



**Date:** February 27, 2026

**From:** Guinea Worm Eradication Program, The Carter Center

**Subject:** GUINEA WORM WRAP-UP #328

**To:** Addressees

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

Don Hopkins

### **CHAD'S MINISTER OF HEALTH VISITS ENDEMIC VILLAGES, STRENGTHENS GWEP**



Chad's Minister of Public Health and Prevention Dr. Abdelmadjid Abderahim visited the districts of Aboudeia, Am-Habile, and Haraze in Salamat Province during a six-day trip from February 21-26, 2026, to strengthen Chad's efforts to eradicate Guinea worm disease following Chad's historic lows of 4 human cases and 146 animal infections recorded in 2025. Accompanied by the Director of Community Health Dr. Youssouf Adoum Abdoulaye and other members of the Ministry of Health cabinet; the Deputy National Program Coordinator of Chad's Guinea Worm Eradication Program (GWEP) Mrs. Djiddi Zoulekha; The Carter Center Senior Country Representative Dr. Abdalla Meftuh and his Deputy, Mr. Al-Hassana Idriss Outman; and others, the minister met with administrative, religious, and traditional authorities, including the General Delegate of the Government of Salamat Province, Lt.-General Ismat Issakha Acheikh, and the Secretary General of Haraze Prefecture (district), Mme. Zara Moussa Brahim.

The visit focused on Haraze district, which reported confirmed Guinea worm infections in 1 human, 2 dogs, and 1 domestic cat in 2025, along with 7 of the 12 wild animals, mostly African wildcat/hybrids, detected by Chad's GWEP between 2014 and 2024. The minister visited Kogne village (photograph), where a six-year-old boy had a GW emerge from his leg in 2025, most likely derived from an infected dog in 2024. The boy's mother provided moving testimony about the impact of Guinea worm on her family. The minister highlighted that President Marshal Mahamat Idriss Deby Itno personally supervises awareness-raising activities to eradicate Guinea worm disease. The minister, who is very committed to the health of nomadic populations, also visited the nomadic camp of Dim, where the use of water filters was demonstrated and filters were distributed to the chief of the nomadic camp to promote preventive measures.

During his trip, the minister visited Am-Habile district (formerly Aboudeia district), where Am-Habile village reported four human GW cases in 2018 and three in 2019, including a 60-year-old man who had 8 worms over three months in 2018 and another worm in 2019. The village also reported cat infections annually in 2019-2021. In this district the minister also visited Hilele village in Darasna health zone, where a 57-year-old fisherman whose GW infection in 2012 was the first human GW case reported in Salamat Province since Chad's failed GW certification in 2010. And he visited Al-Ardep village, which reported 3

human cases in 2016 and an infected 76-year-old farmer in 2024, as well as one infected dog each in 2018 and 2023. Al-Ardep got access to safe drinking water when a handpump was installed in 2025.

The minister concluded his field visit with two meetings in Am-Timan, the capital of Salamat Province, attended by over fifty people each, including health district officers, administrative, traditional, and religious leaders of the province. The General Delegate of the Government of Salamat Province emphasized the complex epidemiology of GW in Chad, including the involvement of fish and dogs in transmission, and called for a multisectoral approach incorporating safe drinking water, vector control, and proactive tethering of dogs. Dr. Abdalla Meftuh praised the minister's leadership, and Lt. General Ismat Issakha Acheikh, General Delegate of the Government of Salamat Province, stated, "The eradication of Guinea worm disease is not only a public health mission, it is also a cause of dignity and health security for our populations." The minister emphasized the importance of cross-border surveillance and collaboration with the Central African Republic and reiterated that his visit was part of broader social mobilization efforts to stop Guinea worm transmission. He expressed gratitude to The Carter Center, the World Health Organization, and other partners for critical contributions to the Guinea worm eradication campaign in Chad.

## MINISTER OF HEALTH OPENS CHAD'S ANNUAL REVIEW MEETING



Chad's Minister of Public Health and Prevention Dr. Abdelmajjid Abderahim opened the Annual Review Meeting of Chad's Guinea Worm Eradication Program (CGWEP) in N'Djamena on January 15, 2026. In his remarks, Minister Abderahim congratulated the program on the reduction of GW cases and animal infections in 2025 and reminded everyone that Guinea worm eradication "is an ambitious goal that can only be achieved through collective and inclusive mobilization". He thanked the World Health Organization and The Carter Center for their continued support.

