



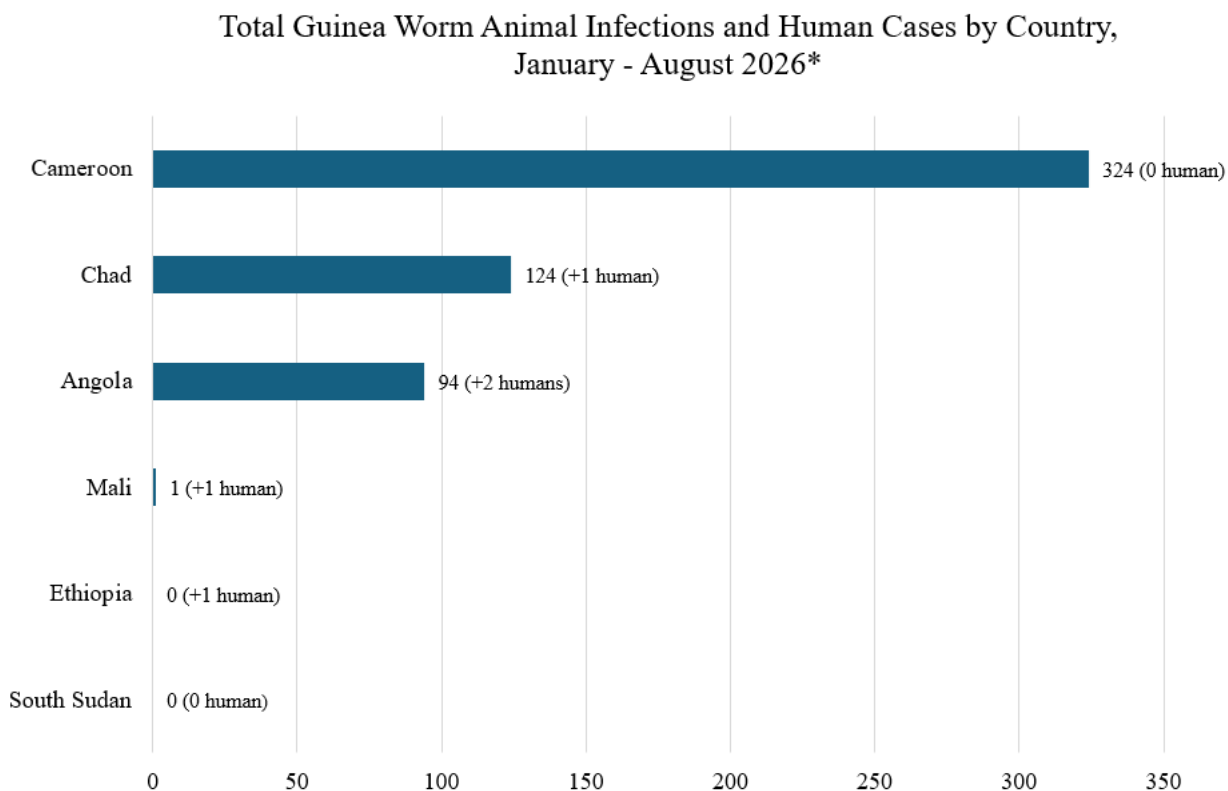
Date: September 28, 2026

From: Guinea Worm Eradication Program, The Carter Center

Subject: GUINEA WORM WRAP-UP #335

To: Addressees

Figure 1.



*Provisional. Worms emerging in 2026 reflect transmission that occurred 10-14 months earlier in 2025.

N.B.: January-August 2025 included 95% of total animal GW infections (684) and 90% of all human GW cases (10) that year.

Cameroon, Chad, and Angola have almost all of the known GW remaining YTD in 2026 (99%).

- **Cameroon (61%)** had peak known GW transmission in a compact area of only **19 villages** (in 1 district) during February-July, its dry season, in 2025.
- **Chad (21%)** had known GW transmission in a dispersed southern area of **95 villages** (in 22 districts) year-round during 2025.
- **Angola (17%)** had known GW transmission in a compact area of only **21 villages** (in 3 districts) during January-April, its rainy season, in 2025.

GW transmission is likely sustained by domestic dogs in Angola, and by domestic dogs and cats in Cameroon and Chad, but acquisition by humans is still a risk. These countries should reduce the force of GW infection rapidly by using relevant programmatic activities in a contextually appropriate way, including Abate, proactive tethering, and safe disposal of aquatic animal waste (e.g., fish guts) in known high-risk areas. We know how to stop GW in dogs: Chad reduced reported dog infections by 94% between 2019 (1,935) and 2025 (117), and Ethiopia has not detected a dog infection for three years (August 2023). Angola and Cameroon should prepare now to apply all relevant interventions fully in each of their 1+ villages during the 2027 GW transmission season: 80% of all reported, remaining known GW worldwide is in their 40 endemic villages. Geospatial modeling can help identify potential high-risk areas, tailored to different national circumstances (see *Guinea Worm Wrap-Up* #322).

