



Date: September 27, 2024

From: WHO Collaborating Center for Dracunculiasis Eradication, CDC

Subject: GUINEA WORM WRAP-UP #313

To: Addressees

**PRIME MINISTER OF CHAD HOSTS GUINEA WORM MEETING OF CAMEROON, C.A.R.,  
& CHAD**



Cameroon



Central African Republic



Chad



The Prime Minister of Chad, the Honorable Allah-Maye Halina, hosted a meeting of Chad's Minister of Public Health Dr. Abdel-Majid Abderahim Mahamat, Central African Republic's Minister of Health Dr. Pierre Somse, and Cameroon's Neglected Tropical Diseases Director Dr. Georges Ako Ayissi in N'Djamena on September 17, 2024, to scale up collaboration among the three countries in their fight to eradicate Guinea worm by 2027 and discuss community-based surveillance and cross-border transmission of the disease. The unprecedented meeting, which was under the high patronage of the President of the Republic of Chad, included World Health Organization (WHO) Director General Dr. Tedros Ghebreyesus and Carter Center CEO Paige Alexander. The meeting was organized by the Government of Chad and supported by The Carter Center and WHO. Other prominent participants included the National Program Coordinator of Chad's Guinea Worm Eradication Program (GWEP) Dr. Philip Ouakou Tchindebet; The Carter Center's Vice President for Health Dr. Kashef Ijaz, Guinea Worm Eradication Program Director Adam Weiss, Senior Country Representative (CR) Dr. Abdalla Meftuh and Deputy CR Al Hassana Outman; as well as the World Health Organization's Assistant Director General Dr. Jerome Salomon, WHO Team Leader Eradication and Elimination of NTDs Dr. Dieudonne Sankara, WHO AFRO Regional Focal Point for Guinea worm Disease Eradication Dr Andrew Seidu Korkor, WHO Technical Officer Farah Junerlyn Agua, focal point for GWE of Chad WHO country office Dr Ibrahim Djeomboro, WHO Cameroon Country Representative Dr. Phanuel Habimana, WHO Chad Country Representative Dr. Blanche Philomene Anya, and WHO Executive Officer Christopher Fitzpatrick. Twenty-six diplomatic representatives also attended the high-level meeting.

Chad and Cameroon reported 85% (763/900) of global animal and human GW infections in 2023, and 91% (365/403) of the world's GW so far in 2024. Chad re-discovered human cases of Guinea worm disease in 2010 after reporting no cases for a decade. It found infected dogs for the first time two years later and reported a peak of 1,935 dog infections in 2019, which it has reduced to 243 animal infections and 2 human cases in January-August 2024. Cameroon was certified as Guinea worm-free by WHO in 2007 after ten consecutive years with no indigenous cases, but has reported hundreds of GW infections in dogs, as well as several cats and a few humans, in Guere district since 2019. Guere district forms a single epidemiological unit with adjacent endemic Bongor district in Chad, where extended families live and visit markets on both sides of the international border. Bongor district significantly reduced Guinea worm infections so far in 2024 compared to 2023 (Figure 1). Central African Republic, which WHO also certified as Guinea worm-free in 2007, reported two human Guinea worm cases in 2022-2023 in Vakaga district, which borders the endemic health district of Haraze in Chad's Salamat Province.

