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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.

2000 DAMIEN-DUTTON AWARD

Dr. K. V. Desikan, shown here with his daughter Prabha, receives the 2000 Damien-Dutton Award from Wayne M. Meyers, M.D., Ph.D., President of the Damien-Dutton Society Board.

On 10 November 2000 at the Asian Leprosy Congress in Agra, India, Dr. Wayne M. Meyers, President of the Damien-Dutton Society Board, presented the Damien-Dutton Award for the year 2000 to Dr. K. V. Desikan, a famed leprologist in India.

In the span of 45 years of continuous leprosy work, Dr. Desikan has carried out several aspects of both medical and social work. In the medical field, in addition to the diagnosis and treatment of leprosy that he has always done, Dr. Desikan has worked in various other disciplines including minor surgery, epidemiology, pathology, immunology, microbiology and animal experimentation. Research and teaching were built in with this work. In the social field, he has been able to start, participate in and carry out several welfare activities for leprosy patients. All these activities are briefly described in the following resume.

Gandhi Memorial Leprosy Foundation (GMLF). Dr. Desikan joined GMLF in January 1952 under the "Life Workers'

Scheme"—a scheme for workers devoting their lives to leprosy patients.

A new strategy of leprosy control by domicile chemotherapy was first conceived by GMLF. This program had no precedence and had to be tried with imagination, resourcefulness, tenacity and determination. An important part of the work which no one had done earlier was the systematic yearly house-to-house survey for active case finding. This was Dr. Desikan's substantial original contribution. Apart from a methodical and scientific approach, the work involved continuous visits to villages by foot, bicycle or bullock cart (there were no roads in those days), wading through rivulets, walking through slush, sleeping in sheds and eating simple food provided by villagers. The work was effectively carried out, and the experimental SET project of GMLF became the Indian National Policy for Leprosy Control, also adopted by the World Health Organization.

Treatment and management of leprosy cases in village clinics was an integral part of this work, and he also carried out minor surgeries in improvised operating rooms.

Also for the first time in India, training of paramedical workers was taken up by GMLF which he had to plan, organize and execute. Candidates from different parts of the country were deputed for the training. Courses for doctors were also conducted.

CMC Hospital, Vellore. Here, Dr. Desikan registered for an M.D. in Pathology and worked in the Pathology and Microbiology Departments. During this period, autopsy studies in leprosy—the first to be done in India—were carried out. Other work included studies on lymph nodes, nerves and eyes.

Central Leprosy Teaching & Research Centre (CLTRI), Chingleput. Dr. Desikan established the mouse foot pad model and work on experimental transmission of leprosy. This again was the first in India. (The laboratory at SLRT Institute was started almost simultaneously.) The occurrence of sulfone resistance in South India was proved.

He then took charge of the Pathology and Microbiology laboratories and carried out several studies in addition to providing service. For the first time in CLTRI, a fully fledged autopsy laboratory was started.

Central JALMA Institute for Leprosy (CJIL), Agra. Dr. Desikan took over as Director of CJIL under the Indian Council of Medical Research (ICMR). This Institute, started by the Japanese, was well equipped with an electron microscope and several other sophisticated instruments, but clinical work and patient attendance were low. He built up the clinical department, and the number of registered patients quickly rose from 7000 to 25,000.

His responsibilities were recruitment of scientific and other staff, planning of research projects, guiding research scientists and providing service to the leprosy patients. There were practically no scientific publications before he took over, but very soon CJIL had found a place on the international map of leprosy research institutions.

An important chapter in the development of CJIL was the scientific liaison established with institutions in the U.K., U.S.A. and Japan, and Dr. Desikan was fortunate to get a very good response, cooperation and help from several scientists in the three countries widening the horizons of the CJIL scientists.

With LEPRA at Sevagram. In Sevagram, he established a Leprosy Histopathology Referral Centre in Mahatma Gandhi Institute of Medical Sciences (MGIMS). He was appointed Emeritus Professor of Pathology and a member of the Research Committee of the Institute for Tropical Diseases by MGIMS.

As Chairman and Medical Consultant of LEPRA-India, Dr. Desikan shoulders the responsibility of antileprosy work in India by LEPRA U.K. He started the MDT program on national guidelines, and during the 9 years of work LEPRA-India has covered a population of 1.5 crores, registered nearly 2 lakh patients and cured nearly 1.5 lakh patients. In Orissa, which is the state with the largest number of patients, LEPRA has taken the responsibility of starting many projects and coordinating antileprosy work.

