



FDI POLICY STATEMENT

Noma – eradicating a preventable disease to save lives

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2 **CONTEXT**

3 Noma (also known as cancrum oris) is a noncommunicable necrotizing disease that
4 typically occurs in young children living in extreme poverty.¹ Early intervention can
5 prevent suffering, disability and death. Starting as necrotizing ulcerative gingivitis,
6 noma progresses rapidly due to weakened host immunity, destroying the soft tissues
7 and bones of the mouth and further progressing to perforate the tissues of the face.
8 Within a few days, if undiagnosed, noma causes death for 90% and leaves life-
9 changing facial disfigurement for the other 10%, including impairment in their ability
10 to eat, speak and participate socially. When noma is detected early, its progression
11 can be halted through basic care, nutrition, oral hygiene, and antibiotics.

12 The global burden of disease of noma is hard to assess.² In 1998, the World Health
13 Organization (WHO) estimated up to 770,000 suffer from noma (its prevalence) with
14 140,000 new cases each year.² Noma occurs in low-income settings where oral
15 health professionals are scarce, mostly in sub-Saharan Africa. Lack of healthcare in
16 these areas, together with early death, stigma and traditional beliefs associated with
17 noma, mean numerous cases remain undetected. While its aetiology is unknown,
18 risk factors include malnutrition, coinfections, vaccine-preventable diseases, poor
19 oral hygiene and poor living conditions, such as deficiencies in water, sanitation and
20 hygiene.¹

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22 **SCOPE**

23 This policy statement provides an overview of noma, highlights risk factors and
24 identifies the important role that all health and social care professionals can have in
25 identifying noma, raising awareness and caring for people affected by it, irrespective
26 of where they live.

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28 **DEFINITIONS**

29 **Suspected new case of noma:** Any child with a mouth ulcer and other warning signs
30 such as malnutrition, poor hygiene, recent illness from: measles, persistent
31 diarrhoea, or malaria should be considered as a potential noma case.³

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33 **Confirmed new case of case:** Any person with a gangrenous disease which starts
34 as gingival ulcerations and spreads rapidly through the tissues of the mouth and
35 face, destroying the soft and hard tissues.³

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37 **PRINCIPLES**

38 This policy statement aims to raise awareness of noma across health and social care
39 professionals internationally, to promote and improve early identification and prompt
40 delivery of life-saving treatment, and to highlight the lifetime of special oral health
41 care required by survivors. Ultimately, noma is preventable through tackling the
42 underpinning social inequality. This can best be achieved by working in partnership
43 across governmental, non-governmental and academic domains.

44

45 **POLICY**

46 Whilst noma does not exist in all geographic areas, FDI is inclusive and global, so
47 this is a global call for action. FDI acknowledges that few oral health professionals
48 work in those geographic areas of the world most affected by noma, so this issue
49 requires a response across health and social care.

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51 In collaboration with governmental, non-governmental and academic organizations

52 FDI advocates for the inclusion of oral health for all in the policies of governments
53 around the world.

54 FDI supports research to improve and share understanding of the epidemiological
55 and aetiological factors contributing to the onset of noma, as well as its
56 pathophysiological mechanisms and ways to tackle the modifiable causes of noma.⁵

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58 All health and social care professionals

59 FDI recommends that all health and social care professionals, particularly those
60 working in areas where noma is prevalent, should:

- 61 • emphasise optimal oral hygiene and nutrition to help prevent the development
62 of noma;
- 63 • raise awareness among the local population about noma, including its
64 symptoms and stages, its risk factors and that it is neither contagious nor
65 associated with witchcraft.
- 66 • recognise that progression occurs within days so early identification and prompt
67 treatment is vital;
- 68 • be familiar with the WHO treatment guidelines.⁴

69

70 Providers of education and training for health and social care professionals

71 In areas where noma is endemic, FDI recommends that all health and social care
72 professionals apprise themselves of education and training that:

- 73 • acknowledges their life-saving role in identifying noma early and caring for
74 people affected by it;

- 75 • recognises the lifelong impact of noma;
76 • includes the basic principles of oral examination and recognition of the
77 reversible (necrotising ulcerative gingivitis and oedema) and irreversible
78 (gangrenous, scarring and sequalae) stages of noma;⁴
79 • explains the risk factors and complex range of circumstances that lead to the
80 progression from gingival inflammation to the gangrenous tissue destruction of
81 noma.

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83 **KEYWORDS**

84 noma, oral tissue, infection

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86 **DISCLAIMER**

87 The information in this Policy Statement was based on the best scientific evidence
88 available at the time. It may be interpreted to reflect prevailing cultural sensitivities
89 and socio-economic constraints.

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