



Date: November 12, 2004



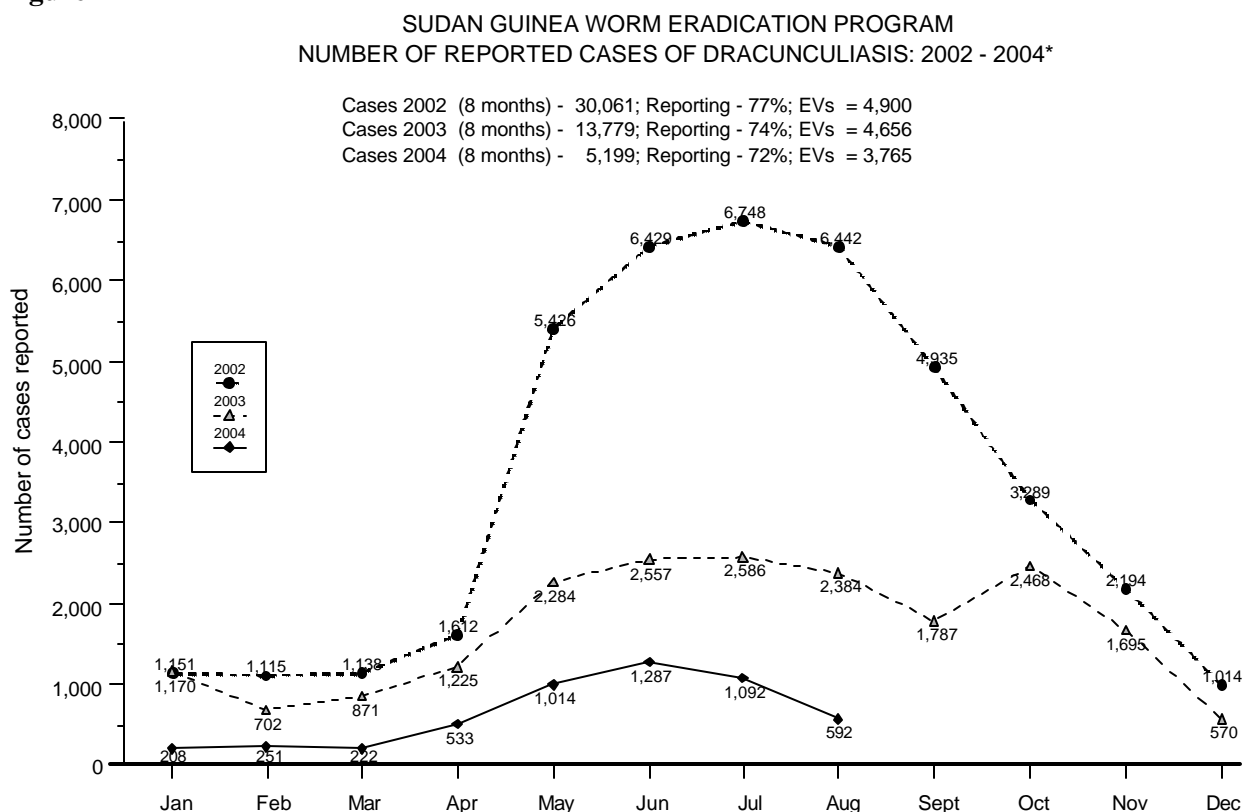
From: WHO Collaborating Center for
Research, Training and Eradication of Dracunculiasis

