



Date: January 21, 2009



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

Subject: GUINEA WORM WRAP-UP #186

To: Addressees

EDITORIAL: 2009 IS THE YEAR!

“We, representing the Governments of Benin, Burkina Faso, Cote d’Ivoire, Ghana, Ethiopia, Mali, Mauritania, Niger, Nigeria, Sudan, Togo and Uganda, WHO, UNICEF and The Carter Center, commit ourselves to intensifying implementation of eradication activities to free the world of dracunculiasis by the end of 2009.”

The excerpt cited above is the essence of the “Geneva Declaration” that was adopted and signed by ministers of health and representatives from WHO, UNICEF and The Carter Center on May 19, 2004 during the 57th World Health Assembly. Three days later, the entire assembly adopted resolution WHA57.9, which recalled that only 12 countries were still endemic, and also called for the completion of eradication by 2009. That means there should be no more cases of dracunculiasis after December 31, 2009. Time is almost up. Eradication means ZERO cases.

We have made good progress since May 2004. The world reported less than 5,000 cases of dracunculiasis for the first time ever in 2008, having reduced the number of cases by one-half from 2007, and by -69% from the 16,026 cases reported in 2004. WHO has already certified 180 countries as free of dracunculiasis. But we enter 2009 with six endemic countries and nearly 2,000 uncontained cases to worry about from 2008. By now, Sudan ought to have been our only concern.

*We have much to do in 2009. This year, each remaining endemic country must seek perfection everywhere and at all times, and avoid complacency. We expect even fewer than 5,000 cases in 2009, and we can predict about when and where those cases will occur. But no matter how many cases of dracunculiasis appear in the six countries this year because of programmatic failures in 2008, **our goal must be to contain EVERY case in 2009.** No exceptions. Every case should be contained, and its source explained. And in each case, failure to do either of those does not excuse failure to do the other. The issue is not how many cases will occur in 2009. There will be cases in at least 3 or 4 countries. The issue is that transmission from all cases occurring in 2009 should be prevented.*

Number of uncontained cases of dracunculiasis in 2008 (provisional):

Sudan 1,817

Ghana 85

Mali 60

Ethiopia 9

Niger 1

Nigeria 0

“Guinea Worms are not going to go away on their own.” Dr. Ernesto Ruiz-Tiben.

LESS THAN 5,000 CASES OF GUINEAWORM DISEASE REPORTED IN 2008

Provisional reports from all 6 remaining endemic countries indicate that only 4,615 cases of Guinea Worm Disease (GWD) were detected (57% were contained) in 2008 (Table 1). Although Sudan has not yet reported its cases for December 2008, the anticipation is that the total number of cases in 2008 is not likely to exceed 5,000. Provisionally, the 4,615 cases reported so far is a 52% reduction in cases from the 9,815 reported during 2007 (Figure 3). Only 4 cases of GWD were exported from one country to another during 2008 compared to 15 in 2007 and 22 cases in 2006.

GATES FOUNDATION PROVIDES \$40 MILLION MATCHING GRANT; DFID MATCHES \$15 MILLION

THE
CARTER CENTER



BILL & MELINDA
GATES foundation



Former U.S. President Jimmy Carter announced in a press conference on December 5, 2008, two new commitments to The Carter Center and the World Health Organization to help eliminate the remaining cases of dracunculiasis. The Bill & Melinda Gates Foundation pledged a grant of \$40 million that includes an outright contribution of \$8 million and challenges donor organizations and individuals to provide an additional \$32 million, which the Gates Foundation will match one-to-one. Successful completion of the Gates Foundation challenge grant will provide a total of \$72 million to the Guinea Worm Eradication Program (GWEP).

The second new grant announced by President Carter was £10 million from the United Kingdom's Department for International Development (DFID). The contribution by DFID will be matched by the Gates Foundation. Both grants will support The Carter Center and the World Health Organization in preventing transmission from the final cases of the disease and certifying the absence of dracunculiasis from 21 countries, including the six countries currently endemic.

President Carter's announcement was accompanied by a video message from the United Kingdom's International Development Secretary, the Honourable Douglas Alexander, written statements from the Gates Foundation's Director of Infectious Diseases Development, Dr. Regina Rabinovich, and Director-General of the World Health Organization, Dr. Margaret Chan.

As a result of this announcement and other news during the year, ABCNews.com concluded on December 24 that progress toward Guinea worm eradication was among the top 10 medical stories of 2008. ABCNews.com ranked dracunculiasis eradication 7th among the stories "deemed most important by doctors and found most interesting by readers."

