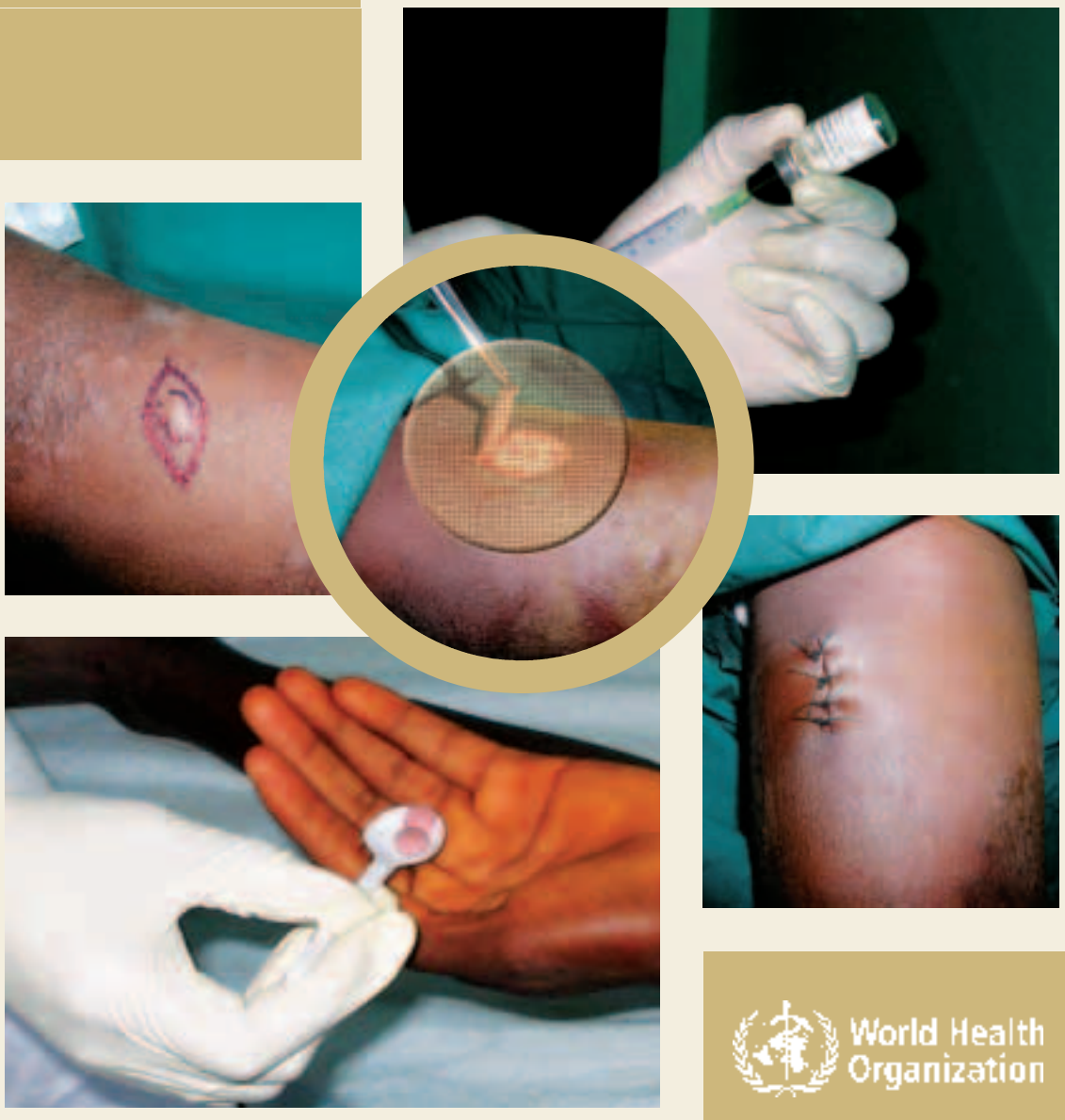
Provisional guidance on the role of specific antibiotics in the management of

Mycobacterium ulcerans disease

(Buruli ulcer)



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Professor Jacques Grosset, Center for Tuberculosis Research, Johns Hopkins University School of Medicine, Baltimore, Maryland, United States of America

Professor Francoise Portaels, Department of Microbiology, Institute of Tropical Medicine, Antwerp, Belgium

Dr Mark Wansbrough-Jones, Division of Infectious Disease, St. George's Hospital Medical School, London, United Kingdom

Stop TB Department, HIV/AIDS, Tuberculosis, Malaria, World Health Organization, Geneva, Switzerland

Feedback is invited from health workers who use this provisional guidance. Any comments, reports and experiences should be sent to:

Global Buruli Ulcer Initiative
Communicable Diseases
World Health Organization
20, avenue Appia
CH–1211 Geneva 27
Switzerland

Tel.: +41 (0)22 791 2803
Fax: +41 (0)22 791 4777
E-mail: buruli@who.int

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Preface

Recent research and clinical experience have shown that a combination of rifampicin and an aminoglycoside (streptomycin or amikacin[1]) given for 4–12 weeks with or without surgery is promising in the management of *Mycobacterium ulcerans* disease (Buruli ulcer). While the medical community awaits the results of further drug treatment trials, current and future patients may benefit from the knowledge gained to date.

This document is based on available information and expert opinion, to help health workers in affected areas to better manage patients with *M. ulcerans* disease. The implementation of this guidance will require considerable clinical judgement and close monitoring of patients to ensure the best possible treatment outcome.

[1] Because of the cost, it is recommended that amikacin should not be used in places where streptomycin is available, particularly in endemic developing countries.

1. Background

Buruli ulcer, a disease caused by *Mycobacterium ulcerans*, is largely a problem of the poor in remote rural areas and, since 1980 has emerged as an important cause of human suffering. After tuberculosis (TB) and leprosy, Buruli ulcer is the third most common mycobacterial disease. In May 2004, the Fifty-seventh World Health Assembly adopted a resolution on Buruli ulcer which called for intensified research to develop tools to diagnose, treat and prevent the disease (1).

MacCallum et al. were the first to describe *M. ulcerans* in Australia in 1948 (2). The term Buruli ulcer came from Buruli county in Uganda where large numbers of cases were described in the 1960s (3). The condition has been reported or suspected in more than 30 countries worldwide, mainly in tropical and subtropical regions, and the numbers of reported cases are growing. Africa is the worst affected region (4). Other important foci are in Australia (5, 6), French Guiana (7) and Papua New Guinea (8, 9).

More than 50% of those affected are children under the age of 15 years who live in remote rural areas and have little or no access to health services (10, 11). About 90% of patients in Africa