Subject: GUINEA WORM WRAP-UP #148

To: Addressees

SUDAN REDUCES CASES BY -62% IN JANUARY-AUGUST 2004

Figure 1



At the annual Program Review that was convened for the Sudan guinea Worm Eradication Program (SGWEP) in Entebbe, Uganda on November 1-2, representatives of the SGWEP announced that only 5,199 cases of dracunculiasis have been reported for January-August, 2004, from 1,684 villages, which is a reduction of -62% from the 13,779 cases that Sudan reported during the same months of 2003. Reporting rates were 74% of 4,656 villages in 2003 and 72% of 3,765 villages in 2004 (Figure 1) One-third of the cases reported so far in 2004 were in newly accessed villages. For the first eight months of 2004, the SGWEP has had access to a total of 9,245 villages, of which 3,765 are "endemic" (reported one or more cases since January 2003); the remaining 5,480 villages are under surveillance. The six most endemic states reported 94% of all cases (Table 1), while 69% of cases were reported from only six locations: Terekeka (782 cases, in Bahr Al Jabal State), Tonj (713, Warab), Kapoeta (603, Eastern Equatoria), Ayod (577, Jongoli), Gogrial (541, Warab), and Wau (381, West Bahr Al Ghazal) (Figure 2).

The eight affected northern states had no indigenous cases, but they imported 9 cases from southern

Sudan so far this year, all of whom were male seasonal farm laborers. The cases occurred in 8 villages, and all nine were reportedly contained. Seven of the nine imported cases were in West Kordufan State, and one case each in South Kordufan, North Dafur and White Nile.

The provisional –62% reduction in cases between January-August 2003 and the same period of 2004 follows a reduction in cases of –54% between the same eight months of 2002 and 2003. Analysis shows that the latest reduction in cases is the net result of several factors. Overall reporting rates for three eight-month periods are nearly equal: 77% in 2002, 74% in 2003, and 72% in 2004. The program now strongly suspects that there was over reporting in Tonj and Gogrial Counties in 2003, partly accounting for the apparent drastic reductions in cases there (from 4,283 in 2003 to 568 cases in the same locations in 2004, or –87% in Tonj; from 1,321 to 193 cases, or –85% in the same locations in Gogrial). The substantial reductions in Terekeka County, however, from 1,913 cases in eight months of 2003 to 782 cases so far this year, or –59%, were entirely due to very effective interventions during 2003. The 1,731 cases, or 33% of this year's total so far that are from newly accessed areas (e.g., 603 cases from Kuauto of Eastern Equatoria this year vs. no cases reported last year) were offset by lack of access and no reporting this year from some areas that reported cases in 2003 (e.g., 901 cases reported from Nyriol/Waat of Jongoli last year vs. no reports this year because of insecurity). The reduction in cases exported from southern Sudan to northern states (from 20 cases in January-August 2003 to 9 cases so far this year) and to neighboring countries (from 36 in January-August last year to 20 so far this year) is additional evidence that the prevalence of dracunculiasis is being reduced significantly in southern Sudan.

Sudan contained 14% of cases so far in 2004, using the strict international case definition of a contained case. Of the 3,765 “endemic” villages (reported 1+ cases since January 1, 2003), 87% had received health education so far this year, 57% had filter coverage in all households, 25% had at least one source of safe drinking water, and ABATE® larvicide was used in 1% of villages (the latter only in Bahr Al Jabal and Unity States). About 634,000 pipe filters were distributed so far this year. Health education messages are being broadcast weekly or daily in nine Sudanese languages by radio from Khartoum and Nairobi.

The reports on Sudan were presented at the Review by Dr. Achol Marial Deng, the Commissioner of Health of the Sudan Peoples Liberation Movement, and Dr. Nabil Aziz Mikhail, the National Program coordinator of the SGWEP. Sudan's State Minister of Health, the Honorable John Angol, also participated in the meeting. This Review was co-sponsored by the World Health Organization (WHO) and The Carter Center, and was followed immediately by a WHO-sponsored Pre-certification Meeting for representatives of the GWEP's in Ethiopia, Kenya and Uganda (see recommendations on page 6). Participants included representatives of USAID and CDC.

