

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.

Ethiopia. ALERT Training Schedule for 2000.

January 10–February 11

Prevention and management of disabilities

Target group: physiotherapists, occupational therapists, podiatrists, as well as experienced leprosy workers involved in POD. Emphasis on both patient care (early detection of nerve deterioration, health promotion, problem solving) and program management (POD management, home-based care and rehabilitation).

March 6–17

Introduction to leprosy for physicians

Highly recommended for the participants in the following "Management of combined programs" course who need to refresh their knowledge of clinical leprosy. The course can also be taken on its own by physicians responsible for diagnosis, treatment and care of patients with leprosy in either a hospital or a control program setting.

March 20–April 14

Management of combined leprosy and tuberculosis control programs for physicians

Target group: experienced physicians responsible for managing a leprosy and TB control program at the regional level or above. Emphasis on program management: needs analysis, action plan, implementation of activities, supervision, evaluation, management of POD. A brief review of the essentials of TB is included, but leprosy expertise is a prerequisite. Participants lacking the latter should also take the preceding "Introduction to leprosy" course.

May 29–June 16

Essentials of leprosy and tuberculosis for administrative and program support staff

Target group: administrative and managerial staff without a medical background working in leprosy and TB programs and donor agencies. Objectives: to gain a better

understanding of the two diseases, to communicate more effectively with the medical staff, and to contribute more efficiently in decision making and priority setting.

September 4–October 13

Essentials of leprosy and tuberculosis for physicians

Target group: physicians with limited experience in either leprosy or TB. Emphasis on clinical aspects of leprosy and TB, individual patient care and its application in the context of a combined program with an introduction to health promotion and managerial issues, paying special attention to POD and supervision.

November 6–17

Introduction to leprosy for senior field staff

Highly recommended for the participants in the following "Management of combined programs" course who need to refresh their knowledge of clinical leprosy. The course can also be taken on its own.

November 20–December 15

Management of combined leprosy and tuberculosis control programs for senior field staff

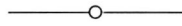
Target group: experienced nurses, paramedical workers or supervisors responsible for leprosy and TB control at the district (or equivalent) level. Emphasis on planning, implementation, supervision and evaluation of control activities, with special attention for POD, health promotion and support functions. A brief review of the essentials of TB is included, but leprosy expertise is a prerequisite. Participants lacking the latter should also take the preceding "Introduction to leprosy" course.

In-Service Training

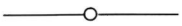
In-service training, tailor made to the individual trainee's needs and interest, can be

arranged in surgery, physiotherapy, dermatology, ophthalmology, laboratory, etc.

For further information, please contact: ALERT Training Division, P.O. Box 165, Addis Ababa, Ethiopia. Tel.: 251-1-711524 or 251-1-712792; Fax: 251-1-711199 or 251-1-711390; email: ahri@telecom.net.et



India. *21st Biennial Conference of Indian Association of Leprologists.* The 21st Biennial Conference of the Indian Association of Leprologists will be held 17–19 September 1999 in Chandigarh. For further information contact the Organizing Secretary Dr. Bushan Kumar, Department of Dermatology, Venereology and Leprology, Post-graduate Institute of Medical Education and Research, Chandigarh 160 012, India. Tel: 91-172-745330; FAX: 91-172-744401; email: medinst@pgi.chd.nic.in



IAL symposium on therapy of leprosy—dermatologists' view. The Indian Association of Leprologists Maharashtra Branch (IAL-MB) in collaboration with the Poona District Leprosy Committee (PDLIC), IAL Central, Bombay Leprosy Project (BLP) and the government of Maharashtra conducted a symposium at BJ Medical College, Pune, on 28 February 1999. A total of 80 practicing and teaching dermatologists in addition to leprologists and district leprosy officers (DLO) participated.

This symposium on "Therapy of Leprosy" was organized to have interaction between leprologists, program managers and practicing dermatologists of Pune so as to arrive at some consensus on the current treatment regimens recommended by WHO and NLEP. This was considered necessary because the practicing dermatologists treat about 10%–15% of the leprosy patients in the cities. However, they do not follow the national guidelines while treating patients but decide on the classification, treatment regimen and duration of treatment on an individual patient-to-patient basis.

