Memorandum

Date: April 27, 2026

From: Guinea Worm Eradication Program, The Carter Center

Subject: GUINEA WORM WRAP-UP #330

To: Addressees

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

ETHIOPIA HOSTS 29TH INTERNATIONAL GWEP REVIEW MEETING

National Guinea Worm Eradication Program Coordinators, their supporters, donor representatives, and other Guinea Worm Warriors met for the 29th Annual International Review at the Ethiopia Skylight Hotel in Addis Ababa, Ethiopia on April 1-2, 2026. Ethiopia's Federal Minister of Health, Her Excellency Dr. Mekdes Daba, opened the meeting, which included videotaped remarks by the World Health Organization (WHO) Director General Dr. Tedros Adhanom Ghebreyesus, and reports by leaders of the national programs, who are named in the summaries of their reports. Other participants included Sudan's Minister of Health Dr. Heitham Mohamed Ibrahim; the Secretary General of the Ministry of Health of Chad, Dr Josephine Toralta; Carter Center Chief Executive Officer Paige Alexander and Vice Chair of the Carter Center Board of Trustees C.D. Glin; The Carter Center's Vice President for Health Dr. Kashef Ijaz, GWEP Director Adam Weiss, MPH, Sr. Associate Director Sarah Yerian, MPH, and Sr. Country Representative Dr. Zerihun Tadesse; WHO's Guinea Worm and Neglected Tropical Diseases focal point in the WHO Country Office Dr Zeyede Kebede Zeleke, WHO's Medical Officer for the Control, Elimination of Trachoma, Guinea Worm, and Yaws Dr. Anthony Solomon, and Technical Officer Dr. Farah J. Agua; Dr. Jordan Tappero of the Gates Foundation, Dr. Isaac Chikwanha of the Mohamed Bin Zayed Foundation for Humanity, and Dr. Kebede Kassaye of the Children's Investment Fund Foundation. Dr. Hailu Mesay, Director General of the Ethiopian Public Health Institute, closed the meeting.

In 2025, the six remaining known-endemic countries (Angola, Cameroon, Chad, Ethiopia, Mali, South Sudan) reported the lowest number of human cases of Guinea worm cases (10) ever, versus 15 human cases reported in 2024, but slightly more infected animals (684) (Table 1) compared to 2024 (664). Dogs comprised 91% (622/684) of the infected animals in 2025, domestic cats and 1 genet the remainder. Angola has not reported a human GW case for five consecutive years, and Cameroon and Mali for two consecutive years, while Chad, Ethiopia, and South Sudan reported the ten human cases in 2025. The number of localities with GW in humans or animals fell by 37% between 2024 and 2025, from 251 to 159 (Figure 2 bar graph).

After the review meeting, the National Program Coordinators, Carter Center Country Representatives, and WHO conducted a two-day visit to endemic areas of Gog and Abobo districts in Ethiopia's Gambella Region. The site visit extended technical conversations from the review meeting to in-depth dialogue about what the remaining endemic countries can do to stop GW transmission as quickly as possible.

CAMEROON: LESS GW IN 2026

Neglected Tropical Diseases Director Dr. Georges NKO'AYISSI reported on Cameroon's Guinea Worm Eradication Program. Cameroon eliminated GW disease in 1997 and was certified as GW-free by the World Health Organization in 2007, but it rediscovered GW, imported from adjacent Chad, in 2019. Animal infections, mostly dogs, increased annually in subsequent years, while Cameroon reported 1 human case each in 2019, 2020, and 2023. By recording a 44% increase in animal infections between 2024 (299 dogs, 11 cats) and 2025 (418 dogs, 27 cats; 77% contained), Cameroon reported nearly two-thirds of all Guinea worm cases and infections in the world in 2025 (64%; 445/694) [This includes the 10 human cases, none of which occurred in Cameroon]. In 2025, Cameroon reported infected animals in 19 villages of one district (Guere, Table 1). Apparent risk factors associated with animal exposures in 2024 included flooding (which prevented tethering), collective fishing, hunting, and poor disposal of aquatic animal waste so that it can be accessed by domestic animals. **Following increased interventions in 2025, Cameroon has provisionally reduced the number of GW infections nationally by 66% in January-March 2026 (52 provisional infections) compared to the same period of 2025 (151 infections)**.

