



Date: April 24, 2023
From: WHO Collaborating Center for Dracunculiasis Eradication, CDC
Subject: GUINEA WORM WRAP-UP # 297
To: Addressees

Detect early. Contain all. Find source.

NO HUMAN GW CASE IN JANUARY-MARCH 2023

The world reported no Guinea worm cases in humans anywhere in the first quarter of 2023, for the first time ever. Chad reported 2 human cases during the first quarter of 2022; Chad reported 2 cases and Ethiopia reported 1 case in the first quarter of 2021; and in the first quarter of 2020 Chad reported 6 cases, Angola reported 1 case, and Mali reported 1 case. Progress! The lack of human cases in January-March 2023 is despite 16 provisional dog infections reported from Angola, 60 dog and 2 cat infections in Chad, and 19 confirmed dog infections plus 101 provisional dog infections reported in Cameroon (see below) in the same period of 2023 (Table 1, 2)

Table 1
Guinea Worm Infections, January-March 2023*

	<u>Humans</u>	<u>Animals</u>
Angola	0	16*
Cameroon	0	120*
Chad	0	62
Ethiopia	0	0
Mali	0	0
South Sudan	0	0

*includes provisional infections

CHAD: DOG INFECTIONS STATIC



Chad's Guinea Worm Eradication Program has reported 60 Guinea worm infections in dogs (69% contained) in January-March 2023, compared to 56 dog infections (64% contained) during the same period of 2022. This follows a 22% reduction in dog infections during all of 2022 compared to 2021. Overall, animal infections (dogs and cats) increased slightly during the same period, from 61 (66% contained) to 62 (70% contained) in January-March 2023. Two cat infections were reported during January-March 2023 (100% contained), compared to 5 cat infections (80% contained) during the same period of 2022.

CAMEROON: IMPROVED SURVEILLANCE, MORE DOG INFECTIONS



Cameroon has detected 19 confirmed Guinea worm infections (100% contained) and 101 provisional Guinea worm infections (86% contained) in dogs and cats in January-March 2023. Ninety-eight percent (98%) of these infections occurred in 15 villages in Nouldaina Health Area of Guere district in Cameroon's Extreme North Region. The 20 mile (35 kilometer) long area of concern is on the bank of the Logone River, which forms the international border between Guere district in Cameroon and Bongor district in Chad's Mayo Kebbi Est Region. Families in this area live on both sides of the river and are a single epidemiological cluster. The peak transmission season here is January-April, which is the dry season.

Cameroonian local supervisor Mr. Babba Dieudonne has received technical assistance by Mr. Yaya Goutang of WHO since December 2021, and by Ms. Claire Aubry since November 2022 and Ms. Robyn Carter since January 2023, of The Carter Center. All villages concerned are now under active surveillance, and all of them have access to clean drinking water, while proactive tethering of animals and Abate coverage are being expanded in them. Containment rates for confirmed and provisional infections remain high at 86%. With the support of the World Health Organization (WHO) and The Carter Center, local Cameroonian authorities conducted six well-attended cash-reward ceremonies for infections reported in 2022, including local chiefs and ministry of health representatives from the national and regional capitals. These ceremonies motivated local communities to increase early-notification of rumors as well as infections.

Editorial note: Even if indigenous transmission has not happened already, Cameroon shows the risk of resurgent Guinea worm transmission in receptive areas so long as the parasite is not eradicated everywhere. Cameroonian health authorities at national, regional, district, and local levels would be wise to provide maximum political, administrative, and financial support in Guere district urgently in order to prevent Cameroon from imitating Chad's unfortunate example.

DEFINITION OF A PRESUMED SOURCE OF GUINEA WORM INFECTION

A presumed source/location 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.

DEFINITION OF A CONTAINED CASE**

A case of Guinea worm disease is contained if 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, including verification that it is a case of Guinea worm disease, 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, or if a source of drinking water is known to have been contaminated.

***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*

GW MEETING DURING WORLD HEALTH ASSEMBLY

THE
CARTER CENTER



The Carter Center is planning to host an unofficial meeting on Guinea worm eradication for representatives of countries with Guinea worm infections and partners of Guinea Worm Eradication Programs (GWEPs) at the John Knox International Center in Geneva from 6 to 7:30 p.m. on Tuesday, May 23, 2023, during the World Health Assembly. This meeting will be an opportunity to provide an update on the global campaign and to hear and discuss brief comments by representatives of Angola, Cameroon, Central African Republic, Chad, Ethiopia, Mali, and/or South Sudan. The Carter Center is sending invitations in late April. National Program Coordinators of GWEPs are urged to brief member(s) their respective delegations to the World Health Assembly on the status of their GWEP and encourage them to attend the meeting.

Table 2
Number of Laboratory-Confirmed Cases of Guinea Worm Disease, and Number Reported Contained by Month during 2023*
 (Countries arranged in descending order of cases in 2022)

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											N/A
SOUTH SUDAN	0/0	0/0	0/0											N/A
ETHIOPIA	0/0	0/0	0/0											N/A
CENTRAL AFRICAN REPUBLIC	0/0	0/0	0/0											N/A
MALI	0/0	0/0	0/0											N/A
TOTAL*	0/0	0/0	0/0											N/A
% CONTAINED	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

**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 Cases of Guinea Worm Disease, and Number Reported Contained by Month during 2022
 (Countries arranged in descending order of cases in 2021)

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	1/2	0/0	0/0	0/0	0/1	0/1	1/2	0/0	0/0	0/0	0/0	2/6	33 %
SOUTH SUDAN	0/0	0/0	0/0	0/0	0/0	0/0	0/1	0/0	2/3	1/1	0/0	0/0	3/5	60 %
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	0/0	0/0	0/0	1/1	0/0	0/0	0/0	1/1	100%
CENTRAL AFRICAN REPUBLIC	0/0	0/0	0/0	0/0	0/0	0/0	1/1	0/0	0/0	0/0	0/0	0/0	1/1	100 %
TOTAL	0/0	1/2	0/0	0/0	0/0	0/1	1/3	1/2	3/4	1/1	0/0	0/0	7/13	54 %
% CONTAINED	N/A	50 %	N/A	N/A	N/A	0 %	33 %	50 %	75 %	100 %	N/A	N/A	54 %	

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RECENT PUBLICATIONS

Inclusion of information in the Guinea Worm Wrap-Up does not constitute “publication” of that information.

In memory of BOB KAISER

Note to contributors: Submit your contributions via email to Dr. Sharon Roy (gwwrapup@cdc.gov) or 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, Dr. Sharon Roy of CDC, and Dr. Dieudonné Sankara of WHO. Formatted by Mindze Nkanga of the Carter Center

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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.

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CDC is the WHO Collaborating Center for Dracunculiasis Eradication