NEWSLETTER FROM KIYOSE

No. 10, May 1996
The Research Institute of Tuberculosis, JATA
3-1-24 Matsuyama, Kiyose-shi, Tokyo 204, Japan

Contents

Four Tuberculosis Control Seminars in Developing Countries per Year

Dr. Masakazu Aoki

Japan Anti-Tuberculosis Association (JATA) has started a new scheme of helping to organize National Tuberculosis Control Seminars in two developing countries per year since 1994. In 1994 seminars were held in Mongolia and Indonesia, and in 1995, in Mongolia again and in Vietnam in cooperation with WHO and IUATLD. Dr. G. Tszogt from Mongolia and Dr. L. V. Tunn from Vietnam had been invited in advance for preparation, and the details of the seminar had been discussed. Resource persons in Mongolia seminar were Dr. D. Enarson (IUATLD), Dr. D. I. Ahn (WPRO of WHO), and myself. In Vietnam seminar, Dr. J. F. Broekmans (IUATLD/KNCV), Dr. Blanc (WPRO), Dr. T. Shimao (JATA) participated. Nearly 50 doctors from all parts of the country had participated in each seminar. Two seminars will also be organized by JATA in 1996.

Vietnam


Mongolia

In addition to the JATA scheme, RIT decided to organize two international tuberculosis control seminars / workshops per year starting in 1995. A seminar is to be held in Thailand in February and another in Cambodia in March 1996 (within the Japanese fiscal year 1995). Dr. N. Ishikawa and I are to visit Thailand and Dr. T. Mori and Dr. Y. P. Hong from Korea are to join the seminar in Cambodia. Two seminars will also be organized by RIT in two countries in 1996.

These four seminar / workshops by JATA and RIT are expected to promote the exchange of NTP experience and to spread knowledge as to how to overcome constrains in NTP implementation in each county. These projects by JATA and RIT will be continued for several years. We welcome requests for future seminars or workshops from the ex-participants of our international training courses.

Special article in memory of **Princess Chichibu**

Life Dedicated to Anti TB Association

Since Her Imperial Highness Princess Chichibu Passed away on 25 August 1995, we have felt a profound sense of loss, which is difficult to adequately express. This article is specially written as the memory of late Princess Chichibu for her great achevements and excellent leader ship.

We had the honor of receiving Her Imperial Highness Princess Chichibu as the Patroness of the Japan Anti-Tuberculosis Association(JATA) in 1939. The following year, His Imperial Highness Prince Chichibu was found to be suffering from tuberculosis. Although Princess Chichibu devotedly nursed him, Imperial Prince Chichibu passed away in 1953. During his long convalescence Japan experienced the most chaotic periods in her contemporary history, the Pre and Post-World War II eras. Tuberculosis was then the most dreaded disease in Japan. Through the experience of caring for her husband, Imperial Prince Chichibu, she may have come to understand the fear of tuberculosis as a fatal disease, and have been convinced of the importance of case-finding and early treatment of the disease. If we are allowed to infer, this may have been one of the strongest reasons for her determination to devote herself to publicly champion the tuberculosis control programme.

a street collection of double-barred cross seal subscriptions

The Four Main Domestic Activities of the Patroness

From the beginning, we had the honor of her royal attendance at yearly meetings and award ceremonies of the Japan Anti-Tuerculosis Association (JATA). In addition of the national JATA meeting , Her Highness attended award ceremonies for the most improved villages, towns and cities in Japan in tuberculosis control, ceremonies honoring JATA donors and staff for long term contributions, and ceremonies awarding X-ray mobile units. She was so devoted to participating in these events, as well as other national programmes, that we had the honor of more than 621 royal attendances around Japan during her 56-year patronage.