SOUTHERN SUDAN GWEP HOLDS PROGRAM REVIEW AT JUBA

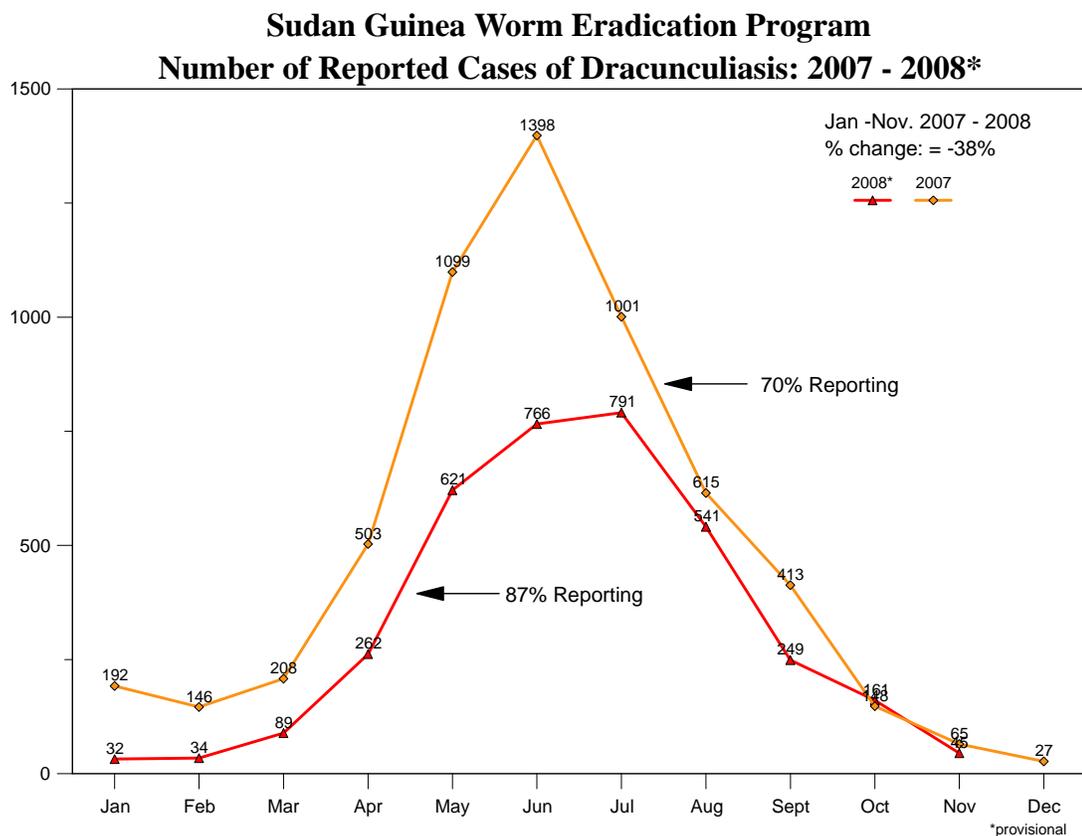
The Southern Sudan Guinea Worm Eradication Program (SSGWEP) held its annual in-country Program Review at the Nile Bridge Hotel in Juba, Sudan on December 12-13, 2008. The SSGWEP has realized several significant achievements during January-November 2008, when the number of villages under active surveillance was 15,625. 92% of all cases are now located in only 10 of South Sudan's 77 counties. Dracunculiasis has nearly vanished in one of the four main endemic foci: Jonglei reported only 85 cases in January-November. Villages reporting one or more cases fell from 1,765 to 939 (-47%) and as of this meeting, cases were reduced from

5,788 to 3,591 (provisional), a 38% reduction., while the rate of monthly reporting rose from 70% to 87% (Figure: 1). Monthly health education increased from 18% to 96%, villages with coverage of all households with cloth filters rose from 39% to 72%, pipe filter coverage from 38% to 48%, and ABATE® Larvicide coverage from 11% to 34%. Coverage of endemic villages with at least one source of safe drinking water was 16% in 2007 and 14% in 2008. The program has received pledges from the Ministry of Irrigation and Water Resources, UNICEF, and two NGOs (PACT and the Swedish Free Mission) of 230 new borehole wells in endemic villages and 110 rehabilitated wells, to be completed by April 2009. The rate of case containment, however, remains at 49% in 2007 and 2008. A recently received provisional January-November report indicates 3,615 cases reported (Table 1), a 38% reduction in cases (Figure 3).

The SSGWEP’s targets for 2009 are to raise all intervention indices to 100%, except safe water supply, where the target is to ensure at least one source of safe drinking water by April 2009 in all 163 villages that reported 5+ cases during 2008. This includes detection of every case within 24 hours and effective containment of transmission from each patient with Guinea worm disease. The greatest remaining challenge for the SSGWEP is to raise case containment rates drastically in 2009. The greatest other need is for minimal insecurity in endemic areas.

It was agreed that the assistance provided to the program by The Carter Center will be focused during 2009-2010 on the top 10 currently endemic counties and smaller pockets of transmission in 20 other counties outside of the top 10 as of the end of 2008, including areas with formerly endemic villages (reporting indigenous cases in 2006 and/or 2007 and/or 2008): risk level 1 and risk level 2 on the map in Figure 2. These Carter Center-assisted focus areas include 30 of South Sudan’s 77 counties and 9,184 villages under active surveillance (of which 939 villages reported indigenous cases and 289 villages reported only cases imported from elsewhere during January-October 2008). The Government of South Sudan’s Ministry of Health, WHO and the SSGWEP.

