

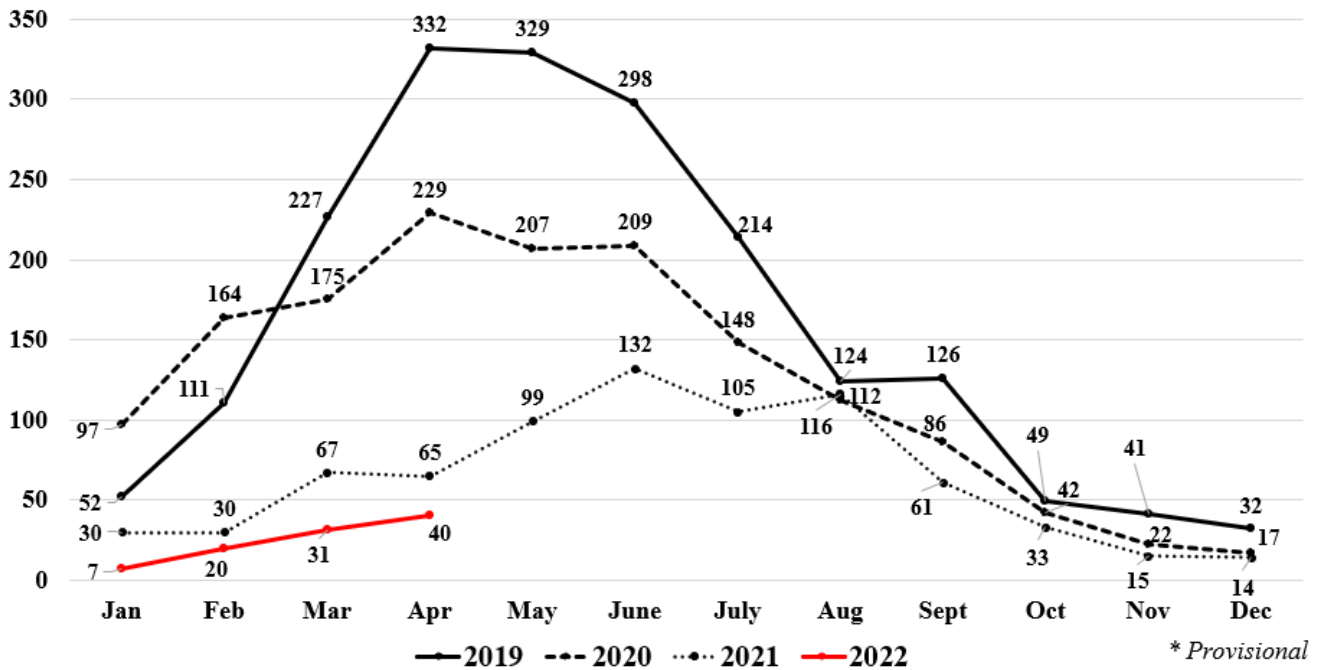


Date: May 30, 2022
 From: WHO Collaborating Center for Dracunculiasis Eradication, CDC
 Subject: GUINEA WORM WRAP-UP #288
 To: Addressees

*There are always results in Guinea Worm Eradication Programs. If you do good work,
 There will be good results. If you do bad work, there will be bad results.*
 Dieudonne Sankara

Figure 1

Chad Guinea Worm Eradication Program Dog Infections per Month: 2019 - 2022*



CHAD: 2 HUMAN CASES; DOG INFECTIONS -47%



Chad has reported 2 confirmed human cases (1 contained) in January-April 2022. This is a reduction of 50% from the 4 human cases reported in January-April 2021. Chad's Guinea Worm Eradication Program (CGWEP) reported 98 dog infections (61% contained) and 11 cat infections (64% contained) during January-April 2022, which are reductions of 49% and an increase of 275% from the 192 dog and 4 cat infections reported in the same period of 2021, respectively (Figure 1).