Editorial: *More reports are expected for the first eight months of 2004, but probably not enough to reduce the difference in cases between January-August 2003 and 2004 by more than 5 or 10 percentage points. Although much of Upper Nile Zone is still insecure due to ethnic fighting, the cease-fire that has been in effect since October 2002 as part of the peace negotiations to end the civil war has improved the SGWEP's access to endemic areas, including southern Sudan's dracunculiasis “heartland” in Bahr Al Ghazal Zone. The SGWEP distributed over 7 million pipe filters in 2001, held more than 110,000 health education sessions in 2002 and again in 2003, and distributed over 2.4 million household cloth filters in 2001-2003, covering about 89% of all accessible endemic households. Since 2002, the community-based approach that mobilizes and trains members of endemic communities to take primary responsibility for reporting and preventing dracunculiasis has also been extended to most of the accessible endemic areas. There is at least anecdotal evidence that the “mobile” interventions of pipe filters and health education have also been reaching some inhabitants of southern Sudan who are inaccessible to the SGWEP operations of either side. These substantial reductions in dracunculiasis cases during 2003 and 2004 bode well for the future success of Sudan's GWEP. We only need Peace. The Worm Must Be Fought!*

Table 1

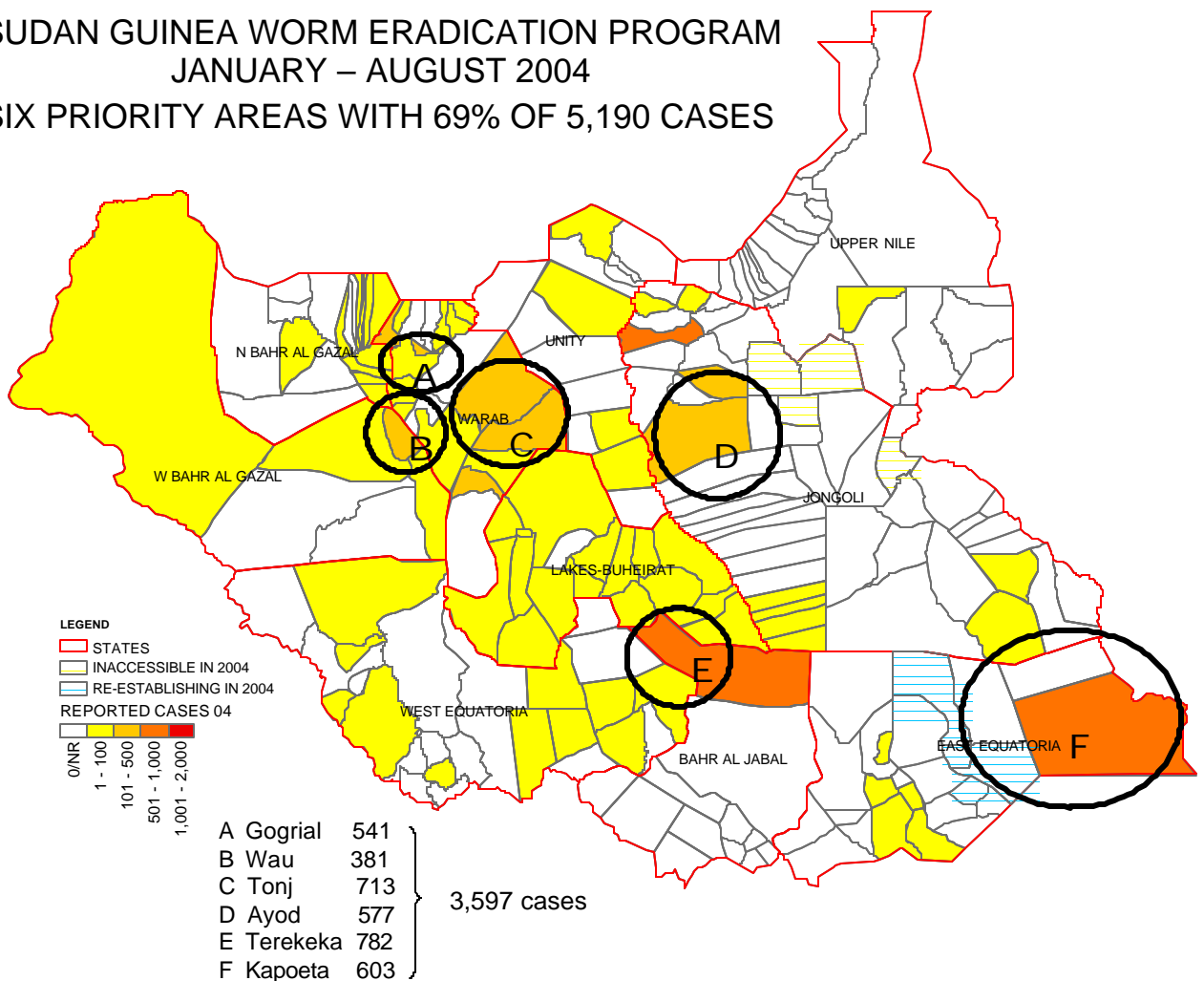
Reported cases in southern Sudan, 2003 - 2004

