Yaws is a neglected infectious disease that affects populations living in rural areas far from health services. Poverty, low socioeconomic conditions, and poor personal hygiene facilitate the spread of yaws. It is caused by the bacterium *Treponema pallidum* subspecies *pertenue*, is transmitted by skin contact, and is targeted for eradication by 2030. Reports of yaws cases have decreased remarkably since 1970 in the region of the Americas. However, in many countries, epidemiological surveillance, which is key to detecting and responding to a possible resurgence of the disease and to certifying the interruption of transmission, stopped after 1970.

To forward the regional agenda toward completing the process to certify the interruption of yaws transmission, countries in the Americas should start reviewing and documenting the current epidemiological situation of the disease and compile the evidence to confirm whether the interruption of transmission has occurred.

This report presents the summary of the discussions and recommendations given to 13 participating countries in a meeting held in March 2023 on the main actions to progress toward confirming the interruption of yaws transmission in the region of the Americas.
Report of the Regional Meeting on the Eradication of Yaws

1–3 March 2023

Washington, D.C., 2023
Report of the Regional Meeting on the Eradication of Yaws. 1–3 March 2023

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# Abbreviations and acronyms

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<th>Description</th>
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<tr>
<td>AZT</td>
<td>azithromycin</td>
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<tr>
<td>DPP</td>
<td>Dual Path Platform (test)</td>
</tr>
<tr>
<td>NID</td>
<td>neglected infectious disease</td>
</tr>
<tr>
<td>PAHO</td>
<td>Pan American Health Organization</td>
</tr>
<tr>
<td>PCR</td>
<td>polymerase chain reaction</td>
</tr>
<tr>
<td>RDT</td>
<td>rapid diagnostic test</td>
</tr>
<tr>
<td>TCT</td>
<td>total community treatment</td>
</tr>
<tr>
<td>TTT</td>
<td>total targeted treatment</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
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</table>
Introduction

Yaws is one of the neglected infectious diseases (NIDs) that has been targeted for eradication by 2030 in the Neglected Tropical Diseases Roadmap 2021–2030 (1). It is also included in the Pan American Health Organization (PAHO) initiative to eliminate more than 30 infectious diseases and related conditions by 2030 (2). The yaws eradication strategy involves actions to be implemented in the different stages of the elimination process (depending on the epidemiological status in each country) that include planning, antibiotic community and targeted treatment, post-treatment, post-zero cases, certification, and post-certification (3).

To move the regional agenda toward completing the process to certify the interruption of transmission of yaws forward, delegates from ministries of health need updates on the regional situation, current recommendations on surveillance, monitoring, and evaluation, integrated packages of interventions in populations where transmission might be still active, and on the completion of the dossiers to support the achievement of the eradication.

This is a report of a virtual meeting held on 1–3 March 2023 to discuss the eradication of yaws with delegates from 13 countries. The meeting objective was to present the global and regional yaws situation, current recommendations on strategies to interrupt yaws transmission, and to initiate discussion on necessary actions to progress toward confirming the interruption of yaws transmission in the Region of the Americas.

The countries selected to participate in the meeting are at different stages of eradication. They represent Central America, South America, and the Caribbean subregions and meet at least one of the following criteria:

- Have a national group working on NIDs;
- Are reinforcing PAHO’s communicable diseases elimination agenda goals.

Countries with no history of autochthonous infectious cases of yaws that need to be certified include Argentina, El Salvador, Honduras, Nicaragua, and Paraguay. Countries with a history of yaws but no report of cases since 2013 include Brazil, Costa Rica, Cuba, Dominican Republic, Ecuador, and Guyana. Countries with a history of yaws and reported cases since 2013 include Colombia and Haiti.

Country delegates were from ministries of health and included people responsible for NIDs and other infectious diseases, national epidemiological surveillance systems, national reference laboratories, health systems, and clinicians. Also present were experts on yaws and delegates from the Department of Control of Neglected Tropical Diseases at
the World Health Organization (WHO), PAHO advisers for communicable diseases from the participating countries, and regional NIDs program delegates at PAHO.

This report summarizes the situation of yaws in the Americas and records the meeting discussion, highlighting critical next steps at national, regional, and global levels, existing resources, and future challenges.
1. Yaws situation in the Americas

Yaws is a poverty-related chronic disease characterized by a primary skin lesion (mother yaws). If left untreated, it may progress to include the destruction of bones and joints, with gross disfigurement and related stigma, occurring in about 10% of cases. It is an infectious disease, transmitted through skin contact, caused by the bacterium *Treponema pallidum*, subspecies *pertenue*. Prevention of gross disfigurement is through early detection and treatment (4, 5).

