Lepr Rev (1990) **61,** 82–87

Teaching Materials and Services

AIDS and tuberculosis

In a number of developing countries, particularly in sub-Sahara Africa, infection with both, *Mycobacterium tuberculosis* and HIV, is highly prevalent. Persons with both infections have an increased risk of developing clinical TB (in a study in Florida, the prevalence of clinical TB among AIDS patients of different ethnic groups corresponded to the prevalence of TB infection) and of further transmitting TB infection. Therefore, some of these countries are facing, or will have to face, a rapid upsurge of the TB problem. Salient points of the association between TB and HIV are:

TB infection in individuals also infected with HIV is highly likely to progress to clinical TB.
2 It is possible that TB also accelerates the evolution from HIV infection to overt disease (AIDS).
3 HIV may be transmitted among TB patients through unsterile injections used in TB treatment (e.g. streptomycin).
4 TB often occurs as an early, or even the first, clinical manifestation of AIDS.
5 If, because of underlying HIV infection, there is an increase in the incidence of clinical TB, this will lead to higher transmission rates in the general population (especially family contacts, health personnel).
6 In HIV-infected patients the clinical TB picture is often different from that usually seen in adult-type tuberculosis, and includes unusual extra-pulmonary manifestations—e.g. lymphatic involvement and intracranial tuberculomas. Case finding and diagnosis are therefore more difficult.
7 Optimal treatment duration and adverse reaction rate in HIV infected TB patients is still unknown. (Reactions have especially been observed with thiacetazone).

All this points to a need to strengthen TB control. WHO recommend the following steps:

—Coordination by including an expert on TB on national AIDS Committees,
—Vigilance in hospitals and clinics to suspect TB in AIDS patients, and to treat TB promptly,
—Fully supervised anti-TB drug intake, at least in initial phase of therapy,
—Health education on HIV transmission for TB patients, voluntary serological tests and counselling,
—Where sterility of needles cannot be ensured, an entirely oral medication regime should be used.

BCG vaccination should be withheld from individuals with symptomatic HIV infection. (Summarized from *Weekly Epidemiological Record*, WHO, 28 April 1989.)

Leishmaniasis and HIV infection

The following is extracted from *TDR News*, Number 29, 1989:

'Increasing numbers of AIDS patients (or HIV-seropositive individuals) are being identified who also suffer from leishmaniasis, in some cases without previous history of this parasitic disease. There are theoretical and experimental reasons to believe that live parasites can and do persist following infection and recovery from leishmaniasis. When the immune response is depressed, leishmaniasis can manifest itself. It is therefore not surprising to see this association and it has been suggested that leishmaniasis should be considered as an opportunistic infection. Following the publication of the first few reports, we surmise that new cases of combined infections have probably not been published.

The TDR Leishmaniases Component and the Global Programme on AIDS and Parasitic Diseases Programme of WHO are interested in promoting research on the association of HIV and leishmaniases. We would like to hear from you if (a) you see cases of such combined infection, or (b) you are interested in and in a position to undertake research on this phenomenon.

Please write to: Dr Farrokh Modabber, Secretary, Steering Committee on Leishmaniases, TDR/World Health Organization, 1211 Geneva 27, Switzerland.'

Health Images, UK

Health Images has been set up in response to the increasing realization that pictures are desperately needed to help accelerate social change in poor countries. *HI* is the first and only organization in the UK to specialize in helping groups in poor countries to develop and mass produce their own locally relevant visual materials. *HI*'s aim is to promote the increased production and use of well-designed visual aids for learning about health and development, worldwide. Some of *HI*'s planned activities are outlined below.

Training Workshops
Training workshops in design, pre-testing and production will be held both in the UK and in underdeveloped countries. Workshops will last 2–3 weeks and aim to increase the number of people who can teach the skills required for making simple visual aids.

Printing Technology
Appropriate printing technology will be developed and disseminated. Initially, a portable silkscreen printing kit for use in refugee camps, schools, etc. has been designed and constructed.