States	# of cases 2003 (Jan. - Aug)	# of cases 2004* (Jan. - Aug)	% of reported cases 2004	Reporting rate	# villages reporting 1+ cases 2004
Warab	5928	1462	28.2%	79%	605
Jongoli	3340	958	18.5%	52%	249
BAJ	2233	815	15.7%	82%	186
EEQ	225	671	12.9%	68%	102
WBAG	259	538	10.4%	80%	165
Lakes	694	427	8.2%	64%	200
NBAG	511	164	3.2%	70%	94
Unity	198	74	1.4%	91%	28
WEQ	111	72	1.4%	75%	27
Upper Nile	261	9	0.2%	48%	8
TOTAL	13760	5190			1664

* Excludes 9 cases imported into northern Sudan

Figure 2

**SUDAN GUINEA WORM ERADICATION PROGRAM
JANUARY – AUGUST 2004
SIX PRIORITY AREAS WITH 69% OF 5,190 CASES**



SUDAN RADIO SERVICES IN NAIROBI AIRS EDUCATIONAL PUBLIC SERVICE ANNOUNCEMENTS ON DRACUNCULIASIS

From August 2-27, 2004 Sudan Radio Services (SRS) aired 4 different educational public service announcements (PSAs) on Guinea worm disease daily in all 9 languages (English, Arabic, Juba-Arabic, Bari, Dinka, Moru, Nuer, Shilluk, and Zande) during their best slot, just prior to the daily newscast in that language. Since August 27th, these PSAs are being transmitted once or twice a week in the daily languages (English, Juba-Arabic, and Arabic) and once every 2 weeks in the other languages.

TOGO'S GWEP AIMING FOR ZERO CASES OF DRACUNCULIASIS

Whereas Togo has not yet had a zero case month since the beginning of its eradication program, as Nigeria just had in September 2004, it has reported only 181 indigenous cases of dracunculiasis and reduced transmission of by -66% during January -October 2004 from the 535 cases reported during the same months in 2003. Cases of dracunculiasis in six districts with case containment centers were reduced by -75% (from 237 in January - September 2003 to 59 cases during the same period in 2004), while cases in 12 districts without case containment centers were reduced by -52% (from 298 during January - September 2003 to 142 during the same period in 2004 (Table 2). Togo's principal concerns now, in addition to stopping indigenous transmission of the disease, are the importation of cases of GWD from Ghana (41 cases during January -October 2004) into its northern districts, and establishing effective surveillance for cases in formerly endemic districts. Togo's peak transmission season is from September to January, but the risk of importation of cases from Ghana is currently perennial.

Table 2:

Number of Reported Cases of Dracunculiasis from Districts in Togo With and Without Case Containment Centers

Districts	Number of cases of Dracunculiasis		% reduction in cases (range)
	Jan. - Sept. 2003	Jan. - Sept. 2004	
Six districts with case containment centers	237	59	-75%
Twelve districts without case containment centers	298	142	-52%

BENIN INVESTIGATES ALLEGED CASE OF DRACUNCULIASIS

During September 2004 Togo's GWEP informed Benin's GWEP about a person who claimed to have had a Guinea worm emerge while in transit to Togo from Benin. To determine the possible origin of this case investigations were conducted in the Departments of Atacora or Borgou, and with the family of the alleged case. The case could not be confirmed, as the investigation revealed that this person was suffering from a chronic skin condition and not from GWD. The person was well known to staff of the GWEP in Benin and was even known to have been infected with GWD some years ago.

