

NEWS and NOTES

This department furnishes information concerning institutions, organizations, and individuals engaged in work on leprosy and other mycobacterial diseases, and makes note of scientific meetings and other matters of interest.

Brazil. IDEA formed. The International Association for Integration, Dignity and Economic Advancement (IDEA) was established in Petropolis, Brazil, on 16 September 1994. The establishment of the organization was the culmination of an International Seminar on the Integration of Organizations of Persons Affected by Hansen's Disease which was attended by some 50 individuals from six countries—Brazil, Korea, India, Cuba, the United States and the People's Republic of China. Many of the delegates were individuals who have had Hansen's disease.

The objectives of IDEA are to promote, respect and dignify all human beings, especially those who have had Hansen's disease (leprosy), and to work in partnership to ensure that they live rewarding lives with dignity. IDEA is dedicated to the principle that individuals who have had Hansen's disease should be actively involved in various Hansen's disease programs, including public education and fundraising projects that will directly improve the socioeconomic condition of individuals affected by Hansen's disease throughout the world. IDEA also seeks to combat prejudice, discrimination, segregation, rejection, the use of derogatory terminology and the stigma associated with the disease through self-support, self-reliance, dignity and public awareness programs.

IDEA has an Executive Council consisting of the following nine individuals: Dr. P. K. Gopal (India), President for International Relations; Mr. S. K. Jung (Korea), President for Socio-Economic Development; Mr. Francisco A. V. Nunes (Brazil), President for International Advocacy; Ms. Anwei Skinsnes Law (U.S.A.), Treasurer; Dr. Lihe Yang (P.R. China), Regional Director, East Asia; Mr. C. S. Cheriyan (India), Regional Director, West Asia; Mr. Artur C. M.

Sousa (Brazil), Regional Director, Latin America; Mr. John Pendleton (U.S.A.), Regional Director, North America/Europe; Ms. Uche 'M. Ekekezie (Nigeria), Regional Director, Africa.

Membership is open to anyone who shares the basic objectives of the organization. For more information on IDEA, please contact Dr. P. K. Gopal, 3/106 Karaikal Main Road, Sakkottai 612401, Kumbakonam R. S., India (Phone/FAX: 91-435-23263).—Anwei Skinsnes Law

China. Fifth Chinese National Conference on Leprosy Control. The Fifth Chinese National Conference on Leprosy Control was held at Guilin, the capital of Guangxi Autonomous Region, during 2–4 March 1995 at the initiative of the Ministry of Public Health. Representatives from different Chinese Provincial Institutes of Dermatology and/or Provincial Stations of Health and Epidemic Prevention in addition to high officials of MOPH and experts from the China Leprosy Association, Ma Haide Foundation, National Center for STD and Leprosy Control, and China Leprosy Control and Research Center participated in the Conference. The delegates evaluated the progress made since the last Conference, held in 1990, and discussed a plan for the next 5 years (1996–2000). It is fully recognized and highly emphasized that more intensive and sustained efforts are still required in order to bring about basic elimination of leprosy in China by the year 2000, and that reaching this goal does not mean the end of the leprosy problem in this nation. Chinese health workers will still have a long way to go to have the "complete eradication" goal achieved, especially in the fields of physical, psychological, social and economic rehabilitation of individual patients.—Dr. He Daxun

Ethiopia. *ALERT 1996 Training Calendar.* Following are the 1996 training courses in leprosy and tuberculosis offered by the All Africa Leprosy and Rehabilitation Training Centre in Addis Ababa:

Jan. 29–Mar. 8: Prevention and Management of Disabilities. Course aimed at qualified physiotherapists and occupational therapists as well as experienced leprosy workers involved in the prevention and care of disability. Emphasis on POD program management and disability problem solving.

Mar. 11–Apr. 12: Management of Combined Leprosy and Tuberculosis (TB) Control Programs. Course aimed at physicians and senior paramedical staff involved in managing a combined program at the regional or national level.

Apr. 15–Apr. 26: Training Methodology. Course aimed at senior staff involved in human resource development. Emphasis on curriculum planning, learner-centered teaching methods, appropriate teaching tools and course assessment.

May 6–May 24: TB Control for Physicians. Course aimed at physicians newly involved in TB control, especially those working in leprosy programs recently combined with TB. Emphasis on program management.