Maj. Gen. M. A. Tutakne, Dean, Armed Forces Medical College, chaired the symposium. Dr. A. S. Naik, Professor and Head, Dermatology Department, BJ Med-

ical College, reviewed the WHO and the government of India recommendations on 12-month MDT for MB leprosy and ROM single dose for single skin lesion (SSL) PB leprosy.

Dr. R. Ganapati, Director, BLP, traced the evolution of short-course treatment for leprosy and described his experiences with current regimens recommended by the WHO/NLEP. He asserted that long-term follow up of patients of FDT 24 and 12 should be undertaken if we want to observe relapses before doubting the efficacy of FDT 12. He presented long-term observations of 74 cases (FDT 24 + FDT 12) whose BI was more than 3+ and who were also followed up for more than 5 years. No relapses were reported.

Dr. M. B. Gharapure narrated the reservations of practicing dermatologists on the classification and duration of treatment recommended recently which are good for a mass program but not for individual patients attending a dermatologist's clinic who are concerned about their clinical problems. He cited an example of a relapse case after WHO PB-MDT who is likely to sue a dermatologist in court. He also pointed out that his questionnaire study of 92 dermatologists of Pune and surrounding districts showed that 80%–90% of them did not accept FDT-24 and PB MDT-6. They managed 4627 cases in their clinics successfully on an individual patient basis, especially those cases reporting with clinical problems such as reactions, active skin lesions, etc., after starting treatment with NLEP staff.

Dr. W. S. Bhatki, Medical Superintendent, Acworth Municipal Leprosy Hospital, gave an immunological background of cure, especially in SSL-PB leprosy, and explained how a single dose of ROM is adequate to kill bacteria. The residual patch will be taken care of by the body for which chemotherapy is not required.

Dr. D. Poricha, IAL—Secretary (Central), drew the attention of the participants to the fact that in single-dose treatment of SSL-PB we will be losing sight of potential smear-positive single-lesion cases because skin smears are not practiced. The program people should be cautious about it.

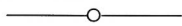
The following views were expressed by dermatologists Drs. D. J. Patil, A. H. Patki,

D. G. Jogaikar, Deepak Kulkarni, M. Y. Honap and Ben Naffs: 1) Nerve histology should be considered for classification since some studies have shown viable bacilli in the nerves even after long-term treatment. 2) Dermatologists have to treat patients adequately only to prevent relapses and hold onto them. 3) Since SSL-PB leprosy patients may harbor millions of viable bacilli (as per the Katoch report), a single dose of ROM will not be adequate. 4) Since the viable bacillary load is very high in LL cases, FDT 24 or 12 is not adequate to eliminate all of the viable bacilli. 5) Absence of dapsone increases the incidence of reaction.

No consensus could be arrived at the end of this session; the subject is kept open for further interaction.

Mr. S. S. Naik, while presenting a summary of the workshop, highlighted that the 15th International Leprosy Congress, Beijing, 1998, passed a resolution to work toward a "World Without Leprosy." the main thrust was on chemotherapy, elimination and rehabilitation. This workshop was planned accordingly to accelerate the activities in that direction.

The participants appreciated both Dr. V. H. Jadhav and Dr. D. G. Jogaikar for organizing this symposium so successfully. (This symposium was sponsored by The Leprosy Mission, New Delhi, American Leprosy Mission, Damien Foundation and Indian Leprosy Foundation.)—Dr. C. R. Revankar, Hon. Secretary, IAL-MS



IAL workshop on further strategies for leprosy elimination in Maharashtra. The Indian Association of Leprologists Maharashtra Branch (IAL-MB) in collaboration with the Poona District Leprosy Committee (PDLC), IAL Central, Bombay Leprosy Project (BLP) and the government of Maharashtra conducted a workshop at BJ Medical College, Pune, on 27 February 1999, at which 135 delegates consisting of leprologists, district leprosy officers (DLO), practicing dermatologists and postgraduate students participated.

The workshop discussed the strategies for leprosy elimination with special reference to case detection and treatment in difficult population groups and areas espe-

cially in Maharashtra state. Selected DLO were invited to present their survey findings among fishermen, hotel and restaurant boys, construction workers, stone cutters and nomads who are generally not examined routinely or missed by the leprosy workers.