Diagnosis requires a combination of treponemal and nontreponemal serology tests or polymerase chain reaction (PCR) tests of lesion swabs (6). Historically, cases were treated with an injection of penicillin. However, providers discovered that a single dose of oral azithromycin (AZT) was effective, renewing optimism that eradication is achievable through mass treatment following the Morges strategy (5, 7). Yaws was subsequently targeted for global eradication, defined as the complete interruption of transmission (absence of new cases of yaws), by the WHA66.12 resolution of the World Health Assembly (2013) (8). The Directing Council of the Pan American Health Organization (PAHO) adopted the yaws eradication goal in their CD55.R9 resolution (9).

Yaws affects mostly children under 15, peaking in 6- to 10-year-olds (10). It primarily affects people living in tropical regions with overcrowding, lack of access to hygiene, and limited health care access (11). In 1950, the World Health Organization (WHO) estimated that yaws infected 50 million people in over 85 countries. A strong push in the 15 years that followed, led
by endemic countries, with technical assistance from WHO and the United Nations Children’s Fund (UNICEF), resulted in a drastic decrease in infected numbers (12). However, the disease evaded eradication, and with the reporting of yaws no longer mandatory, its current prevalence and distribution are not well known.

PAHO completed a systematic review of the epidemiological situation of yaws in the Americas, published by Zoni et al. in 2019 (13), which reports yaws from eight countries and territories: Brazil, Colombia, Dominica, Guyana, Haiti, Martinique, Suriname, and Trinidad and Tobago. However, it was also found that gaps in information and heterogeneity in the methodologies used made it difficult to assess the disease’s regional burden. The authors concluded that while overall yaws regional prevalence was low and eradication feasible, a more systematic collection and analysis of up-to-date information and highly targeted interventions is needed to interrupt transmission.

PAHO classified all 51 countries and territories in the Region of the Americas into four groups regarding their progress toward confirming the interruption of yaws transmission (Table 1). PAHO designed this classification method to inform programmatic and operational strategies. It combines the criteria established by WHO in 2018 (10) and revised in 2021 (3). Based on this classification, countries can identify actions needed to demonstrate the interruption of transmission of yaws (including additional treatment if transmission is ongoing).
Table 1. Groups of countries and territories by status on the report of yaws cases in the Region of the Americas

<table>
<thead>
<tr>
<th>Countries and territories with no history of autochthonous infectious cases of yaws that need to be certified</th>
<th>Countries and territories with a history of yaws but no report of cases since 2013</th>
<th>Countries and territories with a history of yaws and report of cases since 2013</th>
<th>Countries and territories with no historical or recent information on yaws</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anguilla</td>
<td>Antigua and Barbuda</td>
<td>Barbados</td>
<td>Bermuda</td>
</tr>
<tr>
<td>Argentina</td>
<td>Bolivia (Plurinational State of)</td>
<td>Brazil</td>
<td>Bonaire</td>
</tr>
<tr>
<td>Aruba</td>
<td>Costa Rica</td>
<td>Cuba</td>
<td>Cayman Islands</td>
</tr>
<tr>
<td>Bahamas</td>
<td>Dominica</td>
<td>Dominican Republic</td>
<td>Mexico (status unknown)</td>
</tr>
<tr>
<td>Belize</td>
<td>Ecuador*</td>
<td>French Guiana</td>
<td>Saba</td>
</tr>
<tr>
<td>British Virgin Islands</td>
<td>Grenada</td>
<td>Guadeloupe</td>
<td>Sint Eustatius</td>
</tr>
<tr>
<td>Canada</td>
<td>Guatemala</td>
<td>Guyana</td>
<td>Sint Maarten</td>
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<td>Jamaica</td>
<td>Martinique</td>
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<td>Curaçao</td>
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<td>Peru</td>
<td></td>
</tr>
<tr>
<td>El Salvador</td>
<td>Puerto Rico</td>
<td>Saint Kitts and Nevis</td>
<td></td>
</tr>
<tr>
<td>Honduras</td>
<td>Saint Lucia</td>
<td>Saint Vincent and the Grenadines</td>
<td></td>
</tr>
<tr>
<td>Montserrat</td>
<td>Suriname</td>
<td>Trinidad and Tobago</td>
<td></td>
</tr>
<tr>
<td>Nicaragua</td>
<td></td>
<td>Venezuela (Bolivarian Republic of)</td>
<td></td>
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<tr>
<td>Paraguay</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>United States of America</td>
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<td></td>
<td></td>
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<tr>
<td>Uruguay</td>
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</tbody>
</table>

