

# YAWS ERADICATION PROGRAMME

## Introduction

- Yaws is a disfiguring and debilitating non-venereal disease. It is a highly infectious disease transmitted by direct (person-to-person) contact. Skin shows early lesions, which on healing show little scarring. Disease can be progressive involving bone and cartilage and causing disability. Yaw does not have extra human reservoir of infection and can be cured by single injection of long acting penicillin (Benzathin Benzyl). Yaws occur in remote, hilly and forest areas that have limited acceptability to health care services. Cases of Yaws have been reported from 27 districts in 9 states (Andhra Pradesh, Assam, Bihar, Gujarat, Madhya Pradesh, Maharashtra, Orissa, Tamil Nadu, and Uttar Pradesh).

## Clinical Features

- a) Primary/ early stage – Primary sore (mother yaws) appears as a large papule, about 6 cm in diameter, or as a vesicle on the knee or near the mouth. The scabs becomes macule and later a papilloma. Infective serous fluid exudes from the lesion.
- b) Secondary Stage – After 6-8 weeks rashes resemble a raspberry “framboesia” develop. They fall off without pain. Periosteum and bone may be involved.
- c) Tertiary or later stage – It occurs after about 5 years or more and is characterized by gummatous lesion near bones and joints. Gondou, a swelling by the side of nasal bridge and gandosa ulcerative lesion on palate are two special form of the stage.

## Treatment

- Benzathin penicillin G is the drug of choice in a dose of 1.2 million units for all cases and contacts, and half that dose (0.6 million units) for children under 10 years of age. In penicillin sensitive cases, erythromycin or tetracycline is used in recommended doses for a period of 15 days.
- The WHO recommended 3 modes of treatments:
  1. Total mass treatment: In areas where yaws is hyperendemic (>10% prevalence of clinically active yaws) treatment is given to all irrespective of disease status of person.
  2. Juvenile Mass Treatment: In mesoendemic communities (6% - 10% prevalence), treatment is given to all cases and to all children under 15 years of age and other obvious contacts of infectious cases.
  3. Selective Mass Treatment: In hypoendemic (<5% prevalence), treatment is confined to cases, their household and other obvious contacts of infectious cases.

## National Health Policy

- “Eradication of Yaws by 2005”

## Yaws Eradication Programme

- The programme was started in 1996-97 in Koraput districts of Orissa then extended to endemic states as a centrally sponsored health scheme with the objectives of:
  1. Interrupting the transmission of yaws infection (no case) in the country; and

2. Eradication of Yaws (i.e. no sero reactivity to RPR/VDRL in children below 5 years of age) from the country.

- The Government of Andhra Pradesh, Gujarat, Madhya Pradesh, Orissa have taken several initiatives for interruption of infection by mass administration of single dose of penicillin in the affected areas. "Yaws Cells" have been established in Division of Epidemiology to coordinate all activities.

### **Programme Strategy**

1. Manpower development
2. Detection of cases
3. Treatment of cases and contacts
4. IEC involving multi-sectors approach

### **Operation Component**

- The case detection is carried out by active surveillance, i.e. house-to-house visit by trained paramedical workers and treatment of cases and contacts simultaneously and immediately after detection. In such cases, a coloured recognition cards are given to patient.

### **Programme management**

- The National Institute of communicable Diseases (NICD) has been identified as the nodal agency for planning, guidance, coordination, monitoring and evaluation of the programme. The programme is implemented by the State Health Directorate of yaws endemic states utilizing existing health care delivery system with the coordination and collaboration of Department of Tribal Welfare and other related institutions, Director General of Health Services, Ministry of Health forms the task force to coordinate and review programme.