

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.

France. *Conference on Resistance to Antimicrobial Agents.* Cannes will be the setting for the Resistance to Antimicrobial Agents meetings scheduled for 14–17 October 2001. Details may be had by contacting Omega Studio, Via Cenisio 87, I-20154 Milan, Italy. Tel: 39-02-34-94-935; Fax: 39-02-33-15-959; e-mail: omega@omegastudio.com; www.omegastudio.com

Italy. *12th European Congress of Clinical Microbiology and Infectious Diseases (ECCMID).* The 12th European Congress of Clinical Microbiology and Infectious Diseases will be held 25–27 April 2002 in Milan, Italy. For details contact: 12 ECCMID 2002, AKM Congress Service, P.O. Box, CH 4005, Basel, Switzerland. Tel: 41-61-686-77-11; Fax: 41-61-686-77-88; e-mail: infoakm.ch; www.esccmid.org/eccmid2002

Nepal. *INF Tuberculosis Leprosy Project Annual Report 2000.* We have just received the International Nepal Fellowship (INF) Tuberculosis Leprosy Project Annual Report 2002. We quote from the Executive Summary:

1. The Tuberculosis Leprosy Project (TLP) is the largest project managed by the International Nepal Fellowship (INF), an INGO working for health in the people of western Nepal for nearly 50 years. TLP is the official NGO counterpart to National Tuberculosis Programme (NTP) and the Leprosy Control Division (LSD) of His Majesty's Government of Nepal (HMG/N).

2. Results for this year in the tuberculosis programme show an increased case detection rate, with 3725 new registrations, exceeding national case finding targets.

Sputum positive proportion of new cases slipped to 47%, due to a high rate of sputum negative TB diagnosed in the private sector. Laboratory services show a maintained high quality diagnostic service (97.5% quality control for sputum smear microscopy, the best regional result in Nepal).

3. TB treatment results showed a further improvement in sputum conversion rate at 2 months now standing at 83% (again reaching national target), cohort outcome results include a cure rate of 79% and treatment success rate of 85% (reaching national target). This has been achieved with rapid expansion of the DOTS programme, initiated in 7 more districts during this year.

4. Leprosy programme case finding reverted to a similar level to years previous to the 1999 National Leprosy Elimination Campaign, with 689 new registrations representing a regional case detection rate of 2.19 cases per 10,000 population. MB proportion remains at 80% with a visible disability rate in new patients still high at 12%, but a declining child proportion of 5%. This suggests transmission may be slowly declining, but too many sufferers, especially in remote mountain districts, present late for diagnosis.

5. Leprosy results of treatment include 63% successfully released from treatment (1118 patients deducted from the register), but still a defaulter rate of 23% causes concern. This may be related to cases detected by active case finding, and to patients transferred from our clinics after diagnosis for treatment at nearby government facilities, who do not attend for treatment.

6. An intensive programme of community orientation to establish district DOTS committees, organized jointly by the Field Unit and IEC unit, have contributed to the DOTs programme being initiated in 14 of 15 districts in the Mid Western Region.

7. The four referral clinics have each established a multi disciplinary Rehabilitation Committee to assess potential new clients, monitor and implement socio economic support programmes in each centre. They have initiated assistance programmes in 75 clients this year.

8. Capacity to respond to the growing HIV epidemic in Nepal increased with the establishment of HIV testing and counseling services in Nepalgunj. Patients are given pre and post-test counseling by trained staff in a confidential manner. A new policy for needle stick injuries to members of staff was also implemented for their protection.

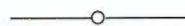
9. Treatment and disease control is a gender issue, with many extra barriers to women seeking and receiving treatment contributing to a relative scarcity of female patients. We have conducted a series of gender sensitization workshops with all staff, to promote awareness to these issues and provide a better service to all patients.

10. Training and development remain the bedrock of our contribution to strengthening health service in Nepal. This year we facilitated training on tuberculosis to 146 basic health staff and leprosy to 111 staff. In addition we have provided 3 major scholarships and 968 person-days of inservice training for TLP staff.

There is still plenty of work to do before leprosy is eliminated and tuberculosis is controlled, but I am happy to offer in this report evidence that we are making good progress. I would like to thank our staff, INF support services, donors and personnel agencies for their contributions, and HMG/N health services for their cooperation.

