Submission of material to ‘Reports, News and Notes’ or to ‘Domiciliary and Field Work’ in Leprosy Review; an appeal from the Editor

During the past 10 years or so we have printed many hundreds of items of information under these, or similar headings, and although we may be changing the titles of these sections again slightly in 1986, the type of material included will remain essentially the same. We are always looking for information, news, notices or comments in these pages of the Journal, which are of practical value to those working in leprosy control. High on the list of priorities comes anything to do with teaching, learning or training. In this context, we wish to record our gratitude to those many individuals and centres in different parts of the world who have supplied information about materials and training courses through the years. It is however now becoming clear that we cannot by any means keep up with the full range of activities and productions, worldwide, even through the excellent channels established by ILEP. We therefore appeal to our readers to submit material for these sections of the Journal and to keep us informed, repeatedly, about training courses and the development of new teaching or learning material. We greatly prefer brief communications, with specific details of names and addresses to contact for further information. Suitable material of this kind will be acknowledged from this Office—and published—without delay. Editor.

**Mycobacterium leprae** monoclonal antibodies and recombinant DNA from *M. leprae*

IMMLEP have established a Bank of such monoclonal antibodies and expect soon to set up a Bank of recombinant DNA clones. These will be available to qualified investigators. Enquiries/requests, with brief outline of project, should be sent to Dr S K Noordeen, Secretary, IMM LEP Steering Committee, World Health Organization, 1211 Geneva 27, Switzerland.

**Heiser Program for Research in Leprosy, 1986**

The brochure for 1986 introduces the Program as follows: Dr Heiser set up his fund in The New York Community Trust and stipulated that income generated be used not to treat patients but to try to find a cure or preventative for leprosy. The New York Community Trust, a public foundation designed to carry out the charitable purposes of donors, met with medical experts and scientists to determine the best approach. It was decided that the 3 most important objectives should be: to attract the brightest, most highly motivated young biomedical scientists to train in research fields related to leprosy; to support the training efforts of laboratories and senior investigators who are experienced in leprosy research; and to promote collaborative research studies of leprosy and encourage international sharing of scientific information.

In considering research on leprosy, the fields selected as among the most relevant for the study of this disease are:

- *Cultivation of Mycobacterium leprae* (Hansen's bacilli)
- Immunology of mycobacterial infection
- *Experimental transmission of leprosy*
- *Pharmacology of anti-leprosy drugs*

The following awards have been established and are available—Postdoctoral Research Fellowships; Research Grants; Visiting Research Awards. Apply to the Heiser Program for Research in Leprosy, 450 East 63rd Street, New York, New York 10021, USA.

**New leprosy vaccine trial**

From the *Lancet*, 20 July 1985:

Leprosy carries with it a unique stigma, though only a small proportion of those infected eventually suffer the gross disfigurement and deformity commonly associated with the disease. Dapsone has remained the best
treatment, but it must be taken for a long time, it may not be well tolerated, it may not be active against bacteria in the resting stage, and it may provoke resistance to its earlier benefits. It has proved impossible to cultivate *Mycobacterium leprae* in vitro, so development of a vaccine has been slow. It had, however, been observed that BCG conferred some protection against leprosy with varying degrees of efficacy around the world. When killed *M. leprae* derived from the infected nine-banded armadillo became available, it was decided to combine organisms from this source with BCG in an attempt to induce cellular immunity. A randomized controlled trial of about 90,000 people is to be carried out in Karonga, Malawi, to compare the protective efficacy of this combination with a single standard dose of BCG and to compare single BCG vaccination with repeated BCG or with the combination. The trial is to be funded by members of ILEP (International Federation of Anti-Leprosy Associations), including the British Leprosy Relief Association (LEPRA). This trial is the second such trial (succeeding another large trial of over 60,000 people in Venezuela) and could begin, with the collaboration of the London School of Hygiene and Tropical Medicine, LEPRA, the Malawian health authorities, the World Health Organization, the World Bank, and the United Nations Development Project, in a few months. It will take about 10 years for results to emerge.

