



Date: October 26, 2005



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

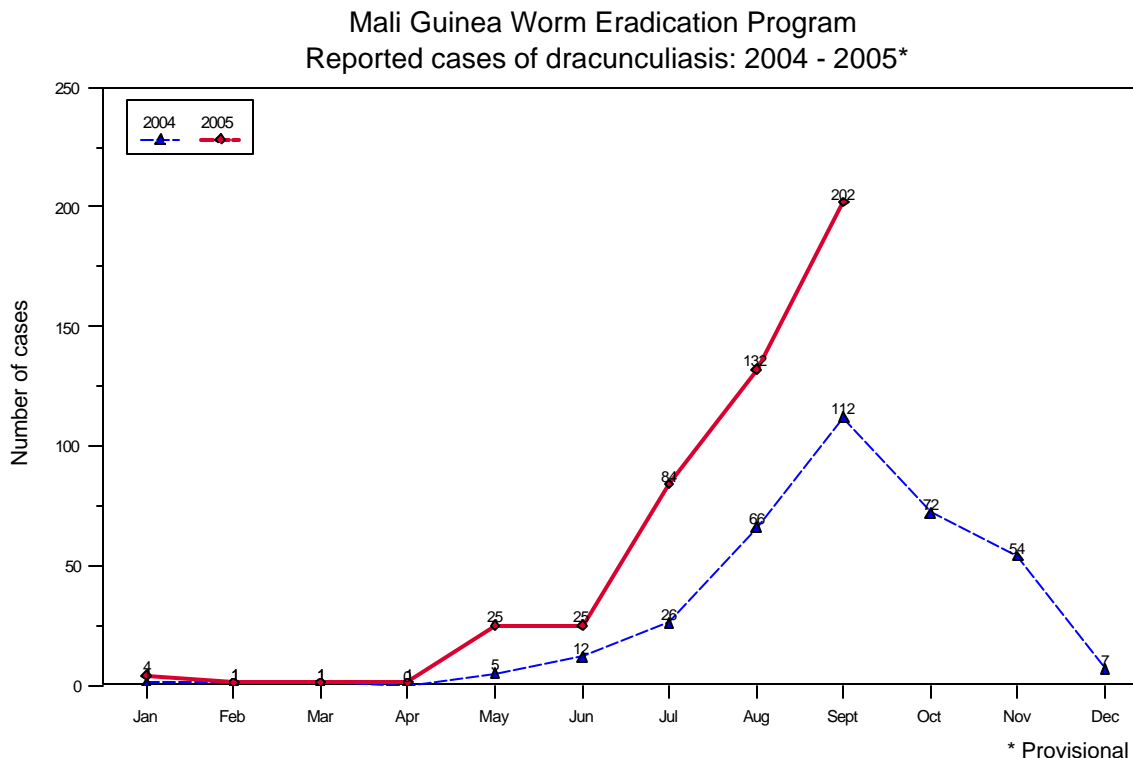
Subject: GUINEA WORM WRAP-UP #157

To: Addressees

MALI'S MINISTER OF HEALTH VISITS MOPTI REGION

The Minister of Health of Mali, Mdme, MAIGA Zenab Mint Yoube, made a four-day visit to the endemic zone of Mopti Region on October 5-8. The minister's visit was at the direction of the head of state, President Amadou Toumani Toure, and inaugurated Mali's intensified efforts to reverse the recent increase in cases of dracunculiasis and halt all remaining transmission of Guinea worm disease in Mali by the end of 2006. The ministerial delegation visited four endemic sites, including the village of Toulewendou in Douentza District, which reported 55 cases so far this year and is the highest known endemic village in the region. At each location visited, the minister and her delegation were greeted by large numbers of men, women and children eager to witness the first visit of a minister to their village during Mali's entire 45 years of independence. The minister urged the villagers to detect, report and contain cases of the disease immediately, and she reminded them of Guinea worm's adverse impact on their health, agriculture, and school attendance. She emphasized the special role of women in this, as custodians of households and water usage. The minister and her delegation also held a wrap up session on the last day with administrative and public health officials from Mopti Region, as well as from Gao Region and from Gao and Ansongo Districts, including the governors of both regions and all the *medecin chef* of Mopti's 8 districts.