—Dr. Rod MacRorie
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U.K. Rees Memorial Fund Scholarship Guidelines. In honor of the late Dick Rees LEPROA has decided to set up a training fund for those working in the field of leprosy. This fund will incorporate monies do-

nated in his memory. Dick Rees was a leading researcher in the field of leprosy over a period of 25 years. He began his medical research career working on tuberculosis at the National Institute for Medical Research at Mill Hill, London, but gradually switched to research into leprosy. One of his major contributions to the effective treatment and cure of leprosy was his demonstration of primary and secondary drug resistance to existing drug treatments. This led to the development of multidrug therapy by WHO in the early 1980s. He was made chairperson of LEPROA's (The British Leprosy Relief Association) Medical Advisory Board in 1963, and was appointed Head of the Medical Research Council's Laboratory for Leprosy Research in 1969. Here he developed a source of live *M. leprae* by setting up a colony of infected armadillo. It is from this source that the latest research on the genome sequencing of the leprosy bacillus has been derived. Last October Dick Rees died at the age of 81. His scientific abilities and commitment to the cause of leprosy will be missed by all in the field of leprosy, particularly those working at LEPROA and WHO. Even after his retirement in 1982 he continued to work for both organizations, influencing and inspiring many to bring about a world without leprosy.

Circulation of guidelines. This set of guidelines will be made available to all ILEP members and leprosy training institutions. It will be advertised in the Leprosy Review, International Journal of Leprosy, Indian Journal of Leprosy, CBR journals and on the Internet. The target group for the scholarship are leprosy workers in the field who have had limited training opportunities.

Application process. £20,000 will be available each year. This may be split between a number of candidates. Selection will be based on the merit of the applications, making the best use of this limited amount of funding. Each award will be sufficient to cover the costs of the training selected, travel and living costs for the duration of the training and, where justified, additional costs to facilitate access.

Scholarship criteria:

- Candidates should preferably be working in countries where leprosy is endemic.

- The training selected should enhance their ability to contribute to the field of leprosy.
- Candidates should have a commitment from their employer that they will release them for the duration of the training and keep their job open for them on their return.
- Candidates agree to any bond arrangements stipulated by their employer.
- The training selected normally should be no longer than 6 months.
- The training selected normally should be at the closest venue which offers the level of training, qualification and recognition sought by the candidate.
- The selected candidates will produce a report at the end of the training to indicate its value in relation to their expectations as outlined in their application.

Equal opportunities. Consideration will be given to those who have justified additional costs which would facilitate their participation in their preferred training (for example, child care costs).

Application details. Applications should include: CV of candidate and details of the training or course selected. 1) Training: Description of training; Objectives, i.e., knowledge and practical skills to be gained by end of training. 2) Course: Course name and course content. 3) Venue; 4) Pre-requisite training or qualifications; 5) Cost of training/course; 6) Estimated cost of travel/accommodation and living expenses and where necessary, justified additional costs to facilitate access; 7) Duration.

- Covering letter from candidate indicating: their career goals and how the training selected will enhance their ability to contribute to the field of leprosy and, thirdly, why they should be considered for the award.
- A letter of recommendation from their current employer, indicating their willingness to release the candidate if they are selected for

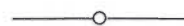
the award and agreeing to keep the job open for the candidate and stipulate any bond arrangements they would like to make.

- A reference from another employer or tutor.
- A letter of invitation or acceptance from the host of the training or course.

Applications with all the above attachments can be sent to LEPROA at any time throughout the year. All applications will be assessed at the end of February each year. Successful candidates will be notified within 3 weeks of their selection for the award.

Prospective candidates for the award should apply in writing to: Doug Soutar, LEPROA, Fairfax House, Causton Road, Colchester CO1 1PU, U.K. Fax: +44 1206 762151 or Email:

Doug_Soutar@lepra.org.uk



U.S.A. 41st Interscience Conference on Antimicrobial Agents and Chemotherapy. Chicago, Illinois, will be the setting for the 41st Interscience Conference on Antimicrobial Agents and Chemotherapy on 22–25 September 2001. For details contact: ASM Conferences, 1752 N Street N.W., Washington, D.C. 20036-2804, U.S.A. Tel: 1-202-942-9248; Fax: 1-202-942-9340; e-mail: meetingsinfo@asmusa.org; www.asmusa.org



U.S.A. 50th Annual Meeting of the American Society of Tropical Medicine and Hygiene. November 11–15, 2001 are the dates for the 50th Annual Meeting of the American Society of Tropical Medicine and Hygiene in Atlanta, Georgia. For details contact: American Society of Tropical Medicine and Hygiene. Tel: 1-847-480-9592; Fax: 1-847-480-9282; e-mail: astmh@astmh.org