Figure 1



SOUTHERN SUDAN GWEP: Priority Areas for GW Surveillance

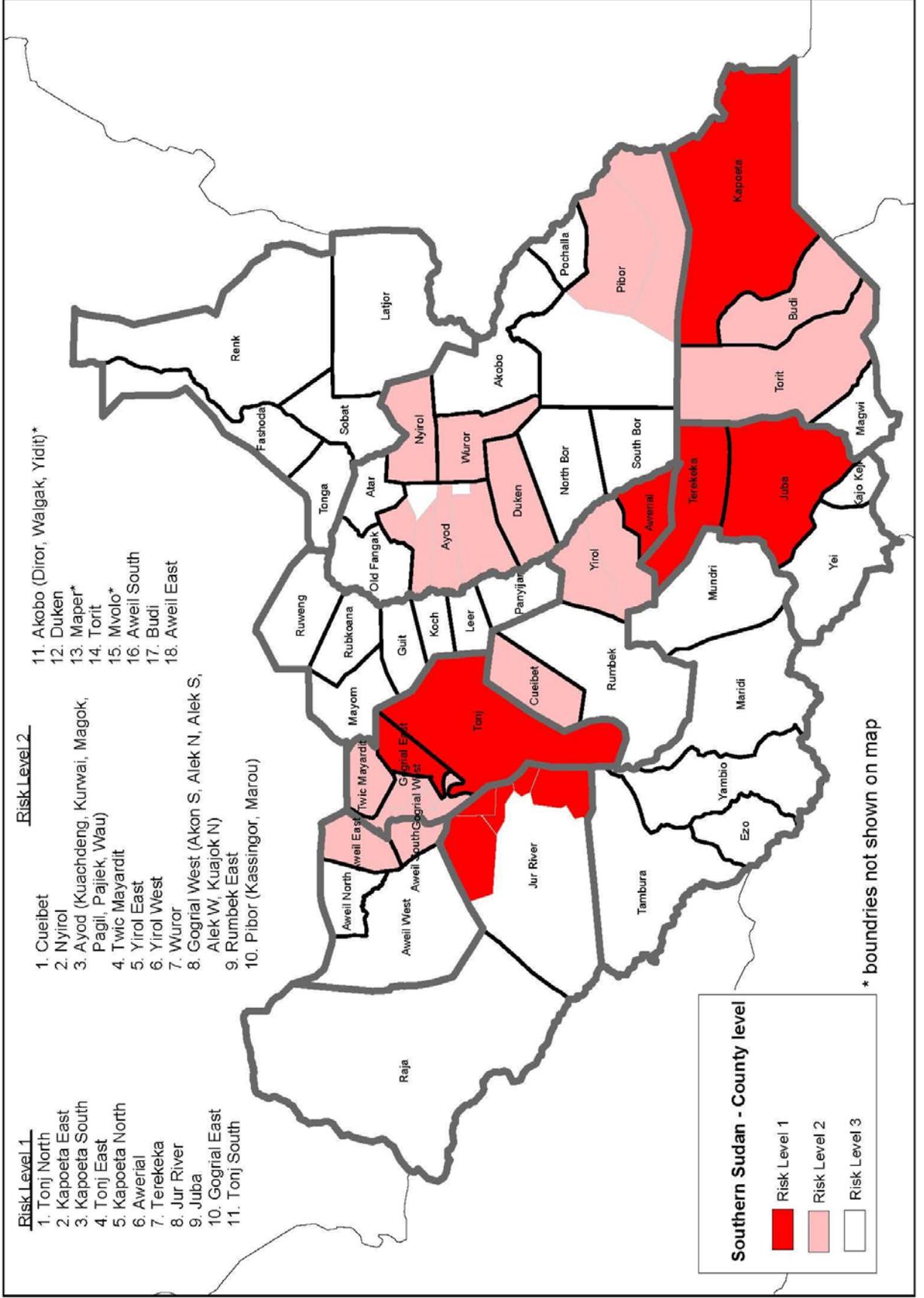


Table 1

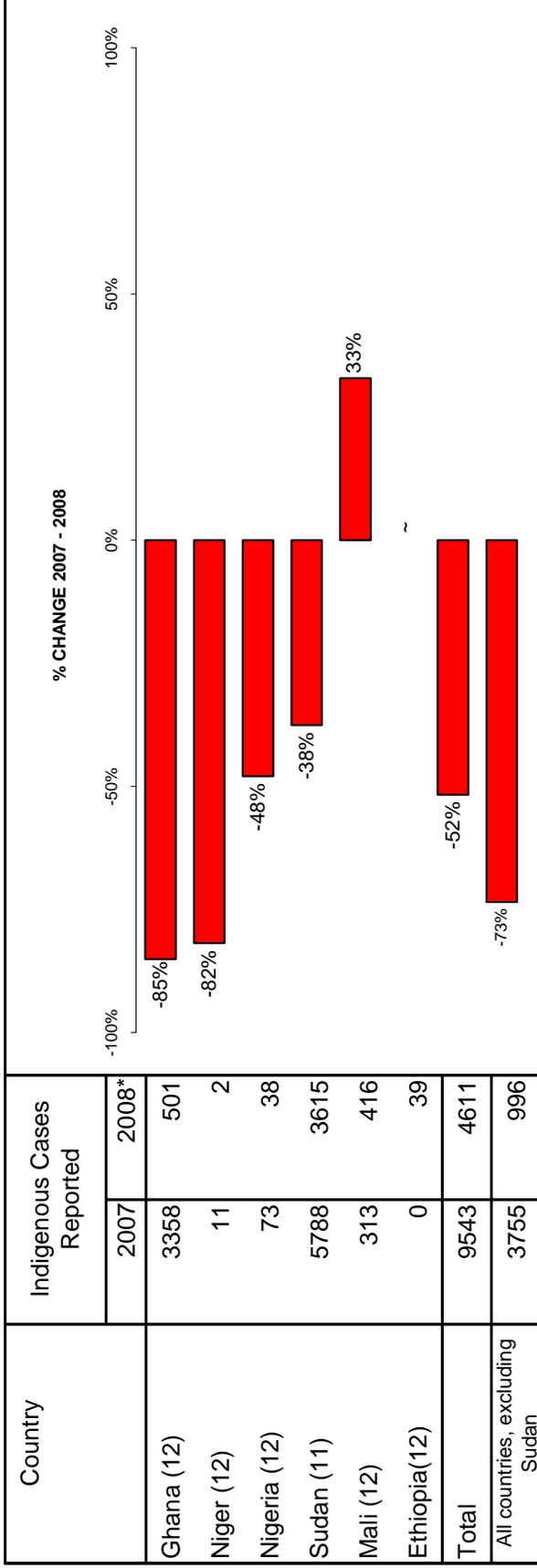
Number of Cases Contained and Number Reported by Month during 2008* (Countries arranged in descending order of cases in 2007)

COUNTRIES REPORTING CASES	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED												TOTAL*	% CONT.
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER		
SUDAN	8 / 32	13 / 34	39 / 89	116 / 262	259 / 621	395 / 766	403 / 791	319 / 541	128 / 250	94 / 159	16 / 70	/	1790 / 3615	50
GHANA	66 / 73	63 / 80	37 / 48	60 / 68	69 / 74	57 / 73	27 / 30	12 / 13	4 / 5	8 / 8	11 / 14	9 / 15	423 / 501	84
MALI	1 / 1	0 / 0	0 / 0	1 / 1	16 / 16	59 / 60	112 / 120	51 / 60	48 / 72	44 / 56	21 / 27	3 / 3	356 / 416	86
NIGERIA	28 / 28	8 / 8	1 / 1	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	1 / 1	0 / 0	38 / 38	100
NIGER	0 / 0	1 / 1	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	1 / 1	0 / 0	0 / 0	0 / 0	2 / 3	67
ETHIOPIA**	0 / 0	0 / 0	5 / 8	22 / 25	1 / 1	3 / 3	0 / 1	0 / 1	0 / 1	1 / 1	0 / 0	0 / 0	32 / 41	78
BURKINA FASO	0 / 0	0 / 0	0 / 0	1 / 1	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	1 / 1	100
TOTAL*	103 / 134	85 / 123	82 / 146	200 / 357	345 / 712	514 / 902	542 / 942	382 / 615	181 / 329	147 / 225	49 / 112	12 / 18	2642 / 4615	57
% CONTAINED	77	69	56	56	48	57	58	62	55	65	44	67	57	
% CONT. OUTSIDE SUDAN	93	81	75	88	95	88	92	85	67	80	79	67	85	

* provisional

