Teaching Materials and Services

Wellesley Bailey Awards

The Leprosy Mission International (TLMI) welcomes nominations for the Wellesley Bailey Awards to be presented at a special reception in England between 12th and 14th June 2003. They are for people who have had leprosy, who have made a significant contribution to their community or society, and have shown outstanding courage in overcoming challenging situations. The person nominated must not be told, as we do not want to cause any disappointment if not selected. Self-nominations are not accepted.

Two separate Awards will be given: one male and one female. Unsuccessful nominations from previous years may be presented for reconsideration. The deadline for nominations with accompanying papers to reach TLMI is 10th January 2003.

Further details about the Awards and required documentation are obtainable from: Joyce Missing, The Leprosy Mission International Office, 80 Windmill Road, Brentford, Middlesex TW8 0QH, UK. Tel: +44 20 8326 6767, Fax: +44 20 8326 6777, email: JoyceM@tlmint.org.

An Atlas of African Dermatology

TALC (Teaching Aids at Low Cost) has announced the publication of An Atlas of African Dermatology, by B. Lepard. The book is an authoritative guide to dermatological conditions for black populations in Africa. It contains over 600 clear colour pictures of dermatological cases to greatly assist the recognition, diagnosis and treatment of both common and rare skin conditions. The book is priced at £11.00 + P&P, and is obtainable from TALC, PO Box 49, St Albans, Herts AL1 5TX, UK. Telephone: +44 (0) 1727 853869, Fax: +44 (0) 1727 846852, e-mail: talc@talcuk.org.

ILEP’s recent publications

Among ILEP’s most recent publications is their Learning Guide 1: How to Diagnose and Treat Leprosy. This is the first in a new series of books for health professionals, which will include a range of information that health workers of different levels need to know when caring for people with leprosy. Each book is carefully developed and field-tested with health workers before publication. To facilitate translation and adaptation for local needs, this publication is available in pdf and quark format from ILEP and will soon be available on the ILEP web site www.ilep.org.uk.

Also available is the ILEP Technical Bulletin: The Interpretation of Epidemiological Indicators in Leprosy. The Bulletin, written in response to a request from ILEP Members, outlines general principles of interpreting epidemiological data including possible pitfalls. Current ILEP indicators for MDT and prevention of disabilities are reviewed, together with a number of other useful indicators. It is aimed in particular at programme managers and others involved in the collection and analysis of epidemiological data in leprosy. The Bulletin is now available in English and in French. A Portuguese version will be available later in 2002.

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Copies of both publications can be ordered free of charge from ILEP by post or e-mail at books@ilep.org.uk and will soon be available on the ILEP website www.ilep.org.uk.

Leprosy Course 2002

The General University Hospital in Valencia, Spain, will be the setting for the Leprosy Course 2002 on 4–8 November 2002.

The course, to be given by Dr José Terencio de las Aguas, is recommended by the Valencia Community Public Health and Valencia University. The course is open to resident doctors in their third year of dermatology, dermatologists from endemic areas of Latin America and specialists in areas related to leprosy. Additional information is available from Dr José Terencio de las Aguas (Tel: +34 609605322; Fax: +34 966423353; e-mail: drjoseterencio@hotmail.com.

The new face of leprosy

In July, LEPRa’s 78th Annual General Meeting was held at The Royal Institution in London, where award-winning television producer and LEPRa Executive Committee member Jenny Barracough spoke movingly about her personal experiences of meeting leprosy patients. Re-playing extracts from her documentary, *The New Face of Leprosy*, Jenny relayed to a hushed audience her experiences of leprosy on three continents and the real strides that LEPRa and other leprosy agencies are making in overcoming stigma in some of the world’s remotest regions. Copies of Jenny’s video are available for a suggested donation of £5. Please send a large SAE with your donation to: *New Face Video, LEPRa, Fairfax House, Causton Road, Colchester, Essex CO1 1PU.*

Psoriasis, biblical afflictions and patients’ dignity

A recent article in the journal *Harfejah*, by Shai, Vardy and Zvulunov, investigates the origins of the Hebrew words for psoriasis and for leprosy, both disfiguring skin conditions. The currently accepted Hebrew word for psoriasis is ‘sapachat’. The word ‘sapachat’ is biblical and its original meaning is unknown. Similar uncertainty applies also to the biblical word ‘tzaaraat’, the currently accepted Hebrew term for leprosy. The word ‘sapachat’ conveys a definite negative connotation, and imposes an emotional burden on psoriatic patients. The authors therefore recommend the use of the term ‘psoriasis’ instead of ‘sapachat’, to avoid stigmatization of patients.

