Table 1 shows the impact of interventions since 2017, with steady reductions in Guinea worm cases, affected villages, and emerging worms between 2018 and January-August 2020, as well as key indicators of Guinea worm surveillance in the country. Fifty-five of the 57 specimens submitted to the CDC laboratory in 2019 were from humans and two were from animals; the SSGWEP has submitted 17 specimens from humans and 21 from animals through August 2020. The 15 confirmed cases detected since 2017 were from 12 different localities (**Figure 1**); seven were males and 11 were 15 years-old or older. Three of the four cases in 2019 were in the same household: a mother, father, and their 14-year-old daughter. The program contained 47% (7/15) of the cases, 71% (25/35) of the worms, and applied Abate within seven days for most cases, where appropriate.

Table 1

South Sudan Guinea Worm Eradication Program

Table 2

Chad Guinea Worm Eradication Program
Line Listing of Confirmed Cases January - September 2020

Figure 3

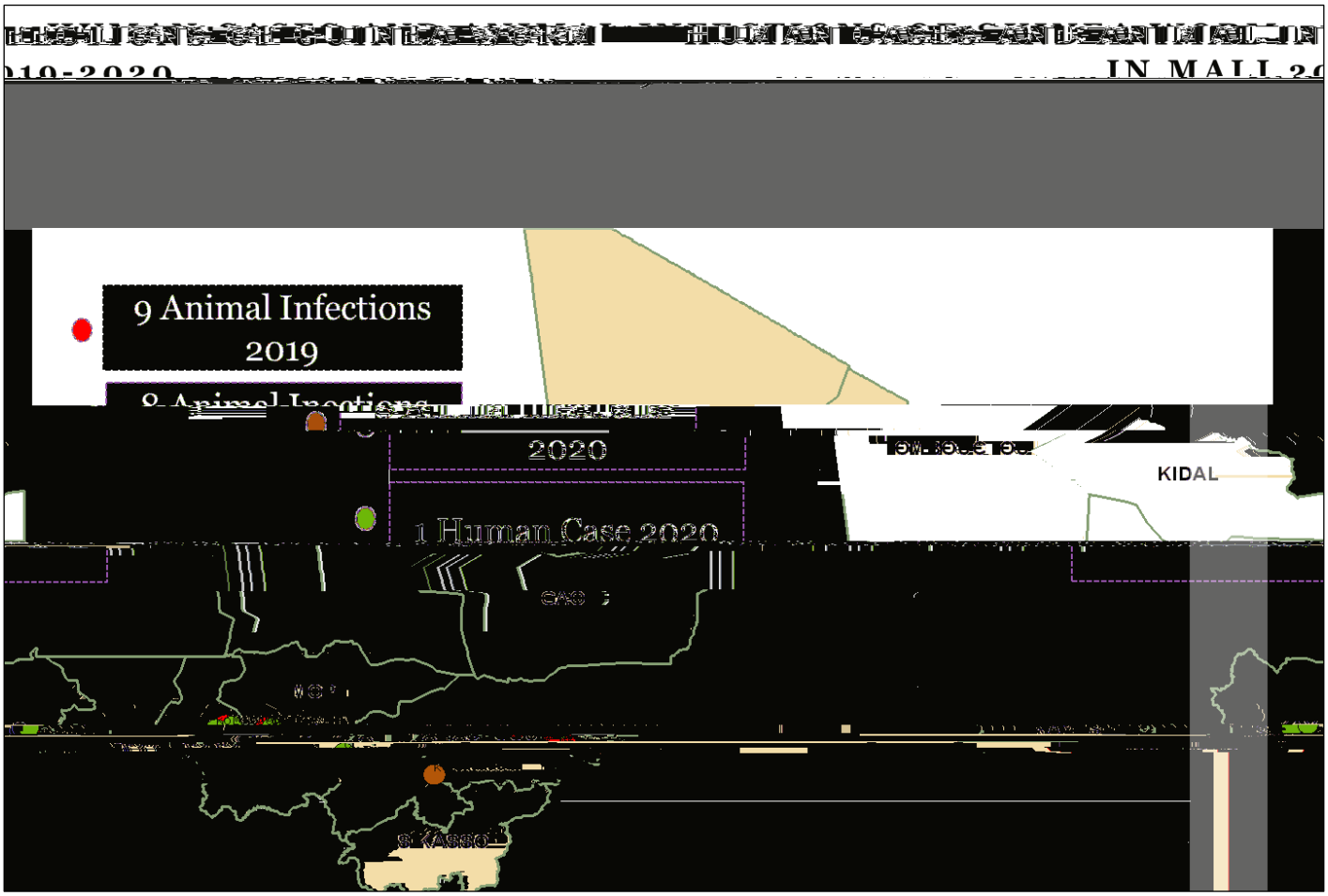

9 Animal Infections
2019
2020
1 Human Case 2020
KIDAL
SIKASSO

Table 3

Mali Guinea Worm Eradication Program
Line Listing of Human Case and Animal Infections, January – September 2020

Case #	Region	District	Health Zone	Village	Ethnicity	Profession	Host	Probable Origin	Date of Detection	Date of Emergence	Entered Water?	Water Source Treated? (Y/N)	Contained (Y/N)	Total #

Table 4

Number of Laboratory-Confirmed Cases of Guinea Worm Disease, and Number Reported Contained by Month during 2020*^
(Countries arranged in descending order of cases in 2019)

*Provisional
Cells shaded in black denote months when zero indigenous cases were reported. Numbers indicate how many cases were contained and reported that month.
Shaded cells denote months when one or more cases of GWD did not meet all case containment standards.
§Reports include Kayes, Koulikoro, Segou, Sikasso, and Mopti, Timbuktu and Gao Regions; contingent on security conditions during 2018, the GWEP continued to deploy one technical advisor to Kidal Region to oversee the program.
^ Cameroon reported one case in February that was most likely infected in Chad.

Number of Laboratory-Confirmed Cases of Guinea Worm Disease, and Number Reported Contained by Month during 2019^
(Countries arranged in descending order of cases in 2018)