Cameroon's GW surveillance in 2025 is summarized in the Surveillance Snapshot below and key indicators of the program's interventions in 2025 are summarized in Figure 1 on page 10. A line list in *Guinea Worm Wrap-Up* #323 showed Cameroon's status of reported interventions by village during 2025. Proactive tethering was practiced in 10 of the 27 villages under active surveillance in 2025, reaching an average 90% of targeted dogs and cats. The program applied Abate in the 12 highest endemic villages, which reported 97% of Cameroon's GW infections in 2025.

The Carter Center's in-country technical assistance in Cameroon increased from 14 person-months in 2022 to 34.5 in 2023, 65.5 in 2024, and 42 in 2025. The new Carter Center Country Representative to work with Cameroon's GWEP, Dr. Achille Kabore, MD, MPH, PhD, arrived in Cameroon this month. He will be based in Yaoundé. He earned his graduate degrees at the University Joseph Ky Zerbo Faculty of Medicine in Burkina Faso, Tulane University, and the University of Central Nicaragua and has nearly twenty years of experience working with Neglected Tropical Diseases programs in West and Central Africa.

Cameroon GWEP Surveillance Snapshot 2025
Accessibility: 100%
Villages reporting GW infection in 2025: 19
Number of districts by surveillance level: 1 in level 1, 1 in level 2
Villages under Active Surveillance (VAS): 29
Monthly reporting rate for VAS: 99%
Number of rumors: 4,707; 82% investigated within 24 h
Cash reward awareness: 71% (level 1); [~US$162 equivalent for humans, ~US$16 for animals]
Integrated surveys: NA
Number and reporting rate for Integrated Disease Surveillance and Reporting (IDSR): NA
% presumed sources of human cases identified*: NA
% human and animal Guinea worm infections contained: 77%
*See definition on page 11

CHAD: CONTINUING GW REDUCTIONS

National Guinea Worm Eradication Program Coordinator Dr. Ouakou TCHINDEBET presented Chad's report. Chad detected 4 human GW cases (25% contained) and 146 animal infections (117 dogs, 29 cats; 63% contained) in 95 villages in 2025. This is a 48% reduction from the 281 infected animals and 9 human cases that Chad reported in 184 villages in 2024. Surveillance indices are summarized below. The program visited about two-thirds of GW cases and infected animals from 2024 and 2025 twice per month during 2025. Dogs and cats were proactively tethered in 777 high risk villages in 2025, and all 638 targeted villages were treated with Abate. Other interventions are summarized in Figure 1.

Chad GWEP Surveillance Snapshot 2025

Accessibility: 100%
Villages reporting GW infection in 2025: 95
Number of districts by surveillance level: 41 in level 1
Villages under Active Surveillance (VAS): 2,809
Monthly reporting rate for VAS: 99%
Number of rumors: human 301,323, animal 98,446; (>98% investigated in 24h)
Cash reward awareness: 61% humans or animals (level 1) [up to ~US$89 equivalent for human, ~US$18 for animal]
Integrated surveys: NA
Number and reporting rate for Integrated Disease Surveillance and Reporting (IDSR): 62% of 170 units
% presumed sources of human cases identified*: 50%
% human and animal Guinea worm infections contained: 61%
*See definition on page 11

MALI: INSECURITY IS KEY

National Program Coordinator Dr. Cheick Oumar COULIBALY reported on Mali's Guinea Worm Eradication Program. Mali detected 17 confirmed GW animal infections (13 dogs, 4 cats;76% contained) in 13 localities, and no human cases nationally, with all animal infections detected during April-September 2025. This is a 39% reduction from the 28 animal GW infections Mali reported in 2024. Eight of the confirmed infections in 2025 occurred in Macina district of Segou Region, 6 in Djenne district/Mopti Region, 2 in Markala district/Segou, and 1 in Tominian district/Segou. All infections appear to have been contracted locally, by eating infected fish. Mali has reported only 4 human GW cases since 2015.

The status of Mali's surveillance is summarized in the Surveillance Snapshot below and key intervention indicators in 2025 are summarized in Figure 1 on page 10. Genetic analysis suggests Mali's GWEP did not detect a significant number of GW infections in 2023, and high GW diversity persists in Mali. All villages with known GW infections in Mali have at least one source of safe drinking water; all received Abate treatments of surface water sources, monthly health education, and cloth filters; and 93% practiced safe disposal of aquatic animal waste (Figure 1). However, only 76% of Mali's endemic localities were accessible in 2025, due to insecurity, compared to 89% accessibility in 2024.

