

## 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.*

**Ethiopia.** *Conference on Leprosy Training in Africa.* The All Africa Leprosy & Rehabilitation Training Centre (ALERT) hosted a Conference on Leprosy Training in Africa on 11–14 March 1979 at Africa Hall in Addis Ababa. Thirty-four participants and twenty-six observers from WHO, ILEP, the Ministries of Health of a number of African countries, and from three international training centers in Africa: the Institut Marchoux, Bamako; the Institut de Leprologie Appliquée, Dakar; and ALERT attended. Among the topics discussed at the conference were: the concept of ALERT as an institution and the training it has offered; leprosy training institutions in francophone Africa and their programs; the place of leprosy in the curriculum of African medical schools; the influence of research on leprosy training; integration as a strategy in leprosy control; and the integration of tuberculosis and leprosy control. Recognizing the need for increased training in leprosy, particularly in the light of the adoption of the policy of integration by many countries and the spectre of mycobacterial resistance to treatment with DDS, the conference made the following recommendations:

- 1) That appropriate training in leprosy for all cadres be an integral part of the programme in all medical training centres, including medical schools, schools of public health, nursing and other paramedical staff including primary health care workers, and that post-graduate specialized training in leprosy, which will include public health training should be given for certain cadres including supervisors and medical officers, and be recognized by the award of an appropriate diploma.
- 2) That leprosy training programmes be based on the work to be done by the trainees after completion of the course (principle of training by instructional objectives) and that existing programmes adapt their activities so as to give priority to assisting in the provision of cadres of trainers in leprosy for medical training centres generally.
- 3) That leprosy workers at all levels accept the principle of integration and participate in its application, as they have opportunity, so as to insure that its potential benefits are realized and its dangers avoided.
- 4) That basic and general health workers accept their responsibility for leprosy patient care and leprosy control and involve themselves in this work.
- 5) That close co-ordination and co-operation between leprosy and tuberculosis work and workers should be encouraged.
- 6) That interchange of information and ideas between countries of Africa with similar problems and different public health and cultural systems should continue and be further developed.
- 7) That people with appropriate expertise should work together to develop and evaluate techniques for the diagnosis, management, recording, and follow up of leprosy patients, suitable for use in integrated health care programmes.
- 8) That the assistance of WHO and other appropriate organizations be sought in the implementation of these recommendations, especially by those engaged in:
  - a) The development of educational methods.
  - b) The development of simplified techniques.
  - c) The setting up of a means to continue intercountry consultation.
- 9) That a permanent working group be set up to foster the adoption of these recommendations.—(*Adapted from the Proceedings of the Conference*)

*ALERT announces Provisional Programme of Principal Courses for 1979-80.* A revised provisional program was announced by the All Africa Leprosy & Rehabilitation Training Centre (ALERT) on 1 June 1979. Further information is available from Dr. Harold W. Wheate, Director of Training, ALERT, P.O. Box 165, Addis Ababa, Ethiopia.

#### 1979

- Aug. 27–  
Sept. 21. Course for health assistant tutors of Ministry of Health, Ethiopia.
- Sept. 24–  
Nov. 3. Course for physiotherapists.
- Oct. 2–  
Oct. 26. Course for doctors and medical educators in clinical leprology and leprosy control (two visiting lecturers invited).
- Nov. 12–  
Dec. 1. Course in leprosy and tropical dermatology—visiting Consultant Lecturers: Prof. K. F. Schaller and Dr. Ross St. C. Barnetson.
- Dec. 3–  
Jan. 11. Clinical attachment for medical students, Addis Ababa University.

#### 1980

- Jan. 14–  
Feb. 22. Course for senior rural area supervisors (leprosy control and its management).
- Feb. 25–  
Mar. 7. Seminar on teaching methodology.
- Apr.–May  
and Sept. A two week course on leprosy of the eye for ophthalmologists. Visiting Consultant Lecturer: Dr. Van C. Joffrion
- Aug. (Exact dates to be discussed with the Faculty of Medicine): Clinical attachment for medical students, Addis Ababa University.
- Sept. 1–  
Oct. 11. Course for physiotherapists.
- Sept. 29–  
Oct. 25. Course for doctors and medical educators in clinical leprology and leprosy control.
- Oct. 27–  
Oct. 31. AHRI Seminar.

