NEWSLETTER FROM KIYOSE

Contents

No. 20, March 2004
The Research Institute of Tuberculosis, JATA
3-1-24 Matsuyama, Kiyose-shi, Tokyo 204-8533, Japan

Can TB Control Be a Primer for SARS or Vice Versa?

Dr. Toru Mori

Although after several months of fear and confusion worldwide, the Severe Acute Respiratory Syndrome (SARS) epidemic has subsided, it should be noted that, while our colleagues in the public health and clinical sectors were fighting the outbreak, a few media reports compared SARS and tuberculosis (TB). However, it may be of benefit to compare the similarities between the two diseases, and to note the lessons learned from TB control, given that another outbreak of SARS is expected.

As Daniel Yee has written in an 8 June, 2002, Associated Press report based on comments by a U.S. health official, the lessons learned in the long battle against TB have prepared the United States for a disease such as SARS, as a result of which it did not spread as quickly in the United States as elsewhere.

First, the currently used TB-control guidelines — requiring emergency-room patients with a cough and fever, and who are thought to have TB, to either be placed in an isolated, ventilated room or wear a mask to prevent the disease from spreading — are helping in the control of SARS. Second, the experiences of those health officials who once dealt with the often hysterical reactions of the public and media to TB now serve the U.S. government well as it fights reactions to SARS such as people avoiding both Asian visitors and travel to certain destinations. Third, in the event that health officials are unable to find a cure for SARS, TB offers lessons in isolation practices.

As a result, those who work on TB control are encouraged to play an active role in the control of SARS, given that both diseases have several important features in common, such as the mode of transmission (the airway), the main site of the disease (the lungs), and issues stemming from the isolation of those afflicted (due to the stigma resulting from society's fears). Indeed, not only could the extensive experience gained from controlling TB and handling the associated social issues be applied to SARS, but those working in TB control stand to learn from fighting SARS.

1. Why is the popular reaction to SARS greater than to MDR-TB? Although both diseases are contagious and have no specific cure, people's attitudes to them are vastly different. Perhaps in the case of SARS, people display their fear of and curiosity about the unknown, while in the case of TB, they are simply indifferent to something that has been around a long time. Were one to identify the reasons for which SARS is attracting attention, the information might prove very useful in planning an effective advocacy for the control of MDR-TB.

2. International criticism was justifiably levelled at one country in particular for not having shared disease-related information in the early stages of the SARS epidemic, since it is essential that information be shared if the disease is to be understood. That said, since TB control can be similarly criticised and those of us working in that area often encounter privacy-related issues (be it individual or company privacy) and public concern about micro-epidemics, it could be said that TB, like SARS, is an issue involving a democratic government's control of information — in the interests of public health — and the extent of its control. In the case of TB, it is the social stigma, not fear, that complicates the issue of information sharing.

3. The recent SARS outbreak was in part contained by restricting travel from epidemic to disease-free areas. While this cannot be done in the case of TB, because of the nature of the disease, there are some who would nonetheless enforce such restrictions in the case of TB in connection with immigrants, thus requiring that immigration procedures include strict checks for TB, that suspected cases be tracked after immigration, and that any immigrants found to be afflicted be deported. If there are TB services for high-risk members of the population in a country, immigrants may be covered by these and be more humanely and efficiently treated. Discussion of the similarities and differences between the diseases should help clarify other points, too.

DIRECTORS

Teamwork Strengthens Sudan's TB Programme

Professor Asma El Soni (Class of '86), Sudan
Vice President of the IUATLD, Director of the Sudan Epidemiological Laboratory
President of the Sudan Chest Association

The Kiyose course I undertook in 1986 drew me into the battle against tuberculosis (TB).

TB is controlled by an internationally accepted framework developed by the International Union Against Tuberculosis and Lung Disease (IUATLD) and adopted by the WHO in 1991. The goal of this Directly Observed Therapy, Short Course (DOTS) strategy is to cure patients, save lives, prevent the spread of difficult- or impossible-to-treat, drug-resistant TB, and curb transmission of the disease.

Since the 1950s, TB has been recognised as a major public health problem in Sudan, Africa's largest country that covers some 2.6 million square kilometres. The disease remains one of the health priorities of the country, which has an annual risk of infection of 1.8%, making it one of the highest TB-burden countries in the WHO Eastern Mediterranean Region, accounting for 8% of the region's TB burden (WHO Report 2001).

Sudan's battle against TB started in the 1950s, with hospital-based services that were, until 1990, poorly implemented as the Sudan National Tuberculosis Control Programme (SNTP). The cure rate was 30% and case detection rate 38%.

In 1990, the Manual of the National Tuberculosis Control Programme was published, although regular monitoring of treatment was limited to pilot areas until 1993. The programme has been expanding since 1995, however, having been incorporated into the IUATLD collaborative programmes and having fully adopted the WHO policy package for TB control.

