

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. *A SAPEL in China.* As one part of a plan covering five countries, a Special Action Project for Elimination of Leprosy (SAPEL), guided by Dr. Li Huanying and sponsored by WHO, was completed in two townships of Menghai County, Yunnan Province January 13–27, 1996. This county is situated in a remote area bordering Myanmar, with a population of 280, accumulatively 687 leprosy patients since 1950s; at present 53 active patients being on MDT. Both of the townships, Menghai and Mengzhe, have a population of 20,818 and 44,068 with 21 and 11 registered active leprosy patients and leprosy prevalences of 10.1/10,000 and 2.5/10,000, respectively. During the SAPEL 37 new cases of leprosy (MB 10 and PB 27; 28 in Menghai and 9 in Mengzhe) have been found. The real prevalences are 23.6/10,000 and 4.5/10,000. The steps of implementing the SAPEL were: I. An implementation plan has been formulated by a working group along with the head of the public health section of county government. II. Deputy Mayor of the county, in charge of public health, presided over a meeting on mobilization for carrying out the SAPEL; participants were chiefs of the townships, and heads and public health workers of township hospitals. III. Health education on leprosy was launched through mass media, including a Deputy Mayor's address on leprosy control on the local TV and wire broadcasting. IV. A special training course of 2 days was given to public health workers of the township hospitals and village health workers. The trainees then went back to their villages to detect persons suspected to have leprosy through individual interview and informal group discussion for about 5 days. V. The working group examined all suspects reported and household contacts of the patients. VI. After the task ended a summing-up meeting was held to award the case-reporting bonus provided by the Ma Haide Foundation and the county government to persons who reported

clues and to arrange for leprosy work to be done by primary health services, including drug delivery of MDT, case-finding, health education on leprosy control, etc. It is expected that leprosy control work may be borne by public health services partly in future.—Dr. Zhao Xiding

Ethiopia. *ALERT 1997 Training Calendar.* We have received the following training information on courses offered in 1997 from Dr. Guido Groenen, Director of Training for ALERT:

Jan. 13–Feb. 21: Prevention and Management of Disabilities. Course aimed at qualified physiotherapists and occupational therapists as well as experienced leprosy workers involved in the prevention and care of disability. Emphasis on POD program management and disability problem solving.

March 3–March 14: Introduction to Leprosy for Physicians. Although this course can be taken on its own, it is specifically aimed at the participants in the following "Management of Combined Programs" course who want to refresh their knowledge of clinical leprosy and the management of individual leprosy patients.

March 10–March 14: Introduction to Tuberculosis for Physicians. Although this course can be taken on its own, it is specifically aimed at the participants in the following "Management of Combined Programs" course who want to refresh their knowledge of clinical tuberculosis and the management of individual tuberculosis patients.

March 17–April 11: Management of Combined Leprosy and Tuberculosis Control Programs for Physicians. Course aimed at experienced physicians responsible for managing a leprosy and tuberculosis control program, preferably at the regional level or above. Participants are urged to enroll in one of the preceding introduction courses (either leprosy or tuberculosis according to their need) in order to be properly prepared for the management course.

April 14–April 25: Training Methodology. Course aimed at senior staff involved in human resource development. Emphasis on curriculum planning, learner centered teaching methods, appropriate teaching tools and course assessment.

May 5–May 16: Essentials of Leprosy and Tuberculosis for Administrative and Program Support Staff. Course aimed at nonmedical managers and administrative staff working in leprosy and TB programs or donor agencies. Objectives: to gain a better understanding of the two diseases, to communicate more efficiently with the medical staff, and to contribute more effectively in decision making and priority setting.

June 2–June 20: Tropical Dermatology for Physicians. Course aimed at physicians with experience and/or special interest in the diagnosis and management of skin diseases in Africa. Leprosy and its differential diagnosis will receive due attention.

June 23–July 11: Dermatology for Nurses and Other Paramedical Staff. Course aimed at clinical staff, other than physicians, responsible for diagnosing and treating dermatological conditions. Leprosy and its differential diagnosis will receive due attention.

Sept. 1–Oct. 10: Essentials of Leprosy and Tuberculosis for Physicians. Introductory course aimed at physicians with limited experience in either leprosy or TB. Emphasis on clinical aspects and program management.

Oct. 20–Oct. 31: Introduction to Leprosy for Senior Field Staff. Although this course can be taken on its own, it is specifically aimed at the participants in the following "Management of Combined Programs" course who want to refresh their knowledge of clinical leprosy and the management of individual leprosy patients.