Insecurity is the main barrier to stopping GW transmission in Mali. 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 and surveillance in all endemic localities during the peak GW transmission season. After beginning with a high level of trachoma in 1998, Mali successfully eliminated trachoma as a public health problem and secured WHO's validation of trachoma elimination in Mali in April 2023, including insecure areas of Mopti and Segou Regions, with strong national leadership, visible political will, and partnership with several non-governmental organizations, including The Carter Center.

Mali GWEP Surveillance Snapshot 2025
Accessibility: 76%
Villages reporting GW infection in 2025: 13
Number of districts by surveillance level: 4 in level 1; 2 in level 2; 69 in level 3
Villages under Active Surveillance (VAS): 1,556 (927 level 1; 629 level 2)
Monthly reporting rate for VAS: 100%
Number of rumors: humans 212; animals 918 (>99% investigated in 24h)
Cash reward awareness: 86% [~US$360 equivalent for contained human case, ~US$18 contained animal infection]
Integrated surveys: None
Number and reporting rate for Integrated Disease Surveillance and Reporting (IDSR): 93%
% presumed sources of human cases identified*: NA
% human and animal Guinea worm infections contained: 76%
*See definition on page 11

ANGOLA: DEFINING THE PROBLEM

The Coordinator of Angola's National Program for Control of Neglected Tropical Diseases, Dra. Maria Cecilia de Almeida, reported on Angola's Guinea Worm Eradication Program. In 2025, Angola detected 70 dogs with GW infections (44% contained) in 21 villages of Cuanahama and Namacunde municipalities of Cunene Province. This is a 79% increase over the 39 infected dogs Angola reported in 2024. Angola discovered a human case of GWD for the first time in 2018 in a girl who had no known history of foreign travel, followed by its first dog infection and another human case in 2019, and a third human case in 2020, reporting a total of 3 human cases and 204 dog infections in 2018-2025. The status of surveillance in Angola's GWEP in 2025 is summarized in the Surveillance Snapshot below and a summary of key interventions in 2025 is in Figure 1. The program conducts an annual census in endemic villages and is preparing villagers for proactive tethering of domestic animals. The Minister of Health attended Angola's first annual GW Program Review in February 2026 (see *Guinea Worm Wrap-Up* #329). The Carter Center's office to assist Angola's GWEP became operational at the beginning of 2026, and it expects to help establish a sub-office for GWEP activities at Ondjiva, the capital of Cunene Province, in the next month.

Angola GWEP Surveillance Snapshot 2025
Accessibility: 100%
Villages reporting GW infection in 2025: 21
Number of communes by surveillance level: 2 in level 1
Villages under Active Surveillance (VAS): 34
Monthly reporting rate for VAS: NA
Number of rumors: human 57, animal 88

Cash reward awareness: ND [~US$55 equivalent for human case, ~US$28 for an infected animal]
Integrated surveys: NA
Number and reporting rate for Integrated Disease Surveillance and Reporting (IDSR): NA
% presumed sources of human cases identified*: NA
% human and animal Guinea worm infections contained: 44%
*See definition on page 11

ETHIOPIA: NEARING ZERO?

The National Program Coordinator of Ethiopia's Dracunculiasis Eradication Program (EDEP), Mr. Kassahun Demissie, reported on Ethiopia's program. Ethiopia detected 4 human cases (3 contained), 1 infected domestic cat (contained), and 1 baboon with five *un-emerged* Guinea worms in 6 villages or non-village areas in 2025. The human cases were all young male daily laborers apparently exposed to GW at Mulat (commercial) Farm in Gog district of Gambella Region in 2024, two of whom were detected in Dimma district of the same region in 2025. Ethiopia's GW surveillance in 2025 is summarized in the Surveillance Snapshot below and key indices of its interventions in 2025 are summarized in Figure 1. The program proactively tethered over 99% of the 816 dogs and 151 domestic cats that were targeted in 35 villages in 2025, as it continued scaling back the areas of proactive tethering. More than 95% of households in targeted at-risk areas have a pit for burying aquatic animal waste, of which an average 81% used the pit in 2025. No baboon trapping was conducted in 2025, although targeted troops were monitored and tracked visually. At most commercial farms, baboons and humans share surface water sources, and surveys indicate that about one-third of daily workers do not use cloth or pipe filters.

