



Date: July 31, 2026

From: Guinea Worm Eradication Program, The Carter Center

Subject: GUINEA WORM WRAP-UP #333

To: Addressees

MALI REPORTS A GUINEA WORM CASE IN AN INSECURE AREA



Photo Credit: Mali GWEP

Figure 1. Potentially life-changing GW emerging at the ankle of a 14-year-old Malian boy.



Mali's Guinea Worm Eradication Program reported a case of Guinea worm disease in a 14-year-old boy from Nakry village in Markala district of Segou Region. A wound appeared on his right ankle on June 8, 2026, and was subjected to traditional treatment before secondary infection of the wound led his guardian to take him on June 13 to the local midwife, who applied a bandage. The midwife discovered the worm while removing the bandage on June 18 (Figure 1) and referred the patient to Macina district hospital on June 19. This is only the fifth human case of GW disease reported in Mali since 2016. The patient is a Koranic student of Bozo ethnicity who has lived in Nakry for the past four years without travel elsewhere, except for spending the night of June 18 with his father in his home village of Merou in Macina district. Fortunately, the potentially life-changing infection at his ankle healed without crippling him permanently.

Where did this GW come from? Nakry had no known GW in 2025 but in 2024 it reported GW infections in a dog and a cat, both reportedly contained, in July and September, respectively. Mali also reported contained GW infections in a dog and a cat elsewhere in Markala district in 2025 (*Guinea Worm Wrap-Up* #327, Table 2) and in two other dogs and a cat in 2024 (see *Guinea Worm Wrap-Up* #316, Table 3). Mali has not detected GW in any animal in January-May 2026, compared to 2 animal infections detected in Tominian and Macina districts in April 2025. Nakry is on the bank of the Niger River, which this patient visits regularly for swimming and fishing. He also hunts and collects fruit in the bush. Residents of Nakry practice collective fishing. They do not prevent consumption of fish entrails by carnivorous mammals. The village has three functional borehole wells, but the population also drinks water from the river. This patient might have been infected in 2025 by consuming poorly cooked fish with infective larvae or by drinking water containing copepods with infective larvae that probably came from undetected GW infection(s) in an animal or human in Nakry.

Where else did this GW go? This GW infection was discovered in the emerging stage and was not contained, but the boy apparently did not enter a water source with the emerging worm. He was hospitalized in Macina on June 19, where his wound was subjected to controlled immersion and the remaining worm extracted on June 21. *Program officials could not go to Nakry because of insecurity*, but they met with resource persons from that area and met the patient in Markala on June 22. The technical director of the health center and local community health agents educated villagers in Nakry, informed leaders of both local mosques, and inspected other Koranic students in Nakry without finding any other infected students. They began identification and treatment of local ponds with Abate on July 8th as the security situation allows, distributed cloth and pipe filters, and began daily inspection of other children in Nakry. The *prefect* of Markala district alerted other village chiefs of the GW infection. Mali's GWEP helped villagers in Nakry implement proactive tethering of dogs and cats in 2024 until villagers rejected the strategy in 2024 and the security situation deteriorated in 2025. Without the hoped-for pause in conflict to ensure safety of health workers in the endemic area during the peak transmission season, the response to this case is necessarily incomplete. Whether this patient's GW will lead to infection of any other person(s) could only be revealed by detection and genetic examination of any new GW infection(s) in Markala district next year. Mali also reported an uncontained GW infection in a dog in Markala district in June 2026 (more on this in next month's issue).

An itinerant male student who contaminated a water source in Mali's Kidal Region in 2007 caused an outbreak of 266 human GW cases in 2008. *This GW case in June 2026 shows the risk that continued GW infections in animals pose to Malians. Mali successfully eliminated trachoma as a public health problem, including in insecure Guinea worm-endemic areas of Mopti and Segou Regions, and secured validation by WHO of trachoma elimination in 2023. Could adapting what worked for trachoma help eliminate GW in Mali?*

ANGOLA: TWO HUMAN GW CASES

Angola's Guinea Worm Eradication Program has discovered two young boys with Guinea worm disease in Cunene Province. Neither boy's GW infection was contained.



- Starting on February 20, 2026, a 6-year-old boy had two Guinea worms emerge from his chest in Myovongo 1 village in Mucupe commune, where he has lived for the past 14 months. Two lagoons near his home are used for drinking water by people and animals. The family received health education about Guinea worm disease, and filters.
- On March 23, 2026, a Guinea worm was removed from the waist area of a 7-year-old boy from Tyipeque village at the same hospital as the first patient.