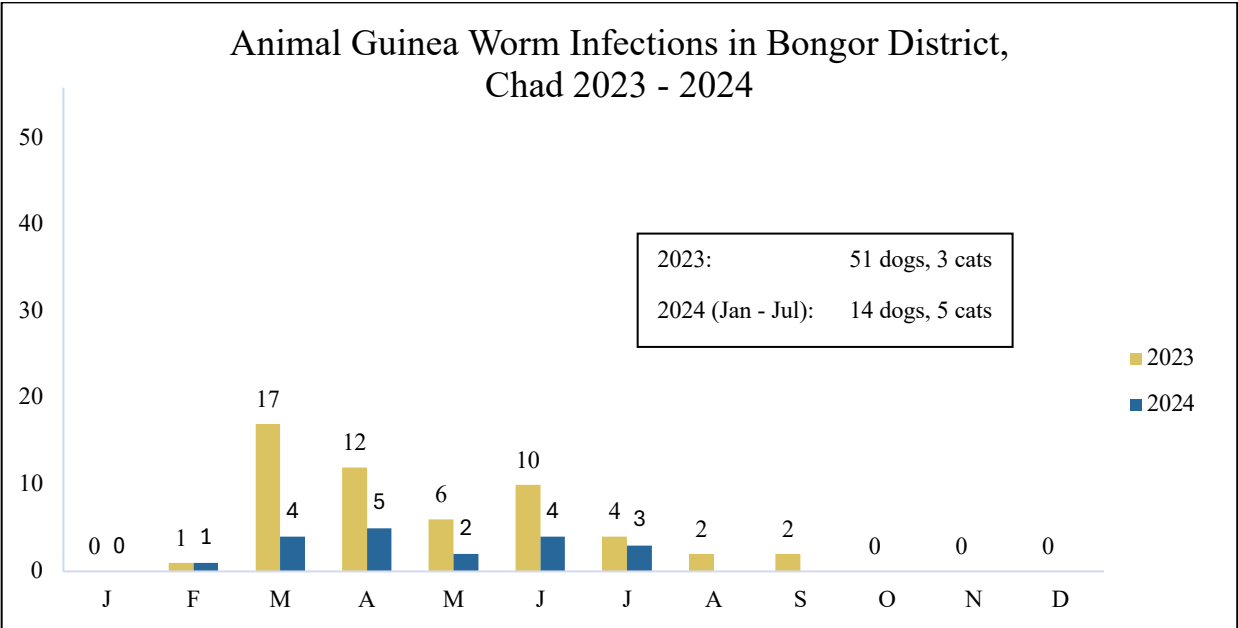


Figure 1. Animal Guinea Worm Infections in Bongor District, Chad in 2023 – 2024 (January – July).

Prime Minister Allah-Maye recalled that Chad signed the Abu Dhabi Declaration in the United Arab Emirates in 2022 and pledged Chad’s commitment to strengthen its strategies and actions to combat Guinea worm disease. WHO Director General Dr. Tedros congratulated Chad on recently eliminating the threat of African trypanosomiasis and said we now stand on the threshold of freeing Chad and the world from Guinea worm disease. Carter Center CEO Paige Alexander thanked the Government of Chad for hosting the meeting and commended Chad’s minister of health for personally visiting endemic villages. A copy of the 2024 N’Djamena Declaration, which notes “with particular attention the high and worrying number of animal infections in Chad and Cameroon”, is included below. The signatures by the ministers of Central African Republic and Chad were witnessed by Prime Minister Allah-Maye, Dr. Tedros, Ms. Alexander and Mr. Malloum Yoboidi Djeraki, 3<sup>rd</sup> Vice President of the National Transition Council. Cameroon’s Minister of Health Dr. Malachie Manouda is expected to sign the Declaration soon.

The day before the high-level meeting, members of Chad’s Ministry of Health escorted several senior participants to Koundoul 2 village in Mandelia district of Chad’s Chari Baguirmi Region, where they met with local health and administrative officials and community members and visited four households with five tethered dogs and a cat. They observed a community health worker deliver a health education session with young children.

## N'DJAMENA DECLARATION ON THE INTERRUPTION OF THE TRANSMISSION OF GUINEA WORM DISEASE

We, Ministers of Health of Cameroon, the Central African Republic (CAR) and Chad gathered on September 17, 2024, in N'Djamena in the Republic of Chad in the presence of the Prime Minister, Head of Government, representing the President of the Republic of Chad, Head of State,

Recognizing the progress made by countries since the signing of the Abu Dhabi Declaration of March 22, 2022 in the United Arab Emirates,

Noting the high number of cases and animal infections in Chad, making this country the epicenter of Guinea worm disease on one hand and the notification of human cases and animal infections by Cameroon and the CAR on the other hand, both certified, in border health districts with Chad,

Noting with particular attention the high and worrying number of animal infections in Chad and Cameroon,

Aware of the need to mobilize additional resources for intensified surveillance of Guinea worm disease and more particularly in the aforementioned border countries to stop transmission by 2026,

Commit to contributing to the global eradication of Guinea Worm Disease by 2030 in accordance with the Neglected Tropical Diseases Roadmap 2021–2030, by taking the following practical steps:

1. Intensification of community-based surveillance of Guinea worm disease in endemic and non-endemic areas with particular emphasis in border areas;
2. Advocacy in liaison with the sector in charge of hydraulics for the creation of infrastructure for access to safe drinking water in all endemic and high-risk villages by the end of 2025;
3. The establishment and implementation of legal and regulatory provisions for the regulation of the population of dogs and cats in order to stop the spread of Guinea worm disease, but also rabies within communities;
4. Strengthening synchronized cross-border interventions in endemic districts;
5. Maintaining and increasing mobilization of internal funding allocated to national programs to stop the transmission of Guinea worm disease in endemic areas, including cross-border areas

Finally, request the support of technical and financial partners for the mobilization of additional resources necessary for the eradication of Guinea worm disease by 2030.