ETHIOPIA: MINISTER OF HEALTH AND GAMBELLA VICE PRESIDENT VISIT ENDEMIC AREAS



Minister Dr. Lia (center) in printed blouse. Gambella VP Thankuey is to her right with hands in pockets. Photographed in Garaganti village, Atheti Kebele, Gog District.

On May 4, 2022, the Honorable Minister of Health Dr. Lia Tadesse and H.E Vice President Mr. Thankuey Jock of Gambella Region led a high-level delegation from federal and regional government offices who visited water sources in endemic villages of Gog district in Gambella Region. Gambella Region State Council Speaker of the House Mrs. Banchayehu Dingeta, Gambella Region Prosperity Party Head Mr. Lakder Lakbak, State Minister of Agriculture Dr. Fikru Regassa, Director General of Ethiopia Public Health Institute (EPHI) Dr. Mesay Hailu, Deputy Director General of EPHI Mr. Aschalew Abayneh, Gambella Regional Health Bureau Head Mr. Rout Gatwech, World Health Organization Deputy Representative in Ethiopia Dr. Dlamini Nonhlanhla, Carter Center Guinea Worm Program Director Mr. Adam Weiss, and Carter Center Country Representative in Ethiopia Dr. Zerihun Tadesse were in the delegation.

The delegation visited unsafe water sources made safe through environmental management, a dog park where dogs are brought for exercise and relaxation, a potentially safe water source which is non-functioning because of failure of timely maintenance, and an Abate treatment team preparing Demuy pond in Dimuy Farms non village area (NVA) for Abate application. The officials appreciated the effort made by frontline health workers and community members to increase access to safe sources of drinking water through environmental management and Abate treatment. They underlined access to safe water as the key challenge that stakeholders need to address collectively to eliminate Guinea worm and other diseases.

During the visit, The Carter Center expressed commitment to build two shallow boreholes in endemic Duli farm and Abawiri villages in memory of the late Most Honorable World Laureate Dr. Tebebe Berhan and UNICEF expressed commitment to maintain the non-functional water scheme in endemic Ablen village and bring it back to service. On May 5, Minister Lia and the delegation she led went to Jawi refugee camp near Gambella town and observed GW surveillance at the camp.

Dr. Mesay Hailu was appointed Director General of the Ethiopia Public Health Institute effective April 6, 2022. He replaced former Director General Dr. Ebba Abate. Prior to this appointment Dr. Mesay was serving as Vice President of Hawassa University. He is an Associate Professor of Public Health and Epidemiology.

Ethiopia has reported no Guinea worm infection in a human or animal so far in 2022, compared to one human case and no animal infection reported in January-May 2021.

INTERNATIONAL CERTIFICATION TEAM TO VISIT DRC



The International Commission for the Certification of Dracunculiasis Eradication (ICCDE) will send an International Certification Team (ICT) to visit the Democratic Republic of Congo (DRC) for about three weeks, beginning July 4, 2022. The ICT will be led by Dr. Robert Guiguemde of Burkina Faso, who is a member of the ICCDE. The DRC submitted its dossier on Guinea worm eradication activities it has undertaken over the past several years, including extensive surveys inquiring about the disease, to the World Health Organization in February this year. The DRC has not reported a case of Guinea worm disease since the 1950s and it has never detected a Guinea worm infection in an animal.

WHO is also sending ICCDE member Dr. Ashok Kumar and Ms. Junerlyn Farah Agua of the Guinea Worm Eradication Unit at WHO headquarters to Sudan for 2-3 weeks in July-August 2022 to help that country complete its dossier and prepare for a visit by an ICT at the earliest. Sudan's last known case of Guinea worm disease was in Kafia Kingi village in 2013.

DEFINITION OF A PRESUMED SOURCE OF GUINEA WORM INFECTION

A presumed source/location of a human dracunculiasis case is considered identified if:

The patient drank unsafe water from the same source/location (specify) as other human case(s) or an infected domestic animal 10-14 months before infection, or

The patient lived in or visited the (specify) household, farm, village, or non-village area of (specify) a Guinea worm patient or infected domestic/peri-domestic animal 10-14 months before infection, or

The patient drank unsafe water from (specify) a known contaminated pond, lake, lagoon or cut stream 10-14 months before infection.

