Memorandum

Date: January 20, 2026

From: Guinea Worm Eradication Program, The Carter Center

Subject: GUINEA WORM WRAP-UP #327

To: Addressees

National political will, which is key to Guinea worm eradication, can't be bought or imported.

Figure 1. Confirmed Guinea worm cases and infections, 2024-2025*

CHAD

	2024	2025*
H	9	4
A	281	147
U	1	1
T	291	152

↓ 48%

MALI

	2024	2025*
H	0	0
A	28	17
U	0	0
T	28	17

↓ 39%

SOUTH SUDAN

	2024	2025*
H	6	2
A	4	3
U	14	13
T	24	18

↓ 25%

ETHIOPIA

	2024	2025*
H	0	4
A	2	1
U	2	1
T	4	6

↑ 50%

ANGOLA

	2024	2025*
H	0	0
A	39	70
U	0	0
T	39	70

↑ 79%

CAMEROON

	2024	2025*
H	0	0
A	310	443
U	0	0
T	310	443

↑ 43%

*Provisional.
H – Human Cases; A – Animal Infections; U – Un-emerged; T- Total

As shown in Figure 1, Chad had the largest numerical decrease in GW cases/infections between 2024 and 2025 (provisional), while Cameroon had the largest numerical increase.

MILESTONES OF 2025

- Human GW cases fell to a record low.
- Chad reduced GW in dogs 92% since 2020.
- Ethiopia reduced GW in baboons 76% since 2020.
- WHO in the process of reclassifying Cameroon as GW-endemic.
- World Health Assembly resolution 78.14 declared recommitment to GW eradication.
- US Government announced its withdrawal from WHO.

CHAD PROVING HOW TO STOP GW IN DOGS

As the first country to discover recent GW infections in dogs in 2012, and the country to report the most GW-infected dogs in 2012-2023, Chad's progress towards eliminating GW transmission in dogs matters. Chad has reduced reported dog GW infections by 94% between its peak year of 2019 and 2025 (1,935→118 provisional), and its annual rate of reduction in dog infections has increased over the past three years. Between 2024 and 2025, Chad reported 50% fewer infected dogs (234→118), 48% fewer endemic villages (183→96), and 46% fewer total GWs (531→289). Sixty-three percent of dog infections in 2025 were contained. Chad also reported 29 GW-infected domestic cats (55% contained) and 4 confirmed human GW cases (25% contained) so far in 2025. Surveillance for GW remains strong, with over 2,000 villages under active surveillance since 2019 and over 380,000 rumors of human cases and animal infections investigated in 2025. *Chad has achieved this with strong political support (e.g., ministerial visits to endemic villages in 2019, 2020, 2023; national and eight provincial GW Declarations in 2024), Abate, proactive tethering, and managing fish waste.*

The details of Chad's first confirmed human case of 2025 were described in *Guinea Worm Wrap-Up* #318 and details of the second case in issue #326. **Case #3** is a 3-year-old Sara Kaba girl who lives in Dankolo village of Danamadji district in Moyen Chari Province whose single GW emerged on August 24 (Table 1). Her infection was not contained. Dankolo village is a major fishing hub for fish and frog supply throughout Danamadji district. It has a single borehole well located several kilometers from the patient's residence. The patient's mother believes the child drinks only filtered water but is unsure about periods when the mother is away from home. Her area of the village reported animal GW infections every year for the past decade, including two dogs with GW infections in January and March 2024 but no human GW in 2024. Dankolo reportedly had regular Abate treatments throughout 2024. The presumed source of this GW case is indigenous to Dankolo village; the mode of her infection is uncertain. The program distributed filters and conducted health education in Dankolo in response to this case, and applied Abate in presumed contaminated water sources.