Under her Patronage since 1939,The Activities of Public Health Nurses and Anti-Tuberculosis Women's Society in Japan has been very important to tuberculosis control. The Research Institute of Tuberculosis (RIT) has been training programme for doctors, public health nurses, X-ray technicians and so forth. It was the custom of the Patroness to host a tea party for the public health nurses after the training courses. The establishment of the Anti-Tuberculosis Women's Society also depended on her guidance. The rapid development of the Women's Society and JATA for tuberculosis control owed a great deal to her endeavours.


in Nepal

International Cooperation Activities

The Fifth International ER-IUAT (Eastern Regional Conference, International Union Against Tuberculosis) conference was held in Tokyo in 1966. The 22nd World Tuberculosis Conference was held in Tokyo in 1973. Her Highness presented speeches in fluent English at the opening ceremonies of both conferences.


with participants

Furthermore, she was so kind as to invite the main conference participants to her palace, and succeeded in strengthening ties of international friendship among us. Recently, in 1993, we had the honor of her attendance at the Asian Pacific Tuberculosis Workshop in Tokyo under the collaboration of WHO, and her excellent speech at the closing ceremony.
As some readers will remember, participants in the International Group Training Courses on Tuberculosis Control had the opportunity to attend a reception with Her Highness and, sometimes she invited participants to her palace.

In March 1985 Her Highness paid a royal visit to Nepal for one week as the Patroness of JATA at the invitation of Nepal Anti-Tuberculosis Association. She had an opportunity to observe the national tuberculosis programme and the people's lifestyle in Nepal. This experience may well have made a vivid impression with Her Highness concerning her international cooperation activities.

To eliminate tuberculosis, not only in Japan but also in the world, her Highness's strong wish throughout her life. Owing much to her patronage and our efforts, the tuberculosis situation in Japan has been remarkably improved, although it is still far from being eliminated. Throughout the world, we have new problems such as those due to the recent appearance of AIDS and multi-drug resistant TB bacilli.


at a tea party

In remembering Her Imperial Highness Princes Chichibu's dedication, we, will continue to do our best to eliminate tuberculosis worldwide.

Snapshots from the Courses

Surgical Course

the 1st training course

'73 Surgial Course

'69 Surgical Course

'77 Advanced Course

'84 Advanced Course

'78 Advanced Course

Advanced Course

Basic Control Course

'65 Coutrol Course

'76 Control Course

'71 Control Course

'79 Laboratory Course

'82 Control Course

'87 Laboratory Course

'84 Laboratory Course

Laboratory Course

Joyful and Fruitful Post Course Visit to Vietnam

Osami Tokudome (Epidemiology Department)

1995 WHO/Japan International Post Course visit were made to Korea and Vietnam. Seven participants visited Vietnam and others visited Korea. It was the first time that the post course group visited Vietnam.

I visited Vietnam as a coordinator and stayed there for about 2 weeks. We left Narita in the morning and arrived in Ho Chi Minh City in the evening of 22 October. Two doctors met us at the airport and took us by car to their institute, the Pham Ngoc Thach TB & Lung Disease Center. They welcomed us and prepared the attached dormitory for us.

The opening ceremony for the training course was held on 23 October by Prof. Nguyen Viet Co, who briefed us about activities of the Vietnam NTP; Dr. Pham Duy Linh, Director of the Center, spoke about the Regional TB Control Program activities.

Tuberculosis is still a major public health problem in Vietnam. Since 1975, the National Institute of TB and Respiratory Disease in Ha Noi has been responsible for TB Control activities for the whole country. Since 1986, the programme has been integrated into the primary health care system, introduced province by province and within provinces, district by district. According to 1993 data, NTCP coverage is approximately 86% of the population. In 1993, about 36,534 new pulmonary sputum positive cases were registered. Average ARI is 1.5%. Incidence of sputum positive TB is 65/100,000.

Course contents were as follows;

1. Lectures on case finding, recording and reporting, and supervision. Practical exercises focussed maintaining a TB register, Using Treatment cards, on maintaining a Laboratory register and preparing quarterly reports.
2. Visiting the Pasteur Institute and the BCG Laboratory in Ho Chi Minh City. The Deputy Director briefed us on the activities of the Institute. The Institute annually produces one million doses of BCG . The center collaborates with the Pasteur Institute in Paris, and has quality control results accepted by WHO and the Copenhagen BCG Center.
3. Visited the reference laboratory where the directa, Dr. Lan, took us a round to the various units including the bacteriology section where culture and sensitivity tests are carried out. Quality control of peropherul sputum smears is done in this laboratory. All smear positive slides and 30% of the smear negative slides are rechecked and not more than 1% error were found in both positive and negative slides.
4. Visited 2 groups in District Tuberculosis Centers and Communes, not only in Ho Chi Minh City, but also at a distant rural area beyond the Mekong River. A ferry boat was necessary to cross the river. In all places we had discussions with health workers, both at the district and at the commune level, on different activities of TB control. Visiting to a patient's home in a different commune, we had discussions with TB patients and we were impressed by their knowledge regarding TB symptoms, dose of dosage treatment duration and follow-up check up. This is proof of a vality health education received from health workers.

