
LEPROSY CONTROL AND FIELD WORK

Charts for multiple drug therapy (MDT) in paucibacillary and multibacillary leprosy

In the December issue of *Lepr Rev*, 1987; 58: 438–9 diagrams were printed which explain the drugs, dosages and periods of treatment for paucibacillary and multibacillary leprosy, according to WHO recommendations. They are normally produced on card (A4 size) rather than paper, the information being printed on both sides, with laminating and sealing of the edges in plastic. A recent estimate in Oxford, UK, for the printing of 1000 of these charts came to about £100.00, with an additional £480.00 for laminating. They are intended for desk or clinic use by all those responsible for the implementation of MDT; they are also of value in small group teaching. Further enquiries to this *Editorial Office*.

WHO: Disability Prevention and Rehabilitation in Leprosy, 1987

This WHO Report (WHO/CDS/LEP 87.3) is of a consultation on disability prevention and rehabilitation in leprosy which took place in Geneva, March 1987. The two subjects were considered under the following main headings: introduction, background information and state-of-the-art, preventing and limiting disabilities, rehabilitation, research and recommendations. The list of participants was as follows:

Dr (Mrs) Brand, National Hansens's Disease Centre, Carville, LA 70721, USA; Dr S D Gokhale, International Leprosy Union, A-2, Rasadhara Co-operative Housing Society Ltd, 385 S.V.P. Road, Girgaum, Bombay-400 004, India; Dr W Felton Ross, American Leprosy Mission, One Broadway, Elmood Park, New Jersey 07407, USA; Dr Maria Leide de Oliveira, Ministry of Health, Esplanada dos Ministérios, Bloc 11, Sala 809, 70058 Brasilia, Brazil; Dr E Pupulin, Amici de Raoul Follereau, Via Borselli, 4, 40135 Bologna, Italy; Mrs J Santos Valdez, Volunteers for the Rehabilitation of the Handicapped and the Disabled Inc., 99 North Drive, Baclod City, Philippines; Dr H Srinivasan, Director, Central Jalma Institute for Leprosy, Taj Ganj, Agra-282001, India; Ms J Watson, The Leprosy Mission International, 50 Portland Place, London, W1N 4DG, UK.

Leprosy Control in the People's Republic of China

Dr Ma Haide, Chairman of the China Leprosy Association/Foundation, Hou Hai Bei He Yan 24, Beijing, People's Republic of China, recently wrote with greetings and his message included the information that during 1986 they treated a further 20,000 patients, whose treatment continued for another year before release. In 1988 they anticipate that they still have about 80,000 patients and PRC is appealing for international support towards basic eradication by the year 2000. Contributions may be sent to the above address. Bank transfer: Bank of China, Beijing, PRC Acct. No 71405516.

Drug Distribution for MDT; Stocks at Various Levels of the Health Service

During discussions recently with Dr Cesar Viardo (Leprosy Control Service, Manila) and Dr Yo Yuasa (Sasakawa Memorial Health Foundation, Tokyo, Japan), it was noted that stocks of antileprosy drugs in the Philippines are held as follows: 24 months' supply at Department of Health level; 12 months' at Regional; 6 months' at Provincial; 3 months' at District; 2 months' at Rural Health Centre and 1 month at Barangay Health Service, i.e. the peripheral, level. These arrangements clearly relate to a particular administrative and health service structure, but they give a useful indication of periods which have been found workable in practice. If the number of cases to be treated is large and the pace of MDT implementation fast, consideration might be given to ensuring that purchase and stocking at Department of Health level, i.e. central, national, is in the order of 3, rather than 2 years.

The Use of Essential Drugs; Technical Report Series, WHO

Technical Report Series 722, Second Report of the WHO Expert Committee on The Use of Essential Drugs is published by the World Health Organization (1985), and is obtainable from the Office of Publications, WHO, Geneva, Switzerland, or from any established medical bookshop. The contents are as follows: 1, Introduction; 2, Guidelines for establishing a national programme for essential drugs; 3, Criteria for the selection of essential drugs; 4, Guidelines for the selection of pharmaceutical dosage forms; 5, Quality assurance; 6, Drug utilization surveys; 7, Research and development; 8, Specialized applications of the essential-drugs concept; 9, Updating of lists of essential drugs; 10, Model list of essential drugs (Fourth revision)—10.1 Alphabetical list of essential drugs; 11, Changes made in revising the model list; 12, Essential drugs and primary health care—12.1 Criteria for the selection of drugs for primary health care, 12.2 A model list of drugs for primary health care; 13, Drug information and education activities—13.1 National responsibilities, 13.2 The role of WHO; and 14, Glossary of terms used in the report.

Dapsone and clofazimine are included under antileprosy drugs and rifampicin, ethionamide and prothionamide under antibacterial drugs (pages 18 and 19).