Memorandum

Date: May 29, 2026

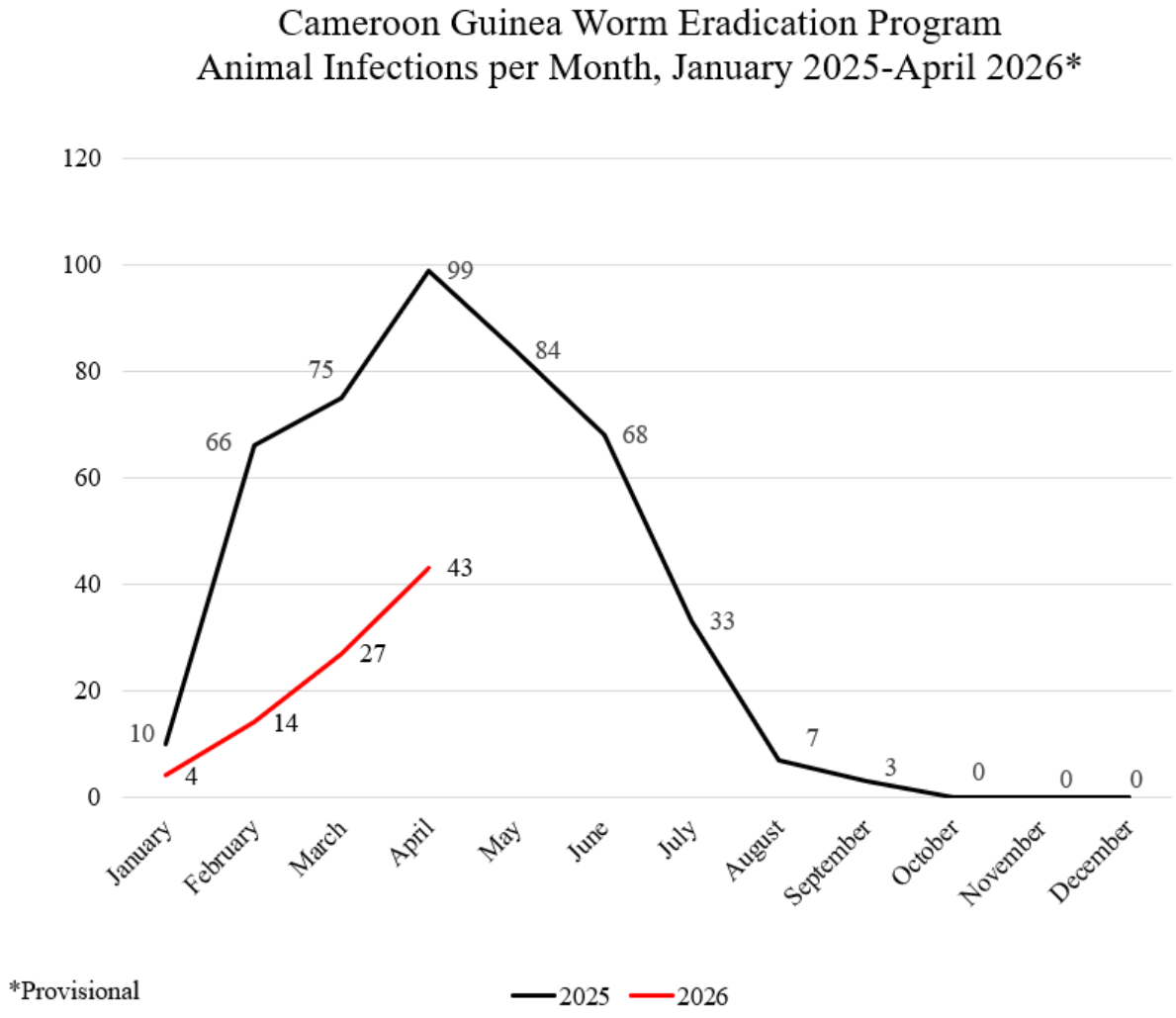
From: Guinea Worm Eradication Program, The Carter Center

Subject: GUINEA WORM WRAP-UP #331

To: Addressees

Surveillance	**Containment**	**Investigation**	**Interventions**	**Political Support**
(Detect cases fast)	(Prevent contamination)	(Link cases)	(Prevent infection)	Minister visits
Active searches	Isolate cases	Source?	Abate, filters, safe water	Traditional leaders
Reward awareness	Tether infected dogs, cats	Contamination?	Proactive tethering	Safe water advocacy
Rumors	Health Education	Infection mode?	Bury fish waste, IEC	Cease-Fire advocacy

Figure 1.



