

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.

China. *Fourth International Meeting of Tropical Medicine and Parasitology.* The first announcement of the Fourth International Meeting of Tropical Medicine and Parasitology reports that the meeting will be held 8–10 October 1998 in Guilin, China. The program will include plenary sessions, symposia and free communication sessions on topics ranging from dengue fever to tropical mycotic infections. The official language of the meeting will be English, and the deadline for submission of abstracts is 15 May 1998. A second announcement will be distributed in January 1998. For further details contact: Gu Dezhang, Chinese Medical Association, 42 Dongsi Xidajie, Beijing 100710, China. Phone: 86-10-6513-4885; Fax: 86-10-6512-3754; e-mail: cmafrd@public3.bta.net.cn

France. *ALLF revitalized.* According to a letter and materials recently received from Dr. Pierre Bobin, the Association des Leprologues de Langue Francaise (ALLF) has been revitalized. In April 1997, ALLF published "le bulletin de l'ALLF" no. 1, which contains the reasons for the revitalization, an interview with Professor Jacques Grosset on research priorities in leprosy, a calendar of information for the year 1997, and other items of interest.

Officers of ALLF include: Prof. Henri Asse, Adzope, Cote d'Ivoire, President; Mme. le Prof. Claude Pean, Port au Prince, Haiti, Vice-President; Dr. Pierre Bobin, Bordeaux, France, Secrétaire General; Dr. Jean Louis Cartel, Pointe a Pitre, Guadeloupe, and Dr. Alexandre Tiendrebeogo, Bamako, Mali, Secrétaires Generaux Adjoints; Prof. Guy Discamps, Talence, France, Treasurer.

For further information regarding publications or membership, contact: Dr. Pierre Bobin, Secretary General, Association des Leprologues de Langue Francaise, 4 Rue Jean-Jacques Bal, 3300 Bordeaux, France.

India. *Major breakthrough using single dose ROM therapy.* "Single-lesion leprosy cases can be treated with a single dose combination of rifampin, ofloxacin and minocycline (ROM) and multibacillary (MB) cases need only 12 months' treatment instead of 24 months," observed Dr. R. Ganapati in Mumbai. "These treatment schedules, approved by the World Health Organization (WHO) and the government of India, are a revolutionary breakthrough in reducing the treatment cost drastically and saving manpower resources in a significant way," he added. "Nearly 60% of leprosy cases in India are single-lesion cases and the new scheme will be a boon to the leprosy program in India," Dr. Ganapati remarked.

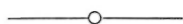
Dr. R. Ganapati, Director, Bombay Leprosy Project (BLP), who had also participated in the Seventh Expert Committee meeting of WHO held recently at Geneva informed that these schedules with newer drugs could be used where there are operational difficulties in treating leprosy patients. While presiding over a workshop on "Future Strategies for Elimination of Leprosy in Mumbai" and launching of single-dose chemotherapy for single-lesion leprosy organized by the Jt. Director of Health Services (Leprosy), government of Maharashtra, Dr. Ganapati said that already there is an indication for further reducing the duration of treatment for MB leprosy cases also. The Assistant Director of Health Services (Leprosy) of Mumbai and Thane, medical officers and staff involved in leprosy work in Mumbai also attended the Workshop held on 27 August 1997.

Dr. Ganapati added that the case load will come down with this short duration treatment and it will greatly help in reaching the goal of elimination of leprosy by the turn of the century.

Dr. M. G. Singh, Assistant Director of Health Services (Leprosy), Mumbai, organized the Workshop and explained the plan of implementation to medical officers and

paramedical staff of Mumbai district. Dr. A. R. K. Pillai, President, Indian Leprosy Foundation, and Chief Guest, inaugurated the function and exhorted all those involved in leprosy work to fully dedicate themselves in achieving the target. The single-dose treatment was inaugurated by administering the new drugs to a child patient with a single lesion.

Dr. C. R. Revankar, Deputy Director, BLP, explained the details on operational aspects of the short-term chemotherapy. Dr. V. V. Pai, Deputy Director, BLP, made an audiovisual presentation on clinical trials on single-dose chemotherapy for single-lesion leprosy cases. Dr. S. V. Dinni, Assistant Director of Health Services (Leprosy), Thane District, dealt with the advantages of the new scheme. Earlier, Dr. M. G. Singh thanked Dr. S. B. Chavan, Joint Director, Health Services (Leprosy), government of Maharashtra, for organizing this workshop and welcomed the gathering. Dr. S. B. Gude, Medical Officer, proposed a vote of thanks.—Materials received from Dr. C. R. Revankar



Workshop on Strategies for Elimination of Leprosy from Maharashtra. The workshop on "Strategies for Elimination of Leprosy from Maharashtra" was held on 29 and 30 August 1997 on the premises of B. J. Medical College, Pune. The objectives of the workshop were to identify issues related to elimination of leprosy from Maharashtra as a preparatory phase of the forthcoming Modified Leprosy Elimination Campaign (MLEC) aiming at creating public awareness and identification of hidden leprosy cases as well as to develop academic interest among the District Leprosy Officers (DLOs) of Maharashtra state.