Dr. J. A. Ponniah, President IAL-Central, chaired the first session. In this session, Dr. Jal Mehta, Hon. President of PDLC (paper was read by Dr. V. H. Jadhav) and Dr. C. S. Walter, Director, The Leprosy Mission, New Delhi, discussed various steps involved in institutional rehabilitation and community participation in leprosy elimination, respectively. Dr. M. D. Gupte, Director, Institute for Research in Medical Statistics, Chennai, presented an account of a recently completed field trial of leprosy vaccine which showed that both the ICRC and BCG + HKML vaccines gave a 65% protection rate against leprosy. Dr. Ben Naffs, Dermato-Venereologist of Tropical and Import Dermatology, The Netherlands, shared his experience on immunopathology and the treatment of reactions, including nerve damage.

The second session was chaired by Dr. P. B. Joshi. Dr. C. R. Revankar, Deputy Director, BLP, reviewed WHO-supported SAPEL and LEC projects in different countries, including India. While describing LEC in India, he pointed out that states like Bihar, Orissa, Uttar Pradesh and Madhya Pradesh detected 322,193 (82%) cases out of 416,301 new cases identified during the campaign indicating a high rate of hidden prevalence in these states calling for intensification of case-finding activities.

Dr. V. P. Bhardwaj, Consultant Leprologist of NLEP, shared his experiences with reference to case detection and treatment in difficult hilly areas such as Chamoli of Uttar Pradesh. In this a SAPEL project was taken up and 13 new patients could be given MDT through community volunteers.

Drs. S. V. Dinni (Thane), M. G. Singh (Raigad) and Amar Thakur (Yavatmal) (DLO) examined 41,568 individuals belonging to special groups such as hotel boys, fishermen, laborers, stone cutters, etc., by innovative methods. Such efforts unearthed 43 new cases (7 MB) who would have remained undetected. The detection rate was 103 per 100,000 population, which is abnormally high as compared to

the current new case-detection rate at the national level. Since some of the patients were from northern Indian states like Bihar, Uttar Pradesh and Madhya Pradesh, it was stressed that program managers at the district levels, especially in cities, should constantly identify such groups and examine them to identify new cases and give them short-course chemotherapy wherever necessary because these patients may not be available even for 12 months of MDT.

The third session was chaired by Dr. A. C. Parikh, President of IAL-MB. Mr. Uday Thakar of Kustha Rog Nivaran Samiti (paper presented by Mr. S. S. Naik) presented his observations on RO-28 days treatment (rifampin and ofloxacin combination) in MB cases in the hilly areas of Panvel. All of the patients were showing a good response. This study showed that the RO regimen could be used in difficult situations where patients are not available for longer duration treatment.

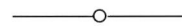
DLO Dr. B. R. Chavan (Kolhapur), Dr. Bansode (Nagpur), Dr. M. S. Pimpalgaokar (Bhandra), B. B. Munde (Parabhani), Dr. B. P. Betal (Wardha) and Dr. P. S. Bhusari (Chandrapur) described various innovative methods for case detection, such as involvement of nonallopathy students, teachers, community volunteers, etc.

The fourth session was chaired by Dr. P. V. Joshi. Dr. D. D. Palande from Pandicherry described methods for early identification of nerve damage and management in the field. Mr. V. N. Kulkarni, Physiotherapist, Kondawa Leprosy Hospital, presented the approaches for disability care in the hospital.

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The Netherlands. *8th International Congress of the European Academy of Dermatology and Venereology.* September 29–October 3 are the dates for the 8th International Congress of the European Academy of Dermatology and Venereology in Amsterdam. For details contact: Eurocongress Conference Secretariat, P.O. Box 7413/1070BS, Amsterdam, The Netherlands. FAX: 31-20-673-7306.



Spain. *XXXVI Curso Internacional de Leprología edición médicos.*

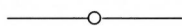
PRESENTACIÓN

La asociación FONTILLES organiza el presente curso con el fin de especializar en leprología a médicos interesados en la lucha contra la lepra.

