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YAWS AND OTHER ENDEMIC TREPONEMATOSES

Treponemal infections

Africa

Report of a Regional Meeting
Brazzaville, 3-6 February 1986

WORLD HEALTH ORGANIZATION
Regional Office for Africa
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Note

This report expresses the collective viewpoint of the participants at the Regional Meeting on Yaws and other Endemic Treponematoses and not necessarily the decisions or the official policy of the World Health Organization.

This report is also available in French.

CONTENTS

ANNEXES

INTRODUCTION

1. The Regional Meeting on Yaws and other Endemic Treponematoses was opened by Dr G. L. Monekosso, Regional Director for Africa of WHO at Brazzaville on 3 February 1986. The objectives of the meeting were:

(i) to determine the present epidemiological situation of endemic treponematoses in the countries of the Region;

(ii) to consider the current endemic treponematoses control programme and develop an innovative, PHC-oriented, integrated control strategy, designed to interrupt their transmission.

2. In his opening address the Regional Director welcomed the participants and members of the International Advisory Group and recalled the importance of endemic treponematoses control, especially in the eight West African countries most affected. He underlined the harmful effects of these diseases on the population of the Region and consequently the need for the formulation of appropriate strategies for their control. In this regard he stressed the importance of the development of control programmes as part of primary health care strategies if control is to be achieved. He also emphasized the point that where endemic treponematoses occur, their prevalence would constitute a good indicator of the progress of the implementation of primary health care in the affected areas as well as the level of personal hygiene and the quality of health care.

3. He also expressed his appreciation of the initiative and efforts being made by the Fogarty International Centre to focus worldwide attention of the endemic treponematoses and to mobilize resources for their control as a contribution towards the achievement of the social goal of HFA/2000 in those areas where the diseases constitute a public health and social problem.

4. In his opening remarks, Dr J. Burke from the Fogarty International Centre thanked the Regional Office for organizing the meeting. He explained that the Fogarty International Centre had developed a special interest in promoting the control of the endemic treponematoses for three special reasons: <u>firstly</u> on purely humanitarian grounds because humanitarianism was one of the basic principles on which the Centre had been founded: <u>secondly</u> a simple, highly effective and affordable technology for the control of the diseases exists and <u>thirdly</u> because delay in eradicating the diseases might lead to the emergence and spread of drug resistance with disastrous consequences on any future efforts at control.

5. The participants elected the following officers:

Chairman	:	Dr (Mrs) M. O. Alli, Nigeria
Vice-Chairman	:	Dr Anoumou A. Edorh, Togo
Rapporteurs	:	Dr I. Ndoye, Senegal
		Dr M. K. Galakpai, Liberia.

6. The objectives of the meeting and the provisional programme of work were adopted.

THE RESURGENCE OF ENDEMIC TREPONEMATOSES

7. Prior to mass treatment campaigns, the overall prevalence of yaws was between three and five percent in sub-Saharan Africa; that of endemic syphilis was over 10 percent. National yaws programmes were frequently combined with leprosy, trypanosomiasis and other disease control activities. By the mid-1960s, the world-wide incidence of yaws had rapidly declined. In most of Africa the prevalence of active cases of yaws fell below one-half of one percent. Following these successes there was a general decline in yaws control activities.

8. Since 1976, over half of the 45 countries of the African Region of WHO have reported cases of yaws. There are cases of yaws in Central and Eastern Africa - primarily in the pygmy populations of Cameroon, Congo, Central African Republic and Zaire - however, most of the reported yaws cases are from the following West African countries: Benin, Ghana, Ivory Coast and Togo. These countries accounted for over 90 percent of the cases reported to WHO in 1982. The following Sahelian States: Burkina Faso, Mali and Niger, and to some extent, Senegal, are reporting dramatic