

Public Health Service
Centers for Disease Control
and Prevention (CDC)

Memorandum

Date: July



	Name	1 = EVAS	2 = NEVAS				(Yes, No, or Pending)	If no, date of Abate Rx*	Name	1 = EVAS	2 = NEVAS	(Yes / No)	Name	(Yes / No)	Actions?	
32.1	LOKOITIMOE	1	KAUTO	KAPOETA EAST	45	M	1/5/13	YES	1	LOKOITIMOE	1	YES	NABS SPECIFIC SOURCE NOT IDENTIFIED, PASSED THROUGH EN ROUTE TO MORUKOMOD (ACHAKAR)	UNKNOWN	POSSIBLY IN ACHAKAR	
32.2			KAUTO					YES								
	LOKOITIMOE	1		KAPOETA EAST	45	M	3/5/13		1	LOKOITIMOE	1	YES	NABS SPECIFIC SOURCE NOT IDENTIFIED, PASSED THROUGH EN ROUTE TO MORUKOMOD (ACHAKAR)	UNKNOWN	POSSIBLY IN ACHAKAR	
33.1	LOKWAAR	1	KAUTO	KAPOETA EAST	11	F	1/5/13	YES	2	LOKWAAR	1	YES	NAPESEMORET STREAMS WITHIN NAWOYAPETA GARDENS	YES	FULL INTERVENTIONS IN PLACE	
34.1	NADAPAKALE CC	1	KAUTO	KAPOETA EAST	10	M	1/5/13	NO	3/5/13	2	LOKWAAR	1	YES	NAPESEMORET STREAMS WITHIN NAWOYAPETA GARDENS	YES	FULL INTERVENTIONS IN PLACE PART OF ENDEMIC CLUSTER
35.1	NAJO	1	KAUTO	KAPOETA EAST	9	F	2/5/13	YES	2	NAJO	1	YES	SUSPECTED AREA GARDENS OF			

Case #	Village or Locality of Detection			Payam	County	Age	Sex	Date GW emerged	Case Contained?		1 = Imported 2 = Indigenous	Home Village or Locality			Presumed Source of infection identified?		Presumed Source of infection is a known EVA?	
	Name	1 = EVAS	2 = NEVAS						(Yes, No, or Pending)	If no, date of Abate Rx*		Name	1 = EVAS	2 = NEVAS	(Yes / No)	Name	(Yes / No)	Actions?
66.1	LOKARIWON CC		2	MEOUN	PIBOR	9	F	12/06/13	NO	DETECTED 15 JUNE	1	ACHAKAR	1		YES	SOURCES AROUND ACHAKAR NABS ROCK POND & SPRING, ERONYIT ATAPAR, NAPASEMARET, LONYANGAKIPI	YES	FULL INTERVENTIONS IN PLACE
67.1	LOPUSINGOLE	1		KAUTO	KAPOETA EAST	7	F	15/06/13	YES		2	LOPUSINGOLE	1		YES	NAKAI BURUTAN GARDEN SOURCES	YES	FULL INTERVENTIONS IN PLACE
68.1	NAPUSIRIEYET		2	MOGOS	KAPOETA EAST	5	F	19/06/13	YES		2	NAPUSIRIEYET	1 ^		YES	GARDEN STREAMS IN NAKWALEMU GARDENS	YES	FULL INTERVENTIONS IN PLACE
69.1	LOKARIWON CC		2	MEOUN	PIBOR	25	F	19/06/13	YES		2	ACHAKAR	1		YES	TBD BUT SUSPECTED SOURCES AROUND ACHAKAR NABS ROCK POND & SPRING, ERONYIT ATAPAR, NAPASEMARET, LONYANGAKIPI	YES	FULL INTERVENTIONS IN PLACE IN ACHAKAR
70.1	AMUKAT	1 ^		KAUTO	KAPOETA EAST	14	F	21/06/13	YES		2	AMUKAT	1 ^		NO	STILL UNDER INVESTIGATION PATIENT MOSTLY IN VILLAGE LAST YEAR	NA	NANYANGNWA CLUSTER WILL BE TREATED AS ENDEMIC CLUSTER
71.1	LORIWA	1 ^		JIE	KAPOETA EAST	4	F	26/06/13	YES		2	LORIWA	1 ^		YES	GARDEN WATER SOURCE OF 2012 CASE NEXT TO MOTHERS GARDEN	NO (NOT BEFORE THIS CASE)	AREA IS BEING TREATED AS ENDEMIC FULL INTERVENTIONS ARE IN THE WORKS. TRANSITION FROM IMPLEMENTING INTERVENTIONS AS CC TO VILLAGES BEING
72.1	KHORADEP		2	KASSINGOR	PIBOR	18	F	24/06/13	NO	NOT APPLIED ENTERED LAKE/SWA MP	1	KHORADEP (THIS YEAR)/ NAKALINGARET LOOSUT (LAST YEAR)	2 (KHORA DEP)		YES	LOOSUT (GARDENS/NAMUSIA GARDENS IN LOPEAT)	YES	FULL INTERVENTIONS IN PLACE IN LOPEAT
73.1	NAKWARE	1		JIE	KAPOETA EAST	13	M	26/06/13	YES		2	NAKWARE	1		YES	(SPECIFIC SOURCE NOT IDENTIFIED BUT AREA) GRAZING AREA NAMAMSURU CC (DAILY), GARDENS AKALI	YES	FULL INTERVENTIONS IN PLACE IN LOPEAT