16 25 2 8

* Ecuador is actively conducting surveillance to confirm the interruption of transmission
1.1. Yaws surveillance in countries represented at the meeting

Before the meeting, delegates from the 13 participating countries responded to a survey about the situation of yaws in their country to give all participants some contextual understanding of the countries represented. Twelve countries responded with the following information:

- Five said that yaws was a notifiable disease in their country.
- Of these five, two countries (Colombia and Ecuador) received reports of suspected cases in the last three years. However, none of these cases were confirmed.
- A few countries reported conducting additional yaws surveillance activities as follows:
  - A search of clinical records (Colombia);
  - Active searches and serological surveys in the target population (Ecuador);
  - Use of treponemal serological tests (Ecuador, Nicaragua, and Paraguay).
- One country reported having yaws protocols and laboratory procedures for surveillance and treatment.
- Two countries reported having a skin-related neglected infectious disease (NID) strategy, program, or platform within which the screening of yaws cases is (or can be) included.

These responses showed that most countries had little information on yaws within their borders and few activities in place that would facilitate detection.
2. Programmatic actions to interrupt transmission of yaws in the Americas

Experts presented at the meeting on yaws its clinical characteristics and epidemiology, laboratory tools, and WHO’s strategy for interrupting transmission (3, 10). Figure 1 summarizes the programmatic actions that need to be taken by each country to achieve the desired goal in the Americas by 2030.

Highlighted in this figure are the phases of post-zero cases and national-level certification to show that this is the phase that the majority of countries in the Americas are currently at. This includes the 24 countries and territories with no history of yaws (columns one and four of Table 1) and the 25 countries and territories with no reported cases since 2013 (column two of Table 1). Colombia and Haiti, with unconfirmed reports of yaws since 2013, need to assess their next steps.
Figure 1. Yaws eradication strategy

Yaws surveillance, monitoring, and evaluation

- Notification of suspected yaws cases
- Active and passive case searches (integrated)
- Yaws case screening by rapid diagnostic tests (RDTs) with confirmation of current infection by Dual Path Platform (DPP) tests and of yaws-specific infection with polymerase chain reaction (PCR)

*Activities during these stages will depend on the endemicity evaluated at the planning stage.


The following are the specific programmatic actions, based on the strategy presented in Figure 1, recommended by groups of countries:

**Programmatic actions for countries with no history of yaws.** Countries with no historical reports of yaws need to:

- Establish yaws as a notifiable disease in the national surveillance system and provide evidence that its health and surveillance systems are sufficient to detect any imported yaws case.
- Focus on completing the declaration of status on yaws endemicity accompanied by a short country dossier that an international team will verify.
Programmatic actions for countries with historical reports of yaws but none occurring since 2013. Countries in this group have a minimal chance of ongoing transmission, but given their history of yaws, they need to provide additional evidence to show the transmission interruption. In addition to the steps above, these countries need to:

- Put in place activities to maintain a high level of awareness about the disease to facilitate the detection of any suspected case.
- Consider introducing a reward or incentive system to encourage voluntary reporting of rumored and suspected cases.
- Summarize all the available yaws case detection and serosurveillance data from multiple sources.
- Conduct serological surveys to assess transmission interruption in children aged 1–5 years, focused on areas where yaws was historically endemic.

Programmatic actions for countries with a history of yaws and reported cases since 2013. Colombia and Haiti have had recent (unconfirmed) reports of yaws and therefore have a higher probability of ongoing transmission. In addition to implementing all the steps outlined above, they need to:

- Serologically test any suspected cases.
- Determine in consultation with WHO if total community treatment (TCT) or total targeted treatment (TTT) of cases and contacts, outlined in the Morges strategy for treatment, is required, then implement as necessary.
3. Challenges for the interruption of transmission of yaws in the Americas

After listening to the presented information on yaws and the strategy to eliminate it, delegates from the participating countries expressed enthusiasm and a desire to support this effort. They also pinpointed challenges they foresaw in operationalizing activities required to progress toward demonstrating a transmission interruption of yaws and identified issues they would like to clarify.

The following challenges identified in the meeting cut across the health system, impacting information systems, health workers and laboratory staff capacity, supplies, service delivery, finance, and governance structures.

