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This document was produced with the support of Anesvad, Spain. Anesvad is an NGO that works to promote and protect the right to health.
http://www.anesvad.org
The purpose of this document is to contribute to improved recognition of Buruli ulcer (Mycobacterium ulcerans infection) and encourage greater efforts in detecting cases at an early stage of infection. Today, patients can be cured with antibiotics if diagnosed early, thus avoiding unnecessary suffering and disability. We hope that all users of this document will help to achieve these objectives.
Buruli ulcer is caused by a germ that mainly affects the skin and bone. Buruli ulcer often occurs in communities near particular water bodies (for example in lakes, swamps, ponds and rivers). Buruli ulcer germs are transmitted from the environment to humans, but the exact mode of transmission is not known. Buruli ulcer affects people of all ages, sex and colour, but in Africa, children aged under 15 years are the most affected. Buruli ulcer mainly occurs on the arms and legs but it can affect any part of the body. Buruli ulcer can be treated in health centres or hospitals with specific medicines. Buruli ulcer disabilities can be prevented through early diagnosis, early treatment and prevention of disability (POD) activities.

Buruli ulcer is a natural disease and can be cured with specific antibiotics. Early diagnosis is important.
BURULI ULCER
3
WHAT YOUR COMMUNITY SHOULD KNOW ABOUT BURULI ULCER

Your community should know that …

• Buruli ulcer is a disease caused by a germ
• Buruli ulcer is not caused by witchcraft
• Buruli ulcer is not due to a curse
• Buruli ulcer is not a punishment
• Buruli ulcer cannot be transmitted through direct contact with an affected person
• Buruli ulcer can be cured with specific antibiotics
• Treatment is free of charge

Buruli ulcer is a natural disease and can be cured with specific antibiotics. Early diagnosis is important.
Buruli ulcer is still considered a “mystery” disease that some people do not know about. As a result, it is under-reported (or poorly documented).

- Today, Buruli ulcer is reported in 33 countries worldwide.
- Within countries, Buruli ulcer occurs in some localized places.
- Your local health authorities can provide information on where Buruli ulcer occurs and how many cases have been reported.

CHECK if the place you live in is affected by Buruli ulcer
Global distribution of Buruli ulcer, 2008
Certain environmental conditions may favour the occurrence of Buruli ulcer.

- Buruli ulcer often occurs in tropical areas near particular water bodies, such as slow-flowing rivers, ponds, swamps and lakes.
- The germ that causes Buruli ulcer lives in the environment, but the exact place is not known.
- The mode of transmission is still not known.

Wear protective clothing and treat ANY wound. Good personal hygiene is essential.
Buruli ulcer presents in two different forms and it is important to know them. These are the non-ulcerative and ulcerative forms.

1. Non-ulcerative forms are nodules, plaques and oedema.
2. The ulcerative form may be small or large with the typical undermined edges.

In addition to the clinical forms, WHO has recently introduced a new classification based on sizes of lesions. These are Categories I, II and III.
NON-ULCERATIVE FORMS

1. Nodule

A nodule is a small, firm and painless swelling under the skin of about 3 centimetres maximum in diameter.
Notes:
2. Plaque

A plaque is a large, firm and painless swelling of more than 3 centimetres in diameter with clearly marked raised borders.
NON-ULCERATIVE FORMS

3. Oedema

Oedema is a large painless swelling usually involving the whole arm, leg, or face limiting movements of the affected part.

RECOGNIZE the different forms of Buruli ulcer and act before it is too late!
Notes:
ULCERATIVE FORMS

1. SMALL ULCERS

Typical ulcers are generally not painful; they have undermined (loose) edges and often have whitish-yellowish “cotton-wool like” slough in the centre.

RECOGNIZE the different forms of Buruli ulcer and act before it is too late!
ULCERATIVE FORMS

2. LARGE ULCERS

Typical ulcers are generally not very painful; they have undermined (loose) edges and often have whitish-yellowish “cotton-wool like” slough in the centre.

RECOGNIZE the different forms of Buruli ulcer and act before it is too late!
Notes:
Lesions on the face should be suspected in any person living in an endemic area, particularly children, who present with painless and gradual swelling of the face.

RECOGNIZE the different forms of Buruli ulcer and act before it is too late!
SPECIMEN COLLECTION

In addition to clinical diagnosis, it is important to take specimens to confirm Buruli ulcer in the laboratory. Two methods are commonly used by trained health workers: fine-needle aspiration and swabs. In the majority of cases which are ulcers, swab is sufficient and should be obtained from the undermined edges of the ulcer.

