

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. *National conference on MDT held in Hangzhou.* For the sake of summarizing the nationwide implementation of multi-drug therapy (MDT) in the leprosy control program, a national conference was held in Hangzhou from 5–7 October 1991 under the direction of the Ministry of Health, People's Republic of China. Ninety-eight leprologists throughout the country attended the conference. Twenty-three papers were read and experiences from basic units were exchanged.

Professor Dai Zhi-cheng, Director, Department of Epidemic Prevention, of the Ministry delivered the key speech to the conference in which he said that in June of 1983 we began a trial with the MDT regimen recommended by the World Health Organization (WHO) in the pilot areas, and the experiences accumulated showed the regimen was feasible and satisfactory in the field. In view of the 4-year experiences summarized from the pilot areas and the support from the WHO and the foundations of Japan, Belgium, Italy, the United States, Great Britain, The Netherlands, Canada, and Germany, etc., the Ministry of Public Health decided to extensively introduce the WHO MDT regimen throughout the country from 1987 on. In this connection, a lot of effort has been made to strengthen the organization and leadership of leprosy work, to consolidate the leprosy control network, to carry out health education, to conduct professional training for leprosy workers, to detect new patients as early as possible, and to supply drugs and equipment for MDT in time. Up to now, the MDT regimen has been implemented in the entire country. By the end of 1990, 54,354 leprosy patients had received MDT, of whom 40,739 cases have completed the treatment and 7954 cases have completed surveillance. The MDT coverage rate was 97.6%, the regularity rate was 95%, and the surveillance rate was

96.8%. Only 786 cases had had interrupted treatment and 552 cases had not received MDT. So far, only four cases of paucibacillary have relapsed. The main problems and difficulties remaining in MDT implementation are: the disequilibrium of leprosy work between different areas, especially in the mountainous areas; the social stigma which has not been completely eliminated caused difficulties in case finding and MDT implementation; MDT drugs and equipment for skin smears and communication are inadequate; early case finding is neglected in a few areas; the problem of leprosy relapse will be faced in the future because most patients (more than 300,000) were cured with dapsone monotherapy in the past.

Drs. R. Farrugia, R. R. Jacobson, R. I. Frankel, and J. E. Abella from the WHO reported their good impressions on the survey in Guangdong, Guangxi, Fujian, Zhejiang, Hubei, Hunan, Shandong, and Jiangsu Provinces where they had just made an evaluation of the implementation of the MDT program at the grass-root level. Dr. Yo Yuasa from the Sasakawa Memorial Health Foundation also attended the conference and delivered a speech on the rationale and operation of MDT in detail. He stressed the importance of early detection of new cases and the prevention of deformities and disabilities.

After the conference, the implementation of MDT as well as early case finding and rehabilitation of leprosy will be strengthened further in order to achieve the goal of basic eradication of leprosy in China by the end of this century.—Prof. Ye Gan-yun

Egypt. *The International Conference of Leprosy 1992.* On March 1 and 2, 1992 the International Conference of Leprosy will be held at the Marriott Hotel in Cairo under the patronage of his Excellency the Prime

Minister Dr. Atef Sedky. The theme is "Egypt: Towards a Future Free of Leprosy."

"Although leprosy has been recognized for a long time, the bacillus which causes it was not discovered until 1873 by Armauer Hansen. It has affected a considerable number of people throughout history. In fact, leprosy affects about 11 million people around the world every year, including over 100,000 in Egypt.

"Egypt is currently giving renewed attention to a comprehensive campaign aimed at controlling leprosy. This conference is a part of this campaign, and its purpose is to bring together experts from all the related fields involved in the fight against leprosy, and to offer a forum for the exchange of the latest information, medical advances, as well as strategies for running campaigns against the disease. The conference should offer an important opportunity to pool world-wide efforts and experiences towards an effective control of leprosy.

"The Conference will include: 1) A survey of the latest methods in diagnosis, clinical, immunological and ultra-structural. 2) An exchange of information on the latest therapeutic models. 3) A survey of the latest techniques and methods for reconstructive surgery and rehabilitation. 4) An exploration of the social and psychological aspects of the disease. 5) An exchange of experiences between individuals and organizations involved in campaigns against leprosy aiming to reconstruct a leprosy control program suitable for Egypt."—Secretary General Prof. Saleh El-Shiemy

Hong Kong. *Third Asian Dermatological Congress 1993.* The 3rd Asian Dermatological Congress will be held 15–17 January 1993 in Hong Kong. The congress is a joint venture of the Hong Kong Society of Dermatology & Venereology and the Asian Dermatological Association. Dr. Lai Cham-fai, Chairman of the Organizing Committee, has issued the following invitation:

"It is with great pleasure that we are invited to host the 3rd Asian Dermatological Congress in Hong Kong in January 1993.

