Volume 56, Number 1
Printed in the U.S.A.

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.

W. Felton Ross
1987 Damien-Dutton Award Winner

On 6 November 1987, Howard E. Crouch, President of the Damien-Dutton Society for Leprosy Aid, Inc., presented the 1987 Damien-Dutton Award to W. Felton Ross, M.B.B.S., D.P.M.

This award is given once annually to an individual or a group of individuals who have made a significant contribution toward the conquest of leprosy, either through medical care, scientific research, rehabilitation, education, social welfare, or philanthropy.

Dr. Ross is Medical Director of the American Leprosy Missions, Treasurer of the International Leprosy Association, and Executive Officer of the INTERNATIONAL JOURNAL OF LEPROSY. He was born in Leominster, England, and attended the London Hospital Medical School. After internships and residencies in England, he was a leprologist for the government of Nigeria for 9 years, serving as Area Superintendent, Onitsha Province Leprosy Control Program. In 1960, on a WHO fellowship, Dr. Ross studied reconstructive surgery for 1 year at the Schieffelin Leprosy Research and Training Centre in Karigiri, South India. He became Director of Training at the All-Africa Leprosy Rehabilitation and Training Center (ALERT), Addis Ababa, Ethiopia, in 1966 and served in that capacity until becoming Medical Director of American Leprosy Missions in 1976. He has served as a short-term consultant to the WHO on

numerous occasions, is a member of the ILEP Medical Commission, and a member of the ALERT Medical Advisory Group.

Dr. Ross maintains an incredible pace in his work and travel. He has done, is doing, and undoubtedly will continue to do an enormous amount of work for leprosy patients and those who directly or indirectly labor to improve their lot. Our best wishes to Dr. Ross on this well-deserved honor.—RCH

Previous Recipients of the Damien-Dutton Award

1953 Stanley Stein, U.S.A.
1954 Rev. Joseph Sweeney, KOREA
1955 Sister Marie Suzanne, FRANCE
1956 Perry Burgess, U.S.A.
1957 John Farrow, U.S.A.
1958 Sister Hilary Ross, U.S.A.
1959 Dr. H. Windsor Wade, PHILIPPINES
1960 Mgr. Louis Joseph Mendelis, U.S.A.
1961 Dr. Kensuke Mitsuda, JAPAN
1962 Rev. Pierre de Orgeval, FRANCE
1963 Eunice Weaver, BRAZIL
1964 Dr. Robert G. Cochrane, U.K.
1965 John F. Kennedy, U.S.A. (Posthumous)
1966 Peace Corps, U.S.A.
1967 Dr. Howard A. Rusk, U.S.A.
1968 Dr. Franz Hemerijckx, BELGIUM
1969 Dr. Victor George Heiser, U.S.A.
1970 Dr. Dharmendra, INDIA
1971 Dr. Chapman H. Binford, U.S.A.
1972 Dr. Patricia Smith, VIETNAM
1973 Dr. Jacinto Convit, VENEZUELA
1974 Dr. José N. Rodriguez, PHILIPPINES
1975 Dr. Oliver Hasselblad, U.S.A.
1976 Dr. Yoshio Yoshie, JAPAN
1977 Drs. Paul and Margaret Brand, U.S.A.
1978 Dr. Fernando Latapi, MEXICO
1979 Dr. Stanley G. Browne, U.K.
1980 Robert Watelet, ZAIRE
1981 American Leprosy Missions, U.S.A.
1982 Dr. Ma Haide, PEOPLE'S REPUBLIC OF CHINA
1983 Murlidhar Devidas Amte (Baba Amte), INDIA
1984 Mother Teresa, INDIA
1985 Dr. John H. Hanks, U.S.A.
1986 Samuel J. Butcher, U.S.A.

France. *4th International Colloquium on the Mycobacteria.* September 19–21, 1988. 4th International Colloquium on the Mycobacteria: Structure and Function in *Mycobacterium leprae* and other Difficult-to-Grow Mycobacteria (Institute Pasteur-Paris). Contact: H. L. David, M.D. Ph.D., Unité de la Tuberculose et des Mycobactéries, Institut Pasteur, 25 rue du Dr. Roux, 75724 Paris Cedex 15, France.