During the last six years, the Federal Ministry of Health (FMOH) has, through its National Tuberculosis Programme (NTP), taken a number of important steps in its fight against TB. Political commitment has thus improved at the central and state levels, a separate budget having been allocated for TB control.

Diagnostic services have steadily expanded to locations near where patients reside and have improved treatment outcomes. Of its population

of some 31,913,000 people, around 28,409,244 are covered by the NTP and 3,503,756 by WHO projects.

The NTP has been integrated into the Primary Health Care (PHC) services, and operates in 284 centres at which sputum microscopy is routinely used to diagnose TB. Regular quarterly reports are received from all tuberculosis management units (TBMUs), as a result of which the detection rate has increased from 897 new smear-positive cases in 1993 to 10,721 in 2001.

In addition, the Case Detection Rate reached 67.8% in 2001, while the Treatment Success Rate remained at the 2000 cohort level of 79%. Routine training programmes are also provided, supervised by the central unit as well as the relevant states. A reference laboratory has also been set up to ensure the proficiency of routine smear microscopy carried out at peripheral health-care facilities, to conduct mycobacteriological research, and to provide training for mycobacteriologists.

A broad network of partnerships has been set up externally, through which the programme has been able to lobby donor country organisations (such as the Norwegian Heart and Lung Association) to sponsor short-course chemotherapy (SCC), retreatment regimens and laboratory equipment; the IUATLD, to provide technical guidance; and the WHO, for technical support, laboratory supplies and equipment.

Operational research had become possible as a result of the joint collaboration of the Sudan Epidemiological Laboratory (a successful research institute), universities and research institutes.

We believe that our successful teamwork has prevailed despite many constraints and obstacles, and that a comprehensive DOTS strategy has resulted from the competent centralised leadership, organisation and institutionalisation, as well as partnership and networking.

40TH ANNIVERSARY

Institute Marks Fourth Decade of International Training Courses

The year 2003 marked the 40th anniversary of the training courses we run in the control of TB. To commemorate the occasion, special events were held in Tokyo and Bangkok.

The international tuberculosis (TB) training courses at the Research Institute of Tuberculosis (RIT) started in 1963 with seven participating doctors from five Asian countries. Over the past 40 years, the focus of training has shifted from clinical to public-health aspects of TB control. For ten years beginning in 1965, a surgical training course was offered, followed by an advanced course that commenced in 1973 for those involved in TB control at the intermediate level; a new course begun in 1975 focusing on the TB laboratory; and then, in response to the demands of the era, a training course related to Acquired Immune Deficiency Syndrome (AIDS) that was created in 1994 for Asian countries. The more than 1,700 medical and paramedical professionals from over 80 countries who have graduated from the RIT over the past 40 years have greatly contributed both to the control of TB and to other public health-related activities worldwide.

Ceremony, Symposium Held in Tokyo to Fete Courses

A commemoration ceremony and symposium were held in Tokyo on 17 February, 2003, attended by H.I.H. Princess Akishino.

In the opening address, H.I.H. spoke of the history of the courses since their 1963 inception, and the more than 1,700 ex-participants who have been working as leaders of tuberculosis control throughout the world. Finally, Her Imperial Highness expressed her appreciation for the efforts of those concerned who, through these international training courses, have been instrumental in developing human resources for tuberculosis control.

Her Imperial Highness Princess Akishino addresses the audience at the commemorative ceremony.

A number of guests, including former course participants, spoke on how the RIT training courses had contributed to the development of the human resources required to fight TB over the past 40 years.

Guest Speakers' Addresses

Dr. Shigeru Omi

WHO Regional Director, the Western Pacific Region
(Delivered by Dr. Takeshi Kasai, Medical Officer, Stop TB and Leprosy Elimination, WHO)

It has been four years since Dr. Omi was elected Regional Director of the Western Pacific Regional Office. As a new appointee, he sought the advice of World Health Organization (WHO) member states regarding which programmes should be given priority by WHO during his term of office. While expecting a variety of suggestions, including diabetes, cancer, mental health, environment-related health issues and food safety, he was surprised at the unanimous response that the focus should be on tuberculosis (TB).

Every day, some 1,000 people die of TB-related causes in Asia. Not every week or every month, but every day. Most of the deaths could be prevented with Directly Observed Treatment, Short-Course (DOTS) therapy. At a September 1999 meeting in Macao, the member states of the Western Pacific region declared a TB crisis, and WHO established a special project

to help countries expand the DOTS service to cover the population of the entire region by the end of 2005. The following year in Manila, WHO's Committee for the Western Pacific set a regional objective: The prevalence of and mortality resulting from TB was to be halved by 2010.