Most of Dr. Desikan's time now is spent in guiding the work of LEPRA-India, particularly in the tribal districts of Western Orissa, which is a hard and challenging task but results are very encouraging.

The Damien-Dutton Award plaque presented to Dr. Desikan reads as follows:

THE DAMIEN-DUTTON AWARD
For the year 2000
Presented to

DR. K. V. DESIKAN, M.D.
For a lifetime of devotion and sacrifice for the victims of leprosy in India. Dr. Desikan was personally involved in every aspect of the problem; medical care, education, social and physical rehabilitation and research. He is an exemplary representative of the love for the victims of leprosy as emulated by Father Damien and Brother Dutton.
Asian Leprosy Congress
November 2000 Agra, India

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 Mission, U.S.A.
1982 Dr. Ma Haide, CHINA
1983 Murlidhar D. Amte (Baba Amte), INDIA
1984 Mother Teresa, INDIA
1985 Dr. John H. Hanks, U.S.A.
1986 Samuel J. Butcher, U.S.A.
1987 Dr. W. Felton Ross, U.S.A.
1988 Hermann Kober, WEST GERMANY
1989 Catholic Medical Mission Board
1990 Dr. Wayne M. Meyers, U.S.A.
1991 Dr. Ruth K. M. Pfau, GERMANY
1992 Anwei Skinsnes-Law, U.S.A.
1993 Dr. Charles K. Job, INDIA
1994 INTERNATIONAL JOURNAL OF LEPROSY, U.S.A.
1995 Dr. Joon Lew, REPUBLIC OF KOREA
1996 Richard Marks, U.S.A.
1997 Roy E. Pfaltzgraff, U.S.A.
1998 Jean Margaret Watson, U.K.
1999 Sister Margaret Anne Meyer, NIGERIA

India. *ICMR Annual Report 1998–1999.* A copy of the Annual Report 1998–99 of the Indian Council of Medical Research in New Delhi has been received. We quote from the Leprosy section of the report:

"With the introduction of multidrug therapy (MDT), it has been possible to reduce the load of leprosy cases in India under the National Leprosy Eradication Programme (NLEP) and a target has been fixed for attainment of prevalence less than 1 case per thousand population by 2000 A.D. However, the new case detection rate has not shown much change indicating that the incidence of the disease has remained almost unchanged. Several problems such as specificity of diagnosis and complications like nerve damage and disabilities still persist. The Council's Central JALMA Institute for Leprosy (CJIL), Agra and its Field Unit at Avadi continue to focus on various clinical, therapeutic and laboratory studies aimed at a better understanding of leprosy, its causative organism and improved methods of diagnosis, treatment and prevention.

Immunoprophylaxis and immunotherapy

A comparative trial of various candidate leprosy vaccines *viz* ICRC, Mw and a combination of BCG and armadillo derived killed *M. leprae* (along with BCG and normal saline used as control), was continued at the CJIL Field Clinic, Avadi. All the vaccine candidates were found to be safe for human use and there was no instance of serious toxicity or side effects subsequent to vaccination for which premature decoding was required. Observed incidence rates were not sufficiently high to ascertain the protective efficacy of the candidate vaccines against progressive and serious forms of leprosy. BCG + killed *M. leprae* provided 64% protection, ICRC provided 65.5%, Mw 25.7% and BCG provided 34.1% protection. Protection observed with the ICRC vaccine and the combination vaccine (BCG + killed *M. leprae*) meets the requirement of public health utility and these vaccines deserve further consideration for their ultimate applicability in leprosy prevention.

Immunology of leprosy

IgG subclasses against lipoarabinomannan (LAM) were quantified in leprosy patients with ENL reactions and reversal reactions. The level of IgG has been observed to be significantly more in reactional patients than in BT/TT patients. There was a significant reduction in IgG_3 levels in ENL cases when compared to that of BL/LL patients.

Studies to compare the sensitivity and specificity of antigen and antibody detection with PCR have shown that detection of antigen is highly sensitive and specific whereas there are some problems of false positivity with antibody detection. Further studies to ascertain the reasons for this have been initiated.