Publications
A newsletter will be produced twice a year, carrying reports of work with visual materials from different countries. A practical manual 'Visual Aids: Designing, Pre-testing, Printing' was published in 1988.

Supply Scheme
HI will run a scheme to help small health projects, which cannot afford to produce their own materials locally, to develop effective visual aids.

Research/Consultancy
It is hoped that *HI* will be able to provide resource persons for consultancy or research work on visual materials.

Exhibitions
Exhibitions will be prepared on subjects relating to visuals. One exhibition, 'Visual Communication for Health and Development' will tour art colleges and galleries in the UK during the next 2–3 years. This exhibition is primarily intended to introduce art students and artists to the design of visual materials for use with non-literate audiences.

Initially, the address of the *HI* office will be Holly Tree Farm, Walpole, Halesworth, Suffolk, IP19 9AB, England (*Tel*: 098 684 402). Please contact us if you would like to know more about *HI*'s work.

WHO-assisted tuberculosis training courses

Dr A Kochi, Chief Medical Officer, Tuberculosis Unit, Division of Communicable Diseases, WHO, 1211 Geneva 27, Switzerland, has kindly provided the following list of WHO-assisted international tuberculosis training courses:

1 Annual training course on the epidemiology and control of tuberculosis, Paris, with field training in Algeria.
Address: Dr Annik Rouillon, Executive Director, International Union against Tuberculosis, 68 Boulevard St-Michel, 75006 Paris, France.

2 Annual WHO/Japan international tuberculosis course, at the Research Institute of Tuberculosis, Tokyo, with field training in the Republic of Korea.
Address: Dr N Umemura, Course Coordinator, The Research Institute of Tuberculosis, Japan Anti-Tuberculosis Association, Keddaku Yobo Kai Kekkaku Kenkyujo, Kiyose-shi, Tokyo, Japan.

3 Advanced course for managers, Tokyo.
Address: Same as for No. 2.

4 Annual international training course on bacteriology of tuberculosis, at the National Reference Centre for Tuberculosis, Ottawa, Canada.
Address: Dr Adalbert Laszlo, Director of Course, Principal Scientist, National Reference Centre for Tuberculosis, Laboratory Centre for Disease Control, Health Protection Branch, L.C.D.C. Building, Tunney's Pasture, Ottawa, Ontario K1A OL2, Canada.

5 Annual international training course on tuberculosis at the National Tuberculosis Institute, Bangalore.
Address: Dr R V Kale, Chief Medical Officer, National Tuberculosis Institute, Directorate General of Health Services, No. 8, Bellary Road, Bangalore 560 003, India.

6 Annual All Africa leprosy and rehabilitation training course (with a chapter on tuberculosis), Addis Ababa, Ethiopia.
Address: Dr S J Nkinda, Director of Training, ALERT, PO Box 165, Addis Ababa, Ethiopia.

7 Training in the production and control of freeze-dried BCG vaccine, Statens Seruminstitut, Copenhagen, Denmark.
Address: Dr Jorgen Leerhoy, Quality Control Department, Statens Seruminstitut, Amager Boulevard 80, 2300 Copenhagen S, Denmark.

8 Training course on the epidemiology and control of tuberculosis and acute respiratory infections, Instituto Nacional de Epidemiologia 'Emilio Coni', Santa Fe, Argentina.
Address: Dr Eduardo Balestrino, Director, Instituto Nacional de Epidemiologia, Casilla de Correo 106, 3000 Santa Fe, Argentina.

