Current recommendation buruli ulcer health and social care essay

This action plan is an introduction to the briefing paper on the deadly endemic disease buruli ulcer (BU) in Ghana. This paper will be used to educate the public on the disease, its signs and symptoms, prevention and treatment. Buruli ulcer is a disease caused by Mycobacterium ulcerans infection which was first discovered in Australia in 1948 (McCallum, Tolhurst, Buckle and Sissons, 1948) but was formerly known as Bairnsdale Ulcer or Searls Ulcer (Timothy et al; 2006). There have been reported cases of the disease throughout the tropical and subtropical regions in the world and the World Health Organisation (WHO) states that at least 16 out of 46 African countries especially in West Africa and Eastern African report several cases (WHO, 2000). BU is a slow progressing, ulcerative disease characterized by necrosis of subcutaneous tissue (Doig et al; 2012). The disease begins characteristically as a painless swelling under the skin. In some environmental areas the first manifestation is a papule rather than the firm, painless swelling (). If not treated early, the swelling slowly increases and wears down through the skin superficially, leaving a well-demarcated ulcer with a necrotic slough in the base and widely undermined edges (Aholu et al.; 2013). When not treated early the disease can affect the bones leading to amputation of the limbs and other vital organs like the eyes (Amofah et. al; 2002). BU mostly affects the young ones with nearly half of the reported cases affecting children under fifteen (15) years in Africa (WHO, 2000). Buruli ulcer is presently the third most common mycobacterial disease of humans, after tuberculosis and leprosy, and the least understood of the three (). The mode of transmission is still uncertain but it appears that different modes of transmission occur in different geographic areas and epidemiological locations. In 2008 a group of researchers were able to isolate the

mycobacterium ulcerans from the environment () and epidemiologic studies also recognised that the disease was related to wetlands, especially those with slow-flowing or stagnant water (ponds, backwaters, and swamps (). In Ghana, the first case of the disease was reported in the capital city Accra in 1971(Bayley, 1971) since then about 1000 cases were reported in Ghana yearly, giving a nationwide prevalence of 20. 7/100, 000 in 1998 (WHO, 2008). Some of the cases where from areas around the tributaries of River Densu a district in Ghana ().

KEY COMPETENCIES AREAS 5 AND 6

The briefing paper for buruli ulcer: An endemic disease. The need for public awareness will be associated with the Faculty of Public Health (FPH, 2010) 5 for health protection and 6 for health improvement. The key area 5 advice's on the need to promote the health of the public by influencing lifestyle and socio-economic, physical and cultural environment through health education (). Key area 6 guides on the need to protect the public from communicable diseases. This is essential with the buruli ulcer situation in Ghana to protect children who are mostly affected by applying the appropriate interventions as recommended (FPH, 2010).

THEME

The theme for this article is to increase public awareness through public education in Ghana and also protect. This will place importance on the need for early detection to decrease the incidence of disability caused by the disease. The target group will be adults who have young children or care takers, adolescents and health care workers. This paper will discuss the

following in details. What is buruli ulcer? The epidemiology. Causes and Risk FactorsSigns and symptomsTreatmentPrevention

CURRENT RECOMMENDATION ON BURULI ULCER

In 1998, WHO conveyed an international conference on the disease in Cote d'Ivoire city of Yamoussoukro after an emergency of the disease and the Global Buruli Ulcer Initiative (GBUI) was launched to co-ordinate controls and research efforts worldwide (). Excisional surgery with primary closure or skin grafting remains the current recommended therapy for BU (). There is no specific vaccination but the bacillus Calmette-Guérin (BCG) is the recommended vaccine that offers some form of protection against the bacterial. According to the provisional guidelines proposed WHO recommends the use of rifampicin and streptomycin with or without surgery for the treatment of BU (Portaels et al, 2009). In 2004, World Health Assembly (WHA), WHO's decision making body, adopted a resolution urging improved surveillance, control and research on BU. In 2012, WHA included BU in its report on " Accelerating to Overcome the Global Impact of Neglected Tropical Diseases" (WHA, 2012). World Health Organisation (WHO, 2011) Global Immunisation Vision and Strategy sets out initiatives and a framework to control preventable diseases regionally and worldwide through immunisation programmes. There are no established policies about protecting and promoting the health of the public on buruli ulcer in Ghana but there are temporary recommended programs. In 2005 – 2006, the first phase of a BU prevention and treatment (BUPaT) was initiated in some parts of Ghana to increase access to BU treatment (Ackumey et al, 2011).

NEW INITIATIVES

To create an effective policy using existing recommendations and available research. Frequent public health campaigns to effectively disseminate the knowledge of buruli ulcer to the public. This can also be done by involving the media especially through radio, television advertisements and documentaries. Strengthen existing clinics to increase access to WHO recommended antibiotics. Increase access to health facilities since BU mostly affects underprivileged rural communities with poor access to health facilities. Involve commissioners and prepare finances for provisions of BCG vaccines and care. Provide support groups and counselling services for people affected with the disease and disabled.

STRATEGIES

According to the World Health Organisation (WHO), service delivery is the primary function of any health system and entails the provision of ‘‘ effective, safe, good quality care to those that need it with minimal waste (WHO,). UNICEF (2012) also state that every child has the right to survival and that government have an obligation to protect these rights using policy that is developed in the best interest of the child. Increasing access to buruli information will be achievedproper engagement with all stakeholders like health care workers, municipal directors, health directors, school teachers and community leaders onCommunity outreach to enhance early detection of disease and treatment. Train health workers and community based volunteers on the need toMost affected communities lack basic amenities like water and are therefore forced to rely on infected water sources. Provision of good sources of water for the communities with the help of the

Community Water and Sanitation Agency (CWSA) and other non-governmental organisations will help reduce the infection drastically.

IMPACT ON SERVICE

The government will bring a positive change when an effective BU awareness program is given a priority and a policy implemented. This will have a great positive impact on health services. The following will also be achieved when the policy is implemented. It will assist with early detection of the disease. Cost and resources used in treating people will be less and disease burden will gradually decrease. There will be improvement with existing service and help with early interventionPromoting awareness of BU and access to health facilities will reduce the rate of surgical interventions thereby reducing disability of affected clients. There will be a positive impact on the socio-economic status of the individuals, community and country as a whole since the disease affects people who depend on subsistence agriculture in Ghana ().

CONCLUSION