During the Opening Ceremony, The Carter Center Senior Country Representative Dr. Abdalla Meftuh also thanked everyone for their hard work, for Chad's 48% reduction in GW infections in 2025, and for Chad's strong political will at national, provincial, and community levels. He reiterated The Carter Center's support to the Ministry of Health for Guinea worm eradication. The World Health Organization (WHO) Country Representative Dr. Anya Blanche summarized the global GW situation for 2025 and congratulated the national program for its results in 2025. She reiterated WHO's support to Chad's efforts towards GW eradication. The Mayor of the City of N'Djamena, Mr. Senoussi Hassana Abdolaye, welcomed participants to the two-day meeting. Other notable guests at the opening ceremony included Cameroon's National Coordinator for Neglected Tropical Diseases Dr. Georges Nko Ayisi, the Secretary General of Chad's Ministry of Foreign Affairs Dr. Djangbe Evariste, and the Health Committee Representative from Chad's National Assembly Honorable Nadoum Jerome, and Honorable Senator Fatime Djadda.

The National Program Coordinator of Chad's GWEP, Dr. Tchindebet Ouakou, summarized the overall status of the CGWEP in 2025. In 2025, Chad has provisionally reported GW in 117 dogs (63% contained), 29 cats (54% contained), and 4 humans (25% contained) in 95 villages, compared to 234 dogs, 47 cats, and 9 humans in 184 villages in 2024. During 2014-2024 (none in 2025), Chad also detected confirmed *D. medinensis* infections in 12 wild animals (7 African wildcat/hybrid, 2 African civet, 2 serval, 1 monkey), 6 of which (4 African wildcat/hybrid, 1 serval, 1 civet) had only *un-emerged* worms. Seven of the infected wild animals were found in Haraze district of Salamat Region, 2 in Guelendeng/Mayo Kebbi Est, 2 in Sarh/Moyen Chari, and 1 in Kyabe/Moyen Chari. The CGWEP had 2,809 villages under active surveillance in 2025; it investigated 290,229 rumors of human GW infections and 98,446 rumors of animal infections. Surveys of people in Level 1 (endemic) areas found 61% (1226/2026) were aware of the cash reward for

reporting a GW case or animal infection. Of 240 1+ villages with GW in 2024 and/or 2025, 91% had a source of safe water in 2025, all were provided health education about GW disease, and 70% of their households had cloth filters. Abate was applied in 732 villages, including all 1+ villages in 2025; proactive tethering of dogs and cats was practiced in 777 villages, including all 1+ villages; and 72% of households in 1+ villages had a pit for safe disposal of aquatic animal waste.

## STATE MINISTER OF HEALTH OPENS ETHIOPIA'S ANNUAL REVIEW MEETING



Ethiopia's State Minister of Health Dr. Dereje Duguma opened the Annual Review Meeting of the Ethiopia Dracunculiasis Eradication Program (EDEP) in Addis Ababa on February 6, 2026. Participants at the two-day review included Deputy Director General of the Ethiopia Public Health Institute Dr. Melkamu Abte; the Social Advisor to the President of the Gambella Regional State, Mr. Obang Ngel; the Deputy Head of the Gambella Regional Health Bureau, Mr. Paul Biel; the World Health Organization's Health Systems and Policy Advisor in Ethiopia, Dr. Bejoy Nambiar; UNICEF Rural WASH Manager Mr. Kabuka Banda; Dr. Teshome Gebre of the Task Force for Global Health; and Dr. Kebede Kassaye of the Children's Investment Fund Foundation; as well as Director of The Carter Center's Guinea Worm Eradication Program Mr. Adam Weiss and Carter Center Senior Country Representative Dr. Zerihun Tadesse.

National Program Coordinator of the EDEP, Mr. Kassahun Demissie, reviewed the status of the program in 2025. Ethiopia has provisionally reported confirmed GW in 4 humans and 1 domestic cat, plus 1 baboon with *un-emerged* GW in 2025. The human cases all appear to have been exposed to GW at Mulat Farm in Gog district in 2024, but 2 of the humans were detected in Dimma district; 1 human, cat, and the baboon in Gog district; and 1 human in Abobo district in 2025. One of the humans detected in Dimma district was the only known uncontained GW in Ethiopia in 2025.

