

NEWS and NOTES

This department furnishes information concerning institutions, organizations, and individuals engaged in work on leprosy and other mycobacterial diseases, and makes note of scientific meetings and other matters of interest.

MINUTES OF AN EXTRAORDINARY MEETING
COUNCIL OF THE INTERNATIONAL LEPROSY ASSOCIATION
27 November 1985
Guangzhou, People's Republic of China

1. Members present: Prof. M. F. Lechat, President, in the Chair; Dr. R. H. Thangaraj, Secretary; Dr. W. F. Ross, Treasurer; Dr. R. C. Hastings, Editor, IJL; Drs. M. Christian, K. V. Desikan, W. M. Meyers, S. J. Nkinda, T. Ramasoota, J. R. Trautman, and M. F. R. Waters, Councillors.
By invitation: Mr. H. E. M. de Bok, Chairman, Organizing Committee, XIII International Leprosy Congress; Dr. A. C. M. McDougall, Vice President, Medical Commission of the International Federation of Anti-Leprosy Associations (ILEP); Dr. S. K. Noordeen, Chief, Leprosy Section, World Health Organization (WHO).
2. XII International Leprosy Congress, New Delhi, 1984
 - a. Financial. Dr. Thangaraj reported that after all bills had been met, the XII International Leprosy Congress still had a credit balance from funds received of Rs 550,000. Of this sum:
 - i. Rs 75,000 were paid to the INTERNATIONAL JOURNAL OF LEPROSY to subsidize the Congress Supplement.
 - ii. Rs 225,000 were being used to subsidize the Congress Proceedings. Copies will be sent to all delegates on payment of postal charges of US\$15 for foreign delegates and Rs 85 for Indian delegates. Dr. Thangaraj thanked Dr. Desikan for editing the Proceedings.
 - iii. It was proposed to retain Rs 250,000 to be spent on sending 8–10 Indian delegates to the XIII International Leprosy Congress.
 - b. The President reported that he had received replies from approximately 40 of the 70 members invited to comment on the Congress. The three major comments were:
 - i. There had been very little time for discussion.
 - ii. It was inappropriate to have sessions on chemotherapy and immunology held concurrently.
 - iii. The posters were located too far away from the Congress halls; there had been insufficient time to visit the presentations; and the authors were not there for discussion.
3. XIII International Leprosy Congress, September 1988
 - a. Organization
 - i. The President thanked the Dutch for graciously consenting to host the Congress after the decision at the XII International Leprosy Congress. He stated that the Congress Center was very good, and the Professional Congress Bureau in The Hague was very dynamic.
 - ii. Mr. de Bok confirmed that Dr. Leiker and himself had wished to invite the ILA for its next Congress, and that the invitation is supported by the Dutch Ministry of Public Health and The Hague. An independent body had been set up (completely independent of NSL) to organize and to finance the Congress, the Chairman being

the Director of the Dutch Public Health Institute. This body is responsible for finding the funds, although 50% was guaranteed by NSL and the Dutch government was subscribing Dutch guilders 70 for each Congress delegate plus the rent of the building.

- b. Program. Mr. de Bok expressed the wish that the XIII International Congress should meet the various needs of the delegates. The President then dealt with the various subjects.

i. "State of the art" lectures

For each of the 5 days of the Congress, from 9:00 a.m. to 9:45 a.m., an eminent leprologist would be invited to speak on a specific subject (Social aspects, Chemotherapy, Epidemiology, Control, and Immunology).

ii. Workshop sessions

Twelve workshops were being planned, namely, Genetic Engineering, Microbiology, Chemotherapy, Cell-mediated Immunity, Serology, Social Aspects, Epidemiology, Evaluation and Information Systems, Training, Integration of Primary Health Care, Prevention and Treatment of Deformity, and Field Trials of Chemotherapy and Vaccination. Chairmen and permitted length of each workshop report were to be decided at Lisbon, and whether abstracts should be submitted prior to the Congress from each workshop invited member.

iii. Teaching and training program

This had been very successful at the XII International Leprosy Congress and Dr. Felton Ross had once again agreed to organize it. Available accommodation was very good. Dr. Terencio de las Aguas had translated into Spanish, but a paid translator had not produced satisfactory French versions. The matter was to be discussed further at Lisbon. Subjects had already been agreed upon.