Ethiopia GWEP Surveillance Snapshot 2025
Accessibility: 100%
Villages reporting GW infection in 2025: 6
Number of districts by surveillance level: 2 in level 1; 15 in level 2; 1,249 in level 3
Villages under Active Surveillance (VAS): 213 (200 in level 1 and 13 in level 2); Non-village Areas under Active Surveillance (NVAs): 279 (189 in level 1; 90 in level 2)
Monthly reporting rate for VAS: 99%
Number of rumors: 45,072 (99% investigated in 24h) in humans and animals
Cash reward awareness: 95% level 1; 90% level 2, 38% level 3 [~US$67 equivalent for human or domestic animal infection; ~US$13 equivalent for wild animal]
Integrated surveys: 140,768 people (mass drug administration, immunization, enhanced outreach)
Number and reporting rate for Integrated Disease Surveillance and Reporting (IDSR): 5,394 (14%) only human rumors
% presumed sources of human cases identified*: 75%
% human and animal Guinea worm infections contained: 80%
*See definition on page 11

SOUTH SUDAN: INFECTIONS IN SMALL WILD CARNIVORES

Mr. Makoy Samuel Yibi, the Director of South Sudan's Guinea Worm Eradication Program (SSGWEP), reported on South Sudan's program. South Sudan reported 2 human GW cases (1 contained), 4 uncontained dog infections, and 1 genet infection in 6 villages in 2025. After detecting *D. medinensis* in a wild animal (genet) for the first time in 2023, the SSGWEP expanded surveillance in cooperation with local wildlife authorities. It reported another infected genet as well as 14 wild animals with *un-emerged* GWs (6 African wildcat/hybrids, 5 serval cats, 2 African civets, 1 genet) in 2024, and 13 wild animals with *un-emerged* GWs (5 African wildcat/hybrids, 4 serval cats, 2 genets, 1 African civet, 1 hyena) in 2025. The 2 human cases, 4 dogs with emerging GWs, and 13 wild animals with *un-emerged* GWs in 2025 were detected in seven counties of four states. Genomic analysis shows there is no wildlife-specific lineage of GW specimens in South Sudan.

The status of GW surveillance in South Sudan in 2025 is summarized in the Surveillance Snapshot below and key intervention indices as of 2025 are summarized in Figure 1. The SSGWEP uses GPS locations and home ranges of small wild carnivores with emerged and un-emerged GW infections to guide Abate applications. It engages boy scouts to improve screening and reporting of worms from dead wild animals, and it has extended promotion and use of aquatic animal waste disposal pits to fishing and hunting camps and cattle camps, in addition to villages in high-risk areas. Since routine proactive tethering of dogs is impractical in South Sudan, the SSGWEP instead stresses daily screening of dogs by their owners and only tethering dogs with an emerging GW or signs of potential GW infection. During the discussion it was noted that genets and African wildcat/hybrids, which are the only types of small wild carnivores found with emerging GWs in endemic African countries to date, eat fish, frogs, rodents, and chickens, and are mostly found in or near human habitats rather than in more remote locations. This suggests their GW transmission occurs in or near villages and fishing, hunting, or cattle camps and is potentially accessible to interventions such as proper aquatic animal waste disposal and treatment of eligible water sources with Abate. Field studies to assess serological assays of dogs and wildlife for GW, and live trapping and tracking of small wild carnivores are currently underway in South Sudan.

South Sudan GWEP Surveillance Snapshot 2025

Accessibility: 89% (insecurity, especially in Jonglei)
Villages reporting GW infection in 2025: 6
Number of counties by surveillance level: 8 in level 1; 19 in level 2; 45 in level 3
Villages under Active Surveillance (VAS): 727 level 1, 1,355level 2
Monthly reporting rate for VAS: 80% (Due to insecurity in Jonglei, VAS in Uror and Nyirol counties failed to report for half of November and all of December 2025.)
Number of rumors: human 696,680 (99% investigated in 24h), animal 55,823 (99% investigated in 24h)
Cash reward awareness: 57% level 1, 25% level 2, 19% level 3 [~US$34 equivalent for contained human case, ~US$9 for tethered animal]
Integrated surveys: the SSGWEP surveyed Raja, which borders Sudan and C.A.R., and found cash reward awareness levels of 76% for reporting human cases and 54% for reporting animal infections.
Number and reporting rate for Integrated Disease Surveillance and Reporting (IDSR): 5,447; 82% reporting rate
% presumed sources of human cases identified*: 100%
% human and animal Guinea worm infections contained: 20%
*See definition on page 11