**Armadillos for leprosy research from Mississippi, USA**

We have received a letter from Dr B J Gormus, Research Scientist at Tulane University, Delta Regional Primate Research Center, Covington, Louisiana 70433, USA, informing us that armadillos are available for shipment for leprosy research from the State of Mississippi. Further details are available from Mr Sal Cefalu, 1000 Manson Avenue, Metairie, Louisiana 70001, USA.

**Technical Guide for Smear Examination for Leprosy by Direct Microscopy**

This 34-page guide, produced by the Leprosy Documentation service (INFOLEP) in Amsterdam, was first issued in 1983 (English only). Five thousand copies were printed and they have been distributed mainly to members of the International Federation of Anti-Leprosy Associations (ILEP); to the Health Unit of OXFAM in Oxford for inclusion in the OXFAM–LEPRA pack of teaching materials on leprosy, and to The Leprosy Mission International in London for distribution as part of their Teaching and Learning Materials service. A second edition, with minor corrections, is under discussion. A Spanish edition is already available. Dr Coroller of the Association Française des Foundations Raoul Follereau has very kindly translated the guide into French and this is now being prepared for the press. WHO has arranged for translation into Arabic, and offers have been received for Thai, Indonesian, Chinese and Portuguese. It is hoped that it will in the near future be possible to send several thousand copies to the Voluntary Health Association of India, for distribution from Delhi. Plans are also being made for a much wider and more positive distribution of this guide to all leprosy-endemic areas from 1985 onwards.

**Epidemiology of leprosy in relation to control; WHO, 1985**

This report of a WHO Study Group is published in their Technical Report Series as Number 716, from WHO, Geneva, Switzerland, 1985. It deals with: current knowledge of the epidemiology of leprosy; the measurement of leprosy and its control; proposals for future research. There are 4 annexes on terminology, epidemiological and operational indicators in leprosy control, OMS/LEP individual patients form and WHO disability grading scale. Particularly for those who are responsible for Multiple Drug Therapy (MDT) and field work, the definitions on page 53, including those of ‘adequate treatment’ and ‘regular treatment’ and the indicators in Annex 2 are of considerable interest.

**Handbook of the Association of Medical Research Charities, UK, 1984–85**

This handbook of 41 pages is available from the Association of Medical Research Charities, The Development Trust for the Young Disabled, Royal Hospital and Home For Incurables, West Hill, Putney, London, SW15 3SW. The Introduction opens: ‘The Association of Medical Research Charities was founded in 1972 and provides a forum for the chief executives of major medical research charities to meet on a regular basis. The meetings give members an opportunity to discuss strategy and organization and to hear from visiting speakers about trends and developments of significance for medical research. The Association has played a key role in improving personal contact between members and has thus provided a basis for collaboration on major projects and has prevented unnecessary duplication of effort. The object of this booklet is to assist applicants for funds by providing essential information on each of the member charities.’ The list of members includes LEPRA, together with many organizations in the UK dealing with cancer, leukaemia, heart disease, multiple sclerosis, asthma, arthritis, mental health and muscular dystrophy. The annual income of the 35 member charities in 1983 amounted to UK £128 million, for medical care and research of which no less than £77 million was spent purely on research.
ALERT, Addis Ababa; Nineteenth Annual General Meeting, March 1985

The All Africa Leprosy and Rehabilitation Training Centre (ALER T), founded on 11 December 1965 held its Annual General Meeting in Addis Ababa, 22 March 1985, and was attended by delegates from sponsoring organizations, as well as representatives of a number of embassies in Addis Ababa. The meeting was presided over by the President of ALERT, Dr Gizaw Tsehai, the Minister of Health of Ethiopia. The Directors of the various departments of ALERT and the Executive Director gave brief reports on the activities during 1984. Of special interest and importance was the continuation and extension of Multidrug Therapy (MDT) which was started in ALERT’s control area in January 1983. The MDT programme was extended to the capital, Addis Ababa, and surrounding districts. Total number of patients under MDT at the end of the year was 2868, 448 paucibacillary and 2420 multibacillary patients. In the year under review 4367 patients were released from treatment, 3032 after dapsona monotherapy and 1335 after MDT. All patients released after MDT were paucibacillary patients, as the multibacillary patients have not yet finished their treatment period of 2 years. The Director of ALERT’s Leprosy Control, Dr M Bexx-Bleumink informed the assembly that the MDT programme will be extended to new districts in 1985.