- In most countries in the Region of the Americas, yaws is not currently a notifiable disease. Therefore, most of the meeting discussion focused on what it would take to set this up. Participants identified the following steps needed to establish yaws as a notifiable disease:
  - Revision of national lists of notifiable diseases.
  - Development of a national protocol with case definitions.
  - Changes to forms and processes within existing reporting systems.
  - Development of a national document that includes details on how to follow up on positive cases, who should do this, how to treat cases, and the process for international notification.
• Strengthening laboratory capacity is needed. While all countries can do PCR testing and are familiar with treponemal tests, used widely under syphilis programs, there is a need to develop laboratory standard operating procedures and procure nontreponemal diagnostic tests and specific PCR reagents.

• The low prevalence of yaws poses challenges to the identification of cases as health staff are not familiar with the clinical presentations and can easily confuse yaws with other causes of skin ulcers more commonly found in their countries (e.g., cutaneous leishmaniasis, Hansen’s disease, tungiasis, and scabies). Therefore, training health staff at the primary health care level (health promoters, nurses, and doctors) on identification, diagnosis, referral, reporting, and treatment of yaws is required.

• If the Morges strategy for community-wide treatment is necessary for Colombia or Haiti, this will require significant planning, training, and new resources.

• Yaws is not currently on the country’s public health agendas, and a significant level of effort is needed to raise awareness and mobilize the political will required to start new activities and make yaws a notifiable disease.

• Countries need to identify where the management of yaws activities should sit within their ministries of health structure and who will own and champion the interruption of the transmission of yaws.

• Reporting plans must include a notification from the private health care sector and a process to link reports from the private and public sectors.

• Several participants noted the high prevalence of syphilis in their countries, including in younger age groups, which could be confused in serological testing with yaws.

• In some countries, political unrest and instability pose challenges.

Participants also had several questions about implementing the strategy for yaws interruption of transmission presented and outlined in WHO guidance on monitoring and evaluating yaws (3). These questions included:

• When planning active surveillance activities, how does one decide on the size of the effort needed and specifically on whether somewhere should be considered “potentially endemic”; e.g., how far back historically do you want to go? Above what threshold of potential cases is it worth following up on?

• In designing the proposed surveys for children under 15 and those aged 1–5: what is an ideal sample size? At what geographical or administrative level should sampling be done? How many sites should be surveyed? How should one account for the potential that seropositive cases identified in the surveys with one to five-year-olds without symptoms are congenital syphilis cases?

• After a country has interrupted the transmission of yaws, it must maintain a robust surveillance system to identify potential resurgence. Countries asked for examples of what this looked like, e.g., are active surveys required in addition to passive surveillance, and if so, how frequently and on what scale should these be done?
4. Opportunities for implementation of the yaws eradication strategy

During the meeting, participants generated ideas on operationalizing the programmatic steps toward yaws interruption of transmission based on the information presented at the meeting and outlined in WHO’s 2018 and 2021 guidance documents (3, 10). Specifically, they identified potential sources of information on yaws and brainstormed how to integrate activities with other diseases and programs.

4.1. Identification of sources of information on yaws

Participants discussed potential approaches to identify areas more likely to have ongoing transmission and where to focus surveillance efforts. The meeting participants made the following suggestions on possible sources of information on yaws:

- Clinic and hospital records.
- Records from dermatology clinics.
- Data reported through health information systems.

Ecuador presented an example of how they looked at the geographical clustering of suspected yaws cases reported over time, compiling data from multiple sources and multiple years into one map. They then used this information to focus active surveillance efforts.
The sources listed above are based on passive reporting, which works best in communities where awareness of yaws is high, and health facilities are accessible. However, awareness of yaws in the Americas is low, and it is common for children with yaws not to go to health facilities. Participants, therefore, identified the following additional sources of information that can help overcome this limitation:

- Reports of syphilis serology surveys. Treponema bacteria also cause syphilis, and the serological test does not differentiate between yaws and syphilis. Cases reported as syphilis, especially in younger populations and more rural places, could also indicate yaws. An example was presented from Ghana where they identified high numbers of syphilis cases through routine testing of pregnant women that turned out, on further investigation, to be yaws.
- Dry blood spots from previous surveys can be run with serology tests to look for yaws.
- Serum from blood banks can also be tested.
- Peer-reviewed publications and historical program reports provide data.
- The knowledge of people who worked in yaws programs many years ago was raised as another important source of information.