CAMEROON HITTING GW HARD

The impact of the Cameroon Guinea Worm Eradication Program's intensive efforts during 2025 is increasingly apparent during Cameroon's peak GW season in 2026. The most heavily endemic country in 2025, Cameroon detected a provisional total of only 88 animal GW infections during January-April 2026 (70 dogs, 18 cats; 61% contained) vs. 250 animal infections (233 dogs; 17 cats; 73% contained) in the same period of 2025—an impressive reduction of 65% (Figure 1). Cameroon's peak GW transmission period in 2025 was February-July, during the advantageous dry season, and GW was known to occur in only 19 villages of a single district (Guere) in Cameroon's Far North Region. Genetic analysis shows that GWs found in the bordering area of Cameroon and Chad continue to represent a single population, with no genetic isolation between host species (human, dog, or cat). *The World Health Organization declared Cameroon GW-free in 2007 but declared the country re-endemic in April 2026, after more than three consecutive years of confirmed indigenous cases and/or infections.*

Why do dogs *get* Guinea worm?

- Humans *let* dogs roam freely and forage.
- Humans *take* dogs fish and hunt.
- Humans *give* dogs raw fish, raw fish guts, or unsafe water.

Why do infected dogs *spread* Guinea worm?

- Humans don't always *detect* infected dogs in time.
- Humans don't always *tether* dogs at risk proactively.
- Humans don't always *contain* infected dogs promptly.

ETHIOPIA: CONFIRMED HUMAN CASE IN JANUARY 2026

Ethiopia has detected a confirmed human case in a 29-year-old Agnua man who lived in Athibir village of Atheti sub-district in Gog district of Gambella Region. His single GW emerged on January 14, 2026**.** He is the latest in an overwhelmingly male population acquiring GW in recent years in Ethiopia, where only 5 females were detected, all in 2020, among the 38 Ethiopians with confirmed GW between 2015 and 2025.

Where did this GW come from? This patient was most likely exposed to GW infection while gathering wood in nearby forested areas, where he often drank unfiltered water from four main ponds, all of which were frequented by baboons and other animals. He did not eat fish while working away from home. Ethiopia's only known GW cases and infections in 2025 (Figure 2) occurred in June, July, August, and September (4 humans, 1 cat; and a baboon with *un-emerged* GWs at Ablen Farm), including the only known uncontained human case, in August, and were probably not the source of larvae leading to this case, which occurred only 4-7 months later in January 2026. A baboon discovered with five emerging GWs at Akweramero Farm in Gog district in November 2024 and located about 15 miles (24 km) from Athibir village, falls within the potential period of infection (November 2024-March 2025) of this 2026 case (Figure 3). Comparison of genomic data from this 2026 case with genetic profiles of GWs from the humans and animals with confirmed infections in Ethiopia in 2024-25 might reveal a connection. Ethiopia has not detected GW in a dog since August 2023.

Where else did this GW go? This patient was discovered and admitted to a Case Containment Center in January 2026 before his worm began to emerge. His worm was fully contained and did not contaminate any water source. Ten men who collected wood with this GW case are being monitored and have not shown any signs of GW. An outbreak investigation and response team visited 3,286 households in and around Athibir village, interviewed 13,056 people, and checked 881 dogs and 282 cats for signs of GW but found none. They treated 17 water sources with Abate, and distributed filters to community members and other high-risk groups who worked in the forest or on commercial farms. Whether any other person or animal was infected from the same source as this patient and has not been detected is unknown. Genetic examination of any future GW in Ethiopia might reveal a link to this case.

Figure 2.

