Lepr Rev (1982) **53**, 140–147

Reports, News and Notes

XII International Leprosy Congress, 21–26 November 1983, New Delhi, India

Venue. Vigyan Bhawan, under the aegis of the Hind Kusht Niwaran Sangh. Forms have already been issued to record an 'intention to register', together with brief outlines of the programme of events. Further details from Dr R H Thanaraj, Organizing Secretary, XII International Leprosy Congress, 1 Red Cross Road, New Delhi 110 001, India.

China Leprosy Conference, Guang-zhou, November, 1981

The Second National Leprosy Conference took place in Guang-zhou, November 1981. This is the second national meeting on leprosy control convened by the Ministry of Health of the People's Republic of China since its foundation in 1949. Representatives from 26 provinces, municipalities and autonomous regions including some 150 leprologists and dermatologists attended the conference. Dr Huang Shuze, Deputy Minister of Health, presided over the meeting and gave the keynote address in which he asked the delegates to consider the eradication of leprosy by the year 2000. Dr Ma Haide (George Hatem), leprologist and Adviser to the Ministry of Health, made a special report on leprosy in China in which he noted the successful control of leprosy in the last 30 years. The incidence and prevalence of the disease have significantly dropped in many parts of the endemic areas and in some places spread of the disease has been arrested. He proposed a plan of leprosy control for the next 20 years in which emphasis is particularly laid on the need for extensive and intensive popular health education for the public and training of the basic health workers in the prevention, treatment and rehabilitation of leprosy.

During the conference Dr Li Huanying of the Research Institute of Tropical Medicine, Beijing, gave a talk on her impressions from a recent study tour in India and Burma on leprosy control and on leprosy research activities in the USA and England. Dr Ye Ganyun, Deputy Director of the Research Institute of Skin Diseases, Chinese Academy of Medical Sciences, reported on the discussions that took place at the Study Group on Chemotherapy of Leprosy convened by WHO in Geneva, which he recently attended.

At group discussion and panel meetings a free exchange of experience in leprosy control took place among the participants and a number of regulations for conducting and managing leprosy control work were revised.

Several control projects were formulated and approved with a view to eradicating leprosy by the end of the century.

At the conference the 23 units and 45 individuals cited for meritorious services in leprosy control work were given awards and prizes.

0305–7518/82/053140 + 08 $01.00

Chinese Medical Journals

We acknowledge with thanks receipt in the Editorial Office of the following medical periodicals from the People's Republic of China:

1 *Chinese Medical Journal*; monthly; published by the Chinese Medical Association; address for exchange – Chinese Medical Journal, 42 Dongsi Xidajie, Beijing.
2 *Chinese Journal of Orthopedics*
3 *Tianjin Medical Journal*
4 *Journal of Clinical Dermatology*
5 *Chinese Journal of Dermatology*

Address for exchange:
Exchange Section, Tianjin Medical Library,
167 Cheng Da Road, Tianjin,
The People's Republic of China

Those on medicine and dermatology frequently carry articles on leprosy, 'Clinical and Experimental Studies on Sulfone Resistant Leprosy' in the *Chinese Journal of Dermatology*, **14**, No 2, 1981, being a good example. These journals display an extraordinary range of clinical and scientific interest from contributors in different parts of China.

The following three items are from a recent issue of the *Chinese Medical Journal*:

Medical Science Encyclopedia

Compilation of the Chinese Encyclopedia of Medical Science is well under way with over 4,000 specialists at 33 research institutes and hospitals taking part throughout China, according to a Health News report.

The encyclopedia, which contains pertinent medical science information, covers basic medicine, traditional Chinese medicine, clinical medicine and preventive medicine. Compilation started in 1978 and the encyclopedia will be published by the Shanghai Science and Technology Publishing House.

Volumes are divided according to subject matter. The toxicology, psychiatry, immunology, forensic medicine and urosurgery volumes have been sent to press. An additional 40 volumes are being examined and approved.

Tuberculosis Rate Down

China's tuberculosis rate has dropped by 80–90% in urban areas and about 50% in rural areas since 1949.

A 2 year national survey to establish the incidence and epidemic characteristics of pulmonary tuberculosis completed not long ago, shows that TB as a cause of death has declined from first place in the early 1950s to eighth place.