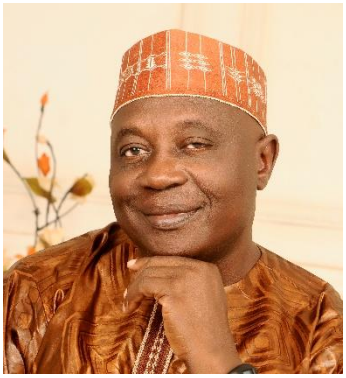
CENTRAL AFRICAN REPUBLIC

Dr. Georges Hermana, Director of the Neglected Tropical Diseases Program presented his country's report. The World Health Organization certified Central African Republic (CAR) as GW-free in 2007. The country detected one confirmed human GW case in 2022 and another in 2023. Both cases occurred in Vakaga district which borders endemic Salamat Province in Chad, and both apparently were imported from Chad. CAR authorities investigated three rumors of GW cases in 2025, none of which were confirmed. The program integrates surveillance for GW in districts bordering Chad in collaboration with immunization campaigns and activities for control of Neglected Tropical Diseases, and with assistance from The Carter Center and International Medical Corps.

SUDAN

Mr. Elroofaay Abedelazeam presented this report. Sudan has not reported a confirmed indigenous case of GW disease since 2002, and has never detected GW in an animal, but has not yet been certified as GW-free due to insecurity. Sudan has 26 formerly endemic and 163 never endemic districts. It conducts surveillance for GW via the National Health Information System (~40% reporting rate) and the Integrated Disease Surveillance and Response system (~70% reporting rate), community-based surveillance in 225 communities in Blue Nile and two non-endemic states, and event-based surveillance in Algadaref and three non-endemic states. Guinea worm surveillance is compromised by insecurity in seven states of southwestern Sudan (Kordofan and Darfur Regions). The program has five villages under active surveillance in South Darfur, including Kafia Kingi, which reported the last known (2013) cases of GW in Sudan. It queried over 25,000 people in formerly endemic areas of Sennar and South Darfur States and conducted active case searches of domestic animals in previously endemic or high-risk areas of Sennar, Blue Nile and White Nile States in 2025. The program publicizes a cash reward for reporting GW and investigated 208 rumors in 2025. Certification is pending and depends largely on achieving peace and access to all areas. The Honorable Minister of Health of Sudan, Dr. Heitham Mohamed Ibrahim, attended the review meeting.

OUTSTANDING GUINEA WORM WARRIOR DR. EMMANUEL MIRI RETIRES



Dr. Emmauel S. Miri, OFR, announced that he is retiring from his position as Senior Country Representative at The Carter Center's office in Nigeria as of April 30, 2026. Dr. Miri joined The Carter Center in 1996 as the Center absorbed the functions and some personnel of the River Blindness Foundation. A medical graduate of Nigeria's Ahmadu Bello University, with degrees from the London School of Hygiene and Tropical Medicine and Montclair State College in New Jersey, USA, Dr. Miri joined The Center after nearly a decade of experience as an administrator in the Plateau State Ministry of Health. His administrative skills, technical savvy, and integrity were immediately evident. He became the first Nigerian to serve as The Carter Center's Country Representative in 1998, at a time of low morale, strained resources, and organizational dysfunction in the Nigerian Guinea Worm Eradication Program (NIGEP) as Nigeria transitioned from military to civilian rule and the Federal Ministry of Health headquarters moved from Lagos to Abuja. Dr. Miri moved quickly to improve supervision in NIGEP,

reshuffling existing and some new personnel, and introducing coordination between the river blindness and Guinea worm programs. When President Carter recruited the former Nigerian Head of State General (Dr.) Yakubu Gowon to advocate for NIGEP, beginning in 1998, an initiative that was highly effective, Dr. Miri was the liaison between The Carter Center and the popular former head of state, and the two patriots became close collaborators.

After beginning with more GW cases than any other country (653,620) in 1988, rapidly reducing cases, then years of frustrating stagnation (16,374 cases in 1995, 13,247 in 1999), Nigeria recorded its last indigenous GW case in 2008 and was certified as GW-free by the World Health Organization in 2013. During Dr. Miri's leadership, Nigeria's Neglected Tropical Diseases programs also were able to stop 18,864,145 annual mass drug treatments for river blindness (onchocerciasis), 22,633,642 annual MDA for lymphatic filariasis, and 1,235,042 annual MDA for trachoma by reducing transmission of those diseases.