iv. Congress sessions

It was agreed to keep the same

12 sessions as in the XII International Leprosy Congress. It was physically possible to have 3 sessions running concurrently, although this would raise the budget (because of the interpreters) by around 15%. To save expense and time, it was agreed that abstracts would be published only in the language in which each was submitted.

v. Poster sessions

The posters would be displayed upstairs in the main congress building; therefore access would be easy. It was suggested that posters would be specifically demonstrated by authors on a set day for each subject. Mr. de Bok announced that 50 art students would be available in the 2 days before the Congress to help authors to design and to improve their posters. He also considered that poster papers were as important as read papers, and specifically requested posters covering the classification of leprosy in relation to multidrug therapy.

vi. Films

A room would be available for the projection of films and the reviewing of videos.

It was agreed to finalize the Congress program in Lisbon.

4. Relationship with the International Federation of Anti-Leprosy Organizations (ILEP)

The President reported that he had received a letter from the ILEP President, suggesting that the choice of Congress sessions and of session chairmen and rapporteurs should be made jointly by ILA and ILEP. At the ILEP meeting in Venice, June 1984, some ILEP members had expressed disquiet at their role of being only "bankers" at the XII International Leprosy Congress, and wished to be more involved in decision making.

Dr. Thangaraj pointed out that ILEP had sponsored only 18% of that Congress' costs and had sponsored only 20% of the delegates.

The President noted that it had been decided to have a joint ILA-ILEP meet-

ing once a year, that chairman alternating between the two associations, to discuss the future of the joint relationship. But since all ILEP member organizations are completely independent, they could not be bound by any decision.

Most ILEP Medical Commission members were also members of the ILA. It was considered that they preferred the ILA to organize the Congress, and the meeting agreed. The President emphasized that the ILA should be strictly responsible for the scientific program, and requested mutual confidence between ILEP and ILA. Mr. de Bok agreed, but urged that the desires of delegates should be met. It was agreed that there would be social activities planned, as well as the session on the social aspects of leprosy.

5. Constitutional amendments
 - a. Association membership. It was noted that there was no provision in the constitution for membership by an association. There are only individual memberships.
 - b. China. China had hoped for a member in the ILA Council. It was agreed both that this was desirable and also that a suitable ILA member was available. Unfortunately, at the moment this was, however, not possible since there was no council vacancy for Asia (see 5e below).
 - c. President's term of office. This was not discussed.
 - d. Timing of Congresses. It had been suggested that Congresses should take place every 4 years. The Secretary pointed out that although there was no specific timing in the constitution for Congresses, if they occurred every 4 years, problems would arise because councillors were elected for a 5-year term of office.
 - e. Regional representation. The Secretary and Dr. Waters pointed out that the ILA constitution had been drawn up more than 50 years ago, and that numbers of councillors designated for each region no longer reflected the number of leprosy workers and leprologists in each region; in particular, Asia had only 4 councillors (hence the difficulty noted above, 5b). It was agreed that a subcommittee should be

established, consisting of the President, the Secretary, Vice President Dr. Schaller, and Councillors Dr. Felton Ross and Dr. Michael Waters, to meet in Edinburgh in July 1986 to review the constitution. Any suggested amendment could be submitted for publication in the INTERNATIONAL JOURNAL OF LEPROSY. The Editor pointed out that such suggestions should be received in his office by August 1987 to give ILA members the full 6 months' notice required before the next General Meeting of Members scheduled September 1988.

6. Relationship with the World Health Organization (WHO)

At the invitation of the President, Dr. Noordeen spoke, pointing out that WHO had recently co-sponsored a number of congresses. This had the advantages that WHO could sponsor some delegates from developing countries unable to accept ILEP sponsorship, and that WHO could be represented in workshops. The ruling that such Congresses "could not publish anything in contradiction to WHO policies" did not apply to scientific advances. Moreover, WHO already extended invitations to ILA to some of its workshops, and many senior ILA members were members of the WHO Expert Panel on Leprosy, and some had sat or were sitting on WHO Steering Committees and other WHO committees.

The President pointed out that the official ILA relationship with WHO (set up 4-5 years ago and reviewed every 4 years) enabled ILA to be represented at the WHO's General Assembly, when it was possible for the Association to request to speak to make a statement on leprosy.

Dr. Noordeen said that the last meeting between ILA and WHO was 3 years ago, and that he was beginning to plan a further meeting in the second part of 1986, to develop the relationship.

