Memorandum

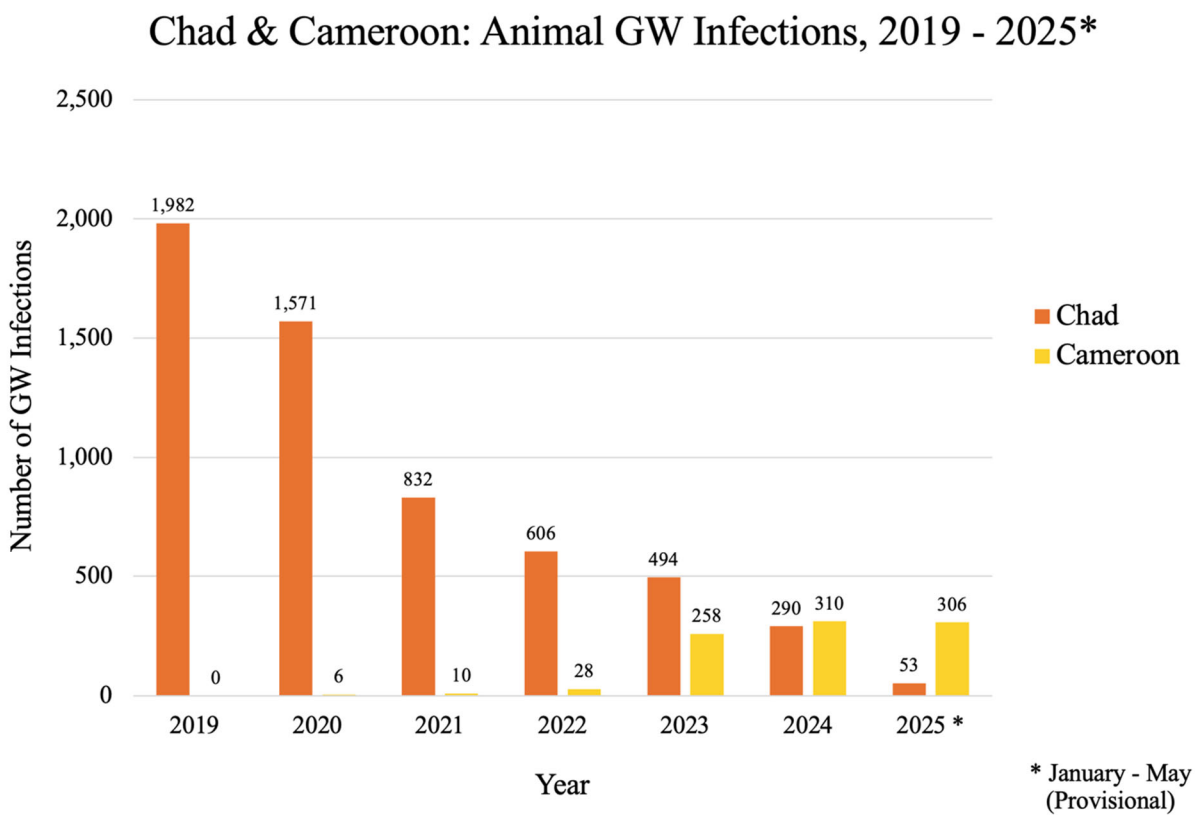
Date: June 25, 2025

From: Guinea Worm Eradication Program, The Carter Center

Subject: GUINEA WORM WRAP-UP #321

To: Addressees

Figure 1



CAMEROON LEADS GW INFECTIONS

As illustrated in Figure 1, provisionally reported animal GW infections continue to increase in Cameroon in January-May 2025 compared to January-May 2024, off setting the continued rapid decline in Chad's GW infections over the same period. Domestic dogs are the predominant infected animals in both countries. Typical GW transmission season in Cameroon and endemic areas of Chad bordering Cameroon is January-July; Overall, Chad's typical peak transmission season is March-September. The total provisional animal GW infections reported in January-May 2025, by Angola, Cameroon, and Chad, is 378, compared to 382 in January-May 2024. Chad has reported the only confirmed human GW case in January-May 2025.

