

Informal Consultation on Yaws
24–26 January 2007
WHO headquarters, Geneva, Switzerland

Background

Immediately after its establishment in 1948, the World Health Organization (WHO), together with the United Nations Children’s Fund (UNICEF), launched a massive public health campaign to control yaws using the “new magic bullet – penicillin” in 46 endemic countries. By 1970, prevalence of the disease had reduced from 50 million cases to 2.5 million. However, despite the impressive achievements, the goal of eradication was not reached in some countries. Rather, the considerable reduction in the number of cases led to the gradual dismantling of vertical programmes and the integration of activities to control yaws into the primary health-care system. The resources and commitment for yaws and its surveillance activities also disappeared. By the late 1970s, the disease had slowly begun to return, prompting the World Health Assembly to adopt Resolution 31.58 in 1978. Renewed control efforts, particularly in west Africa in the 1980s, failed after a few years because of lack of political will and insufficient resources.

The following factors favour the possible elimination of yaws:

1. Humans are the only reservoir of infection.
2. Distribution of the disease is focalized, thus allowing targeted interventions.
3. The causative organism, *Treponema pertenue*, is sensitive to penicillin.
4. The drug, benzathine benzylpenicillin, is available, safe, stable, inexpensive and effective in a single administration.

In the context of new global efforts to prevent, control, eliminate or eradicate neglected tropical diseases, the WHO Department of Control of Neglected Tropical Diseases organized a three-day (24–26 January 2007) informal consultation on yaws to revive interest (activities at headquarters) and launch a new global initiative to address the persistence and resurgence of the disease.

The new initiative will aim to achieve a social objective by reaching a large section of the neglected, marginalized and underserved populations; and by delivering, in addition to yaws treatment, other cost-effective preventive therapy interventions such as those available for schistosomiasis, lymphatic filariasis, malaria, anaemia, etc., or screening of populations for other skin diseases of public health importance such as Buruli ulcer and leprosy in endemic countries.

Objectives

The four objectives of the meeting were:

1. To review the current epidemiological situation on yaws worldwide.
2. To define what should be done at global, regional and country levels, and how.

3. To identify potential partners for yaws elimination.
4. To launch a new initiative on yaws.

Main conclusions and recommendations

The meeting made the following main conclusions and recommendations:

- Although tremendous achievements have been made in the past to reduce the burden of the disease, yaws has not been eliminated from certain countries, as currently believed. Indeed, it has been resurging in some previously endemic countries since the late 1970s.
- Except in a few countries, yaws is not part of public health and surveillance activities (using available data of 1990). The current global distribution of the disease is therefore unclear.
- In the WHO South-East Asia Region, the goal is to eradicate yaws by 2012. Targeted countries are India, Indonesia and Timor-Leste.
- The declaration in 2006 of elimination of yaws in India provides additional impetus that elimination is possible in other countries. Strong political commitment (national health policy of India 2002 on yaws eradication), periodic reviews and close monitoring of programme activities at the highest level by a task force as well as independent appraisals have all made elimination possible.
- In general, yaws has been eliminated from many of the 46 endemic countries based on the 1950 data.
- Activities to control yaws should be revived, starting in countries with currently available information, and the situation evaluated in other countries based on the disease distribution in 1990.
- WHO should establish an elimination programme for yaws in the context of neglected tropical diseases and take the lead in actively reviving interest in the disease and in engaging countries.
- The goal should be elimination of clinical cases (zero cases) supported by active case-finding and serological surveys. No timeline for elimination has been set.
- Revived national efforts should explore possible collaboration with existing programmes, for example, Buruli ulcer, dracunculiasis and leprosy, as well as immunization to facilitate elimination and surveillance activities, and to allow the use of existing resources of these programmes.

Strategy for elimination

The strategy for the elimination of yaws will contain the following components:

- identification of the population at risk of infection;
- active case-finding and treatment of cases and contacts;
- surveillance (standardized).

Implementation

Implementation of the strategy to eliminate yaws will involve the following elements:

- training of health workers and community agents;
- advocacy, communication and social mobilization;
- identifying populations eligible for treatment;
- in-country mapping of cases up to community level;
- methods of treatment of populations based on existing treatment policies;
- surveillance (clinical and serological);
- supervision, monitoring and evaluation;
- operational research;
- technical assistance.

Next steps

The meeting identified several steps to be taken in the next 12 months:

- Finalize and disseminate the strategy for four WHO regions (African, Americas, South-East Asia and Western Pacific).
- Rapidly assess the burden of disease and infection in selected countries.
- Provide medicines and diagnostics kits (rapid treponemal tests) to countries in need.
- Develop documents and information materials as well as a WHO web site for yaws.
- Adapt the strategy at regional level and build capacity.
- Build capacity at country level.
- Identify logistic and operational costs.
- Mobilize resources.
- Hold a review meeting after one year.

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