The EDEP has 200 villages under active surveillance (VAS) and monitors 189 Non-Village Areas (NVAs) in Gog and Abobo districts; of these 8 had active GW in 2024 and/or 2025. The program received 45,072 rumors of GW in 2025 and investigated over 99% of them within 24 hours; it also interviewed 140,768 persons during case searches integrated with immunization, mass drug administration, and enhanced outreach campaigns. Convenience samples estimated 95% of people in level 1 (endemic), 90% in level 2 (high-risk) areas, 38% in level 3 areas, and 89% in refugee camps were aware of the cash reward for reporting a GW infection (10,000 birr ≈ US\$ 64 equivalent for human case or domesticated dog or cat infection; and 2,000 birr ≈ US\$ 13 for wild animal infection).

The EDEP proactively tethered 814 dogs and 150 cats in 2025 after scaling back proactive tethering in 8 VAS and 150 dogs in April 2025. It applied Abate to 99% of eligible water sources in Gog and Abobo districts, eliminated 148 redundant unsafe water sources, and identified and mapped 435 new water sources in level 1 areas during 2025. Security concerns in Gambella Region in December 2025 impeded some program operations, including visits to 7 VAS, training animal health workers, and some baboon tracking activities.

## MINISTER OF HEALTH OPENS SOUTH SUDAN'S ANNUAL REVIEW MEETING



South Sudan's Minister of Health Dr. Sarah Cleto Rial hosted the first day of the South Sudan Guinea Worm Eradication Program's (SSGWEP) two-day Annual Review Meeting at the Palm Africa Hotel in Juba on February 10, 2026. The meeting was based on the theme "Intensify community-based surveillance and interventions in all villages and settlements linked to the 2018-2025 endemic clusters". Participants included the Acting Under Secretary of Health Reverend Janet Michael; representatives from the Ministry of Water Resources and Irrigation Director General Makuac Ador Deng and Technical Advisor Peter Mahal; the World Health Organization's Dr. Mutale Nsakashalo; State Ministers of Health; the National Committee for the Documentation of Dracunculiasis Elimination's Dr. Luka Monoja Tombekana and Dr. Margaret Itto; and UNICEF South Sudan's WASH Chief Mr. Thewodros Mulugeta; as well as Director of The Carter Center's Guinea Worm Eradication Program Mr. Adam Weiss and Senior Country Representative Dr. Sudhir Bunga.

SSGWEP Director Mr. Makoy Samuel Yibi summarized the status of the program in 2025. South Sudan has provisionally reported confirmed GW cases in *2 humans* in Lakes State in 2025, details of which were described in Table 1 of the previous issue, compared to 6 human GW cases in 2024. After previously reporting only three dogs with GW ever, one each in 2015, 2022, and 2024, South Sudan has provisionally reported *3 domestic dogs* in 2025: in Atiit-Thin village (5 worms) of Rumbek North County/Lakes State (September), Oriaju village (1 worm) of Torit/East Equatoria (October), and Adeba village (1 worm) in Lafon/East Equatoria (November), that were subsequently confirmed positive by laboratory testing. None of the dog infections in 2025 were contained. All three dogs were potentially infected by eating raw or under-cooked aquatic animals, especially fish or aquatic animal waste and/or by drinking contaminated water from local surface water sources, including garden ponds. Oriaju and Adeba villages each have at least one borehole well. The total dog populations in the three villages are 7, 86, and 62, respectively. In response to the recent dog infections, the SSGWEP tethered and is following up all domestic dogs in the villages of detection and surrounding villages and is implementing containment messages that will continue throughout 2026. Rumbek North and Lafon Counties have had a few known GW infections in recent years, while Torit County has not (Table 1). South Sudan also provisionally reported *13 wild animals with un-emerged* GW infections (5 African wildcat/hybrids, 4 servals, 2 genets, 1 African civet, 1 hyena) in 2025, the same number of un-emerged GW infections in wild animals that were detected in 2024.