Guinea Worm Infections in Humans and Animals in Ethiopia, January 2024-April 2026

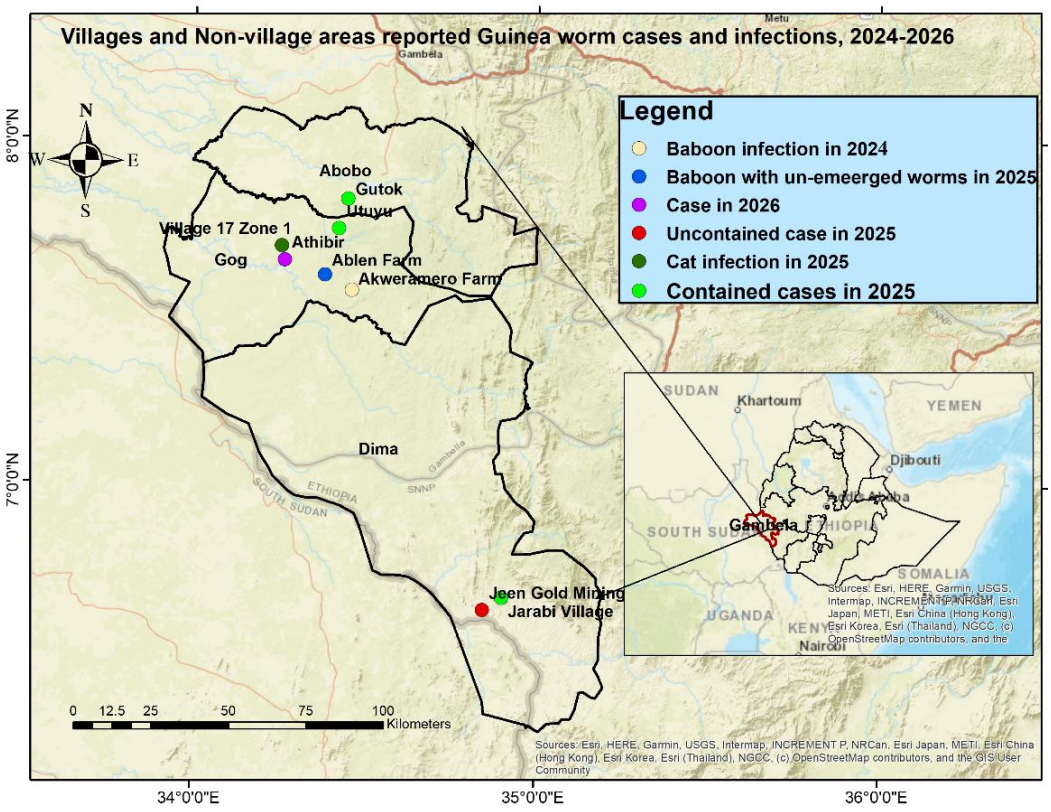
	2024											2025											2026				
J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M
			B*			**B**				**B**							**H**	**H**	**H**	**B***				**H**				
										B*								**H**	**C**									

B = baboon — **Black = contained**

H = human — **Red = emerged, not contained**

C = domestic cat — * = *un-emerged*

Figure 3.



IN BRIEF

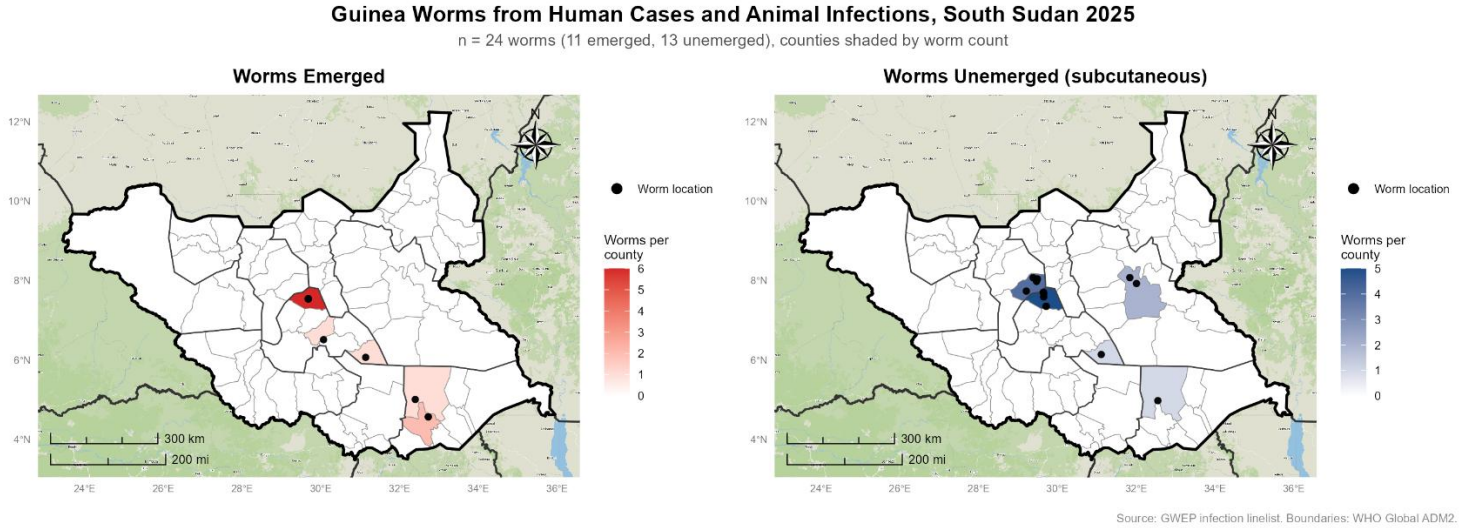
Chad's Bongor district, which borders endemic Guere district in Cameroon, has provisionally reported 10 GW animal infections in January-April 2026, compared to 13 animal infections in the same period of 2025. Mayo Kebbi East Province, which includes Bongor district, reported 27 animal infections in four districts in January-April 2025, vs. 10 infections in one district so far this year. Chad was the second-most heavily endemic country in 2025, when its year-round transmission season peaked in March-September.