Cameroon's Guinea Worm Eradication Program has engaged Cameroon's CDC-assisted Field Epidemiology Training Program (CAFETP) to assist with GW case searches in the health areas immediately surrounding villages already under active GW surveillance in the Far North Province. The CAFETP residents and fellows completed their training in late May 2025 and have been deployed to the field to begin community engagement and case searches. Carter Center GWEP Program Associate Mindze Nkanga is conducting a supervisory visit with the field teams and working with the CAFETP throughout June.

IN BRIEF:

Angola. Carter Center GWEP Associate Director Giovanna Steel MPH was in Angola in June to assist Carter Center Country Representative Lucia Verzotti in establishing the Center's office to support Angola's Guinea Worm Eradication Program. This year so far, Angola reported 19 confirmed infections (GW+) and 52 suspected infections pending laboratory analysis.

In Cunene Province, rural community members frequently migrate to the Republic of Namibia and nearby cities for socio-professional reasons. This mobility has contributed to instability among previously trained community volunteers. Additionally, as part of a recent national administrative restructuring, the number of districts (municipalities) in Cunene Province has increased from four to seven. In response to the high turnover of community volunteers, and the increase in number of districts, WHO assisted the Guinea Worm Eradication Program (GWEP) in recruiting and training 150 new community health workers. This effort aims to enhance both the scope and quality of surveillance and response activities in endemic and at-risk villages.

Mali. The two dog infections detected in April that originated in Kolongo Bozo village in Macina district of Segou Region have been confirmed as *Dracunculus medinensis* (see previous issue). Both dogs remain tethered and monitored. A case search in Kolongo Bozo found no new infections, and Mali has detected no other GW infections in May or so far in June 2025. Insecurity remains the main challenge, with access limited in parts of Macina, Markala, and Tominian districts of Segou Region, and Djenne, Tenenkou, Youwarou, and Mopti districts in Mopti Region. The Peace Through Health Project plans to begin community mobilization campaigns June 23-July 5, 2025 in parts of Guinea worm-endemic Macina and Tominian districts.

Ethiopia. Boosting Guinea Worm Surveillance in Gambella Refugee Camps: A recent high-level meeting in Gambella brought together the Regional Health Bureau, Refugees and Returnees Services, the Development and Peace Organization (DPO), The Carter Center, and WHO to strengthen Guinea Worm Disease (GWD) surveillance in refugee camps. A key outcome was the handover of surveillance responsibilities to DPO, replacing a previous international NGO. The WHO, The Carter Center and other partners reaffirmed their support, with WHO continuing to provide training, supervision, and monitoring of surveillance and response activities in the camps. To reinforce these efforts, WHO conducted a field visit to the Ngueyel Refugee Camp, where it delivered on-site orientation and technical guidance to health workers and community outreach agents. This hands-on support is expected to further enhance the capacity and responsiveness of GWD surveillance in the camp.

DEFINITION OF A PRESUMED SOURCE OF GUINEA WORM INFECTION*

A presumed source/location of a human dracunculiasis case is considered identified if: The patient drank unsafe water from the same source/location (specify) as other human case(s) or an infected animal 10-14 months before infection, or

The patient lived in or visited the (specify) household, farm, village, or non-village area of a (specify) Guinea worm patient or infected domestic/peri-domestic animal 10-14 months before infection, or

The patient drank unsafe water from a (specify) known contaminated pond, lake, lagoon, or cut stream 10-14 months before infection.

If none of the above is true, the presumed source/location of the infection is unknown. Whether the patient's residence is the same as the presumed source/locality of infection or not should also be stated in order to distinguish indigenous transmission from an imported case.

DEFINITION OF A CONTAINED CASE**

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. A village volunteer or other health care provider 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, and
5. ABATE® is used if there is any uncertainty about contamination of the source(s) of drinking water, or if a source of drinking water is known to have been contaminated.