Respectfully submitted,

/s/ R. H. Thangaraj

Dr. R. H. Thangaraj
Secretary

Recorded by
Dr. Michael Waters

MINUTES OF THE MEETING
 BOARD OF DIRECTORS
 INTERNATIONAL JOURNAL OF LEPROSY
 28 November 1985
 12:30–1:15 p.m.
 Guandong Guest House
 Guangzhou, People's Republic of China

Present at the meeting were: Drs. Lechat, Thangaraj, Meyers, Brennan, Ross. Also in attendance was Dr. Hastings.

The budget of the JOURNAL was presented by Dr. W. Felton Ross, Executive Officer. The budget was unanimously approved by the Board. The anticipated financial position of the JOURNAL, as of 31 December 1985, suggests that all issues will be paid for and all debts accumulated up to December 1984 will be retired. The JOURNAL will then be in a position to begin 1986 debt free. Subscriptions and contributions have increased somewhat.

The Editor provided a brief status report on the JOURNAL. The advice of the Board of Directors on a number of recent editorial decisions was acknowledged with appreciation. The bulk of the copy for the March

1986 issue has been sent to the printer. The decision has been made to include the Index for 1985 in the March 1986 issue, and the bulk of the Index has been entered into the computer at this time. Thus, prospects are good for the JOURNAL to be current in its appearance.

Suggestions were received for topics for review editorials and for possible authors.

The Bylaws of the JOURNAL were discussed. It was agreed that the Bylaws would be reviewed in more detail and any recommended changes formulated at a meeting to be held in Montreal in June 1987.

Respectfully submitted,
 /s/ Robert C. Hastings
 Robert C. Hastings

Belgium. *OMSLEP—worldwide evaluation.* An evaluation has been carried out on the current use of the OMSLEP system, a recording and reporting system for leprosy patients developed by the Epidemiology Unit, Catholic University of Louvain, Brussels, in cooperation with the World Health Organization, Leprosy Unit, Geneva.

A questionnaire was sent to 87 projects in 48 countries which at one time or another since 1978 had inquired about the system. The 40 answers received showed that 24 projects in 22 countries use this information system in their current activities and two are exploring its feasibility. In addition, it is known from indirect sources that among the 47 which did not answer, at least 13 use the system and one is considering it. It appears that the OMSLEP system is now used in at least 35 countries, either in its original design or adapted to local conditions. It is

estimated that the system is currently used for the registration of some 300,000 patients.

Among the 64% of answers to the questionnaire, more than half of the users (59%) have modified the Individual Patient Form (IPF), indicating that the IPF is sufficiently flexible to be adapted to local conditions. The Detection Form and the Annual Statistics Form are much more frequently used in their original design. Only some of the projects are systematically using the system to calculate the recommended indices. Since the purpose of the system is essentially to help the evaluation, a special effort remains to be made in this direction.

The micro-computerization of the data is implemented in one third of the projects and, from the many requests received for support, appears to be expanding rapidly.—
 M. F. Lechat



China. *Inauguration of China Leprosy Association, China Leprosy Foundation, and China Leprosy Control and Research Center, and opening ceremony of China First International Symposium on Leprosy held.* Under the auspices of the Ministry of Public Health, People's Republic of China, the China First International Symposium on Leprosy was held in Guangzhou from 26–28 November 1985. At the symposium, Dr. Cui Yue-li, Minister of Public Health, announced the founding of the China Leprosy Association (CLA), the China Leprosy Foundation (CLF), and the China Leprosy Control and Research Center (CLC). Mr. Xi Zheng-xun, member of the Party's Political Bureau, was elected honorary president of CLA; Dr. Ma Haide (George Hatem), president of CLA and CLF; Drs. Wang Jian, Dai Zheng-qi, Ye Gan-yun, and Li Huan-ying, vice-presidents. Dr. Ma Haide was also appointed director of CLC, and Drs. Wang Jian, Dai Zheng-qi, She Wen-yuan, and Ye Gan-yun, vice-directors of CLC.

Held for the first time in China, the three-day symposium was attended by about 300

Chinese and foreign leprologists. Premier Zhao Ziyang sent his greetings to the inauguration of the CLA, CLF, and CLC, urging all Chinese medical workers in the field of leprosy to make a determined effort to eradicate leprosy by the end of the century. Mr. Wang Zhen, vice-president of the Central Advisory Committee of the Chinese Communist Party, delivered the keynote address at the opening ceremony.

