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News and Notes

Tropical Diseases and HIV Infection; UNDF–World Bank–WHO, Kenya, 1987

An important meeting was held in Nairobi, Kenya in December 1987 on 'Interrelations of Tropical Diseases and HIV Infection', sponsored by the UNDP/World Bank/WHO Special Programme for Research and Training on Tropical Diseases (TDR) and the WHO Global Programme on AIDS (GPA). The main objectives of the meeting were fourfold: 1, to review what is known about the interactions of HIV infection and tropical diseases; 2, to determine the major research questions raised by these interactions; 3, to design appropriate outline epidemiological protocols to answer the questions; and 4, to disseminate the findings of the meeting to encourage the relevant research. Following plenary sessions, the participants formed 3 working groups to plan studies, respectively, on malaria, mycobacterial diseases and other parasitoses. Jointly, TDR and GPA have made this undertaking a priority area for research, and funds will be allocated for relevant research proposals.

In the context of leprosy control the following issue of particular concern were listed:

1 Are people infected with HIV more or less likely to develop clinical leprosy?
2 What are the effects of a coexisting HIV infection in an individual who develops clinical leprosy (e.g. is there downgrading to lepromatous leprosy?).
3 If, as a consequence of issue(s) 1 and/or 2, there is an increase in the number of cases of lepromatous leprosy in an area, does this lead to increased incidence rates of leprosy among those not infected with HIV?
4 Are persons infected with HIV and also with *M. leprae* but who die from HIV-related causes before they develop clinical leprosy likely to be sources of *M. leprae* infection? (This might also increase the risk of leprosy among those in the community not infected with HIV).
5 Are the present leprosy treatment regimens sufficient, particularly in terms of relapse rates, for tuberculoid and lepromatous leprosy patients also infected with HIV?
6 Are the incidence rates of Type I and II reactions and adverse drug reactions increased in leprosy patients with HIV infections?
7 Does clinical leprosy accelerate the progression of HIV infection to AIDS?

Source: WHO document TDR/GPA/TD-HIV/87.3

The Leprosy Mission (International)—change of address

Please note that from the beginning of September 1988 The Leprosy Mission (International) will be moving to 80 Windmill Road, Brentford, Middlesex TW8 0QH, United Kingdom.

Acworth Leprosy Hospital, Bombay

We are grateful to the Honorary Secretary, Mr S S Naik, Acworth Leprosy Hospital Society for Research, Rahabilitation and Education in Leprosy, Wadala, Bombay, 400 031, India, for information about publications from their centre: 1, Competitive examination in leprosy for medical students—a report; 2, Rehabilitation projects in leprosy—16 years experience; 3, The Dr Raghavendra Row Memorial Fund for leprosy teaching; and 4, Involvement of students in leprosy health education programme—an experiment.

In addition, a 4-page news bulletin on leprosy in Marathi (the State language) has been written and circulated free of charge to 2000 paramedical workers in Maharashtra.

The unquiet eye; a diagnostic guide: Oxford, UK

This is a 97-page booklet, written by Mr A J Bron, Department of Ophthalmology, the Oxford Eye Hospital, Walton Street, Oxford, UK, published in 1981 by Glaxo Laboratories Ltd. It is extensively illustrated with high-quality pictures and has numerous sections on methods of examination. Apply to Glaxo Laboratories Ltd, Greenford, Middlesex UB6 0HE, England. Some of the points in the book are also discussed by the author in an 18-minute film strip, available from the same address.

Orientation in leprosy for doctors, HKNS, India

This is a 28-page booklet, written by Drs E S and R H Thangaraj and Dr K C Das, published by HKNS, 1 Red Cross Road, New Delhi 110 001, India, covering all important aspects of the subject for doctors. It is well illustrated with colour pictures and should be invaluable not only for doctors but also for medical students, especially in India.

Hansenologia; Dermatologia Tropical: Portuguese; Professor Talhari, Brazil

This is a 108-page paperback, covering all aspects of leprosy, profusely illustrated in black and white and colour, written in Portuguese and published in 1984. Enquiries to Professor Sinesio Talhari, Centro de Dermatologia Tropical e Venereologia 'Alfredo da Matta', Manaus, Amazonas, Brazil.

AIDS in the Americas

Volume 21, Number 4, 1987 of the *Bulletin of the Pan American Health Organisation* carries an article on the Acquired Immunodeficiency Syndrome (AIDS) in the Americas, which warrants close study. The enormity of the problem is described in some detail and Table 1 lists the number of cases and known deaths from AIDS in all countries of the Americas, by subregion and country. Brazil, for instance is recorded as having 2013 known cases and 734 deaths. Two paragraphs from the text warrant quotation:

The economic costs of AIDS are also huge. For example, in the United States an estimated US$1·5 billion will be spent for drug treatment of AIDS patients alone in 1991, and the total cost of direct medical care that year is projected at US$16 billion. The combined impact of the pandemic of AIDS, AIDS-related diseases, and neurologic disease upon health care, insurance and legal systems, economic and social development, and indeed entire cultures and populations will be extraordinary and profound.

