

Memorandum

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 GuJTJ19J2792 reR3ET@0.00000912 0 612 792 reW* nBT1 0 0 1 303.29 51.744 Tm/GS7 gs0 g/GS

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 frqo ko kavpi Cj af au wplqt wpavg gzaor rrg.

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.

RECENT PUBLICATIONS

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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