"On behalf of the Organizing Committee I cordially invite you to take part in this important professional gathering which visibly gathers momentum each time it is

staged. The last meeting in Singapore in 1989 was attended by more than 250 representatives from 14 different countries and was unanimously hailed as a first class event for the dermatological profession. We are confident that the quality of the program will be maintained in 1993.

"Arrangements to invite prominent guest speakers throughout the world are now proceeding. Workshops are planned on the subjects of cosmetic dermatology and dermatopathology. An exhibition and posters display will be staged alongside the conference and ample time has been set aside for free paper discussions."

For further information contact the Congress Manager at the following address: IIR Ltd., Room 1804–5 Seaview Commercial Bldg., 21–24 Connaught Road West, Hong Kong.—From First Announcement brochure

India. *Bombay Leprosy Project completed 15 years.* With the load of leprosy cases coming down in India due to effective implementation of multidrug therapy, the principle of integration as practiced by Bombay Leprosy Project (BLP) seems to be the only solution to tackle this important public health problem, observed Mr. Hermann Kober, the architect of German Leprosy Relief Association (GLRA). Mr. Kober, the recipient of the coveted Damien-Dutton Award in 1988 in recognition of his yeoman services to the cause of leprosy eradication, was the chief guest at the 15th anniversary function of this GLRA-supported project held at the Lokmanya Tilak Memorial Medical College (LTMMC) on Thursday, 31 October 1991.

Mr. K. Padmanabhaiah, Commissioner, Municipal Corporation of Greater Bombay (MCGB), delivering his presidential address, congratulated BLP for successfully crossing a survival period and reaching the adult age of 15 years despite the high "infant mortality" among such voluntary service projects. He stressed the need for effective training of health post workers of MCGB in the field of leprosy and assured whatever assistance which BLP may need for this purpose.

The Dean Dr. (Mrs.) S. S. Deshmukh lauded the commendable services of BLP

in enhancing knowledge about leprosy on the medical campuses and exhorted the medical student community to get involved in leprosy eradication efforts.

The BLP workers are admirably adapting their attitude to perform the difficult task in various medical and rehabilitation institutions in the city in an integrated fashion to overcome stigma, remarked Dr. R. Ganapati, Director of the project, while requesting Mr. Padmanabhaiah to offer gifts to the staff.

Dr. P. S. N. Reddy, Professor and Head, Department of Preventive and Social Medicine of LTMM College, and Mr. S. T. Wankhade, Superintendent of Vocational Rehabilitation Centre for the Handicapped Sion Chunabhathi, were especially felicitated by Mr. Kober for their significant contributions to overcome the barrier of stigma by offering places for leprosy work on their own premises.

In the souvenir released by Mr. Kober, 12 collaborators derived from the field of rehabilitation, surgery and medicine related how the services of BLP have helped in increasing the acceptance of leprosy patients in their institutions.

Prof. A. R. K. Pillai, President, Indian Leprosy Foundation, made a special announcement that his foundation will offer financial support to any integrated scheme involving medical colleges. Earlier, Prof. Pillai gave an address welcoming the guests.

Dr. C. R. Revankar, Deputy Director of BLP, proposed a vote of thanks. — R. Ganapati

GLRA takes active part in National Leprosy Eradication Program (NLEP) of Indian Government. By financing multidrug therapy (MDT) drugs with a total value of DM 3,200,000 the German Leprosy Relief Association (GLRA) takes an active part in India's NLEP. The Indian government is now in a position to continue a MDT district program for 48 districts in the states of Tamil Nadu, Andhra Pradesh, and Maharashtra with a combined total of 335,000 patients. The supply of drugs will be effected through the Regional Secretariat of GLRA at Madras. — GLRA newsrelease

IAL 1991 National Workshop on "Social Research and Social Action for Better Leprosy Control." A national workshop under the auspices of the Indian Association of Leprologists on "Social Sciences Research and Social Action for Better Leprosy Control" was held during 14–15 March 1991 at Schieffelin Leprosy Research and Training Center, Karigiri. The workshop was organized by Dr. H. Srinivasan, President of the Association, with financial assistance from SEARO, WHO through the Government of India, and in collaboration with the Government of Tamil Nadu. The workshop was attended by about 30 invited experts, about half of them drawn from among leprologists and the rest from among different disciplines of social sciences.