The Minister of Public Health expressed his heartfelt thanks to those countries, world organizations, and experts on leprosy for their sincere help and cooperation with China in his nation's control of and scientific research on leprosy.

Leprosy has a recorded history of more than 2000 years in China. Remarkable results have been achieved in the past three decades in the nationwide struggle against the disease which has been more or less eliminated in about half of the nation's 2000+ counties. In curing the remaining 100,000 cases, Dr. Ma Haide said in his speech at the ceremony that China is confronted with "an extremely difficult task"

and has "a tremendous amount of work to do to reach the goal." Dr. Ma Haide started on leprosy prevention and control work in China in the 1950s. He said past leprosy control accomplishments gave him confidence that the disease could be basically eradicated in less than 15 years.

Professor M. F. Lechat, President of the International Leprosy Association; Dr. Nakajima, Director of the Western Pacific Regional Office, WHO; Dr. H. Faiga, Minister of Public Health of Western Samoa; Mr. R. Sasakawa, Chairman of the Sasakawa Memorial Health Foundation; and Mr. G. F. Harris, Chairman of ILEP, also gave their greetings at the opening ceremony.

One-hundred-eighteen papers were received. Chinese and foreign leprologists exchanged experiences on leprosy control and research work. The printing of the proceedings of the symposium is underway.—Dr. Ye Gan-yun

India. *Gandhi Memorial Leprosy Foundation International Gandhi Award goes to Drs. Saylan and Dharmendra.* In order to perpetuate the memory of Mahatma Gandhi's association with leprosy work, the Gandhi Memorial Leprosy Foundation (GMLF) has instituted an International Gandhi Award for Leprosy. The award will be presented every 2 years, and will comprise a cash award of Rs.100,000, a medalion, and a citation.

The award will be given to one who has worked for a period of not less than 10 years in the field of leprosy for his active contribution to any aspect of leprosy work resulting in amelioration of the suffering of leprosy patients and in their assimilation in society as normal and useful human beings.

The award committee is headed by the Vice-President of India and comprises the ministers of Information and Broadcasting, Social and Women's Welfare, Health and Family Welfare, Culture and Education, the Chairman of the Maharashtra Legislative Council, the Chairman of GMLF, two social workers and a leprosy expert. The committee is assisted by a panel of international experts in the selection of awardees.

The award for 1986 went to Dr. (Mrs.) Turkan Saylan of Istanbul (Turkey) and Dr. Dharmendra of New Delhi (India).

The award was presented by His Excel-

lency the President of India Gyani Zail Singh on 30 January 1986 at a well-attended public function of invitees held in Teen Murti auditorium in New Delhi.

In his speech, the President of India laid emphasis on health education of the community to remove wrong notions. He said it was not enough to have hundreds of doctors and thousands of leprosy workers on the payrolls of numerous leprosy centers and hospitals, or better drugs. What was necessary, he said, was that people should be actively involved in our efforts to eradicate leprosy. He also said that it should be understood that a patient with leprosy was a man first and a patient later.

Earlier, on 29 January, the President gave a reception in honor of the two recipients.—Materials received from GMLF

IADV L Prize for 1984. The Indian Association of Dermatologists, Venereologists and Leprologists (IADV L) had handed over part of the proceeds (Rs.3,000/-) of their XI Conference held in Mangalore in 1983 to the Kasturba Medical College, Mangalore. The interest accrued on that is given as a prize to the undergraduate student of the Kasturba Medical College, Mangalore, who secured first rank in the competitive examination in leprosy held every year.

According to Dr. J. N. Shetty, Professor of Dermatology and Venereology at the college, the 1984 prize was given in December 1984 to Mr. Vittal Nayak Irvathur, a final year MBBS student at the college.—Indian J. Lepr.

Large-scale leprosy vaccine trials ready to begin in India. The first large-scale clinical trial of the antileprosy vaccine derived from armadillos has been approved to be done in India; a similar trial is underway in Malawi. The vaccine was developed under the aegis of the World Health Organization (WHO). The Indian Council for Medical Research (ICMR) will sponsor the trial in the Chingleput district of Tamil Nadu in south India. This international project will take place soon after the clinical trial of the Indian antileprosy vaccine, developed at the Cancer Research Institute (CRI) in Bombay.