Mali, South Sudan, and Ethiopia have the fewest known GW cases and infections remaining YTD in 2026 (<1%) but evidence suggests GW is still being missed in these countries.

- **Mali** had known peak GW transmission in **13 villages** (4 districts) during July-September, its rainy season, in 2025.
- **South Sudan** had known GW transmission in or near **6 villages** (6 districts) during July-November, its rainy season, in 2025.
- **Ethiopia** had known GW transmission in or near **6 villages** (2 districts) during June-August, its rainy season, in 2025.

Residual GW transmission is apparently sustained by domestic dog and cat infections in Mali, and likely by Olive baboons in Ethiopia, but transmission to humans is still a risk. More information is needed to understand transmission dynamics in South Sudan. In January – August 2026, Ethiopia, Mali, and South Sudan reported only 3 GW infections in humans or animals, but samples from this period are still pending diagnosis (Figure 1). These programs should detect, contain, and investigate every GW case or infection promptly. Use active surveillance and prevent contamination of water by each emerging Guinea worm, use Abate to make any contaminated water source(s) safe, and thoroughly investigate to find any other persons or animals who were put at risk the year before or potentially exposed to infectious copepods containing larvae from cases or infections detected in the current year. Better surveillance is key. You can't contain or investigate what you don't know. Every endemic country is still missing some GW infections. Missed GW infections most likely occur near known GW infections and are probably more likely in animals, which can't self-report, than in humans. GW population genomics can complement thorough field investigations to help identify common linkages and kinship among detected worms.

IN BRIEF

#1 endemic Cameroon reduced GW reported in animals by 27% between January-August 2025 (442) and January-August 2026 (324, provisional; Figure 2). Cameroon has not reported a confirmed human GW case since May 2023. Cameroon's GW infections in 2026 have occurred in 22 villages, of which only 10 villages reported 91% of the infections. All ten of those villages have safe drinking water, and all applied Abate, practiced proactive tethering of dogs, and practiced safe disposal of aquatic animal waste this year.

#2 endemic Chad reported no change in GW reported in animals and humans between January-August 2025 (124) and January-August 2026 (124, provisional; Figure 2), including a provisional reduction of 59% (70→29) in January-July in Mayo Kebbi Province, which borders Cameroon. Chad improved containment rates for infected dogs and cats between the first (23%) and second (44%) quarters of 2026, but proactive tethering rates are still very low, following removal of incentives for that intervention. The program has

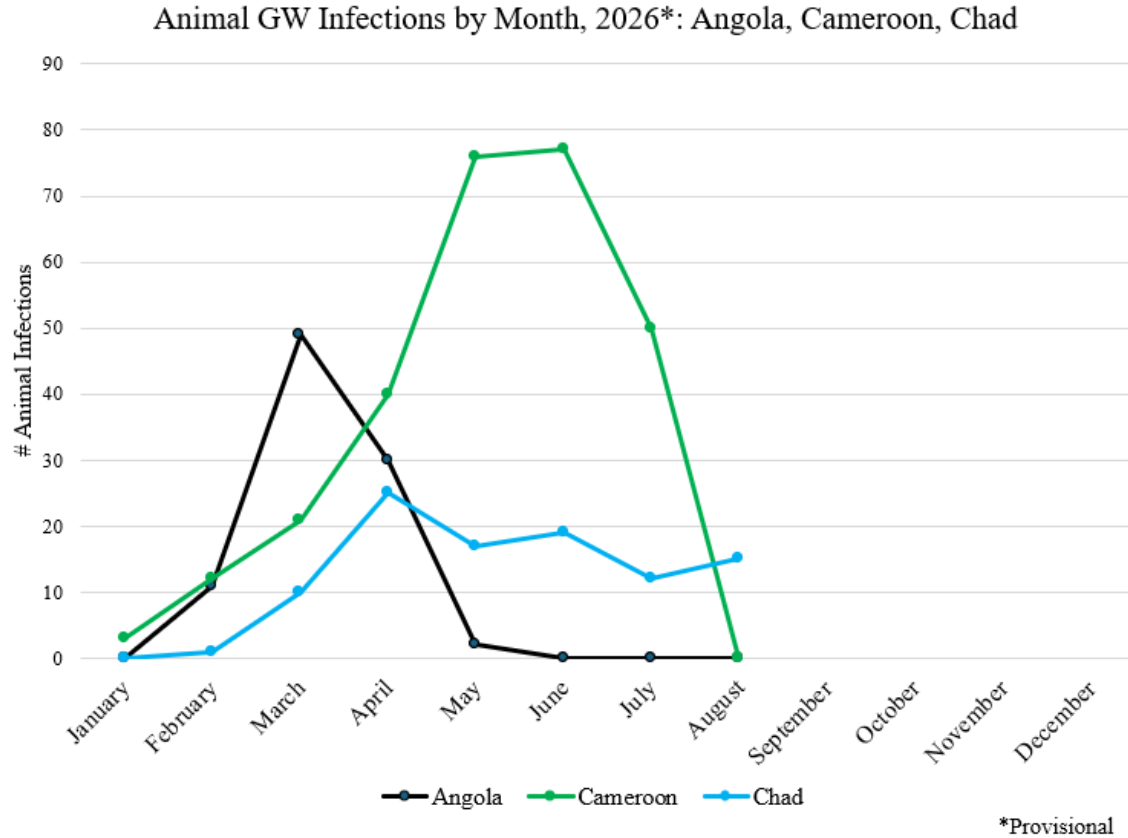
mobilized authorities at the local level to improve tethering rates. Chad has reported 1 confirmed, contained human GW case so far this year: a 32-year-old male Arabe Rachid farmer from Amsigane village in Amhabile district/Salamat Province with no history of travel beyond his home village area during the period of infection. His worm emerged on June 16, 2026. The most recent known previous GW infection in his village, which does not have a safe source of drinking water, was in a dog in 2023. The program applied Abate to local water sources, distributed pipe and cloth filters, and conducted health education in response to this case.