Jun. 10–Jun. 22: Essentials of Leprosy and TB for Nonmedical Staff. Course aimed at nonmedical managers and administrative staff working in leprosy and TB programs or donor agencies. Objectives: to gain a better understanding of the two diseases, to communicate more efficiently with the medical staff, and to contribute more effectively in decision making and priority setting.

Aug. 5–Aug. 16: Social Rehabilitation. Course aimed at both general and leprosy workers involved in social rehabilitation. Emphasis on community participation, sustainability and independence.

Aug. 26–Sep. 6: Tropical Dermatology. Course aimed at physicians with experience and/or special interest in the diagnosis and management of skin diseases in Africa.

Sep. 16–Oct. 25: Essentials of Leprosy and TB for Physicians. Course aimed at physicians with limited experience in either leprosy or TB. Emphasis on clinical aspects and program management.

Oct. 28–Dec. 13: Supervision of a District Leprosy and TB Control Program. Course aimed at experienced paramedical workers responsible for leprosy and TB control at the district (or equivalent) level. Emphasis on program management, with special attention on supervision and evaluation.

In-Service Training: To be arranged on an individual basis. Duration and content in function of experience and interest of trainee. Possible subjects: physiotherapy, surgery, laboratory, dermatology, ophthalmology, etc.

A more detailed training brochure will be sent upon request. For further information, please contact: Director of Training, ALERT, P.O. Box 165, Addis Ababa, Ethiopia.

France. *Diplôme Universitaire de Léprologie (1995–1996).* Un enseignement théorique et pratique de léprologie sera organisé à la Faculté de médecine Lariboisière-Saint-Louis au cours de l'année universitaire de 1995–1996.

Cet enseignement théorique, clinique et de laboratoire aura lieu, dans le service de dermatologie du Professeur Dubertret à l'hôpital Saint-Louis et à la Faculté de médecine Lariboisière-Saint-Louis. II débutera le mardi 9 janvier 1996 et se terminera le vendredi 8 mars 1996.

Seront admis à suivre l'enseignement: les Docteurs en médecine français; les étrangers pourvus du Diplôme français de doctorat d'université; les étrangers possédant un diplôme médical permettant l'exercice de la médecine dans leur pays d'origine; pourront être admis également les internes en médecine des CHR et les étudiants des UER médicales ayant validé leur stage pratique, mais le certificat ne pourra leur être délivré que lorsqu'ils auront le diplôme de Docteur en médecine.

Inscriptions: avant le 31 octobre 1995. Bureau des spécialités médicales, Faculté Villemin-Lariboisière-Saint-Louis, 10, avenue de Verdun, 75010 Paris. Tél.: 44-89-77-07.

Pour tous renseignements complémentaires, s'adresser au secrétariat du cours: Docteur Flageul, service du Professeur Dubertret, Hôpital Saint-Louis, 1, avenue

Claude-Vellefaux, 75475 Paris Cedex 10, France. Tél.: 42-49-98-16.

Germany. *European Conference on Tropical Medicine.* The European Conference on Tropical Medicine will be held in Hamburg on 22–26 October 1995. The following is from a news release on the Conference:

Tropical infectious diseases that we associate with poverty, such as poliomyelitis and tuberculosis, are also a threat to the health of the population in our latitudes. For this reason, close cooperation between North and South is necessary in this field.

A renewed attempt to improve international cooperation in this field is scheduled for 22–26 October 1995 at the first European Conference on Tropical Medicine in the Congress Centrum Hamburg. The Conference will not only address classic tropical diseases such as malaria and bilharziosis, but other mainly poverty-related infectious diseases of global significance as well.

Since the introduction of oral vaccine in 1961, the number of new cases of poliomyelitis in industrial countries has been drastically reduced. However, as long as the polio virus is still in circulation in Africa and Asia, and our populace no longer takes vaccination so seriously, imported polio epidemics will remain a possibility in this country. WHO and UNICEF programs aimed at global eradication of polio by the year 2000 are concentrating their work on the poorer southern countries, but these efforts indirectly benefit northern countries, in particular the children here, as well. The eradication of poliomyelitis on the American continent since 1991 is proof that the WHO's worldwide victory over smallpox in 1977 need not remain unique.

Tuberculosis (TB) is the main cause of avoidable deaths in developing countries today; 3 million people die of this disease every year, although an effective and economical drug therapy exists. Case counts have once again increased in North America and western Europe since the mid-1980s. New York City, for example, has seen 12 focal TB epidemics in poor urban districts since 1990, with patient mortality rates running as high as 70%. The WHO has declared TB a global emergency, a step which is certainly justified; 90% of TB patients live in

the tropics. Due to rapidly increasing international migration and tourism, we must intensify TB controls in both source and importation countries, not least to protect our own populace from the disease.