Cells shaded in black denote months when zero indigenous cases were reported. Numbers indicate how many cases were contained and reported that month. ah1.4(e al)17.4(a [(t)-l)17.4(a [(t) m)24.8(-l)17.4l15

FOURTEENTH MEETING OF THE ICCDE

The International Committee for the Certification of Dracunculiasis Eradication (ICCDE) held its Fourteenth Meeting virtually on October 8, 2020 under the chairmanship of Dr. Joel Breman. World Health Organization (WHO) Director-General Dr. Tedros Adhanom Ghebreyesus greeted participants by video. The meeting reviewed the status of preparations for certification of the Democratic Republic of Congo and Sudan. Neither country has completed its Country Report to the ICCDE, which recommended that DRC, Sudan and WHO take advantage of the current "window of opportunity" in each country to complete the activities and documentation needed before those two countries can be considered for certification. The Commission also heard some updates on research in support of the Guinea Worm Eradication Program, including recommendations from a working group that considered guidelines for certifying countries with Guinea worm infections in animals.

DR. KASHEF IJAZ NAMED VICE-PRESIDENT FOR HEALTH PROGRAMS AT THE CARTER CENTER

The Carter Center has appointed Dr. Kashef Ijaz, MD, MPH as the new Vice President for Health Programs at the Center, effective October 1, 2020. A medical epidemiologist, Dr. Ijaz was previously the Principal Deputy Director for the Division of Global Health Protection in the Center for Global Health at the U.S. Centers for Disease Control and Prevention (CDC). After beginning his career as a medical epidemiologist in the Division of Tuberculosis at the Department of Health in Little Rock, Arkansas, he held successive leadership positions after joining CDC in 2002. He has worked extensively in Asia, Africa, Europe, and the Americas on tuberculosis, malaria, and Ebola. Dr. Ijaz earned his Doctor of Medicine at King Edward Medical College, University of Punjab in Lahore, Pakistan, and his Master of Public Health at the School of Public Health, University of Oklahoma Health Sciences Center, Oklahoma, USA. Welcome, Dr. Ijaz!!

Dr. Ijaz succeeds Dr. Dean Sienko, MD, MS, GWW, (Guinea Worm Warrior) who retired after leading the Center's Health Programs since June 2016, including an important expansion of the Guinea Worm Eradication Program. Thank you, and Godspeed, Dr. Sienko!!