Oct. 27–Oct. 31: Introduction to Tuberculosis for Senior Field Staff. Although this course can be taken on its own, it is specifically aimed at the participants in the following "Management of Combined Programs" course who want to refresh their knowledge of clinical tuberculosis and the management of individual tuberculosis patients.

Nov. 3–Nov. 28: Management of Leprosy and Tuberculosis Control Programs for Senior Field Staff. Course aimed at experienced nurses and paramedical workers responsible for leprosy and tuberculosis con-

trol at the district (or equivalent) level. Emphasis on program organization, support functions, supervision and evaluation.

Dec. 1–Dec. 12: Social Rehabilitation. Course targeting managers and planners of rehabilitation programs. Emphasis on the reorientation of leprosy workers toward social and vocational rehabilitation, stressing community participation, sustainability and independence.

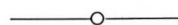
In-Service training. ALERT offers excellent in-service training opportunities in physiotherapy, surgery, laboratory, dermatology, ophthalmology, etc. The duration and content of the in-service training period will be arranged according to the experience and the interest of the individual trainee.

Training fees. Basic training fees, covering tuition, full board and lodging and living expenses, amount to US\$430 per week.

A brochure outlining course objectives and contents and more detailed training fees, together with an application form as well as a leaflet providing information about coming to ALERT, will be sent upon request.

For further information, please contact: ALERT Training Division, P. O. Box 165, Addis Ababa, Ethiopia. Tel. (251) 1 711524 and (251) 1 712792; Fax (251) 1 711199 and (251) 1 711390; Email = alert@padis.gn.apc.org

India. *25th Anniversary for Acworth Hospital Society.* On 10 June 1996 Acworth Leprosy Hospital Society for Research, Rehabilitation and Education in Leprosy celebrated its 25th anniversary in Wadal, Mumbai. Society Officers include Dr. (Mrs.) A. Karande, President; Dr. R. Ganapati, Vice-President; Mr. S. S. Naik and Dr. Bhatki, Hon. Secretaries. Two functions were held: A seminar on Strategy for Elimination of Leprosy from Maharashtra by 2000 A.D. and social function for members, donors, well wishers and staff. Speakers at the seminar were: Dr. J. A. Pooniah, LEP Consultant, state of Maharashtra; Dr. R. Ganapati, member, National Leprosy Eradication Commission, and Dr. J. T. Kale, Joint Director of Health Service (Leprosy) for Maharashtra.



IAL-MB interacts with Bombay dermatologists. The Maharashtra State Branch of the Indian Association of Leprologists (IAL-MB), the formation of which was announced by the President of IAL on 22 September 1995, had its first program on "Clinico-Bacteriological Aspects of Fixed Duration Therapy (FDT) in Leprosy" in Bombay on 24 March 1996.

Practicing dermatologists, postgraduate students and teaching faculty members from medical colleges who formed the audience had earlier responded to a specific questionnaire as regards their opinions on FDT and methods of management of leprosy patients pertaining to clinical and bacteriological events. Feedback revealed that a very large number of leprosy patients not recorded in the registers of the field programs were handled by dermatologists. The methods of chemotherapeutic management were also widely varying.

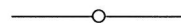
Dr. R. Ganapati, Director, Bombay Leprosy Project (BLP), explained the principles of FDT and new drugs in the field of leprosy and said that the results of long-term research now available have revealed the empiricism which has governed the management of patients in the clinics as well as in the field. Dr. Ratna Dhurat, lecturer from the Department of Skin, VD and Leprosy, LTMM College, Sion, explained the recommended combinations of new drugs. Dr. V. V. Pai, Assistant Director, BLP, cautioned physicians about the tendency to overdiagnose relapse and to resort to new drugs, and stressed that reactions should not be confused with relapse.

Dr. A. C. Parikh, President of IAL-MB who chaired the session, listed the clinical problems encountered at the practitioner's level and suggested some measures of management without resorting to excessive chemotherapy.

The dermatologists appreciated the clarifications emerging from the discussions in relation to the day-to-day management of some clinical aspects; teachers of medicine were desirous to know how FDT could be taught effectively to the students. Intensive counselling of the patients, who generally expect quick clinical regression, was felt as the need of the hour.

