UN, and UN Environment Programme) by deliberately putting a strong focus on prevention and co-construction to ensure sustainable solutions, in addition to preparedness.

We declare no competing interests.

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Continue rare cancers collaboration with European Reference Networks after Brexit

We read the Correspondence by Marc Tischkowitz and colleagues,[1] signed by UK participants in the European Reference Networks (ERNs) programme and related to the risk of Brexit on patients with rare diseases.

Although political decisions are obviously outside our remit, the four ERNs dedicated to rare cancers (EURACAN, EuroBloodNet, Genturis, and PaedCan) want to express the wish to actively continue collaboration with our much-valued UK colleagues in formats that will be acceptable for all political parties for the treatment and management of rare cancers. Rare cancers represent 20% of all cancers and more than 30% of the deaths related to cancers across the whole of Europe.[2]

The collaborations done during the first years of the ERNs need to continue[2] and have already enabled substantial progress, in particular and for example in patient advocacy engagement,[3] in the creation of highly cited clinical practice guidelines,[4] and in research.[5] More collaborations are needed on a global level, and the continued contribution of our esteemed UK colleagues and patient advocacy groups (known as European Patient Advocacy Groups in the ERNs) to the work of these four ERNs is crucial and serves the best interests of all patients with rare cancers in all countries.

We declare no competing interests.

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Certifying Guinea worm eradication in humans and animals


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The Viewpoint by David Molyneux and colleagues,[1] members of the International Commission for the Certification of Dracunculiasis Eradication, notes the special challenges they face in preparing to certify that there are no Guinea worms remaining in humans or animals in the final seven countries that have not yet been certified as free of transmission, since eradication programmes detected the sustained transmission of *Dracunculus medinensis* among domestic dogs in Chad, Ethiopia, and Mali. We believe a comprehensive approach to evidence for certification might include a range of actions.

First, community-based surveillance should continue to document the declining numbers of patients and animals with Guinea worm infections, and make use of surveys of reward awareness, tallies of the numbers of rumours, and evaluations of system management to assess surveillance sensitivity.

Second, expanded genetic testing should be done to monitor reduced worm diversity and confirm worm linkages in the same and proximate generations.

Third, dogs should be tested with the use of a serological assay (if validated) to search for pre-emergent worms and identify hot spots for further monitoring and evaluation.

Fourth, environmental sampling and monitoring protocols should be done with the use of a loop-mediated isothermal amplification assay (if validated) to detect *D medinensis* DNA in copepods or in fingerlings (small fish), which concentrate copepods by feeding on them.

Finally, research should be continued to develop other tools for eradication and certification, including mathematical modelling.