Memorandum

Date: October 24, 2025

From: Guinea Worm Eradication Program, The Carter Center

Subject: GUINEA WORM WRAP-UP #325

To: Addressees

"*You have been assigned this mountain so that you can show others it can be moved*."
Mel Robbins

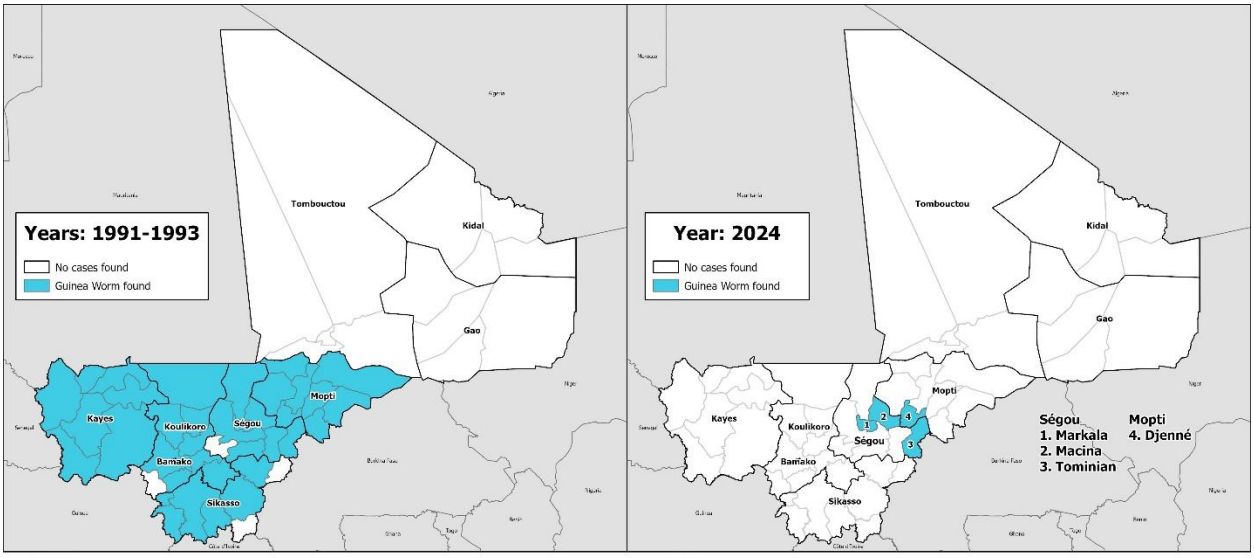


Figure 1. Mali Guinea worm cases/infections by district, 1991-93 and 2024.

MALI: SO CLOSE, BUT NEEDS PEACE

Mali's Guinea Worm Eradication Program (MGWEP) has made great strides over the past 3+ decades, reducing the number of Guinea worm infections from 16,060 human cases detected in 34 districts (*cercles*) in 1991 to no human cases and 28 domestic animal infections (22 dogs, 6 cats) in 4 districts in 2024 (Figure 1). It reported only 4 human GW cases in the last decade (2016-September 2025) but averaged about 21 animal GW infections annually in the same period. Mali's remaining affected geographic area of about 120 x 120 miles (192 x 192 km) in the inland delta of the Niger River has similar riverine ecology to Chad's much larger endemic zone. Mali detected GW infections in animals, mainly dogs, for the first time in 2015. GW transmission to dogs in Mali is fueled by commercial marketing and transport of dogs for human consumption.

Of Mali's 75 districts, only Macina, Markala, and Tominian districts in Segou Region and Djenne district in Mopti Region reported GW infections in 2024 and so far in 2025 (Table 1). Surveys in the four endemic districts in August 2025 found that 94% (3282/3499) of persons interviewed were aware of the cash reward for reporting a GW case or infection. Genetic analysis of worm specimens reveals that undetected GW infections are still a problem in Mali in recent years. Most or all the undetected infections are probably in the same areas as the reported infections.