During these visits, all the participants concurred in these observations:

- ✧ Government commitment to TB control of TB programme is very commendable.
- ✧ Doctors and avxiliary staff are well trained and placed even at commune (peripheral) level.
- ✧ There is active participation of popular committees in TB control programme activities,
- ✧ Health workers are trained for TB control activities.
- ✧ Cure rate everywhere is above 85%,
- ✧ There is effective health education and patient motivation. Patients are well-educated about drug doses, therapy duration and follow up examinations.

- ✧ All microscopic centers have safety cabinet fors protection of laboratory technical / health workers.
- ✧ Recording and reporting are to NTP standards.
- ✧ There is supervision from national level to province, district and to commune level,
- ✧ To ensure the taking of anti-TB drugs, the formats have been modified depending on the local situation.

On October 24 we were lucky to observe a solar eclipse (98%) on the roof of the Centre.

I had only a little knowledge about Vietnam before this visit. So I was very much surprised to see vigorous and diligent people, and to see streets where innumerable motor bikes are coming and going busily even early in the morning. It is natural that Vietnam is said to be achieving remarkable economic growth. Tropical fruits and rice are main products. So I enjoyed delicious foods. We were kindly treated with coconuts every tea time!

We express our deep gratitude to Dr. Pham Duy Linh, Director of Pham Ngoc Thach TB and Lung Disease Centre, for doing all in his power to make us comfortable during our stay in Ho Chi Minh City.

We also express our sincere thanks to Dr. Le Ba Tung, Dr. Le Van Nhi, Dr. Do Chau Giang and Dr. Dang Thi Thuy Nhien for their guidance during the training course; to Provincial Directors and to the Directors of District TB Centres for their warm hospitality to us during our visit to their respective areas; lastly to WHO for supporting our attendance at this training programme.

TRAINING COURSE REPORTS

Laboratory Course 1994
(Oct.31, 1994 - Feb.17, 1995)

We have the same problem. TB is the problem in our country. We have learned about laboratory works on tuberculosis control in Japan. Knowledge and hard work is the key to success. We have gotten more knowledge than we expected! Successful training will lead to a success ful NTP! TB control programme is a global tree; each of us are one leaf from various countries in the land of Japan.

By: Dhanida Rienthong

TUBERCULOSIS CONTROL II 1995
(July 10,1995-Oct 20, 1995)

I have learned a lot from this course not only in terms of tuberculosis but also from my coparticipants.

i saw and i learned

i have learned of the kindness of a paraguay man,
the intelligence and keenness of a nepalese,
the leadership of an indian,
i have seen the smile of a malawi woman,
the silence of a cambodian,
the camaraderieship of a man from solomon islands,
the friendship and speed of a mozambique woman,
I have learned to appreciate the beauty of art
from a peruvian senora,
i have seen the humility of the bangladeshis,
the fastness of a pakistani,
i have experienced the guidance of a china man,
the curiosity and the search of knowledge of a man
from ghana,
the strength of a nicaraguan,
the compassion of a woman from honduras,
i have seen the laughter of a macao woman,
i have experienced the humor of an egyptian,
the jokes and truthfulness of a thailander,
the dedication of a korean,
the wisdom of a mongolian,
i have felt the spirit of an afghani,
the respectfulness of an indonesian,
the commitment of a tanzanian woman,
and the companionship of a filipina boss,
i have experience the hospitality of the japanese,
the memory of which i will treasure all the days of
my life.

easncho.
(philippines)

Join 'DOTS'

- A CHALLENGE

Dr. Akihiro Seita

Dear friends.
I am now working for Eastern Mediterranean Regional Office (EMRO) of WHOin Alexandria, Egypt as a TB Medical Officer. I live with my wife in an old but nice apartment near the office.