Nigerian President Goodluck Jonathan invested Dr. Miri as an Officer of the Federal Republic of Nigeria during a ceremony in Abuja in September 2012. Former U.S. President Jimmy Carter presented Jimmy and Rosalynn Carter Awards for Guinea Worm Eradication to General Gowon and Dr. Miri during a ceremony at The Carter Center in Atlanta in 2006. A great servant to Nigeria for nearly a decade in the Plateau State Ministry of Health and for thirty years as a valued leader of The Carter Center's office in Nigeria, in recognition of his impending retirement the Center presented its inaugural Donald R. Hopkins Lifetime Achievement Award to Dr. Miri during the annual review of Carter Center health programs in March 2026. The award's citation acknowledged Dr. Miri's long-standing dedication to The Carter Center and to the people of Nigeria. We wish Dr. Miri and his family a long and happy retirement!

Table 1.

Number of Laboratory-Confirmed Human Cases of Guinea Worm Disease, and Number Reported Contained by Month during 2026*

(Countries arranged in descending order of cases in 2025)

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 / 0**	**N / A**
ETHIOPIA	**1 / 1**	**0 / 0**	**0 / 0**	**0 / 0**									**1 / 1**	**100%**
SOUTH SUDAN	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**									**0 / 0**	**N / A**
CAMEROON	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**									**0 / 0**	**N / A**
MALI	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**									**0 / 0**	**N / A**
TOTAL*	**1 / 1**	**0 / 0**	**0 / 0**	**0 / 0**									**1 / 1**	**100%**
% CONTAINED	**100%**	**N / A**	**N / A**	**N / A**									**100%**	

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

(Countries arranged in descending order of cases in 2025)

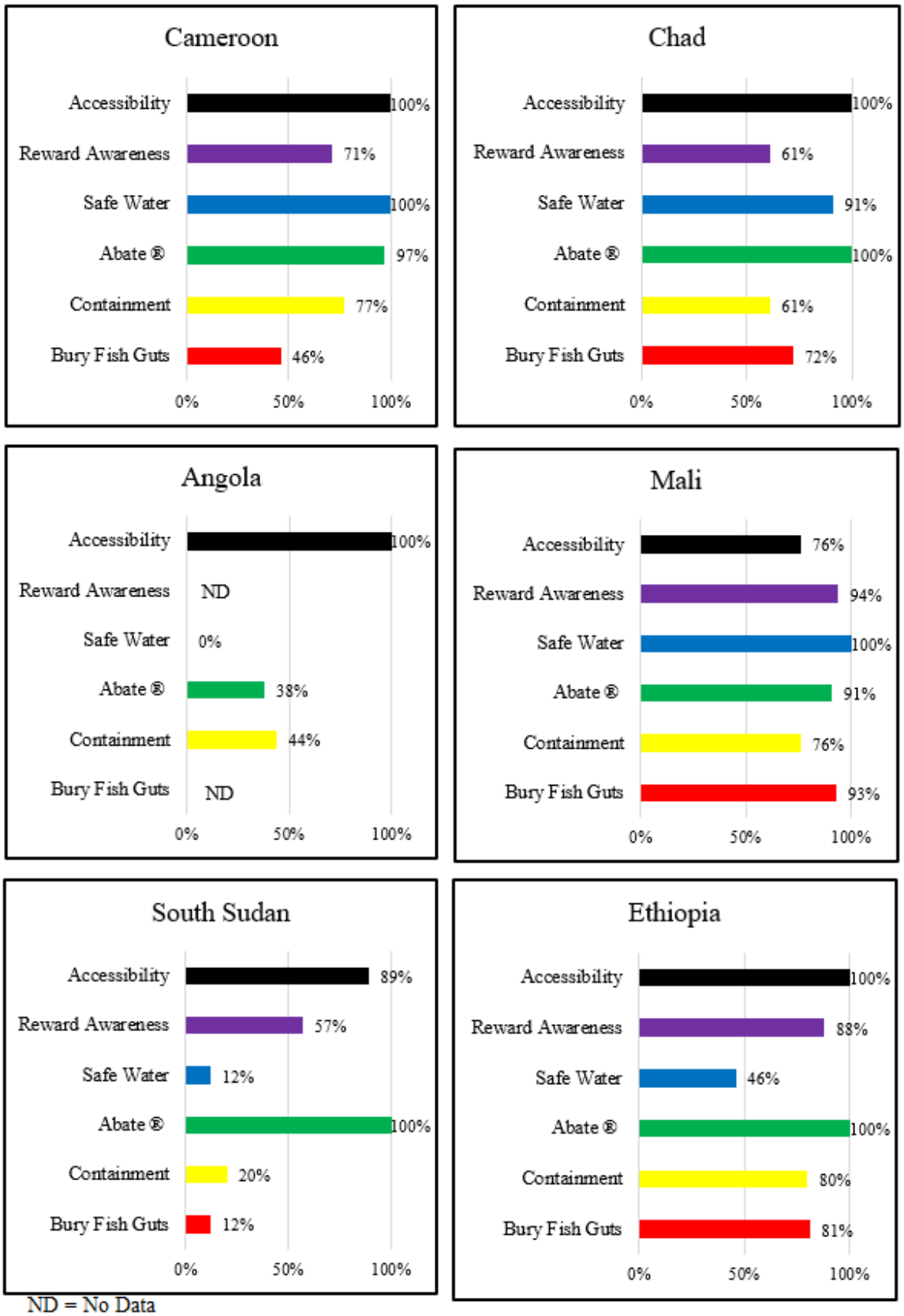
COUNTRIES WITH TRANSMISSION OF GUINEA WORMS	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED													% CONT.
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL	
CHAD	**0 / 1**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 2**	**0 / 1**	**0 / 0**	**0 / 0**	**0 / 0**	**0 / 4**	**0%**
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%**
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**
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.

