



Date: August 21, 2026

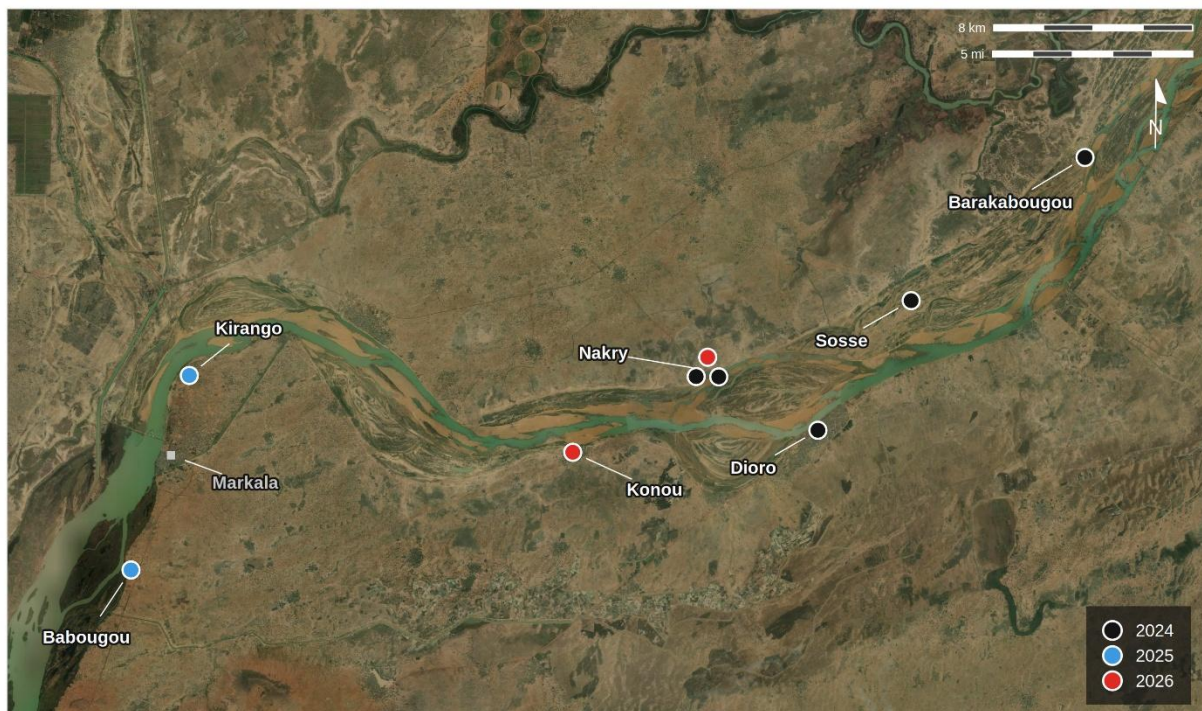
From: Guinea Worm Eradication Program, The Carter Center

Subject: GUINEA WORM WRAP-UP #334

To: Addressees

Guinea worm villages, Markala district, Segou Region, Mali

Cases/infections in humans or animals, 2024-2026



One dot per case/infection, spread slightly where a village had more than one. Basemap: Esri World Imagery.

Figure 1.

MALI: GUINEA WORM IN MARKALA DISTRICT, 2024-2026



Details of an uncontained human GW case discovered in a 14-year-old boy from Nakry village of Markala district in 2026 were described in last month's issue (*Guinea Worm Wrap-Up* #333). A contained dog infection was detected in Konou village in Markala district, on the same day as the human case: June 18, 2026. Konou (13.403172 N; 5.553020 W) is about 8 miles/13 km distant and on the opposite bank of the Niger River from Nakry (13.713312 N; 5.939429 W) (Figure 1). Konou is a fishing village that has seven functional wells, 86 dogs, and disposes of fish entrails haphazardly. The infected dog of 2026 consumes fish entrails. *Konou is more accessible and is less insecure than Nakry, which program officials could not visit because of insecurity.* Authorities treated nine ponds with Abate and discussed proper disposal of fish entrails with villagers in Konou in response to the 2026 dog infection.

Macina, Djenne, Tominian, and Markala districts, which are adjacent, are now the only districts with known GW in Mali, down from 34 endemic districts when Mali began its Guinea Worm Eradication Program (see *Guinea Worm Wrap-Up* #325) (Figure 2). Markala district reported 5 of Mali's 29 known animal GW infections in 2024 (in Nakry (2), Barakabougou, Dioro, and Sosse villages); and 2 of 17 animal infections in 2025 (in Babougou and Kirango villages) (Table 1). All known animal GW infections in Markala district in 2024 and 2025 were reportedly contained. Figure 1 shows the Markala district locations of Nakry, Konou, Dioro, Sosse, Babougou, Barakabougou, and Kirango villages.

