Federal Republic of Germany. Armauer Hansen Institute. The Armauer Hansen Institute (AHI), which was opened 2 years ago by the German Leper Relief Association (GLRA) and the Medical Mission Institute in Würzburg, continued its work in 1988 in a more extensive way after the completion of the construction phase. The employees in the leprosy reference laboratory helped projects all over the world in the examination of bacteria, the drawing up of results, and the evaluation of biopsies and serological tests. The reference laboratory also gave doctors, nurses, medical assistants, and students the possibility of learning techniques in the field of leprosy diagnostics. Dr. Susanne Pritze, head of the laboratory, had the opportunity to present her work to various international specialist bodies and to give lectures on the treatment of leprosy with combination therapies.—GLRA news release.

Dr. Ruth Pfau honored by Pakistan. The Pakistan government recently awarded the highest honors to a series of domestic and foreign personalities, among them the leprosy doctor, Dr. Ruth Pfau, who has been working for the leprosy patients of Pakistan since 1960. In Islamabad, Pakistan, Dr. Pfau, who was born in Leipzig, received the order Hilal-e-Pakistan for her commitment and her services toward the establishment of a country-wide national leprosy program.—GLRA news release.

GLRA—a forerunner of leprosy integration. According to its annual report for 1988, GLRA obtained an income from donations of DM 30.15 million in 1988, supporting 88 projects in Africa with a total of DM 12.3 million, 143 projects in Asia with DM 8.7 million, and 41 projects in Latin America with DM 3.2 million. In addition, GLRA supported measures in leprosy research, health education, and training of workers in leprosy as well as education and information.

The Federal Ministry for Economic Cooperation (BMZ) contributed DM 1.5 million in 1988 to concrete individual measures. The independent economic board of inspectors, Soldaris, again certified that GLRA used the donations correctly. It should be mentioned that the administrative costs of GLRA accounted for only 2.51 percent.—GLRA news release.

GLRA and ILEP. GLRA is one of the full members of the International Federation of Anti-Leprosy Associations (ILEP) whose 21 member organizations supported a total of 934 leprosy projects in 92 countries in 1988 with more than DM 100 million. On the occasion of the ILEP General Assembly in Paris, the outgoing ILEP President André Réciçon, France, handed over his office to GLRA Board member Hermann Kober for 1988–1990. The ILEP Working Session in Brussels was linked to the beginning of the "Damien Year" in memory of the 100th anniversary of the death of the Belgian "Leprosy Apostle" who dedicated his life to the outcasts on the Hawaiian island of Molokai.—GLRA news release.

30 Years of the Hartdegen Fund for Thailand's leprosy sufferers. The Hartdegen Fund for Thai leprosy sufferers in Sarbruecken, which was founded by the former German Lufthansa public relations manager, Dr. Lutz Hartdegen, and which has been connected administratively with the GLRA since the beginning of the 1970s, celebrated
its 30th anniversary in 1989. The centerpiece of this jubilee was an exhibition in the McKean Leprosy Center near the Thai town of Chiang Mai, where the foundation originated. School classes, students, and the Thai population came to this event on the "leprosy island" in the Ping River to find out about the history of this station.—GLRA news release.

India. Best Scientific Film Award 1989. I have the pleasure to announce that the film entitled "Reconstructive Surgery Leprosy (Hand)," produced by Dr. Jal Mehta, Department of Surgery, Dr. Bandowaralla Leprosy Hospital, Pune, received the highest National Award of the government of India as Best Scientific Film (including Environment and Ecology) at the 36th National Film Festival 1989, New Delhi. Two reconstructive surgical operations performed by Dr. Jal Mehta are shown in the film. The operation of lumbrical replacement under measured tension is an innovation devised in our Department of Surgery by Dr. P. V. Joshi (one of our surgeons) and Mr. Walter Jennings (Physiotherapist).