South Sudan's only known uncontained emergent GWs in 2025 were the human case in Yirol West County of Lakes State in July and the three dogs in Rumbek North, Torit, and Lafon Counties, respectively. Four pairs of adjacent counties (of 74 total counties in South Sudan) are classified as risk level 1: Tonj E/Warrap State & Rumbek N/Lakes; Yirol W & Awerial/Lakes; Lafon & Torit/East Equatoria; and Nyirol & Uror/Jonglei. The SSGWEP will conduct case sweeps monthly in all at-risk villages and cattle camps in these eight counties in 2026, implement 100% coverage with cloth and pipe filters and Abate, and proactively tether dogs in affected and surrounding villages. In 2025, 44% of South Sudan's villages that reported GW in 2024 and/or 2025 (11 1+ villages) had at least one source of safe drinking water and all received coverage with health education, cloth and pipe filters, and Abate. The cash reward for reporting a contained GW case is 200,000 South Sudanese Pounds (~US\$ 37), and 100,000 SSP for an uncontained case. The percentage of population reached with cash reward awareness campaigns is at 57% in level 1 villages, 25% in level 2, and 19% in level 3 villages. The program received 696,680 rumors of GW in humans and 55,823 rumors in animals in 2025; it investigated 99% of the rumors within 24 hours.

Table 1. Known Guinea Worm Infections (Human, Animal, Emerged, Unemerged, Contained, Uncontained in South Sudan by County, 2021 - 2025\*)

	2021	2022	2023	2024	2025*
<b><u>East of Nile</u></b>					
Nyirrol/Upper Nile				1h	
Uror/Upper Nile	1h			2a	2a
Lafon/ E. Equatoria		1h	1a	4a	2a
Torit/E. Equatoria					1a
<b><u>West of Nile</u></b>					
Tonj E/Warrap	1h	1a	2h	3h 8a	4a
Rumbek N/Lakes	1h			1h 3a	6a
Rumbek C/Lakes				1a	
Yirol W/Lakes				1h	1h
Awerial/Lakes	1h	4h			1a 1h

\*Provisional

h = Human GW Case

a = Animal GW Infection

## MINISTER OF HEALTH OPENS MALI'S ANNUAL REVIEW MEETING



Mali's Minister of Health and Social Development Colonel-Major Assa Badiallo Toure opened Mali's Guinea Worm Eradication Program two-day annual review meeting in Bamako on February 12, 2026. She congratulated all concerned on the progress made by Mali's GWEP in 2025 despite the security situation. Other attendees included Director General of Health and Public Hygiene Dr. Cheick Amadou Tidane Traore; Deputy Director of Disease Control Dr. Adama B. Diakite; Regional Directors of Health of Segou, Mopti, and Koulikoro; the National Program Coordinator of Mali's GWEP Dr. Cheick Oumar Coulibaly; members of the National Committee for Certification; District Medical Officers of Djenne, Macina, Markala, San, and Tominian; Acting World Health Organization Country Representative Dr. Didier Tambwe; M. Samba Diarra representing UNICEF; Associate Directors of The Carter Center GWEP headquarters Ms. Mindze Nkanga and Mr. Fodie Maguiraga; and Carter Center Senior Country Representative, Mr. Sadi Moussa.

National Program Coordinator Dr. Cheick Coulibaly summarized the status of the program in 2025, when Mali has provisionally reported GW infections in 17 animals (14 dogs, 3 cats; 13/17 or 76% contained; total of 20 GWs) in 13 villages. This is a 39% reduction from the 28 animal infections reported in 2024. Mali reported no human GW cases in 2024 and 2025. Mali's GWEP received 1,130 rumors of GW (212 in humans and 918 in animals) in 2025, over 99% of which were investigated within 24 hours. The program conducted proactive tethering that included 78% of targeted dogs in nine of the 13 endemic villages: 6 villages in Macina district, 2 in Markala, and 1 in Djenne. Abate was applied in 96% of 23 villages that reported a GW infection in 2024-2025. Radio messages broadcast in endemic areas were aimed at dog merchants and fish sellers. Eighty-nine percent of the 1,556 villages under active surveillance (VAS) have a source of safe drinking water, but only 76% of the VAS in Level 1 (endemic) are fully accessible to the program, due to insecurity. A presentation by the Peace Through Health initiative described plans to evaluate that initiative's work in Macina, Tominian, Tenenkou, and Youwarou districts. Participants at the

Review Meeting recommended developing a detailed action plan by June 30, 2026, for each village of concern under the insecurity blockade.

