News

Yaws eradication

Next month international experts and WHO technical staff meet health of-
ficials from countries where yaws is
endemic, to plot the first steps towards
the eradication of the disease by 2020.
Y aws is a skin disease that causes le-
sions and rashes and later pain. If un-
treated, yaws causes disfigurement and
disability. It mainly affects children in
the tropics.

The meeting, which is due to be held
in Geneva from 20 to 22 March, aims to
develop the criteria and procedures that
will be needed to determine whether the
infectious disease, caused by
Treponema
terntue
has been eradicated, i.e. wiped
out globally.

Last year WHO launched a new
strategy to eradicate yaws by the year
2020 as part of its 2012 strategy
Accelerat-
ing work to overcome the global impact
of neglected tropical diseases: a roadmap
for implementation.
The plan is to interrupt transmis-
sion of the bacterial disease in endemic
countries by 2017 and, once the world
has been yaws-free for three years, the
final confirmation that the disease has
been wiped out globally, known as
certification, would follow in 2020. The
only human disease to be eradicated so
far is smallpox in the 1970s. If the new
strategy is successful, yaws will become
the first disease to be eradicated through
the use of antibiotics.

This year, WHO will start coor-
dinating the eradication efforts in se-
lected endemic districts of six countries:
Cameroon, Ghana, Indonesia, Papua
New Guinea, the Solomon Islands and
Vanuatu to gauge the feasibility of the
new strategy.
The yaws eradication strategy was
developed at a WHO-hosted meeting of
experts last year, following the pub-
lication of new findings in The Lancet
that a single dose of oral azithromycin,
an antibiotic taken in tablet or syrup
form, is as effective in treating yaws as a
single injection of benzathine penicillin,
which has been the standard treatment
until now.

These findings suggest that the
operational difficulties of treating yaws
by injecting antibiotics could be a thing
of the past and pave the way for mass
presumptive treatment.

“Under the new strategy, yaws
programmes in endemic countries are
advised to treat everyone with
oral azithromycin in each affected
community having an active case, re-
gardless of the number of active cases
found there,” said Dr Kingsley Asiedu,
a medical officer at WHO. “During
repeat surveys, it is recommended
that all active clinical cases and their
contacts be treated too.”

WHO and the United Nations
Children’s Fund launched the Global
Y aws Programme in 1952. It treated
300 million people in 50 countries
and by the end of 1964 had reduced
global prevalence of the disease by
more than 95%. However, there were
resurgences in the 1970s and, more
recently, in 2006.

Health stats gathering

Top international health statisticians and
other experts gather this month to dis-
cuss how to improve the production and
use of estimates of population health.

The meeting follows a year during
which estimates were released for many
diseases and health conditions. For
example, in December 2012 the Insti-
tute for Health Metrics and Evaluation
(IHME) published the results of its 2010
global burden of disease study (GBD
2010) in a special issue of the
Lancet.

Experts from WHO, which is host-
ing the health statistics meeting in Ge-
neva, will be joined by their counterparts
from other United Nations (UN) agencies
as well as academics, donors and science
journalists from around the world.

“At the meeting, experts will dis-
cuss how UN agencies and experts can
best work together to improve data and
estimates, and find ways to address dif-
fferences,” said Colin Mathers, head of
the Mortality and Burden of Disease
unit at WHO.

Public health round-up

Countries sign ban on illicit tobacco

Dr Pakishe Aaron Motsoaledi, Minister of Health for South Africa, was the first official
to sign a new United Nations treaty during a ceremony at WHO headquarters in
Geneva on 10 January. The treaty, aimed at combating the illegal trade in tobacco,
was also signed by representatives from China, France, Gabon, Libya, Myanmar,
Nicaragua, Panama, the Republic of South Korea, the Syrian Arab Republic,
Turkey and Uruguay. Adopted by the Parties to the WHO Framework Convention
on Tobacco Control in November, the new international treaty becomes legally
binding once 40 countries have signed it.
A new campaign to stop food from being wasted around the world was launched last month by the Food and Agriculture Organization (FAO). FAO is inviting public and private partners to join its “Save Food Initiative”, which was launched last month.

Roughly one third (1300 million tons) of the food produced in the world for human consumption gets lost or wasted every year, according to the FAO. The United Nations agency estimates that industrialized and developing countries waste roughly the same quantities of food – 670 and 630 million tons respectively.

Loss and waste occur in all parts of the food supply chain. In low-income countries most loss occurs during production, whereas in developed countries much food – about 100 kg per person per year – is wasted at the consumption stage.

Stop the waste

Officials from Jordan, Qatar and Saudi Arabia met WHO technical experts and experts from WHO collaborating centres last month to discuss the public health consequences of the novel coronavirus.

The meeting in the WHO Regional Office for the Eastern Mediterranean in Cairo, Egypt, on 14–15 January aimed to help participants reach a better understanding of the epidemiology and natural history of infection with the virus as well as to assess the global public health risk associated with its appearance last year.

To date, a total of nine laboratory confirmed cases of infection with the novel human coronavirus have been reported to WHO: five, including three deaths, from Saudi Arabia, two from Qatar and two fatal cases from Jordan.

The novel coronavirus first raised concerns in September 2012 when it caused severe respiratory disease in two patients from the WHO Region. The subsequent discovery of two clusters of cases, one in a family in Saudi Arabia and the second in a group of health-care workers in Jordan, prompted the need for a better understanding of the virus.

The potential of the virus to cause widespread serious consequences is unknown, as little is known about its epidemiology. Many questions about the source of the virus, its transmissibility and the clinical symptoms and signs of disease remain unanswered.

WHO has issued an interim case definition to allow doctors and other health-care workers to identify new cases.

Postpartum haemorrhage guideline