The nationwide random sampling was carried out by the Ministry of Health and provincial Health Bureaux. The survey involved nearly 900 survey units, usually formed by a village or neighbourhood committee, with between 1,000 and 2,000 people in each unit. More than 1.3 million people were examined, including people of all ages and in a wide variety of jobs.

The prevalence of tuberculosis before liberation helped earn China the nickname 'Sick man of the East', but since the founding of the People's Republic in 1949 the government has established a nationwide TB control network and trained more than 200,000 special medical workers to combat the disease.

The efforts against TB include a publicity campaign on the disease, its control and treatment, regular mass physical check-ups and BCG vaccinations.

It is estimated that China has about 6.63 million patients with active TB, 0.717% of the population, and another 1.66 million, or 0.187% of the population under observation because of sputum TB bacilli.

More rural people suffer from the disease than urban people and the incidence rises with age.

A Health Ministry official said it has set up a TB centre to oversee efforts by provincial and regional authorities to eradicate the disease.

Production of Medicine; The Pharmaceutical Industry

China's pharmaceutical industry has developed at a rapid pace since liberation in 1949, thanks to the Party and government. Numerous factories have been built and the technique of production and drug quality have been constantly improved.

Nearly 1,000 kinds of medicine using chemical materials and more than 3,000 preparations are being produced today. In addition, over 500 pharmaceutical factories in China produce nearly 3,000 kinds of traditional Chinese medicines.

Many efficacious drugs produced in China have aroused the attention of medical circles abroad. In producing traditional Chinese medicines, methods are constantly being perfected by the introduction of modern technology. As a result, quality has improved and variety increased.

A relatively comprehensive system has been set up to carry out scientific research and manufacture of biological products. At present, more than 5,000 people are working in this field and about 100 kinds of products, including vaccine, serum, toxoid and preparations for diagnosis are being turned out.

As a precaution against the manufacture and sale of inferior drugs, the State Council recently adopted a decision stipulating that all medicines and medical equipment produced must be up to state standards. The State Council has also decided to set up a pharmacologic research institute to research western and traditional Chinese herbal medicines.

The principle of meagre profits is practised in pharmaceutical departments and whatever losses are incurred are subsidized by the state. Since 1949, the state has reduced the prices of drugs on occasions with the result that they are now 80 percent less expensive than in the early postliberation years.

Rural Health in the People's Republic of China

This is a 207 page paperback, published in November 1980 by the John E Fogarty International Center for Advanced Study in the Health Sciences, at the US Department of Health and Human Services, National Institutes of Health, Bethesda, Maryland 20205, USA. It is a report of a visit by the Rural Health Systems Delegation in June 1978 under the auspices of the Committee on Scholarly Communication with the People's Republic of China. The chapter headings read – Overview of rural health in China; common disease patterns; community health; financing medical care; ambulatory care; hospital care; barefoot doctors; traditional doctors; traditional medicine; training and education of nurses; training and education of doctors; surveillance and anti-epidemic work; birth planning; diffusion of health and birth planning innovations; mental illness; summary and conclusions. This important publication will be considered in greater detail in the next number of this journal, which is to be devoted to the subject of 'Leprosy and Primary Health Care'.

ILEP: XXVIth Working Session

Bonn, December 1981

The International Federation of Anti-Leprosy Associations (ILEP) which comprises 25 member-associations from 21 countries in Europe, North America and Australasia, held

its 26th working session in Bonn from 10 to 13 December 1981. The meeting was also attended by guests from WHO and the International Union for Health Education.

New drug regimen for leprosy

The ILEP Medical Commission endorsed the recommendations now being put forward by WHO for a new treatment regimen for leprosy patients.

It is proposed that multibacillary cases should be treated with at least two other drugs in addition to dapsone for a period of 2 years, continuing wherever possible to smear negativity, and that paucibacillary cases should be treated with one other drug in addition to dapsone for 6 months. Thus, it is hoped, leprosy sufferers will no longer have to face the prospect of treatment over many years, often for the rest of their life. It is also anticipated that the new regimen will alleviate the problems of drug resistance and patient compliance, two of the major problems besetting leprosy control today.

WHO and ILEP continue to co-operate, especially in the fields of research and training.

