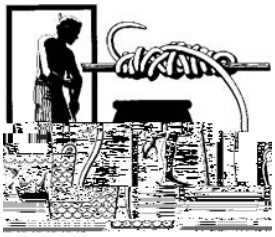
Public Health Service
Centers for Disease Control
And Prevention (CDC)

Memorandum



Date: May 20, 2024

From: WHO Collaborating Center for Dracunculiasis Eradication, CDC

Subject: GUINEA WORM WRAP-UP #309

To: infections,

January-April 2024 vs. January-

PEACE THROUGH HEALTH INITIATIVE IN MALI

Since 2012, much of central Mali has been plagued by violence, which has hampered the final stage of Mali's Guinea Worm Eradication Program (GWEP). A Peace Through Health Initiative (PTHI) began in Tenenkou district of Mali's Mopti Region in September 2020 and expanded to Macina and Tominian districts (see respective health areas below) of Segou Region, and Youwarou district (Youwarou, Sah, Dogo, Farimake, Deboye health areas) of Mopti Region in July 2022 (Figure 1). Supported by Malian national, regional, and local political leaders and health authorities and assisted by The Carter Center, the initiative used conflict resolution training, facilitated community meetings, and human and animal health interventions to negotiate "periods of tranquility" and secure public health goals[1]. Community members and other stakeholders in the PTHI co-created "health packages" of mutual interest to be jointly implemented with the government and NGO partners as incentives for maintaining peace. The health packages emphasized women's public health needs, such as maternity clinics, emergency transport during labor, and water, as well as veterinary and other development-related activities. Health packages began in Youwarou district in April 2024; they have not yet started in Macina and Tominian districts. Table 1 below summarizes the state of these developments.

Figure 1. Map of Mali districts under surveillance by level in 2023. Level I = endemic, Level II = at risk, Level III = minimal risk (passive surveillance).

Table 1. **Recent Guinea worm infections & cases, insecurity, and PTHI status in Mali**

District	GW 2020	GW 2021	GW 2022	GW 2023	Insecurity?	PTHI[1]
Macina	4	6	27	32	Yes	2022[2]
Markala	1	3	2	9	Yes	-
Djenne	3	7	7	3	Yes	-
Tominian						

- Some GW surveillance in these districts is possible by GWEP-trained local health workers and village volunteers, but genomic analysis and other metrics show that Mali is missing uncontained GW infections. (

Blue Nile State. Active case searches in 24 formerly endemic villages examined 63,764 persons. Staff were oriented and provided surveillance materials and reward posters at all 156 health facilities. A house-to-house awareness raising campaign using GW identification cards and reward posters oriented 1,474 persons. Seven billboards were displayed here.

Sennar State. A house-to-house awareness raising campaign in formerly endemic areas used GW identification cards and reward posters to orient 55,023 persons. The program also oriented health care workers and distributed surveillance materials and reward posters to 340 of the 393 health facilities. Fourteen billboards were displayed at crossing points and points of entry to refugee camps.

South Darfur State trained Guinea worm community health workers continue to conduct surveillance for GW. Security concerns prevented implementation of other activities.

South Kordofan State. The Sudan GWEP coordinates closely with health authorities in the Nuba Mountains and Khor Yaboos areas in collaboration with the South Sudan GWEP and with WHO support to train trainers of health staff on GW surveillance. During May – June 2024 the program plans to conduct active searches for GW in p4 (a)9.2 (m)4-2.3 (e)-15o s12.8 (r)T9 (c)-1 (o)1 -3.6i (h.A-2.2Tw f.R)5 954 (. TJ8.2 ts)-22

Table 2

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.

RECENT PUBLICATIONS

Smalley H, Keskinocak P, Swann J, Hanna C, Weiss A, 2024. Potential impact of a diagnostic test for detecting prepatent Guinea worm infections in dogs. Am J Trop Med Hyg 110(5):953-960. https://doi.org/10.4269/ajtmh.23-0534

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. Translation support by Valerie Mendes.