Chad's **Case #4** is a 6-year-old Rounga resident of Kogne village of Haraze district in Salamat Province whose single GW emerged on September 3, 2025 (Table 1). His infection was not contained. Kogne village is reputedly "the home" of GW throughout Haraze district. The patient and his family drink water from a local borehole well and from unsafe water sources, including Dimbil pond, which this patient contaminated in September 2025. Kogne village reported a dog with an uncontained GW infection in July 2024 but no human case in 2024. Kogne was placed under preventive Abate treatment in July 2024 and all households received cloth and pipe filters. Proactive tethering began in Kogne in May 2025, with only 23% of eligible dogs tethered to date. The presumed source of this GW case is indigenous; the most likely mode of transmission is by drinking contaminated water from Dimbil pond and other ponds such as Ngol-Ngol which was contaminated by the infected dog in July 2024. Due to flooding, no Abate treatment could be

done there in response to the contamination in 2024. In response to the human case in 2025, the program replaced damaged filters, conducted health education, applied Abate, and encouraged households to dig holes for managing aquatic animal waste.

ETHIOPIA PROVING HOW TO STOP GW IN BABOONS

As the only country to discover GW infections in baboons and the first with known GW infection in any wild animal, in 2013, and one of two main countries (South Sudan is the other) with GW transmission in wild animals, Ethiopia's progress towards eliminating GW transmission in baboons is important. The previous issue of *Guinea Worm Wrap-Up* reported Ethiopia's detection of only 4 baboons with confirmed emerging GW infections in 2021-2025, compared to 17baboons with confirmed emerging GW infections in 2016-2020—a 76% reduction in known infected baboons since 2020. The apparent intensity of individual GW infections in baboons has also declined, with a total of 9 emerged GWs in 2 baboons in 2022, and 7 emerged GWs in 2 baboons in 2024, compared to 2020, when 2 of that year's 4 infected baboons each had over 30 emerged GWs. (No infected baboons were detected in 2021 or 2023. The program detected 1 baboon with five *un-emerged* GWs in 2025 and 2 baboons with eight *un-emerged* GWs in 2024.) The reduction in infected baboons, which are believed to sustain GW transmission in Ethiopia in a forest and peri-forest area of about 25 x 50 miles (42 x 83 km), is likely related to the 90%, 85%, and 79% reductions in GW-infected dogs, cats, and humans, respectively, since 2020. The lack of confirmed GW in any Ethiopian under six years old since before 2010, and only five females (all detected in 2020) among the 41 Ethiopians with GW after 2013, are strong indicators of GW transmission occurring away from home in Ethiopia for more than a decade.

The Baboon Study Project began tracking 6 troops of baboons in Gog district of Gambella Region in 2018 and expanded to 9 troops in 2023 and 15 troops in 2024 in adjacent Gog and Abobo districts. That project trapped and examined 389 baboons in 2021-2024 (no trapping in 2025) and detected 2 baboons with emerging GW and 1 with *un-emerged* GW, all 3 in 2024.

Unlike Chad, where GW transmission is enhanced by seasonal mass fishing, Ethiopia's special challenge now is GW in wild baboons, but Ethiopia's effective formula for interrupting GW transmission (active political support, Abate, proactive tethering of dogs and cats) is like Chad's. Ethiopia's strong political support for its Dracunculiasis Eradication Program manifested in visits by the Minister or State Minister of Health to commercial farms in 2019, to endemic villages in 2022, and to opening annual program review meetings in 2020, 2024, and 2025, for example. Ethiopia intensified Abate treatments in its endemic area from about 3,000 in 2017 to >9,000 per year since 2020 and it pioneered proactive tethering of domestic animals in at-risk communities, reaching about 90% of nearly 2,000 targeted dogs and cats in 2018 and thereafter. Thousands of casual Ethiopian laborers drinking unsafe water at commercial farms and residents living in at-risk communities without safe drinking water are still a danger and may produce another unpleasant surprise of human GW cases, but that risk is declining. Genetic analysis shows the Ethiopian GW program missed some GW infections as of 2023 (latest comparison available). Ethiopia's only known uncontained emerged GW in 2025 was patient #4 (Table 1), who is believed to have been infected at Mulat Farm in Gog district of Gambella Region in 2024, but whose infection was detected at a gold mine in Dimma district of Gambella on August 12, 2025.