Although, as Producer, I received the Award at the hands of our Rashtrapati on 31 May 1989, I must put on record the commendable efforts of our surgeon, Dr. Sanjay Sane, and our Physiotherapist, Mr. Vivek Kulkarni, in the production of the film. On the technical side, the Director, Mr. Anil Revankar; Cameraman, Mr. Bharat Nerkar; and Mr. S. Phansalkar, the artist who prepared the animation sequences, are worthy of mention; Mr. Revankar also received the Award as Director. My sincere thanks are due to those who have assisted in making this film a national success.—Dr. Jal Mehta, Hon. President, Poona District Leprosy Committee, 35 "Manisha," 2-A Moledina Road, Pune 411001, India.

Dr. Joseph Ponniah, SLR&TC, Karigiri.

In our News and Notes item on page 884 of the December 1989 issue we mistakenly indicated that Dr. Ponniah was, for a time, Dy. Medical Superintendent of Christian Medical College & Hospital, Vellore. It was Dr. Ponniah’s father who served in this capacity. Dr. Ponniah himself has spent 24 years in the Indian government service. The Swedish Mission Hospital, Tirupattur, which he reorganized and revitalized, is in the Pasumpon District, not the North Arcot District as printed in our news item.

Dr. S. B. Roy Chaudhury new Honorary Secretary of HKNS. Dr. C. K. Rao relinquished the post of Honorary Secretary of the Hind Kusht Nivaran Sangh (HKNS) on 14 July 1989, and the President nominated Dr. S. B. Roy Chaudhury to succeed him. Dr. Chaudhury, formerly DDG in the Directorate General of Health Services, joined the HKNS 1 August 1989.—Indian J. Lepr. 61 (1989) 517.

International Gandhi Award 1990. Dr. Michel F. Lechat, a leading epidemiologist from Belgium, and Dr. R. V. Wardekar, a pioneer in introducing a leprosy control program on the national scale in India, have been selected as the recipients of the International Gandhi Award for 1990. The selection was by the International Gandhi Award Committee at its 11 December 1989 meeting at the residence of the Vice-President of India, Dr. Shankar Dayal Sharma, Chairman of the Committee. Members present at the meeting were Shri Ramvilas Paswan (Minister for Welfare), Shri P. Upendra (Minister for Information and Broadcasting), Shri S. K. Singh (Secretary, Ministry of Foreign Affairs), Dr. S. D. Gokhale (Convenor), and Shri S. P. Tare (Director, GMLF).

Dr. Lechat is a leading epidemiologist who has greatly contributed to the epidemiological understanding of the leprosy problem. He was President of the International Leprosy Association and is President of the International Leprosy Union. Dr. Wardekar is the father of leprosy control work in India, and has evolved a methodology for leprosy control work which was accepted by the government of India in 1955–1956 while introducing the National Leprosy Control Programme. Dr. Wardekar was instrumental in the drafting of the first four 5-year plans for leprosy.

The International Gandhi Award is given once in two years by the Gandhi Memorial Leprosy Foundation, Wardha, a voluntary agency with a network of centers in seven
states of India. The first recipients of the Award in 1986 were Dr. (Mrs.) Turkcan Saylan (Turkey) and Dr. Dharmendra (India). The 1988 Award was given to Dr. Ma Haide (China) and Professor T. N. Jagadisan (India).

Srinivasan new Editor of Indian Journal of Lepr osy. Effective 1 November 1989, Dr. H. Srinivasan, Director, Central JALMA Institute for Leprosy, Agra, became the new Editor of the Indian Journal of Leprosy due to Dr. Dharmendra’s expressed desire to pass on the editorship to a younger and more energetic person. All material meant for publication in the Indian Journal of Leprosy should be addressed to: Dr. H. Srinivasan, Hon. Editor, Indian Journal of Leprosy, Central JALMA Institute for Leprosy, Taj Ganj, Agra, U.P. 282001, India. We wish Dr. Srinivasan well in his new endeavor. —RCH


Organisation Generale du Congres
Tous les matins (lundi, mardi et mercredi, 4–6 février 1991) de 7h à 9h, ateliers à l’Institut Marchoux.

Trois ateliers quotidiens sont prévus: (1) bactériologie (prélèvement, étalonnage, coloration, lecture), (2) diagnostic clinique et (3) neuropathie lépreuse.

Les séances proprement dites auront lieu à l’Hôtel de l’Amitié.

Le matin de:
—9h30–10h30: mise au point d’actualité (30 minutes) + discussion (30 minutes)
—10h30–12h30: communications invitées et libres ou présentation de posters.