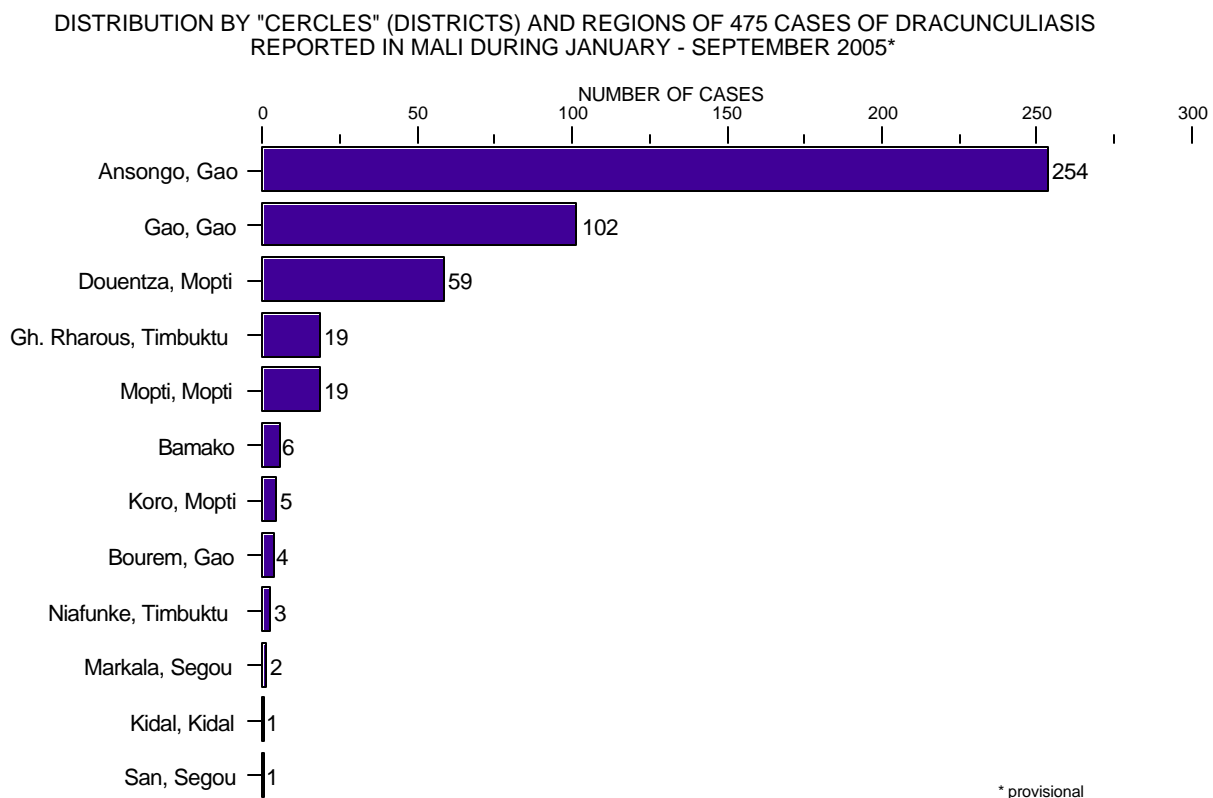
Figure 1



Accompanying the minister were members of her cabinet, representatives of the ministry in charge of water supply, the national center for health education, the governor and public health leaders of Mopti Region, the president of the regional assembly, the national program coordinator of the Guinea Worm Eradication Program, Dr. Gabriel GUINDO, representatives of The Carter Center, WHO and UNICEF, and members of the news media. Soon after returning to Bamako, the minister announced that she was replacing the regional public health director of Mopti and the *medecin chef* of Douentza District, as well as the head of the division of prevention and control of diseases in her ministry.

Mali has reported 475 indigenous cases of dracunculiasis in January-September 2005, which is an increase of 114% from the 221 cases reported during the same period of 2004 (Figures 1 and 2). So far this year, Mopti Region has reported 84 (18%) of Mali's cases, while Gao and Timbuktu Regions have reported 359 (76%) and 22 (5%) of the national total, respectively.