FONTILLES, miembro de ILEP (Federación Internacional de Asociaciones de Lucha contra la Lepra) trabaja en 18 proyectos internacionales (India, China, Brasil . . .) dando asistencia a enfermos de lepra, investigando y formando a personal sanitario.

PROGRAMA

- Tema 1: Historia y epidemiología de la lepra.
- Tema 2: Bacteriología.
- Tema 3: Patología general.
- Tema 4: Histopatología de la lepra.
- Tema 5: Inmunohistoquímica.
- Tema 6: Inmunología de la lepra.
- Tema 7: Clasificación y formas clínicas.
- Tema 8: Lepra indeterminada.
- Tema 9: Lepra tuberculoide y lepra dimorfa.
- Tema 10: Lepra lepromatosa.
- Tema 11: Manifestaciones neurológicas, secuelas.
- Tema 12: Leprorreacción. Patogenia y formas.
- Tema 13: Manifestaciones nasales, bucofaríngeas, otológicas y laríngeas.
- Tema 14: Manifestaciones oculares.
- Tema 15: Lesiones óseas y articulares.
- Tema 16: Lepra visceral y endocrina.
- Tema 17: Diagnóstico de la enfermedad y de sus formas clínicas. Diagnóstico diferencial.
- Tema 18: Pronóstico. Evolución.
- Tema 19: Tratamiento de la lepra y leprorreacciones.



Tema 20: Tratamiento quirúrgico de las secuelas. Tratamiento fisioterápico y rehabilitación.

Tema 21: Profilaxis. Prevención de discapacidades. Educación sanitaria.

Tema 22: Programas de Lucha contra la Lepra.

Tema 23: Rehabilitación Laboral y Social de los Enfermos.

Tema 24: Actualización en el tratamiento de las onicomycosis.

Tema 25: Manejo de neoral en afecciones dermatológicas.

El programa se desarrollará tanto a nivel teórico como práctico.

DIRECTOR

Prof. Dr. José Terencio de las Aguas

PROFESORADO

Dr. Vicente Buigues Frau. Oftalmólogo.

Prof. Dr. Antonio Castells Rodellas.
Catedrático de Dermatología de la Universidad de Cataluña.

Prof. Dr. Felix Contreras Rubio.
Catedrático de Anatomía Patológica de la Universidad Autónoma de Madrid.

Prof. Dr. Jesús Cuevas Santos.
Jefe del Departamento de Anatomía del Hospital de Guadalajara.

Dr. Fernando Chover. Otorrinolaringólogo.

Dr. Vicent Javier Gimeno Ochoa.
Médico residente del Sanatorio de Fontilles.

Dr. José Ramón Gómez Echevarría.
Coordinador Sanitario del Sanatorio de Fontilles.

Fátima Moll. Fisioterapeuta.

Dra. Gloria Tomás. Dermatóloga.

Dr. José Terencio de las Aguas. Experto en lepra OMS.

INFORMACIÓN Y SECRETARÍA

FONTILLES, Plaza de Tetuán, 6 bajo,
46003 Valencia

Tel. 96 351 15 83 Fax: 96 351 11 87

Correo electrónico: fontilles@ctv.es

MATRÍCULA

Tasas de inscripción: 3.000 pts

Matrícula gratuita.

Los aspirantes a este curso deberán dirigir

sus instancias a la secretaría del curso antes del 31 de julio de 1999.

Se dará preferencia a los que trabajen en Centros Oficiales dermatoleprológicos o que tengan el proyecto inmediato de trabajar en lepra.

FECHA Y LUGAR DE CELEBRACIÓN

Del 21 al 27 de noviembre de 1999.

Sanatorio San Francisco de Borja.

Fontilles 03791 Vall de Laguart, Alicante.

XLII Curso Internacional de Leprología edición auxiliares, misioneros, trabajadores sociales.

PRESENTACIÓN

La asociación FONTILLES organiza el presente curso con el fin de especializar en leprología a personal paramédico: misioneros, diplomados en enfermería, auxiliares de enfermería, trabajadores sociales y otros titulados interesados en la lucha contra la lepra. FONTILLES, miembro de ILEP (Federación Internacional de Asociaciones de Lucha contra la Lepra) trabaja en 18 proyectos internacionales (India, China, Brasil . . .) dando asistencia a enfermos de lepra, investigando y formando a personal sanitario.