Presentations also highlighted that populations suffering from yaws live in poor socioeconomic conditions, frequently isolated and living “at the end of the road,” with limited access to health, education, and other services (4, 10). Participants noted the importance of keeping this in mind as they decided where to focus surveillance efforts.
4.2. Identification of opportunities for integration

The presentations emphasized the importance of having surveillance and treatment of yaws integrated with other skin diseases and within surveillance systems. Participants discussed how to incorporate this surveillance within the context of their countries and suggested several ideas for achieving integration.

- In the Americas, prevalent skin diseases include Hansen’s disease and leishmaniasis. There may be an opportunity to integrate yaws into one of those programs, as each already routinely implements active surveillance and case-finding activities.

- Some countries reported having experience with integrated national surveillance programs for febrile diseases and suggested integrating a similar approach for national surveillance of skin diseases.

- Several countries mentioned integrating yaws surveillance and treatment into their current dermatology clinics and centers.

- Participants noted the importance of strengthening the primary health care level by training the health workers to identify and report several skin diseases, including yaws.

- Given that the serological tests do not differentiate between syphilis and yaws, there is an opportunity for collaboration with syphilis programs, for example:
  - By having jointly planned screening activities;
  - By leveraging their laboratory capacity on syphilis tests;
  - By supporting syphilis programs in more rural areas with unusually high reports of positive syphilis cases.

- Participants proposed the inclusion of yaws into integrated serosurveillance surveys and other multi-disease surveillance activities.

- Some countries are developing an integrated national infectious disease elimination plan that could include yaws.
5. Next steps and proposed collaborations

At the end of the meeting, participants discussed the tasks ahead of them to implement the WHO recommendations for interrupting the transmission of yaws (3, 10). They committed to discussing this with others in their countries, to assess their options for making yaws a notifiable disease, and to explore options for integration. Each country will start to collect and review its existing data, compile the information for the dossiers, and form an eradication review committee with representation from outside the health system.

Countries will collaborate with PAHO to identify a plan for obtaining the required laboratory diagnostic tests and reagents. Colombia and Haiti will meet with PAHO to discuss whether to implement the Morges community-wide treatment strategy. PAHO will promote bilateral coordinated efforts for treatment and surveillance across national borders. Delegates from countries requested support from PAHO and WHO for the following.

First and foremost, they request the translation of key WHO documents on yaws (3, 10), to make them available in English, French, Portuguese, and Spanish. Delegates also request access to the DPP nontreponemal tests (for use in treponemal-positive cases) and to reagents for PCR testing to confirm yaws when testing people with skin lesions.
Delegates discussed the possibility of creating a knowledge management platform to share information on PAHO’s website. Suggested ideas for such a platform include:

- WHO guidance documents in the four languages, including clear case definitions.
- Short virtual training sessions made by PAHO, with links to existing clinical, epidemiology, and laboratory resources.
- Adapt generic protocols to country needs.
- More detailed operational-level guidance on how to conduct surveillance (see questions raised at the end of Section 3, Challenges for the interruption of transmission of yaws in the Americas, above).
- Adapt training materials for primary health care workers and teams dedicated to following up suspected yaws cases on identification, diagnostics, treatment, referral, and reporting of yaws.
- Links to the latest applications for skin-related neglected tropical diseases.
- Examples of standard operating procedures for laboratory testing including when to use PCR and how to use electronic readers with nontreponemal tests.
- A space where countries can virtually share materials they have developed and exchange lessons learned.
- PAHO’s hosting of a question-and-answer session.

Participants emphasized that there is competition for funding with many other diseases and health needs and that high-level advocacy would be needed to make yaws a notifiable disease and, in the case of Colombia and Haiti, potentially launch a community-wide treatment effort. Delegates requested that PAHO provide this support and also asked that PAHO convene a meeting with epidemiologists from each country focused on establishing yaws as a notifiable disease.


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## Annex 2. Agenda

### Day 1 - Yaws epidemiological situation and programmatic actions recommended

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenter/facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 min</td>
<td>Intro</td>
<td>PAHO</td>
</tr>
<tr>
<td>10 min</td>
<td>Welcoming remarks</td>
<td>PAHO</td>
</tr>
<tr>
<td>15 min</td>
<td>NTD roadmap 2021–2030, definitions of control, elimination, and eradication, and global yaws epidemiological situation</td>
<td>WHO</td>
</tr>
<tr>
<td>15 min</td>
<td>Regional initiative to eliminate communicable diseases and regional yaws epidemiological situation</td>
<td>PAHO</td>
</tr>
<tr>
<td>10 min</td>
<td>Questions</td>
<td>PAHO</td>
</tr>
<tr>
<td>10 min</td>
<td>Results of the survey completed by delegates from countries</td>
<td>PAHO</td>
</tr>
<tr>
<td>10 min</td>
<td>Questions</td>
<td>PAHO</td>
</tr>
<tr>
<td>15 min</td>
<td>Yaws situation in Ecuador</td>
<td>Delegate from the MoH</td>
</tr>
<tr>
<td>10 min</td>
<td>Questions</td>
<td></td>
</tr>
</tbody>
</table>