Both leprosy and tuberculosis are endemic among the 4 million people living in the

Chingleput district. Dr. V. Ramalingaswami, director-general of ICMR, said that the Council's JALMA Institute of Leprosy will be responsible for planning and carrying out the trial to vaccinate up to 300,000 apparently healthy contacts of leprosy patients in the district.

The first objective is to assess the prophylactic efficacy of the vaccine by comparing the vaccinated group with those among the population who are not vaccinated. There will also be a comparison of the value of the WHO vaccine with and without accompanying bacille Calmette-Guérin (BCG). The groups involved will be followed for ten years.

ICMR has agreed to test the WHO vaccine only on condition that WHO will also supply the technology for manufacturing the vaccine locally. This may be the first time that India has insisted on technology transfer as a condition for testing a WHO product. It is believed that ICMR will import the *Mycobacterium leprae* harvested from armadillos and set up processing facilities in India using the WHO technology. Vaccine for the Chingleput trial will be supplied by Burroughs Wellcome of Britain.

A trial of the vaccine developed by the CRI was begun on 2 October 1985 (Mahatma Gandhi's birthday) at Wardha in central India. The number of people to be vaccinated in Wardha will be the same as in Chingleput, but the CRI vaccine will be given to leprosy patients as well as to contacts.

ICMR says it will be several years before the results of the two trials are known, so chemotherapy will continue to be the primary course of treatment in India's goal of eradicating leprosy by the year 2000.—(From an article by K. S. Jayaraman in Nature 24 October 317:665)

XII International Leprosy Congress Proceedings available. The proceedings of the XII International Leprosy Congress held in New Delhi, India, 20–25 February 1984 have been printed. The book is 866 pages, hard cover, with an author index and costs US\$20 (surface mail) US\$30 (air mail). Copies may be ordered from: Dr. R. H. Thangaraj, Secretary, International Leprosy Association, 5 Amrita Shergill Marg, New Delhi 110003, India.

Western Regional Leprosy Workers' Conference. The Western Regional Leprosy Workers' Conference was held at Monte-de-Guirim, Mapusa, Goa, 8–10 November 1985. The Conference was organized by the HKNS branches of Maharashtra, Gujarat, Rajasthan, Goa, and Madhya Pradesh and National Leprosy Organisation in collaboration with the Directorate of Health Services, Goa, Diu, and Daman; 199 delegates from these states attended.

In his inaugural speech, Shri Baba Amte laid stress on the importance of involvement of youth in leprosy work. Dr. M. G. Deo, Research Director, Cancer Research Institute, Bombay; Dr. R. Ganapati, Director, Bombay Leprosy Project, and Dr. M. V. Yellapurkar, Joint Director of Health Services (Maharashtra), in their guest lectures dealt with the "role of vaccine in leprosy control," "multidrug therapy in leprosy" and "strategies for eradication of leprosy," respectively.

In seven scientific sessions, 29 scientific papers were presented exclusively by paramedical workers based on their field experience. Three papers were by volunteers working in leprosy. Six papers on multidrug therapy which were presented indicated, in general, that after 2 years of therapy 54% of multibacillary patients were rendered smear negative. In addition to delivery of multidrugs through paramedical staff, one of the studies also showed that scientific therapy could be successfully practised even through student volunteers, and in difficult situations like leprosy colonies.

Although the national target is to achieve eradication of leprosy by 2000 A.D., a questionnaire study conducted in Bombay indicated the ignorance about the disease even among highly educated families. According to another study, mobile exhibitions in busy commercial points in a city like Bombay could be used to educate the public as well as to detect leprosy cases at low cost. Usefulness of transportable video equipment in medical colleges to teach leprosy was also demonstrated. Papers dealing with varied aspects such as the importance of smear examination, difficulties of leprosy control program in tribal areas, common sites of occurrence of single lesions on the body, utility of a sample "tile test" to detect DDS in urine, etc., were also presented.

This conference revealed the scientific potential of paramedical workers and even a nonsalaried volunteer force, provided proper guidance and encouragement are given.—R. Ganapati

Italy. *IV European Leprosy Symposium on Leprosy Research.* The Associazione Italiana "Amici di Raoul Follereau" will hold the IV European Leprosy Symposium on Leprosy Research in Santa Margherita Ligure, Genoa, Italy, 1–5 October 1986. Main topics will include: Biochemistry of *M. leprae*, *in vitro* cultivation of *M. leprae*, immunology, drug development for leprosy, and multiple drug therapy of leprosy.