In Asia, there are few WHO members of staff and senior individuals in the TB-control community who have not been trained by the Research Institute of Tuberculosis (RIT) and Japan International Cooperation Agency (JICA); a great deal of progress has been built on foundations laid by courses provided by the RIT, Japan Anti-Tuberculosis Association (JATA) and JICA.

Training courses have been running for 40 years, ten times longer than WHO's special DOTS-related project. Our four years' efforts are nothing compared to the endeavours of those who have enabled the RIT's course to be run for so long. I would like to commend their dedication.

More than 100 years ago we found the means to diagnose TB, and more than 50 years ago we discovered an effective drug to cure TB. Yet the disease remains. Not only that, but we face the challenges of drug-resistant TB and TB-human immunodeficiency virus (HIV) co-infection.

We are standing at a crossroads: One road leads to a future in which TB is a bigger problem with a high incidence of drug-resistant cases; the other to a future in which the region' s people no longer face the threat of TB.

We must accept responsibility for the next generation. We have a daunting task ahead, but I am confident that we can significantly reduce TB through the dedicated people trained in the course. If TB ceases to pose a danger to public health, people will remember the efforts of those who committed themselves to the course and Japan's unwavering support for TB control.

Again, congratulations on your 40 years of commitment and dedication to training individuals to become TB experts. We look forward to another 40 years and to the elimination of TB.

Dr. Paula Fujiwara
Deputy Executive Director, IUATLD

In preparing these remarks, I sought the insight of Dr. Annick Rouillon, a former Executive Director of the International Union Against Tuberculosis and Lung Disease (IUATLD). She and the late Dr. Karel Styblo, developers of the modern approach to TB control that was officially adopted by WHO, have been among the pantheon of professors invited to teach in the course. She noted that one of the major contributions of the RIT courses is the inclusion of all actors in the fight against TB — not just physicians, but also nurses, social workers, microbiologists and laboratory technicians.

Professor Donald Enarson, the current Scientific Director of the IUATLD, notes that the RIT courses involve a broad range of experts and so offer a well-rounded approach to health-related topics, not just TB. The course participants, many of whom serve in key roles in TB-control programmes in their respective countries, are thus able not only to learn and reflect, but also to develop and carry out appropriate plans of action. In my travels throughout Latin America, Africa, the Middle East and Asia, I have been impressed by the numerous colleagues who have taught or been educated at the RIT, and who influence its courses.

These courses are invaluable in terms of intent and content, and are run efficiently by extremely competent individuals who effectively reach their target audiences — those involved in TB control worldwide. Having so greatly benefited from the results of Japanese research and the support and advice of its Japanese members, including Dr. Tadao Shimao, the IUATLD is proud to have been a participant in the courses from the beginning and looks forward to continued collaboration.

The RIT has set for the region, as well as the TB community, an example of what can be achieved with competence, dedication, motivation, innovation, adaptability, persistence and courage, all of which virtues are so characteristic of the people of Japan. I offer our heartfelt congratulations on your achievements and commitment, and for having trained many of today's leaders in the global fight against

TB, as well as our heartfelt wishes for sustained success.

Dr. Tadao Shimao
Adviser, JATA; Director Emeritus, RIT;
Chairman, Board of Directors,
Japanese Foundation for AIDS Prevention

The tuberculosis-related international training courses conducted at the RIT since 1963 have produced excellent results for many reasons, including the following.

1. The understanding and support extended by the JATA patronesses, H.I.H. Princess Chichibu and H.I.H. Princess Akishino. During their stay, course participants were invited to visit the patronesses, from whom they were given words of encouragement regarding TB control in their countries.
2. Understanding and support have been forthcoming from JICA, the Ministry of Health, Welfare and Labor (MHWL), and the Ministry of Foreign Affairs (MOFA), without all of which the courses could not be sustained.
3. Both support and advice were offered by WHO and the IUATLD. WHO has been a cosponsor of the RIT courses since 1967, and has, with the IUATLD, provided many excellent lecturers through whom the high level of instruction has been maintained.
4. Japanese prefectural governments, JATA prefectural branches and anti-TB women's societies have all lent support during field trips, enabling course participants to interact with members of the Japanese public.
5. The high calibre of the course participants who have studied hard, contributed to discussions during the course, and enthusiastically embraced the task of TB control after the course.
6. The extraordinary efforts of the RIT staff, who have worked hard, far beyond the normal call of duty.

The former course participants are working in the front lines of TB control in various parts of the world, and some even occupy high posts in the MHWL, from where they have been contributing to the global fight against TB and the expansion of the DOTS control strategy.

As a result, it is possible to set up technical cooperation with developing countries in TB control without the need to organize projects. Several times a year, former course participants are asked to assist with daily activities, as well as at advisory and evaluation meetings with Japanese experts.

