Symposium on yaws and other endemic treponematoses

Report of a symposium on yaws and other endemic treponematoses held at Washington, DC on 16-18 April 1984

A symposium on yaws and other endemic treponematoses was held at the Pan American Health Organisation Center, Washington, DC from 16 to 18 April 1984. The symposium was sponsored by the Fogarty International Center, the National Institutes of Health, the World Health Organisation (WHO), the Pan American Health Organisation (PAHO), the Centers for Disease Control, the United Nations International Childrens Fund (UNICEF), the International Union against the Venereal Diseases and Treponematoses (IUVDT), and several other agencies.

Just over 90 delegates took part in the symposium in the elegant conference centre of PAHO. The symposium chairman was Dr John C Hume of the Johns Hopkins Hospital, Baltimore, and the chief rapporteur was Dr Duncan Catterall of the Middlesex Hospital, London. The symposium was opened by Dr Carlyle Guerra de Macedo, the director of the PAHO, and Dr Mark S Beaubien, deputy director of the Fogarty International Center.

Dr George Causse of WHO gave a detailed overview of the extent of the non-venereal treponematoses throughout the world and drew attention to the fact that there was a steady increase in the number of regions and countries in which there had been an increase in diagnosed cases, especially in sub-Saharan Africa. Because of the success of early campaigns against yaws there were very few doctors or public health workers with any experience of the diseases. Diagnosis was therefore often inaccurate, and cases were frequently missed. Medical students and junior doctors received little or no teaching in the subject, and it was difficult to find clinical cases for demonstration purposes. Penicillin was still very effective in producing clinical cure, but when delay occurred before treatment was given

deformities might develop, especially in children.

Confirmation of the recent increase in cases of yaws came from papers from Ghana, the Sudan, the Ivory Coast, and Upper Volta in a session ably chaired by Dr Olu Osoba of Nigeria, who confirmed the rising incidence of the disease in Africa. The situation in Asia and the Middle East was less clear, where any increase in cases of yaws was quite small except in Indonesia and Papua New Guinea. The incidence of endemic non-venereal treponemal disease in the form of bejel in Saudi Arabia was reviewed by Dr George Csonka. It was pointed out that most of the inhabitants of Saudi Arabia had, in one generation, changed their life style from a nomadic tribal pattern to an urban, more stable pattern with a very much higher standard of living. Urban life, better facilities for personal hygiene, and improved clothing did not favour the spread of diseases transmitted by skin contact, but further epidemiological studies are required to clarify the situation in the Middle East.

The situation in the American countries was concisely reviewed by Dr Ronald St John of PAHO. There was no problem in North America, and papers from Surinam, Colombia, and Venezuela suggested that pinta had become a rare disease in Latin America.

In the discussion that followed it was generally agreed that the non-venereal treponematoses were an increasing problem in Africa and some parts of South East Asia, whereas the situation was satisfactory in Europe, the Americas, and most of the countries in South East Asia. It was repeatedly pointed out that the opportunity for total eradication had been missed in the 1950s and 1960s when the various eradication campaigns were abandoned too early, just as success was ahead.

Dr R R Willcox reviewed the mass treatment programmes; Dr André Meheus of Belgium put forward a scheme for the integration of control in conjunction with primary health care activities; Dr Peter Janssens, also from Belgium, spoke about other strategies; and Dr Peter Perine of

Atlanta reviewed the newer technological developments available for use in surveillance and control.

The prospects for improved laboratory diagnosis of treponemal infections and differentiation between species were discussed in detail by Dr Paul Hardy of Baltimore. Dr Sheila Lukehart discussed the prospects of the development of a vaccine, and Dr Philip J Bassford Jr, also from the United States, discussed the potential for development of antibiotic resistance. Doctor Stuart Brown assessed the efficacy of current treatment and discussed alternatives.

The session ended with a long paper from Dr Ferdinand A Vorst of the Netherlands on clinical diagnosis and changing manifestations of treponemal infections, followed by a discussion of the actual and theoretical impact of the control of treponemal disease on other diseases and conditions.

In the final session Dr William H Foege of Atlanta discussed the feasibility of eradicating yaws and pointed out many of the major difficulties in achieving total eradication. The mechanism of implementation by vertical or integrated programmes was considered in detail by Dr Donald R Hopkins of Atlanta. There were many comments about eradication, and representatives of international organisations and agencies such as WHO, UNICEF, the Commission of the European Economic Community (EEC), the Canadian International Development Agency, and many others all spoke in favour of further efforts at eradication.

The rapporteurs, Dr John C Cutler of Pittsburgh, Mr John W Nelson of Atlanta, Dr John M Boyce of Jackson, and Dr A B Christie of Liverpool, presented summaries of the more important points made during their sessions; and the chief rapporteur, Dr Duncan Catterall, presented the resolutions, which were discussed in detail. There was unanimous agreement that they should be sent to all the appropriate agencies and organisations. Dr Catterall thanked the organisers and the sponsors, particularly the Fogarty International Center and

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PAHO, for having planned a most successful and valuable symposium. He also paid tribute to Dr John C Hume, the symposium chairman, for his enthusiasm, erudition, and diplomacy. Dr Hume replied, thanked all the sponsors and organisers of the symposium, and expressed the view that action should result from the facts brought to light by the speakers.

The recommendations and resolutions were:

1. Health authorities and governments in tropical and subtropical countries should take special steps to assess and keep themselves fully informed on the status of the non-venereal treponematoses and to report this information to the WHO and

their appropriate regional health authorities at least yearly.

2. Summary reports on the prevalence of the non-venereal treponematoses as important childhood diseases and details of efforts directed against them should be made yearly to the general assemblies of WHO, UNICEF, the IUVDT, and other interested organisations.

3. International, regional, and bilateral agencies, as well as the countries concerned, should resolve to interrupt transmission of the non-venereal treponematoses by vigorously implementing World Health Assembly Resolution 31.58 (24th May, 1978). This will require various combinations of integrated and categorical efforts

according to the circumstances in the different countries.

4. The participants at the symposium acknowledge with gratitude the enormous progress to date regarding the non-venereal treponematoses that has been accomplished as a result of generous assistance to affected countries by international and bilateral agencies, especially WHO, UNICEF, PAHO, IUVDT, EEC and the United States Agency for International Development (USAID). Similar renewed efforts are needed again to prevent further deterioration in the current situation and to complete the task of eliminating these diseases as an important contribution towards health for all by the year 2000.

R D Catterall