Already, the depth and extent of personal and public reaction to AIDS throughout the Region has been considerable. However, this response has been generated by only 48,104 reported AIDS cases in this Region and about 59,600 worldwide. The potential stresses resulting from the occurrence of 270,000 projected AIDS cases in the United States alone by 1991 plus many thousands of cases in the rest of the Region may be correspondingly much greater.

Social science research on leprosy: GMLF, India

Dr A M Kurup, Chief Research Scientist, has sent a copy of a 118-page publication describing '. . . a national seminar on social science research on leprosy organized by the Centre for Social Science Research on Leprosy and attended by a multidisciplinary group of Social Scientists, Medical Scientists, Leprologists, Leprosy Programmers and International Agencies.'

This is a valuable source of information, notably on research aspects. Copies are available from: Gandhi Memorial Leprosy Foundation, Hindinagar, Wardha 442103, Maharashtra, India.

China Leprosy Journal, March 1988

It is a pleasure to regularly receive copies of this Journal from the People's Republic of China and to see evidence of so much continuing activity at both laboratory research and field levels. This one (Volume 4, Number 1) has 27 contributions, covering many important aspects of leprosy and it is a pity that the language (Chinese throughout) limits their usefulness. (We have in fact already written to the Editor of the *China Leprosy Journal* to respectfully propose that more extended summaries in *English*, together with the full names and addresses of authors would be much more valuable, and much cheaper to distribute, that the Journal in its present, essentially Chinese, form. *Editor*).

Dapsone syndrome due to weekly 'maloprim'

The *Lancet* of 5 March 1988 carries an interesting letter from Dr Lindsay Grayson and colleagues in Fairfield Hospital, Fairfield 3078, Victoria, Australia on the above syndrome, occurring in a 30-year-old adult female who became seriously ill 4 weeks after starting maloprim and chloroquine. Their concluding paragraph runs as follows:

'The dapsone (or DDS) syndrome was first noted by Lowe in 1950' and has been associated with daily doses of 50–300 mg. The complication can prove fatal. The dapsone syndrome occurs during the first 6 weeks of therapy and the clinical picture is of a severe infectious mononucleosis-like illness with exudative tonsillitis, lymphadenopathy, and mononucleosis in association with prominent exfoliative dermatitis, hepatitis, and eosinophilia. Our patient had taken pyrimethamine/sulphadoxine without ill-effect and subsequently took chloroquine alone without complication, which suggests that dapsone 100 mg weekly (as maloprim) was responsible for the reaction. This would be the first report of this syndrome occurring on low-dose therapy. The patient responded well to high-dose steroids but slow steroid reduction was needed.

(We would appreciate correspondence from readers on any similar cases, *Editor*.)

Leprosy: topics for research in endemic countries

In the Autumn 1987 issue of *TDR Newsletter*, Number 24, pages 6 and 7 carry lists of topics for research in endemic countries, on which the respective Steering Committees invite proposals. Those under leprosy are as follows:

Development and validation of seroepidemiological methods, e.g. specific tests for antibody/antigen detection, for *Mycobacterium leprae* using molecular probes and for cell-mediated immune (CMI) responses both *in vivo* and *in vitro*; development of prophylactic vaccine(s): development of candidate subunit structures, establishment of effective vectors for immunization, identification of CMI-inducing antigens/epitopes, production of recombinant and/or synthetic vaccine candidates; identification of means to overcome pathogenic host responses; development of human and animal model systems, identification of genetic markers of disease, investigation of lymphocyte subsets and their repertoires and the role of lymphokines; identification of methods to prevent and control nerve damage; investigations of nerve damage in humans and animal models, determination of the role of CMI in nerve damage, identification of the function of cells/antigens in tissue lesions; identification of means for better use of existing drugs: testing of new combinations in animal models, conduct of clinical trials in multibacillary patients using newer regimens; assessment of needs for improved therapy: study of relapses after cessation of treatment, identification of risk factors for relapse, survey of rifampicin-resistant leprosy; identification of new drugs for leprosy: selection from inventory and/or design of new compounds, development of new microbial screens, conduct of animal studies for antileprosy activity, conduct of short-term clinical trials in humans; identification of new drugs for treatment of leprosy reactions: development of models for screening drug activity, testing of active drugs for pharmacological and mutagenic effects, toxicity and structure/activity relationships; and evaluation of immunotherapeutic methods: conduct of immunoreactivity trials, study of immunotherapy combined with chemotherapy.

Apply: Secretary, Special Programme for Research and Training in Tropical Diseases (TDR) World Health Organization, 1211 Geneva 27, Switzerland.