The objectives of the workshop were to bring together a group of leprologists and social scientists, permit them to interact and deliberate collectively, and come up with practical measures and delineate the kind of roles that social scientists may play for improving the performance and enriching the content of the National Leprosy Eradication Program and also identify useful areas for possible collaborative research. — Indian J. Lepr. 63 (1991) 260

IAL-sponsored 1991 training workshop on foot care. A two-day IAL-sponsored training workshop on "Foot care and guidelines of foot care" was organized at Sivananda Rehabilitation Home, Hyderabad, on 4–5 February 1991. Dr. August Beine was the Convenor of the workshop. Sixty-one participants included invited government supervisory staff of the Ranga Reddy District of Andhra Pradesh, nonmedical supervisors and physiotherapists of local leprosy organizations working in Hyderabad–Secunderabad area, sisters from Damien Leprosy Center, Kurnool and workers from Sivananda Rehabilitation Home, Kukatpally. There were lectures on the anatomy of the foot, tests of nerve function in the foot, foot-drop, claw toes, and plantar anesthesia (Dr. Gurunath Babu); ulcers of the foot and their

causes, their sequelae and management (Dr. S. Ananth Reddy); complications of ulcers (Dr. Kishoree); importance of footwear and orthopedic appliances for patients prone to trophic ulcers (Dr. A. Beine); important measures to prevent ulcers (Dr. S. R. Sampath); prevention of blindness (Prof. Sarbane Gond); psychological and social aspects to be attended to when treating leprosy patients suffering from recurrent plantar ulcers (Manisha Saxena). In addition there were practical demonstrations on prevention of abscess and ulceration around callosities, prevention of pressure ulcers, and epidermal skin graft by experienced physiotherapists and workers including Mr. Williams, Mr. Ramulu and Sr. Maria. Encouraged by the success of this workshop, Dr. A. Beine plans to organize a bigger workshop in the future.—*Indian J. Lepr.* **63** (1991) 270

ICMR awards for leprosy scientists. The following awards have been presented by the Indian Council for Medical Research:

JALMA Trust Fund Oration Award for 1990: Dr. P. R. Mahadevan, Director, Experimental Biology and Therapy Division, The Foundation for Medical Research, Bombay, was awarded the JALMA Trust Fund Oration Award for Research in Leprosy 1990 for his work on “*In vitro* systems for drug development in leprosy and immune modulators in leprosy.”

Dr. C. G. S. Iyer Oration Award for 1990: Dr. V. M. Katoch, Assistant Director (Microbiology), Central JALMA Institute for Leprosy, Agra, was awarded Dr. C. G. S. Iyer Oration Award for Research in Leprosy 1990 for his work “Development and application of newer taxonomic, bioluminescent and molecular biological techniques to *M. leprae* research.”

Maj. Gen. S. S. Sokhey Award for 1990: Dr. Tannaz Birdi, Sr. Research Officer, The Foundation for Medical Research, Bombay, was awarded Maj. Gen. Saheb Singh Sokhey Award for Research in Communicable Diseases 1990 for her work on “Role of the macrophage in mechanisms of immunosuppression in leprosy.”—*Indian J. Lepr.* **63** (1991) 283

Mycobacterium w vaccine being tried in New Delhi. The *Mycobacterium w* vaccine for leprosy developed at the National Institute of Immunology, New Delhi, is being tried at two major hospitals in New Delhi. Active cases of multibacillary leprosy received either the standard multidrug regimen (MDT) or got, in addition, the vaccine once every 3 months. Results are available on the single-blind study comprising 90 patients. Results on the double-blind trial would be known after the completion of the study when the codes would be opened. With encouraging results from the trials conducted in the hospitals in Delhi, the *Mycobacterium w* vaccine has gone to a field area in the Ghatampur block of Kanpur District. The trial would be conducted in a population of 362,000. The purpose of the trial is to determine whether the vaccine can be used as an adjunct to standard MDT in leprosy control programs in the field and whether the inclusion of the vaccine can accelerate treatment of multibacillary leprosy cases. The protocol of the trials also envisages the immunoprophylactic use of this vaccine for immunization of household contacts of leprosy patients. The trial is a double-blind study, and the codes are being maintained by the ICMR.—*Indian J. Lepr.* **63** (1991) 283–284

