Public Health Service

Centers for Disease Control

And Prevention (CDC)

Memorandum

Date: April 25, 2022

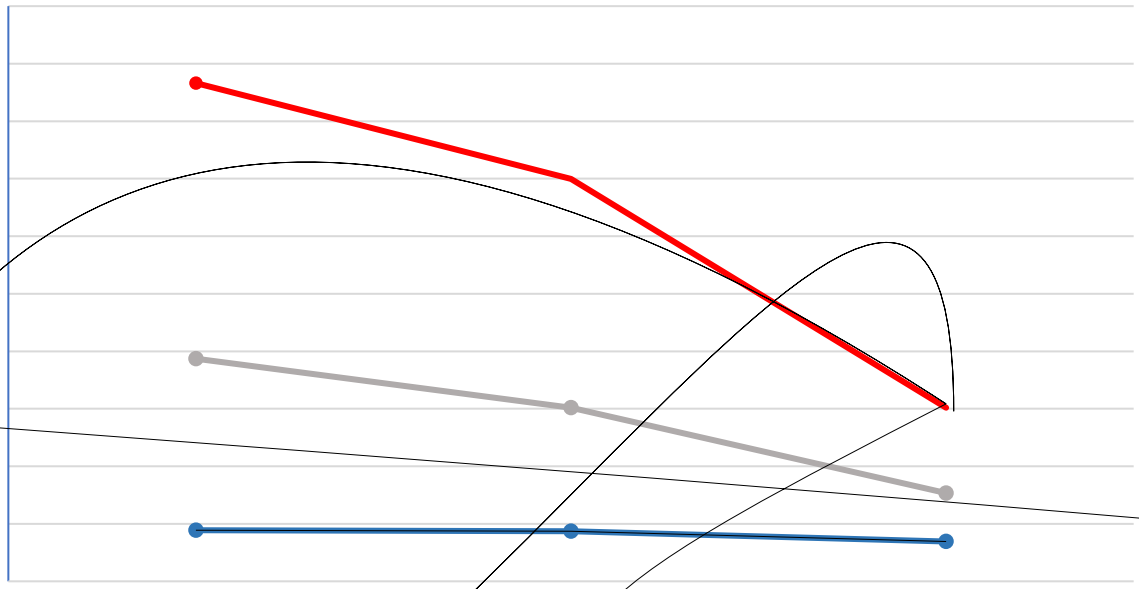
From: WHO Collaborating Center for Dracunculiasis Eradication, CDC

Subject: GUINEA WORM WRAP-UP #287

To: Addressees

Find, contain, and explain every Guinea worm!

Figure 1



CHAD: 2 CONFIRMED CASES; REDUCING THE FORCE OF INFECTION

A line list of the two confirmed Guinea worm cases reported in Chad in the first quarter of 2022 is in Table 1. Both cases occurred in Kyabe district of Moyen Chari Region in February. Although only one of the two cases was contained, Abate was applied to all known appropriate water sources in the uncontained

borehole wells in that
neighborhood. The presumed source of each

-Rinda, had 5
infected d
March 2021) and 28 dog infections in 2020, when it was among 118 Chadian villages targeted to initiate the proactive tethering strategy. No infected dogs have been detected in this village so far
--
--with emerging worms in February and April 2021) and 22 infected dogs in 2020, when it also initiated the proactive tethering strategy. One infected dog has been

received Abate treatments throughout 2021, but the distribution of filters in those affected areas was not consistent.

Figure 1 shows the reductions in villages with infected humans and/or animals, in numbers of infected dogs, and in the total numbers of Guinea worms that emerged in humans and animals in

Table 1

Chad Guinea Worm Eradication Program
Cases of Dracunculiasis: January March 2022*

Case #	Age	Sex	Ethnicity	Occupation	Village of Detection	Zone	District	Region	Date					Isolated (Y/N)	Imported (Y/N)	Localization of Worm	Presence of safe water in village	Village Under Active Surveillance
									Detection	Emergence	Confirmation	Admitted to Health Center	Discharged from Health Center					
1.1	32	M	Sarakaba	Fisherman	Marabodoukoya 1	Marabe	Kyabe	Moyen Chari	Feb. 4	Feb. 4	Feb. 4	Feb. 4	Mar. 23	No	No	Left leg	No	Yes

infection in a human or animal in January-March 2022, compared to one infected dog in January-
June. Since the MGWEP began in 1991, it has eliminated Guinea worm disease from almost all endemic areas, comprising mostly the southern half of the country below the sparsely populated, non-endemic northern tier in the Sahara Desert (see maps in Guinea Worm Wrap-Up #275). Following its most recent common-source water-borne outbreak of Guinea worm in humans in 2014 and its first confirmed Guinea worm in a dog in 2015, Mali reported an average of 12.7 animal infections (range: 9-20; mostly domestic dogs and a few domestic cats) and 0-5 human cases annually in 2016-2021, including zero human cases for four consecutive years, 2016-2019. A line list of 19 Guinea worm infections in humans and animals in Mali that yielded a total of 21 Guinea worms in 2021 is included in *Guinea Worm Wrap-Up* #285; the MGWEP Surveillance Snapshot for 2021 is in *Guinea Worm Wrap-Up* #286.

ecology like the endemic zone along the Chari River in Chad, but with local transmission dynamics in Mali complicated by transport of dogs to and from fertile farming and fishing areas in the inland delta of Mopti Region where dogs are fattened and become infected, and parts of adjacent Segou Region (also some areas of Mopti Region itself) where dogs are consumed, as well as by local

education, distribution of cloth and pipe filters, containment of human cases and animal infections, and application of Abate to appropriate water sources in endemic communities. Over the past decade it also
with recent previous infections. Late in 2021 Mali began pilot testing proactive tethering of all dogs in cooperating endemic communities during the peak transmission season. Workers from the MGWEP conduct health education of dog traders and inspect dogs at markets regularly, reporting encounters with a total of 122 dog traders and 925 dogs in Macina, Tominian, and San districts of Segou Region in January and February 2022, for example.