** Although the source of the infection of 38/41 cases reported by Ethiopia has not been established beyond all doubt so far, available evidence suggests local transmission of GWD leading to these cases was likely during 2007. Moreover, one undisputed indigenous case was reported in October 2008 in the same area of Gambella Region. Two other cases were imported from Southern Sudan. Shaded cells denote months when zero indigenous cases were reported. Numbers indicate how many imported cases were reported and contained that month.

Figure 3
 Number of Indigenous Cases Reported During the Specified Period in 2007 and 2008*, and Percent
 Change in Cases Reported



* Provisional: excludes cases exported from one country to another

(11) Indicates months for which reports were received, i.e., Jan.-Nov. 2008

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will collaborate in developing and implementing a surveillance and response plan to build capacity in all remaining (level 3 risk) states, counties and payams outside those areas where Carter Center assistance will be focused (Figure 2), with priority given to Pochalla County in Jonglei State, which borders Ethiopia's Gambella Region

South Sudan Ministry of Health Undersecretary Dr. Kuol Monywa officiated at the Opening Ceremony of the Review. South Sudan's Minister of Cooperative and Rural Development, Prof. Phillip Yona and the Minister of Irrigation and Water Resources, Mr. Joseph Joakok, attended part of the meeting, while commissioners from 8 of the 10 highest endemic counties participated throughout. Other key participants included the Minister of Health for Unity State, Dr. Fatuma Nyawang, the Minister of Health for Lakes State, Dr. Parmena Marial Akuocpir, SSGWEP's goodwill ambassador Bishop (Emeritus) Paride Taban, WHO Country Representative Dr. Mohamed Abdur Rab, and other representatives of WHO, UNICEF and The Carter Center.