Further details about the scientific program are available from the Conference Secretariat at the Bernhard Nocht Institute for Tropical Medicine, Bernhard-Nocht-Straße 74, 20359 Hamburg; phone (+ 49 40) 311 82-511, fax (+ 49 40) 311 82 512. Registration forms are sent out by the Conference Secretariat at Congress Centrum Hamburg: phone (+ 49 40) 35 69-22 45, fax (+ 49 40) 35 69 23 43.

India. *1995 Leprosy training courses at RLT&RI.* The following training courses will be organized during 1995–1996 at the Regional Leprosy Training & Research Institute (RLT&RI), Aska (Babanpur), Ganjam, Orissa 761110, India. All applications for admission into various courses should be routed through the S.L.O.s of your respective Indian states and must be sent at least 2 months before the commencement of the training courses. All courses are conducted in English.

Information for the candidates

1. This Institute is situated at a distance of 5 kms from Aska enroute to Nayagarh and 40 kms from Berhampur Railway Station.

2. Bus service is available from Berhampur to Aska and bus/trekker/rikshaw are available from Aska to the Institute.

3. Limited hostel accommodations will be provided on a first-come-first-served basis (candidates many bring their own bedding, etc.).

4. The list of nominated candidates must reach the Director of this Institute at least 2 months in advance of the commencement of the training course. After final selection by this Institute the allotment of seats will be made and the authorities will be informed 1 month in advance of the training course for sending their candidates.

5. Stipends to all eligible nonmedical personnel will be paid at the rate of Rs. 620/-per month and to all eligible medical personnel at the rate of Rs. 800/-per month.

S. No.	Trg. course in leprosy	Seats per course	Duration	Eligibility	Begins	Ends
Regular Training						
1.	N.M.S.	15	2 mos.	Trained P.M.W. with 5 years experience in leprosy	17.4.95	16.6.95
2.	M.O.	10	6 wks.	M.B.B.S. degree	17.7.95	25.8.95
3.	N.M.S.	15	2 mos.	Trained P.M.W. with 5 yrs. experience in leprosy	6.11.95	5.1.96
Orientation Training						
1.	Smear Technician	12	7 working days	On request of respective D.L.O/S.L.Os	Dates to be arranged according to request	
2.	M.O.	12	3 working days		-do-	-do-
3.	Lab Technician	12	7 working days		-do-	-do-
4.	Physiotechnician	7	3 working days		-do-	-do-

6. Voluntary organizations can sponsor through concerned S.L.O.s up to three candidates at a time.

7. Final selection of candidates will be done by the Director of this Institute.—Dr. S. Mohanty, Director

National Seminar on Public Health Aspects of Fixed Duration Treatment in Leprosy. The Indian Association of Leprologists, Bombay Leprosy Project, ALH RRE Society, and the Indian Leprosy Foundation will jointly organize, for the first time, a 1-day "National Seminar on Public Health Aspects of Fixed Duration Treatment (FDT) in Leprosy" in Bombay on Friday, 22 September 1995.

The Seminar aims to bring together different specialists such as leprologists, epidemiologists, dermatologists, laboratory scientists, and public health managers to discuss the clinical, laboratory, operational and epidemiological aspects of FDT in leprosy and to identify specific issues for further work. It is hoped that, as a result, the process of elimination of leprosy may be hastened.

For details, contact: Organizing Secretary, IAL Seminar Bombay 1995, % Bombay Leprosy Project, Vidnyan Bhaven, 11 V. N. Purav Marg, Bombay 400 022, India.

Workshop on health education and training materials held. The Workshop on Health Education and Training Material in View of Leprosy Eradication Target at 2000 A.D. was held in Bombay on 26 March 1995 under the auspices of Acworth Leprosy Hospital Research Society. By inviting the senior leprosy workers in Bombay to present and discuss their training and health education materials on different topics, collective materials were made available to others in the leprosy field. The Workshop also generated some novel ideas and new materials to help in the strategy of leprosy eradication by the year 2000.

Dr. W. S. Bhatki (Medical Superintendent, Acworth Municipal Leprosy Hospital) reviewed the last 15 years' work on vaccines in leprosy. After discussion, it was concluded that although the potential leprosy vaccine candidates are still in the experimental stage, the positive message about a vaccine can be communicated to the public at large.

