

Summary report of a consultation on the eradication of yaws

5–7 March 2012, Morges, Switzerland



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Organization

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In January 2012, the Director-General of the World Health Organization, Dr Margaret Chan, launched a roadmap for neglected tropical diseases¹ at a partners' meeting in London, United Kingdom. The roadmap was endorsed unanimously by the partners as the way of attaining the goals set for the control, elimination and eradication of various neglected tropical diseases.

The roadmap targeted yaws for eradication by 2020, the third disease after dracunculiasis and poliomyelitis. In response, the World Health Organization Department of Control of Neglected Tropical Diseases organized a consultation in Morges, Switzerland, on 5–7 March 2012 to prepare a strategy for yaws eradication. This report summarizes the outcome of the meeting and outlines a framework for national plans to eradicate yaws by 2020.



Participants at the WHO consultation on eradication of yaws, 5–7 March 2012, Morges, Switzerland

¹ World Health Organization. *Accelerating work to overcome the global impact of neglected tropical diseases: a roadmap for implementation—executive summary*. Geneva, 2012 (WHO/HTM/NTD/2012.1).

1. Background

When the World Health Organization (WHO) was established in 1948, yaws and other endemic treponematoses (bejel and pinta) were some of the major public-health problems it addressed, as reflected in World Health Assembly resolution WHA2.36² adopted in 1949. During 1952–1964, mass treatment campaigns organized by WHO and the United Nations Children’s Fund (UNICEF) led to treatment of 50 million cases and contacts. By the end of the campaign, the number of cases of these diseases had been reduced by 95% to 2.5 million. This success and the complacency that followed led to a gradual dismantling of the vertical programmes and premature integration of yaws control activities into primary health-care systems, which were either weak or nonexistent in the many places in which yaws occurred. The resources and commitment for yaws control also disappeared. By the late 1970s, the disease had begun to resurge, and World Health Assembly resolution WHA31.58 was adopted in 1978. Renewed control activities, particularly in West Africa in the 1980s, failed after a few years because of a lack of political will and resources.

Yaws has been neglected, but its devastating consequences still affect some marginalized populations, especially children aged under 15 years. It is caused by *Treponema pallidum* subspecies *pertunue*. Humans are the only source of infection, and it is transmitted mainly by direct skin contact with fluid from a lesion on an infected person. Minor scratches and abrasions of the skin facilitate transmission. The incubation period is 9–90 days, with an average of 21 days.

The last WHO estimate, in 1995,³ was that there were 2.5 million cases of endemic treponematoses (mostly yaws) globally, including 460 000 infectious cases. Except in the WHO South-Asia Region, where yaws was kept on the agenda, the disease was not considered a priority, and surveillance and reporting have been sporadic in other regions. The epidemiological status of yaws globally today is unknown; however, there is growing evidence that the number of cases of yaws and other endemic treponematoses is increasing in some countries, while they have disappeared in other previously endemic countries.

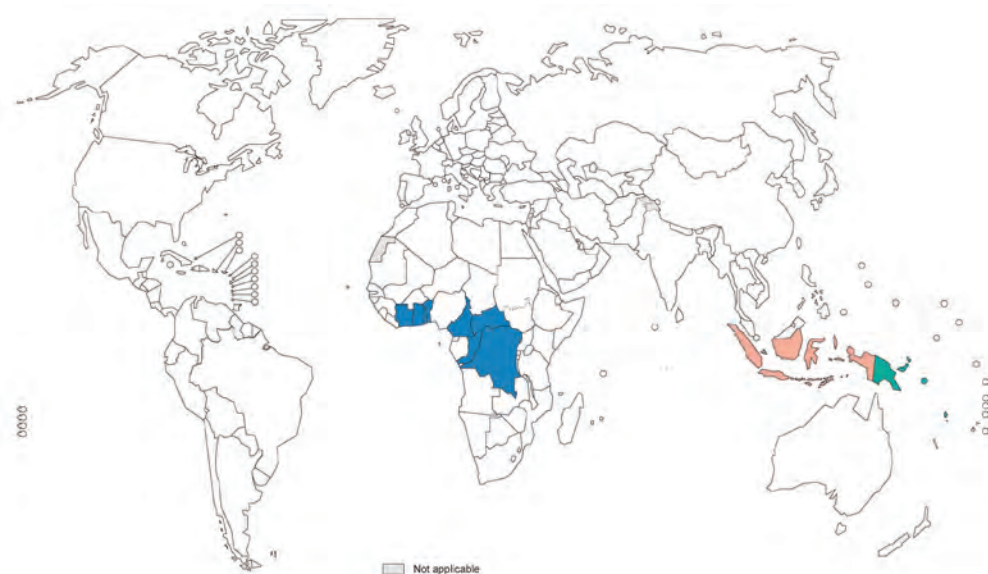
In 2011 (Figure 1 and Table 1), the endemic countries in the WHO South-East Asia and Western Pacific regions were Indonesia, Papua New Guinea, the Solomon Islands, Timor-Leste and Vanuatu. In the African Region, the full extent of yaws is unknown, but the disease is present in Benin, Cameroon, the Central Africa Republic, Congo, Côte d’Ivoire, the Democratic Republic of the Congo, Ghana, Sierra Leone and Togo. In most of these countries, underreporting of cases may be considerable. There is no recent information on yaws in the Region of the Americas, except for a report in 2003 in Ecuador.⁴ A review by Hopkins in 1977 indicated that yaws and pinta were no longer public-health problems in the Americas.⁵