Our region has 23 countries. My job is to advocate effective TB control strategy, namely Directly Observed Treatment, Short-course (DOTS). DOTS is a system where health workers watch as each patient takes the correct medication. By using DOTS, we can virtually ensure that TB patients will be cured.

Last year, I visited Yemen, Saudi Arabia, Pakistan, Iran, Lebanon and Egypt and met TB managers (some of whom are ex-participants of Kiyose). They asked me "Why does WHO promote DOTS? It is very difficult to apply." so I had to explain and sell DOTS to them. I usually used the following sales campaign on such occasions. I hope you will enjoy this, and if you like it, please buy DOTS!

Let's look at the reality. TB epidemic is an emergency. TB incidence is increasing due to population growth, low cure rate and, in some countries, an HIV epidemic. Furthermore, defaulters may develop incurable multidrug resistant (MDR) TB because of irregular drug intake (rifampicin in particular). It is clear that we have failed in TB control and, unless we change , the TB situation will go from bad to worse.

So, let's think about why we have failed in TB control. Any problem with our knowledge on TB? No! Our knowledge is quite good. We know the cause (MTB), the diagnostic method (sputum smears) and the drugs (chemotherapy). We know TB patients. So, what are the problems? One important problem is poor management. We thought that good diagnosis and drugs would be enough. However, we forgot to ensure patients' regular drug intake. Please note that during the initial phese,patients have to take 10 tablets or more every day. Can you do that? I cannot. I would stop or skip taking drugs once I become asymptomatic. I would default. All studies indicate that ordinary patients are defaulters.

What we can change is our management system. We have to live with the same MTB, smear exams and drugs. Patients behavior will not change dramatically. We have to improve our management system to see more patients cured. Health workers' supervision (DOTS) is the best and the most cost-effective way to ensure patients' regular drug intake, and to prevent the surge of incurable MDR-TB.

So, the next question is 'how do we apply DOTS in the field?' Many people say, 'No TB drugs at health centers', 'My patients are living very far' and 'My patients have to go to work every day', etc. Yes, they are right. However these points do not make DOTS inapplicable.

DOTS is a full TB control package. It is a whdistic TB control policy package: a government commitment, diagnosis by sputum exams, standardized short-course chemotherapy, regular drug supply and a monitoring system. We cannot simply go to the field and ask health workers to do DOTS. It will fail! We cannot implement DOTS by using one health center in a district with a population of 100,000. It is impossible! Let's use all health facilities in PHC. If there are village health workers, let's use them. And let's train all health workers who could conduct DOTS. Then, we can use

DOTS. Of course, in reality, difficulties will remain in the field because of an insufficient a PHC network in many developing countries. So, what shall we do?

The answers are in the field. We need to develop innovative methods to encourage DOTS. Do not try to find answers only at the national and provincial levels. Go to the field. In my experience, whenever I discussed DOTS with people at the national and provincial levels, they said DOTS was inapplicable. At the district level, it was almost the same. But at the periphery, the situation can be totally different. Many health workers told me that they were ready to do DOTS. When I was in Iran, people at national, provincial and district levels said no to DOTS. However, at one village, we found that one female health worker had already started DOTS by herself, because she thought DOTS is the only way to ensure her patient's drug intake. Nobody told her DOTS, but she did it.

Be flexible (without compromising principles) and elaborate all possibilities. If you ask your health workers, they may give you wonderful ideas which you may never imagine. In one center in Pakistan, some patients cannot come to the center because of their daily work. For these patients, DOTS is done by a traind security guard who is at the center for 24 hours . There are many other encouraging stories worldwide.

DOTS is a challenge. A challenge to change the situation. DOTS is not an easy task as change is not an easy subject. However, be clear that, without changing, we cannot control TB. Take a risk. Rise to the challenge. Let's find a way!

That's all. How do you like this? If you like it, join DOTS. Please send me your opinion to RIT or to the following address. I will be more than happy.