India. *Multidrug therapy.* It was felt that in multidrug therapy (MDT) there were some problems which needed to be resolved. With this in view, an informal get-together of leprologists involved in MDT was organized under the Chairmanship of Dr. D. D. Palande and held at the Sacred Heart Leprosy Centre (SHLC), Kumbakonam, India, 18–19 July 1987. The participants included: Dr. K. V. Desikan (Sevagram); Dr. C. J. G. Chacko, Dr. Arunthathi (SLRI-Karigiri); Dr. C. Vellut, Dr. C. Pushpadas (Polambakkam); Dr. Pushpa Eapen (Hubli); Dr. R. Ganapati (Bombay); Dr. V. Ekambaram (Madras); Dr. D. Lobo, Dr. Mathew (Madras); Dr. Jayakumar, Mr. Irudayaraj (Chetpat); Dr. P. Soundararajan (Tanjore); Dr. Ashok Mukerjee (Delhi); Dr. Dhilip Jogaikar (Pune); and staff members of SHLC.

Short working papers or introductions of problems encountered were presented by participants. The consensus conclusions arrived at are as follows:

1. It was agreed that cases with less than three lesions including skin and nerve which were bacteriologically negative would be taken under the group of paucibacillary leprosy. The duration of treatment for this type was taken as a minimum period of 6 months; if there is no response in 6 months, it will be extended to a maximum period of 12 months. The treatment will consist of two drugs, rifampin and dapsone. If signs of activity persist after 12 months, the patient would be considered as belonging to the multibacillary group and given three drugs, namely, dapsone, rifampin and clofazimine, for a further 24 months.

2. All bacteriologically positive cases would be considered as multibacillary.

3. All bacteriologically negative cases with more than 10 lesions including nerve lesions would be considered as multibacillary. They would be treated with three drugs, rifampin, dapsone and clofazimine.

4. The duration of treatment for multibacillary cases will be for a minimum period of 24 months or until the lesions are bacteriologically negative and clinically inactive. The signs of inactivity are given later.

5. The group of cases where the number of lesions is 4 to 9 including one nerve involvement would be considered as paucibacillary. The cases with 4 to 9 lesions including involvement of two or more nerves would be considered as multibacillary.

6. All multibacillary cases who are on maintenance dapsone monotherapy should be given multidrug therapy (MDT) with three drugs for a period of 24 months after which the treatment should be stopped.

7. Paucibacillary cases who are active and are on sulfone monotherapy or who are inactive and are on sulfone monotherapy having not fulfilled the criteria for cure should be given MDT as for paucibacillary leprosy.

8. Pure neuritic cases with two or more nerves involved should be considered as multibacillary and treated as such.

9. Pure neuritic cases who have one nerve involvement are to be considered as paucibacillary and given appropriate MDT.

10. Reversal reactions appearing within 6 months after termination of treatment following inactivity should be treated with steroids. If they do not subside with steroid treatment, a diagnosis of relapse will be made and treatment re-introduced as for multibacillary leprosy. Reversal reactions appearing after 6 months will be considered as relapse and treated accordingly.

11. Iritis and scleritis and similar ophthalmic complications of leprosy are considered as signs of activity of the disease irrespective of activity or otherwise of skin or nerve lesions.

12. Erythema nodosum leprosum (ENL) reaction is considered as a sign of activity.

13. In cases with complications like neuritis or reactions the treatment should be continued with MDT just as in monotherapy.

14. Signs of inactivity of leprosy:

A. Paucibacillary leprosy: Clinical inactivity consists of the absence of: 1) extension of lesions; 2) infiltration; 3) erythema; 4) fresh skin lesions; 5) tenderness of nerves; 6) fresh nerve paralysis; and 7) extension of anesthesia; shrivelling, nerve thickening or old deformity do not signify activity.

B. Multibacillary leprosy: 1) absence of clinical activity as above; 2) in BB, BL, and LL cases bacteriologically skin smears should be negative on two occasions at an interval of a month; 3) absence of ENL reaction and absence of acute iritis, scleritis and ophthalmic complications.

These recommendations are to be reviewed with acquisition of experience.

