 2014 confirmed 70 dracunculiasis cases (67% contained) in South Sudan, 40 cases (88% contained) in Mali, 13 cases (62% contained) in Chad, and 3 cases in Ethiopia (67% contained). Sudan reported no cases in 2014 vs. 3 cases in 2013 (Table 1 and Figure 2). Overall, the reports show 13 % fewer Guinea worms emerged from humans in 2014 compared to 2013 (172 vs. 197), 15% fewer cases of GWD (126 vs. 148) and 57% fewer villages with indigenous cases (30 vs. 69).

Table 1

**Number of Reported Cases of Guinea Worm Disease Contained and Number Reported by Month during 2014\***  
(Countries arranged in descending order of cases in 2013)

COUNTRIES WITH ENDEMIC TRANSMISSION	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED													% CONT.
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL*	
SOUTH SUDAN	0/0	0/0	3/3	3/4	3/4	6/8	13/22	14/21	4/5	1/3	0/0	0/0	47/70	67
CHAD	1/1	1/1	1/1	1/1	0/1	0/1	1/3	0/1	1/1	0/0	1/1	1/1	8/13	62
MALI <sup>§</sup>	0/0	0/0	0/0	0/0	0/0	0/0	0/0	1/1	14/18	12/13	8/8	0/0	35/40	88
ETHIOPIA	0/0	0/0	0/0	0/0	2/2	0/0	0/0	0/0	0/0	0/0	0/0	0/1	2/3	67
TOTAL*	1/1	1/1	4/4	4/5	3/5	8/11	14/25	15/23	19/24	13/16	9/9	1/2	92/126	73
% CONTAINED	100	100	100	80	60	73	56	65	79	81	100	50	73	

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 <sup>^</sup>	/	/	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0
TOTAL	1/1	1/1	4/4	4/5	3/5	8/11	14/25	15/23	19/24	13/16	9/9	1/2	92/126	73

\*Provisional

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

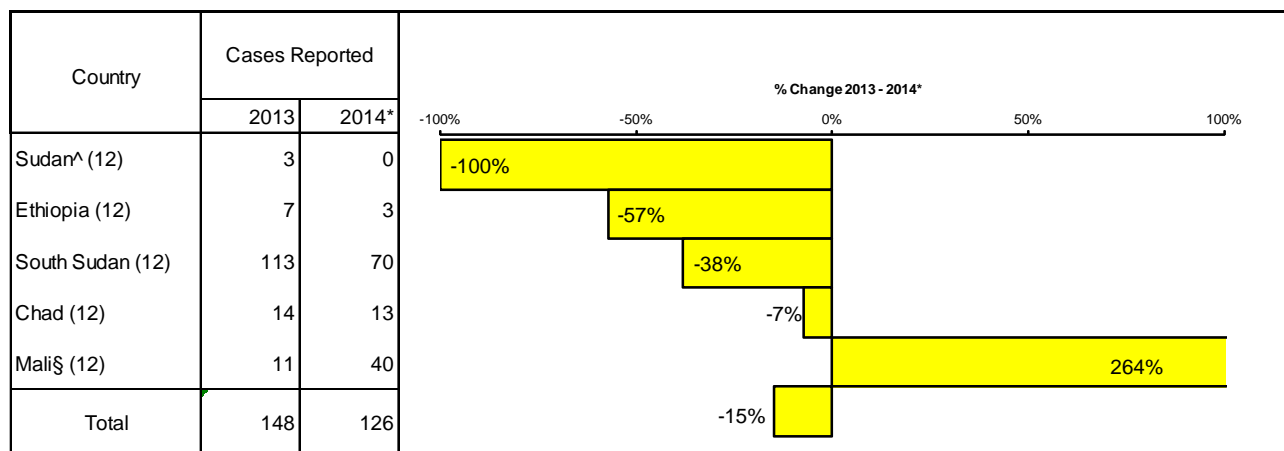
Cells shaded in yellow denote months when transmission of GWD from one or more cases was not contained.

<sup>§</sup>Reports include Kayes, Koulikoro, Segou, Sikasso, and Mopti, Timbuktu and Gao Regions; in late April, the GWEP deployed one technical advisor to Kidal to oversee the program during the transmission season (for the first time since 2012).

<sup>^</sup>A Carter Center consultant, deployed to Kafia-Kingi area in South Darfur in March, implemented active village-based surveillance in Kafia-Kingi and four other at-risk villages, and began monthly reporting.

Figure 2

**Number of Indigenous Cases Reported During the Specified Period in 2013 and 2014\*, and Percent Change in Cases Reported**



\* Provisional: Numbers in parentheses denote months for which data received, e.g., (12)= January- Dec

<sup>§</sup>Reports include Kayes, Koulikoro, Segou, Sikasso, and Mopti, Timbuktu and Gao Regions; in late April 2014, the GWEP deployed one technical advisor to Kidal to oversee the program during the transmission season (for the first time since 2012).

Under pre-certification of eradication; reported three cases in 2013 from Kafia Kingi area of South Darfur State. A Carter Center consultant was deployed to Kafia-Kingi area in March 2014 to implement active village-based surveillance and interventions in Kafia Kingi and four other at-risk villages, all of which began reporting monthly as of the end of March.

Table 2 lists the 43 villages in Chad reporting 57 cases during 2010-2014. Yellow highlights indicate villages reporting cases of GWD in consecutive years. Thirteen of these same villages also reported 26 dogs infected with Guinea worms during the same time frame. However, an additional 72 villages without human GWD cases also reported dog infections. Overall, there were 194 dogs infected with Guinea worms during 2012-2014 in a total of 85 villages.