9 Training courses on the epidemiology and control of tuberculosis in South America, Cuba and Mexico.
Addresses: Dr Padula, Director, Istituto Nacional de Epidemiologia, Ituzaingo 3520, Mar del Plata, Argentina.
Dr Germano Gerhardt, Director, Division Nacional de Pneumologia Sanitaria, Rua de Resende 128, 2° andar, 20 000 Rio de Janeiro, Brazil.
Dr Guido Chavez Montagno, Jefe Seccion Enfermedades Transmissibles, Ministerio de Salud, Calle 16 No. 7-39, Bogota, Colombia.
Dr Libertad Carreras, Jefa Grupo Tuberculosis, Ministerio de Salud, Le Habana, Cuba.
Dr Leonel Rojas, Coordinator, INERYCT, J.M. Infante 717, Casilla 9634, Santiago, Chile.
Dr Gonzalo Cano, Jefe, Programa de Tuberculosis, Mazarik 490, 8° Piso, Colonia Polanco, Mexico 5, D.F.
Dr Manuel Adrianza, Director Enfermedades Cronicas, Depto. de Tuberculosis, Ministerio de Sanidad Social, El Algodonal, Antimano, Caracas, Venezuela.

10 Regional training course on bacteriology at the Centro Panamericano de Zoonosis, Argentina.
Address: Dr Isabel N. de Kantor, Centro Panamericano de Zoonosis, CEPANZO (OPS/OMS), Calle Talcahuano 1660 esquina Cordoba, Martinez, Provincin de Buenos Aires, Argentina.

Disability in the developing world—short international courses. IDEA

International Disability Education & Awareness (IDEA) are offering the following course:

Multidisciplinary forums for sharing ideas and information and looking at the issues around

Development and Disability. July 16–21 (residential) at All Saints Pastoral Centre, Herts (accessible for disabled people).

For anyone concerned with disabled children and adults (including those with learning difficulties) in developing countries. Participants welcome from the fields of therapy, education, health, advocacy, disability politics, employment, social work etc. who are, or have been, working overseas or who are interested in the issues.

Details from: M. Greenhalgh, Administrator, IDEA, William House, 101 Eden Vale Road, Westbury, Wilts BA13 3QF, England.

FIELDLINCS Coordination and Technical Support Grants

Field Links for Intervention and Control Studies (FIELDLINCS) is a recently created programme designed to promote high quality field research on the TDR diseases—malaria, schistosomiasis, filariasis, trypanosomiasis, leishmaniasis and leprosy.

Field Links for Intervention and Control Studies (FIELDLINCS) is a recently created programme designed to promote high quality field research on the TDR diseases (malaria, schistosomiasis, filariasis, trypanosomiasis, leishmaniasis, and leprosy).

The three goals of FIELDLINCS are: (1) to provide training in epidemiology, entomology and social sciences for individuals conducting field research on intervention strategies, and implementing control programmes; (2) to promote field research networks as mechanisms for training in project design, methodologies and techniques of field research, and for project-to-project linkage to reduce the isolation of investigators; and (3) to work in close collaboration with TDR's disease-specific components to provide input into the selection and utilization of epidemiological, social science, and entomological methods appropriate for the study of tropical diseases.

For more information, please write to: Dr Jacqueline Cattani, FIELDLINCS Coordinator, TDR, World Health Organization, 1211 Geneva 27, Switzerland.

Takemi Program in International Health

The Takemi Program in International Health at the Harvard School of Public Health seeks applications for a limited number of fellowships for research and advanced training on critical issues of international health, especially those relating to developing countries. This interdisciplinary programme focuses primarily on mobilizing, allocating and managing scarce resources to improve health, and on creating sound strategies for disease control and health promotion. To address these issues, the Programme brings together at Harvard a small group of future leaders from around the world and from diverse disciplines. Through its fellowships for highly qualified individuals, the Takemi Program seeks to contribute to institutional development and to improvement of national health policy as well as to the advancement of knowledge.

The Takemi Program has four major objectives:

- to create better methods for mobilizing and using health resources in both rich and poor countries.
- to promote cooperative research and comparative analysis of health policies and programmes in different countries.
- to study transnational causes of ill health, such as population migration and disease transmission, and air and water pollution.
- to bring together leading health professionals and scholars from many nations for research and training.

The programme seeks to achieve these objectives through activities at Harvard and through the growing global network of Takemi Fellows.