All of the Guinea worms detected in Angola since GW was discovered there in 2018 have been in Cunene Province. These are the first human GW cases in Angola since 2020. They demonstrate again the risk of Guinea worm disease in humans so long as GW transmission persists in animals. Angola has reported a provisional total of 91 animal GW infections (90 dogs, 1 cat; 14% contained) in January-June 2026 compared to 70 animal infections (all dogs; 44% contained) in January-June 2025; a 33% increase. Angola's Guinea Worm Eradication Program is about to establish and staff a sub-office based at Ondjiva in Cunene Province, including a Program Veterinarian, Dr. Esau Chambi. Angola's Guinea Worm Eradication Program, Cunene Province, and The Carter Center held a cash reward payment event in Ondjiva on July 24, for the confirmed GW infections in 2026 from Namacunde and Cuanahama municipalities.

IN BRIEF

Cameroon. In June 2026, Cameroon's GWEP extended proactive tethering to all 18 villages that had one or more GW infections in 2025, compared to 10 villages with proactive tethering in 2025. Cameroon has provisionally reported 262 animal GW infections (226 dogs, 36 cats; 69% contained) in January-June 2026; a 35% reduction from the 403 animal GW infections (377 dogs, 26 cats; 73% contained) that Cameroon reported in the same period of 2025.

Chad has provisionally reported 76 animal GW infections (71 dogs, 5 cats; 9% contained) in January-June 2026 vs. 82 animal GW infections (73 dogs, 9 cats; 71% contained) in January-June 2025; a reduction of 7%. As reported last month, Chad's diminished reduction in animal GW infections between 2025 and 2026 so far, and the low containment rate of animal infections in 2026 compared to 2025, follow removal of incentives for proactive tethering and deficiencies in supervision in 2025; issues which the program is seeking to address.

South Sudan's Guinea Worm Eradication Program has provisionally reported no confirmed human GW case or animal GW infection or confirmed un-emerged GW so far in 2026, compared to no human or animal GW infections reported during January-July 2025.

Sudan has not reported a GW case since 2002, and has never detected GW in an animal, but Sudan has not yet been certified as being GW-free because of insecurity.

Figure 2.