Primary health care in India

ILEP is joining efforts with OXFAM in order to promote primary health care programmes in five states of India (Tamil Nadu, Kerala, Karnataka, Andhra Pradesh and Maharashtra).

A number of leprosy projects organizers in these areas have been approached and invited to attend a seminar organized by OXFAM during February 1982. It is hoped that ways will be found to integrate the treatment of leprosy into a primary health care approach.

'The Social Dimension of Leprosy'

This ILEP publication will be distributed in 1982 to training centres, senior health workers and universities in endemic countries. The manual deals with the social aspects of leprosy as they affect case-finding, patient compliance and the re-integration of leprosy patients into the community.

ILEP members extend their activities

The following countries have been added to those in which ILEP members are active: Maldives, Guyana-Georgetown, Guinea-Conakry, Uruguay and Jamaica, plus 10 countries in the Pacific area following the affiliation of Leprosy Trust Board (New Zealand). Several members are also keen to resume work in Vietnam in the very near future.

WHO. Model List of Essential Drugs. *World Health*, May 1981, pages 16–17

The introduction reads: 'The number of marketed pharmaceutical products varies widely from country to country. It may soar to a quite absurd figure of 30,000 proprietary brands in some places or be as low as 2,000 elsewhere. WHO's Expert Committee on the Selection of Essential Drugs met in 1977 and again in 1979, and has drawn up a range of just over 200 active substances which can cover the health needs of the majority of the population. These substances can of course be compounded to form several hundred pharmaceutical products. Several complementary drugs were also suggested as possible alternatives when infectious organisms develop resistance to essential drugs, or in cases of rare disorders or exceptional circumstances; a few are included here as examples. The list is extracted from

WHO's Technical Report Series No. 641, which gives much more detail, including route of administration, pharmaceutical forms and strength.'

Anti-leprosy drugs are dapsone, clofazimine and rifampicin. Anti-tuberculosis drugs are ethambutol, isoniazid, rifampicin and streptomycin.

World Health Forum: a new international journal of health development

WHO Press Release WHO/11 of 6 March 1981 introduces this new journal as follows: 'WHO today announces the publication of a new quarterly international journal of health development, *World Health Forum*.

The *Forum* is unique not only in content but in distribution. Published in Arabic, Chinese, English, French, Russian, and Spanish, this 160-page journal will reach a broader audience than any other health publication in the world. It will deliberately avoid the dry academic approach of so many scientific and technical journals. Instead it will attempt to cater for the busy reader by presenting new ideas in such sections as In Focus and Forum Interview, and by giving information in concise and lively form in such features as Condensed Book, Forum Selection, and Health 2000. Another key aspect of this new journal will be the encouragement of discussion on highly controversial topics. It intends to be a true forum for debate on health and development in the widest sense; its contents will be provocative, designed to stimulate argument and help generate new ideas.'

WHO: *Students learning from Students* Document HMD/80.3. English only

This guide to 'ways of using students in the instructional process' is an experimental issue for field testing, written by Fred Abbatt of the Department of International Community Health in the Liverpool School of Tropical Medicine, Pembroke Place, Liverpool, L3 5QA, 24 pages in length. It deals essentially with the idea that students can help each other to learn and covers their potential role as teaching aides and demonstrators, producers of teaching materials, organizers, curriculum planners and mutual assessors.

The Philippine Journal of Dermatology and Leprosy

We are delighted to see a revival of this semi-annual publication of the Dermatology Research and Training Service of the Ministry of Health, Manila and to receive a composite Volume VI–IX, followed by a separate Volume X, both of 1979. The latter includes some of the *Proceedings of the 2nd Dermatology Convention in Cooperation with the Philippine College of Tropical Dermatology, Inc., May 1978*. We look forward to further issues of the Journal which is dedicated 'to the control of leprosy and other dermatological diseases'.

Leonard Wood Memorial Announces New Leadership 1981

The Leonard Wood Memorial (American Leprosy Foundation) has recently elected Mr John Whitmore as its new President and Chairman of the Board. Mr Whitmore, who is President of Bessemer Trust in New York and a long-time active board member of the Memorial, announces the appointment of Dr Jay Sanford, Dean of the School of Medicine, Uniformed Services, University of the Health Sciences in Washington, DC, as the new Chairman of the Leonard Wood Scientific Advisory Board.