The function, which was co-sponsored by BLP and Acworth Leprosy Hospital So-

ciety for Research, Rehabilitation and Education in Leprosy, ended with a vote of thanks by Mr. S. S. Naik, Secretary of the Society.—Materials from Dr. R. Ganapati



Leprosy patients come together to share their concerns. Shishu Prem Samaj (SPS), in collaboration with GLRA Rehabilitation Unit (Bombay) Committed Community Development Trust (CCD) and Alert-India convened a meeting of representatives of 15 leprosy colonies. The meeting was held at the Vimala Dermatological Centre, Bombay, on 28 January 1996. The objectives: 1) to create a forum for leprosy patients to express views highlighting priorities—as felt by them—for community-based rehabilitation activities. 2) To record the problems and solutions found by leprosy patients at the meeting. 3) To form a group for future action for communities with similar problems. The representatives (all ex-patients) were divided into three groups, which, under the guidance of trained staff, discussed various issues and proposed solutions.

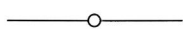
Medical issues: the major problems experienced by patients are: difficulty in getting admission in leprosy hospitals for common ailments; impossible to get treatment for general illness in private or public hospitals; private and public hospitals refuse to admit pregnant ladies, and if admitted, no post-natal care is provided; ambulance services, whether private or public, refuse to come to the slums. Leprosy hospitals should provide transport in emergency cases; there is a great need for special foot-wear at concession rates; NGOs should create awareness about "leprosy a curable disease" among medical practitioners.

Socio-economic issues: The major problem is loss of job due to leprosy, and even after cure, those who have deformities cannot find a suitable job. The alternative for most of them is a "distillation of liquor"; however for selling the same they have to depend on nondeformed patients or healthy friends. A tailor who lives in a leprosy colony does not get work from the outsiders. Deformed patients find it hard to sell "ready-made" clothes. Marriage alliance is

a problem even for healthy children of leprosy patients.

Educational issues (youth and children): The loud message on this issue was: "As we suffer because of leprosy stigma, we do not want our children to follow the same path. Let them not become beggars or liquor carriers." Simplified admission procedures for schools, colleges, and other professional institutions; reservation for children of leprosy patients, on economical grounds; applications and educational certificate should avoid any reference to the disease; financial support provided by the government and/or NGOs; educate the parents on the importance of education for their children.

The organizers promised to examine the proposals and implement whatever possible. It is to be noted that SPS along with Alert-India and CCD already provide scholarships for 600 students. The full-day meeting arrived at the following concrete decisions: 1) If a pregnant woman is refused admission to a public hospital, please register a complaint with the Association of Patients and copy to SPS. 2) SPS will publish a newsletter, in Hindi, for the patients living in colonies. The contents: a) advertisement about marriage alliance, b) advertisement about job seeking and job offers. 3) SPS will provide training in dressing wounds to persons deputized by the colonies. 4) In planning rehabilitation programs, representatives of patients will be consulted.—Summary by Dr. A. Salafia, Medical Director, Shishu Prem Samaj



Prevention of Disability in Leprosy workshop. A three-day workshop on "Prevention of Disability in Leprosy" was inaugurated at GRECALTES Training Centre, Calcutta on 28 March 1996 by Rev. Mother Teresa. Shri A. Mitra, Rotary District Governor, presided.

The workshop was sponsored by the Rotary Club of Calcutta-Victoria and the two main ILEP organizations in Calcutta—German Leprosy Relief Associations (GRECALTES and the Training Centre) and The Leprosy Mission (Premananda Leprosy Hospital)—worked in close cooperation to

make the workshop a success. The workshop was attended by a large number of paramedical workers in different organizations in Calcutta and six doctors also attended.

On the first day, the cause of deformity in leprosy and the main varieties of leprosy were outlined by Dr. D. S. Chaudhury. The group later discussed and emphasis was placed on early diagnosis, early and adequate management of nerve inflammation, and encouraging the patients to take care of limbs and eyes with active support from their families. Later Dr. A. Mukherjee organized demonstrations of basic splints, protective shoes and Modulan grip-aids. This was followed by video presentations.

On the second day, surgeries were performed by Dr. Vijay Kumar at The Leprosy Mission Hospital and the doctors assisted him in several procedures which were extremely useful for closer interaction. For others, slide shows were arranged and group discussions were held on limb care under field conditions.

On the third and last day, the Rotary Club of Calcutta-Victoria arranged a seminar at which prevention of disabilities in leprosy and rehabilitation of leprosy patients were discussed. The speakers included Dr. Vijay Kumar, Dr. A. Mukherjee, Prof. Dr. U. S. Arora and Dr. D. S. Chaudhury who summed up the discussions and welcomed the involvement of service clubs like the Rotary Club in this human problem. He hoped that it would be possible for the Rotary Club to support a regular program of limb care through institutions working in Calcutta which will be of benefit in the National Leprosy Elimination Programme.