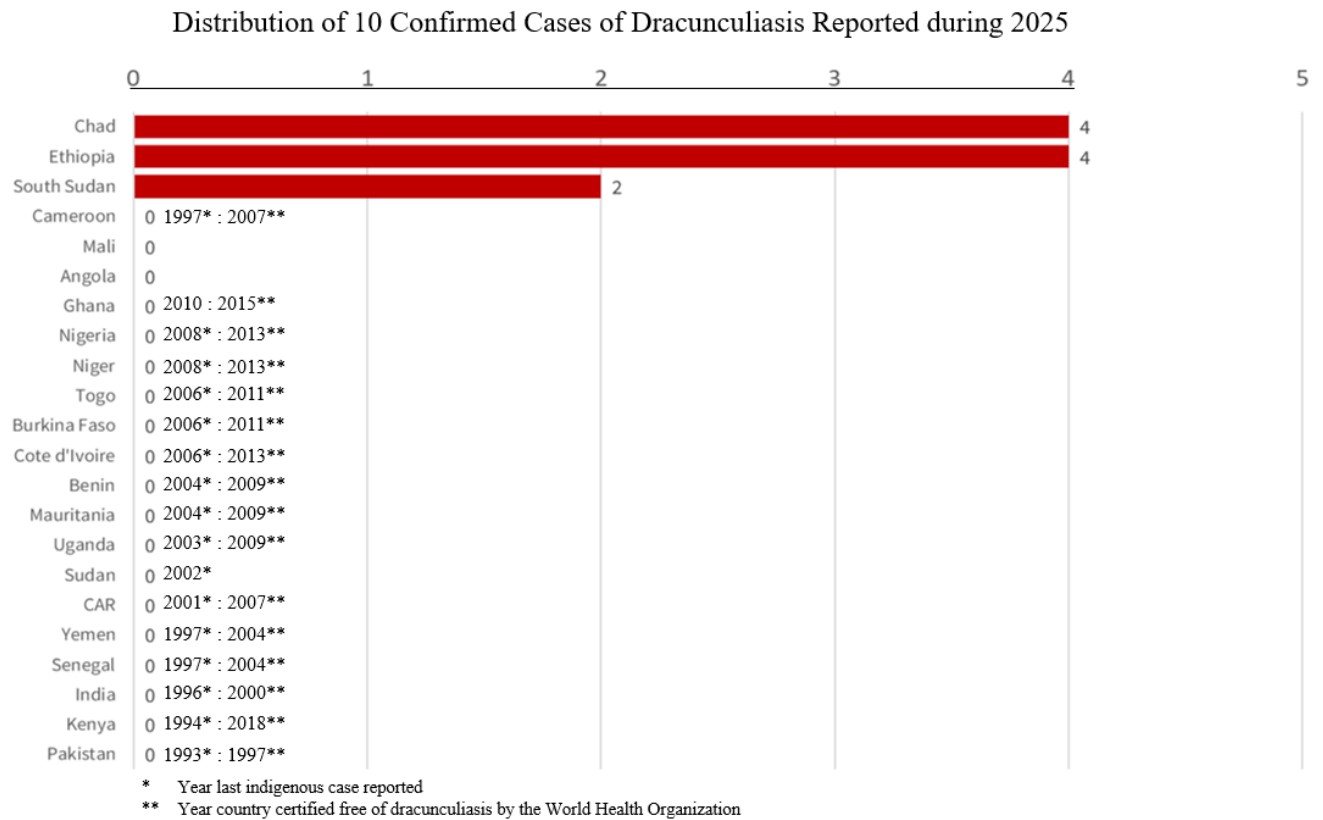
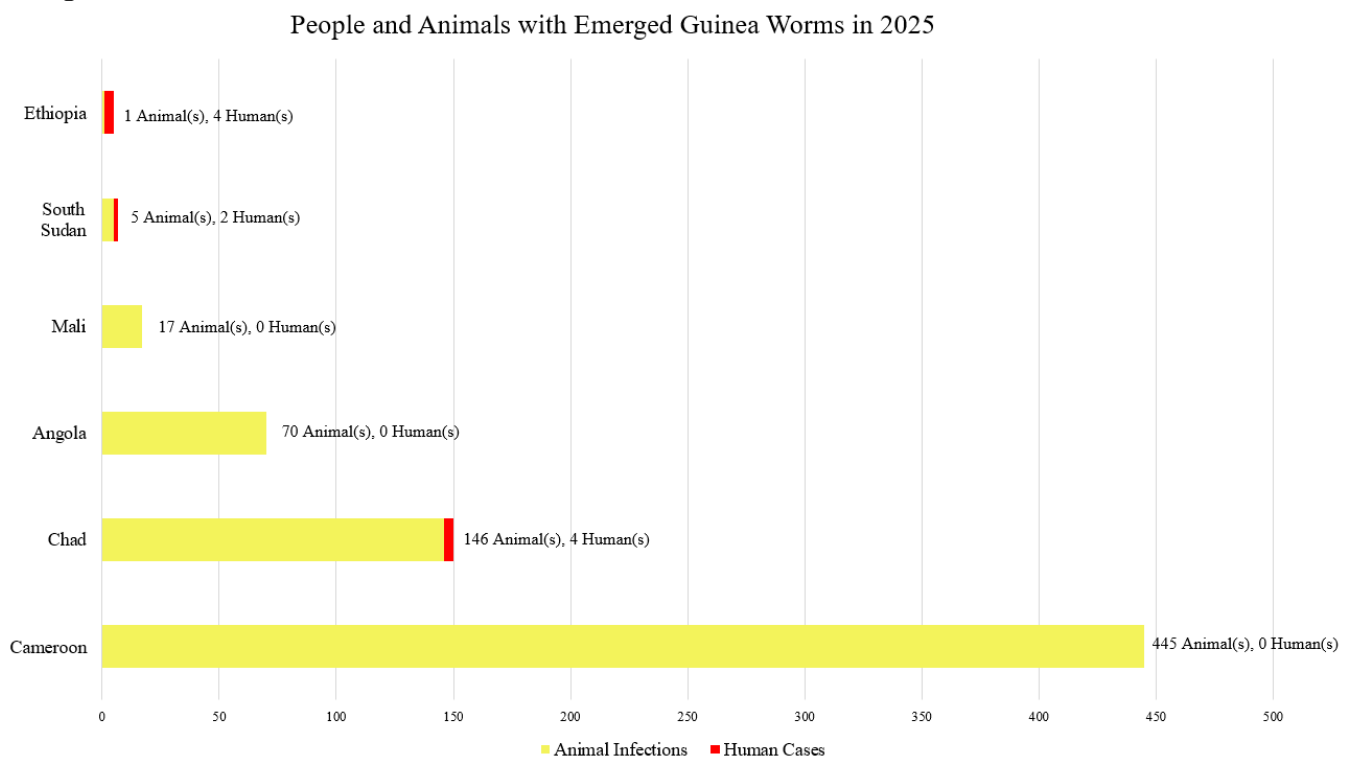


Figure 3.



FLASHBACK: 40TH ANNIVERSARY OF FIRST AFRICAN REGIONAL GW MEETING

This month marks the 40th anniversary of the first African Regional Meeting on Dracunculiasis, which convened at the *Palais des Congres* in Niamey, Niger on July 1-3, 1986. More than 50 participants attended, including representatives of 14 of the 19 African countries affected by the disease. The meeting reviewed progress made to date, the extent of the disease, available intervention tools and strategies, and areas requiring research. The workshop unanimously endorsed resolution WHA39.21 which had been adopted by the World Health Assembly two months earlier. This pivotal meeting was largely funded by a grant from the Carnegie Corporation of New York, with additional support by CDC, the United States Agency for International Development, the World Health Organization, UNICEF/Nigeria, and USA for Africa.