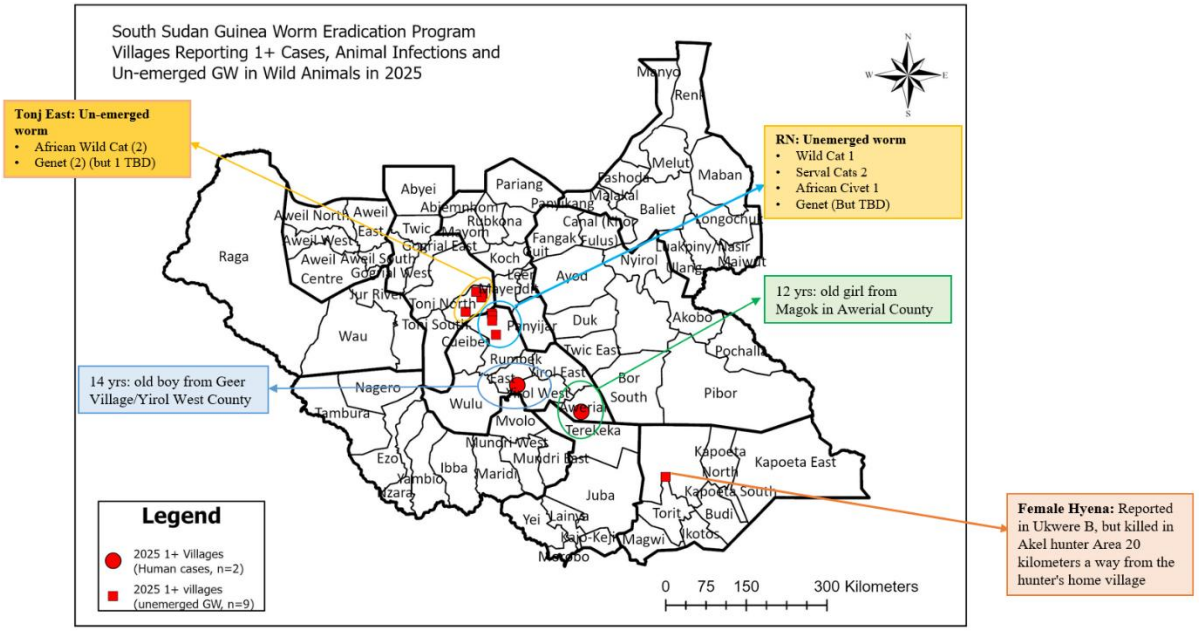
SOUTH SUDAN: END STAGE CHALLENGES

Following years as the main battleground during decades of war, South Sudan reduced reported human Guinea worm cases from 20,583 the year after the 2005 Comprehensive Peace Agreement was signed to only 45 total cases in 2015-2025, despite peak GW transmission during long logistically difficult rainy seasons and unique epidemiological challenges. The latter cases were scattered, and mostly untraceable to each other. South Sudan detected only 3 GW-infected dogs ever, in 2015, 2022, and 2024. After discovering a wild animal (genet) with an emerging GW for the first time in 2023 and working with wildlife authorities to increase GW surveillance in wild animals in 2024, South Sudan's Guinea Worm Eradication Program detected another genet with an emerging GW and 14 small wild carnivores (genet, serval, African wildcat/hybrid, civet) with *un-emerged* GWs in 2024, and 13 small wild carnivores (genet, African wildcat/hybrid, hyena) (provisional) with *un-emerged* GWs so far in 2025. (See note in *Guinea Worm Wrap-Up* #315, December 2024, page 3, re: significance of un-emerged GWs.)