Dr. V. V. Pai [Assistant Director, Bombay Leprosy Project (BLP)] showed an historical review of the progress in leprosy che-

motherapy with slides and emphasized fixed duration multidrug therapy and the status of new drugs in leprosy. The available scientific information on leprosy chemotherapy recommends the reduction of the duration of chemotherapy, but he felt that it has not yet been communicated properly to leprosy workers and leprosy patients, nor to private practitioners or consultant dermatologists.

Dr. R. Ganapati (Director, BLP), while commenting on Dr. Pai's presentation, pointed out that a simple "time-sequence diagram" could be used to make the audience understand the gap between current knowledge on fixed duration chemotherapy and the old concept about treatment which still prevails. He believed that such a diagram could be devised for use with training materials, particularly for reorienting workers and medical personnel.

During his talk on the preparation of training materials on epidemiology, Dr. Ganapati also used some simple diagrams to illustrate the decline in the prevalence of active cases in India. For the first time, he used such a diagram to explain the impact of deformity care on the prevalence rate of disabilities expressed per thousand population. He showed that even the epidemiology of reactions and relapses could be illustrated in an understandable manner. Statistics on the urban population from Bombay's G and H wards showed that the prevalence rate of neuritis has declined from approximately 1/2000 to 1/30,000. He said that such a presentation will help paramedical and medical staffs to appreciate the field management of reactions with steroids through a system of a central registry, as being practiced by the BLP.

M. A. Anthony Samy (a Chief Secretary, ALERT) reviewed the attempts made in preparation of health education materials in India over the past 20 years, their utility and short falls. He stressed the importance of preparing fresh material for leprosy health education by the year 2000, tailoring the message for different groups of society. He presented a series of health education materials prepared by ALERT.

Dr. (Mrs.) R. S. Taranekar (Medical Officer, BLP) and Smt. Sara D'Mello (Chief, Committed Community Development) gave

an overall picture of different leprosy rehabilitation measures at various levels of the disease process, and heavily stressed community-based rehabilitation for leprosy patients.

Dr. A. R. K. Pillai (President, Indian Leprosy Foundation) said that the success story of MDT has not been properly publicized, which is highly essential in order to meet the target of leprosy eradication by the year 2000.

Mr. S. S. Naik (Hon. Secretary, ALH RRE Society) conducted the Workshop and proposed a vote of thanks to the participants and the audience. The training and health education materials presented at the Workshop by the different speakers will be published in booklet form.

Japan. *14th International Congress of Tropical Medicine and Malaria.* The 14th International Congress of Tropical Medicine and Malaria will be held 17–21 November 1996 in Nagasaki, Japan. For details contact Dr. Keizo Matsuomoto, 14th Congress of Tropical Medicine and Malaria, % Institute of Tropical Medicine, Nagasaki University, 1-12-4 Sakamoto, Nagasaki 852, Japan. Tel/fax = 81-958-43-2194.

Mali. *Workshop on Prevention of Disabilities and Physical Rehabilitation of Leprosy Patients.*

On 13–16 June 1995, a regional workshop on "Prevention of Disabilities and Physical Rehabilitation of Leprosy Patients" took place in Bamako, Mali. The workshop was organized by the Association Française Raoul Follereau (AFRF), and was inaugurated by Commandant Modibo Sidibe, Ministre de la Santé, de la Solidarité et des Personnes Agées du Mali, and Mr. Michel Recipon, Chairman of AFRF. Forty participants from 10 Francophone Africa countries (Benin, Burkina Faso, Chad, Congo, Côte d'Ivoire, Guinea, Madagascar, Mali, Mauritania and Niger), where AFRF is coordinating the activities of the International Federation of Anti-Leprosy Associations (ILEP), attended the workshop.

The objectives of the workshop included: a) to assess the magnitude of the problem of disabilities caused by leprosy; b) to understand better the basic concepts on Pre-

vention of Disability and Physical Rehabilitation (PDPR), the indications, contraindications and limitations of the available techniques; and c) to develop appropriate strategies for PDPR activities in various countries.

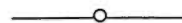
Based on information provided by the national leprosy control programs of the 10 participating countries, it has been estimated that about 20% (ranging from 5% to 25%) of patients had already developed degree 2 disability (on WHO scale) by the time leprosy was diagnosed, and around 30% (ranging from 25% to 45%) of ex-patients also had degree 2 disability. In other word, there are about 60,000 ex-patients with degree 2 disability among the 10 countries despite the fact that they no longer require chemotherapy. These figures indicate that leprosy is diagnosed too late, and both the detection and treatment of leprosy neuritis and reaction are inadequate.