The workshop was organized by the Indian Association of Leprologists, Maharashtra Branch (IAL-MB), in collaboration with the government of Maharashtra and the Bombay Leprosy Project (BLP). The workshop was inaugurated on 29 August 1997 by Dr. B. M. Dama, Addl. Director for Family Welfare, government of Maharashtra. Shri Arun Ghate, Deputy Secretary, Public Health Department, government of

Maharashtra, expressed all his support toward MLEC and the elimination of leprosy from Maharashtra. Dr. C. V. Bapat, Vice President of the Branch, and Dr. R. Ganapati, Former President of IAL and Director of BLP, blessed the occasion. Dr. C. R. Revankar, Hon. Secretary, IAL-MB, welcomed the guests.

The valedictory function was held on the following day. The Honorable Health Minister Dr. Daulatrao Aher inaugurated the MLEC project as well as released publications of the IAL and government of Maharashtra. Dr. S. R. Salunke, Director of Health Services, government of Maharashtra, was chief guest. On this occasion, the government of Maharashtra and IAL-MB honored Dr. R. Ganapati and Dr. A. R. K. Pillai, President, Indian Leprosy Foundation, for the yeoman services to the leprosy program in the state of Maharashtra.

The "Action Plan on Modified LEC" was presented by Dr. S. B. Chavan, Jt. Director of Health Services (Leprosy), government of Maharashtra. This plan was discussed among the delegates who also gave many valuable suggestions which were accepted.

A total of 10 papers were presented on both days. Seven papers were presented by DLOs based on their experiences with the MDT program in their respective districts. The topics discussed mainly were: leprosy problems in hilly terrain, urban areas, tribal communities; treatment outcome and identification of smear positive cases; epidemiological trend in MDT districts; community participation, etc.

Out of the seven papers, one paper titled "Identification of smear positive leprosy cases" presented by Dr. B. B. Munde, DLO of Parabhani District, was awarded the Dr. A. C. Parikh award for the best presentation.

The following issues were stressed after extensive discussion:

i) Planning case detection in geographically difficult areas and difficult population groups, like hilly terrain, construction workers, nomadic groups and fishing folk, was considered as a priority. It was also suggested to introduce short-course chemotherapy with newer drugs.

ii) Special plan for fishing population who are available only during certain periods of the year was suggested. Maharashtra has 18 lakhs fishing population. This popu-

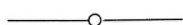
lation may not be available during MLEC operation.

iii) There should not be any doubts about WHO/government of India recommendations on FDT—24 dose treatment. The treatment has been further reduced to 12 months in MB leprosy and single-dose ROM treatment in single patch PB leprosy. This has been recommended by WHO and the government of India. This should be accepted as a public health program strategy.

iv) The principles of current chemotherapy should be understood by all the public health clinicians and program managers, especially by those in charge of training centers. A workshop has been suggested for training center trainers to discuss further certain issues raised by the doctors on FDT.

v) Apprehension regarding practicing dermatologists not following WHO/government of India recommendations while treating leprosy patients should be viewed from an overall context of leprosy elimination. Since a small proportion of patients are managed by them, attempts should be made to orient them to see that at least the minimum period of treatment as recommended by NLEP is followed by them.

vi) It was announced that IAL-MB will conduct orientation programs for dermatologists in various districts of Maharashtra in due course.—Materials received from Dr. C. R. Revankar



Nepal. *INF Leprosy Project 1995/96 Annual Report available.* We have just received a copy of the International Nepal Fellowship (INF) Leprosy Project Annual Report for 1995/1996. It is a softbound, illustrated booklet of 39 pages plus an appendix. We print below from its Preface, authored by Dr. Wim H. van Brakel, Director of the Project.

AD 1996 saw several new initial initiatives come to fruition, at national and at project or regional levels. First, in January, an independent evaluation of the national leprosy program was conducted jointly by the WHO, representatives from ILEP and officials from HMG/N. This was the first time that such an evaluation was held. It proved to be a very worthwhile exercise.

Both strong and weak points in the program were reported and recommendations for the further strengthening of the program were brought to the attention of senior officials in the government.

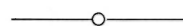
Second, shortly after the evaluation the national program was lifted in status to become the National Leprosy Elimination Program, directly responsible to the Director General of Health Services. Later on in the year the profile of the program was further increased by HMG by "promoting" the central office in Kathmandu to the status of "Leprosy Control Division." Dr. J. P. Baral, formerly Chief of the NLCP, is now the Director of the new division.

The third initiative was the first two Leprosy Elimination Campaigns (LEC) in Nepal. Funded by the WHO, they were conducted in Parbat and Rupandehi Districts of the Western Region by a team from our Project. The results were very encouraging. Please refer for more information on the Parbat campaign to the relevant section in this report.

An international course on Rehabilitation and Prevention of Impairment and Disability (RPOID) in leprosy was the fourth initiative. This 3-week course was held in October/November at the Green Pastures Training Centre in Pokhara. A short report is included on page 41.