***The criteria for defining a contained case of Guinea worm disease in a human should also be applied, as appropriate, to define containment for an animal with Guinea worm infection*

World Health Organization

Seventy-eighth World Health Assembly

Agenda item 13.4 WHA78.14

27 May 2025

Accelerating the eradication of dracunculiasis

The Seventy-eighth World Health Assembly,

Having considered the report by the Director-General;[1]

Recalling previous resolutions WHA39.21 (1986), WHA42.29 (1989), WHA44.5 (1991), WHA50.35 (1997), WHA57.9 (2004) and WHA64.16 (2011) on the elimination and eradication of dracunculiasis;

Noting the significant progress made towards the eradication of dracunculiasis, with human cases reduced from an estimated 3.5 million in 1986 to only 13 (provisionally) in 2024 – a reduction of more than 99% since the global initiative began;

Acknowledging that, owing to the detection of animal infections, the definition of worldwide eradication of dracunculiasis was revised in 2023 by the International Commission for the Certification of Dracunculiasis Eradication to be the confirmed absence of the emergence of adult female worms in human beings and animals for three consecutive years or longer at the global level;

Noting that the emergence of dracunculiasis in animals, especially domestic dogs, since 2012 has complicated eradication efforts but that infections in dogs have declined annually since 2019;

Appreciating the role of health ministers in coordinating successful efforts to eliminate dracunculiasis from 17 countries and to obtain the certification of elimination from 200 countries, areas and territories, including 188 WHO Member States, with only six countries still to be certified to date;

Acknowledging the commitment by countries in which dracunculiasis is endemic, including the Abu Dhabi Declaration on the Eradication of Guinea Worm Disease (2022)[2] and the N'Djamena Declaration on interrupting the transmission of dracunculiasis;[3]

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[1] Document A78/4.

[2] NTDs and milestones: World NTD Day 2023. Geneva: World Health Organization; 2025 (accessed 26 February 2025).

[3] Three Central African countries commit to global eradication of Guinea-worm disease. Geneva: World Health Organization; 2025 (accessed 26 February 2025).

Recognizing that dracunculiasis persists owing to infections in animals and a lack of access to safe water and healthcare services, which is further aggravated by other factors such as health and humanitarian emergencies and cross-border movement, and that this, together with insufficient surveillance and community ownership, poses a potential risk to eradication goals;

Reaffirming WHO's commitment to achieving the complete eradication of dracunculiasis, in line with the global targets of control and elimination set by the road map for neglected tropical diseases 2021–2030;

Recognizing that strong cross-border collaboration, coordination and information-sharing among Member States, including the effective implementation of a multisectoral approach, are essential to interrupting the transmission of dracunculiasis,

1. ENDORSES the strategy for Member States in which dracunculiasis is endemic:

   (1) to maintain community-based surveillance, especially in endemic and at-risk communities;

   (2) to carry out proactive tethering of domestic animals in endemic communities;

   (3) to bury aquatic waste in endemic and at-risk communities to prevent consumption by animals and resulting infections;

   (4) to effectively treat drinking-water by distributing cloth and pipe filters and support education in endemic and at-risk communities;

   (5) to apply temephos on a monthly basis to unsafe sources of drinking water in endemic communities;

   (6) to provide sources of safe drinking water to affected communities;

   (7) to ensure that specimens of *Dracunculus medinensis* are confirmed through laboratory tests and that rewards for reporting human dracunculiasis cases and for reporting and tethering infected animals are paid promptly;

   (8) to require human and animal dracunculiasis to be an immediately reportable disease and reports to be submitted from all endemic areas on at least a monthly basis;

2. URGES Member States, taking into account and in line with national context and priorities:

   (1) to recommit to the eradication of dracunculiasis, regardless of host, by incorporating dracunculiasis, where appropriate, into national, regional and local surveillance systems in affected countries;

   (2) to offer political support to the remaining countries in which the disease is endemic;

   (3) to continue providing and advocating for financial and technical support;

3. CALLS ON Member States with

   (1) to conduct ministerial visits to endemic communities to assess programme performance;

(2) to intensify cross-border collaboration, including joint surveillance, coordination, and information-sharing mechanisms, particularly in regions with highly mobile populations;

(3) to collaborate with regional and international partners to address challenges related to political instability, animal infections and resource constraints;

(4) to prioritize safe water access and hygiene education, in coordination with UNICEF and other partners, in endemic areas and areas at risk for dracunculiasis transmission;