The objective of the symposium is to exchange, in the interim between two ILA Congresses, recent information and views and to promote further research. The symposium is open to those who are already engaged in leprosy research as well as to others engaged in other research projects relevant to leprosy research. Each topic will be introduced by a position paper to be presented by an invited speaker. This will be followed by presentations of original research by other participants and discussion.

A limited number of grants are available for participants who have important contributions to give but are unable to meet the expense of the meeting. Grants will be based upon the papers presented.

For details contact: R. Manservigi, Associazione Italiana "Amici di Raoul Follereau," Via Borselli 4, 40135 Bologna, Italy.—(From preliminary program)

The Netherlands. *Teaching and Learning Material; Leprosy Documentation Service, Amsterdam, 1985.* The Leprosy Documentation Service (INFOLEP) in Amsterdam has produced a compendium of teaching and learning material in leprosy in a ring binder which includes detailed information on what has been produced from many different parts of the world. The introductory pages include an account of the ILA workshop on teaching and training in New Delhi, 1984. The language headings include: Amharic, Arabic, Chinese, Dutch, English, French, German, Hausa, Hindi, Ilocano, Italian, Japanese, Korean, Marathi, Nepali, Portuguese, Russian, Samoan, Sesotho, Spanish, Swahili, Tagalog, Tamil,

Telegu, and Thai. Enquiries to Leprosy Documentation Service (INFOLEP), at their new address: Wibautstraat 135, 1097 DN Amsterdam, The Netherlands.—Lepr. Rev.

Pakistan. *Position opening at Marie Adelaide Centre, Karachi.* An experienced health educator is required at the Marie Adelaide Centre, Karachi. An 80-bed leprosy hospital, the Centre is the base for the Greater Karachi Leprosy Control Programme and is the training center for the whole of Pakistan. The Provincial leprosy control scheme operates in five provinces, and there are some 22,000 registered leprosy patients.

The Health Educator is responsible to the Medical Director and the length of the appointment will be 3 years. Duties include: plan, coordinate and evaluate health education activities at the Marie Adelaide Centre and in the Greater Karachi Leprosy Control Programme; improve health education activities for leprosy patients and their families; test existing health education materials; develop health education activities for teachers and community workers; screen school textbooks for inaccurate information about leprosy; assist in the development of a syllabus for leprosy technicians, and select and train a counterpart.

For further information write: Medical Director, Marie Adelaide Leprosy Centre, P.O. Box 8666, Karachi 03, Pakistan.

Switzerland. *CIBA-GEIGY Leprosy Fund.* With the aim of contributing toward the worldwide control and eradication of leprosy, the CIBA-GEIGY Leprosy Fund was recently established in Basle, Switzerland, on the occasion of World Leprosy Day. The fund, amounting to 3 million Swiss francs, is to be administered by an executive committee comprising representatives of the International Federation of Anti-Leprosy Associations (ILEP) and CIBA-GEIGY Limited, Basle. Only ILEP-coordinated projects are eligible for support from this fund. The CIBA-GEIGY representatives are Mr. E. Decosterd, Mr. P. Friedli, PD Dr. K. M. Leisinger and Prof. Dr. S. J. Yawalkar.

Mycobacterium leprae monoclonal antibodies and recombinant DNA from M. leprae. IMMLEP has established a bank of such

monoclonal antibodies and expects 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, IMMLEP Steering Committee, World Health Organization, 1211 Geneva 27, Switzerland.—Lepr. Rev.

Report of the IMMLEP Vaccine Trials Subgroup. The rapid expansion of knowledge on the immunology of leprosy has stemmed both from recent advances in molecular genetics and the discovery that it is possible to cultivate and grow large quantities of *Mycobacterium leprae* bacilli in armadillos. The latter advance has led to the development of vaccines based on armadillo-derived killed *M. leprae* and these, together with some other possible vaccines against leprosy, are entering the phase of large-scale field trials. One such trial has already been started in Venezuela and further trials are being planned in Africa and Asia. These trials would: enable the efficacy of the vaccines to be determined; provide the large populations that are necessary for prospective evaluation of the newly developed immunological tests; provide data on the protective efficacies of different vaccines; and increase knowledge of the epidemiology of leprosy that could contribute significantly towards control of the disease.