The Director of Training, Dr J Warndorff gave an outline of the training activities in 1984. ALERT had 73 participants on the International courses, and 220 participants on the National courses. A total of 55 students had in-service training during the year. Dr Warndorff also gave the encouraging information that out of a total of 17 participants at the WHO Workshop on Reorientation of Leprosy Control for English Speaking Countries, which took place in Banjul, Gambia in July 1984, 13 had received their training at ALERT. This figure is evidence of ALERT’s dominant role in the training of leprosy staff in angophone Africa. The Director of Hospital Services, Dr Taye Tadesse informed the assembly that the Hospital Services had been further improved in 1984, in spite of the fact that the Hospital was short of medical staff during most of the year. ALERT is operating a hospital of 207 beds, shared amongst medicine, surgery and ophthalmology with 104, 90 and 13 beds respectively. ALERT is also rendering extensive services to out-patients, especially in the field of dermatology.

Dr J Warndorff, who is the Director of Training since 1980 will terminate his service in 1985. Mr B Johannessen, the Executive Director since 1979 will also leave ALERT in 1985.

The assembly recorded its appreciation to the outgoing directors for their excellent and hard work during their appointment periods, and for their contributions to the development of ALERT.

Leprosy; a medical film from Science Service, Berlin

In co-operation with the German Leprosy Relief Association, Science Service, Berlin has produced a training film on leprosy, which has now been updated and extended in order to include latest results of scientific research and information on multiple drug therapy. The film is 16 mm, Eastman Color Kodak, lasts 26 minutes and costs DM 2100 for optical sound track, or DM 2200 for magnetic sound. Enquiries to Science Service Berlin, Audiovision GmbH, Thamasistrasse 11-1000, Berlin.

TALMILEP; ILEP Steering Committee on Teaching and Learning Materials

At the recent meeting of the International Federation of Anu-Leprosy Associations; ILEP (234 Blythö Road, London W14 0HJ) in Luxembourg, further meetings and discussions took place to define the status and functions of TALMILEP which was formed as a sub-group of Ad Hoc Working Group No. 5 (Training) in June 1983.

TALMILEP has undertaken to stimulate, facilitate and co-ordinate efforts to provide and distribute teaching and learning materials in leprosy, worldwide, and to devise the most appropriate mechanisms for achieving this within ILEP. Its main aims are as follows:

To co-ordinate efforts for providing all categories of leprosy workers, worldwide, with teaching and learning materials; to promote the development of high quality materials by ILEP member associations, adequately covering all relevant subject aspects, and avoiding unnecessary duplication of work; to set up active distribution networks and thus ensure worldwide availability of materials; to make information about teaching and learning materials generally available.

Eventually, it should be possible for TALMILEP to assist ILEP member associations in answering such questions as: how many copies of a particular booklet are needed for a particular category of leprosy workers, in which languages, and in which countries?; which resource persons can be called upon to translate, adapt, or illustrate material, for example from English into Vietnamese?; where can material be printed at low cost?; how can a new publication be field tested?; how can material be actively and effectively distributed in a particular region?; which materials are best suited of the needs of, for example, leprosy field workers in Ghana?; what material is currently available in, for example, Portuguese?