GHANA: 84% OF CASES CONTAINED, -85% REDUCTION IN CASES IN 2008!

Ghana's GWEP now owns the record for the greatest reduction in cases for an entire moderately endemic country in one year, having reduced its reported cases from 3,358 in 2007 to 501 in 2008: -85%! This follows containment of 2,836 of Ghana's 3,358 dracunculiasis cases (84%) in 2007. Ghana's case containment rate for 2008 is again 84%, and 35% of Ghana's cases in 2008 were contained in a Case Containment Center. Only 46 villages reported indigenous cases, and the months during 2008 which cases were detected in each of these villages are highlighted in Table 2. President John Kufour inaugurated the long-awaited Tamale Water Expansion Project, which also serves the endemic town of Savelugu, on November 28. The areas now being served with potable water, Greater Tamale and Savelugu Town, (not all of Tamale and Savelugu Districts) reported 94 cases of GWD during 2008.

Ghana will probably report less than 100 cases in 2009. Armed with that low number of expected cases and knowledge of when and in what villages cases occurred in 2008 (Table 2), Ghana's GWEP should go all out to detect, contain and explain every case within 24 hours in 2009. We shall see and report on how Ghana does each month. Let no Ghana Guinea worm get past 2009!!

MALI: 85% OF CASES CONTAINED, 33% INCREASE IN CASES IN 2008

Mali's GWEP has reported 416 cases of dracunculiasis in 2008, compared to 313 cases in 2007, which is an increase of 36%. Although the program continues to suffer the consequences of the undetected contamination of water sources in Tessalit District of Kidal Region in 2006 that the program learned of only in August 2007, Mali's GWEP has reportedly managed to contain 85% of the cases reported in 2008. Only 30 localities reported indigenous cases, and the months during 2008 when cases were detected are highlighted in Table 3. The breakdown in 2008 cases by region is: Kidal 266 cases, Gao 113 cases, Timbuktu 31 cases, and Segou 6 cases (all imported from the endemic areas). Figure 4 shows the number of cases of GWD reported from Mali, by year, since the beginning of the GWEP, and by the currently endemic districts since 2001. This program should experience almost no cases in the first half of 2009, and less than 100 cases during the entire year. Like Ghana, Mali knows exactly when and where its reported cases occurred in 2008 (Table 3). Mali should detect, contain and explain every case of Guinea worm disease in 2009. We pray that insecurity will not hinder program operations this year.

Table 2

Ghana GWEP Endemic Villages reporting cases in 2008

Region	New District	Village	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
NR	Savelugu - Nanton	Savelugu	11	33	16	11	5	3	3	1					83
NR	Tolon - Kumbungu	Wantugu	11	2	3	3	1	4							21
NR	Savelugu - Nanton	Diare	7	5	1	7	13	9	6	1	1				50
NR	Karaga	Karaga	4	4				2				3			13
NR	West Gonja	Kagbal	4	2	1										7
NR	East Gonja	Talkpa	4												4
NR	Central Gonja	Issape	2	1			10			2		1	4		20
NR	Savelugu - Nanton	Tampion	2		2										4
NR	Tolon - Kumbungu	Worribogu	2			1	1								4
NR	Savelugu - Nanton	Laligu	2												2
NR	Savelugu - Nanton	Kadia	1	2	1										4
NR	Tamale	Kpanvo	1	1											2
NR	Saboba	Garimata	1		1								1		3
NR	Savelugu - Nanton	Nanton	1												1
NR	Savelugu - Nanton	Zoggu	1										2		3
NR	Savelugu - Nanton	Gushei		11											11
NR	Tolon - Kumbungu	Tali	1	1		2	10	2	1	1	1				18
NR	Tolon - Kumbungu	Kunguri	1	1			1	2	1						5
NR	Tolon - Kumbungu	Yepellu		1		1									2
NR	Savelugu - Nanton	Tootenyili		1											1
NR	Yendi	Kpanjihi		1											1
NR	Central Gonja	Fufulso			3	4	1							1	9
NR	Tamale	Yong			1	14	1		1						17
NR	Tolon - Kumbungu	Tolon			1	1	1								2
NR	Chereponi	Ando Nanati			1										1
NR	Gushiegu	Kpanashe			1										1
NR	Savelugu - Nanton	Chahiyili			1										1
NR	Central Gonja	Sankpala A&B				13	6	9							28
NR	Savelugu - Nanton	Sandu				2			1						3
NR	Gushiegu	Galiwei				1				1					2
NR	Tolon - Kumbungu	Kangbagu				1									1
NR	Yendi	Zakpalsi					5	9	1						15
NR	Gushiegu	Mandaa					4	1							5
NR	Central Gonja	Yipala(Zac)					2								2
NR	East Gonja	Wumbeiyili					1								1
NR	Savelugu - Nanton	Kpalan					1								1
NR	West Mamprusi	Kpatargu						6	5	5					16
NR	Gushiegu	Zankali						2	1						3
BAR	Kintampo North	Wala Akura						2	1						3
BAR	Kintampo North	Agege						2							2
NR	Central Gonja	Abuase						1							1
NR	Central Gonja	Adupei						1							1
NR	Tamale	Dalugyili						1							1
BAR	Kintampo North	Larimpe													1
NR	Tamale	Tuutingli													1
	Total Cases Reported		54	66	33	59	55	60	24	11	2	6	2	2	384
	Total Villages Reporting Cases		15	14	13	13	14	15	12	6	2	2	2	5	