Studies on drug metabolism and drug permeability

In vitro studies on drug permeability indicated that rifampin and dapsone did not influence the permeation of each other suggesting different permeability mechanisms for these drugs. Permeation of rifampin was observed to be temperature dependent. Further, in experiments on non-tuberculous mycobacteria, synergism among rifampin, clarithromycin and minocycline was recorded. These drugs were found to be quite effective in case of both the rapid and slow growers. Investigations on the molecular basis of these observations have been initiated.

Studies on viability

During the year studies on detection of persisters in patients treated with different duration of MDT continued using mouse foot pad and ATP bioluminescence; persisters were observed in a significant number of such cases confirming the trends reported earlier. Attempts to establish rRNA based systems for viability determination for monitoring drug therapy have progressed. Further testing of techniques based on quantitative hybridization were also continued during the reporting period. Expanded studies have confirmed that rRNA based techniques are useful in monitoring the therapy responses.

Miscellaneous studies

Studies on the epidemiology of disability due to leprosy in an MDT district of Varanasi were completed at Banaras Hindu University, Varanasi. Most of the patients with disability had a long duration of dis-

ease. Half of them had disease for over 5 years before starting MDT, one fourth had the disease for 3–5 years. The results indicated that disability rate is 5 to 7 times more in MB cases. The deformities progressed during treatment which could have been reduced if proper care and monthly examination of patients was done in actual practice. The results of the study also confirmed earlier findings that if treatment is initiated within 6 months of development of the disease, the disability can be prevented.

A pilot project to study the feasibility of integration of NLEP activities with primary health care services following multidrug treatment was recently completed at the Central Leprosy Teaching and Research Institute (CLTRI), Chengalpattu. The training requirements of the multipurpose workers and supervisors in PHCs were assessed and a manual for training of the staff based on the identified tasks and background knowledge was developed. The training period for NLEP staff was 5 days.

The training methodology involved lectures, demonstration, discussions and field exercises. It was observed that a 5 day training program for general health personnel in leprosy was feasible. Average training gain in the group was 13.4%. The leprosy control activities of this study area were handed over to the PHC staff and the NLEP staff were withdrawn. The study demonstrated that well trained PHC staff with adequate supervision and monitoring can carry out the NLEP activities."

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India. *LEA established in Chennai.* A new nongovernmental organization (NGO) by the name of the Leprosy Elimination Alliance (LEA) has been launched in Chennai (India) recently. The main objectives of the organization, set up in August 2000, with a special focus on India, are: a) to promote and advocate the cause of leprosy and leprosy elimination, b) to promote exchange of information and ideas on leprosy elimination among leprosy workers and others, c) to monitor progress toward leprosy elimination and assist toward development of better strategies and methods to achieve the goal in collaboration with other interested parties, and d) to produce and distribute among leprosy workers and others publications on leprosy elimination.

As part of its objectives LEA expects to produce and distribute a quarterly publication entitled *Bulletin of Leprosy Elimination Alliance* by the beginning of the year 2001. The publication will be available free of cost to all those interested in leprosy elimination. The chairman of the Leprosy Elimination Alliance is Dr. S. K. Noordeen, formerly Director of the Action Programme for Elimination of Leprosy at the World Health Organization headquarters in Geneva.

Further details on the NGO and its publications can be obtained from: Dr. S. K. Noordeen, Chairman, Leprosy Elimination Alliance, Flat 1-A, K.G. Valencia, 57, 1st Main Road, Gandhinagar, Chennai 600 020, India. Phone: 91-044-4456337, Fax: 91-044-4456338, e-mail: noordeen@eth.net

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India. SLRT&C, Karigiri, 2001 Course Schedule. We have received the following 2001 Course Schedule for the Schieffelin Leprosy Research & Training Center in Karigiri from Dr. N. B. Baktha Reddy (see pages 482–483).

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The Netherlands. *Buhrer-Sekula defends thesis.* On 20 December 2000 Samira Buhrer-Sekula defended her thesis entitled "A simple dipstick assay for leprosy: development, evaluation and application" for her Ph.D. from the University of Amsterdam.

"Although many studies were performed using ELISA for the detection of IgM antibody to PGL-I, this assay is too complicated to be applied in most areas where leprosy remains a public health problem. In order to simplify the use of serology in leprosy control a simple assay is urgently required. This thesis describes the development, evaluation and application of a sample dipstick assay (ML Dipstick).

"Chapter II describes the development of the ML Dipstick for the detection of IgM antibodies to PGL-I of *M. leprae* in serum. The test does not require any specialized equipment and the highly stable reagents make the test robust and suitable for use in tropical countries.