PROGRAMA

Tema 1: Nociones generales dermatológicas.

Estructura de la piel. Lesiones elementales: primarias y secundarias. Funciones. Trastornos de la sensibilidad.

Tema 2: Historia y epidemiología de la lepra.

Tema 3: Bacteriología, cultivos, inoculaciones.

Tema 4: Patología.

Tema 5: Inmunología.

Tema 6: Clasificación. Diferentes formas clínicas.

Tema 7: Manifestaciones cutáneas.

Tema 8: Manifestaciones neurales. Alteraciones de la sensibilidad. Alteraciones motoras y tróficas.

Tema 9: Leproreacciones.

Tema 10: Manifestaciones nasales, bucofaríngeas y otológicas.

Tema 11: Manifestaciones oculares. Secuelas.

Tema 12: Lesiones óseas y articulares.

Tema 13: Lesiones viscerales de la lepra. Evolución y pronóstico.

Tema 14: Diagnóstico de la enfermedad. Diagnóstico diferencial.

Tema 15: Tratamiento de la lepra y de las leproreacciones.

Tema 16: Tratamiento quirúrgico, fisioterápico y rehabilitación.

Tema 17: Cuidados de enfermería.

Tema 18: Profilaxis y prevención de discapacidades.

Tema 19: Programa de lucha contra la lepra.

Tema 20: Rehabilitación laboral y social de los enfermos.

El programa se desarrollará tanto a nivel teórico como práctico.

DIRECTOR

Dr. José Ramón Gómez Echevarría
Coordinador sanitario del Sanatorio de Fontilles

PROFESORADO

—Personal Sanitario del Sanatorio FONTILLES.

—Personal Sanitario del Grupo de Proyectos Internacionales de FONTILLES.

—Colaboradores externos.

INFORMACIÓN Y SECRETARÍA

FONTILLES, Plaza de Tetuán, 6 bajo
46003 Valencia
Tel. 96 351 15 83 Fax: 96 351 11 87
Correo electrónico: fontilles@ctv.es

MATRÍCULA

Tasas de inscripción: 3.000 pts

Matrícula gratuita.

Los aspirantes a este curso deberán dirigir sus instancias a la secretaría del curso antes del 31 de julio de 1999.

Se dará preferencia a los que trabajen en Centros Oficiales dermatoleprológicos o que tengan el proyecto inmediato de trabajar en lepra.

FECHA Y LUGAR DE CELEBRACIÓN

Del 18 al 23 de octubre de 1999.
Sanatorio San Francisco de Borja.
Fontilles 03791 Vall de Laguard, Alicante.

Switzerland. *WHO changes.* Structural changes at WHO headquarters; global elimination project retains its independence. The target date for the global elimination of leprosy is perilously near, even if we go

along with the mathematical purists who insist that it is the end of the year 2000 rather than the magical midnight of 31 December 1999 which will initiate the New Millennium. The last quarter of 1998 found WHO headquarters in Geneva heavily preoccupied with a vast restructuring process, culminating in a physical move of offices over the New Year break.

Styled an Action Programme since 1994, LEP now becomes a Project within the "cluster" called Communicable Diseases (CDS) and in the Department of Eradication and Elimination (CEE). Its acronym is: CDS/CEE/LEP. Newly appointed CEE Director Dr. Maria Neira says: "The leprosy elimination drive will now benefit from the experience and know-how being engendered by parallel efforts against the other diseases under elimination or eradication."

Dr. V. Pannikar, Acting Team Coordinator of LEP comments: "We are happy to have preserved our identity as a Project within the broader context of Communicable Diseases, and at the same time we look forward to playing our part in that broader context. It would have been unfortunate if there had been any degree of interruption at this critical stage when we stand on the brink of achieving elimination of this millennia-long disease. Now we are pressing ahead to locate and put under multidrug therapy the remaining cases in the world. From 5.4 million registered cases as recently as 1985, the numbers have crashed to merely 805,000 cases at the start of last year. Our projections now suggest that, by the year 2001, the global registered prevalence will be around 500,000 cases, and—at the global level at least—the prevalence of the disease will have fallen below one case per 10,000 population.