Adopted in N'Djamena, Chad, on September 17, 2024

REPUBLIC OF CAMEROON



CENTRAL AFRICAN REPUBLIC




REPUBLIC OF CHAD

ENSEMBLE EN SOLIDARITÉ



PAIGE ALEXANDER  
CHIEF EXECUTIVE OFFICER  
THE CARTER CENTER



DR. TEDROS ADHANOM GHEBREYESUS  
DIRECTEUR GENERAL  
WORLD HEALTH ORGANIZATION

## IN BRIEF

**Angola.** The CDC laboratory has confirmed GW infections in 36 dogs (25% contained) in January-June 2024, which is a 56% reduction from the 81 dog infections (2% contained) reported in the same period of 2023.

**Ethiopia** has detected no Guinea worm infection in a human, dog, or cat in January-August 2024. It found 1 baboon with six subcutaneous Guinea worms in April this year, which did not meet the official GW case definition because the worms had not emerged, but the program still implemented all appropriate preventive measures. That baboon was the only infected animal among 144 dead or sedated baboons the program examined in Gog and Abobo districts of Gambella Region in January-May 2024 and another 66 dead baboons examined there in June-July 2024. Results from sedated baboons examined during this year's second trapping by the Baboon Study Project in July-August are pending. The peak GW transmission season in Ethiopia is April-September.

**Mali.** In addition to a confirmed infection with two un-emerged GWs in a jackal in Soumouni health area of Macina district/Segou Region in early July, Mali has reported provisional GW infections in 9 dogs and 2 cats (6 contained) in July-August 2024, compared to GW in 20 animals and 1 human in January-August 2023. Macina district, which reported 32 of Mali's 47 GW animal infections and 1 human case in 2023, reported 5 of the provisional animal infections. Macina district implemented proactive tethering of dogs and cats in 5 of 8 villages with confirmed or provisional GW infections in 2023-2024, reaching 91% (1253/1372) of targeted animals in July. GW-endemic Ke-Bozo and Guenda villages in Soumouni health area were not accessible, due to insecurity. A survey in July found 95% (98/103) of Macina's sampled households and 75% (6/8) of fish sellers managed fish gut disposal properly.

## CASE DEFINITION

A 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* at CDC. 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. [A similar requirement of worm emergence applies to confirmed *D. medinensis* infections in animals.]

**Table 1**  
**Number of Laboratory-Confirmed Human Cases of Guinea Worm Disease, and Number Reported Contained by Month during 2024\***  
(Countries arranged in descending order of cases in 2023)

| 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   | 0/1 | 0/0  | 0/1  |        |           |         |          |          | 0/2    | 0%      |
| SOUTH SUDAN                                 | 0/0  | 0/0      | 0/0   | 0/0   | 0/0 | 1/2  | 0/0  |        |           |         |          |          | 1/2    | 50%     |
| CENTRAL AFRICAN REPUBLIC                    | 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 | 0/0  | 0/0  |        |           |         |          |          | 0/0    | N/A     |
| TOTAL*                                      | 0/0  | 0/0      | 0/0   | 0/0   | 0/1 | 1/2  | 0/1  |        |           |         |          |          | 1/4    | N/A     |
| % CONTAINED                                 | N/A  | N/A      | N/A   | N/A   | 0%  | 50%  | 0%   |        |           |         |          |          | 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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| 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   | 1/1  | 1/1  | 1/3  | 1/1    | 1/2       | 1/1     | 0/0      | 0/0      | 6/9   | 67%     |
| SOUTH SUDAN                                 | 0/0  | 0/0      | 0/0   | 0/0   | 0/0  | 0/0  | 0/0  | 0/1    | 0/1       | 0/0     | 0/0      | 0/0      | 0/2   | 0%      |
| ETHIOPIA                                    | 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     |
| CENTRAL AFRICAN REPUBLIC                    | 0/0  | 0/0      | 0/0   | 0/0   | 0/0  | 0/0  | 0/0  | 0/0    | 0/0       | 0/1     | 0/0      | 0/0      | 0/1   | 0%      |
| MALI  | 0/0  | 0/0      | 0/0   | 0/0   | 0/0  | 0/0  | 0/0  | 0/1    | 0/0       | 0/0     | 0/0      | 0/0      | 0/1   | 0%      |
| CAMEROON                                    | 0/0  | 0/0      | 0/0   | 0/0   | 1/1  | 0/0  | 0/0  | 0/0    | 0/0       | 0/0     | 0/0      | 0/0      | 1/1   | 100%    |
| TOTAL                                       | 0/0  | 0/0      | 0/0   | 0/0   | 2/2  | 1/1  | 1/3  | 1/3    | 1/3       | 1/2     | 0/0      | 0/0      | 7/14  | 50%     |
| % CONTAINED                                 | N/A  | N/A      | N/A   | N/A   | 100% | 100% | 33%  | 33%    | 33%       | 50%     | N/A      | N/A      | 50%   |         |