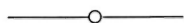
Last but not least was the birth of our AIDS Prevention Programme. This program started in November as a new branch of our Leprosy Project. Pokhara has been identified as one of the epicenters of the emerging HIV/AIDS epidemic in Nepal. We therefore decided that it was part of our responsibility to set up early measures to try to counter the spread of this disease as much as possible. Dr. Wolfgang Schilling, the Department Head, reports on the early beginnings.

The final words are again of gratitude to our faithful supporters. We warmly thank our ILEP partners, notably our ILEP coordinator, the German Leprosy Relief Association, and other agencies and individual donors for their continued support of our work. Let us press on together to the eradication of leprosy and all its related problems!



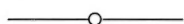
Switzerland. *CIOMAL on line.* The Comité Exécutif International de l'Ordre de Malte pour l'Assistance aux Lépreux now have a presence on the Internet. You can visit them on [../www.isoftware.ch/guidedege-neve/malta/ciomal](http://www.isoftware.ch/guidedege-neve/malta/ciomal)

CIOMAL, as part of a sovereign body, is the only ILEP Member Association which is able to participate directly in the World Health Assembly. At the last Assembly in Geneva 13 April 1997 they issued a statement on leprosy and the work that will remain after the year 2000. For details contact them via their page or via e-mail: mission.order-malta@itu.ch—ilep flash 97 vol. 2



U.K. *ILEP Home Page updated.* [../www.oneworld.org/ilep](http://www.oneworld.org/ilep). The ILEP Home Page has recently been updated and is a good place to get information about new initiatives in the fight against leprosy as well as providing links to Members' own pages.

Please contact us if you would like us to link your site or if you can provide a link to the ILEP Home Page. Send comments and ideas to the Editor at ILEP Coordinating Bureau, 234 Blythe Road, London W14 0HJ, U.K. FAX = 44-171-371-1621; e-mail = 100450.1011@compuserve.com—ilep flash 97 vol. 2



ILEP Medico-Social Commission endorses advice on sustainability of leprosy services. Leprosy program managers are facing a challenge. In many countries today, the leprosy services are changing in size and scope and are feeling the pressure of health sector reform.

To help managers and decision makers review the organization of leprosy services and to develop strategies that will help to make them more sustainable, ILEP, under the auspices of the Medico-Social Commission, has issued a set of guidelines.

This new publication "Sustaining leprosy related activities: Guidelines for responding to change" is being made available free of charge to leprosy programs worldwide.

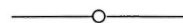
Using a step-by-step approach the publication outlines:

- how to undertake a situational analysis
- how to plan for change
- how to implement the required action

The authors have sought to stress the benefits of a participatory approach—stakeholders and partners are involved in building a foundation of support which will assure that objectives and strategies are realistic while also enhancing the commitment to successful implementation.

While aimed primarily at the managers of national and state leprosy programs, these guidelines will also be useful for the staff of ILEP Member Associations who wish to understand the decision-making process and determine their role in the support of future leprosy services.

For a copy of the guidelines please contact Dr. S. Lacey, ILEP Coordinating Bureau, 234 Blythe Road, London W14 0HJ, U.K. FAX = 44-171-371-1621; e-mail = 100450.1011@compuserve.com—ilep flash 97 vol. 2



U.S.A. *CDC has new booklet of products and services from the EPO.* The Centers for Disease Control and Prevention (CDC) announces a new, comprehensive booklet of products and services from the Epidemiology Program Office (EPO). The booklet contains a list of publications, services, and free software. Each entry lists a CDC contact and instructions on how to acquire the product or service.

Publications include the Morbidity and Mortality Weekly Report (MMWR) series of publications, and popular books such as *CDC Prevention Guidelines*, *A Guide to Action*, *Prevention Effectiveness*, *Principles of Epidemiology*, and *Field Epidemiology*, to name a few. Also included is information on how to acquire a CD ROM that contains electronic copies of the MMWR from 1993–1997, the latest version of Epi Info. Epi Map, SSS1, and Do Epi software for the practicing epidemiologist, and other CDC publications. The section on services provides information on training opportunities, such as fellowships in Prevention Effectiveness, Informatics, and postgraduate

training for the Epidemic Intelligence Service (EIS) and Preventive Medicine Residency (PMR).

To request information on copies of the EPO Products and Services booklet, send an e-mail message to: bgm4.cdc.gov or contact Ms Barbara McDonnell, Epidemi-

ology Program Office, MS C-08, Centers for Disease Control and Prevention, 1600 Clifton Road NE, Atlanta, GA 30333, U.S.A.; telephone 404-649-3683.—Information provided by Stephen B. Thacker, M.D., M.Sc., Assistant Surgeon General, Director, Epidemiology Program Office

In order not to delay publication of this issue, the Board of Directors of the JOURNAL has given its permission for the Index to Volume 65 to be published in the March 1998 issue of the JOURNAL. We hope this will not unduly inconvenience readers who wish to bind their volumes promptly. —RCH