From the evidence available, it appears residual GW transmission in South Sudan may be sustained by small carnivores, with occasional infection of humans. The relative rarity of GW cases in children under 6-years-old in South Sudan in 2022-2025 (7%; 1/15) compared to GW in under 6-year-olds in Chad (19%; 5/27) in the same period, suggests most GW transmission to humans in South Sudan may occur away from home. The predominance of male GW cases (67%; 10/15) in South Sudan vs. Chad (52%; 14/27) during that period also suggests most GW transmission in South Sudan may occur away from home. South Sudan's unusually high incidence of human sparganosis, which like GW are also acquired by drinking water or eating under-cooked aquatic animals containing infected copepods, confirms common South Sudanese habits associated with GW risk.

The map in Figure 2 shows locations of confirmed GW in 2 humans, and *un-emerged* GW infections in 10 animals in South Sudan in 2025 (provisional). South Sudan's two confirmed human cases are included in Table 1, a list of all confirmed human cases reported so far in 2025. *Eight of these 12 known infections occurred in Rumbek North County (4) of Lakes State and Warrap State's adjacent Tonj East County (4)*, where rich grazing land among swampy plains is prone to flooding during the rainy season. Available interventions to prevent GW here include educating animal herders to filter water they drink and cook any aquatic animals they eat well to protect themselves and safely remove any aquatic animal waste to prevent infection of wild animals. Swampy terrain and flooding may limit Abate use. South Sudan's only known uncontained GW in 2025 (provisionally) is a human case detected at a cattle camp in Yirol West County on July 2, 2025. Genetic analysis shows South Sudan's GWEP missed a significant number of GW infections as of 2023 (latest comparison available). These end stage challenges will require continued strong political support and program leadership, and active engagement with wildlife authorities.

Figure 2. Villages/Cattle Camps Reporting Cases, Infections & Un-emerged GW (2025, provisional)



IN BRIEF

Angola reports that 23 villages with 39 known GW infections in dogs in 2024 reported 33 infected dogs in 2025, while 11 new villages reported 37 GW-infected dogs in 2025. All 34 villages are in Cunene Province. Forty-four percent (31) of the 70 dogs with known GW infections in 2025 were contained. All 34 villages received cloth and pipe filters and health education, all practiced some degree of management of aquatic animal waste, 53% (18) received Abate treatments, and 29% (10) proactively tethered dogs.

Cameroon. The Carter Center's GWEP Director Adam Weiss, Senior Associate Director Sarah Yerian, and Associate Director Mindze Nkanga were in Douala on December 16-19 to meet with Cameroon's Neglected Tropical Diseases Director Dr. Georges Nko'Ayissi and other Cameroonian officials for consultative sessions on Cameroon's 2026 GWEP work plan, and to facilitate a cross-border meeting with the National Program Manager of Chad's GWEP, Dr. Tchindebet Ouakou, on strengthening coordination, planning and joint coordination. Earlier, Mindze Nkanga and consultant Alec McCarthy trained field agents on new electronic data collection tools and to reinforce program interventions.

Central African Republic. Carter Center GWEP Associate Director Fodie Magurga and consultant Robyn Carter were in Bangui in early December to conduct training with ministry of health and International Medical Corps staff on GW surveillance and program interventions.

Mali. A line list of the 17 confirmed animal GW infections reported in Mali in 2025 is in Table 2. This is a 39% reduction in reported GW compared to the 28 animal GW infections Mali reported in 2024. Only 3 of Mali's 75 districts have reported indigenous GW in 2024-2025. The main impediment to interruption of GW transmission in Mali is civil unrest and insecurity. *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*. Mali is a good place to wage peace.