The President of the Club, Mrs. C. Banerjee, the President elect, Mr. N. Kripalani and other Rotarians made useful remarks and thanked the participants. It should be mentioned that the Rotarians invited a few cured leprosy persons and exhibited their keenness in the reintegration of cured persons into the society.—Materials from Dr. D. S. Chaudhury

Mexico. *Mexico intensifies strategy for elimination of leprosy at subnational level.* Having already achieved the elimination of leprosy (< 1 case per 10,000 of the popu-

lation) at the national level, Mexico has now developed plans for the intensification of activities at state, health department ("jurisdiction") and municipal levels. The state of Sinaloa in the western Pacific coastal area is due to start such activities in June 1996 and to pursue them intensively for 6 months, with the following main objectives: 1) discovery and treatment, to the maximum extent possible, of all hidden or occult cases, 2) examination of contacts of all registered cases, 3) identification of areas of high incidence and prevalence, with intensification of case-finding activities, including school children above the age of 9 years, and 4) orientation and basic training of staff in peripheral health units in the recognition and referral of possible cases of leprosy, management of multiple drug therapy and disability prevention.

It is anticipated that this intensive 6-month project will reveal several hundred new cases (never treated before) and plans are already being made for similar activities in three other states in Mexico with relatively high prevalence. Sinaloa, for reasons which are far from clear, is currently the only state in the country with a prevalence of > 1 case per 10,000 of the population; the figure is 4.9. It may be relevant that its population (2.5 million) has people of Chinese, Japanese, Philippine and European (mainly Spanish) origin, with a high degree of racial mixing, and from an epidemiological point of view the finding of numerous cases of Lucio leprosy ("smooth leprosy," "lepra bonita") could be of considerable significance; many of these cases are asymptomatic for long periods before diagnosis; do not develop nodules and frequently have little to show clinically except madarosis, despite positive smears at all sites.

Having done all possible, using an intensified, short-period approach, at health department and municipal levels in the above four states, attention will be given to any remaining pockets or areas with significant numbers of cases in other parts of the country. The drugs for multiple drug therapy as advised by WHO are already widely available, including blister-calendar packs supplied by WHO as a gift from the Japanese Shipbuilding Industry Foundation. Rehabilitation centers with orthopedic facilities have been established in 18 endemic areas,

with considerable help from Ciba-Mexicana and the Ciba-Geigy Leprosy Fund in Switzerland, and these agencies have recently supported the printing and distribution of a revised edition of a *Manual of Procedures for Leprosy Control*, written by the Health Secretariat. In 1986, Mexico had 16,687 registered cases with a prevalence rate of 2.1/10,000. By March 1996 this had fallen to 5005 with a prevalence rate of 0.5/10,000. The control program has exceptionally strong medical and political support and the prospects for still further reduction in prevalence, at the subnational level, are apparently excellent.—Materials from Dr. A. C. McDougall.

Nepal. *International course on Rehabilitation and POID in Leprosy.* Dr. Wim H. van Brakel, Project Director, International Nepal Fellowship, Pokhara, announces that the Green Pastures Training Center in Pokhara will be the site of an international course on rehabilitation and prevention of impairment and disability in October/November 1996. Dr. van Brakel writes: Although this is the first time that such a course will be run in Pokhara, our training center has many years of experience in training all levels of health workers in leprosy and related subjects. Various national-level seminars and workshops have been conducted here in recent years. A range of experienced professionals from Nepal and abroad will be contributing to the course as teachers and facilitators. The course will be taught in English.

Target group: Doctors, physiotherapists, occupational therapists, managers of POID programs, senior hospital staff in charge of POID, and senior leprosy control staff responsible for POID activities. Experience in leprosy work will be an advantage, but is not essential.

Course objectives: At the end of the course the participants should be able to: 1. Discuss the concepts and principles in rehabilitation and prevention of impairment and disability (POID) in leprosy; 2. Identify and manage impairments and disabilities due to leprosy; 3. Grade impairment and disability, record relevant information, calculate and report the required indicators; 4. Do nerve function assessment and interpret the results; 5. Treat neural impairment and know

the options for the treatment of other impairments; 6. Give and teach patient education on POID (including self-care and footwear); 7. Assess disabilities and know the options for treatment/rehabilitation; 8. Assess the socioeconomic situation of a patient and know the options for rehabilitation; and 9. Set up a rehabilitation and POID program, monitor and evaluate it, and use techniques for quality control of testing/assessments.

Duration: 3 weeks (135 contact hours + self study and project work).