Figure 1. Guinea Worm Eradication Program Indices Coverage for 2025



ND = No Data

MODIFIED INTERVENTION INDICES TO REFLECT VARIABLE MODES OF TRANSMISSION

With *D. medinensis* infections occurring in animals in the final six endemic countries and evidence mounting to suggest that the infection is being transmitted to humans and animals not just by drinking water, as before, but likely also by people and animals eating raw or undercooked transport hosts such as small fish (up to 3.inches/7.5 cm long) and/or raw fish guts, as well as perhaps by eating undercooked aquatic paratenic hosts such as frogs and larger fish, Guinea Worm Eradication Programs have adopted new interventions to counter the new challenges. Given this new situation we suggest that national GWEPs monitor a modified set of operational indicators. Among the former indicators, trained village volunteers, regular health education, and reporting by villages under active surveillance, including endemic villages, can be assumed as at or near 100%. Coverage with cloth filters protects against contaminated drinking water, such as in Ethiopia in 2017, but not against eating an infected transport or paratenic host, which may now be the most common mode of infection for humans and animals in Chad and Mali. The suggested indicators now are:

- Reward awareness. Combined results for VAS levels I & II (endemic and high-risk villages) for reporting human and dog infections: % of persons surveyed who were aware. *Detect infections quickly*.
- Containment of infected humans and animals. % of infected humans and animals contained or tethered. *Prevent contamination*.
- Abate coverage. % Cumulative villages where Abate applied this year in villages with infections in current or previous year. Water bodies may be ineligible for Abate treatment from time to time when they become too large (>1000mx3) or dry up. *Prevent infection and contamination*.
- Bury fish guts. % of people surveyed in VAS level I villages with demonstrated fish gut burial practice. *Prevent Infection*.
- Safe water source. %·of VAS· level I villages with at least one functioning source of safe drinking water. *Prevent large point source outbreaks*.
- Accessibility. % of VAS level I villages (endemic villages+) that are safely accessible by the program.

The latter indicator, as first reported on in GW Wrap-Up #257, is intended to estimate GW programs' safe access to areas of greatest concern now for supervision and interventions. After transmission is interrupted nationwide, the entire country will need to be accessible for adequate surveillance and certification. Our first concern now, however, is to stop transmission, which requires safe access. The four main considerations for the new indicator are: 1) the denominator = surveillance level 1 villages (known or suspected endemic) plus option to include other areas if judged appropriate; 2) scores are 0 = not accessible for supervision and interventions, 1 = partly accessible, 2 = fully accessible; 3) administrative level= district or county; 4) all GW infections count, whether human or animal. Total score is sum of scores for all districts/counties of concern divided by maximal score (2x total number of districts/counties of concern) times 100 = percentage. A country's score may change with changes in security situations on the ground.

Figure 2. Number of Villages/Localities with Guinea Worm in Humans and/or Animals in 2025, by country