Table 1

Guinea worm infections reported in Mali by district, 2023-January-September 2025

District	2023*	2024**	2025 (Jan-Sep)***
Macina	32	14	8
Djenne	2	8	6
Markala	9	5	2
Tominian	2	1	1
Mopti	1	0	0
San	1	0	0

*17 villages **20 villages ***13 villages

Mali has so far reported 17 provisional GW infections in animals (13 dogs, 4 cats) in January-September 2025, of which 8 have been laboratory-confirmed, 12 are pending confirmation, and 13 (76%) were contained. If all these provisional infections are confirmed, this would be a 32% apparent reduction from the 25 GW infections Mali reported in January-September 2024. As of August 2025, the program reported that all 1,481 dogs and 1,549 cats targeted for proactive tethering in Macina district and in Djenne town were tethered, while Markala district tethered 89% (270/305) of targeted dogs and 81% (148/178) of targeted cats. The MGWEP also monitored management of fish gut disposal in those three key districts.

The National Program Coordinator of Mali's GWEP Dr. Cheick O. Coulibaly and his team made supervisory visits to endemic areas of Macina, Markala, and San districts between August 28 and September 5, 2025. They reviewed the status of GW surveillance and interventions with the Segou Regional Director of Health and local medical and veterinary officials involved in GW eradication activities. They could not visit the endemic villages of Kolongo Bozo hamlet, which reported 4 GW infections in 2024, and Ke Bozo, which reported 1 infection in 2024, both in Macina district, because of insecurity. The Data Manager of Mali's GWEP, Mr. Souleymane Diarra, and Carter Center Advisor Dr. Gabriel Guindo, made similar visits to Djenne, Tominian, and Mopti districts in August 26-September 2, 2025. Because of insecurity, in Djenne district they were unable to visit the endemic village of Konguena, which had 1 GW infection in 2024 and a provisional infection in 2025.

*EDITORIAL: The main impediment to complete interruption of GW transmission in Mali now is civil unrest and insecurity, which have plagued parts of the country since 2012. By limiting MGWEP supervisors and program staff's access to some endemic areas, insecurity impedes surveillance and interventions in those communities. The Carter Center-assisted Peace Through Health project has promoted improved access to some insecure endemic areas of Mali since 2020, reaching parts of Macina, Djenne, Tominian, Tenenkou, and Youwarou districts by 2025, but to only limited effect so far on Mali's GWEP. Mali's GWEP has greatly limited GW cases in humans over the past decade, but the threat of outbreaks in humans remains, due to sustained GW transmission among domestic dogs and cats. We now know how to stop GW transmission in domestic dogs and cats. Mali cannot stop GW transmission without the MGWEP having safe access to all endemic communities. Eliminating Guinea worm from Mali requires peace and security in all endemic areas of Mali during its GW transmission season. Mali needs "150 Days of Safety", or a "Guinea Worm Cease-Fire" in Macina, Djenne, Markala, and Tominian districts in June-November 2026 to allow intensive GW interventions, active surveillance, and assistance***.**

IN BRIEF

Angola has provisionally reported a total of 70 confirmed Guinea worm infections in animals—all in dogs—between January and August 2025. This represents a 94% increase compared to the 36 cases reported during the same period in 2024.

The WHO assisted Dracunculiasis Eradication Program team, based in Cunene Province, has initiated a consultation process with affected communities and local veterinary services. The aim is to gather perspectives on the management of fish waste and explore the potential for dog neutering as part of the control strategy**.**

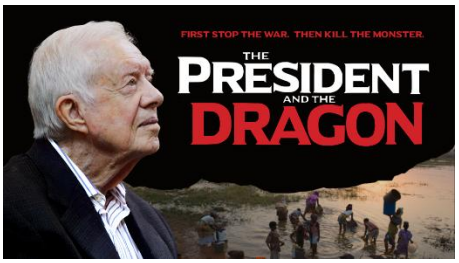
Chad so far has had 1 confirmed human GW case and 140 animal GW infections reported in January-September 2025, compared to 6 human cases and 267 animal infections during the same period of 2024, for a reduction of 47% in animal infections between 2024 and 2025 so far. By the end of 2025, Chad will have about a 94% reduction in GW in domestic dogs and cats since its 1,935 animal infections in 2019.

