



Table 1. Provisional Line List of Confirmed Human Guinea Worm Cases, 2024 (as of August 26)

Country      District/Village

Carter Center Vice-President for Overseas Operations Craig Withers made a supportive visit to Chad on August 11-13, 2024. He and the National Coordinator of Chad’s Guinea Worm Eradication Program (GWEP), Dr. Tchindebet Ouakou, Carter Center Senior Country Representative Dr. Abdalla Meftuh, Deputy Country Representative Mr. Al Hassana Outman, Carter Center Senior Technical Coordinator Ms. Ariane Ngo Bea Hob, met with Minister of Public Health Dr. Abdel-Madjid Abderahim Mahamat and the minister of health’s senior staff to discuss the status of the GWEP, which operates from 5 logistical provincial level hubs: Sarh, Bongor, Baili, Am-Timan, and Lai that are linked to the national program office. As reported in the previous issue, Chad will host a ministerial-level meeting of Chad, Cameroon, and Central African Republic to discuss cross-border issues on September 16-17, 2024, supported by WHO and The Carter Center.

### IN BRIEF:

**South Sudan** has detected two human cases of Guinea worm disease in June 2024 (Table 1), as well as four wild animals with un-emerged GW infections so far in 2024: a serval in April; and another serval, an African wild cat, and an African civet in June. The first three animals were detected in hotspot Tonj East County; the civet was in hotspot Lafon County. Since the worms were un-emerged, they did not contaminate water, and these infections do not meet the official definition of animal GW infections. South Sudan’s GWEP is applying all appropriate interventions around the locations of those animals in those two hotspot counties as well as locations of the human cases.

**Mali** reported a jackal with 2 confirmed un-emerged Guinea worms that were detected on July 1, 2024. A hunter killed the animal in the forest near Soumouni, Kama, and Komara villages in Macina district of Segou Region. A dog with an uncontained GW infection was detected in Kama (located approximately 9 km—5.4 miles—from Soumouni) in September 2023. This area of Mali is controlled by Jihadist groups and not accessible to the health teams. Surveys conducted in June found 94% awareness of the cash reward for reporting Guinea worm case or infection among 6,406 persons queried in Level 1 (endemic) Tominian, Macina, San, Markala, and Djenne districts, and 94% awareness among 703 persons queried in Level 2 (at risk) Tenekou and Youwarou districts.

Data Manager Souleymane Diarra and Carter Center Consultant Dr. Gabriel Guindo made a supervisory visit to Tominian, Mopti, and Djenne districts on July 16-24. They reported that merchants have reduced transporting dogs from Tenenkou, Macina, Djenne, and Mopti districts because of insecurity in those areas. Dr. Elie Timbine, Guinea Worm Technical Advisor based in Djenne district of Mopti Region, received a certificate of recognition from Mopti’s governor on July 3, 2024, in recognition of his work for the program.

**Central African Republic.** Carter Center consultant Robyn Carter worked with the Ministry of Health on July 31-August 3 to train national and district level health workers on Guinea worm surveillance, prevention, and control. Health workers from Vakaga district, which reported one human case each in 2022 and 2023, traveled to Bangui to attend the training.

### 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

| Table 2<br>Number of Laboratory-Confirmed Human Cases of Guinea Worm Disease, and Number Reported Contained by Month during 2024*<br>(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 |      | 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     |