Table 3

Number of cases contained and number reported by month during 2004*

(Countries arranged in descending order of cases in 2003)

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	33 / 207	46 / 251	31 / 222	62 / 537	154 / 1020	182 / 1299	164 / 1090	89 / 603	31 / 258	/	/	/	792 / 5487	14	
GHANA	647 / 1214	668 / 1139	625 / 981	593 / 906	671 / 906	281 / 521	134 / 258	85 / 115	19 / 36	127 / 230	/	/	3850 / 6306	61	
NIGERIA	81 / 102	64 / 73	40 / 48	25 / 31	63 / 69	31 / 37	17 / 23	11 / 12	0 / 0	13 / 15	/	/	345 / 410	84	
MALI	1 / 1	0 / 1	0 / 1	0 / 0	5 / 5	9 / 12	22 / 27	45 / 62	61 / 110	56 / 72	/	/	199 / 291	68	
TOGO	35 / 46	20 / 29	18 / 47	12 / 21	17 / 20	16 / 22	4 / 6	1 / 3	9 / 9	19 / 19	/	/	151 / 222	68	
NIGER	1 / 1	2 / 2	1 / 1	3 / 4	4 / 9	13 / 16	28 / 28	21 / 28	30 / 34	40 / 51	/	/	143 / 174	82	
BURKINA FASO	1 / 1	1 / 2	0 / 0	2 / 2	5 / 5	2 / 3	7 / 13	8 / 10	10 / 13	/	/	/	36 / 49	73	
COTE D'IVOIRE	1 / 2	5 / 5	0 / 5	1 / 4	0 / 1	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	/	7 / 17	41	
BENIN	0 / 0	2 / 2	1 / 1	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	/	3 / 3	100	
ETHIOPIA	0 / 0	1 / 1	0 / 0	2 / 2	6 / 6	3 / 5	2 / 2	0 / 0	0 / 0	0 / 0	/	/	14 / 16	88	
UGANDA	0 / 0	0 / 0	0 / 0	0 / 0	1 / 1	0 / 0	0 / 0	1 / 1	1 / 1	0 / 0	/	/	3 / 3	0	
MAURITANIA	1 / 1	0 / 0	0 / 0	0 / 0	0 / 0	2 / 2	0 / 0	0 / 0	0 / 0	/	/	/	3 / 3	100	
KENYA	/	/	/	/	1 / 1	2 / 2	/	1 / 1	1 / 1	/	/	/	5 / 5	100	
TOTAL*	801 / 1575	809 / 1505	716 / 1306	700 / 1507	927 / 2043	541 / 1919	378 / 1447	262 / 835	162 / 462	255 / 387	0 / 0	0 / 0	5551 / 12986	43	
% CONTAINED	51	54	55	46	45	28	26	31	35	66			43		

* PROVISIONAL

Shaded cells denote months when zero indigenous cases were reported. Numbers indicate how many imported cases were reported and contained that month.

PROGRAM REVIEW MEETINGS FOR SUDAN, ETHIOPIA, KENYA, AND UGANDA: NOVEMBER 1 – 4, 2004, ENTEBBE, UGANDA

Recommendations for Sudan Guinea Worm Eradication Program

a. General Recommendations

- 1.The UN and other agencies should include pipe filters and household filters in the IDP/Refugee repatriation packages.
- 2.Cross-notification, including feedback about imported cases of Guinea worm disease should be directly between National program coordinators with a copy to WHO and other partners.
- 3.National health authorities, the UN and other agencies should identify possible contributions of the Community based volunteers and supervisors to help scale up other community based programs, especially ones using large scale chemotherapy where applicable.