L’après-midi de:
—13h30–16h30: mise au point d’actualité (30 minutes) + discussion (30 minutes)
—16h30–18h30: communications invitées et libres.

Projet de Programme
Dimanche 3 février 1991
—le matin, journée mondiale des lépreux
—l’après-midi, à 17 h, ouverture du Congrès
—à 19h: réception inaugurale

Lundi 4 février 1991
—Matin: Chimiothérapie antibactérienne de la lèpre: J. GROSSET et Ji Baohong
—Après-midi: Problèmes opérationnels dans la lutte contre la lèpre: H. SANSAR-RICO/DAUMERIE/MERLIN

Mardi 5 février 1991
—Matin: Diagnostic clinique positif et différentiel de la lèpre: J. LANGUILLON et P. SAINT-ANDRE
—Après-midi: Les réactions lépreuses (ou les états réactionnels): F. COTTENOT et P. BOURREL

Mercredi 6 février 1991
—Matin: La lèpre dans la Santé Publique: M. LECHAT et M CONSTANT DESPORTES
—Après-midi: Perspective en Immunologie de la lèpre: H. ENGERS et S. CHANTEAU

France.

18h 30: Clôture du Congrès.

(NB: Secrétariat: AFRF 31, rue de Dantzig, BP 79, 75782 PARIS Cedex 15, France)

Spain. Fontilles International Course 1990. XXXIII Curso Internacional de Leprolagia para Misioneros y Auxiliares Sanitarios organizado por el Sanatorio San Francisco de Borja de Fontilles y patrocinado por la Soberana Orden Militar de Malta con la colaboracion de la Escuela Profesional de Dermatologia de la Universidad de Valencia, Ministerio de Sanidad y Consumo, y profesores de dermatologia de las facultades de medicina:

El XXXIII Curso tendrá lugar en el Sanatorio de Fontilles desde el dia 17-29 Septiembre de 1990 dirigido por el Dr. J. Terencio de las Aguas, Director Médico del Sanatorio.

Los aspirantes a este curso deberán dirigir sus instancias al Comité Ejecutivo Internacional, 3 Place Claparede, Ginebra (Suiza) antes del 30 de Junio de 1990 y al mismo tiempo al Dr. José Terencio de las Aguas, Sanatorio San Fco. De Borja, 03791 Fontilles (Alicante-España).

Switzerland. Leprosy Scientific Working Group September 1989 meeting reviews re-
search needs, new tools and methodologies. The Chemotherapy of Leprosy (THELEP) and Immunology of Leprosy (IMMLEP) Scientific Working Groups (SWG) held a joint meeting on 4 September 1989 at WHO headquarters in Geneva.

The meeting, whose main objective was to identify research needs for leprosy control, dealt with research activities and the need for new research tools and methodologies. The goals of leprosy control were defined as 1) interruption of transmission; 2) cure of the patient; 3) prevention of dehability; 4) rehabilitation. Meeting participants agreed that to achieve these goals, it is important to establish links between basic research, development of new monitoring tools, and disease control programs.

A surge of interest in immunodiagnostic tools has followed the identification of a variety of monoclonal antibodies, native bacterial antigens, T-cell lines and clones, and host-derived (nerve) antigens. Dr. Brennan, who reviewed these recent developments, described the powerful antigenic nature of the mycobacterial cell wall. Dr. Gupte described the current status of serological and skin tests, and how the development of molecular biological tools can help in understanding the epidemiology and dynamics of disease development.

Dr. Pannikar reported the results of two field trials in southern India involving the use of the WHO-recommended multi-drug regimens, and a trial of limited duration therapy. There have been no relapses after more than 3000 person-years follow-up, which would suggest relapse rates considerably lower than those previously observed using dapsone alone.

Demonstration of very rapid bactericidal activity against M. leprae in man represents a major development in new antileprosy drug development, reported Dr. Grosset. In addition, two other drugs—minocycline and clarithromycin—have been shown to be bactericidal in mouse experiments and are undergoing clinical trials.