Mr Whitmore in his announcement said, 'the Leonard Wood Memorial is embarking on

an enhanced scientific effort to find the ultimate solution to Hansen's Disease. Under Dr Sanford's leadership, the Scientific Advisory Board will carefully develop and maintain an outstanding programme in leprosy research'. Additional new members of the Board include: Baruch S Blumberg MD, PhD, Kenneth S Warren, MD, John P Utz, MD, Philip K Russell, MD, Wayne Myers, MD, Ward E Bullock, MD, David J Drutz, MD, and Michael M Frank, MD. A working symposium is planned for early summer, 1982.

Additional new staff members are Michael Delaney, Executive Director, and Dr James Kvach, Associate Microbiologist, who was formerly active in leprosy research at John Hopkins University in Baltimore, Maryland.

The Leonard Wood is intensifying its overall research efforts at its laboratory facility at the George Washington University School of Medicine in Washington, DC, and at the laboratory facility at the Eversley Childs Sanitarium in Cebu, Philippines. The new office of Leonard Wood is at 11600 Nebel Street, Suite 210, Rockville, Maryland 20852.

GLAXO: Guide to Dermatology No. 1 *Pigmented Skins* by L G Millard

This is a booklet of 15 pages by L G Millard, Consultant Dermatologist, University Hospital, Queen's Medical Centre, Nottingham, UK and produced by Glaxo Laboratories Ltd, Greenford, Middlesex UB6 0HE, which goes with a filmstrip and sound commentary lasting 15 min. There are 60 colour prints in the booklet and the same number of transparencies on the strip, which illustrate extremely well some of the problems of clinical interpretation and diagnosis of various lesions in the dark-skinned patient. The filmstrip requires an appropriate projector which may not be easily obtainable but, failing this, the booklet itself is of considerable teaching and reference value, both in the UK and abroad.

GLAXO: Lecture on 'Tuberculosis; the comparative antituberculous effects of *Mycobacterium avium-intracellulare* and BCG'

We are grateful to Professor D W Smith of the University of Wisconsin, USA for permission to print the following summary of a lecture given at GLAXO Laboratories, Middlesex, UK.

Field trials of bacille Calmette-Guerin (BCG) vaccine have shown protective efficacies ranging from 0 to 80%. The 7.5 year results of an ongoing BCG field trial in south India (SI trial) provide a recent example of a negligible protective effect. Ninety percent of the SI trial population are reported to have been infected with *Mycobacterium avium-intracellulare* (MAI) by age 14. One hypothesis to explain the SI trial results is that widespread infection influenced or masked the protective effects of BCG vaccination. In order to test this hypothesis we obtained isolates of MAI, the low virulence south India variant of *M. tuberculosis* (reportedly responsible for the majority of the cases of tuberculosis in the SI trial area), high virulence strains of *M. tuberculosis* from the SI trial area, and the laboratory strain of *M. tuberculosis*, H37Rv.

Male and female Hartley strain guinea-pigs were injected with BCG, MAI, or placebo via the intradermal route and then reinjected with BCG, MAI, or placebo 6 weeks later to give all possible combinations of double vaccination treatments. Groups of animals were tuberculin tested with mammalian tuberculin (PPD-S) or intracellularin (PPD-B) 5 weeks after the first or second vaccination, and were challenged 6 weeks after the second vaccination with an aerosol of one of the three strains of *M. tuberculosis*. Each animal inhaled a mean (± SE) of 7.7 ± 0.7 viable units capable of initiating primary lesions in the lungs. The number of tubercle bacilli recovered from the primary lesions, primary lesion-free lung lobes and spleen were used as separate measures of protection. Our data indicate that MAI and

BCG protect equally well against the south India variant of *M. tuberculosis*. Moreover, MAI infection did not adversely affect the capacity of BCG to induce tuberculin sensitivity or to protect against the south India variant. Accordingly, with respect to the south India variant our data support the hypothesis that widespread MAI infection may protect against tuberculosis in the south India trial. With regard to the high virulence strain of *M. tuberculosis* and H37Rv the evidence is less clear, but generally the data suggest that MAI infection may protect as well as BCG against these strains. In addition, we found no evidence to support the hypothesis that MAI adversely affects the capacity of BCG to protect against high virulence strains of *M. tuberculosis*.