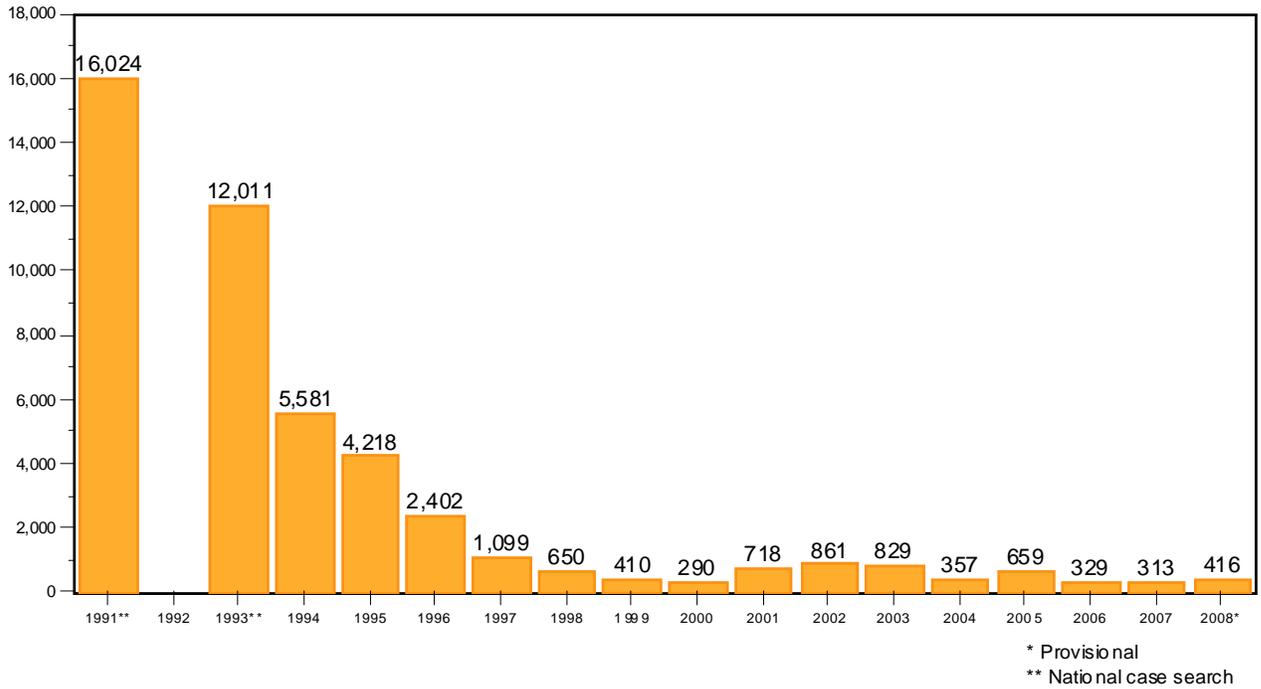
Table 3

Mali GWEP Endemic Villages reporting cases in 2008

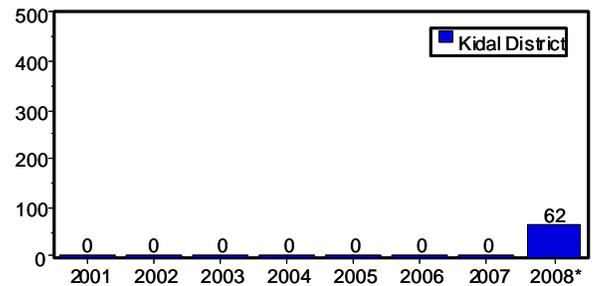
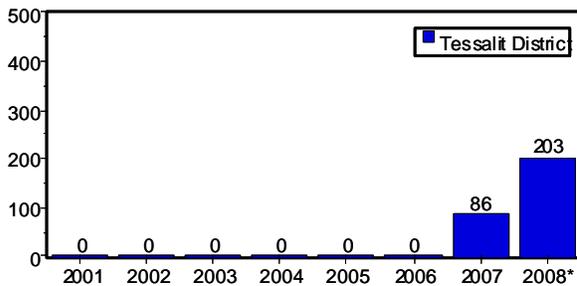
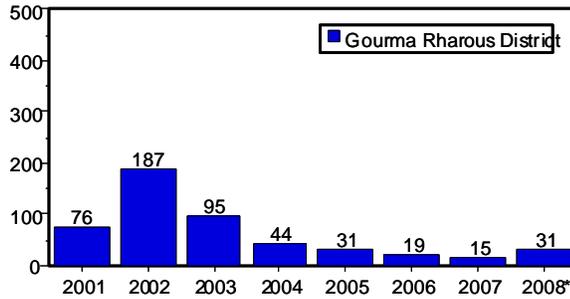
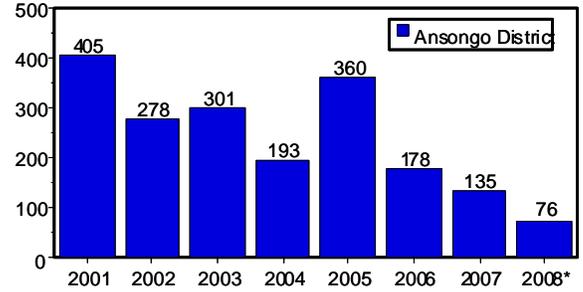
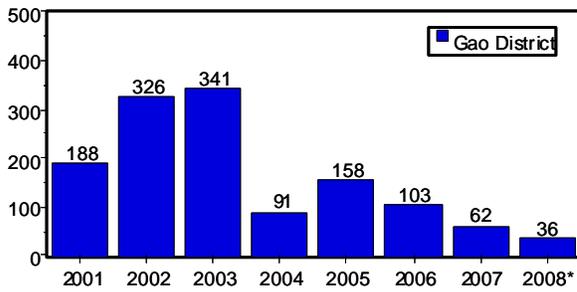
Region	Circle	Village	Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sept	Oct	Nov	Dec	Total
Kidal	Tessalit	Tadjimart	1				9	18	25	4	6	7	3		73
Kidal	Tessalit	Anamalam					2	7	13	11	4	2			39
Kidal	Tessalit	Dohindal					1	3	2	1	4				11
Kidal	Tessalit	Inomzil I					3	1	7						11
Kidal	Tessalit	Assikat					1	3							4
Kidal	Tessalit	Achou						3	15						18
Kidal	Tessalit	Inhaled						2		8	2		2		14
Kidal	Tessalit	Trafic					7								7
Kidal	Tessalit	Intafouk					1								1
Gao	Tessalit	Tinildjan					1								1
Kidal	Tessalit	Inomzil II						13	5		4				22
Gao	Gao	Simikifewane							1		4				5
Gao	Gao	Tintidjimte							1		1				2
Gao	Gao	Tinadjarof							1						1
Gao	Ansongo	Amdague							4	4	8	3			15
Gao	Ansongo	Tarajaba							7	7	5				12
Gao	Gao	Abalac								1	2	2	2		7
Gao	Gao	Intagrimba								3					3
Gao	Gao	Tassoufat								3					3
Gao	Ansongo	Banguir								1	1				2
Ansongo	Ansongo	Amil									9				9
Gao	Ansongo	Tibanguir									2	3	3		8
Tombouktou	G. Rharous	Egassane Eloine									6				6
Tombouktou	G. Rharous	Naguaye									2	2	1		5
Gao	Gao	Eberber									1				1
Gao	Ansongo	Tamaye										16			16
Gao	Ansongo	Tintibictene										4	1		5
Gao	Ansongo	Takaskaja										2			2
Gao	Ansongo	Tanzikiratane										1			1