Angola. Guinea Worm Eradication Program Manager Dr. Felismina Caquece joined the program in Luanda on April 15 and began working in Ondjiva in early May, in temporary quarters loaned to the sub-office by the Cunene Veterinary Health Department. Angola detected 70 dogs with GW infections in 21 villages in 2025, all in two municipalities of Cunene Province. The transmission season for GW in Angola in 2025 was January-April.

Mali. The last GW-endemic country in West Africa, Mali's Guinea Worm Eradication Program reduced its endemic area from 34 affected districts in 1991 to only 4 affected districts in Segou and Mopti Regions (Macina, Djenne, Markala, and Tominian) in 2025. Mali detected 17 confirmed animal GW infections in 13 localities in 2025. Its peak transmission season is July-September. *Insecurity is the main impediment to completing GW elimination in Mali, although after beginning with a high prevalence of trachoma in 1998, Mali successfully eliminated trachoma as a public health problem and secured validation by WHO in 2023, including in insecure areas of Mopti and Segou Regions, by using strong national leadership, visible political will, and partnership with several non-governmental organizations, including The Carter Center.*

South Sudan. The fourth GW-infected dog that South Sudan's GWEP detected in 2025 occurred on October 20, 2025, in Oriaju village of Torit County in Eastern Equatoria State. The dog had an uncontained hanging worm, and this was the second infected dog detected in Oriaju in 2025. The previously most recent known GW in Torit County was an uncontained human case in 2019 (see Table 1 in *Guinea Worm Wrap-Up* #328). Figure 4 shows the locations of all known GW in humans and animals (emerged and un-emerged) in South Sudan during 2025. The SSGWEP began active surveillance of small wild carnivores in high-risk locations during 2026, starting in Lafon and Torit Counties of Eastern Equatoria State and will expand soon to Tonj East County of Warrap State.

Figure 4.



RESEARCH REVIEW MEETING

During April 29-May 1, 2026, The Carter Center's GWEP hosted a three-day meeting at the Task Force for Global Health in Atlanta that brought together 57 researchers, partners, and advisors who support the GWEP's research agenda. Additional participants joined virtually. Carter Center CEO Paige Alexander made opening remarks on the second day of the meeting. GWEP Director Adam Weiss MPH, MBA provided an update on the status of the program and progress made during 2025, and GWEP's Senior Associate Director of Research Dr. Maryann Delea described the GWEP's research agenda and summarized recent accomplishments. Presenters shared emerging results from all five of the GWEP's research work streams (disease ecology, enhanced surveillance, population genomics, therapeutics, diagnostics) and the cross-cutting modeling initiative, some of which are already being applied to enhance eradication efforts, including:

- Guinea worm population genomics which confirms that all endemic countries are missing some GW infections, that there is no genetic isolation of GWs based on definitive host species, and that Angola's unique GW population shows evidence of expansion from a limited source population.
- Geospatial modeling maps for all 6 endemic countries. A previous risk map for Chad accurately predicted the Fianga area of Mayo Kebbi East Province was suitable for disease transmission before GW was detected there in March 2023[1].
- Pioneering field validation and operational deployment of canine GW serological assays in Chad and South Sudan, marking the first use of antibody-based surveillance tools for GW exposure in endemic settings.
- Working with South Sudan's GWEP to begin active surveillance of wild carnivores in high-risk areas, with live trapping, sedation, examination, and collection of blood samples; and using GPS collars to track the small wild carnivores.
- Developing assays to detect *Dracunculus medinensis* genetic targets for environmental surveillance to complement clinical and genetic surveillance.

GUINEA WORM RECEPTION AT WORLD HEALTH ASSEMBLY

THE CARTER CENTER

World Health Organization

The Ministers of Health of Angola (Dr. Silvia Lutucuta), Chad (Dr. Abdelmadjid Abderahim), and Central African Republic (Dr. Pierre Somse) joined Dr. Linda Esso, Director of Malaria and Neglected Tropical Diseases in Cameroon, in an Informal Meeting held on May 21, 2026, during the Seventy-ninth World Health Assembly in Geneva. This meeting was convened in follow-up to last year's resolution WHA 78.14, which called for accelerated interventions, sustained political support, and financial commitment to the Guinea Worm Eradication Program. Malaria and Neglected Tropical Diseases Director Dr. Daniel Madandi represented WHO Director-General Dr. Tedros Adhanom Ghebreyesus and was joined by

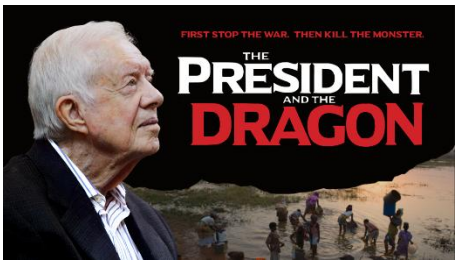
[1] Eneanya OA, Delea MG, Cano J, et.al., 2024. Predicting the environmental suitability and identifying climate and sociodemographic correlates of Guinea worm (*Dracunculus medinensis*) in Chad. Am J Trop Med Hyg 111(3-Suppl):31.

WHO's Medical Officer for the Control, Elimination and Eradication of Trachoma, Guinea Worm, and Yaws Dr. Anthony Solomon, former GW leader Dr. Dieudonne Sankara, and other WHO officials at the meeting. The Carter Center delegation included Vice President for Health Dr. Kashef Ijaz, Guinea Worm Eradication Program Director Adam Weiss, MPH, MBA, Senior Associate Director Sarah Yerian, MPH, and others. Health Ministers and country delegations highlighted key actions taken to interrupt transmission and called for greater cross-border collaboration and coordination. A preliminary activity included screening the award-winning documentary, "The President and the Dragon" on May 19th at the historic Emmanuel Episcopal Church in Geneva, where attendees included South Sudan's Minister of Health Hon. Luke Thompson Thoan and Director General Dr. John Rumunu. Donor and partner representatives included The Gates Foundation, Vestergaard LifeStraw, BASF, JICA, Japan's Global Health Innovative Technology Fund, China's Permanent Mission to Geneva, the Neglected Tropical Diseases NGO Network, the Global Institute for Disease Elimination, and the Mohamed Bin Zayed Foundation for Humanity.

FLASHBACK: 40th ANNIVERSARY OF FIRST GW RESOLUTION

This year marks the 40th anniversary of WHA39.21, which was the World Health Assembly's first resolution that called for the "elimination" of dracunculiasis. It was adopted on May 16, 1986, the final day of the Thirty-ninth World Health Assembly, after long discussions, contentious debate, and advocacy led by then CDC Deputy Director Dr. Don Hopkins and assisted by prominent display during the assembly of an exhibit on Guinea worm prepared by CDC. (See *GW Wrap-Up* #12; May 30, 1986).

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

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

RECENT PUBLICATIONS

World Health Organization, 2026. Eradication of *Dracunculus medinensis*: global surveillance summary, 2025. Wkly Epidemiol Rec 101:59-65. https://iris.who.int/server/api/core/bitstreams/57dda3a3-838c-49d6-ad4b-a10935dd3e54/content

---

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 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