Only 3 of Mali's 75 districts reported indigenous GW in 2024-2025. *The main impediment to interruption of GW transmission in Mali is 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.*

## IN BRIEF

**Angola:** Country Representative Lucia Verzotti reports that The Carter Center office in Luanda is now operational. During a visit to Cunene on January 25-29, she met with the head of the Department of Public Health Dr. Felix Belarmino, assisted preparations for Angola's first GWEP Program Review that is scheduled for February 24-25 in Ondjiva, visited an endemic village (Onanime) in Namacunde municipality, and inspected some potential sites for a sub-office in Ondjiva. A line list of the 21 Angolan villages that reported 70 dog GW infections in 2025 is in Table 2.

**Cameroon** had 32 Villages under Active Surveillance (VAS) by the end of 2025, compared to 27 at the start of that year, during which the program also conducted GW case and infection searches in collaboration with Cameroon's Field Epidemiology Training Program. Another case search is planned for March 2026. Four Technical Assistants are currently in-country. Cameroon's peak GW transmission season was February-July in 2025, when it has provisionally reported GW in 445 domestic animals, mostly dogs, in 19 villages, compared to 310 infected animals in 2024. So far, the program reports 4 provisional animal GW infections (25% contained) in January 2026 compared to 10 infections in January 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. *"Sudan is a good place to wage peace."*—Benjamin Spears

**ITFDE announces a new member.** The Carter Center recently announced Dr. Corine Ngufor as the newest member of the International Task Force for Disease Eradication (ITFDE). A medical entomologist with MSc and PhD degrees in medical entomology from the London School of Hygiene & Tropical Medicine (LSHTM), Dr. Ngufor is an associate professor at LSHTM and a reader in vector biology at Liverpool School of Tropical Medicine. A Cameroonian national with nearly two decades of experience, she leads a laboratory in Cotonou, Benin that develops novel vector control products. See **RECENT PUBLICATIONS** for a summary of the ITFDE's review of Guinea worm eradication in October 2025.

Table 2. Angola Line List – Villages with Confirmed Cases/Infections, January 1<sup>st</sup> to October 31<sup>st</sup>, 2025

ID	Municipality	Village/Quartier-Zone	# GW+ (*)	Contained # (%)	Cases/Infections in 2024	Abate 2025	Proactive tethering 2025
1	Cuanhama	Okahenye-Oidiva	10	5 (50)	Yes	Yes	Yes
2	Cuanhama	Ondjedi-Oidiva/Omupanda	9	2 (22,2)	No	Yes	Yes
3	Cuanhama	Onalama-Oidiva	8	3 (37,5)	Yes	Yes	Yes
4	Cuanhama	Okalondo-Oidiva/Omupanda	6	5 (83,3)	No	Yes	Yes
5	Namacunde	Embwida-Epolo/Santa Clara	5	4 (80)	No	No	No
6	Namacunde	Okapumbu-Epolo/Santa Clara	4	0	No	No	No
7	Namacunde	Oiheke-Onanime	4	2 (50)	No	Yes	No
8	Cuanhama	Olunghono 2-Ohameke/Onanghwe	3	1 (33,3)	Yes	No	No
9	Cuanhama	Onamahoni-Oipembe	3	1 (33,3)	No	No	No
10	Namacunde	Omuwanashe-Onanime	3	0	Yes	No	Yes
11	Cuanhama	Oshilyanga-Ohameke	2	1 (50)	Yes	No	Yes
12	Cuanhama	Oshindobe-Ohameke (Sede)	2	1 (50)	No	No	No
13	Namacunde	Okamume-Onanime	2	1 (50)	Yes	Yes	Yes
14	Namacunde	Oluxwa ya Kalunga-Sede/Ofenda	2	2 (100)	Yes	No	No
15	Namacunde	Ohaulondo Sede-Onanime	1	1 (100)	Yes	Yes	Yes
16	Namacunde	Epumba-Oluxwa ya Kalunga	1	1 (100)	No	No	No
17	Cuanhama	Oshidila-Oipembe	1	0	No	No	No
18	Cuanhama	Evanda-Oidiva/Omupanda	1	0	Yes	Yes	Yes
19	Cuanhama	Oheke-Ohameke	1	0	Yes	No	No
20	Cuanhama	Oipembe Sede	1	0	No	No	No
21	Cuanhama	Okakunda-Oipembe	1	1 (100)	No	No	No
<b>GRAND TOTAL</b>			<b>70</b>	<b>31 (44,3)</b>			