"Moreover, the number of endemic countries, that is, where leprosy is still a public health problem, has been reduced from 122 in 1991 to only 32 at the beginning of 1998 and continues to fall sharply. We now recognize 16 as "the top endemic countries;" these are in order of prevalence: India, Brazil, Indonesia, Bangladesh, Nigeria, Myanmar, Mozambique, Democratic Republic of Congo, Nepal, Ethiopia, Madagascar, Sudan, Philippines, Guinea, Niger and Cambodia.

Reaching the target prevalence is going to take longer in some of those countries,

and more efforts will be needed by governments, WHO and the concerned NGOs to overcome the hurdles that still stand in the way of the elimination goal. "We are also looking carefully at the post-elimination phase, which will include caring for the two or three million people still living with disablement due to leprosy. So there will be no question of resting on our laurels and assuming that *M. leprae* will self-destruct once the prevalence has been reduced below one case per 10,000 population in the world. The fight will continue, with the help of the Nippon Foundation and other partners—in particular the member associations of ILEP. With their continuing action and support, and provided the commitment of concerned governments does not weaken, the world should see the final eradication of leprosy as a communicable disease within the first quarter of the next century."—LEP News 8 (1999) 1–2.

U.S.A. 39th Interscience Conference on Antimicrobial Agents and Chemotherapy. San Francisco will be the site of the 39th Interscience Conference on Antimicrobial Agents and Chemotherapy on 26–29 September 1999. For details contact: Meetings Department, American Society for Microbiology, 1325 Massachusetts Avenue NW, Washington, D.C. 20005-4171, U.S.A. FAX: 1-202-942-9340.

48th Annual Meeting of the American Society of Tropical Medicine and Hygiene. The 48th Annual Meeting of the American Society of Tropical Medicine and Hygiene will take place 28 November–2 December 1999 in Washington, D.C. For details contact: American Society of Tropical Medicine and Hygiene. Tel: 1-847-480-9592; email: astmh@astmh.org; WWW: <http://www.astmh.org>

Soper Award for 2000. This is an announcement and call for submission of nominations for the Fred L. Soper (1893–1976) Award for the year 2000 for publications in the field of inter-American health. Dr. Soper was former Director of the Pan American Health Organization (the World Health Organization Regional Office for the Americas) from 1947–1958.

In addition to his service with PAHO/WHO, Dr. Soper played a major role in the fight against yellow fever and other infectious diseases in Brazil as part of his work with The Rockefeller Foundation in the 1920s and 1930s and in the control of typhus in North Africa and Italy during the Second World War. He was one of the truly major figures of the century in inter-American health.

This Award is presented annually to the author or authors of an original scientific contribution comprising new information on, or new insights into, the broad field of public health, with special relevance to Latin America or the Caribbean or both. This may consist of a report, an analysis of new data, experimental or observational, or a new approach to analyzing available data. Preference is given to studies involving more than one discipline and to papers related to infectious disease, a life-long concern of Dr. Soper.

Only papers already published in scientific journals listed in *Index Medicus* or in the official journals of the Pan American Health Organization are eligible for consideration. Furthermore, the Award is limited to contributions by authors whose principal affiliation is with teaching, research or service institutions located in the countries of Latin America and the Caribbean (including the Centers of the Pan American Health Organization).

The Fred L. Soper Award Fund is administered by the Pan American Health and Education Foundation (PAHEF), which receives voluntary contributions designated for this purpose. The Award consists of a suitable certificate and a monetary prize of US\$1000. The winner(s) of the Award each year is nominated by an Award Committee composed of representatives designated by PAHO and by PAHEF; final selection is made by the Board of Trustees of PAHEF.

Papers submitted by or on behalf of their authors may be considered for the Fred L. Soper Award. For purposes of the 2000 Award, only papers published during calendar year 1999 will be considered; all submissions must be received by 31 March 2000 at the following address: Fred L. Soper Award Program, Pan American Health and Education Foundation, 525 Twenty-third Street, NW, Washington, D.C. 20037, U.S.A.