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

Memorandum

Date: December 19, 2022

From: WHO Collaborating Center for Dracunculiasis Eradication, CDC

Subject: GUINEA WORM WRAP-UP #294

To: Addressees

<u>Contain</u> every worm! Find the <u>source</u> each infection!

Figure 1

ANGOLA: PREPARING FOR 2023

By training 42 new participants, including health professionals and community agents from Cuando Cubango Province, Angola completed implementation and expansion of the Community-Based Surveillance (CBS) system in the 24 communes of 9 Municipalities in the three provinces (Namibe, Huila, Cuando Cubango) that border endemic Cunene Province. A map of this area is included in *Guinea Worm Wrap-Up* #280. This expansion, which began in December 2021, thus integrates a

border

lage of Onanime Omuwanashi, in Namacunde Municipality of Cunene

Province, for the eighteen beneficiaries of the 7 confirmed, *uncontained* animal Guinea worm infections in Angola in 2022. The animal infections all occurred in Cunene Province: in Onanime village (6 dogs) of Namacunde Municipality and Ohemeke village (1 dog) of Cuanhama Municipality. The event took place under the presidency of the Provincial Director of Health of Cunene, <u>Dr. Georgina Gracieth Nunes</u>, on behalf of Her Excellency the Governor of Cunene Province and flanked by the Municipal Administrator of Cunene <u>Mrs. Cristiana Nameomunu</u>, and Dr. Mavitidi Sebastiao

administrators of Namacunde, Sede, and Chiedi communes and various local and traditional administrative authorities, of public order and security, partners and communities were among more than four hundred members of the communities who participated in the ceremony. The event was covered by local press and media of *Radio Cunene* and *Televisão Pública de Angola Cunene*. Angola has reported no human Guinea worm cases in January-October 2022.

Abate arrived in Angola in November; health staff are already trained to properly apply it.

The Angola GWEP and WHO-Angola team are considering proactive tethering of dogs and cats in endemic and at-risk villages during the approaching peak transmission season in 2023, following a virtual meeting with Carter Center GWEP Associate Director <u>Giovanna Steel, MA</u> in November. Dracunculiasis was in the spotlight during the cross-border meeting between the health

<u>Claire Aubry</u> in mid-

November. Formerly a technical advisor to the GWEP in Chad and before that a Peace Corps

International Security.

f health, WHO provided Mr. Yaya

<u>Gautang</u>, a technical assistant, who has been helping the national GWEP since December 2021, particularly in proactive tethering of area dogs, case detection, and Abate application. Claire and Yaya are both based in Guere district, providing additional hands to strengthen interventions and stop transmission. <u>Cameroon has reported no human cases of Guinea worm disease in January-October 2022.</u>

Editorial note: Since communities on both sides of the river will proactively tether dogs during the transmission season in 2023, no dogs in this area should cross the river in either direction during that period. Proactive tethering. Active surveillance. Targeted Abate.

ETHIOPIA: GUINEA WORM IN 2 BABOONS, 1 DOG, 1 HUMAN

SOUTH SUDAN: GUINEA WORM IN 5 HUMANS, 1 DOG; MINISTER OPENS PROGRAM REVIEW MEETING



The South Sudan Guinea Worm Eradication Program (SSGWEP) has reported laboratory-confirmed Guinea worm infections in a dog (<u>contained</u>) and 5 humans (<u>3 contained</u>) in 2022. Details of the first human case, which was detected in Lopa/Lafon County of Eastern Equatoria State in July, were described in *Guinea Worm Wrap-Up* #292; the dog infection in Tonj East County of Warrap State and

two human cases from Awerial County of Lakes State were described in *Guinea Worm Wrap-Up* #293. A third human case from Awerial County is from the same community (Jarweng) and family as the other cases from Awerial this year. A fourth human case linked to Awerial was detected in Juba but was in Jarweng boma during his period of infection. Epidemiological evidence suggests the cases in the same family whose worms emerged between August 31 and October 2 shared a contaminated source of drinking water after local borehole wells broke in June 2021, but the source of that contamination in 2021 is not known (Table 2). The SSGWEP knows of no GW infection in Jarweng in 2021 and no known overlap in travel between the infected ten-year-old cattle herder in Tomrok village of Awerial in October 2021 and Jarweng village about 15 miles (25 km) away. A line list of these 2022 Guinea worm infections is in Table 3.

The Honorable Minister of Health, Ms. Yolanda Awel Deng Juach

th

Annual Program Review Meeting, which was held at the Palm Africa Hotel in Juba on December 6-7, 2022. She was joined by several State Ministers of Health and Director Generals, as well as representatives of the Ministry of Water Resources and Irrigation, World Health Organization (WHO), UNICEF, and The Carter Center. More than sixty participants discussed key presentations by SSGWEP Director Mr. Makoy Samuel Yibi and representatives of the four endemic states: Eastern Equatoria, Jonglei, Lakes, and Warrap. On December 5, Undersecretary of Health Dr. Victoria Anib Majur led a visit to Lafon County in Eastern Equatoria State for a handover

undersecretary was accompanied by the SSGWEP Director, the county commissioner, state minister of health, National Certification Committee for Dracunculiasis Eradication Vice-Chair Dr. Margaret Itto, Carter Center Vice President Dr. Kashef Ijaz, Carter Center GWEP Director Mr. Adam Weiss, Carter Center Country Representative Mr. Jim Niquette, as well as Dr. Mutale Nsakashalo of WHO, Mr. Dara Johnston of UNICEF, and Mr. Torben Vestergaard of the cloth filter donor Vestergaard Frandsen. The undersecretary and her entourage also visited a local health center, several households, and water systems.