DEFINITIONS

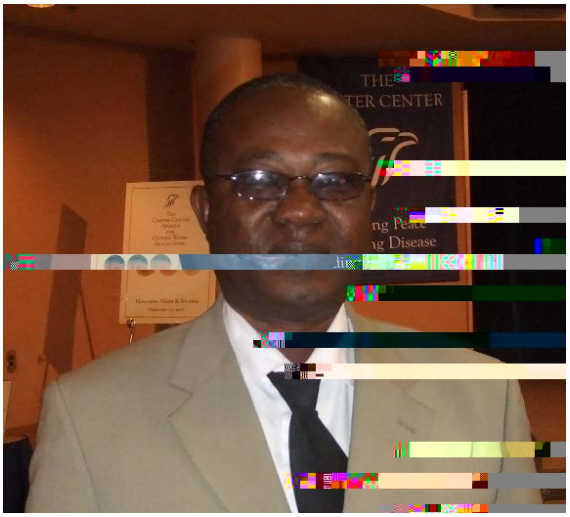
Case of Guinea worm disease. A case of guinea-worm disease is a person exhibiting a skin lesion with emergence of a Guinea worm, and in which the worm is confirmed in laboratory tests to be *D. medinensis*. That person is counted as a case only once during the calendar year, i.e. when the first worm emerges from that person. All worm specimens should be obtained from each case patient for laboratory confirmation and sent to the WHO Collaborating Center at U.S. Centers for Disease Control and Prevention. All cases should be monitored at least twice per month during the remainder of the calendar year for prompt detection of possible emergence of additional guinea worms. [The same requirement for laboratory confirmation applies to some infections in animals.]

Contained case. Transmission from a patient with dracunculiasis is considered contained only if all of the following conditions are met for each emerging worm: 1) the infected patient is identified within 24 hours after 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 managed the patient properly; and 4) the containment process, including verification of dracunculiasis, is validated by a Guinea Worm Eradication Program supervisor within 7 days of emergence of the worm; and 5) the approved chemical temephos (Abate) is used to treat known or potentially contaminated surface water. Proper patient management includes cleaning and bandaging the lesion until the worm has been fully removed manually and by providing health education to discourage the patient from contaminating any water source. If two or more emerging worms are present, transmission is not contained until the last worm is removed. Similar criteria are in place for the containment of animal infections.

Presumed source of infection. A presumed source/location of a human dracunculiasis infection is considered identified if: 1) the patient drank unsafe water from the same source/location (specify) as other human case(s) or an infected domestic animal 10-14 months before infection, or 2) the patient lived in or visited the household, farm, village, or non-village area of a Guinea worm patient or infected domestic/peri-domestic animal 10-14 months before infection, or 3) the patient drank unsafe water from a known (specify name) 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

IN MEMORIUM



It is with profound sorrow that we report the passing of Edward Gyepi-Garbrah, who died on October 4, 2020 after a brief illness. He was the Focal Point for Guinea Worm Eradication in the World Health Organization's office in Ghana and had worked for more than a decade in support of the Ministry of Health's fight against Guinea worm disease. A dedicated Guinea Worm Warrior, before working for WHO he had worked in Ghana's Guinea Worm Eradication Program. We extend our sympathy and prayers to his family. We are glad he lived to see a Guinea worm-free Ghana.

RECENT PUBLICATIONS

Priest JW, Ngandolo BNR, Lechenne M, Cleveland CA, Yabsley MJ, Weiss AJ, Roy SL, Cama V, 2020. Development of a Multiplex Bead Assay for the Detection of Canine IgG_4 Antibody Responses to Guinea Worm. The American Journal of Tropical Medicine and Hygiene. 2020 Oct 26. doi: https://doi.org/10.4269/ajtmh.20-0914

Hopkins DR, Weiss AJ, Roy SL, Yerian S, Sapp SGH, 2020. Progress Toward Global Eradication of Dracunculiasis, January 2019-June 2020. Morbidity and Mortality Weekly Report. 69: 43 1563
https://www.cdc.gov/mmwr/volumes/69/wr/mm6943a2.htm?s_cid=mm6943a2_w