Disease surveillance: keeping a watch on noma

Oro-facial noma is often under-reported. It is not easy to diagnose, particularly in the early stages, the case fatality rate is high and, in many of the places where noma occurs, registration systems are poor or nonexistent. In any case, there are often social and cultural barriers to admitting that a community has the disease.

Surveillance of noma is essential. Only with effective surveillance can needs be identified accurately — needs for education, medical supplies, health care, early intervention and prompt referral. Surveillance provides the epidemiological data that are needed so that preventive steps can be taken, effective care planned and progress in combating the disease measured. WHO's strategy aims to reduce the incidence of noma and the high death rate it causes through integrated management of affected children within primary health care.

What is noma?

The clinical description of noma varies with the evolution of the disease. It is a disease of childhood that, in its acute stage, is characterized successively by necrotic ulcerative gingivitis, facial oedema, a greyish scab, and finally loss of tissue. Cases can be classified as:

- Suspected: A child of 6 months to 6 years with necrotic ulcerative gingivitis and clinical signs of immunodeficiency.
- Probable: A child of 6 months to 6 years with a facial oedema and clinical signs of immunodeficiency.
- Confirmed: A child of 6 months to 6 years with a greyish scab or tissue loss (danger signs) or presenting with tissue loss as an after-effect.

Recommended surveillance of noma

The following steps are recommended:

- There should be notification from sentinel sites.
- Surveillance should be both geographic and demographic.
- Each hospital should have its own system of surveillance.
- Medical records should be maintained even at the peripheral level.
- All suspected or confirmed cases should be reported systematically each month from the periphery of the health system to the intermediate and central levels.

Data to be collected at the peripheral level and at sentinel sites should include at least:

- International Classification of Diseases (ICD) code, age, sex, geographical area;
- risk factors;
- whether treatment has been given (yes/no), and what the treatment was;
- whether the case was referred (yes/no);
- hospitalization (yes/no);
- outcome.

Data to be notified cumulatively are:

- number and type of cases among children of less than 5 years (total and by geographical area);
- number of deaths in children less than 5 years (total and by geographical area).

Analysis of data

Data on noma can be analysed in various ways: the number of cases per month, by geographical area, by sex, or by level of severity of the disease. Monthly summaries should be produced at regional and national levels. Data should be compared with that for the same month and geographical area in previous years.

The main uses of the data are to observe trends in the incidence of the disease and to identify areas of high risk in order to target interventions effectively.

Note: Many cases of noma are treated by traditional healers. The assistance of these healers could be enlisted for surveillance purposes.
Resources


Critères actuels d’aide au diagnostic clinique pour l’identification des manifestations oro-faciales du noma (leaflet, WHO/ORH-NOMA, Oct. 1994). Describes the progress of noma from necrotizing gingivitis to the loss of tissue and other health problems. Illustrated with colour photographs. F.

Noma, a little-known public health problem (WHD/94.6). A brief review of the history of noma, research findings, and the main health problems it causes. E,F.

Noma Contact, No. 1. Some copies of the first issue of this occasional newsletter are still available. E,F.

Poster: "Acting against noma" is the theme of this poster (see back page) which explains what noma is, who is at high risk, how it can be identified early and prevented, and how it should be treated if it develops. E,F.

Single copies of these resources are available free of charge. Please write to Mrs Marie-Hélène Leclercq at WHO’s Noma Project.


The video can be ordered from Distribution and Sales, World Health Organization, 1211 Geneva 27, Switzerland.

Active against noma?

Tell us what you are doing

Noma contact is produced by WHO on behalf of the International Action Network Against Noma. It is intended both as an information sheet and as a means of contact between all the organizations and individuals involved in the fight against this destructive disease.

WHO and other members of the International Action Network would like to hear more about efforts that are being made to prevent and combat noma. Noma contact can help share information about your work and your experience to encourage and assist others in their efforts.

Find out more about noma on the World Wide Web

WHO’s website has a noma page with details of what the disease is, where it is found, WHO’s strategy to combat it, the work of the members of the International Action Network Against Noma, as well as the latest news, events and resources. The noma web page address is:

http://www.who.int/ncd/nomamain.htm