

News and Notes

BCG VACCINATION

A recent Editorial in the *British Medical Journal* (13.12.75) quotes interesting information regarding the BCG campaign against tuberculosis in Britain. Over 9 million BCG vaccinations have been carried out. The risk of tuberculosis infection in Britain is halving every 5 years. The 100,000 BCG vaccinations of school children in 1966-71 prevented an estimated 15 notifications of persons aged 15 to 19 in 1973. It is estimated that one notification would be prevented by 750 vaccinations in 1968, by 1500 vaccinations in 1973, by 3000 vaccinations in 1978 and by 5000 to 10,000 vaccinations in the 1980's. The need for the continued large scale use of BCG is rightly questioned.

These figures will be of interest to leprosy workers. The undoubted contribution of BCG towards reducing the incidence of all forms of tuberculosis to a very low level gives some indication of what we may hope from a corresponding vaccine in leprosy. The appearance of this may be delayed. Meanwhile tuberculosis remains a serious problem in most countries where leprosy is endemic, and while encouraging the widest use of BCG, leprosy workers at the same time will be able to learn much from the experience of our colleagues in tuberculosis control.

PSYCHOSOCIAL FACTORS AND HEALTH

Leprosy workers will find encouragement in the WHO Press Release WHO/8 of 26 January 1976, which includes the following:

Many serious health problems are strongly influenced by psychosocial factors, such as the individual's behaviour. It is also being increasingly realized that these factors determine to a large extent the success of health efforts or social action.

This was recognized by the WHO Executive Board in a recommendation to the World Health Assembly that WHO implement a programme in the field of psychosocial factors and their effects on health. Dr T. Adeoye Lambo, Deputy Director-General of WHO, presenting the programme, stressed that psychosocial factors are of essential importance in the resolution of major public health problems. He said: "Technology alone is not enough to improve health; it can often create a social barrier between the health worker and the people he serves . . . WHO is seeking ways of reducing the discord between man's psychological, social and cultural needs, and the technological facts of his environment."

The first objective of the new programme is to apply existing knowledge in the psychosocial field to improve health care, particularly for those most in need; the second, to develop methods in collaboration with countries, so that relevant psychosocial information can be made available to health planners; and the third, to acquire new knowledge on which health action can be based, particularly concerning the needs of uprooted people and changes in family functioning under conditions of rapid social change.