Table 2

CHAD GUINEA WORM ERADICATION PROGRAM

Villages Reporting Cases of Guinea Worm Disease in Humans 2010-2014, and Dogs Infected with Guinea Worms 2012-2014

Vill#	Village	District	Cases					Dog infections		
			Number Contained / Number Reported					Number Reported		
			2010	2011	2012	2013	2014	2012	2013	2014
1	Nanguigoto	Guelendeng	0 / 2	0 / 0	0 / 0	0 / 0	1 / 1		1	3
2	Mouraye	Massenya	0 / 1	0 / 0	0 / 0	0 / 0	0 / 0			
3	Matassi	Mandelia	0 / 1	0 / 0	0 / 0	0 / 0	0 / 0			
4	Abba Limane	Guelendeng	0 / 1	0 / 0	0 / 0	0 / 0	0 / 0		1	
5	Aborgui	Massenya	0 / 1	0 / 0	0 / 0	0 / 0	0 / 0			
6	Molkou**	Guelendeng	0 / 1	0 / 0	0 / 0	0 / 0	0 / 0		1	
7	Kakoua	Sarh	0 / 1	0 / 0	0 / 0	0 / 0	0 / 0			
8	Sila	Melfi	0 / 2	0 / 0	0 / 0	0 / 0	0 / 0			
9	Toulomeye-Bardai	Bere		1 / 1	0 / 0	0 / 0	0 / 0			
10	Wandal	Bouso		0 / 1	0 / 0	0 / 0	0 / 0	1		
11	Mailao marba	Mandelia		1 / 1	0 / 0	0 / 0	0 / 0			1
12	Mossio Massa	Bouso		0 / 1	2 / 2	0 / 0	0 / 0	1	2	1
13	Goudoumgudoum**	Bouso		0 / 2	0 / 0	0 / 0	0 / 0	2		1
14	Darkou	Mandelia		0 / 1	0 / 0	0 / 0	0 / 0			
15	Mabaye	Mandelia		1 / 1	0 / 1	0 / 0	0 / 0	1		
16	Camp Sara Matassi	Mandelia		0 / 1	0 / 0	0 / 0	0 / 0			
17	Manglarie	Bouso		1 / 1	0 / 0	0 / 0	0 / 0			
18	Mourgagué	Guelendeng			0 / 1	0 / 0	0 / 0	2		1
19	Hilele (Ambergan)	Abou deia			0 / 1	0 / 0	0 / 0			
20	Bouram Foulbe**	Massenya			1 / 1	0 / 0	0 / 0			
21	Dangabo	Mandelia			0 / 1	0 / 0	0 / 0			
22	Kouno Centre	Bouso			0 / 1	0 / 0	0 / 0			
23	Kamanga 2 Camp	Kyabe			0 / 1	0 / 0	0 / 0			
24	Sarh Town	Sarh			1 / 1	0 / 0	0 / 0			
25	Miskine Banana	Mandelia				1 / 1	0 / 0			
26	Koutoungolo	Massenya				1 / 1	0 / 0		1	1
27	Gasse	Massenya				1 / 1	0 / 0		1	
28	Gourlong	Guelendeng				1 / 1	0 / 0			
29	Djarbou Choufou	Mandelia				0 / 1	0 / 0			
30	Bogomoro	Bouso				1 / 1	0 / 0			
31	Madoubou Route	Masenya				1 / 1	0 / 0			
32	Médegué	Guelendeng				1 / 1	0 / 0			
33	Bougéméne	Mandelia				1 / 1	0 / 0			2
34	Maimou	Sarh				0 / 5	2 / 2			2
35	Yadjime	Bouso					1 / 1			
36	Bongor	Bongor					1 / 1			
37	Kalam Kalam	Mandelia					0 / 1			
38	Massa Kaba	Kyabe					0 / 1			
39	Moudjougoussou	Kyabe					0 / 1			
40	Kirah	Sarh					1 / 1			
41	Boti	Bouso					0 / 1			
42	Am Bisirigne	Haraze					0 / 1			
43	Lapia	Moisala					2 / 2			
TOTAL			0 / 10	4 / 10	4 / 10	8 / 14	8 / 13	7	7	12

## TRANSITIONS

On April 1, 2015, Hubert Zirimwabagbo, MD, MPH Technical Advisor to Chad's GWEP since April 2014, becomes Associate Director of the Carter Center's Guinea Worm Eradication Program. Congratulations Hubert and welcome!

## RECENT PUBLICATIONS

World Health Organization, 2015. Monthly report on dracunculiasis cases, January-December 2014. Wkly Epidemiol Rec 89:587-588.

Berkowitz A, Raibagkar P, Pritt B, Mateen F. Neurologic manifestations of the neglected tropical diseases. *Journal of the Neurological Sciences* [serial online]. February 15, 2015;349(1-2):20-32.

Inclusion of information in the Guinea Worm Wrap-Up  
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In memory of BOB KAISER

### Note to contributors:

Submit your contributions via email to Dr. Sharon Roy ([gwwrapup@cdc.gov](mailto:gwwrapup@cdc.gov)) or to Dr. Ernesto Ruiz-Tiben ([eruziti@emory.edu](mailto:eruziti@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 and Mark Eberhard of CDC and Dr. Dieudonné Sankara of WHO.

*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](mailto:gwwrapup@cdc.gov), fax: 404-728-8040. The GW Wrap-Up web location is <http://www.cdc.gov/parasites/guineaworm/publications.html#gwwp>*

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