*Kellersberger Memorial Lecture at ALERT.* Dr. Robert C. Hastings, Chief, Pharmacology Research Department, USPHS Hospital, Carville, Louisiana, and Editor of the INTERNATIONAL JOURNAL OF LEPROSY, delivered the 1979 Kellersberger Memorial Lecture of the All Africa Leprosy & Rehabilitation Training Centre (ALERT) on 2 June 1979. His subject was the mechanism of action of thalidomide in leprosy and thalidomide analogues with potential activity against ENL.—Dr. H. W. Wheate, Director of Training, ALERT.

**India.** *Seventh Workshop on Leprosy at Acworth.* The Seventh Workshop on Leprosy was held on 7 March 1979 under the auspices of the Acworth Leprosy Hospital Society for Research, Rehabilitation & Education in Leprosy at the Hospital in Bombay. Dr. N. H. Antia, Trustee of the Foundation for Medical Research, served as chairman. Workshop reports dealt with the prevalence of leprosy in general hospitals and in preschool children, case detection through health education, dapsone injection and multiple drug therapies, "Correlative histological and *in vitro* electrophysiological studies in leprosy and other acrodystrophic neuropathics," and a preliminary report on serum lysozyme in leprosy.—(Adapted from the Proceedings of the Seventh "Workshop on Leprosy" as supplied by the Secretariat)

**Indonesia.** *Announcement of future meetings.* The Third National Congress of the Indonesian Society of Dermato-Venereology will be held on 31 May–4 June 1980 in Medan, North Sumatra. Its purpose will be to exchange knowledge on current problems of dermatology, venereology, and leprosy. The Fourth Regional Conference of Dermatology will be held on 5–9 June 1980 at Penang, which is near Medan. Further information concerning these meetings is available from Dr. Marwali Harahap, Department of Dermatology, School of Medicine, University of North Sumatra, Rumah Sakit Umum Pusat, Jln. Prof. H. M. Yamin SH 47, Medan, Indonesia.—Dr. Marwali Harahap.

**Mexico.** *Issue on Lucio's phenomenon.* DERMATOLOGIA REVISTA MEXICANA de-

voted its August 1978 (Vol. 22, No. 2) issue to the XI International Leprosy Congress. This special number provided an in depth review of the history, research, and clinical nature of Lucio's phenomenon. The contents of this number are reprinted below; abstracts of articles in the section entitled "Avances Recientes en la Lepra de Lucio" appear in the Current Literature section.

#### SUMARIO

Editorial. La Lepra de Lucio—Amado Saúl .....	91
Rafael Lucio e Ignacio Alvarado: Opúsculo sobre el Mal de San Lazaro o Elefanciásis de los Griegos (fragmentos) .....	93
Fernando Latapí y Agustín Chévez-Zamora: La Lepra "Manchada" de Lucio. Estudio inicial clínico e histopatológico .....	102
Fernando Latapí y Agustín Chévez-Zamora: Interpretación actual de la Lepra de Lucio. Síntesis patogénica .....	108
AVANCES RECIENTES EN LA LE- PRA DE LUCIO	
Obdulia Rodríguez: Lepra de Lucio. I. Historia y concepto .....	117
Yolanda Ortiz y Magali Giner: Lepra de Lucio. II. Aspectos clínicos, de laboratorio y gabinete .....	141
Josefa Novales: Lepra de Lucio. III. Aspectos histopatológicos .....	164
S. Estrada-Parra, O. Rojas-Espinosa, F. Quesada-Pascual, Y. Ortiz, M. E. Castro, J. Padierna y L. Jiménez: Lepra de Lucio. IV. Perfil inmunológico .....	175
Amado Saúl: Lepra de Lucio. V. Epidemiología y terapéutica .....	182
HOMENAJE	
L Aniversario de la Recepción Profesional del Prof. Fernando Latapí ...	189

*Mexican Association of Action against Leprosy Meets.* The Thirty-second Regular General Assembly of the Mexican Association of Action against Leprosy, A.C., met on 26 April 1979 at its headquarters in Mexico City. The meeting considered election of founding members to fill vacant positions should any occur, approval of new members, and a summation of the XI International Congress on Leprosy as well as matters of budget.—(Adapted from the program of the Thirty-second Regular General Meet-

ing of the Mexican Association of Action against Leprosy)

**Switzerland.** *Thirty-second World Health Assembly adopts WHA32.39 on 25 May 1979 dealing with leprosy control.*

#### LEPROSY

The Thirty-second World Health Assembly,

Recalling resolutions WHA29.70 and WHA30.36 and previous other resolutions both of the World Health Assembly and the Executive Board;

Noting:

- (a) the progress made throughout the world since the adoption of the above resolutions—particularly in studies of ultra-structure, histochemistry, bacteriology, immunology, chemotherapy and prophylaxis;
  - (b) that leprosy, in spite of such advances, is still a major public health and social problem in some countries of Africa, Asia, Latin America and Pacific Islands;
  - (c) that urgent and resolute steps will be necessary to control leprosy if the concept of Health for all by the year 2000 is to become a practical possibility, since the periods of incubation and infectivity of leprosy may extend up to a considerable number of years;
1. URGES Member States with endemic leprosy to:
    - (1) allocate adequate resources to carry out effective leprosy programmes, including training of their own personnel;
    - (2) support treatment, physical and social rehabilitation and vocational programmes for leprosy patients to make them self-reliant and self-supporting.
    - (3) review the current practices of isolation of leprosy patients in specialized institutions, where this exists, in order to achieve their progressive integration as active and fully accepted members of society;
  2. REQUESTS the Director-General to:
    - (1) intensify the Organization's activities for leprosy control in the next decade, in contribution to the attainment of the objective: Health for all by the year 2000;

- (2) cooperate with Member States with endemic leprosy to develop effective programmes for prevention and treatment of leprosy;
- (3) continue to mobilize resources from extrabudgetary sources both for the leprosy control programme and for the Special Programme of Research and Training in Tropical Diseases, particularly for epidemiological surveys and chemotherapeutic trials, and to promote relevant research for the development of new drugs as well as in the field of immunology with the objective of producing a vaccine for prophylaxis; and
- (4) report to the Thirty-fifth World Health Assembly on the steps taken.—WHA32.39 supplied by Dr.

Robert Fontaine, International Health Attache, U.S. Mission to International Organizations, Geneva, Switzerland.

*International Year for Disabled Persons (IYDP)—1981.* Planning continues for the International Year for Disabled Persons in 1981 with the appointment of Mr. Esko Kosunen as Director of the Secretariat which will coordinate all IYDP activities. Thirty-four countries have so far appointed liaison officers or agencies for national activities for the Year and three governments have announced plans to issue IYDP stamps in 1981. The IYDP advisory committee, composed of 23 UN member states, met in New York City on 19–23 March 1979 to work on the draft of the program which will be submitted to the General Assembly in 1979. In addition, the World Health Organization has established a steering committee for IYDP activities.—(Adapted from *International Rehabilitation Review* 1 [1979] 3)

*U.S.A. Shepard receives award.* The American College of Physicians at its annual meeting in San Francisco awarded Richard and Hinda Rosenthal Foundation Awards to Drs. David W. Fraser and Charles C. Shepard, in the name of the Center for Disease Control, for their work in discovering the cause of Legionnaires' disease. Dr. Shepard is a member of the Board of Directors of the IJL.—(Adapted from *Internal Medicine News* 12 [1979] 3, 26)

*NIH Workshop meets.* A workshop sponsored by the National Institute of Allergy and Infectious Diseases on the use of histocompatibility phenotype as a variable in epidemiologic studies of infectious diseases was held in Bethesda, Maryland on 2–3 March 1978. In a summary prepared by J. T. Grayston and F. J. Payne, the workshop concluded that further work to associate histocompatibility antigens with infection is appropriate. It was felt that these efforts should be carried out deliberately and with careful planning rather than in a "screening" fashion. Existing leads should receive detailed exploration of the mechanisms *in vitro*. Diseases that should receive highest priority for future studies include: (1) those that have been associated with histocompatibility antigens thus far, (2) conditions that have an established hereditary or racial predisposition, and (3) those that have sporadic and unusual expressions or complications.

It was clear in the discussion that emphasis should focus on populations from which maximal genetic information can be derived, i.e., family groups, sibships, and twinships. Twinships provide the opportunity to exclude environmental factors, whereas family groups and sibships provide an opportunity to demonstrate nonrandom segregation of HLA haplotypes in relation to infection. It was noted that there have been a number of populations developed for prospective epidemiologic surveys of families for infectious diseases that might be investigated further. Determination of HLA haplotypes of families in such studies would be relatively inexpensive, although the analysis of the relationships with various minor infections could be challenging. In addition, certain geographically restricted or closed population groups that have already been defined as to their histocompatibility patterns could be profitably employed for prospective studies of the relationship between HLA and infection. Finally, the Workshop recommended that future immunization studies for assay of new or prospective vaccines in both children and adults be conducted in family groups that can be HLA-typed. This would provide a unique opportunity to assess various forms of immunologic responsiveness with histocompatibility genes.—(Adapted from *J. Infect. Dis.* 139 [1979] 246–249)