| 10 min | Break                                                                |                        |

| 20 min | WHO recommendations on yaws programmatic actions – stages of a program and program actions | WHO                    |
| 15 min | Questions                                                             | PAHO                   |
| 15 min | The Morges strategy                                                  | WHO                    |
| 10 min | Questions                                                             | PAHO                   |
| 5 min  | Closing day 1                                                         |                        |

Total time 180 min

### Day 2 - Yaws surveillance, monitoring, and evaluation

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenter/facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 min</td>
<td>Intro</td>
<td>PAHO</td>
</tr>
<tr>
<td>20 min</td>
<td>Yaws surveillance, monitoring, and evaluation – updated recommendations</td>
<td>WHO</td>
</tr>
<tr>
<td>20 min</td>
<td>Questions</td>
<td>PAHO</td>
</tr>
<tr>
<td>15 min</td>
<td>Yaws lab tests for surveillance, monitoring, and evaluation</td>
<td>TBD</td>
</tr>
<tr>
<td>15 min</td>
<td>Questions</td>
<td>PAHO</td>
</tr>
</tbody>
</table>

| 10 min | Break                                                                |                        |

| 20 min | Certification criteria and process                                    | WHO                    |
| 15 min | Questions                                                             | PAHO                   |
| 15 min | Dossier – process and template                                       | WHO                    |
| 10 min | Questions                                                             | PAHO                   |
| 20 min | What are the challenges for yaws surveillance in the Americas? Discussion with all participants | PAHO                   |
| 10 min | Closing day 2                                                         | PAHO                   |

Total time 180 min
### Day 3 - Actions needed in countries to move forward on yaws eradication

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenter/facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 min</td>
<td>Intro</td>
<td>PAHO</td>
</tr>
<tr>
<td>10 min</td>
<td>Working groups instructions</td>
<td>PAHO</td>
</tr>
<tr>
<td>40 min</td>
<td>Countries’ working groups:</td>
<td>PAHO</td>
</tr>
<tr>
<td></td>
<td><strong>Group 1:</strong> actions needed to confirm they have never had autochthonous cases and they can detect imported cases</td>
<td>PAHO</td>
</tr>
<tr>
<td></td>
<td><strong>Group 2:</strong> actions needed to start compiling data on yaws, update surveillance information, implement surveillance, and compile the dossier</td>
<td>PAHO</td>
</tr>
<tr>
<td></td>
<td><strong>Group 3:</strong> actions needed to implement surveillance and confirm the current epidemiological status</td>
<td>PAHO</td>
</tr>
<tr>
<td>60 min</td>
<td>Presentation of working groups. Each group will have 10 min to present followed by 10 min of discussion on each</td>
<td>PAHO</td>
</tr>
<tr>
<td>10 min</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>30 min</td>
<td>Technical cooperation needs – discussion</td>
<td>PAHO</td>
</tr>
<tr>
<td>20 min</td>
<td>Next steps – plenary discussion</td>
<td>PAHO</td>
</tr>
</tbody>
</table>

Total time 180 min
Yaws is a neglected infectious disease that affects populations living in rural areas far from health services. Poverty, low socioeconomic conditions, and poor personal hygiene facilitate the spread of yaws. It is caused by the bacterium *Treponema pallidum* subspecies *pertenue*, is transmitted by skin contact, and is targeted for eradication by 2030.

Reports of yaws cases have decreased remarkably since 1970 in the Region of the Americas. However, in many countries, epidemiological surveillance, which is key to detecting and responding to a possible resurgence of the disease and to certifying the interruption of the transmission, stopped after 1970.

To forward the regional agenda toward completing the process to certify the interruption of yaws transmission, countries in the Americas should start reviewing and documenting the current epidemiological situation of the disease and compile the evidence to confirm whether the interruption of transmission has occurred.

This report presents the summary of the discussions and recommendations given to 13 participating countries in a meeting held in March 2023 on the main actions to progress toward confirming the interruption of yaws transmission in the Region of the Americas.