As of September 2025, **Ethiopia** has detected 1 confirmed human GW case and 3 provisional cases in June-August 2025. It has not reported a known dog infection for the past two years and only 1 provisional domestic cat GW infection (August 2025) in the past four years. It reported 2 baboons with emerged GW infections in 2024. DNA analysis of worm specimens suggests Ethiopia is not detecting some GW infections likely in the same endemic districts (woreda) of Gog and Abobo.

South Sudan has reported 2 confirmed human GW cases in Lakes State in July 2025 (see previous issue) and 4 *un-emerged* animal GW infections (3 African wild cats, 1 hyena) in Warrap (2), Lakes, and Eastern Equatoria States in March-April 2025.

Sudan has not reported a GW case since 2002, and has never detected GW in an animal, but has not yet been certified as GW-free due to insecurity since April 2023.

NEW GUINEA WORM DOCUMENTARY



A new documentary, *The President and the Dragon*, describes challenges and achievements of the South Sudan Guinea Worm Eradication Program. The film is a collaboration between The Carter Center, Touchline Productions, The Brave Road, and Buffalo 8. Sudanese filmmaker Waleed Gubara directed the film, along with Ian D. Murphy. Communications team member Emily Staub led the effort on behalf of The Carter Center. This 92-minute-long documentary is available for streaming on-demand on Amazon, Hoopla, and Verizon Fios since October 1, 2025, with other platforms to follow. A link to one of the on-demand platforms is below:

https://www.amazon.com/gp/video/detail/B0D5HCTZQL/ref=atv_dp_share_cu_r

MEETINGS

THE CARTER CENTER

Waging Peace. Fighting Disease. Building Hope.

The International Task Force for Disease Eradication (ITFDE) will review the Guinea Worm Eradication Program at its 40th meeting on October 28-29, 2025. A report on this meeting will be included in the next *Guinea Worm Wrap-Up*.

World Health Organization

The International Commission for the Certification of Dracunculiasis Eradication (ICCDE) will hold its 17th meeting virtually, on November 25, 2025.

DEFINITIONS:

A **rumor** is defined as any information about a possible case of Guinea worm disease or animal infection.

A **suspect** is a person or animal exhibiting a sign or symptoms compatible with GW infection (i.e., localized or generalized itching and/or swelling, a painful blister, and/or a skin lesion) but no visible Guinea worm.

A Guinea worm/dracunculiasis **case** is defined as an infection occurring in a person exhibiting a skin lesion or lesions with emergence of one or more worms that is laboratory-confirmed as

Dracunculus medinensis at CDC. Because *D. medinensis* has a 10-14-month incubation period, each infected person is counted as having an infection only once during a calendar year. [The same requirement of worm emergence applies to confirmed *D. medinensis* infections in animals.]

A presumed source of Guinea worm infection 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.

A contained case** means 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 be applied also, as appropriate, to define containment for an animal with Guinea worm infection.*

Table 2

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 / 0**	**0 / 0**	**0 / 0**	**0 / 0**				**0 / 1**	**0%**
SOUTH SUDAN	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**1/ 2**	**0 / 0**	**0 / 0**				**1 / 2**	**50%**
CAMEROON	**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**	**N / A**
ETHIOPIA	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**1 / 1**	**0 / 0**	**0 / 0**	**0 / 0**				**1 / 1**	**100%**
TOTAL*	**0 / 1**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**1 / 1**	**1 / 2**	**0 / 0**	**0 / 0**				**2 / 4**	**50%**
% CONTAINED	**0%**	**N / A**	**N / A**	**N / A**	**N / A**	**100%**	**50%**	**N / A**	**N / A**				**50%**	

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**
ETHIOPIA	**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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