Editorial note: The goal of the SSGWEP at this stage must be to <u>detect</u>, <u>contain</u>, and identify the <u>source</u> of EVERY Guinea worm infection. Genetic comparison of worms from 2021-2022 may be most helpful here, in addition to epidemiologic investigations. One advantage is that animal infections appear to be rare.

MALI: ESCALATED INTERVENTIONS

Mali has reported 35 confirmed animal infections (33 dogs, 2 cats; 63% contained) in January-October 2022, mostly in Macina district of Segou Region and Djenne district of Mopti Region. This is an increase of 119% from the 16 known animal infections in January-October 2021. A map showing locations of the first thirty infections is in *Guinea Worm Wrap-Up* #293. Mali has reported no human cases so far in 2022. Some endemic areas of Djenne Town in Mopti

Region; and Kolongo Bozo village, Kolongo Bozo Town, and Macina Town in Segou Region began tethering dogs and caging cats proactively as early as November 2021. Residents of endemic areas of Markala district agreed to inspect their animals daily. By February 2022, about 200 dogs were being tethered in Djenne Town and 30 dogs in Kolongo Bozo village, and the practice has increased slowly since then. Djenne tethered 328 dogs proactively and Kolongo Bozo 63 dogs in

sources with Abate in January-September 2022, slightly more than 1,270 water sources treated in the same period of 2021. Abate could not be applied in several localities that reported uncontained Guinea worm infections because those villages are located on the banks of the flowing Niger River. There was no water source eligible for treatment with Abate during this period of flowing water.

-Health Initiative, in which the MGWEP, ministry of health, regional and local leaders worked with communities to reduce insecurity in Tenenkou district of Mopti Region leQ q0.007view iete 0(Ab0n-17BT/2(sc000/F1 duB%)3freo(d)-9 12 Tf44\$\ddot 0 0 1 729st)27(thi)-3(rty)31(infe)5(

WHO CERTIFIES DEMOCRATIC REPUBLIC OF THE CONGO

Convened virtually on November 22, 2022, the Sixteenth Meeting of the International Commission for the Certification of Dracunculiasis Eradication

certification as free of Guinea worm disease (dracunculiasis). Commission members voted to approve the application after discussing the thorough report of

an International Certification Team led by commission member <u>Prof. Robert Guiguemde</u> which visited the DRC on July 19-August 6, 2022. The DRC retrieved reports of 518 dracunculiasis cases that were recorded in 1949-1958 during colonial times, but no cases since then. Health officials conducted six standalone active case searches, during 2016-2019, that reached 53,683 villages in 24 of t

case searches were not conducted, North and South Kivu, had never reported a Guinea worm case. However, these provinces, along with the rest of country were covered by case searches integrated in cooperation with mass drug administration, immunization, and vitamin distribution programs. DRC has never found an animal with Guinea worm infection; 94% of persons queried did not recognize a photograph of an emerging Guinea worm; and respondents said there is no known name for the disease in local languages. ICCDE Chairman <u>Dr. Joel Breman</u> submitted the Dr. Tedros Adhanom Ghebreyesus,

who accepted the recommendation. WHO has now certified 200 countries, areas, and territories as Guinea worm-free. Only five endemic countries (Angola, Chad, Ethiopia, Mali, South Sudan) and one formerly endemic country (Sudan) remain to be certified.

Figure 3

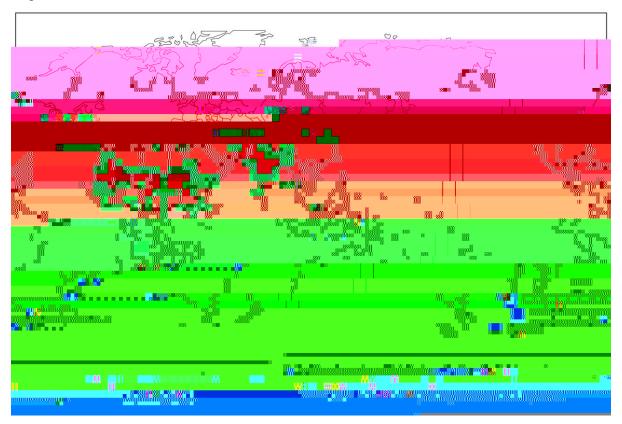


Table 6

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

RECENT PUBLICATIONS

Hopkins DR, Weiss AJ, Yerian S, Sapp SGH, Cama VA, 2022. Progress toward global eradication of dracunculiasis, January 2021-June 2022. Morbid Mortal Mthly Rep 71(47):1496-1502.

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

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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