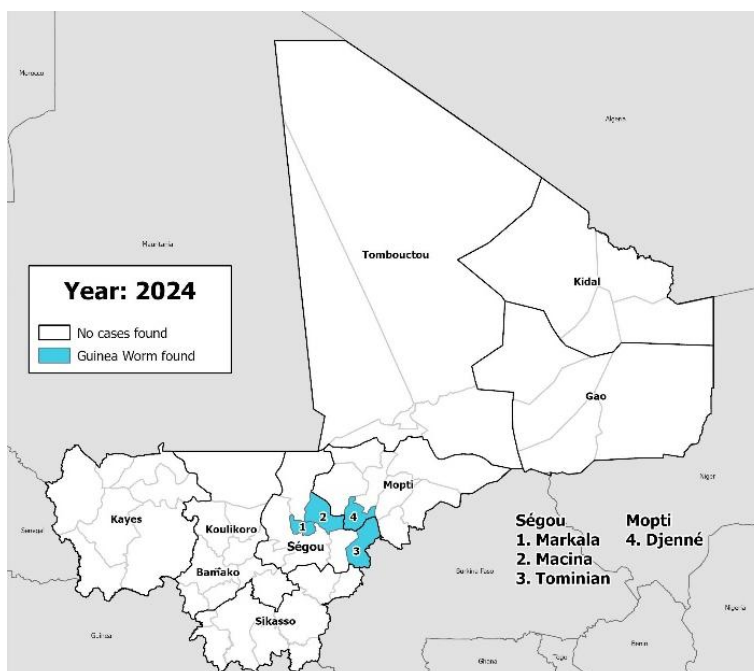


Figure 2. Mali Guinea worm cases/infections by district, 2024

The Carter Center-assisted Peace Through Health project contributed to improving health packages in some insecure endemic areas of Mali in 2020, reaching parts of **Macina, Djenne, Tominian**, Tenenkou, and Youwarou districts by 2025, but not **Markala** district. Mali began proactive tethering of dogs and cats in Macina and Djenne districts late in 2021. Those new interventions in 2020 and 2021 (Peace Through Health, proactive tethering), with on-going Abate treatments, may have led to improved reporting (average 351 human and animal GW rumors in 2020-2021 vs. 1,130 average human and animal GW rumors in 2022-2025), with more GW infections reported in 2022 and 2023 and a downward trend in total reported GW in 2023-2025 (Table 1), but genetic analysis suggests Mali was still failing to detect some GW infections as of 2024 and had a highly diverse population of known GWs in 2025. Health workers who surveyed households and fish sellers in accessible areas of Mali's four endemic districts in May 2026 reported safe disposal of fish waste as follows:

Macina 94% of 65 households surveyed and 71% of 7 fish sellers surveyed
Djenne 32% of 28 households and 67% of 15 fish sellers
Tominian 87% of 110 households and 85% of 53 fish sellers
Markala 51% of 652 households and 41% of 154 fish sellers

The National Program Coordinator of Mali's Guinea Worm Eradication Program, Dr. Cheick O. Coulibaly, and the National Director of Veterinary Services Mme. Djenebou Kone led a supervisory mission to **Macina**

and **Markala** districts on June 22-28, 2026. They visited the provisional GW case from Nakry at the Markala district hospital on June 22 and the family of the provisional GW-infected dog in Konou, as well as several recently endemic villages in Macina district during the mission. A team led by Data Manager of the GWEP Mr. Souleymane Diarra and Carter Center consultant Dr. Gabriel Guindo made a supervisory visit to **Djenne**, **Tominian**, Mopti, and San districts on June 18-29, 2026.

Mali has provisionally reported 1 uncontained human GW case and 1 contained animal GW infection in January-July 2026, vs. 0 human cases and 4 contained animal infections in January-July 2025.

GW transmission in Mali is complicated by its riverine ecology, collective fishing and haphazard disposal of fish waste, commercial marketing and transport of dogs for human consumption, and on-going insecurity. Although insecurity is the main impediment to eliminating GW in Mali, Mali successfully eliminated trachoma as a public health problem in its GW-endemic area in 2023.

Table 1.

Guinea worm cases/infections reported in Mali by district, 2020 - 2025

District	2020	2021	2022	2023	2024	2025	Total
Macina	4	6	27	32	14	8	91
Djenne	3	7	7	2*	8	6	33
Tominian	1	3	4	2	1	1	12
Markala	1	3**	2	9	5	2	22
Mopti	0	0	1	1	0	0	2
San	0	0	0	1	0	0	1
Baroueli	1*	0	0	0	0	0	1
TOTAL	10	19	41	47	28	17	162
Localities	6	13	21	17	20	13	

* = 1 human GW case included. Markala district also reported a human GW case and an animal GW infection in June 2026.