A recent review of the pilot Peace-Health Initiative with health authorities, political leaders, and local community members that began in Tenenkou district of Segou Region in September 2020 to foster dialogue and help mitigate insecurity (see *Guinea Worm Wrap-Up* #279) has shown

collaboration with veterinary services, and a televised debate about Guinea worm eradication in Mali.

ETHIOPIA: ONLY 4 GWs FOUND IN 2021

The Ethiopia Dracunculiasis Eradication Program (EDEP) detected only 4 *D. medinensis* Guinea worms in the entire country in 2021. Four infections, each with one worm, occurred in four different localities in February (in a human), August (cat), October (dog), and November (dog) (see line lists in *Guinea Worm Wrap-*

Sarah Ijang to the Guinea worm team, to focus on Level 2 and Level 3 surveillance areas. Dr. Ijang earned her medical degree at the University of Juba and a Master of Public Health degree from Al Ahfad University for Women in Khartoum. She worked previously as a Senior Medical Officer at

capacity building at national and state level as Public Health Officer at GRACe, an academic center for training and research in reproductive health and gender at Al Ahfad University for Women.

THE ABU DHABI DECLARATION

The text of the Abu Dhabi Declaration, which as described in the previous issue of *Guinea Worm Wrap-Up*, was adopted on March 22, 2022, at the conclusion of the Guinea Worm Summit in Abu Dhabi, United Arab Emirates, is included below. The Declaration was signed by ministers and ministerial representatives of Angola, Cameroon, Chad, Democratic Republic of the Congo, Ethiopia, Mali, Sudan, and South Sudan in the presence of Sheikh Shakhbout bin Nayan Al Nayan, Minister of State at the Ministry of Foreign Affairs and International Cooperation, United Arab Emirates, Chair of The Carter Center Board of Trustees Mr. Jason Carter, and World Health Organization Director General Dr. Tedros Ghebreyesus.

Abu Dhabi Declaration on the Eradication of Guinea Worm Disease

We, the representatives/Ministers of Health of Angola, Tchad, Ethiopia, Mali, and South Sudan, the only countries still endemic for dracunculiasis (Guinea worm disease); Sudan and the Democratic Republic of the Congo, the two pre-certification countries; and Cameroon, a country impacted by cross-border dracunculiasis infection; meeting on 22 March 2022 in Abu Dhabi, United Arab Emirates;

Recalling World Health Assembly Resolutions WHA34.25, WHA39.21, WHA42.29, WHA44.5, WHA50.35, WHA57.9, AND WHA64.16;

Noting the more than 99.9% reduction in human dracunculiasis cases from an estimated 3.5 million in 1986 to 15 in 2021, an all-time low in the campaign to eradicate the second human disease in history;

Appreciating the more than three decades of leadership from former U.S. President Jimmy Carter and former First Lady Rosalynn Carter and since 1990 from the United Arab Emirates, which began under the
under President His Highness Sheikh Khalifa bin Zayed Al Nahyan and His Highness Crown Prince Mohamed bin Zayed Al Nahyan, Crown Prince of Abu Dhabi;

Noting that the World Health Organization (WHO) has certified 199 countries and territories free of dracunculiasis transmission and that five endemic and two non-endemic countries remain to be certified;

Acknowledging with deep concern the potential threat to sustaining progress and completing eradication posed by the challenges of animal infections in Chad, Ethiopia, and Mali and insecurity in many affected areas;

Recognizing that intensive efforts and further resources are required to interrupt human and animal transmission in all countries by 2026 and to achieve certification of global eradication by 2030, as globally endorsed in the WHO Neglected Tropical Disease Road Map;

Appreciating the importance of evaluation and measurable impact by reconvening at least annually to evaluate country progress, in partnership with implementing partners,

Hereby commit to lead urgent technical, political, and financial efforts toward the elimination of Guinea worm disease in endemic countries by endeavoring to ensure:

1. Bold involvement of political leaders, including heads of state, to lead community-targeted advocacy visits at least annually;

2. Strengthen capacity of local leaders and frontline health workers to reinforce and improve prevention activities, elevate morale, and accelerate interruption of transmission;

3. Maintenance of sufficient funds for national dracunculiasis elimination programs;

4. Intensified surveillance for dracunculiasis in endemic, at-risk and non2 792B3iim0 g0 G[4.)]mv risk and non

Table 2

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	

RECENT PUBLICATIONS

Burki T, 2022. Countries recommit to Guinea worm eradication by 2030. www.thelancet.com/infection 22:597-598.

World Health Organization, 2022. Monthly report on dracunculiasis cases, January 2022. Wkly