Figure 2

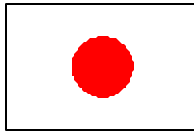


NIGER HOLDS NATIONAL REVIEW, JAPAN PROVIDES MORE HELP



The Governor of Tahoua Region, Mr. Zeti MAIGA, chaired the Opening Ceremony for the annual national review of Niger's Guinea Worm Eradication Program, which was held in Tahoua on September 27-29. Participants included several local elected officials, public health authorities, and a representative of The Carter Center. Niger has reported 59 indigenous cases of dracunculiasis in January-September 2005, which is a reduction of -49% from the 116 indigenous cases reported during the same period of 2004. 86% of this year's cases are reported from Tillaberi Region. Of the 9 cases reported from outside of Tillaberi Region, all were reportedly contained. One case is believed to be imported from Ghana (in February), 5 cases from Mali (2 in April, 1 in June, and 2 in August), and one case from Nigeria (in August). Of the 19 localities in Tillaberi Region that have reported one or more cases in 2005, all have received health education and have cloth filters in all households, and ABATE® larvicide has been used in 13 (68%), but

only 2 (11%) have at least one safe source of drinking water. So far this year, 48 rumors of cases were investigated in Tillaberi Region, of which 14 were confirmed to be Guinea worm disease (all appropriate persons received cash rewards for reporting of cases). Local radio stations are broadcasting GW messages in all endemic districts, and digging of wells has resumed in Tillaberi Region. 14 Tamachek-speaking health educators (*animateurs*) are stationed in all endemic localities of Tillaberi District that reported cases in 2004. Mr. Hama KADRI has replaced the former Tillaberi regional GW coordinator, Mr. Boubacar Mahamane. Former national program coordinator Mr. Sadi MOUSSA has been appointed national director of public hygiene and health education in the ministry of health. CONGRATULATIONS Sadi!!!!



On October 10, His Excellency the Ambassador of Japan, Mr. Tetsuo Shioguchi, and the resident technical advisor of The Carter Center in Niger, Mr. Mohammed S. Kane, signed a new Small Scale Grant Aid Agreement (SSGA) in Abidjan, Cote d'Ivoire. The agreement in the amount of 48 million FCFA (~US\$96,000) will support health education and purchase of cloth filters in Niger's GWEP. The Charge d' Affaires of Niger's embassy in Cote d'Ivoire also attended the ceremony. This is the second such SSGA that the Government of Japan has provided to the Niger GWEP via The Carter Center. Japan has provided 18 such grants in support of eradication efforts in endemic countries.

GHANA: -52% FEWER CASES; PRESIDENTS KUFUOR, CARTER CONFER



Ghana has reported -52% fewer cases in January-September 2005 (2,936), compared to the same period of 2004 (6,103). Ghana also has exported only 6 cases of dracunculiasis to other countries so far (2 each to Togo and Burkina Faso and 1 each to Benin and Niger), compared to 57 cases exported during the same period last year. The new Carter Center Resident Technical Advisor, Mr. Philip Downs, has begun assisting the national program coordinator, Dr. Andrew Seidu-Korkor, and technical assistant Mr. Steve Becknell recently arrived in country for a brief repeat consultancy. Seven new technical assistants were trained in Tamale on October 3-5.

President J. A. Kufuor invited former United States President Jimmy Carter to meet with President Kufuor and his cabinet on October 14 during a cabinet retreat at Akosombo as President Carter transited Ghana while returning to the USA from Liberia. The two presidents and members of Ghana's cabinet discussed the rapidly improving status of Ghana's GWEP, and the urgency of the all-out effort to stop transmission of dracunculiasis in Ghana by the Golden Anniversary of Ghana's Independence: March 6, 2007.