Conveners: Dr. D. D. Palande, M.S., Chief Surgeon
Dr. G. Ramu, M.D., Senior Physician

National Seminar on Social Science Research on Leprosy. The Centre for Social Science Research on Leprosy (CSSRL) organized a two-day National Seminar on Social Science Research on Leprosy to prepare a research agenda with an interaction of social scientists, medical scientists, leprologists, and leprosy programmers and international agencies. The seminar was held at the Gandhi Memorial Leprosy Foundation (GMLF) at Wardha on 25–26 July 1987, and was sponsored by the Ministry of Health and Family Welfare Government of India.

Proceedings of the seminar will be published shortly. Those interested in having a copy of the proceedings, free of charge, should contact: Research Scientist, Centre for Social Science Research on Leprosy, Gandhi Memorial Leprosy Foundation, Hindinagar, Wardha 442103, India.—S. P. Tare

New director of JALMA. Upon the retirement of Dr. K. V. Desikan, Dr. Hariharan Srinivasan was selected as Director of the Central JALMA Institute for Leprosy, Taj Ganj, Agra, effective 1 July 1987.

New director of SLR&TC, Karigiri. Following the retirement of Dr. Ernest P. Frit-

schi, Director of the Schieffelin Leprosy Research & Training Centre, Karigiri (Tamil Nadu), Dr. Melville Christian, Deputy Director and Head of the Branch of the Epidemiology and Leprosy Control of the same center, took over as Director on 8 May 1987.

Korea. *Leprosy in the Democratic People's Republic of Korea.* On the occasion of attending the 40th Session of the WHO Regional Committee for South-East Asia at Pyong-Yang, Democratic People's Republic of Korea, Dr. M. F. Lechat, President of ILA. had the opportunity to discuss with officials the situation of leprosy in North Korea.

Leprosy is apparently a minor problem. A specialized hospital for leprosy was established in 1947. Case-finding was conducted mainly through contact examinations, four times a year for 10 years after the detection of the index case. Contacts were given chemoprophylaxis with dapsone. Sulfone treatment has now been supplemented with rifampin.

The number of inmates in the hospital approximates at present 100, with both types of the disease. No new patient has been detected in the last 7 years in 5 of the 11 provinces for which information has been obtained. There are strict rules for discharge: discharged patients cannot work as food handlers, employees in kindergarten or school teachers. It is considered that transmission has been interrupted. Fear of leprosy remains very great in the population, hence the type of measure endorsed.—Prof. M. F. Lechat

Switzerland. *Fortieth World Health Assembly.* On 15 May 1987, the following Resolution of the World Health Assembly Towards the Elimination of Leprosy was passed: The Fortieth World Health Assembly, recalling resolution WHA32.39 and previous resolutions of the Health Assembly and the Executive Board regarding leprosy; noting: a) the increasing commitment of several Member States to eliminate leprosy as a public health problem in their countries, as part of their goal of health for all by the year 2000; b) the significant progress made in recent years in leprosy treatment, including the use of new drugs in multidrug therapy, which has made leprosy treatment far more effective; c) the very promising research advances being made toward the development of early diagnosis, immunology and vaccines, leading to effective leprosy prevention programs; d) the increasing role being played by nongovernmental organizations in leprosy control; 1. urges Member States with endemic leprosy: 1) to allocate adequate priority to and resources for leprosy control within their public health services as part of primary health care; 2) to strengthen health education through the media and community participation with a view to overcoming the stigma and phobias traditionally associated with the disease in many societies, and to institute adequate legal guarantees protecting the rights of cured leprosy patients; 3) to provide improved training in leprosy for health workers of all categories, and especially those working in the field of leprosy, to ensure early case-finding, accurate diagnosis, and the implementation of multidrug therapy programs; 4) to institute active programs, including research, for the rehabilitation of leprosy patients who have acquired disabilities and deformities; 5) to work out a system of awards, prizes and rewards for outstanding contributions to leprosy control and research. 2. Requests the Director-General: 1) to continue the successful technical and scientific guidance to Member States and to support their multidrug therapy programs for leprosy control; 2) to intensify the Organization's activities in leprosy control by additional mobilization and coordination of scientific and material resources directed at implementing multidrug therapy, rehabilitation and training; 3) to strengthen support for the development of more effective tools against leprosy through multidisciplinary research in both the natural and social sciences; 4) to intensify the search for improved drugs and vaccines through the Special Programme for Research and Training in Tropical Diseases; 5) to promote further the partnership approach between nongovernmental organizations, Member States and WHO to achieve leprosy control and rehabilitation where necessary; 6) to keep the Executive Board