SCHIEFFELIN LEPROSY RESEARCH AND TRAINING CENTRE: KARIGIRI: Vellore District 632 106, Tamil Nadu, India.

COURSE SCHEDULE FOR THE YEAR 2001

Course	Qualifications	Duration	Commencing date	Fees		
				India	SAARC	Others
	I COURSES MORE THAN 1 YEAR DURATION			Rs.	US$	US$
General						
1) Laboratory Technicians	+ 2 passed, Science graduates preferred	12 mos.	July 2–June 30	10,000	675	750
2) Diploma in Prosthetic & Orthotic Engineering	+ 2 passed, graduates preferred (with science subjects)	30 mos.	July 2–June 30	15,000	750	1,500
3) Medical Records Technologist	+ 2 passed	15 mos.	July 2–Sept. 30	5,000	250	600
Related to Leprosy						
4) Physiotherapy Technicians	+ 2 or P.U.C. passed (with science subjects)	9 mos.	July 2–Mar. 30	5,000	250	700
	II COURSES LESS THAN 1 YEAR DURATION					
General						
1) Course on Medical Education	(for 4 modules)	8 wks.	(on request)	15,000	400	750
	(for 1 module)			4,000	100	150
2) Health Education		8 wks	(on request)	5,000	200	400
Related to Leprosy						
1) Basics of Leprosy	Medical personnel engaged in leprosy work	1 wk	Jan. 22–Jan. 27 July 23–July 28	1,500	50	100
2) Medical Aspects of Leprosy	Medical personnel engaged in leprosy work	1 wk	Jan. 29–Feb. 3 July 30–Aug. 4	2,000	65	150
3) Surgical Aspects of Leprosy	Medical personnel engaged in leprosy work	1 wk	Feb. 5–Feb. 10 Aug. 5–Aug. 11	2,000	65	150
4) Eye in Leprosy	Medical personnel engaged in leprosy work	1 wk	Feb. 12–Feb. 17 Aug. 13–Aug. 18	1,500	50	100
5) Laboratory Aspects in Leprosy	Medical personnel engaged in leprosy work	1 wk	Feb. 19–Feb. 24 Aug. 20–Aug. 25	2,000	50	100
6) Epidemiology & Control Rehabilitation/POD	Medical personnel engaged in leprosy work	1 wk	Feb. 26–Mar. 3 Aug. 27–Sept. 1	2,500	70	150
Note: 1–6 can be taken all together or any specific module also can be taken. If all the modules are taken, the rates are				*10,000*	*300*	*700*
7) Nonmedical Supervisors	Qualified paramedical workers with a minimum of 5 years experience in the field	2 mos.	Apr. 2–May 31	5,000	300	600
8) Smear Technicians	+ 2 passed (with science subjects)	3 mos.	Feb. 5–May 5 Sept. 3–Dec. 1	2,000	100	350
9) Paramedical Workers	+ 2 passed, graduates preferred	4 mos.	July 2–Oct. 31	5,000	300	600
10) Shoemakers	V standard with knowledge of English preferred	6 mos.	Jan. 1–June 30 Jul 2–Dec. 31	800	55	200
11) Eye Care in Leprosy	Nonmedical personnel	1 wk	Sept. 3–Sept. 8	1,000	70	200

Course	Qualifications	Duration	Commencing date	Fees India	Fees SAARC	Fees Others
	III COURSES AFFILIATED TO OTHER COLLEGES			Rs.	US$	US$
1) Basics of Physiotherapy in Leprosy	Undergraduates in BPT	1 wk	By arrangement	1,000	35	
2) Basics of Occupational Therapy in Leprosy	Undergraduates in occupational therapy	1 wk	By arrangement	1,000	35	
3) Nursing		50/day				
4) Internship for Physiotherapists and Occupational Therapists	Undergraduates in PT and OT	—	By arrangement			
	IV. IN-SERVICE TRAINING					
1) Inservice training in Med., Surgery, Surgical Rehabilitation, Pathology, Lab. Technology, Ophthalmology and Epid. and Leprosy Control (per week)	For qualified medical personnel/health professionals		By arrangement	250	10	25
(per week)			For other amenities	50	5	10
2) Medical Record Keepers	+ 2 passed with proficiency in typing and good English	2 mos.	By arrangement	2,000	100	
3) Refresher Course in Skin Smears	Trained Laboratory Technicians	2 wk		1,000	70	200

Courses: English fluency essential. Recognized by WHO and Indian government (all paramedical and technical courses are fully recognized by the Indian government).