Dr Akihiro Seita
TUB/EMRO
P.O.Box 1517, Alexandria, Egypt
e-mail: seitaa@who.sci.eg

DORM PARENTS

Mr. and Mrs. Ito

When Mr. and Mrs. Ito, "dormitory managers" started to work, they were not given a proper orientation by the predecessor.
They started their work May 1984 without knowing the details of their job."I started my work from scratch. There was no instruction book telling what kind of equipment there were in the rooms. We had to look after many things. Many items were dirty or broken, and so we had to do a lot of replacing." Mr. Ito said recalling old days.
He had had an experience of Japanese style hotel staff, however he had never worked with foreigners. He got nervous when he was put in a new job at first time. In addition, various accidents occurred during the training courses. "Whenever unexpected things happened, especially concerned with fire, I could not help being worried" he said strongly.
Participants used to use gas hot-water heaters. Sometimes this equipment didn't work well. So there were small explosions driving every course. "One day a gas burner ran all night. To prevent a fatal accident I have to always check around in the dormitory".
We are worried about fire. Once it breaks out, we may be powerless. Our first obligation is prevention. Our work has become easier since the new dormitory building was built. We can check whether participants are in the room or not by the indicator, and the main door is secured, so we don't have to think about strangers entering the domitory.The kitchen is longer and has more burners, but even they are still not enough.

Mr. and Mrs. Ito October 22, 1994

(interviewed by M. Seko)

The 18th Eastern Regional Meeting of the IUATLD, Dhaka

by Dr Ian Smith (1987 TB Control Course)

Participants, Papers, Places

About 300 people from 20 different countries gathered in Dhaka at the end of October for the 18th Eastern Regional meeting of the International Union Against Tuberculosis and Lung Disease. Most of the participants were from Bangladesh, Pakistan, India and Nepal, though people came from as far away as the USA, France, Germany and the UK. One participant came from Myanmar for the first time! The meetings were organized by the National Anti-TB Association of Bangladesh, with help from BRAC (a Bangladesh NGO) and WHO.

There were 3 meeting rooms, so it was impossible to hear every presentation - 83 over the 4 days! The sessions covered a wide variety of areas, including TB in children and women, Immunology, NGO involvement in TB control, Tobacco and Health, HIV and TB, Acute Respiratory Tract Infections, and Community Involvement in TB control. Quite a mixture!

Points of interest

Several themes began to develop during the conference, and the discussions often drifted towards these areas. Perhaps the most commonly discussed subject was DOTS. Several papers were presented from Bangladesh, China, Pakistan, Thailand and India describing experiences with DOTS. Many of these were success stories, and it was encouraging to see how programmes had developed from small model areas to develop large national programmes of DOTS. The results from China were particularly impressive - over 100,000 patients treated, and a 91% cure rate!!! In the past many people have been skeptical about DOTS - and discussions focused on whether it was possible or not. In this meeting everyone seemed to agree that DOTS was not only possible, but absolutely necessary, and the discussions focused on ways of implementing it. Two fascinating studies showed that family based DOTS is highly acceptable and effective, and that school children and mothers make excellent treatment supervisors. Husbands however are hopeless!

Another area of interest was the role of NGOs in national TB programmes. The BRAC programme in Bangladesh presented several papers on different aspects of NGO collaboration, and they have much experience that can be shared by other countries. BRAC have developed from the bottom up - moving from community based TB control to become more involved with the government TB control activities. Our experience in Nepal is a little different - most of the NGOs here originally developed as vertical service providers, and are now integrating into the government system. We each have experiences to share from our different perspectives, and hope that we can perhaps learn from each other through closer contacts in the region - perhaps even setting up a regional TB control network.

Gender and TB was another area that provoked much discussion and interest. Why are so many more males than females diagnosed with TB? Only one country - Pakistan - appeared to have similar numbers of men and women, all the rest see over twice as many male TB patients as females. Various factors were considered, with discussions focusing on the social and cultural influences that determine whether people are treated appropriately or not.

Other areas of discussion were HIV and TB, drug resistance and economic aspects of TB control - all very interesting, and needing more in the way of investigation and research in this part of the world.

