

## News and Notes

### **XIIIth International Leprosy Congress, 11–17 September 1988, The Hague, The Netherlands**

#### *Scientific sessions and scope of the Congress:*

Congress subjects: Twelve congress subjects are planned, namely: I Immunology, II Clinical Aspects, III Experimental Leprosy, IV Microbiology, V Epidemiology and Control, VI Treatment, VII Nerve Damage, VIII Surgery and Rehabilitation, IX Ophthalmology, X Social Aspects, XI Experimental Therapy, XII Pathology.

Poster sessions: Special attention will be given to poster presentations in order to maximize the personal discussions and explanations of your research. The organizing committee will provide a well planned schedule of poster presentations during the congress days in connection with, and completing the 12 congress themes. The organization will provide professional graphical assistance to participants for the preparation of their posters. This service is provided to present your scientific results in the most perceptible manner.

State of the art: Every morning a 1-hour session will cover all the recent progresses in the main fields of research. The 'Starters of the day' will be given by 5 experts on: A, Immunological Tools for Leprosy Control; B, Recent Developments in Molecular Biology; C, Operational Aspects of Multidrug Chemotherapy; D, Nerve Damage; and E, Social Aspects in Primary Health Care.

Workshops: The workshops will be held in the week preceding the congress. The summaries made by the chairmen will be made available by the end of the congress. Subjects to be covered are: Immunology, Epidemiology, Chemotherapy, Control, Information Systems, Diagnosis and Clinical Aspects, Training, Prevention and Management of Impairment Rehabilitation, Vaccine Trials, Social Aspects, Health Education.

Teaching and Training Sessions: During the congress continuous teaching and training sessions will be held. Video films, continuous slide presentations and films will cover the following subjects: 1, Immunology; 2, Pathology of Early Leprosy; 3, Reactive Phenomena; 4, Epidemiology; 5, Case Taking; 6, Information Systems; 7, Deformity; 8, Disability Assessment; 9, Vocational Rehabilitation; 10, Health Education. After each presentation a question and answer period is planned.

Congress Location and Hotel Accommodation: The 13th ILA Congress will be held in The Netherlands Congress Centre, The Hague, The Netherlands, from 11–17 September 1988. Hotel accommodation will be provided in several price categories ranging from ca. Dfl. 50,- to Dfl. 250,- and more. *Congress Bureau:* For all information concerning the congress, please contact the Congress Bureau: QLT Convention Services, Keizersgracht 792, 1017 EC Amsterdam, The Netherlands. Tel. +31 (0)20-26 1372, Tlx. 31578 inter nl att qlt. This Meeting is co-sponsored by the World Health Organization.

### **XIIth International Congress for Tropical Medicine and Malaria, September 1988**

This congress will be held in the International Congress Center RAI in Amsterdam from 18–24 September 1988, immediately after the International Leprosy Congress (above).

Information can be obtained at: Organisatie Bureau Amsterdam, Europaplein 12, 1078 GZ Amsterdam, The Netherlands. Tel. +31 (0)20-440807, Tlx. 13499.

### **Dermatology Meeting, Oxford, UK**

A joint meeting of the International Society of Dermatology and the International Society of Dermatopathology has been provisionally agreed for 4–8 September 1988, in Oxford, UK. Further details, including confirmation of these dates, will be published in the near future, but the indications are that this meeting will indeed take place in early September 1988, making 3 for that month. *Editor.*

### **People's Republic of China; training of doctors for leprosy control and eradication**

Dr Ma Haide (George Hatem) has written to say that 30 medical college graduates will be selected over a period of 3 years (approximately 1986–1989; 10 per year), to be trained as leprologists, capable from 1990 onwards of directing the country towards basic eradication of leprosy by the year 2000. Discussions have already been held in China on the course content and yearly training programme, including the possibility of part training outside China and we look forward to hearing further details of this important initiative.

**Tuberculosis update: PATH; USA**

PATH is published by the Program for Appropriate Technology in Health, from 4 Nickerson Street, Seattle, WA 98109-1699, USA. In Vol 6, No 1, 1986, most of the issue was devoted to tuberculosis and in No 2, some interesting comments from readers were recorded:

'Our recent issue on tuberculosis (Vol 6, No 1) brought a great deal of comment from our readers. Several pointed out that the fluorescent method of sputum slide examination is not more sensitive than the standard test (it only allows the microscopist to work more quickly) and that the bactericidal effect of ethambutol is probably better rated as 'low' while streptomycin should be rated as 'medium.'