b. Specific recommendations

- 1.The SGWEP should adhere to the standard definitions and criteria (WER #37 September 2003).
- 2.The SGWEP should decide how and where Abate should be used in southern Sudan (selected priority, feasible areas), begin using abate there, and monitor its efficacy.
- 3.The SGWEP should continue monitoring the impact of the community-based strategy on the reduction of cases of Guinea worm disease.
- 4.The SGWEP should invite representatives of organizations that have a role in Guinea worm eradication and other important parties such as IOM, UNICEF and, UNHCR to the review meeting.
- 5.The SGWEP should consider making a distinction between 0 cases and No Report in presentation materials.
- 6.The SGWEP should prioritize its activities (interventions and supervision) in the most highly endemic areas, such as Tonj, Terekeka, Gogrial, Kapoeta (Kwauto), Ayod, and Marial Baai.
- 7.Selected Field officers from OLS served areas and supervisors from GOS served areas should meet at the Guinea worm eradication program review to discuss strategies.
- 8.The SGWEP should continue to identify priority suspect areas in anticipation of increased accessibility under peace.

Recommendations for Ethiopia Guinea Worm Eradication Program

- 1.The program should identify and document in reports and maps areas that are inaccessible such as in Akobo and Gambella and pursue with all possible means to access and initiate interventions as situations permit.
- 2.The EDEP with assistance from UNICEF should, as soon as possible and as a case of emergency, support rehabilitation of rain water catchment schemes as well as well/boreholes in South Omo and train and contract persons from the community or health promoters to maintain the system.
- 3.The program should strengthen training of community-based volunteers in the currently endemic and at risk pastoralist communities and supply them with filters, to ensure that Guinea Worm prevention activities continue even when the people are on the move.
- 4.The EDEP should work hard to make sure that project funds are released on time and are dispensed to the project areas as efficiently as possible.
- 5.The program should make every effort to strengthen the involvement of political/clan leaders so that they can be helpful in expediting the implementation of GW surveillance and interventions.
- 6.EDEP should start preparing reports and documentation related to certification process to be included later in final country report.

Recommendations for Uganda Guinea Worm Eradication Program

- 1.The national program should consider expediting the prompt and effective implementation of the pre-certification phase thereby ensuring zero case reporting for three consecutive years and prepare itself for subsequent application to WHO for International Certification.
- 2.UGWEP should do everything possible to sustain the active involvement and motivation of village volunteers and their respective communities by means of organizing regular review meetings, integrating into other program activities and duly recognizing best performing individuals and communities.
- 3.The program should establish a line listing for each rumor that documents the investigation of each and every suspected case and a mechanism for rapid response to rumors.
4. UGWEP should reactivate and facilitate the National Certification Commission.
- 5.The program to continue advocate with district local governments and national water authorities and UNICEF to assist in maintaining and repairing the handpumps in formerly endemic villages.

Recommendations for Kenya Guinea Worm Eradication Program

- 1.Technical support should be provided by WHO to Kenya GWEP in the development of a comprehensive and aggressive strategy and action plan for eradication of Guinea worm, prioritizing of GWE, and streamlining of funding for GWEP.
- 2.KGWEP should intensify community mobilization and sensitization in the refugee camps to increase the level of awareness on Guinea Worm Eradication strategies and participation in the eradication process.
- 3.KGWEP needs to intensify surveillance and health education in areas bordering Sudan particularly in Turkana (Kibbish area), West Pokot and in Uasin Gishu districts.
- 4.KGWEP should ensure distribution of cloth and straw filters to mobile persons crossing to Sudan.
- 5.Integration should be implemented in a way not to compromise the GWEP. Opportunities for integration should be considered mostly at community level.
- 6.The KGWEP should strongly advocate ongoing or future water supply programs for provision of safe water supply in areas at high risk of disease introduction.
- 7.The program should strengthen surveillance and sensitivity of case detection by conducting the proposed training of Health Workers in refugee camps and districts on GWD.
- 8.The program should ensure that both the National Program Coordinator in the country of origin (Sudan) and the WHO are notified about all imported cases.
- 9.The program should develop a rumor registry and line listing for cases of GWD at district health facilities and central level.
- 10.The program should improve its rapid response capacity, including logistical support, at all levels.
- 11.The program should work towards the incorporation of GWD into the IDSR system; immediately, monthly.