(5) to enhance capacity-building at the national and subnational levels to ensure rapid detection and response to human and animal infections, including through a multisectoral approach;

4. CALLS ON past, present and new donors to continue to provide financial assistance to the eradication efforts;

5. REQUESTS the Director-General:

(1) to continue to provide technical support, and facilitate financial assistance, to Member States in their eradication efforts;

(2) to support the coordination of cross-border initiatives to rapidly detect and eliminate remaining dracunculiasis, including through a multisectoral approach;

(3) to continue to submit annual reports to the Health Assembly on the progress made and remaining challenges in the eradication of dracunculiasis;

(4) to present certification of eradication certificates to the remaining endemic countries when eligible at future sessions of the Health Assembly.

Seventh plenary meeting, 27 May 2025
A78/VR/7

Table 1

Number of Laboratory-Confirmed Human Cases of Guinea Worm Disease, and Number Reported Contained by Month during 2025*

(Countries arranged in descending order of cases in 2024)

COUNTRIES WITH TRANSMISSION OF GUINEA WORMS	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED													% CONT.
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL*	
CHAD	**0 / 1**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**								**0 / 1**	**0%**
SOUTH SUDAN	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**								**0 / 0**	**N / A**
CAMEROON	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**								**0 / 0**	**N / A**
MALI	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**								**0 / 0**	**N / A**
TOTAL*	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**								**0 / 1**	**0%**
% CONTAINED	**0%**	**N / A**	**N / A**	**N / A**	**N / A**								**0%**	

Provisional

Cells shaded in black denote months when zero indigenous cases were reported. Numbers indicate how many cases were contained and reported that month.

Numbers indicate how many cases were contained and reported that month.

Number of Laboratory-Confirmed Cases of Guinea Worm Disease, and Number Reported Contained by Month during 2024

(Countries arranged in descending order of cases in 2023)

COUNTRIES WITH TRANSMISSION OF GUINEA WORMS	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED													% CONT.
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL	
CHAD	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 1**	**0 / 0**	**0 / 3**	**1 / 1**	**1 / 1**	**1 / 1**	**1 / 1**	**0 / 1**	**4 / 9**	**44%**
SOUTH SUDAN	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 2**	**0 / 3**	**0 / 0**	**0 / 1**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 6**	**0%**
CENTRAL AFRICAN REPUBLIC	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**N / A**
CAMEROON	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**N / A**
MALI	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**N / A**
TOTAL*	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 1**	**0 / 2**	**0 / 6**	**1 / 1**	**1 / 2**	**1 / 1**	**1 / 1**	**0 / 1**	**4 / 15**	**27%**
% CONTAINED	**N / A**	**N / A**	**N / A**	**N / A**	**0%**	**0%**	**0%**	**100%**	**50%**	**100%**	**100%**	**N/A**	**27%**	

Cells shaded in black denote months when zero indigenous cases were reported. Numbers indicate how many cases were contained and reported that month.4

Numbers indicate how many cases were contained and reported that month.

Are the right people receiving the Guinea Worm Wrap-Up?

We remind leaders of National Guinea Worm Eradication Programs to make sure all appropriate persons are receiving the Guinea Worm Wrap-Up directly, by email. With frequent turnover of government officials, representatives of partner organizations, and recruitment of new Guinea worm program staff, keeping desired recipients up to date is challenging. Frequent review of who is receiving the newsletter directly is advised. To add an addressee, please send their name, title, email address, and preferred language (English, French, or Portuguese) to Adam Weiss at The Carter Center (adam.weiss@cartercenter.org).

Note to contributors: Submit your contributions via email to Adam Weiss (adam.weiss@cartercenter.org), by the end of the month for publication in the following month's issue. Contributors to this issue were: the national Guinea Worm Eradication Programs, Dr. Donald Hopkins and Adam Weiss of The Carter Center, and Dr. Dieudonné Sankara of WHO. Formatted by Diana Yu.

Back issues are also available on the Carter Center web site in English, French, and Portuguese and are located at:

http://www.cartercenter.org/news/publications/health/guinea_worm_wrapup_english.html.

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