Facilities: Hostel: 60 men, 16 women and Guest house: 21 single and 9 double rooms.

Rates: Hostel: Accommodation: Rs. 250/- per month (for more than 3 months)
(Sharing) Rs. 350/- per month (for less than 3 months)
Rs. 20/- per day with other amenities—short stay < 1 month
Hostel food: approximately per month = Rs. 900/- (vegetarian).
Guest House: Non a/c single occupancy = Rs. 100/- per day
Non a/c double occupancy = Rs. 150/- per day
Non a/c extra bed = Rs. 50-/ per day
A/c single occupancy = Rs. 200/- per day
A/c double occupancy = Rs. 300/- per day
A/c extra bed = Rs. 100/- per day
Food: Indian diet: Vegetarian = Rs. 120/- per day/Non-vegetarian = Rs. 200/- per day. Western diet: = Rs. 240/- or US$ 6

How to Reach Karigiri: Madras is connected to all the major cities of India by air. From Madras Airport the fare for taxi is approximately Rs. 1000/-. Route → Ranipet → Tiruvalam → Sevoor → Karigiri hospital. There are also many buses which operate between 05.00 hrs and 22.00 hrs from Madras to Vellore. From Vellore take any taxi or auto which costs Rs. 150 and Rs. 100, respectively, or else you can take a prepaid taxi or electric train to the City Railway station (Central station) about 20 km away from airport. From there take any train to Katpadi Railway station (13 km away from Karigiri). From Katpadi to Karigiri an auto will cost Rs. 80/-. If you want to be met at Katpadi or at Madras Airport, please let us know well in advance.

Contact/Mailing Address: The Training Director, Training Department, Schieffelin Leprosy Research & Training Center, Karigiri 632 106, Vellore District, Tamil Nadu, South India Tel: 91-41674227, 91-41674229, 91-41674221 (Director) 91-41674215 (Training Director); Fax: 91-41632103, 91-41671274; E-mail: slrtckrg@md3.vsnl.net.in

"Chapter III describes a further simplification of the ML Dipstick assay by using whole blood and an evaluation of the assay performance in the leprosy-endemic area of Amazonas in Brazil.

"Chapter IV shows how ML Dipstick could contribute to improved classification of leprosy patients for treatment purposes. In this chapter the results of ML Dipstick were combined with clinical classification by counting the number of lesions. Results were compared with the classification based on the bacteriological index.

"Chapter V investigates whether ML Dipstick is capable of identifying patients with a higher risk of relapse after treatment. With the integration of leprosy control into the general health system, diagnosis and classification will be primarily in the hands of less experienced professionals. Misclassification leads to a higher risk of relapse. Identifying those patients who have high antibody levels would in all probability recognize patients who have a high bacterial load and consequently should receive longer treatment.

"Chapter VI shows the results of an epidemiological study performed in Brazil using ML Dipstick for the detection of seropositivity among 7073 school children in three different leprosy-endemic states. It was examined whether seropositivity rates could be related to leprosy detection rates and thus to be used as an indicator of the magnitude of leprosy problem in the community. As such it would be useful to evaluate the effect of control measures.

"Chapter VII gives a summary and the main conclusions of the study."—From the Outline of the Thesis, p. 26

U.K. *ILEP Catalogue of Training Courses 2001.* The new ILEP training course catalogue for 2001 has been received. It "brings together information on international courses and in-service training available to health workers. Training courses on leprosy, tuberculosis, dermatology, health management and community based rehabilitation are included. This reflects the diversity of the work supported by ILEP Members.

"We would like the information provided to be as comprehensive as possible and for this we rely on information and feedback from ILEP Members, Training Centers, Course Organizers and Participants. We thank all those who have contributed toward this latest edition.

"If you would like information on your training center and the courses you run to be included in this catalogue please use the form at the end of the present catalogue (page 29). We also welcome any suggestions on how this catalogue can be made more useful.

"Inclusion of a training course in this catalogue does not signify its endorsement by ILEP. Also please note that ILEP is not a funding agency and cannot consider sponsoring trainees. For further information please contact the training centers directly or ILEP.

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"The information in this catalogue is available on the Internet and on the ILEP web page. Please visit us on www.ilep.org.uk."—From the Introduction