FUNDING

The Carter Center is grateful for the continued funding from the Gates Foundation, particularly its recent grant of USD\$25 million for Guinea worm disease eradication efforts through 2030. With this new funding, the foundation has generously provided \$293 million to the eradication campaign since May 2000.

UN HUMAN RIGHTS COUNCIL RESOLUTION ON HUMAN RIGHTS & NTDs



The United Nations Council on Human Rights adopted its first-ever resolution on Human Rights and Neglected Tropical Diseases on July 7, 2026. Led by the Republic of Malawi and core group members from Burkina Faso, Gambia, Kenya, Morocco, and Tanzania, “The Kigali Declaration on Neglected Tropical Diseases” affirms that ending NTDs is not only a public health imperative, but also a matter of human rights, dignity, equity, and justice, placing NTDs firmly within the human rights agenda. The resolution stresses the need for countries to lead and take ownership of ending NTDs and the equally important role of partnerships and collaboration among a wide range of stakeholders, noting both elements’ importance in meeting the UN’s Sustainable Development Goals (SDGs) and the 2030 targets of the NTD road map 20201–2030, which include “the eradication of two diseases (Guinea worm disease and yaws) and the elimination of at least one NTD in 100 countries.”

DEFINITIONS:

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

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

A Guinea worm/dracunculiasis **case** is defined as an infection occurring in a person exhibiting a skin lesion or lesions with emergence of one or more worms that is laboratory-confirmed as *Dracunculus medinensis*. Because *D. medinensis* has a 10-14-month incubation period, each infected person is counted as having an infection only once during a calendar year. [The same requirement of worm emergence with laboratory confirmation applies to confirmed *D. medinensis* infections in animals.]

A presumed source of Guinea worm infection of a human dracunculiasis case is considered identified if: The patient drank unsafe water from the same source/location (specify) as other human case(s) or an infected animal 10-14 months before infection, or

The patient lived in or visited the (specify) household, farm, village, or non-village area of a (specify) Guinea worm patient or infected domestic/peri-domestic animal 10-14 months before infection, or

The patient drank unsafe water from a (specify) known contaminated pond, lake, lagoon or cut stream 10-14 months before infection.

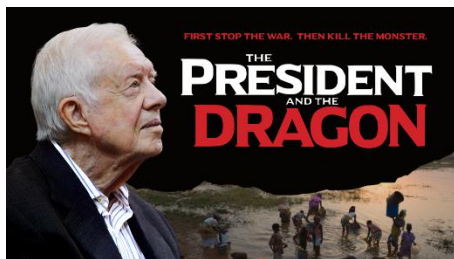
If none of the above is true, the presumed source/location of the infection is unknown. Whether the patient's residence is the same as the presumed source/locality of infection or not should also be stated in order to distinguish indigenous transmission from an imported case.

A contained case** means all of the following conditions are met:

1. The patient is detected before or within 24 hours of worm emergence; and
2. The patient has not entered any water source since the worm emerged; and
3. A village volunteer or other health care provider has properly managed the case, by cleaning and bandaging until the worm is fully removed and by giving health education to discourage the patient from contaminating any water source (if two or more emerging worms are present, the case is not contained until the last worm is pulled out); and
4. The containment process is validated by a supervisor within 7 days of the emergence of the worm, and
5. ABATE® is used if there is any uncertainty about contamination of the source(s) of drinking water.

***The criteria for defining a contained case of Guinea worm disease in a human should be applied also, as appropriate, to define containment for an animal with Guinea worm infection.*

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	0 / 0						0 / 0	N / A
ETHIOPIA	1 / 1	0 / 0	0 / 0	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	0 / 0						0 / 0	N / A
CAMEROON	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 / 1	0 / 0						0 / 1	0%
ANGOLA	0 / 0	0 / 1	0 / 1	0 / 0	0 / 0	0 / 0	0 / 0						0 / 2	0%
TOTAL*	1 / 1	0 / 1	0 / 1	0 / 0	0 / 0	0 / 1	0 / 0						1 / 4	25%
% CONTAINED	100%	0%	0%	N / A	N / A	0%	N / A						25%	
*Provisional														
	Cells shaded in black denote months when zero indigenous cases were reported. Numbers indicate how many cases were contained and reported that month.													
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Number of Laboratory-Confirmed Human Cases of Guinea Worm Disease, and Number Reported Contained by Month during 2025														
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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%	
	Cells shaded in black denote months when zero indigenous cases were reported. Numbers indicate how many cases were contained and reported that month.													
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READER:

Please share this newsletter with other interested persons, especially anyone who can help eliminate Guinea worm disease from your country.

To add an addressee, 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