ANGOLA: MORE DETAILS ON TWO GW CASES



#2 endemic Angola provisionally reported 21% of 445 global GW infections in 20 villages in January-July 2026; a 33% increase from 70 GW infections in 2025. Angola's GW transmission season was January-April 2026. On July 27-28, 2026, the Cunene Provincial Head of Public Health Dr. Felix Belarmino, the provincial Neglected Tropical Diseases focal point Maria Luisa Bonga, World Health Organization data officer David Da Costa, and Carter Center Country Representative Ms. Lucia Verzotti met with the

Municipal Director of Health in Humbe municipality and other officials to visit the village and family of both human cases of Guinea worm disease that Angola discovered earlier this year, which were described briefly in last month's issue. Humbe municipality was created in 2025 out of Ombadja municipality, which had not reported GW in a human or animal before; almost all previous known GW in Angola being in Namacunde or Cuanhama municipalities. The team met with the families of both boys to investigate circumstances of their exposure, educating them about GW disease and its prevention, demonstrating the correct use of cloth filters, and delivering the cash reward (US\$55 equivalent) for reporting confirmed cases.

They met the patient at Myovongo 1 village and visited Chiulo Catholic Mission Hospital, which treated both boys.

The six- and seven-year-old infected boys (Table 2) belong to different ethnic subgroups of agro-pastoralists which are very similar culturally, speak the same language, and share similar customs and lifestyles. Their villages do not have a safe source of drinking water and are highly isolated, located about 25 km/15 miles from each other, and over 100km (60 miles) from the known endemic area on the border between Cuanhama and Namacunde municipalities. The boys do not know each other, their families have no known connection, and neither boy has a history of travel outside of his respective village area. They are the first human cases of GW disease detected in Angola since 2020.

The 93 provisional GW infections in animals that Angola reported in 20 villages in January-July 2026 include 92 dogs and 1 cat. Eighty-three percent (77/93) of the infections are in only five villages: Oidiva (40), Ohameke (10), Oluxwa (10), Epolo (10), and Onanime (7). The first two villages are in Cuanhama municipality; the others in Namacunde municipality. Angola’s reported GW infections in 2025 occurred in January-April, with a peak in April; in 2026 in January-May, with a peak in March (Figure 3).