The participants reached a consensus that the PDPR is an integral part of the leprosy control activities and must be implemented within the framework of national leprosy control programs. The major activities of PDPR include: a) early diagnosis of leprosy and high quality of chemotherapy; b) early detection and adequate treatment of neuritis and leprosy reaction; c) medical care for patients with plantar ulcers; d) provide protective footwears; e) collaborate with National Programme on Prevention of Blindness; f) corrective surgery with necessary physiotherapy; g) provide appropriate prosthesis and orthosis; and h) health education.

It was agreed that the information system should be improved, which will allow regular and adequate data collection for assessing the situation and taking appropriate action on PDPR activities. In addition, the activities on prevention of disability, including early diagnosis of leprosy, high quality of chemotherapy, early detection and adequate treatment of neuritis and leprosy reaction, should be implemented as soon as possible in all countries. It is important to strengthen the training of medical and paramedical personnel, supervision and health education, and to improve the necessary infrastructure and logistic supplies for these activities.

However, other activities, mostly in the area of physical rehabilitation, have to be implemented gradually, depending upon the circumstances and possibilities. Based on the epidemiological situation of leprosy, the coverage of multidrug therapy (MDT), and the available health infrastructure and medical personnel, the 10 participating countries are grouped in three different categories. It was recommended that the countries in the first category focus on improving MDT coverage but continue existing physical rehabilitation and health education activities; those in the second category may begin part of the physical rehabilitation activities; and countries of the third category should accelerate implementation of the PDPR activities whenever possible. It was suggested that these activities should be included in the workplan of all national leprosy control programs for the fiscal year 1996.—Workshop Scientific Committee (A. M. Diallo, M. Y. Grauwlin, C. Hirzel, B. Ji, C. Lienhardt, A. Tiendrebeogo)

U.S.A. American Society of Tropical Medicine and Hygiene 1995 meeting. The annual meeting of the American Society of Tropical Medicine and Hygiene (ASTMH) will take place 5–9 November 1995 in San Antonio, Texas. For details contact ASTMH, 8000 Westpark Drive, Suite 130, McLean, VA 22102. Tel = 703-790-1745; fax = 703-790-9063.



1996 Fred L. Soper Award guidelines. The Pan American Health and Education Foundation (PAHEF) is calling for submission of nominations for the 1996 Award in honor of Fred L. Soper (1893–1976) for publications in the field of inter-American Health. Fred L. Soper was Director of the Pan American Health Organization (PAHO) [the World Health Organization (WHO) Regional Office for the Americas] from 1947–1958.

In addition to his service with PAHO/WHO, Dr. Soper played a major role in the fight against yellow fever and other infectious diseases in Brazil as part of his work with The Rockefeller Foundation in the

1920s and 1930s and in the control of typhus in North Africa and Italy during the Second World War. He was one of the truly major figures of the century in inter-American health.

The Award is presented annually to the author or authors of an original scientific contribution comprising new information on, or new insights into, the broad field of public health, with special relevance to Latin America or the Caribbean or both. This may consist of a report, an analysis of new data, experimental or observational, or a new approach to analyzing available data. Preference is given to studies involving more than one discipline and to papers related to infectious disease, a life-long concern of Dr. Soper.

Only papers already published in scientific journals listed in the Index Medicus or in the official journals of the Pan American Health Organization are eligible for consideration. Furthermore, the Award is limited to contributions by authors whose principal affiliation is with teaching, research or ser-

vice institutions located in the countries of Latin America and the Caribbean (including the Centers of the Pan American Health Organization).

The Award Fund is administered by the PAHEF which receives voluntary contributions designated for the purpose and holds them in a separate fund. The Award consists of a suitable certificate and a monetary prize of US\$1000.00. The winner(s) of the Award each year is nominated by an Award Committee, composed of representatives designated by PAHO and by PAHEF; final selection is made by the Board of Trustees of PAHEF.

Papers submitted by or on behalf of their authors may be considered for the Fred L. Soper Award. For purposes of the 1996 Award, only papers published during calendar year 1995 will be considered; all submissions must be received by 31 March 1996 at the following address: Executive Secretary, PAHEF, 525 23rd Street N.W., Washington, DC 20037, U.S.A.