If none of the above is true, the presumed source/location of the infection is unknown. Whether the patient's or animal's residence is the same as the presumed source/locality of infection or not should also be stated in order to distinguish indigenous transmission from an imported case.

DEFINITION OF A CONTAINED CASE*

A case of Guinea worm disease is contained if all of the following conditions are met:

1. The patient is detected before or within 24 hours of worm emergence; and
2. The patient has not entered any water source since the worm emerged; and
3. A village volunteer or other health care provider has properly managed the case, by cleaning and bandaging until the worm is fully removed and by giving health education to discourage the patient from contaminating any water source (if two or more emerging worms are present, the case is not contained until the last worm is pulled out); and
4. The containment process, including verification that it is a case of Guinea worm disease, is validated by a supervisor within 7 days of the emergence of the worm and
5. ABATE is used if there is any uncertainty about contamination of sources of drinking water, or if a source of drinking water is known to have been contaminated.

*The criteria for defining a contained case of Guinea worm disease in a human should be applied also, as appropriate, to define containment for an animal with Guinea worm infection.

Table 1
Number of Laboratory-Confirmed Cases of Guinea Worm Disease, and Number Reported Contained by Month during 2022*
 (Countries arranged in descending order of cases in 2021)

COUNTRIES WITH TRANSMISSION OF GUINEA WORMS	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED													% CONT.
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL*	
CHAD	0/0	1/2	0/0	0/0									1/2	50 %
SOUTH SUDAN	0/0	0/0	0/0	0/0									0/0	N/A
MALI	0/0	0/0	0/0	0/0									0/0	N/A
ETHIOPIA	0/0	0/0	0/0	0/0									0/0	N/A
ANGOLA	0/0	0/0	0/0	0/0									0/0	N/A
TOTAL*	0/0	0/0	0/0	0/0									0/0	N/A
% CONTAINED	N/A	50 %	N/A	N/A									50 %	

**Provisional*

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

Numbers indicate how many cases were contained and reported that month.

Number of Laboratory-Confirmed Cases of Guinea Worm Disease, and Number Reported Contained by Month during 2021
 (Countries arranged in descending order of cases in 2020)

COUNTRIES WITH TRANSMISSION OF GUINEA WORMS	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED													% CONT.
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL	
CHAD	0/0	1/1	1/1	1/2	0/0	0/0	1/2	0/0	0/0	1/1	1/1	0/0	6/8	75 %
ETHIOPIA	0/0	1/1	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	1/1	100 %
SOUTH SUDAN	0/0	0/0	0/0	0/0	0/0	0/0	1/2	0/1	0/0	0/1	0/0	0/0	1/4	25 %
ANGOLA	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	N/A
MALI	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/1	1/1	0/0	0/0	0/0	1/2	50 %
TOTAL	0/0	2/2	1/1	1/2	0/0	0/0	2/4	0/2	1/1	1/2	1/1	0/0	9/15	60 %
% CONTAINED	N/A	100 %	100 %	50 %	N/A	N/A	50 %	0 %	100%	50 %	100 %	N/A	60 %	

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

Numbers indicate how many cases were contained and reported that month.

RECENT PUBLICATIONS

World Health Organization, 2022. Dracunculiasis eradication: global surveillance summary, 2021. *Wkly Epidemiol Rec* 97:173-199.

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 Adam Weiss (adam.weiss@cartercenter.org), 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, Dr. Donald Hopkins and Adam Weiss of The Carter Center, Dr. Sharon Roy of CDC, and Dr. Dieudonné Sankara of WHO.

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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.

http://www.cartercenter.org/news/publications/health/guinea_worm_wrapup_francais.html



**World Health
Organization**

CDC is the WHO Collaborating Center for Dracunculiasis Eradication