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. *"Sudan is a good place to wage peace."*—Benjamin Spears

Table 1. Provisional Line List of Confirmed Human Guinea Worm Cases, 2025 (as of January 20, 2026)

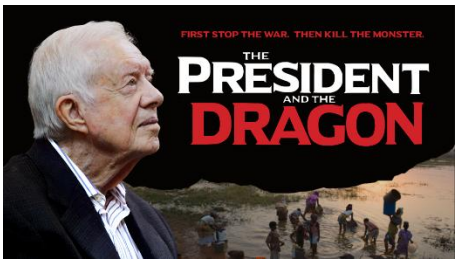
Country	District/Village	Sex/Age	Ethnicity	Worm Emerged	Contained?	Presumed Source of Infection	Likely mode of Infection	Number of GWs
Chad	Lai/Missere	M/37	Bodor	6 January	No	Unknown	Unknown	1
Chad	Guelendeng/Kotcholel	F/6	Massa	16 August	Yes	Unknown	Unknown	1
Chad	Danamadji/Dankolo	F/3	Sara Kaba	24 August	No	Indigenous	Unknown	1
Chad	Haraze/Kogne	M/6	Rounga	3 September	No	Indigenous	Water	1
Ethiopia	Gog/Utuyu	M/32	Agnuak	17 June	Yes	Mulat Farm	Water	1
Ethiopia	Gog/Gweya	M/27	Agnuak	19 July	Yes	Mulat Farm	Water	1
Ethiopia	Abobo/Elanyi	M/25	Agnuak	28 July	Yes	Mulat Farm	Water	1
Ethiopia	Dimma/Addis	M/28	Amhara	12 August	No	Mulat Farm	Water	1
South Sudan	Yirol W/Dhari	M/14	Dinka	2 July	No	Cattle Camp	Water	1
South Sudan	Awerial/Yuet-Ajok CC	F/12	Dinka	20 July	Yes	Cattle Camp	Water	1

CC – Cattle Camp

Table 2. Mali GWEP Listing of Human Case and Animal Infections: Year 2025

#	Region	District	Health Zone	Village	Ethnicity	Profession	Host	Probable origin	Date of detection	Date of emergence	Entered water?	Abate Applied? (Y/N)	Contained? (Y/N)	Confirmed (Y/N)	Total # GWs
1	Segou	Tomimian	Yasso	Lakuy	Bobo	Farming	Dog	Kolongo Bozo	04/24/2025	04/25/2025	No	No	Yes	Yes	1
									06/15/2025	06/15/2025	No	No	Yes	Yes	1
2	Segou	Macina	Kolongo	Kolongo Bozo	Bozo	Fishing	Dog	Kolongo Bozo	04/26/2025	04/28/2025	No	No	Yes	Yes	1
3	Mopti	Djenne	Djenne Central	Kanafa (Djenne town)	Bozo	Fishing	Dog	Djenne town	06/18/2025	07/03/2025	No	No	Yes	Yes	1
									07/22/2025	07/22/2025	No	No	Yes	Yes	1
4	Segou	Macina	Soumouni	Komara	Bozo	Fishing	Dog	Komara	07/06/2025	07/26/2025	No	No	Yes	Yes	1
5	Segou	Macina	Kolongo	Kayo Bozo	Bozo	Farming	Dog	Kolongo Bozo	08/01/2025	08/01/2025	No	No	Yes	Yes	1
6	Segou	Macina	Kolongo	Kolongo Bozo	Bozo	Fishing/ farming	Dog	Kayo Bozo	08/07/2025	08/07/2025	No	No	Yes	Yes	1
7	Segou	Macina	Macina Central	Ke Bozo	Bozo	Ke Bozo	Cat	Ke Bozo	08/07/2025	08/07/2025	No	No	Yes	Yes	1
8	Mopti	Djenne	Djenne Central	Tolober (Djenne town)	Peulh	Koranic Student	Dog	Djenne town	07/19/2025	08/02/2025	No	No	Yes	Yes	1
9	Mopti	Djenne	Djenne Central	Djenne town	Peulh	Herder	Dog	Djenne town	08/21/2025	08/22/2025	No	No	Yes	Yes	1
10	Segou	Macina	Macina Central	Macina town	Dogon	Farming	Cat	Macina town	09/05/2025	09/05/2025	No	No	Yes	Yes	1
11	Segou	Macina	Kolongo	Kolongo Bozo	Bozo	Housewife	Dog	Kolongo Bozo	09/06/2025	09/06/2025	No	No	Yes	Yes	1
12	Segou	Macina	Touara	Touara	Bozo	Fishing	Dog	Touara	09/07/2025	09/07/2025	Likely	Yes	No	Yes	1
13	Segou	Markala	Babougou	Babougou	Bambara	Farming	Cat	Unknown	08/08/2025	08/12/2025	No	No	Yes	Yes	1
									09/02/2025	09/02/2025	No	No	Yes	Yes	1
14	Segou	Markala	Kirango	Kirango	Bambara	Farming	Dog	Unknown	09/25/2025	09/26/2025	No	No	Yes	Yes	1
15	Mopti	Djenne	Madiama	Kessedougou	Bozo	Farming	Dog	Kouakourou (Djenne district)	09/18/2025	09/18/2025	Likely	Yes	No	Yes	1
16	Mopti	Djenne	Madiama	Konguena	Bobo	Housewife	Cat	Konguena	09/23/2025	09/23/2025	Likely	Yes	No	Yes	1
17	Mopti	Djenne	Soala	Kobassa	Bozo	Fishing	Dog	Unknown	09/28/2025	09/28/2025	No	No	No	Yes	1