² http://www.who.int/neglected_diseases/mediacentre/WHA_2.36_Eng.pdf.

³ World Health Organization. *Report of an informal consultation on endemic treponematoses*. Geneva, 1995:1–10.

⁴ Anselmi M et al. Community participation eliminates yaws in Ecuador. *Tropical Medicine and International Health*, 2003; 8:634–638.

⁵ Hopkins DR. Yaws in the Americas 1950–1975. *Journal of Infectious Diseases*, 1977; 136:548–554.

Figure 1. Countries with reported yaws in 2011**Table 1. Countries for which information on yaws was available, 2008–2011**

Country (year of report)	Number of cases
African Region	
Benin ^{a,b}	No data
Cameroon (2010)	789
Central African Republic (2008)	243
Côte d'Ivoire (2010)	3 704
Democratic Republic of the Congo (2009)	383
Ghana (2010)	20 525
Republic of the Congo (2011)	167
Togo (2010)	15
South-East Asia Region	
India ^c	0
Indonesia (2011)	5 319
Timor-Leste ^b	No data
Western Pacific Region	
Papua New Guinea (2011)	34 628
Solomon Islands (2010)	20 635
Vanuatu (2010)	1 574

^a Country known to be endemic.

^b Country known to be endemic but with not data available.

^c India interrupted transmission in 2004 and declared elimination in 2006. Since 2004, no new case has been reported.

2. The consultation on yaws

Rationale for the meeting

From 1996, India embarked on efforts to eliminate yaws. The final cases being reported in 2003. After 3 consecutive years in which no cases were reported, India declared interruption of yaws transmission in 2006. Up to 2011, zero cases have been reported, and careful serological surveys have revealed no evidence of transmission of yaws.

A recent publication in the *Lancet*⁶ showing the effectiveness of a single dose of azithromycin in the treatment of yaws is a major advance in the history of the disease and could facilitate its eradication by large-scale treatment campaigns. Azithromycin has been used extensively in the elimination of trachoma, and its safety is well documented.

In 2012, WHO officially launched a roadmap to accelerate work in overcoming neglected tropical diseases (NTDs) in London, United Kingdom. In that document, yaws is targeted for eradication by 2020.⁷ In March 2012, WHO organized a first consultation in Morges, Switzerland, to prepare a strategy for the eradication of yaws. The agenda, the list of participants and summaries of the presentations are given in annexes 1–3.

Objectives of the meeting

- to review the epidemiological situation of yaws in different regions and identify gaps in information;
- to set criteria and the process for yaws eradication and outline a plan for implementation;
- to analyse the implications of the Lancet article on use of azithromycin in yaws eradication;
- to identify potential donors and partners to support yaws eradication; and
- to explore collaboration with relevant NTD programmes, especially those for trachoma.

Expected outcomes

- update the epidemiological situation in different regions;
- define the criteria and process for eradicating yaws and plan implementation;
- agree on modalities for use of azithromycin in large-scale treatment campaigns to eradicate yaws;
- identify potential donors and partners; and
- identify possible areas for collaboration with other NTD programmes.

Opening remarks

Dr Jean Jannin, Coordinator, Innovative and Intensified Disease Management Unit, welcomed the participants on behalf of Dr Hiroki Nakatani, Assistant Director-General, HIV/AIDS, Tuberculosis,

预览已结束，完整报告链接和

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