and the Health Assembly informed of the progress made.—*From* Dr. S. K. Noordeen

U.K. *LEPRA Medical Advisory Board new chairman.* Professor John Turk, M.D., D.Sc., F.R.C.P., F.R.C.S., F.R.C.Path., has been appointed Chairman of the Medical Advisory Board (MAB) of LEPRA, the British Leprosy Relief Association. He takes over from Dr. R. J. W. Rees who retired from the post at the end of October. Professor Turk, who is Sir William Collins Professor of Human and Comparative Pathology at the Royal College of Surgeons and the University of London, has been on the LEPRA MAB since its inception and Deputy Chairman for 3 years. From 1978–1979 he was a member of the Medical Research Council subcommittee on the Future Prospects of Leprosy Research, and has close connections with leprosy centers around the world, especially in India. His department has been a graduate research and training center for leprosy workers for the last 18 years, ten of these under the aegis of LEPRA. Particularly close ties are maintained with the All-India Institute of Medical Sciences, New Delhi, and the Central JALMA Leprosy Research Institute, Agra.

Professor Turk was educated at Malvern College and Guys Hospital Medical School and following military service in Egypt and Cyprus became, successively, lecturer in bacteriology at the London School of Hygiene and Tropical Medicine, a member of the science staff at the National Institute for Medical Research, and a Reader in Immunology at the University of London's Institute of Dermatology.

Well known for his contributions to the immunological understanding of various aspects of leprosy, Professor Turk has been a member of the WHO Expert Advisory Panel on Immunology. He is an Honorary Member of the Dermatological Societies of Poland, Belgium, Japan and Israel, and of the Peruvian Pathology Society and the Peruvian Society for Immunology and Allergy. Since 1978 he has been Editor of *Clinical and Experimental Immunology.* From 1978–1979 he was President of the Section of Clinical Immunology and Allergy of the Royal Society of Medicine and Honorary Editor, Royal Society of Medicine 1979–1985. He is author or co-author of 365 scientific papers and his books include "Delayed Hypersensitivity" and "Immunology in Clinical Medicine," which has been translated into various languages including Japanese and Bulgarian.

Retiring Chairman of the LEPRA MAB, Dr. Dick Rees, joined LEPRA in 1962 as a member of its Medical Committee. He became Chairman a year later and held the same position at the head of the Medical Advisory Board which replaced it in 1974. He has also been a member of the LEPRA Executive Committee for the past 23 years. As such he played a vital part in LEPRA's decision to establish its ongoing Leprosy Evaluation Project and vaccine trial in Malawi. Dr. Rees continues to control the production and distribution of leprosy vaccine for the Malawi project from the National Institute for Medical Research, Mill Hill. He also supervises the LEPRA Elective Student Programme which enables British medical students to spend periods working in overseas leprosy centers.—LEPRA press release

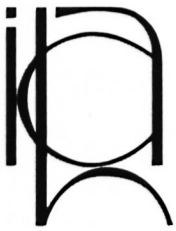
U.S.A. *International symposium announced.* The Hawaii Dermatology Society will hold an international symposium on the Hawaiian islands of Molokai and Oahu on 22–28 August 1988. Formal sessions will be devoted to atopic dermatitis, skin cancer, the acquired immunodeficiency syndrome, leprosy, dermatopathology, and medical informatics. Participants are encouraged to deliver their own papers. These should be 5–10 minutes in length in English. Deadline for abstracts was 15 February 1988.

A special lecture on the history of Molokai's famed Kalaupapa leprosarium will be given by Anwei Skinsnes Law, author of *A Land Set Apart: The History of Leprosy in Hawaii.* Tours of the Kalaupapa settlement have been arranged. For details contact: David J. Elpern, M.D., 3420-B Kuhio Hwy., Lihue, Hawaii 96766, U.S.A.