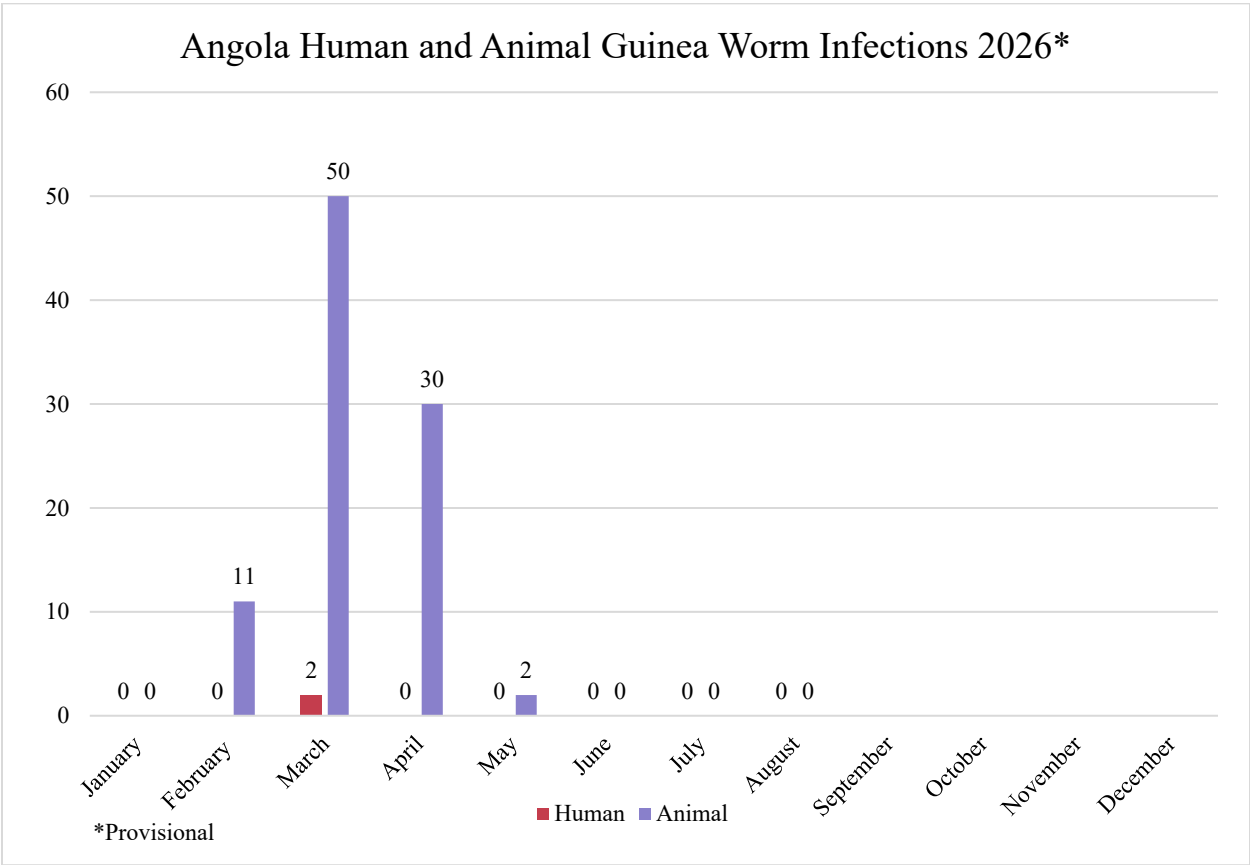


Figure 3.

IN BRIEF

#1 endemic Cameroon provisionally reported 59% of 445 global GW infections in January-July 2026. Cameroon's peak transmission season was February-July in 2025. Cameroon's GWEP contained 69% of infected animals, tethered 94% of 4,967 eligible dogs and cats in 39 villages, and treated 92% of 496 eligible water sources with Abate in January-June 2026. This is a 40% reduction (435→262) in Cameroon's animal GW infections between January-July 2025 and January-July 2026.

#3 endemic Chad provisionally reported 19% of 445 global GW infections in January-July 2026. Chad's reported GW includes 82 infected dogs and 5 cats (34% contained) in January-July 2026 vs. 101 infected animals (70% contained) in the same period of 2025; a 14% reduction in infections but a considerable decrease in the proportion of infections that were contained. Chad has year-round GW transmission which peaks in April-September. It proactively tethered only 10% (8,424/83,541) of eligible dogs and cats in 1,043 villages in January-July 2026 but treated 99+% of 1,236 eligible water sources with Abate. The lower containment and tethering rates in 2026 follow removal of incentives for proactive tethering and deficient supervision in 2025; issues which the program is addressing. Surveillance was not impacted as much, apparently, since Chad reported about 169,000 rumors of GW in humans and animals in January-June 2026, with over 99% investigated within 24 hours, vs. 185,000 rumors in January-June 2025.

Ethiopia has provisionally reported 1 contained human GW case and 0 animal GW infections in January-July 2026, vs 3 contained human cases and 0 animal GW infections in January-July 2025. Ethiopia's peak GW transmission season is April-September.

South Sudan has provisionally reported 0 human GW case and 0 animal GW infection in January-July 2026, vs. 2 human cases (1 contained) and 0 animal GW infections in January-July 2025. One confirmed *unemerged* Guinea worm was detected in a serval cat from a cattle camp in Rumbek Center County of Lakes State on May 12, 2026. South Sudan's peak GW transmission season is July-October.

Sudan has not reported an indigenous 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.

Table 2. Provisional Line List of Confirmed Human Guinea Worm Cases so far in 2026

<u>Country</u>	<u>District/Village</u>	<u>Sex/Age</u>	<u>Ethnicity</u>	<u>Worm Emerged</u>	<u>Contained?</u>	<u>Number of GWs</u>
Ethiopia	Gog/Athibir	M/29	Agnuak	14 January	Yes	1
Angola	Mucupe/Myovongo 1	M/6	Nyaneka-Humbe	15 March	Yes	2
Angola	Humbe/Tchika	M/7	Muhumbi	23 March	No	1
Mali	Nakri/Markala	M14	Bozo	18 June	No	1

Table 3.

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					0 / 0	N / A
ETHIOPIA	1 / 1	0 / 0	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					0 / 0	N / A
CAMEROON	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 / 1	0 / 0	0 / 0					0 / 1	0%
ANGOLA	0 / 0	0 / 0	1 / 2	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0					1 / 2	50%
TOTAL*	1 / 1	0 / 0	1 / 2	0 / 0	0 / 0	0 / 1	0 / 0	0 / 0					2 / 4	50%
% CONTAINED	100%	0%	50%	N / A	N / A	0%	N / A	N / A					50%	
*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														
(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%	
	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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Total Reported GW, January – July:

	<u>2025</u>	<u>2026</u>	
Human cases	6	4	-33%
Animal infections	610	445	-27%

HELP FIGHT GUINEA WORM

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.

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