The meeting had been convened to enable some of those who would be involved in the field testing of leprosy vaccines or who had contributed to the development of immunological tests to discuss strategies for the design and conduct of such studies and to make recommendations to the Steering Committee on the Immunology of Leprosy (IMMLEP) on the priorities for research in this area—both with respect to the design of the trials and also in the development and deployment of skin tests and serological tests that would be important components of any trial to be undertaken.—(From the report of the meeting of 11–13 February 1985)

TDR report on progress in combating tropical diseases. The leprosy research program is focusing on vaccine development, improved chemotherapy, the development of immunodiagnostic tests, the standard-

ization of antigens for use in studies on epidemiology, and immunopathology.

The resistance of leprosy bacilli to dapsone has reached alarming proportions. To combat it, TDR is recommending the use of drug combinations. Preliminary findings of field trials conducted in India suggest that multidrug therapy is operationally feasible, the regimens being well accepted and free of serious side effects. At the same time, TDR is intensifying the search for new drugs. Among the drugs being investigated are quinolones, rifamycin derivatives, β -lactam antibiotics, and aminoglycosides.

There have been major breakthroughs in the development of immunological tests for the diagnosis of leprosy, and TDR has supported many of the studies that led to them. Ten monoclonal antibodies specific for *Mycobacterium leprae* have been identified, and this material is now serving as the basis for the development of new diagnostic tests that are expected to be highly specific for leprosy. There is particular interest in antibodies to *M. leprae* phenolic glycolipid-I, serum levels of which are apparently closely associated with bacillary load.

Trials of the killed vaccine devised by TDR have been conducted in volunteers from Norway and Malawi, to determine safety, acceptability and potential for prevention of disease. A long-term trial of protection is under way in Venezuela, and further trials are being planned in Malawi and India. An armadillo-derived vaccine will probably provide crucial information on the effectiveness of immunization against leprosy, but the TDR Scientific and Technical Advisory Committee views the new generation of recombinant DNA-based vaccines as more likely, in the long run, to yield appropriate vaccines for leprosy control.—WHO Chronicle 39 (1985) 179.

U.K. Robert Cochrane Fund for Leprosy. The closure of the Leprosy Study Center, Wimpole Street, London, has released money which has been used to establish a fund in honor of the great leprologist, Robert Cochrane. The fund is administered by the Royal Society of Tropical Medicine and Hygiene. It is to be used to finance two travel fellowships per annum, to a maximum value of £1000, to enable leprosy workers to travel for practical training in field work or

in research, or to enable experienced leprologists to travel to provide practical clinical training in a developing country. Further details and applications may be obtained from: Honorary Secretaries, Royal Society of Tropical Medicine and Hygiene, Manson House, 26 Portland Place, London W1N 4EY, England.

TALMILEP; ILEP Steering Committee on Teaching and Learning Materials. At the recent meeting of the International Federation of Anti-Leprosy Associations (ILEP) [234 Blythe 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 coordinate 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 coordinate 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 to 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 coordinates printing and publication; TLMI = Ms. J. Neville, coordinates distribution in the English language; ALM = Dr. W. F. Ross, coordinates assessment activities; NSL = Dr. D. L. Leiker, acts as chairman; Ms. I. Kalf, coordinates survey activities; FFF = Dr. le Coroller, coordinates distribution of material in the French language; DF = Mr. L. de Meersman, coordinates preparation and production of material; ILEP C/B = Ms. S. Lacey, assists with survey activities within ILEP; WHO = Dr. S. K. Noordeen, maintains contacts with the Global Health Learning Materials Programme of WHO.

Most of the work of TALMILEP is done by correspondence. In addition, the group meets four times a year; working meetings are held in April and September (in Europe). Meetings are also held during ILEP working sessions in June and December and these are open to all delegates.

The agenda centers around a list of "items in progress." In relation to each individual item, survey, assessment, production and distribution aspects are discussed.

For further information please contact: The Secretary TALMILEP, Ms K Rössler, German Leprosy Relief Association, P.O. Box 348, D-8700 Wurzburg, West Germany.—Lepr. Rev.

U.S.A. 1985 reported leprosy cases. Preliminary data for the calendar year 1985 from the Centers for Disease Control show that 342 new leprosy patients were reported compared to a median number of new cases in 1980–1984 of 249. Areas reporting the highest number of cases were: California (156), Pacific Trust Territories (65), state of Washington (37), New York City (32), Texas (24), Hawaii (22), and Illinois (17).—Morbidity and Mortality Weekly Report 34 (1986) 782–783.