## **DR. BILL FOEGE: SMALLPOX ERADICATOR, SALIENT GUINEA WORM WARRIOR**



*Photo Credit: ©Bill & Melinda Gates Foundation / Mike Kane*

We profoundly regret to report the passing of Dr. William H. “Bill” Foege, MD, MPH in Atlanta on January 24, 2026. He was 89. The son of a Lutheran pastor, Bill was working as a young missionary doctor in Nigeria when the Communicable Disease Center (CDC) recruited him to join the Smallpox Eradication Program (SEP) in Nigeria in 1966. He developed the SEP’s highly successful “ring vaccination” strategy before he and his family left Nigeria for CDC headquarters in Atlanta in 1967 because of the Nigerian Civil War. He assisted India’s huge SEP in 1973-1974. Appointed director of CDC by President Jimmy Carter in 1977, Dr. Foege led the agency’s reorganization to combat injuries and other non-communicable threats to health in addition to communicable diseases, and its renaming as the Centers for Disease Control and Prevention (CDC), as well as confronting the HIV/AIDS crisis that began in 1981. After retiring from CDC in 1983 with a stated intention to “slow down”, he co-founded the Task Force for Child Survival (now the Task Force for Global Health) in Atlanta in 1984, became President and Mrs. Carter’s executive director of The Carter Center in Atlanta from 1986 to 1992, and joined the Bill & Melinda Gates Foundation in Seattle as a senior fellow from 1999 to 2009.

As CDC director, Dr. Foege endorsed and strongly supported the initiative to eradicate Guinea worm disease (dracunculiasis) that began at the agency in October 1980, despite CDC having no mandate or funds to do so. He arranged early meetings to discuss the initiative with the World Health Organization’s director general and with senior officials of the United Nations Development Fund and The World Bank. As executive director of The Carter Center, he united with former Carter White House official Dr. Peter Bourne in urging President Carter to join the Guinea worm campaign, and all three men participated in The Carter Center’s first meeting on Guinea worm eradication in 1986 to help start Pakistan’s Guinea Worm Eradication Program. He traveled with President and Mrs. Carter on their first African trip to support Guinea worm eradication in Nigeria and Ghana in 1988. When President Carter successfully insisted on getting every possible intervention against Guinea worm disease applied in the two Ghanaian villages where he had just seen Guinea worm patients for the first time, Dr. Foege told him that now all the program needed was for Carter to visit every endemic village in Ghana. As advisor to the young Bill & Melinda Gates Foundation, he encouraged their first grant to the global Guinea Worm Eradication Program in 2000.

No one who heard Dr. Foege lecture or who read one of his essays came away unmoved. His erudition, eloquence, compassion, commitment to fairness, and humor always produced an impressive, often amazing experience. Informal encounters also were unfailingly memorable. He received many honors, including more than a dozen honorary degrees, a professorship and an endowed Fellows program in his name at Emory University, and a building named in his honor at the University of Washington School of Medicine in Seattle. President Barack Obama awarded him the United States’ highest civilian honor, the U.S. Medal of Freedom, in 2012. A sequoia in the world of domestic and global public health, in addition to his personal descendants, Dr. Foege’s enduring legacy includes the many people whose lives he saved and the many more he has and will inspire.

Our beloved friend and colleague Bill Foege joins the immortals with new perspectives; greeting family, discussing smallpox eradication with Edward Jenner, telling President and Mrs. Carter what they missed in 2025, sharing humor, and no doubt pondering whether to risk a practical joke with God. May he rest in eternal peace. We extend our sincere thanks and deep sympathy to his wife Paula and their family.

Table 3 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%	
<i>*Provisional</i>														
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.														

## RECENT PUBLICATIONS

Bagcchi S, 2026. Eliminating Guinea worm. *The Lancet* 26(2):126. [https://doi.org/10.1016/S1473-3099\(25\)00746-7](https://doi.org/10.1016/S1473-3099(25)00746-7)

World Health Organization, 2026. Meeting of the International Task Force for Disease Eradication, October 2025. *Wkly Epidemiol Rec* 101:25-32. [An excellent update on research to support Guinea worm eradication.] <https://iris.who.int/handle/10665/384867>

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### 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](mailto:adam.weiss@cartercenter.org)).

Note to contributors: Submit your contributions via email to Adam Weiss ([adam.weiss@cartercenter.org](mailto: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. Anthony Solomon 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](http://www.cartercenter.org/GuineaWormWrap-Up)