For additional information contact: Michael R. Reich, Ph.D., Director, Takemi Program in International Health, Harvard School of Public Health, 665 Huntington Avenue, Building 1, Boston, MA 02115. *Tel*: 617-732-0686; *Telex*: 501003; *Fax*: 617-566-0365.

International Course Programme for 1990 ALERT

Course name	Participants	Dates in 1990	Requirements
(a) LEPROSY COURSES			
1. *Rural Area Supervisors Course* On Clinical Leprosy, Leprosy Control and Supervision	Senior and Junior Rural Area Supervisors	17 September–17 November (9 weeks)	Senior Rural Area Supervisors, should be in charge of Leprosy Control Activities for a large area, e.g. province. Junior Rural Area Supervisors should have not less than 5 years experience in leprosy.
2. *Doctors Course* Clinical Leprosy, Leprosy Control Programme Management	Medical Officers, involved or going to be involved, in clinical care of leprosy patients, management of Leprosy Control, or Training in Leprosy of Health Personnel	23 April–2 June (6 weeks)	Experience or familiarity with a Leprosy Control Programme desirable, but not essential. Additional in-service training in Leprosy Control for at least 2 weeks recommended.
3. *Short Doctors Course* Leprosy Control and Clinical Leprosy, including management of ulcers and simple septic surgery	Medical Officers with some experience (1 year or more) in leprosy, working mainly in hospitals	18 June–14 July (4 weeks)	Some experience in Leprosy is needed in this short course.
4. *Physiotherapy Course*	Physiotherapists, Occupational Therapists, other Paramedicals and Health Staff with experience in Leprosy Physiotherapy	(i) 23 April–2 June (6 weeks) (ii) 17 September–28 October (6 weeks)	
(b) TUBERCULOSIS COURSE	Medical Officers and Senior Health Staff involved in Tuberculosis Control	2–21 April (3 weeks)	Prior work or attachment with tuberculosis project is highly recommended.

Summary:

J	F	M	A	M	J	J	A	S	O	N	D
RAS			TB	DOC		DOC			RAS		
				PT					PT		

NB: (1) A good command of English is essential.

(2) An application form should reach ALERT at least 3 months before the start of the course.

International Course Programme for 1990 ALERT—(*continued*)

National Courses	Participants	Dates	Requirements
Medical Undergraduates	Final year Medical Students	3 weeks per group	Other Ethiopian and non-Ethiopian health personnel with limited responsibilities in leprosy work may be attached to these courses when places are available.
Student Nurses	Final year Student Nurses	2 weeks per group	
Health Assistants	H.A. on upgrading courses	2 weeks per group Dates still to be fixed.	

In-service Training

NB: The in-service training programmes are generally intended for further specialized training in specific fields.
Applicants for programmes listed under 1–5 are therefore required to possess prior experience in leprosy or to have participated in an appropriate formal course.

Programme	Qualifications required	Recommended duration
1. Clinical Leprosy	Medical Officers, Qualified Nurses, Medical Assistants	Minimum of 2 months
2. Clinical Leprosy and Leprosy Control	Medical Officers, Qualified Nurses, Medical Assistants	Minimum of 4 months
3. Septic Surgery and Amputation Surgery	Qualified General Surgeon, Surgical Residents, Medical Officers with good experience in surgery	3 months
4. Reconstructive Surgery	Qualified Plastic, Orthopaedic or General Surgeons, Surgical Residents, Medical Officers with good experience in Leprosy	Dependent on extent of training required and basic qualification 3 months
5. Physiotherapy	Physiotherapists, Occupational Therapists, Other Paramedical Health Personnel	4–6 months
6. Laboratory Techniques in Leprosy	Laboratory Technicians	1 month
	Laboratory Assistants	2 months
7. Dermato-histopathology techniques (in Armauer Hansen Research Institute)	Laboratory Technicians	3 months
8. Orthopaedic Workshop Techniques—making of protective footwear (Sandals, Plastazote)	—	6 months
9. Prosthetics	Orthopaedic Workshop Technicians	12 months

NB: A good command of English is essential in all courses.