Pathology seminar at Carville. In addition to the other seminars to be held at Carville as noted in the September 1987 issue of the JOURNAL, there will be a seminar on

Hansen's Disease for Pathologists on 1–2 November 1988 (3–4 October for 1989). The seminar will present up to date, practical information on the histopathology of Hansen's disease and the role of the pathologist in the diagnosis and treatment of the disease. For details, contact: Director of Education and Training, GWL Hansen's Disease Center, Carville, Louisiana 70721, U.S.A.

Venezuela. *Dr. Jacinto Convit honored.* Dr. Jacinto Convit has been selected to receive the Prince of Asturias Prize for Science and Technical Research for 1987, in recognition of his leprosy vaccine studies. The prize was presented in October in Spain by His Royal Highness Don Felipe de Borbon, Prince of Asturias, son of Their Majesties the King and Queen of Spain and heir to the throne. Since 1981, the Principality of Asturias Foundation has awarded the Prince of Asturias Prizes in eight categories to reward the scientific, cultural, and social work of persons, teams or institutions whose activities constitute an example for mankind. The selection of Dr. Convit as the recipient of this prize is a well-deserved honor for him personally and is an important recognition of the significance of scientific progress in the field of leprosy.—Gerald P. Walsh, Ph.D.



13th International Leprosy Congress '88

Scientific program

Introduction

The organization of this Congress differs in some respect from the previous Congresses. In the past, there has been some criticism on the large number of oral presentations, which left little time for discussion. Posters also received inadequate attention. It is for this reason we have developed a new schedule. An outline of the sessions is as follows:

Each Congress day will start with a plenary lecture presented by an invited speaker. These sessions are chosen to give an overview of current practices in different aspects of leprosy and are called State of the Art Lectures. They will be followed by simultaneous sessions covering the 12 Congress topics. Participants are invited to submit abstracts describing these 12 areas. The accepted abstracts will be programmed into the Congress time schedule, either as poster presentations or as oral presentations. The scientific committee will arrange effective ways for discussion of the papers and posters.

State of the Art Lectures: Monday, September 12

P. E. M. Fine

Immunological Tools for Leprosy Control

This presentation will review immunological tools for detecting *M. leprae* infection, for identifying high-risk individuals and for preventing or ameliorating the disease. The presentation will concentrate upon the sensitivity, specificity and practicability of the currently available skin tests and serological assays and upon the implications of these parameters for the potential usefulness of different tests in leprosy research and control. Recent work on the identification of groups at high risks of infection and/or disease will be reviewed, with reference to both immunogenetic and immuno-epidemiological studies. Vaccines will be discussed with reference to the current use and impact of

BCG and to the trials of "second generation" vaccines.

Tuesday, September 13

B. Bloom
Molecular Biological Approaches to Leprosy

In the past few years, the advances in molecular biology, immunology and genetic engineering have made possible many new approaches to the study of *M. leprae.* The genes of *M. leprae* have been grown in a vicarious host, *E. coli.* Using monoclonal antibodies specific for *M. leprae,* six major protein antigens of *M. leprae* that contain antigenetic determinants that are unique to *M. leprae* have been identified. Using those antibodies it has been possible to obtain the genes for all those proteins and begin to sequence the DNA encoding the major antigens. This recombinant DNA technology will permit the production of enzymes of *M. leprae* in such quantity that it may be possible to design new drugs with bactericidal activity against *M. leprae.*

Many clones of human T cells from lepromin positive individuals, each derived from a single immune cell, have been grown *in vitro.* These T cells can identify the antigens involved in cell-mediated immunity and possible resistance. Conversely, it has been possible to identify T cells in lepromatous patients that may be involved in suppressing protective immune responses. Finally, molecular genetics and recombinant DNA technology have made it possible to introduce foreign genes into BCG vaccines, offering the possibility of a new multivaccine vehicle to deliver multiple antigens required for protection against leprosy and many infectious diseases in a single live vaccine. And we are only at the threshold of what modern science has to offer.

Wednesday, September 14

M. Becx Bleumink
Operational Aspects of Multidrug Chemotherapy

Implementation of MDT requires extensive reorganization and up-grading of many aspects of the leprosy control services. The need for managerial skills at different levels of the leprosy control infrastructure is more and more recognized.