^^ Patient 2.1 is from Lomuta Boma but gave multiple different home villages, each time he was interviewed.

He was dropped off at a village he did not mention as his home village. He moves in the Cattle Camps most of the year and has family throughout the Supervisory Area.

** The cattle camp is now classified as an endemic cattle camp, but it was not previously known as an endemic source

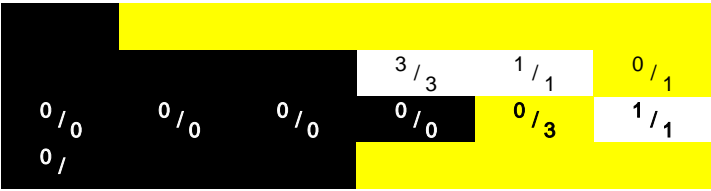
1.1 Case # 1, First Guinea worm

EVAS endemic village under active surveillance

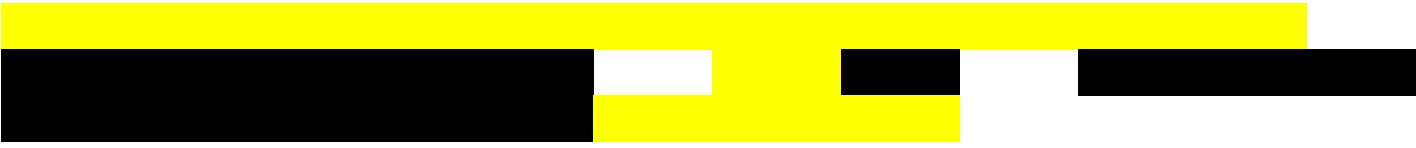
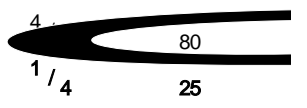
NEVAS non endemic village under active surveillance

^ Not at beginning of the year, but now is

MALI
ETHIOPIA



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MALI: 4 CASES IN JANUARY-JUNE

Table 3

 CHAD GUINEA WORM ERADICATION PROGRAM
 LINE LISTING OF CASES OF GWD DURING 2013

Case #	Village or Locality of detection				Zone / District	Region	Patient			Case Contained?		1 = imported 2 = indigenous	Home Village or Locality				Presumed Source of infection identified?		Presumed Source of infection is a known EVA?	
	Name	1= EVAS	2= NEVAS	3=PSV			Age	Sex	Date GW emerged	(Yes, No, or Pending)	If no, date of Abate Rx		Name	1= EVAS	2= NEVAS	3=PSV	(Yes or No)	Name	(Yes or No)	Actions?
1.1	Miskine banana		2		Gambarou/Mandelia	Chari Baguirmi	3	F	2-Apr-13	Yes		2	Miskine banana		2		No			
2.1	Koutoungolo		2		Onoko/Massenya	Chari Baguirmi	35	F	8-Apr-13	Yes		2	Koutoungolo		2		No			
2.2									28-Apr-13											
2.3									21-May-13											
2.4									21-May-13											
3.1	Gasse		2		Onoko/Massenya	Chari Baguirmi	50	F	9-Apr-13	Yes		2	Gasse		2		No			
4.1	Gourlong			3	Guelendeng	Mayo Kebbi E.	12	M	5-May-13	Yes		2	Gourlong			3	No			
5.1	Djarbou Choufou			3	Kondoul/Mandalia	Chari Baguirmi	6	M	16-May-13	No	Not necessary	2	Djarbou Choufou		2		No			
6.1	Bogomoro/Quartier Gabri II		2		Bogomoro/Bouso	Chari Baguirmi	25	M	19-Jul-13	Yes		2	Bogomoro		2		No			

the 1.1, 1.2...etc. system to designates the serial case number (first digit) and the number of GWs emerging (second digit) from same case-patient.