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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## RECENT PUBLICATIONS

Delea MG, Sack A, Eneanya OA, et.al., 2024. Slaying the serpent: a research agenda to expand intervention development and accelerate Guinea worm eradication efforts. Am J Trop Med Hyg, 111 (Suppl 3), pp.12-25.

Delea MG, Browne L, Kaji S, et.al., 2024. Factors influencing community engagement during Guinea worm and polio eradication endgames in Chad: recommendations for “Last Mile” programming. Am J Trop Med Hyg, 111(Suppl 3), pp.36-48.

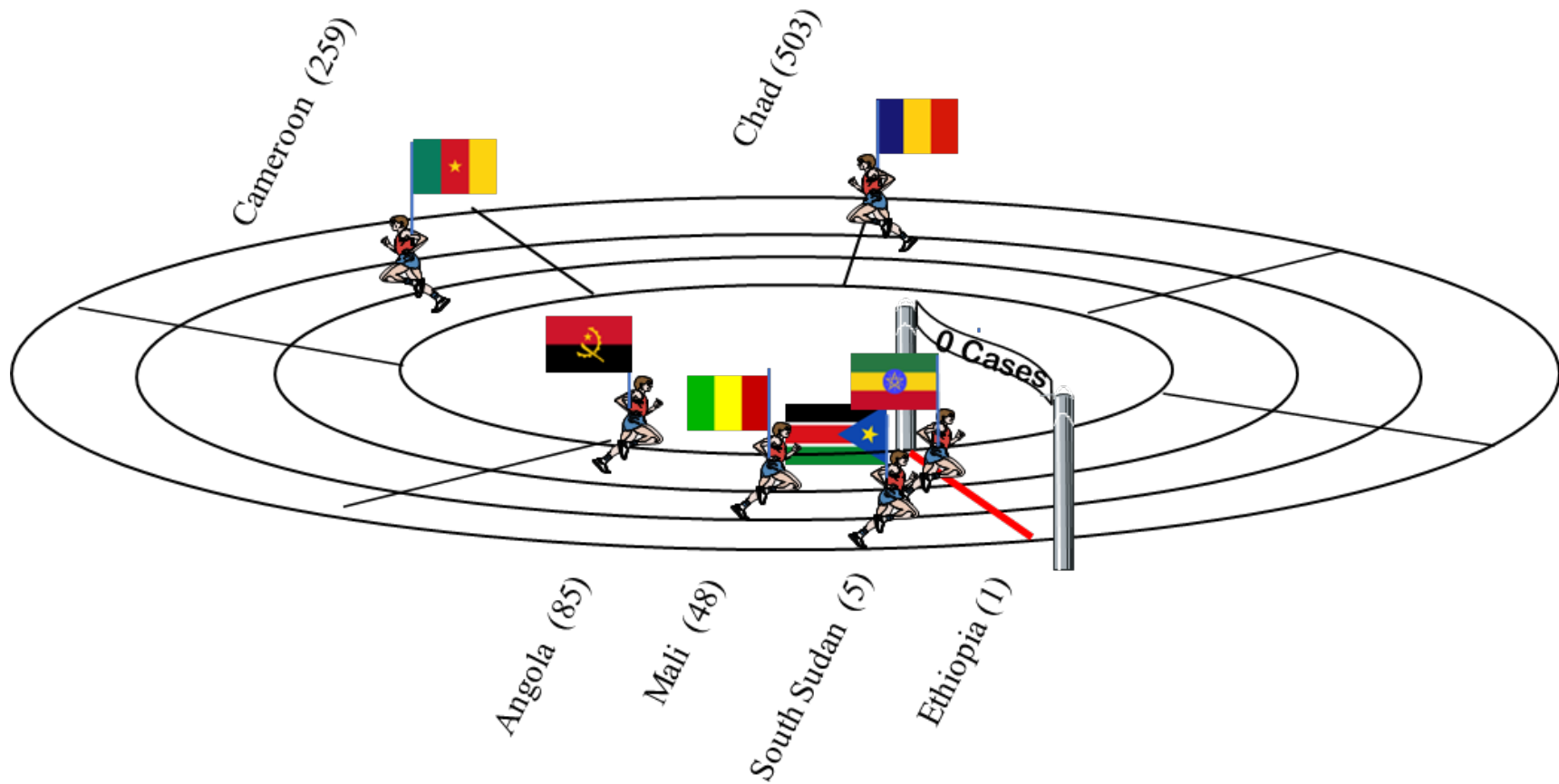
Eneanya OA, Delea MG, Cano J, et.al., 2024. Predicting the environmental suitability and identifying climate and sociodemographic correlates of Guinea worm (*Dracunculus medinensis*) in Chad. Am J Trop Med Hyg, 111(Suppl 3), pp.26-35.