People

As usual, the discussions outside of the main meetings were as interesting as the official presentations, and it was good to meet so many friends again. From our group training course in 1989 there were 3 participants at the meetings - Dr Karim Shah from Pakistan, Dr Yuthichai from Thailand, and myself. There were far more there who had attended courses in Kyose though - and it was a particular pleasure for us to meet Dr Ishikawa again. Many of us took the opportunity to go on the cruise arranged by the conference organizers and spent a happy afternoon sailing up and down river on a large ship!

In summary, this was an excellent meeting, well organized, with the opportunity to hear speakers from many different countries and backgrounds. The final day concluded with the Dhaka Declaration - a series of seven recommendations made by the conference participants which urged governments and NGOs to tackle the tuberculosis problem with great urgency. The next meeting will be in Singapore in 1997; it will be good to look back at that time and see the progress made in implementing these important recommendations. I hope many of us will be there!

NOTICE!!

Re-union for ex-participants of RIT international training courses.

In the ocasion of

the IUATLD annual meeting in Paris,

2-5 October 1996.

Details will be informed at the conference.

Dr. Lydia Camut-Rogando, MSPH
Region V, Legaspi City
Philippines (Control course '88)

It was barely a year and a half that I had handled the TB programme in my region when I was sent as a participant to the Group Training Course for TB Control Programme at RIT, way back in 1988. At that time, we had just started the implementation of the Short Course Chemotherapy nationwide for all the sputum positive and cavitary TB cases, so that what particularly interested me the most during the training course was the different types of regimens for different categories of TB patients and the proper way of doing cohort analysis.

I have applied what I learned and I have made it a system to do a yearly cohort which in my region showed a steady increase of cure rate from 55% in 1987 to 78% in 1994 under the SCC regimen.

Last October 28 - 31, 1995, I was one of the Philippine representatives attending the 18th Eastern Regional Conference for Tuberculosis and Respiratory Disease by the IUATLD in Dhaka, Bangladesh. I was able to meet doctors of different nationalities who shared their many experiences in the fight against tuberculosis. In the midst of all the unfamilliar faces, a pleasant surprise came up when I met my former mentors, Dr. Yong Pyo Hong of KIT and Dr. Ishikawa of RIT. Seeing and talking and renamed to them brought back memories of enriching field trips and good fellowship in between classroom lessons.

Almost all the topics in the conference were interesting. I would have liked to attend to all the lectures, especially. on the experiences of the different countries in the management of the TB programme in their own setting, but you can't just be in two places at the same time!

The lectures on Directly Observed Therapy on SCC (DOTS) had all my undivided attention for this was a topic particularly new to me. It was most promising to learn that almost all the countries that presented this strategy, like Nepal as presented by Dr. Ian Smith, showed a cure rateover 90%. In the Philippine we are still contemplating as to if we should implement this on a nationwide or on a pilot basis, because to carry out this scheme would entail additional manpower and quite a large logistics and bugetary support to truly realize all the "HOLD" chain components for adherence to the treatment regimen. If this is done on a pilot basis, I would indeed be grateful if my region were be chosen as the DOTS project area.

It was a fruitful experience. My only regret is that we did not have copies of the detailed discussions on the subject matter of the lecturers for future reference

I have fond and happy memories of Japan, for I acquired not only additional knowledge and skills on TB program implementation but I also acquired new friends at RIT and at the church where I attended church services. I hope that a lucky star would shine on me again and I will be given a chance to attend the Advance Training Course in TB Control. I do miss Japan for its beautifully clean atmosphere and polite, honest people, and for all the nice people who made us feel at home.

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NICHII Renorated and Renamed

23 March, 1996, the NICHII, supermarket in Kiyose, famous among RIT participants, was rebuik SATY. The new building is even more beautiful and is larger. RIT participants will enjoy daily shopping at SATY.

