

Integrated Approaches to NTDs Involving the Skin

Session Date: Saturday, November 4

Session Time: 1:00pm – 4:00pm

Session Location: Harborview II

Session Description: The goal of this session is to advance discussions on how activities related to the diagnosis and management of NTDs involving the skin may be integrated to strengthen both programs and health systems and to develop an operational research agenda to promote an integrated approach to diagnosis and morbidity management of NTDs involving the skin.

Session Chairs: Kingsley Asiedu, The World Health Organization
David Mabey, London School of Hygiene & Tropical Medicine

Session Rapporteur: Michael Marks

KEY DISCUSSION POINTS**Two cross-cutting presentations were given**

- **Rational for Integrated Management of Skin NTDs**
 - Common pathways for diagnosis
 - Common pathways for prevention
 - Shoes wearing eradicates podoconiosis, and protects against STH, snake bite, tungiasis and reduces tetanus.
 - Need for common morbidity management
 - Example of successful model transferred from podoconiosis to lymphatic filariasis lymphedema
 - WHO and partners have recently led the development of a Manual for the Recognition of NTDs of the Skin – hoped this will provide an initial platform for improving training and diagnostic accuracy of health care workers in endemic settings
- **Integrating management of Skin NTDs**
 - Wound care is required for healing of Skin NTDs regardless of underlying cause
 - Combined mapping successfully trialed in Cote d'Ivoire
 - Skin diseases very common and need to be managed within any integrated care package (1/3)
 - Improved approaches are needed to improve the yield of integrated-case finding strategies
 - What is the optimal survey design (see Next Steps)
 - What is the role of training?
 - Can surveys be integrated with other diseases?

Two disease specific presentations were given

- New Oral only treatment for Buruli Ulcer:
 - WHO Sponsored Phase 3 RCT:

- 8 Weeks Rifampicin & Clarithromycin
 - 8 Weeks Rifampicin & Streptomycin
 - Fully oral regime as effective as regime based on Intra-Muscular Streptomycin
 - Should improve ability to deliver care for Buruli ulcer patients and reduce need for patients to attend health facilities for daily injections
- NTD-SC Funded trial on different doses of azithromycin for yaws:
 - Conducted in Ghana and Papua New Guinea
 - Tested in both active and latent yaws
 - Lower dose appears effective which may create synergies with trachoma programs

KNOWLEDGE GAPS IDENTIFIED

- 1) There is an absence of high quality mapping data for many of these NTDs with which to target interventions / recognize areas of increased risk of disease. Improving case detection is a significant barrier currently to scaling up of activities.
- 2) Many of these diseases are managed by Case-Finding and integrated strategies would be well suited to increasing coverage of mapping these diseases.
- 3) Validated tools are needed to facilitate integrated mapping of the NTDs
 - a. This could potentially include an integrated data collection tools
 - b. Rapid diagnostic tools / point-of –care diagnostic tools
- 4) Can we integrate delivery of treatment of both skin-NTDs and/or common skin diseases
- 5) Data are needed on optimal wound care strategies for use in low-resource settings
 - c. This includes both the strategies themselves and how they should best be delivered
 - d. Low-cost and effective wound care materials need to be identified and/or developed.

RECOMMENDED NEXT STEPS

- 1) Validation of new and existing simplified clinical diagnostic pathways is required.
 - a. Requires validation of potential tools
 - i. WHO Manual on Skin NTDs
 - ii. Mobile Apps
 - b. Development and validation of different training packages
 - c. New point of care tests to support simplified clinical diagnostic pathways
- 2) What/if any is the role of mobile-technology/dermatology in supporting fieldworkers in case-finding, management and training activities
- 3) Validation of different mapping strategies
 - a. Formal comparisons are needed of different case finding and contact tracing strategies including household surveys, school-based surveys
 - b. What/if any value does routine data (for example health care facility data) have for mapping skin NTDs
- 4) Operational Research is needed to establish how best to deliver wound care and prevention services interventions
 - a. Can these be modeled off existing NTD morbidity management strategies (LF / Leprosy/Podo_
 - b. Cost-effectiveness of the identified methods: traditional vs. new

- c. Can these be integrated with relevant programs (such as NCD programs including Diabetic foot clinics)
- d. What is the role of the expert patient in integrated wound care ?