Sadiq S, Kajani UA, Travers AR, et.al., 2024. Evaluation of the International Task Force for Disease Eradication: a review of past deliberations. Am J Trop Med Hyg, 111(Suppl 3), pp.5-11.

**N.B.:** In September the American Journal of Tropical Medicine and Hygiene published a special supplement that highlights and honors President and Mrs. Carter’s contributions to international public health through the work of The Carter Center. References to three articles about Guinea worm eradication and another about the International Task Force for Disease Eradication are cited above. Links to individual articles and to the entire issue are given below.

- Individual articles:  
[https://www.ajtmh.org/view/journals/tpmd/111/3\\_Suppl/tpmd.111.issue-3\\_Suppl.xml](https://www.ajtmh.org/view/journals/tpmd/111/3_Suppl/tpmd.111.issue-3_Suppl.xml)
- The entire PDF:  
[https://www.ajtmh.org/view/journals/tpmd/111/3\\_Suppl/article-p1\\_1.xml](https://www.ajtmh.org/view/journals/tpmd/111/3_Suppl/article-p1_1.xml)

# GUINEA WORM RACE: 2023\*



\* Guinea worm infections reported in humans and animals.



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 Dr. Sharon Roy at CDC ([gwwrapup@cdc.gov](mailto:gwwrapup@cdc.gov)).

Note to contributors: Submit your contributions via email to Dr. Sharon Roy ([gwwrapup@cdc.gov](mailto:gwwrapup@cdc.gov)) or to Adam Weiss ([adam.weiss@cartercenter.org](mailto: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, Dr. Sharon Roy of CDC, and Dr. Dieudonné Sankara of WHO. Formatted by Diana Yu.

*WHO Collaborating Center for Dracunculiasis Eradication, Center for Global Health, Centers for Disease Control and Prevention, Mailstop H21-10, 1600 Clifton Road NE, Atlanta, GA 30333, USA, email: [gwwrapup@cdc.gov](mailto:gwwrapup@cdc.gov), fax: 404-728-8040. The GW Wrap-Up web location is <https://www.cdc.gov/parasites/guineaworm/wrap-up>*

Back issues are also available on the Carter Center web site in English, French, and Portuguese and are located at [http://www.cartercenter.org/news/publications/health/guinea\\_worm\\_wrapup\\_english.html](http://www.cartercenter.org/news/publications/health/guinea_worm_wrapup_english.html).

[http://www.cartercenter.org/news/publications/health/guinea\\_worm\\_wrapup\\_francais.html](http://www.cartercenter.org/news/publications/health/guinea_worm_wrapup_francais.html)

[http://www.cartercenter.org/news/publications/health/guinea\\_worm\\_wrapup\\_portuguese.html](http://www.cartercenter.org/news/publications/health/guinea_worm_wrapup_portuguese.html)



**World Health  
Organization**

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