Timing: October 28–November 16, 1996.

Venue: Green Pastures Training Centre in Pokhara, Nepal.

Teaching/learning methods: Lectures, group discussion, group assignments, individual assignments, practical work in small groups, problem-based learning, self study, presentations, simulation exercises.

Tentative course concepts: 1. Concepts in rehabilitation and prevention of impairment and disability; 2. Epidemiology of impairment and disability; 3. Basic anatomy, physiology, and mechanics of the eye, upper and lower limb.

For further details, contact: Dr. Wim H. van Brakel, Project Director, INF Leprosy Project, P. O. Box 5, Pokhara 33701, Nepal.

The Philippines. *WHO Western Pacific regional workshop on the elimination of leprosy.* The World Health Organization regional workshop on leprosy elimination in the Western Pacific Region which took place in Manila, The Philippines, from 4–7 March 1996 presented an opportunity for all those working in the field of leprosy in the region to look at the achievements in leprosy control over the last decade. It was also a time to highlight areas of concern and to emphasize the need for sustained commitment in an era of decreasing prevalence.—*ilep flash* 2 (1996) 5

Spain. *1996 Fontilles' cursos.* XXXIII Curso Internacional de Leprología Para Médicos organizado por el Sanatorio San Francisco de Borja de Fontilles y patrocinado por la Asamblea Española de la Soberana Orden de Malta con la colaboración de la Conselleria de Sanidad y consumo de la Generalidad Valenciana Servicio Dermatología del Hospital Universitario

de Valencia Profesores de Dermatología de las Facultades de Medicina. El XXXIII Curso tendrá lugar en el Sanatorio de Fontilles desde el 10 al 16 de noviembre de 1996, dirigido por el Dr. J. Terencio de las Aguas, Director Médico del Sanatorio.

XXXIX Curso Internacional de Leprología Para Misioneros, Diplomados en Enfermería Auxiliares de Enfermería y Trabajadores Sociales organizado por el Sanatorio San Francisco de Borja de Fontilles y patrocinado por la Asamblea Española de la Soberana Orden de Malta con la colaboración de la Conselleria de Sanidad y Consumo de la Generalidad Valenciana Profesores de Dermatología de las Facultades de Medicina. El XXXIX Curso tendrá lugar en el Sanatorio de Fontilles desde el 6 al 19 de octubre de 1996, dirigido por el Dr. J. Terencio de las Aguas, Director Médico, Sanatorio San Francisco de Borja, 03791 Fontilles (Alicante), España. FAX = 34-96-558-3376.

U.S.A. *1997 Fred L. Soper Award for publications in the field of Inter-American Health.*

This is an announcement and call for submission of nominations for the 1997 Award in honor of Fred L. Soper (1893–1976), former Director of the Pan American Health Organization (PAHO; the World Health Organization Regional Office for the Americas) from 1947 to 1958.

In addition to his service with PAHO/WHO, Dr. Soper played a major role in the fight against yellow fever and other infectious diseases in Brazil as part of his work with The Rockefeller Foundation in the 1920s and 1930s and in the control of typhus in North Africa and Italy during the Second World War. He was one of the truly major figures of the century in inter-American health.

The Award is presented annually to the author or authors of an original scientific contribution comprising new information on, or new insights into, the broad field of public health, with special relevance to Latin America or the Caribbean or both. This may consist of a report, an analysis of new data, experimental or observational, or a new approach to analyzing available data. Preference is given to studies involving more than one discipline and to papers re-

lated to infectious disease, a life-long concern of Dr. Soper.

Only papers already published in scientific journals listed in the *Index Medicus* or in the official journals of the PAHO are eligible for consideration. Furthermore, the Award is limited to contributions by authors whose principal affiliation is with teaching, research or service institutions located in the countries of Latin America and the Caribbean (including the Centers of the Pan American Health Organization).

The Award Fund is administered by the Pan American Health and Education Foundation (PAHEF), which receives voluntary contributions designated for the purpose and holds them in a separate fund. The

Award consists of a suitable certificate and a monetary prize of US\$1000.00. The winner(s) of the Award each year is nominated by an Award Committee, composed of representatives designated by PAHO and by PAHEF; final selection is made by the Board of Trustees of PAHEF.

Papers submitted by or on behalf of their authors may be considered for the Fred L. Soper Award. For purposes of the 1997 Award, only papers published during calendar year 1996 will be considered; all submissions must be received by 31 March 1997 at the following address: Executive Secretary, PAHEF, 525 23rd Street N.W., Washington, DC 20037, U.S.A.