The lecture will review practical problems associated with the implementation of multiple drug therapy (MDT), such as the need for alternative drug regimens, the situations in which supervised treatment cannot be secured and the management of patients with confirmed drug resistance. The duration of treatment of paucibacillary patients is also a matter of increasing concern, due to the occurrence of reversal reactions after release from MDT. Duration of necessary surveillance after release from treatment will be discussed. Implementation of MDT has brought about widespread optimism. The questions are whether the hope for results will materialize operationally and what are the best ways to make MDT a success.

Thursday, September 15

C. K. Job
Nerve Damage in Leprosy

What makes leprosy a major health problem are the deformities it produces. It is primarily a disease of peripheral nerves. However, neuritis, the characteristic feature of all forms of leprosy, is not well defined. Mechanisms responsible for nerve damage in leprosy are poorly understood. This lecture will describe the pathology and pathogenesis in all three forms of the disease: lepromatous, tuberculoid and borderline. The damage caused by (I) the uninhibited growth of *M. leprae* inside Schwann cells and perineural cells, (II) the hypersensitivity reactions to *M. leprae* and its products, (III) the break in the blood-nerve barrier, (IV) the tight nerve sheath causing ischemia and (V) the effect of trauma will be discussed with the details of clinical and experimental findings. The importance of identifying silent and active neuritis will be emphasized. The medical and surgical management of neuritis will also be outlined.

Friday, September 16

L. B. Valencia
Social Aspects of Leprosy

With the growing recognition of the critical role of social factors in successful disease

control, social scientists representing various disciplines have begun to undertake research which aims to identify obstacles to the control of leprosy. Social scientists and medical practitioners have linked together to develop an interdisciplinary perspective on health in general and leprosy in particular.

The lecture will review recent studies conducted to observe perceptions and attitudes of patients, the cultural stigma of leprosy and the coping strategies of those afflicted with the illness. Differences among cultures in dealing with and in preventing leprosy will also be emphasized.

Poster and Oral Presentations

The 12 Congress topics which will be covered through oral or poster presentations are:

1. Immunology
2. Clinical Aspects
3. Experimental Leprosy
4. Microbiology
5. Epidemiology and Control
6. Treatment
7. Nerve Damage
8. Surgery and Rehabilitation
9. Ophthalmology
10. Social Aspects
11. Experimental Therapy
12. Pathology

Oral Presentations

Four oral presentations of 10 minutes each will be scheduled during each hour in three simultaneous sessions. In addition, 5 minutes of discussion will be scheduled for each presentation. Approximately 300 oral presentations can be accepted.

Poster Presentations

Only 400 poster presentations can be accepted. They will be selected and grouped in accordance with the 12 Congress topics.

Every oral presentation block on one of the Congress topics will be followed by the poster session of the same topic. During the poster sessions, the poster presenters will be available to discuss their posters.

The size of the posterboard is 1.20 × 1.20 m. The poster should be ready in advance. However, students from art schools in The Netherlands will be available in the Congress center on Sunday, 11 September, from 09.00 hrs. to advise and assist poster presenters.

Teaching and Training Sessions

A set of 13 audio/slide presentations on key topics in leprosy patient care will be presented in English, French and Spanish during the Congress. Copies of the slides, audio tapes and scripts in English will be on sale. These presentations will be of special interest to those engaged in teaching. As in 1984 the presentations are being prepared by experts in the various topics. Six of the topics are completely new and have been prepared specifically for the 1988 Congress.

The topics are: The role of the immune system in leprosy, Histopathology and clinical signs of early leprosy, Case taking, Epidemiology and leprosy control, Information systems, The eye in leprosy, Eye lesions in leprosy, Early detection and management, Recognition and management of reactive phenomena, Pathophysiology of nerve damage, The anesthetic hand—assessment and management, The anesthetic foot—assessment and management, Chemotherapy, Health education and measuring the effectiveness of health education.

Congress Registration

Registration forms are available from: 13th International Leprosy Congress '88, % QLT Convention Services, Keizersgracht 792, 1017 EC Amsterdam, The Netherlands.

Hotel Reservations

Hotel reservation forms are available from: 13th International Leprosy Congress '88, % Convention Travel International, P.O. Box 82170, 2508 ED The Hague, The Netherlands.