EVAS = endemic village under active surveillance

NEVAS = non endemic village under active surveillance

PSV = Passive surveillance village

Table 4

 MALI GUINEA WORM ERADICATION PROGRAM
 LINE LISTING OF CASES OF GWD DURING 2013

Case #	Village or Locality of detection				District or Woreda or Payam	County or Region	Patient			Case Contained?		1 = imported 2 = indigenous	Home Village or Locality				Presumed Source of infection identified?		Presumed Source of infection is a known EVA?	
	Name	1= EVAS	2= NEVAS	3 = PSV			Age	Sex	Date GW emerged	(Yes, No, or Pending)	If no, date of Abate Rx		Name	1= EVAS	2= NEVAS	3 = PSV	(Yes or No)	Name	(Yes or No)	Actions?
1.1																				
1.2									2-May											
1.3	Koukourou			3	Djenne	Mopti	17	F	11-May	No	NA	2	Koukourou			3	No	No		Case detected > 24 hours. No ABATE applied as ponds were dry. Patient hospitalized and transmission from second worm was prevented.
1.4									24-Jun											
1.5									24-Jun											
1.6									25-Jun											
2.1									28-Jun											
2.2	Iclahane Camp			3	Kidal	Kidal	30	M	10-May	No		2	Iclahane Camp			3	Yes	Agabo, Kidal	No	Health Education provided, filters distributed, and ABATE applied.
2.3									20-May											
3.1									30-May											
3.2									11-May											
3.3	Etambar			3	Kidal	Kidal	28		31-May							3	Yes		No	Health Education provided, filters distributed, and ABATE applied.
3.4									31-May											
3.5									31-May											
4.1	Etambar			3	Kidal	Kidal	20	F	1-Jun	Yes		2	Etambar			3	Yes	Agabo, Kidal	No	

1.1 = Case # 1, First GW

EVAS = endemic village under active surveillance

NEVAS = non endemic village under active surveillance

PSV = Passive surveillance villages

Table 5

- x Given the status of Niger in the pre-certification phase and Chad being endemic, cross border coordination of disease surveillance, control and elimination activities should continue together with sensitization of those populations about the risk of GWD.
- x The ICT considered that whilst there was reasonable access in most communities to a safe water supply, there was a serious deficiency in the maintenance of facilities. There is the need, therefore, for collaboration with the relevant actors in the water sector to further strengthen water supply sustainability systems, particularly at the LGA level.
- x The ICT suggested that NIGEP submit a report to WHO on the activities and progress in the above areas, for the period between the departure of the ICT team in mid July 2013 and the end of November 2013, to provide further evidence of the absence of transmission and timely response to rumours, to place before the ICCDE.

2. Safe Water

Access to safe water has improved significantly. However, it should continue to be a priority. Particular attention should be paid to encampments, which are at high risk for reintroduction of transmission of Guinea worm disease, as they are likely to have a combination of poor access to safe water, poor access to the healthcare system, and a high proportion of migrants.

3. Education

Training of healthcare workers regarding Guinea worm disease should continue as a new generation of workers, who have never seen the disease, has entered the workforce. For the same reason, education of the population regarding guinea worm disease should continue, with focus on prevention measures.

4. Community Health Workers

The role of community health workers, a key part of the program until the end of transmission, should be revisited for continued surveillance.

The ICT congratulated the Government and the Ministry of Health of Côte d'Ivoire as well the National Guinea Worm Eradication Program and its partners whose dedicated work over the past 20 years has led to the current success. In spite of more than 12,000 cases being reported in Côte d'Ivoire in 1991 during the national case search, the disease transmission was interrupted in 2006. Key partners of the program included The Carter Center as well as the international and bilateral agencies WHO, UNDP, UNICEF and JICA. [N.B.: *US Peace Corps was also a major partner of the GWEP in Cote d'Ivoire.*] MAP International, an NGO, has played a significant role, along with UNICEF in providing improved drinking water sources to endemic localities.

TALES FROM CHAD: THE MALOUMRI SARA VILLAGE BOREHOLE WELL

During 2012 the borehole - well pump in the at-risk village of Maloumri Sara (population 283), Bousso District broke. The women in Maloumri Sara were obliged to haul unsafe water from distant ponds, as the borehole was their sole source of potable water. Residents

To highlight their efforts and remind other residents, the pump was named after the local women’s group for development fund called “DEMERDE”, meaning “Resourceful”, which they had founded in 2006. A ceremony was held in May 2013 to install a sign with the pump name and congratulate the women’s group for their continual actions and efforts to further community development. Figure 3 shows the sign and the borehole well in use, saving women water fetchers countless hours of walking with heavy loads of unsafe drinking water.

In June 2013 senior GWEP staff was able to visit Maloumri Sara and personally congratulate the community for their effort. The GWEP was presented with a thank you letter written by the head of the women’s group with the assistance of Mr. Lazare Mbaïbi, Maloumri Sara resident and supervisor for the GWEP, Chad. The functionality of the borehole well has been maintained ever since.

Figure 3