Large-scale leprosy vaccine trials are underway in Venezuela (30,000 participants) and Malawi (125,000 participants). In southern India a proposed vaccine trial (300,000 participants) would compare the killed M. leprae plus BCG vaccine with two other vaccines based on cultivable mycobacteria which have been developed in India.

Recent progress in the molecular biology of mycobacteria. The production of libraries of mycobacterial DNA in cosmids or expression systems has allowed the isolation of major antigenic proteins of M. leprae, and the cellular functions of several of these have been identified. More recently, genetic systems for working in mycobacteria have been developed, and should promote understanding of pathogenicity and immunogenicity. The insertion of M. leprae-specific genes into potential vaccine vehicles, including BCG and vaccinia virus, was also described.

In reviewing the difficulties of vaccine development, Dr. Bloom stressed the importance of understanding the relationship between immunity and protection against infection. Nonhuman primates, such as the rhesus monkey, develop disease which is more similar to that seen in humans than other animal models, and may be useful for studying immunopathological aspects of leprosy (including nerve damage), immunity and protection against disease, reported Dr. Modlin.

The testing of new compounds for antileprosy activity using rapid, in vitro systems was described by Dr. Hastings. The incorporation of radiolabeled palmitate into M. leprae and measurement of CO₂ appears to be particularly valuable, he said, and has already led to the discovery of drugs with potential antileprosy activity.

Dr. Srinivasan drew attention to the inadequacy of research to the involvement of and damage to peripheral nerves. M. leprae are found within neural elements, especially Schwann cells, where they can persist and multiply. This induces a tissue response which subsequently leads to nerve thickening and possible damage, whereupon a functional deficit becomes apparent. These multifactorial and complex phenomena require a much greater understanding both at the clinical and the basic levels.

In conclusion, Dr. Feenstra emphasized the importance of health systems research in leprosy control. The aim of such research should be to improve the effectiveness of leprosy control programs. While basic research and new tools are important, research aimed at developing a model for health systems research would also be of great value to control programs.—TDR news 30 (1989) 7.
Reagents available for leprosy research. The Immunology of Leprosy Steering Committee (IMMLEP) has established several reagent banks for the purpose of supplying various biological materials free of charge to interested, qualified investigators for research related to the immunological aspects of leprosy.

The IMMLEP M. leprae tissue bank (National Institute for Medical Research, London) supplies killed M. leprae, soluble M. leprae preparations and phenolic glycolipid-I (PGL-I; native and synthetic forms). The IMMLEP Monoclonal Antibody Bank (Centers for Disease Control, Atlanta, Georgia, U.S.A.) supplies various M. leprae-specific monoclonal antibodies for research. The IMMLEP Recombinant DNA Bank (Whitehead Institute for Biomedical Research, Cambridge, Massachusetts, U.S.A.) makes available various rDNA clones, libraries, sequences, and vaccinia virus M. leprae gene constructs to qualified investigators. And finally, the IMMLEP Recombinant Protein/Peptide Bank (National Institute of Public Health, Bilthoven, The Netherlands) can supply a limited number of mycobacteria-derived recombinant proteins in milligram amounts for further characterization of their immunological and biological properties.

Interested investigators should send their inquiries and/or requests for any of the above-mentioned reagents, together with a brief one-half to one page summary of experiments to be conducted with the requested reagents to:

Dr. H. D. Engers, Secretary
IMMLEP
World Health Organization
1211 Geneva 27, Switzerland

In addition to the above-mentioned reagents, limited quantities of armadillo-derived lepromin (Lepromin A; produced at the Gillis W. Long Hansen’s Disease Center, Carville, Louisiana, U.S.A.) can be obtained by writing to:

Dr. S. K. Noordeen, Chief
Leprosy Unit
World Health Organization
1211 Geneva 27, Switzerland


U.S.A. Hansen’s disease seminars at GWLHDC. Following is a list of upcoming seminars to be held at the GWL Hansen’s Disease Center, Carville. For further information contact: Director of Education and Training, GWL Hansen’s Disease Center, Carville, Louisiana 70721, U.S.A.