Gao	Gao	Azabag-bag										1			1
Tombouktou	G. Rharous	Tinamalawai											12		12
Total Cases Reported			1	0	0	0	16	46	78	48	61	43	24		317
Total Villages Reporting Cases			1	0	0	0	5	10	9	11	16	11	7		

Figure 4

Mali Guinea Worm Eradication Program Number of Cases of Dracunculiasis Reported: 1991 - 2008*



Reported Cases of Dracunculiasis by District: 2001 - 2008*



*Provisional

NIGERIA: 100% OF CASES CONTAINED, -48% FEWER CASES IN 2008

After 7 consecutive months with no cases of dracunculiasis (April-October 2008), Nigeria detected and contained a case of the disease in November that occurred in Ezza Nkwubor, which is the same village of Enugu State where all 38 cases reported in Nigeria in 2008 originated. The new patient is a 58 year-old woman who reportedly has not traveled outside the village in the past two years. There were no GW cases in her household last year, but there were cases in her compound. This patient was under observation by the GWEP before her worm emerged during a controlled immersion. She was taken to the Case Containment Center immediately. Most of the cases reported in Nigeria in 2007 after a surprise outbreak also were infected in Ezza Nkwubor, which is likely Nigeria's last focus of dracunculiasis. Nigeria reported one uncontained case each in October and November 2007 and two uncontained cases in December 2007. Nigeria has reported no uncontained case of dracunculiasis since December 21, 2007. It appears to have detected, contained and explained every case in 2008.