🕮 OVERSEAS ASSIGNMENT 🕮

WHO ASSIGNMENTS

3.20-3.25	Dr. Aoki	USA(TRAC)
4.8-4.25	Dr. Seita	Pakistan
5.13-12.3	Dr. Seita	Egypt (EMRO)
5.28-6.2	Dr. Yosiyama	Switzerland (Workshop)
6.13-6.17	Dr. Mori	Thailand (SEARO)
6.18-6.23	Dr. Yamada	Switzerland (TRAC)
6.19-6.22	Dr. Aoki	Switzerland (TRAC)
6.28-6.30	Dr. Abe, Dr. Yamada	The Philippines (DRS)*
10.2-10.7	Ms. Fujiki	The Philippines(DRS)
10.16-10.27	Ms. Fjiki	Malaysia(DRS)
1022-11.4	Dr. Tokudome	Vietnam (Int'l course)
11.14-12.7	Dr. Yamada	The Philippines (DRS)

*DRS...Drug-Resistance Surveillance

JICA ASSIGNMENTS

3.11-3.19	Dr. Aoki	Nepal
3.11-3.26	Dr. Seita	Nepal
3.12-3.20	Dr. Yamada	Solomon Islands
3.16-4.5	Ms. Fujiki	Solomon Islands
4.23-5.13	Ms. Fujiki	The Philippines
4.27-5.11	Dr. Ishikawa	Nepal
6.21-7.13	Ms. Fujiki	The Philippines
7.1-7.12	Dr. Ishikawa	Solomon Islands
7.6—	Dr. Endo	The Philippines
7.7-7.28	Dr. Abe	Thailand
7.30-8.5	Dr. Ishikawa	Thailand
8.9-8.17	Dr. Mori	The Philippines
8.11-9.1	Ms. Fujiki	Malawi
8.15-8.30	Dr. Yoshiyama	Yemen
—8.31	Dr. Suchi	The Philippines
11.2-11.30	Dr. Suchi	The Philippines
11.10-11.17	Dr. Mori	Solomon Islands
12.16-1.4	Dr. Yamada	Yemen
12.23-1.5	Dr. Suchi	Yemen

IUATLD

9.5-9.12	Dr. Yamada	France
9.6-9.14	Dr. Aoki, Dr. Mori, Ms. Yamashita	France
10.26-11.3	Dr. Ishikawa	Bangladesh (ER)

Research & Other

1.14-1.19	Dr. Aoki, Dr. Ishikawa, Ms. Sato, Mr. Yoshida, Ms. Sato	Thailand (JATA)
1.22-1.27	Dr. Matuda	Thailand
2.5-2.8	Dr, Aoki, Ms. Ohmori	The Netherlands (TSRU)
2.6-3.8	Dr. Yamada	Tanzania, France, The Netherlands
2.26-3.2	Dr. Mori	USA
3.21-3.25	Dr. Mori	Myammer (JFPA)
5.5-5.14	Ms. Kazami	USA
5.26-6.4	Dr. Ishikawa, Dr. Yamada	Bangladesh
6.24-6.30	Dr. Ishikawa	Australia
7.5-7.9	Dr. Aoki, Dr. Mori, Dr. Wada	USA(CDC)
8.21-8.26	Dr. Aoki	Mongolia (JATA)
8.13-8.18	Mr. Matsuda	Thailand (FASID)
9.6-9.14	Dr. Aoki, Dr. Mori, Ms. Yamashita	The Netherlands (KNCV)
9.13-9.30	Dr. Kawabata	Spain, France
9.9-9.25	Dr, Yoshiyama	Thailand (HIV conf.)**
9.16-9.22	Dr. Mori	Thailand(HIV conf.)
9.17-9.24	Dr. Ishikawa	Thailand(HIV conf.)
10.22-10.27	Mr. Hisanaga	Korea (KNTA)
10.12-3.31	Dr. Yoshiyama	Thailand (TB/HIV)***
11.24-12.6	Dr. Ishikawa	Bangladesh (TB/HIV)
12.6-12.10	Mr. Togawa	Thailand(TB/HIV)

**HIV conf. ...3rd International Conference on AIDS in Asia and the Pacific

***TB/HIV ... TB/HIV Research

RIT NEWS

Staff News

♣*Welcome:*

Dr. Akira Shimouchi to the training dept.

Mr. Hiromi Shinagawa to the administrative dept.

Ms. Yukie Sekiya to the biochemistry dept.

♣*Farewell:*

Dr. Yoshinori Kawabata
Moved to Saitama Ohara cardiovascular centre.

Mr. Watanabe
Transferred from Administrative dept. to JATA head office.

Ms. Watanabe
Left RIT.

Your news and voices are always welcome!

NEWSLETTER FROM KIYOSE

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