Interactive tutorials

The Wellcome Trust offers a series of interactive tutorials in leprosy, tuberculosis, malaria and other tropical diseases. The tutorial in leprosy covers the latest epidemiological data on leprosy from the World Health Organization (WHO), current WHO treatment regimens for multidrug therapy, comprehensive information on the WHO and Ridley-Jopling systems of classification, detailed and fully illustrated guides to the histopathological and clinical aspects of the Ridley-Jopling classification, a comprehensive guide to all aspects of ocular leprosy, including diagnosis, treatment and prevention of blindness, how to treat and prevent physical impairment in leprosy, when, why and how to take skin biopsies and slit-skin smears and prevention and control of leprosy to WHO elimination levels. The tutorial contains over 900 images. Further information can be obtained from CABI Publishing, CAB International, Wallingford, Oxfordshire OX10 8DE, UK. Tel: +44 1491 832111, Fax: +44 1491 829292, e-mail: orders@cabi.org.
Armauer Hansen (1841–1912)

Two articles have appeared recently in the scientific literature, concerning the life of G. H. A. Hansen, the discoverer of the infectious cause of leprosy.

The first is the abstract of an article by W. Hansen and J. Freney, in Hist Sci Med, January 2002. The article was originally published in French.

Born into a Danish family, Gerhard Henrik Armauer Hansen was born in Bergen, Norway, on 29 July, 1841. Graduating in medicine in 1866 from the University at Christiana (the former name of Oslo), he started his medical career as an assistant physician at the National Hospital of Oslo for 1 year, working afterwards as a medical officer for a fishing company outside the Arctic Circle. Disliking his routine job, he soon returned to Bergen where he began his work on a disease known as leprosy at the age of 26 and as an assistant of D. C. Danielsen at the Lunegårdens Hospital. There he engaged in research and investigations on the nature of the disease. Studying the various types of leprosy (skin, nerve and visceral lesions), he was awarded, 1 year after beginning his work, the gold medal of the University for his first publication on the disease. While Danielsen leaned toward heredity as a dominant factor in leprosy, Hansen’s conviction was that the disease must have an infectious causal agent. In about 1871, Hansen began to observe tiny little rods in tissue specimens and considered they could be the etiological agent of leprosy, the more he found these rods in all the infiltrated nodular lesions in his patients. Finally, he proposed on February 28, 1873, that the rods were bacilli, responsible of leprosy. Promoted to the rank of Chief of the Leprosy Service in 1875, he held his job for 37 years; Hansen’s entire adult life was spent at work in leprosy. He edited the journal Lepra. Hansen was also an eminent zoologist engaged in studies involving mollusks and worms. From 1874, he was president of the Bergen Museum of Natural History. Armauer Hansen died on February 12, 1912, and the funeral ceremonies took place in the Museum of Bergen where his ashes are still kept.

In the second article, M. F. Marmor writes in Survey of Ophthalmology (May-June 2002) about experiments on the eye, carried out by Hansen, which threatened to put an early end to his career. In 1873, Hansen observed bacilli in leprous nodules, but proof of an infectious origin was difficult to obtain because the agent could not be cultured and direct transmission had not been demonstrated. Hansen tried several unsuccessful experiments, and in 1879 he resorted to desperate means. He passed a cataract knife that had incised an active leprous nodule into the conjunctiva of a female patient. No nodule developed, but the woman complained of pain and said that she had not been asked for permission. Hansen was brought to trial where eminent physicians testified on his behalf, but Hansen himself readily admitted that no permission had been sought because, not surprisingly, he thought the woman would probably refuse! He was convicted, and relieved of his post as staff physician, but he was allowed to retain an appointment as Chief Medical Officer of Health for Leprosy, in which capacity he worked for the rest of his life.

ALERT—provisional calendar for international training in 2003

January 13 to February 7 (4 weeks)
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 function deterioration, health promotion, problem solving) and programme management (POD management, home-based care and rehabilitation). Those participants particularly interested in community based rehabilitation can sign on for the following CBR course.