ETHIOPIA: 78% OF CASES CONTAINED, 100% INCREASE IN CASES IN 2008

After more than 20 months with no known endemic cases, the Ethiopian Dracunculiasis Eradication Program (EDEP) has reported 41 cases in ten communities in 2008, of which at least 1 case, a 60 year-old man who was reported in October 2008, has no history of travel to Sudan. Most cases occurred in or were associated with Awukoy village in Gambella Region. Although the sources of infection of most of the cases reported in Ethiopia in 2008 are still uncertain, it seems clear that endemic transmission was still occurring in Ethiopia during 2008. Because of great concerns about the status of the EDEP and dracunculiasis in Ethiopia, representatives of WHO (Dr. Gautam Biswas, and Dr. Alhousseini Maiga), The Carter Center (Dr. Ernesto Ruiz-Tiben, Mr. Phillip Downs, Mr. Darin Evans, Mr. Craig Withers, and Mr. Teshome Gebre) and the Centers for Disease Control and Prevention (CDC) (Dr. Erin Kennedy), conducted a joint mission to Ethiopia in collaboration with the EDEP and regional health officials of Gambella Region during December 3-7, 2008. Team members made field visits to several areas in Gambella Region, held a working session with other partners and the Ethiopian ministry of health, and held a de-briefing session with the Minister of Health, Dr. Tedros Adhanom Ghebreyesus. The evaluation team observed several weaknesses in surveillance and supervision that it advised should be corrected immediately. Ethiopia needs to detect and contain every case of GWD that occurs in Gambella Region in 2009, and work constructively with the Southern Sudan GWEP to ascertain the sources of any cases detected in Gambella and South Omo Regions.

NIGER: 67% OF CASES CONTAINED, -82% REDUCTION IN CASES IN 2008

After 9 months with no indigenous cases reported (December 2007-August 2008), Niger reported an indigenous case, which was contained, in September 2008, and another indigenous case, which was not contained, in October 2008. As reported in the previous issue of Guinea Worm Wrap-Up, the patient in September apparently infected herself in her own compound when her worm emerged in 2007. Niger should be on high alert for any additional cases during the 2009 peak transmission season (June- October) and particularly in Tifrat and Tintihoune villages in Tillaberi District (where the last two cases of GWD were detected) during September-October, respectively, and from any cases that may be imported from Mali.

INTERNATIONAL CERTIFICATION TEAM VISITS CHAD

During December 1-19 an International Certification Team (ICT) assessed Chad's claim of having stopped transmission of GWD. The ICT was lead by Dr. P Magnussen (Denmark), a member of the International Commission for Certification of dracunculiasis Eradication (ICCDE), Dr. A Perrocheau (France), Dr. A Paraiso (Benin), and Dr. WR Archer (Canada). The ICCDE will consider the report of the ICT during its next meeting in March 2009.

MEETINGS

- WHO and the Ugandan GWEP convened an Interregional Program Review Meeting for representatives of the GWEP's of Ethiopia, Kenya, Sudan and Uganda in Kampala, Uganda on November 25-26. The meeting reviewed the status of dracunculiasis eradication in Ethiopia and Sudan, pre-certification activities in Kenya and Uganda, and surveillance and other relevant activities in all four countries.
- The International Commission for the Certification of Dracunculiasis Eradication (ICCDE) will convene, for the first time outside of Geneva, Switzerland, in Bamako, Mali during March 3-5, 2009 to review the status of certification in the 21 countries remaining to be certified, including the status of eradication efforts in the six remaining endemic countries.
- The national GWEP managers of the remaining endemic countries (Ethiopia, Ghana, Mali, Niger, Nigeria, and Sudan) will meet on March 6 in Bamako to provide detailed updates on the status of their programs during 2008 and about plans for stopping transmission of GWD during 2009.
- An informal Meeting and a Report on Dracunculiasis Eradication will take place during the World Health Assembly in Geneva in May 2009, following consideration of this topic during the meeting of WHO's Executive Board on January 19-27, 2009.

TRANSITIONS

Mr. Steven Becknell, Carter Center Resident Technical Advisor (RTA) to the Southern Sudan Guinea Worm Eradication Program (SSGWEP) since December 2005 will be ending his tour of duty as RTA during January 2009. However, Steven will continue to assist the SSGWEP during February- April 2009 to prepare for the onset of the next peak transmission season (April – October). The designated new RTA is Mr. Alex Jones, another Guinea worm warrior with ample experience in Southern Sudan. We thank Steven for his discipline, diligence, and disposition in assisting the SSGWEP with its revitalization, following the Comprehensive Peace Agreement in 2005 and for the significant successes observed so far. We wish both Steven and Alex success in their new endeavours and in helping the SSGWEP during 2009.

CONVERSATIONS AT THE CARTER CENTER

On January 15, 2009 from 7:00-8:30 PM, "Conversations at The Carter Center" will feature "Zeroing in on Guinea Worm" with Dr. Donald Hopkins and Dr. Ernesto Ruiz-Tiben and will address the final stages of Guinea worm disease eradication. This event will be webcast live and archived on the Carter Center's Web.

DEFINITION OF CASE CONTAINMENT

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. The village volunteer 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.

*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 the WHO Collaborating Center for Research, Training, and Eradication of Dracunculiasis, NCZVED, 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.