1991 Workshop of Voluntary Leprosy Institutions of Andhra Pradesh. The first workshop of voluntary leprosy institutions in Andhra Pradesh was held at Visakhapatnam, India, from 24 to 26 August 1991. It was hosted by the GREVALTES and Prem Samajam, and convened by the Andhra State Branch of the National Leprosy Organization (NLO). The workshop was attended by 57 delegates representing 27 voluntary agencies.

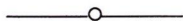
The inaugural function was held on 24 August with Prof. K. V. Ramana (Ex-Vice Chancellor of Andhra Pradesh University) in the chair. Mr. P. Sambashiva Raju, Honorable Minister for Transport, inaugurated the workshop. Dr. K. V. Desikan spoke on

the present national leprosy scenario, and Shri S. P. Tare delivered the keynote address covering all of the topics of the different sessions of the workshop.

The function ended with presentation of mementoes to the main dignitaries and a vote of thanks by Shri P. Janardhana Reddy, Secretary, NLO State Branch.

Four sessions were then held covering "care after cure, rehabilitation, the problem of voluntary organizations, and people's participation."

At the concluding session, chaired by Shri S. P. Tare, the consensus "emerging out of the discussions, was the State Branch of NLO should take an active role in two areas: i) taking up issues of common interest to voluntary agencies, up to the Government and ministers, and ii) taking up such program as orientation and refresher for the benefit of workers in voluntary sector."—Materials received from S. P. Tare



XVII All India Leprosy Workers Conference. The XVII All India Leprosy Workers Conference jointly organised by the Hind Kusht Nivaran Sangh and Maharogi Sewa Samiti, Dattapur was held at Dattapur from 20–22 November 1991. The Conference was a great success; nearly 1000 delegates attended.—Kusht Vinashak 13 (1991) 1–7

Switzerland. *Report of the First Meeting of the WHO Working Group on Leprosy Control.* On 1–3 July 1991 the WHO Working Group on Leprosy Control met in Geneva. General conclusions of the meeting are shown below.

"The considerable progress made in implementing MDT, and the consequent reduction in disease prevalence over the past decade, has made it possible to envisage the goal of eliminating leprosy as a public health problem (i.e., prevalence of less than 1 per 10,000 population) by the year 2000, as reflected in the WHA Resolution, 44.9. This target can be achieved provided that further, substantial, intensified efforts are made in terms both of action and mobilization of adequate resources. The Leprosy Working

Group concluded that such intensification is important, particularly during the next six to seven years. For the leprosy-endemic countries, it is an important opportunity to solve a major public health problem. In order to achieve the elimination goal it is necessary to formulate country, regional and global strategies with full participation of all agencies involved, including NGOs."—WHO/CTD/LEP/91.4 Page 11

U.K. *Prevention of Blindness in Leprosy.* The above, edited by Paul Courtright and Gordon J. Johnson, is a 39-page booklet covering the prevention of blindness under the following headings: ocular leprosy as a global cause of blindness; program development for the prevention of blindness in leprosy; training personnel in ocular leprosy; and research needs in ocular leprosy. The booklet also contains many good quality color plates and is available from: International Centre for Eye Health, 27–29 Cayton Street, London EC1V 9EJ, U.K.—Lepr. Rev. 62 (1991) 441

U.S.A. *Federal funded and private sector sources of HD treatment.* The Gillis W. Long Hansen's Disease Center (GWLHDC) at Carville, Louisiana, provides specialized HD care to persons from anywhere in the United States requiring such care. Any physician or HD patient having a problem or question concerning HD may call the GWLHDC by dialing TOLL FREE 1-800-642-2477. The National Ambulatory Hansen's Disease Program (NAHDP) maintains an active physician referral list which includes more than 250 private physicians in all parts of the United States. If you would like the name of a physician in a particular area, contact the NAHDP via the TOLL FREE number 1-800-642-2477 (in Louisiana, call 504-642-4746). A list of the NAHDP's facilities throughout the country is shown on page 115.