February 10 to February 21 (2 weeks)
Community based rehabilitation (CBR)
Target group: physiotherapists, occupational therapists and project managers. Emphasis will be on setting up a CBR programme in a given situation focussing on individuals with disabilities, their
families and their communities. Participants will be exposed to a realistic approach and to practical learning experiences by visiting existing CBR projects in and around Addis Ababa. The course can be taken on its own or in addition to the preceding PMD course.

February 24 to March 14 (3 weeks)
Clinical leprosy and tropical dermatology for physicians
Highly recommended for the participants in the following ‘Management of combined programmes’ course who need to refresh their knowledge of clinical leprosy and tropical dermatology. 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 programme setting.

March 17 to April 4 (3 weeks)
Management of combined leprosy and tuberculosis control programmes for physicians
Target group: experienced physicians responsible for managing a leprosy and TB control programme at the regional level or above. Emphasis on programme management: needs analysis, action plan, implementation of activities, supervision, evaluation, management of POD. Participants without leprosy experience should also take the preceding ‘Clinical leprosy’ course.

April 7 to April 11 (1 week)
Computer-based operational research methods in epidemiology
This course is organized jointly with the Department of Public Health and Clinical Medicine, Umeå University, Sweden. Target group: TBL control programme managers, scientists and other health workers who deal with epidemiological research work and statistics. Basic computer knowledge is a prerequisite. Participants will be introduced to programmes such as Epi-info and Acrobat as a means to analyse data.

April 21 to May 9 (3 weeks)
Essentials of leprosy and tuberculosis for administrative and programme support staff
Target group: administrative and managerial staff without a medical background, working in leprosy and TB programmes 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 8 to September 26 (3 weeks)
Essentials of leprosy and tuberculosis for physicians and scientists
This course is for participants new to the field of leprosy and tuberculosis or who need to refresh their knowledge. It aims at physicians responsible for diagnosis, treatment and care of patients with leprosy and tuberculosis in either a hospital or a control programme setting and at scientists who require in-depth knowledge of clinical practice in leprosy and tuberculosis as a basis for their research activities.

October 6 to November 14 (6 weeks)
Clinical leprosy and management of combined leprosy and tuberculosis control programmes 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 to POD, health promotion and support functions.

In-service training
ALERT can offer in service training in physiotherapy, surgery, dermatology, ophthalmology, etc. Students will have the opportunity to practise in the 240-bed hospital and in the field and use self-study facilities such as CD-ROMs, video, slide programmes and library. It is possible for trainees attending
courses to opt to stay on for in-service training after the courses have finished. The duration and content of the in-service training period will be arranged according to the experience and the interest of the individual trainee.

**Training fees**
Students stay at the ALERT hostel. Each student has a single study room. The bathroom is shared between four students.

Basic training fees amount to US$ 460 per week. This covers tuition, full board and lodging, laundry facilities, airport service, weekend transportation and Ethiopian Birr 30 per day pocket money. Field trips are an additional US$ 25 per day for transportation, facilitation and living expenses. Special rates are available for long-term in-service trainees. Please note that ALERT does not provide any sponsorship.

**Health**
ALERT does not provide health insurance. Please make sure that you are suitably insured before coming to Ethiopia.

You need a valid yellow fever vaccination certificate. Malaria prophylaxis is recommended. Although there is no malaria at ALERT, you may be exposed during field visits.

ALERT is situated at 2400 m above sea level so the climate can be cold. It is recommended that you bring warm clothes and rain wear.

**Visa formalities**
As soon as you are accepted for a course, we will send you a letter of acceptance, which you may use to obtain a visa for Ethiopia. Because administrative formalities can be time consuming, we advise you to apply as early as possible.

If your country has no Ethiopian Embassy, please send your passport number, nationality and your name as written in the passport to ALERT at least 3 weeks before you are due to leave. We will then fax your entry permit number. You need this to get on the plane. At Addis Ababa airport immigration, you will be issued with an entry visa, which you will have to pay personally in hard currency. You should bring US$ 25 for this.

Upon departure, you need US$ 20 to pay for your airport tax.

If you are interested in any of the training opportunities in this brochure, contact the Training Division of ALERT (PO Box 165, Addis Ababa, Ethiopia. Tel.: +251-1-711524 or +251-1-712792, Fax: +251-1-711199 or 251-1-711390, e-mail: leprosyb@telecom.net.et, website: www.telecom.net.et/~tdalert). You will be sent a brochure with practical information about staying at ALERT and an application form which you should fill and send at least 3 months before the course starts.