Remember to take correct specimens for each case for laboratory confirmation.
Treatment of Buruli ulcer requires four different but complementary approaches, depending on the stage of the disease:

1. Specific antibiotics for 8 weeks
2. Wound care
3. Prevention of disability
4. Surgery
TREATMENT

1. USING SPECIFIC ANTIBIOTICS

Today, Buruli ulcer is treated with specific antibiotics requiring 8 weeks of treatment. However, early detection is important to achieve good results.

Other complementary treatments may be required, depending on the extent of the disease (wound care, disability prevention, skin grafting).

Know that Buruli ulcer can be cured with antibiotics ONLY...
Cured with antibiotics
In addition to the antibiotics, people with Buruli ulcers need clean dressing of the wounds (ulcers) to improve healing. For small ulcers, the dressing wound is simple and can be done at the local health centre or by the patient or family members. For large ulcers, hospital treatment is necessary.
Disability is the main problem caused by Buruli ulcer. This can be prevented through simple exercises, antideformity positioning, elevation and mobilization of the affected limb. Large ulcers, plaques and oedema especially around joints commonly lead to disability; special attention should be given to these forms of the disease.

Early and frequent exercising of the affected part of the body are important to prevent joint stiffness, restricted movement and disability.
For large ulcers, surgery is often needed in addition to antibiotics to heal the ulcer faster.

For some patients, skin grafting is a necessary part of treatment to heal the ulcer quickly.
Notes:
In some places (countries or districts), disabilities resulting from Buruli ulcer are severe and frequent. Efforts to detect cases early should be intensified.

Disabilities are preventable. Early detection is the solution.
Notes:
Anyone living in an area endemic for Buruli ulcer should know how to recognize the disease so that action can be taken as soon as it appears. There is no vaccine to prevent the disease so the only solution is early detection of cases, and effective treatment.

Community education strategies include:
- House-to-house
- School
- Training workshops
- Video shows

Inform people about the disease and treatment options, and encourage them to seek treatment early.
RECOGNIZE AND REPORT OTHER SKIN CONDITIONS

1. Yaws

During case-finding activities in communities to detect Buruli ulcer, it is also important to identify and report on other skin conditions such as yaws. Treatment of yaws requires a single injection of benzathine penicillin.

Yaws is an example of skin conditions that can be found in affected communities.
During case-finding activities in communities to detect Buruli ulcer, it is also important to identify and report on other skin conditions such as leprosy. Treatment of leprosy requires 6–12 months of multi-drug therapy.

2. Leprosy

Cases of leprosy have reduced but still occur in some communities.

Early detection is essential to prevent disability.
Notes:
WHAT CAN YOU DO?

Everyone has a role to play to fight Buruli ulcer:

- You can be the link between your community and the health centres or hospitals.
- You can help to increase awareness about Buruli ulcer in your community and encourage those affected to report early.
- You can identify people with suspected Buruli ulcer, and register and refer them to the nearest health centre or hospital.
- You can help to manage simple cases and supervise those on treatment in your community.
- You can support and follow up patients who have returned to the community after treatment at health centres or hospitals.

YOU can play an important role in fighting diseases in your community. Get involved!
This form may be used by the village volunteers to record basic information on each Buruli ulcer case identified in the community.
EXAMPLE OF BASIC INFORMATION TO BE RECORDED

Family name __________________________ First name __________________________

Name of village ____________________________________________________________

Age ________ Sex □ F □ M Date ________
(dd/mm/yr)

Patient classification: □ new □ recurrence

Location of lesion: □ leg □ arm □ chest □ abdomen □ back □ face □ neck

Clinical form: □ nodule □ plaque □ oedema □ ulcer

Category: □ I □ II □ III

Limitation of movement: □ yes □ no
COMMUNITY REGISTRATION FORM FOR VILLAGE VOLUNTEERS

This register may be used by the village volunteers to report cases seen in the community within a particular month.

Record and report EVERY case!
<table>
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<th>No.</th>
<th>Date (dd/mm/yr)</th>
<th>Name</th>
<th>Age</th>
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<th>Patient Classification</th>
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Name/Signature of the village volunteer: ___________________________ Date: ___________
Recognize Buruli ulcer

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http://www.who.int/buruli/en/

Act now!