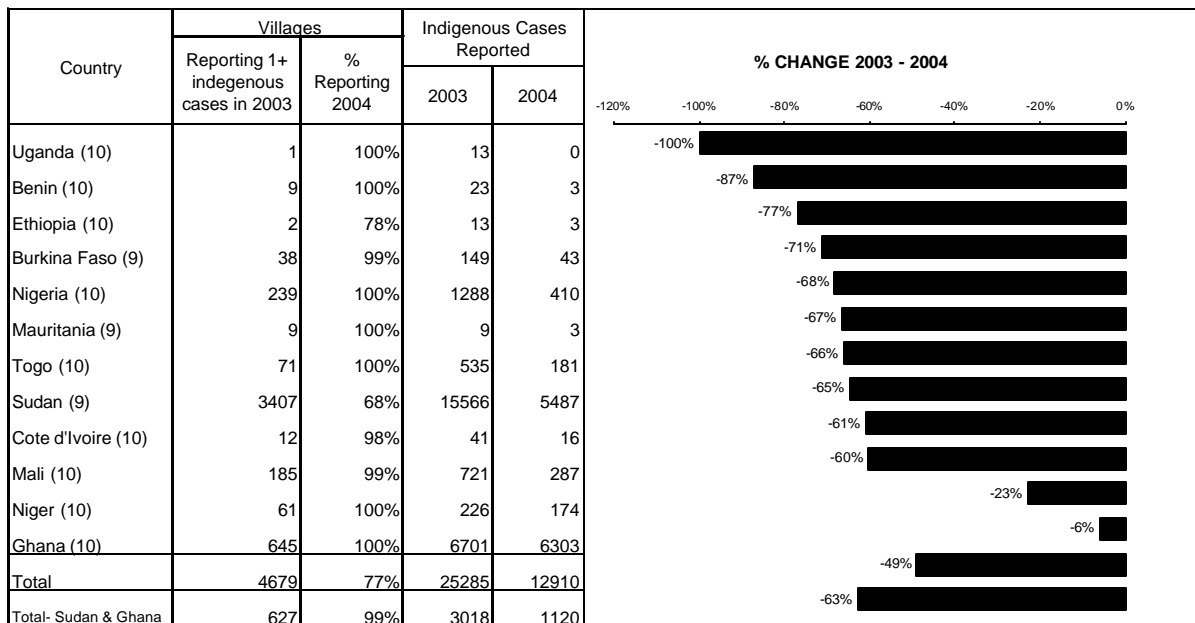
VESTERGAARD DONATION OF \$12,000 IN-KIND FOR GUINEA WORM ERADICATION



On October 30, 2004 Mr. Torben Vestergaard Frandsen, Director of Development, Vestergaard Frandsen Group, announced to The Carter Center an in-kind donation of filters and shipping costs totaling \$12,000 for use in the campaign to eradicate dracunculiasis during 2005. This is the fifth annual donation by the Vestergaard Frandsen Group to The Carter Center for the global campaign. Thank you again Torben!!

Figure 3

Number of Villages/Localities Reporting Cases of Dracunculiasis in 2003, Percentage of Endemic Villages Reporting in 2004*, Number of Indigenous Cases Reported During the Specified Period in 2003 and 2004*, and Percent Change in Cases Reported



(10) Indicates month for which reports were received, e.g., Jan. - Oct. 2004
 * Provisional

MEETINGS

The Interagency Coordination Group for Dracunculiasis Eradication is proposing April 4 - 7, 2005 as the dates for the next meeting of Program Managers of Guinea Worm Eradication Programs. The Government of Ghana has already agreed to host the meeting in Accra, and is currently being consulted about the acceptability of the proposed dates for this important annual meeting.

RECENT PUBLICATIONS

WHO, 2004. Dracunculiasis eradication program: status during January-July 2004. Wkly Epidemiol Rec 79:342-3.

*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. James H. Maguire, Director, 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.