#3 endemic Angola reported a 33% increase in GW in animals and humans between January-August 2025 (70) and the same period of 2026 (94, provisional; Figure 2), including 2 confirmed GW cases in humans in March 2026 (Figure 2). Angola's 2026 GW transmission season began in February and ended in May (Figure 2). Two GW program officers began working with the GW program manager and the program veterinarian at Angola's GWEP sub-office in Ondjiva, Cunene Province in early August, and in the municipalities of Namacunde and Humbe. The first of two program vehicles arrived at the sub-office in mid-August. The GWEP is recruiting over a dozen field officers to join the sub-office staff in October, as it prepares to intensify interventions in Angola's 21 known endemic villages before the next GW season.

Mali. Carter Center Associate GWEP Director Mindze Nkanga visited Bamako August 13-15 to participate in the Steering Committee Meeting of the Peace Through Health Initiative. Mali has reported 1 confirmed GW human case and 1 confirmed animal GW infection (uncontained) so far in 2026, with laboratory results pending for 15 suspected animal GW infections.

South Sudan has reported a confirmed, contained GW that was removed from an abscess in the left armpit of a 14-year-old Dinka cattle herder in Dharai village of Yirol West County/Lakes State on January 13, 2026. The boy's armpit swelling was first detected on August 3, 2025, shortly after he had an uncontained hanging Guinea worm emerge from his right foot on July 2, 2025. The *un-emerged* GW was removed from the swelling with pus after the abscess was incised on January 5th. This patient's GW infection was recorded in 2025 (see *Guinea Worm Wrap-Up* #324) and does not count as a separate infection in 2026 (see Definitions in this issue). South Sudan has also reported 7 confirmed, *un-emerged* GW in small wild carnivores so far in 2026: 4 wild cat/hybrids, 1 serval, 1 leopard, and 1 white tailed mongoose, in four counties: Tonj East/Warrap State (3), Rumbek North/Lakes (2), Rumbek Center/Lakes (1), and Lafon/Eastern Equatoria (1).

Figure 2.



FUNDING

The Carter Center is grateful for The ELMA Foundation's recent grant for Guinea worm disease eradication efforts through 2028. This support to the Guinea Worm Eradication Program marks an exciting expansion of ELMA's partnership with The Carter Center, and we are deeply grateful for ELMA's investment in our shared eradication efforts.

Total Reported GW, January-August			
	<u>2025</u>	<u>2026*</u>	
Human cases	9	5	-44%
Animal infections	647	542	-16%
*Provisional			

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 animal and human infections 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	
CAMEROON	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0				0 / 0	N / A
CHAD	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	1 / 1	0 / 0	0 / 0	0 / 0				1 / 1	100%
ANGOLA	0 / 0	0 / 0	1 / 2	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0				1 / 2	50%
MALI	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 1	0 / 0	0 / 0	0 / 0				0 / 1	0%
SOUTH SUDAN	0 / 0	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	0 / 0				1 / 1	100%
TOTAL*	1 / 1	0 / 0	1 / 2	0 / 0	0 / 0	1 / 2	0 / 0	0 / 0	0 / 0				3 / 5	60%
% CONTAINED	100%	N / A	50%	N / A	N / A	50%	N / A	N / A	N / A				60%	
*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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	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL	
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
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%
ANGOLA	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
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%
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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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 signs 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 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 became apparent, 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 became apparent, or

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

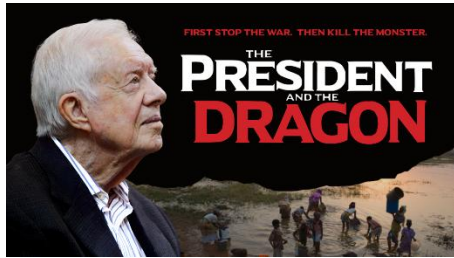
If none of the above is true, the presumed source/location of the infection is unknown. Whether the patient's residence is the same as the presumed source/locality of infection or not should also be stated in order to distinguish indigenous transmission from an imported case.

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

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.

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