<table>
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<tr>
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<th>1990</th>
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<tr>
<td>Medical Seminar</td>
<td>Nov. 13–14</td>
<td>Feb. 19–20</td>
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<tr>
<td>International Seminar</td>
<td>Sept. 16–22</td>
<td>Apr. 7–13</td>
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<td>Hand Seminar</td>
<td>May 7–9</td>
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New leprosy cases in 1989. In 1989, 169 new leprosy cases were diagnosed in the U.S.A. This compares with 180 new cases in 1988 and a median of 249 new cases per year in 1984–1988. Seventy of the 169 cases were diagnosed in California, 25 in Texas, 19 in Hawaii, 16 in New York City, and 10 in the state of Washington.—MMWR 38 (1990) 891–892.

Regional Hansen's disease centers. The GWL Hansen's Disease Center (GWLHDC) at Carville, Louisiana, provides specialized HD care to persons from anywhere in the United States requiring such care. Any physician or HD patient having a problem or question concerning HD may call the GWLHDC by dialing Toll Free 1-800-642-2477.

The Regional Hansen's Disease Program maintains an active physician referral list which includes more than 250 private physicians in all parts of the United States. For the name of a physician in a particular area, contact the Regional Hansen's Disease Program at 1-800-642-2477 (in Louisiana, call 504-642-4746).

Regional Hansen's Disease Centers

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<tr>
<th>Area</th>
<th>Facility</th>
<th>Address</th>
<th>Physician/Nurse</th>
<th>Appointment</th>
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<tr>
<td>Boston</td>
<td>Brighton Marine Public Health Center</td>
<td>77 Warren St., Boston, MA 02135</td>
<td>Alec Style, M.D.</td>
<td>617-782-3400</td>
</tr>
<tr>
<td>Chicago</td>
<td>University of Illinois College of Medicine</td>
<td>840 S. Wood St., Chicago, IL 60612</td>
<td>Carlotta Hill, M.D.</td>
<td>312-966-0734</td>
</tr>
<tr>
<td>Hawaii</td>
<td>State of Hawaii Dept of Health</td>
<td>3650 Maunalei Ave., Honolulu, HI 96816</td>
<td>Arlene Slajchert, P.H.N.</td>
<td>808-735-2473</td>
</tr>
<tr>
<td>Los Angeles</td>
<td>L.A. County/U.S.C. Medical Center Outpatient Clinic</td>
<td>1175 North Cummings St., Los Angeles, CA 90033</td>
<td>Thomas Rea M.D.</td>
<td>213-226-3373</td>
</tr>
<tr>
<td>Miami</td>
<td>Jackson Memorial Hospital</td>
<td>Tropical Derm. Clinic, 1611 N.W. 12th Ave., Miami, FL 33136</td>
<td>Rube Pardo, M.D.</td>
<td>305-549-6089</td>
</tr>
<tr>
<td>New York</td>
<td>Bayley Seton Hospital</td>
<td>Bay &amp; Vanderbilt St., Staten Island, NY 10304</td>
<td>William Levis, M.D.</td>
<td>718-390-5997</td>
</tr>
<tr>
<td>Puerto Rico</td>
<td>University of Puerto Rico Medical School</td>
<td>Dept. of Dermatology, G.P.O. Box 5067, San Juan, Puerto Rico 00936</td>
<td>Pame Almodovar, M.D.</td>
<td>809-758-7910 ext. 121</td>
</tr>
<tr>
<td>San Diego</td>
<td>North San Diego Health Center</td>
<td>San Diego CA 92109 2440 Grand Ave.</td>
<td>Antonio Lopez M.D.</td>
<td>619-581-4323</td>
</tr>
<tr>
<td>San Francisco</td>
<td>San Francisco RHDC</td>
<td>2211 Post St., Suite 301, San Francisco, CA 94115</td>
<td>Robert Geller, M.D.</td>
<td>415-346-3607</td>
</tr>
<tr>
<td>Seattle</td>
<td>Pacific Medical Center</td>
<td>1200 12th Ave., South Seattle, WA 98144</td>
<td>James P. Hamsch, M.D.</td>
<td>206-326-4142</td>
</tr>
<tr>
<td>Texas</td>
<td>Texas State Dept. of Health</td>
<td>1100 West 49th, Austin, TX 78756</td>
<td>Helen Misko, P.H.N.</td>
<td>512-458-7455</td>
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