One reader asked us to mention the drug interaction that occurs between rifampicin and oral contraceptives (OCs). Studies have shown that rifampicin speeds up the body's metabolism of oral contraceptive steroids and reduces their effectiveness. This effect is especially apparent with low-dose OCs, so women taking rifampicin and trying to prevent pregnancy should use another method of birth control.

Clarification is necessary for the purified protein derivative (PPD) doses that were mentioned for use in skin tests. For tests using PPD RT23, a 2 Tuberculin Unit (TU) dose is specified. This is roughly the equivalent of 5 TU dose of standard PPD. Finally, the most recent price data place the drug costs of a 6 month, intermittent regimen consisting of initial daily treatment with isoniazid, rifampicin, pyrazinamide and ethambutol, followed by twice-weekly treatments with isoniazid and rifampicin at close to US \$32, rather than the \$18 figure given in the TB issue.'

**Solar Solutions for the Cold Chain**

The most recent edition of *Africa Health*, Vol 8, No 6, August/September 1986, carried an article of considerable interest to those who handle vaccines and other materials which require efficient refrigeration. John Lloyd of the WHO Expanded Programme on Immunization analyses the equipment which is currently available and draws attention to some of the problems which have been encountered. The opening paragraphs of this valuable article read as follows: 'Solar powered refrigerators made for storing vaccines and freezing the icepacks used to carry vaccines have finally emerged from some 5 years of development and trials in the field. They are now being purchased in large numbers for the WHO Expanded Programme on Immunization.

Despite a poor record of reliability with early photovoltaic powered (PV) refrigerators, the technology has steadily improved and system designs have become more efficient and less costly.

In the face of rising fuel costs, and the falling availability and poor quality of kerosene in many parts of Africa, even the best of the absorption refrigerators are unable to guarantee an effective cold chain in these areas. As funds become available, therefore many countries including Zaire, Uganda, Ghana, the Gambia, Kenya, Tanzania, Mali, Somalia and the Sudan are starting to implement large scale solar electrification of their cold chain systems.

For the manufacturers who have invested heavily in the development and improvement of this equipment over the last 5 years, this is welcome news. The promise of secure, long term storage for vaccine at no fuel cost is good news also for the EPI. But out of the euphoria of technological success are emerging logistic and management questions which, if not adequately addressed, threaten to point solar refrigeration to the same undesirable end as some other high technology transfers into the African region.' *Africa Health* is circulated free of charge to physicians, administrators and health professionals in government, private and charitable institutions (as stated on the reader application card) in the following countries: Botswana, the Gambia, Ghana, Kenya, Liberia, Malawi, Nigeria, Sierra Leone, the Sudan, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe. All correspondence should be addressed to *Africa Health*, 9 Heneage Street, London E1 5LJ, UK. Telephone: 01-377 9262.

**Proceedings of the Western Regional Leprosy Workers' Conference, Goa, India**

The Western Regional Leprosy Workers' Conference was organized at Monte-de-Guirim, Mapusa, Goa from 8-10 November 1985. This was jointly organized by the Directorate of Health Services, Goa, branches of Hind Kusht Nivaran Sangh (Western Region-Goa, Maharashtra, Madhya Pradesh, Gujarat and Rajasthan) and the National Leprosy Organization and attended by 199 delegates from Gujarat, Goa, Madhya Pradesh and Maharashtra, Rajasthan. As the main objective of this Conference was to encourage paramedical workers to present scientific papers based on their experience, all the presentations were limited to them, apart from 3 guest lectures by eminent scientists. Twenty-nine papers were presented at different sessions including laboratory aspects of leprosy, operational and clinical aspects, physiotherapy, rehabilitation and social welfare, health education, training and treatment.

The organizers are to be congratulated on their decision to encourage the presentation of results by paramedical workers. The subjects covered were refreshingly practical and could well be taken up by others responsible for regional meetings of this kind. They included: Laboratory aspects of leprosy; Factors affecting accuracy in reporting on smears for a/b; Hypopigmented lesions on the face in children; Do we need to treat single lesion cases?; Case finding programmes in tribal areas; Role of splints in the treatment of the leprotic hand; Health education and training (exhibition on wheels; a technique for detection of leprosy); Video films for education in leprosy and supervised administration of MDT in leprosy colonies through volunteers.