SUDAN REPORTS -4% FEWER CASES

Sudan has reported a total of 5,008 cases of dracunculiasis in 2,591 endemic villages in January-July 2005, which is a reduction of -4% compared to the 5,232 cases reported during the same period of 2004. East Equatoria is by far the most highly endemic of the 10 states in southern Sudan, with 3,499 (70%) cases. The three most endemic payams in East Equatoria are Riwoto (2,426 cases), Kapoeta (618 cases), and Kwauto (452 cases). The next highest endemic payams are Bunagok (275) in Lakes State, and Pathuon (167) and Akop (110) in Warab State. Much of the area concerned in East Equatoria was inaccessible to the program in 2004 because of insecurity. Interventions, including surveillance, are now beginning to be implemented. The status of these and other issues will be reviewed at this year's Program Review, to be held in mid-November (see below). Overall, Sudan reports 62% of endemic villages have full filter coverage, 76% have received health education, 28% have at least one source of safe drinking water, and 2% are using ABATE@ larvicide. The rate of reporting is so far at 51% (compared to 67% in 2004). Only two cases of Guinea worm disease have been imported into northern states from southern Sudan so far this year. Both occurred in August, and both were contained.

Table 1

Number of Cases Contained and Number Reported by Month during 2005*
(Countries arranged in descending order of cases in 2004)

