

Current situation of Yaws in Indonesia

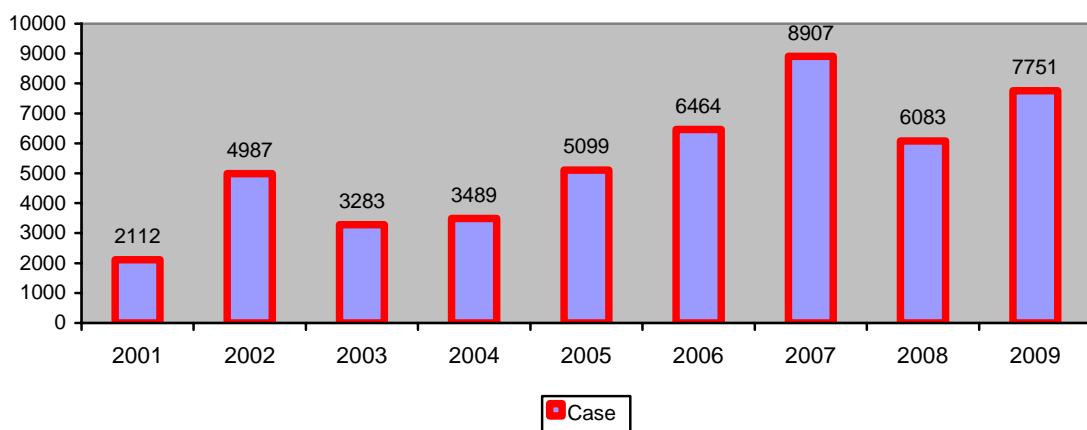
1. Historical background:

Treponema Control Programme Simplified (TCPS) which was started in 1952 successfully reduced prevalence rate of yaws (Frambusia) in Indonesia from 4.11% in 1952 to 0.45% in 1980. This nation wide campaign was carried out with the financial support of WHO and UNICEF. A single dose of injection Benzthine penicillin proved to be very effective in patients and their contacts in reducing the disease transmission significantly in the affected population groups.

2. Disease burden in the country:

Currently, 18 of the 33 provinces are believed to be affected with this disease. Five (5) of the 18 provinces are considered to be high burden for yaws disease. The remaining 13 provinces which were endemic in the past are considered as very low burden as they report cases occasionally indicating the presence of foci of infection in the community.

Fig.1 Trend in Yaws case reporting Indonesia 2001-2009



The National programme (Leprosy & Yaws) of MOH is reporting a steady increase in number of new cases since 2001 (Fig.1). The programme reported 7751 new cases from five provinces by the end of October, 2009. Of them, 7400 cases were reported from active surveys carried out in six (6) high endemic districts in East Nusa Tenggara (NTT) province. The trained health workers with community support rapidly screened 169,571 villagers in 197 villages in East Nusa Tenggara province. The case detection rate was 4364 per 100 000 population. Based on the available data from provinces, 33 districts are considered to be high endemic and 43 are considered to be low endemic in the country. Once intensified systematic active case finding and treatment activities are implemented in all the known endemic districts with adequate financial support in close collaboration with provincial and district health services, we will have more accurate information regarding the magnitude and geographic distribution of the disease.

Estimated budget: An estimated budget of US\$ 10 million for five years is required to eradicate this poverty related lingering disease from Indonesia.