

TABLE 1. Number of cases of dracunculiasis, by country, worldwide, January 2017–June 2019

Country	Number of cases (% confirmed)		% change in cases, Jan–Dec 2017	Number of cases (% confirmed)		% change in cases, Jan–Jun 2018	% change in cases, Jan–Jun 2019
	Jan 2017	Dec 2018		Jan 2018	Jun 2019		
Human cases							
Cameroon	15 (67)	17 (41)	+13	4 (100)	23 (61)	+475	
Egypt	15 (20)	0	-100	0	0	0	
Madagascar	0	0	0	0	0	0	
Sri Lanka	0	10 (30)	NA	4 (0)	0	-100	
Angola	0	1 (0)	NA	1 (0)	1 (0)	0	
Guinea	0	0	0	0	1 (0)	NA	
Total	30 (43)	28 (36)	-7	9 (44)	25 (56)	+178	
Animal infections							
Cameroon	830 (75)	1,065 (75)	+28	696 (74)	1,356 (78)	+95	
Egypt	15 (40)	17 (41)	+13	10 (70)	6 (0)	-40	
Madagascar	10 (80)	20 (80)	+100	3 (67)	0	-100	
Angola	0	0	0	0	1 (0)	NA	
Total	855 (75)	1,102 (75)	+29	709 (74)	1,363 (78)	+92	

Abbreviations: NA = not available.

* Countries with active dracunculiasis in 2012: Cameroon, Guinea, Madagascar, and Sri Lanka. Countries with no active cases: Angola, Egypt, and Kenya.

† Malaria (borderline) in January 2017–June 2019.

‡ First case of dracunculiasis in Angola reported in April 2018.

§ In Cameroon, Guinea, and Madagascar, the first case of dracunculiasis was reported in 18–19 years before the first case in Angola in 2018.

In affected countries, the national GWEP receives monthly reports of cases from supervised volunteers in each village under active surveillance** (Table 3). Villages where endemic transmission of dracunculiasis has ended (i.e., zero human cases or animal infections reported for 12 consecutive months) are kept under active surveillance for 2 additional years. WHO certifies a country as dracunculiasis-free after adequate nationwide surveillance for 3 consecutive years with no indigenous human cases or animal infections.††

CONCLUSIONS

Angola. Before 2018, no case of dracunculiasis was ever reported from Angola. Following the discovery of a case in a girl with no history of foreign travel in Cunene Province in April 2018, Angolan health authorities and WHO investigated, searched nearby communities, and began training local health professionals and community health workers about the disease (4), but found no other active cases. Another case in a person with no history of foreign travel was detected in January 2019, and in April 2019 a dog with an emerging Guinea worm was found in the same district as the first case. Provisional DNA

c 2 4 8 . 8 C

** Villages under active surveillance are those that have endemic dracunculiasis or are at high risk for importation. Active surveillance involves daily searches of households by village volunteers (supported by their supervisors) for persons or animals with signs of dracunculiasis. An imported human case or animal infection is one resulting from ingestion of contaminated water in a place other than the community where the case or infection is detected and reported. Since 2012, no internationally imported cases or infections have been reported.

animal. In areas under active surveillance, 80% of persons queried in 2018 were aware of the rewards for reporting an infected person or animal. A team from WHO conducted an external evaluation of Mali's program in September–October 2018. They found no evidence of recent human infections and recommended improvements in preparation for recertification.

South Sudan. After reporting no cases of dracunculiasis for the first time in 2017, South Sudan reported 10 human cases in