Hansen's disease cases in 1991. According to the Centers for Disease Control, there were a total of 140 cases of leprosy reported in the U.S.A. during 1991.—MMWR 40 (1992) 898

National Ambulatory Hansen's Disease Program				
AREA	FACILITY	ADDRESS	PHYSICIAN/NURSE	APPOINTMENT
Boston	Brighton Marine Public Health Center	77 Warren Street Brighton, MA 02135	Alec Style, MD Hazel Gadd, PHN	617-782-3400
Chicago	University of Illinois College of Medicine	840 S. Wood Street Chicago, IL 60612	Carlotta Hill, MD Arlene Slajchert, PHN	312-996-0734
Los Angeles	L.A. County U.S.C. Medical Center, Outpatient Clinic	Dept. of Health Services 1200 N. State Street Los Angeles, CA 90033	Thomas Rea, MD Helen Baca-Mora, PHN	213-226-3373
Miami	Jackson Memorial Hospital	Tropical Derm. Clinic 1611 N.W. 12th Avenue Miami, FL 33136	Rube Pardo, MD Lourdes Barquin, PHN	305-549-6089
New York	Staten Island Hosp. Med. Library	475 Seaview Avenue Staten Island, NY 10305	William Levis, MD Aloys Cabrera, PHN	718-226-6127
Puerto Rico	University of Puerto Rico Medical School	Medical Sciences Campus P.O. Box 365067 San Juan, Puerto Rico 00936	Pablo Almodovar, MD Judith Figueroa, PHN	809-758-7910 ext. 121
San Diego	N. San Diego Health Center	2440 Grand Ave. San Diego, CA 92109	Antonio Lopez, MD Carol Judkins, PHN	619-581-4300
San Francisco	San Francisco RHDC	2211 Post St., Suite 301 San Francisco, CA 94115	Robert Gelber, MD	415-346-3607
Seattle	Pacific Medical Center	1200 12th Avenue, South Seattle, WA 98144	James P. Harnisch, MD Helen Miske, PHN	206-326-4142
Texas	Texas State Dept. of Health	1100 West 49th Austin, TX 78756	Isabel Vitek, PHN	512-458-7455

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International Medical Services for Health (INMED) welcomes all requests for assistance with medical supply purchases no matter what the order size. There are advantages of special prices based on volume purchases. The organization's policy is that of no additional charges (no service fees or administrative charges) to nongovernmental organizations. INMED operates with grants received from foundations, nonprofit agencies, corporations and individuals. A wide variety of basic medicines of U.S. and western European manufacture are available. Charges for clofazimine 100 mg, 1000 capsules are quoted as \$93.70 and 50 mg, 1000 capsules at \$50.36. Dapsone 100 mg, 1000 tablets is quoted at \$4.81.

EDTEC, INMED's health education materials program, is part of INMED's commitment to support and enable nonprofit organizations to improve the health of their communities through education. EDTEC collects, distributes, translates and develops regionally appropriate health education materials in partnership with health agencies, communities, service clubs, companies and the World Health Organization.

For further information about INMED or EDTEC, their address is 45446 Severn Way, Suite 161, Sterling, Virginia 22170, U.S.A.

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Video available on Health Workers and Blindness Prevention in Leprosy. This 19-minute video, produced by P. Courtright

and S. Lewallen, sets out to provide basic information and advice on the management of some of the ocular complications of leprosy. It is designed primarily for health care workers and trainers and concentrates mainly on the three main causes of blindness in the disease—lagophthalmos, iritis, and cataract. The importance of early diagnosis and prevention is emphasized, and it is clear that a mechanism for swift referral for ophthalmic treatment at a secondary

level is essential in the management of leprosy patients.

It is encouraging to see how the activities of Project Orbis have expanded into primary care in blinding conditions such as leprosy, and the authors are to be congratulated on their contribution to the subject.

Further information: Project Orbis, 330 West 42nd Street, Suite 1900, New York, NY 10036, U.S.A.—*Lepr. Rev.* 62 (1991) 440

NOTICE

Unfortunately, the cover sheet for Volume 59 and the Contents pages were omitted from the December 1991 issue. You will find them at the back of this issue.

We are sorry for the delay this may cause those who bind their volumes and apologize for this oversight.—DDG