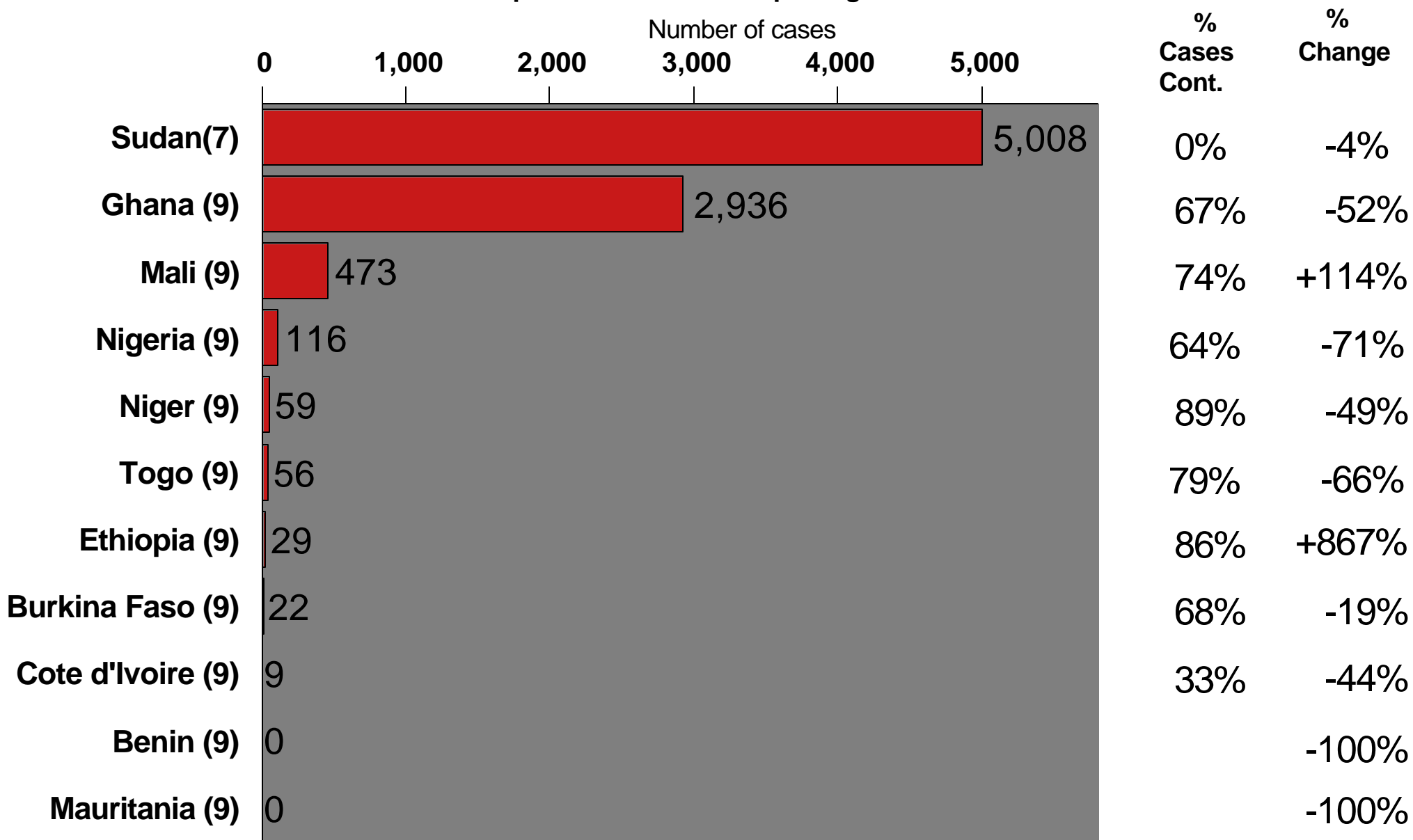
COUNTRIES REPORTING CASES	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED													%
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL*	
GHANA	374 / 544	343 / 483	282 / 393	249 / 396	332 / 458	244 / 386	97 / 161	20 / 59	26 / 56	/	/	/	1967 / 2936	67
SUDAN	0 / 88	0 / 131	1 / 375	5 / 752	9 / 1855	0 / 1499	9 / 308	/	/	/	/	/	24 / 5008	0
NIGERIA	25 / 36	13 / 17	9 / 13	11 / 29	7 / 9	4 / 6	4 / 5	1 / 1	0 / 0	/	/	/	74 / 116	64
MALI	3 / 4	1 / 1	1 / 1	1 / 1	22 / 25	25 / 25	40 / 84	97 / 132	162 / 202	/	/	/	352 / 475	74
NIGER	2 / 2	4 / 4	1 / 1	1 / 4	1 / 3	3 / 3	5 / 7	23 / 23	19 / 19	/	/	/	59 / 66	89
TOGO	11 / 11	1 / 4	2 / 2	3 / 3	16 / 19	7 / 8	5 / 6	1 / 4	0 / 1	/	/	/	46 / 58	79
BURKINA FASO	0 / 0	0 / 0	0 / 0	1 / 1	0 / 0	3 / 3	0 / 5	13 / 16	0 / 0	/	/	/	17 / 25	68
COTE D'IVOIRE	0 / 0	0 / 0	1 / 1	0 / 0	0 / 0	0 / 4	1 / 3	1 / 1	0 / 0	/	/	/	3 / 9	33
BENIN	0 / 0	0 / 0	1 / 1	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	1 / 1	100
ETHIOPIA	2 / 2	0 / 0	0 / 0	3 / 3	7 / 7	16 / 20	2 / 2	2 / 3	0 / 0	/	/	/	32 / 37	86
MAURITANIA	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	0 / 0	0
UGANDA	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	4 / 4	1 / 1	0 / 0	1 / 1	/	/	/	6 / 6	0
TOTAL*	417 / 687	362 / 640	298 / 787	274 / 1189	394 / 2376	306 / 1958	164 / 582	158 / 239	208 / 279	0 / 0	0 / 0	0 / 0	2581 / 8737	30
% CONTAINED	61	57	38	23	17	16	28	66	75				30	