Country or regional reports on leprosy control

We gratefully acknowledge receipt of the following reports:

1 *Tanzania*; Mara Region Tuberculosis/Leprosy Control Scheme; Annual Report 1980; from Dr Glen Brubaker, Shirati Leprosy Control Centre, Private Bag, Musoma, Tanzania.
2 *Liberia*; National Leprosy Control and Rehabilitation Program, Ministry of Health, and Social Welfare, Monrovia, Liberia. From Dr J C Johnson, Director.
3 *Indonesia*; Leprosy Control Project. Sulawesi–Maluku. ILEP No. 4.24.05.08 (RBD). Report for 1 January 1979–30 June 1980. From Dr B Zuiderhoek, WHO Leprologist.
4 *Sierra Leone*; National Leprosy Control Program in Sierra Leone. Report January–December 1980. Ministry of Health and Voluntary Agencies, PO Box 673, Freetown, Sierra Leone.

***One to One*: a handbook for the health educator**

This 36-page booklet by Linda Ewles and Pieter Shipster, East Sussex Area Health Authority, County Hall, St Anne's Crescent, Lewes BN7 1NB, England focuses 'on the everyday situation in which one person, the health professional, gives information and advice to another person on maintaining, improving or recovering health and well-being'.

The whole approach is geared to UK medical problems, but there is an important, yet deceptively simple, message which is relevant to leprosy, namely the potentially great importance of talking to the patient as an individual, preferably on the occasion of the first visit and diagnosis. Ten minutes of kindly conversation and explanation might make a significant difference to attendance and compliance rates. The final pages reads: 'This handbook has examined a small but important aspect of the whole enormous subject of "communication" in health education. Many other aspects, such as non-verbal communication and counselling techniques, have been omitted. Readers who would like to pursue these and other aspects of communication should enquire at their local Health Education Unit or the Health Education Council, 78 New Oxford Street, London WC1A 1AH, for information about any local courses, particularly Certificate of Health Education courses.'

TDR; the Special Programme for Research and Training in Tropical Diseases

Publications resulting from special programme-supported activities: as of 30 June 1981 TDR has registered a total of 1,101 different publications resulting from TDR supported projects. This document has 91 pages and the main headings are as follows – malaria; schistosomiasis; filariasis; African trypanosomiasis; Chagas' disease; leishmaniasis; leprosy (IMMLEP and

THELEP); biomedical sciences; biological control of vectors; director's initiative fund. There are also entries under 'research capability strengthening'.

Strategy on Control of Leprosy

A Workshop organized by the National Leprosy Organization of India at Wardha, India, June 1981. We acknowledge with thanks receipt of the final recommendations from this Workshop, which had a fair representation of '. . . medical scientists, leprologists and leprosy workers'. The main points are recorded under the following headings: organizational set-up; implementation of the National Leprosy Control Programme; training; research activities; medical care; health education; voluntary leprosy institutions. There are some penetrating and forthright comments on the need for expanding and intensifying education in leprosy in medical and para-medical schools. The report is well worth reading in the original by those interested in the strategy of leprosy control. (A spare copy is available in the *Leprosy Review* editorial office.)

The Bureau for Overseas Medical Service

The Bureau for Overseas Medical Service (BOMS) was recently formed as a co-ordinating agency for registered doctors keen to serve in the Third World. BOMS will notify doctors of a wide range of opportunities for employment in hospitals, clinics, general practices, missions and refugee camps for periods from a few weeks to several years. Posts are available in general medicine and a variety of specialities in areas of South America, the Caribbean, Africa and Asia. An advisory panel is on hand to offer guidance on conditions of employment and to help doctors re-settle on return to the UK. If you would like to work in a refreshingly different environment where your skills are vitally important, or can notify us of vacancies for doctors to serve in developing countries, please contact:

Colin Jacobs
Bureau for Overseas Medical Service (Registered as a Charity)
London School of Hygiene and Tropical Medicine
Keppel St, London WC1.
Tel: 01-636 8636 ext 232 (messages: 01-455 6332)