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

TRANSITION AT WHO

As of January 2026, Dr. Anthony Solomon succeeds Dr. Dieudonne Sankara as the medical officer at WHO headquarters responsible for Guinea worm eradication.

Dr. Anthony Solomon studied medicine at the University of Queensland, Australia, and earned a PhD studying trachoma at the London School of Hygiene & Tropical Medicine. He has lived and worked in Ghana, Kenya, and Tanzania and joined WHO in 2014. Formerly the Chief Scientist in the Department of Control of Global Neglected Tropical Diseases at WHO headquarters, his new title is Medical Officer for the Control, Elimination and Eradication of Trachoma, Guinea Worm, and Yaws. Welcome and congratulations, Dr. Solomon!

Dr. Dieudonné Sankara joined WHO Guinea worm Eradication team in 2010 as an epidemiologist. In 2015, he became the WHO's Global Technical Lead for Guinea Worm Eradication, providing strategic guidance to national programs, and in 2019 he was appointed Team Lead for the Elimination and Eradication of NTDs. He previously worked as a Senior Specialist for Neglected Tropical Diseases at RTI International. In Burkina Faso, he was highly successful in coordinating the national Guinea Worm Eradication Program. He began his career as a rural physician and holds an MD, a Master's in vector borne diseases. Recipient of a Foege Fellowship to the Rollins School of Public Health, he earned a Master of Public Health from Emory University in 2007. He is now promoted to Unit Head, Prevention, Diagnosis, Treatment and Care in the Department of Malaria & Neglected Tropical Diseases at WHO headquarters. Merci and congratulations, Dr. Sankara!

RECENT PUBLICATIONS

Hopkins DR, Weiss AJ, Yerian S, Ortega YR, Zhao Y, Eneanya OA, Cama VA, 2026. Progress toward eradication of dracunculiasis (Guinea worm disease)--worldwide, January 2024-June 2025. MMWR Morb Mortal Wkly Rep 74:648-654.

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 / 2**	**0 / 1**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 4**	**0%**
SOUTH SUDAN	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**1/ 2**	**0 / 0**	**0 / 0**	**0 / 0**	**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**	**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**	**1 / 1**	**2 / 2**	**0 / 1**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**3 / 4**	**75%**
TOTAL*	**0 / 1**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**1 / 1**	**3 / 4**	**0 / 3**	**0 / 1**	**0 / 0**	**0 / 0**	**0 / 0**	**4 / 10**	**40%**
% CONTAINED	**50%**	**N / A**	**N / A**	**N / A**	**N / A**	**100%**	**75%**	**0%**	**0%**	**N / A**	**N / A**	**N / A**	**40%**	

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 Drs. Anthony Solomon and 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:

www.cartercenter.org/GuineaWormWrap-Up