* 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

**Distribution by Country of 8,709 Indigenous Cases of Dracunculiasis
Reported during January - September 2005*, Percentage of Cases Contained, and Percent Change in
Cases Compared to the Same Reporting Period in 2004**



- All 2005 data is provisional
- Numbers in parentheses indicate how many months the country has provided monthly reports in 2005. For example: Mali (9) = Jan-Sept. 2005

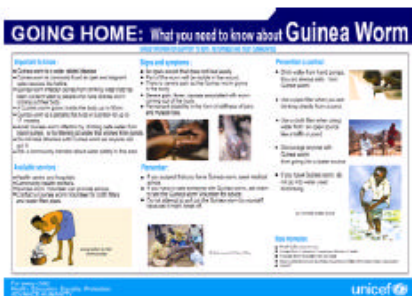
IN BRIEF:

Central African Republic Dr. Alhousseini Maiga, WHO/AFRO visited the ministry of health during October 20-29, 2005 to review ongoing pre-certification of eradication activities in the country. Dr. Maiga advised the ministry of health regarding the requirements for certification. An international certification team will ascertain the status of eradication during 2007.

Ethiopia reports that Akobo District of Gambella Region is now fairly accessible, with village-based surveillance in place in most of the high-risk villages, although some insecurity remains in parts of former Gog and Abobo Districts. UNICEF has provided two motorboats for use by the GW program in Akobo and other areas.

Mauritania Dr. Alhousseini Maiga, WHO/AFRO, visited Mauritania from during September 25-October 2, 2005 to review the status of the Guinea Worm Eradication Program and to advise on activities to be implemented during the pre-certification phase. The last indigenous case of Guinea worm disease in Mauritania was reported in June 2004, and the program has reported zero cases of Guinea worm disease during the last 15 months. WHO plans to conduct an external evaluation of the Guinea Worm Eradication Program during March 2006.

Nigeria reported zero case of dracunculiasis in the entire country for the second time in September 2005, following its report of only one case in August. Nigeria's first month with zero cases was September 2004. Of the 92 Nigerian villages that have reported one or more cases since January 2004, all have cloth filters in all households, 66% have at least one safe source of drinking water, and 15% used ABATE@ larvicide in September. Nigeria has -71% reduction in cases in January-September 2005.



Sudan UNICEF has prepared information sheets on Guinea worm disease among a set of information materials prepared by UNICEF in English and Arabic and disseminated to displaced people in Khartoum who are considering returning to the south.

Togo reported only one case of dracunculiasis in the entire country for the first time in September, and -66% reduction in indigenous cases in January-September 2005 (56 cases) compared to January-September 2004 (163 cases). Of the 47 villages that have reported one or more cases since January 2004, all have filters in 100% of households, 57% have at least one safe source of drinking water, and 62% are using ABATE. 72% of all cases are reported from Bassar, Sotouba (Fazao), and Haho Districts. The Minister of Health, Mdme. Suzanne AHO, participated in re-training of 43 village volunteers in Ogoou District on August 26 and visited two endemic villages in Bassar District on August 29. On the latter occasion, the minister and the rest of the team were forced to arrive at Kissafo village on motorcycles, because of the bad condition of the road, and she congratulated the population of Gangan village on reducing its incidence of GWD from 17 cases in January-July 2004 to zero cases in the same period of 2005.

Uganda Dr. Ahmed Tayeh, WHO/Geneva, Dr. Sharon Roy, CDC/Atlanta, and Mr. Waltaji Terfa, WHO consultant from Ethiopia will join Ugandan colleagues from the ministry of health to conduct an external evaluation in Uganda during November 1-11, 2005 to confirm interruption of transmission of Guinea worm disease and to assess the coverage and quality of surveillance in formerly endemic areas. The last indigenous case of Guinea worm disease in Uganda was reported in July 2003. Hence, Uganda has reported zero indigenous cases of Guinea worm disease during 26 consecutive months.

UPDATE ON STATUS OF UNICEF/GATES WATER SUPPLY FOR MALI , NIGER, AND TOGO

Mali No update, see Guinea Worm Wrap-up # 156

Niger Work has resumed on three hand dug wells, but has not resumed yet on the borehole wells due to the harvest season (so drilling rigs don't move through unharvested fields).

Togo Heavy seasonal rains and the consequent condition of the roads have delayed further work on this project. Successful boreholes have been drilled in 5 endemic villages, but not yet fitted with hand pumps.

MEETINGS

- November 29- 30, 2005. Kampala, Uganda. Review of preparedness for certification of countries in the pre-certification stage (WHO).
- November 16- 17, 2005. Atlanta, USA. Program Review of Sudan GWEP (The Carter Center, WHO, UNICEF).
- February 27-28, 2006. Addis Ababa, Ethiopia. Program Review of Ethiopian GWEP (The Carter Center, WHO, UNICEF).

RECENT PUBLICATIONS

CDC, 2005. Progress toward global eradication of dracunculiasis, January 2004-July 2005. *Morbidity and Mortality Weekly Report* 54: 1075-1077.

Hopkins DR, Ruiz-Tiben E, Downs P, Withers PC Jr., Maguire JH, 2005. Dracunculiasis eradication: the final inch. *Am J Trop Med Hyg* 73 :669-675,

Lange K, 2005. The end of a scourge? *National Geographic* 208 (November): xvi-xviii.

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 Dr. Sharon Roy, 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.