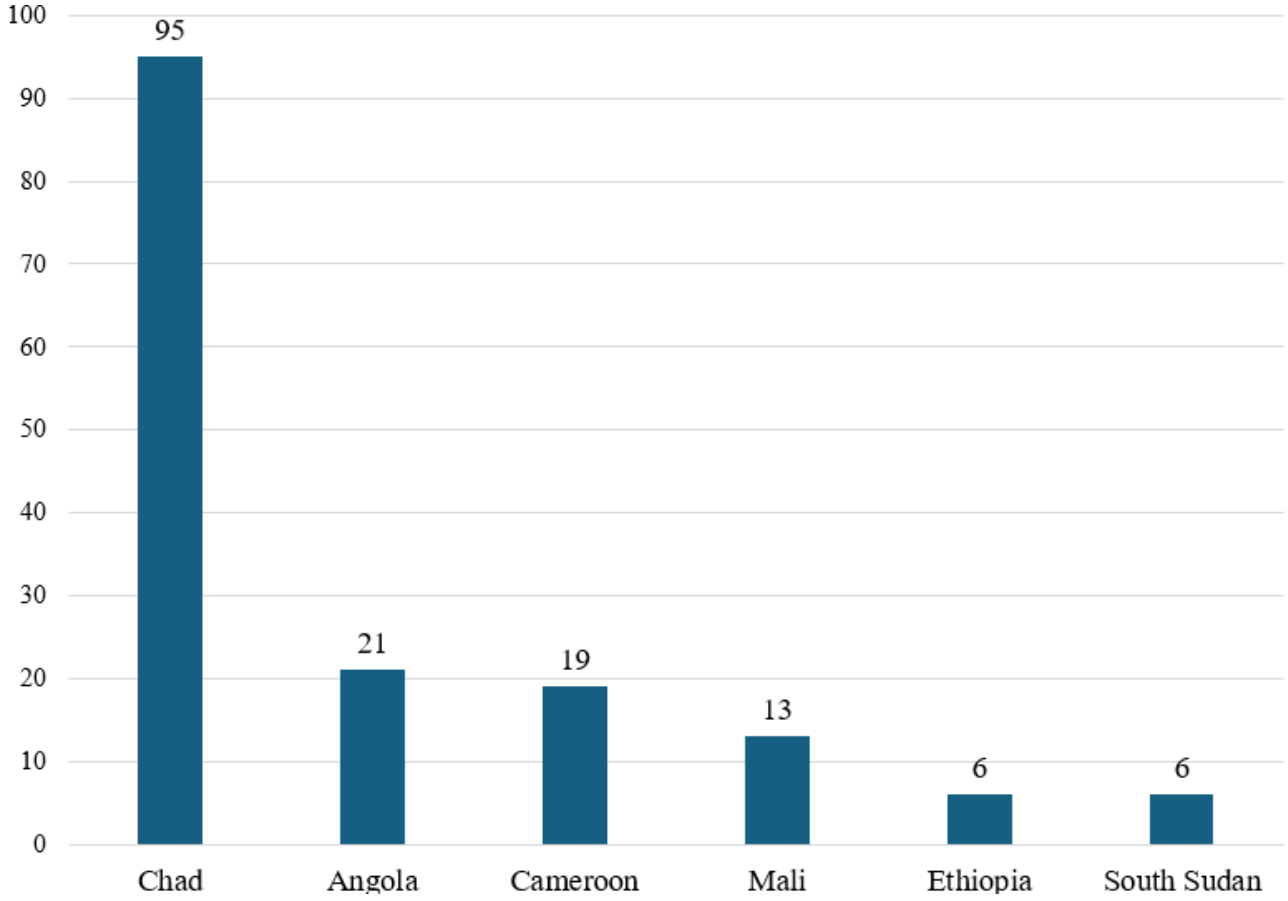


Table 2. Animal Guinea Worm Infections, 2025

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Cameroon	10	66	75	99	84	68	33	7	3	0	0	0	445
Chad	5	0	9	23	18	27	19	23	15	5	1	1	146
Angola	14	36	18	2	0	0	0	0	0	0	0	0	70
Mali	0	0	0	2	0	0	2	6	7	0	0	0	17
South Sudan	0	0	0	0	0	0	0	0	2	2	1	0	5
Ethiopia	0	0	0	0	0	0	0	1	0	0	0	0	1
Total	**29**	**102**	**102**	**126**	**102**	**95**	**54**	**37**	**27**	**7**	**2**	**1**	**684**

WORLD HEALTH ASSEMBLY MEETING

The annual Ministerial Meeting on Guinea Worm Eradication will be held in Geneva during the Seventy-ninth World Health Assembly on Thursday, May 21, 2026, at 1 pm.

WHO SEEKS EXPERTS FOR THE ICCDE

The World Health Organization is seeking experts to serve as members of the International Commission for the Certification of Dracunculiasis Eradication. Applicants must apply by May 8, 2026. This link provides details:

https://www.who.int/news-room/articles-detail/call-for-experts---international-commission-for-the-certification-of-dracunculiasis-eradication

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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).

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. Anthony Solomon of the World Health Organization. Formatted by Kidest Adane.

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