Six ILEP member organizations are currently involved in TALMILEP, the participants are:

DAHW: Ms K Rossler, acts as secretary and co-ordinates printing and publication.
TLMI: Ms J Neville, co-ordinates distribution in the English language.
Recent ideas and progress in the treatment of leprosy; Erwin Stindl Memorial Oration, 1985, India

We are grateful to the Project Director of the Greater Calcutta Leprosy Treatment and Health Education Scheme, 35/1/A, Old Ballygunge 1st Lane, Calcutta-700-019, India, for sending this 40-page booklet which records the oration given by Dr B K Girdhar (Central Jalma Institute for Leprosy, Agra) in memory of Mr Erwin Stindl. Dr Girdhar covers the recent history of the development of chemotherapy for leprosy, notably with multiple drugs, as we know it today and goes on to consider the properties of dapsone, rifampicin, clofazimine, the thioamides, thiacetazone and other drugs in considerable detail. There are no fewer than 161 references to this masterly review of the chemotherapy of leprosy. The booklet is available from the above address at a cost of Rs 15. Considerable emphasis is given to the Jalma finding that 6 months of dual therapy of paucibacillary cases with dapsone and rifampicin is ‘... too short a time for patients to show objective and even subjective improvement ...’. They recommend continuation of treatment in paucibacillary cases up to the point of disease inactivity. The concluding paragraph of this Oration calls for quotation in full:

'To sum up, I will say we have the availability and knowledge about more potent antileprosy drugs but the outcome is going to be determined by the sincerity and zeal with which we do the work in the field, in programmes like case detection, case holding, defaulter retrieval and drug delivery. It is not the the initiation of the chemotherapeutic programme which is important but the continued maintenance of the initial vigour which is more important for success of chemotherapy in control and eradication of this disease in the years to come.'

Chinese Journal of Dermatology, Number 18, 1985

We have a continuing exchange with various journals in the People’s Republic of China, which includes The Chinese Journal of Dermatology, c/o Institute of Dermatology, Chinese Academy of Medical Sciences, 100, Jiangwangmiao Taipingmen, Nanjing, Jiangsu, People’s Republic of China. It is perhaps not realized that this dermatology journal, and some other journals from China, frequently carry articles of considerable importance on leprosy. For instance, the one referred to above has an important contribution by Dr Ji Baohong (Secretary, Steering Committee of the Scientific Working Group on the Chemotherapy of Leprosy, WHO) entitled ‘Observation on bactericidal activity of several drugs against M. leprae by proportional bactericidal test.’ Abstracts are in English; text in Chinese.

Thalidomide; Chemie Grunenthal stops production and distribution

Among many important matters discussed at the 44th Meeting of the Medical Commission at the recent ILEP meeting in Luxembourg, was the decision by Chemie Grunenthal in Germany to stop production and sale of thalidomide. A few months prior to this meeting it was understood that they might be handing over all remaining stocks to WHO in Geneva and at one time it was proposed that WHO might take responsibility for distribution. However at the above Medical Commission meeting, Dr S K Noordeen reported that a more recent decision by WHO had decided against this. A discussion then took place on possible mechanisms for maintaining supplies of thalidomide for responsible leprosy workers (for the treatment of type 2 reactions in lepromatous leprosy). Meanwhile it was reported that the only company known to produce and export thalidomide is Interbras, Petrobras, Comercio International SA, Rua de Rosario 90, Rio de Janeiro RJ, CEP 20041, Brazil. [From correspondence with Dr D V A Opromolla, we have in fact also received the name and address of another source of thalidomide in Brazil; Fundacao Ezequiel Dias (FUNED), Rua Conde Pereira Carneiro No 90, Gameleira, CEP 30,000 Belo Horizonte, Minas Gerais, Brazil. Further information can be obtained from Dr Aguinaldo Goncales, Director da Divisao Nacional de Dermatologia Sanitaria, Ministerio de Saude, sala 809 80 andar, Esplanada dos Ministerios, Bloco 11, 70,000, Brasilia, Brazil. In recording this information, we emphasize that it is the personal responsibility of any who contact these agencies to clarify formulation, chemical content and dosage. Editor.]