South-South cooperation has already been organized in various health-related projects, including TB control, with former course participants playing an important role.

Experience has shown that the key element in the success of any health-related project, including TB control, is the availability of quality manpower. The idea of developing human resources originated with Dr. Kumabe, an RIT director in the late 1940s.

After Japan's defeat in World War II, there was a high incidence of TB resulting from the poor wartime health of the population. Dr. Kumabe believed that, although once Japanese industries were back on their feet the country would again produce drugs and medical instruments, the population at large could not be so easily revived, for which reason he advocated the training of health workers.

In response to his appeal, several young health workers joined the RIT, where they were trained in spartan conditions and started to work on the front lines of TB control nationwide, taking with them new knowledge and technologies that resulted in the successful control of TB in the 1950s and 1960s.

The success stories of domestic TB control and RIT international training courses in TB control clearly point to the need for Japan's Official Development Assistance (ODA) also to be given to manpower development.

In spite of the importance of the RIT's activities, its government subsidies have been cut 10% in each of the past three years due to the country's severe economic climate. The cuts are adversely affecting RIT operations, including its international training courses and the technical cooperation it has been extending to those countries where TB is prevalent.

Since institutional capacities are easily destroyed but are hard to reconstruct, we are now asking the authorities concerned to maintain the RIT's current activities. We will do our best, and ask for your cooperation and support.

Regional TB Seminar Held in Bangkok

Dr. Katsunori Osuga

To commemorate the 40th anniversary of the Research Institute of Tuberculosis (RIT) training courses, the Thai Anti-Tuberculosis Association helped organise a regional tuberculosis (TB) seminar in Bangkok from 16 July to 18 July, 2002. Many of the over 100 participants from Thailand, Cambodia, Vietnam and Laos were RIT graduates, and Drs. Shimao, Ishikawa, and Osuga were there to represent the RIT.

The presentations delivered allowed the participants to share their experiences of Directly Observed Treatment, Short-Course (DOTS) therapy, as well as the progress and constraints of the service in each country. This was followed by discussion of ways to accelerate and improve TB control efforts in the region, with participants expressing the urgent need to develop adequate TB control-related manpower and requesting that the RIT not only continue its international TB courses, but also strengthen its curricula by focusing on issues such as human immunodeficiency virus (HIV) and TB co-infection, and operational research areas.

It was agreed that developing human resources is crucial though time consuming compared with the speed at which anti-TB drugs, equipment, and program funds have become available in recent years. This kind of seminar, in which RIT alumni play a major role, might be a useful tool with which to develop a human-resource network to fight TB in the region.

Managing Tuberculosis at the Intermediate Level

(20 May – 9 August, 2002)

Dr. K. K. Chopra, India

This programme allowed the participants, who came from 15 countries, to learn a great deal not only in terms of course content, but also from each other and, by extension, about the incidence of TB in a number of countries.

Our stay in Japan exposed us to so much that was new: We learned a little of the Japanese language, were told something about Japanese culture, and were impressed by how hard some people work. And how could any of us ever forget the fun we had during our course and our respective home stays?

Our study tours, interspersed as they were with visits to tourist spots, have made an indelible mark in our memories. Besides, the friendship and cooperation shown to us by the

course organisers and coordinators made us feel at home — despite being far from home.

The training programme was certainly enjoyable, although sometimes exhausting. The judicious mixture of lectures, workshops, group discussions and role-play sessions, enabled us to thoroughly enjoy and draw the maximum benefit from the programme.

We really enjoyed taking part in the live TV news conference, as well as the role-playing session in which we held discussions with a make-believe minister of health, and took turns in playing the role of 'good' and 'bad' health workers. Our careers have been amply enhanced by the Project Cycle Management (PCM) course and Dr. Harries' lecture on 'How to Conduct Operational Research and Transform It into a Research Paper'.

The course has not only given us new knowledge, but has equipped us with the skills to apply it in a beneficial way. With the help of the action plans we prepared, we shall be able to help control TB in our respective situations, thereby providing ample justification for all the effort that was put into organising the course for us by people in Japan and the participants' respective governments.

HIV/AIDS Prevention and Care in Asia

(30 September — 6 November, 2002)

Dr. Flora Kioen Tanudyaya, Indonesia

For professionals like us, this six-week course was a rare, valuable and greatly appreciated opportunity that allowed us to have a break from our daily routine and dedicate ourselves full time to learning.

Our learning process had at least three equally interesting, stimulating and important parts. First, we learned new things; second, we became able to organise the things we had learned from our work; and third, we were able to refresh and update knowledge we had previously acquired.

We were able to benefit from the wisdom and expertise of the people who were made available to us, while the international and Japanese experts as well as our fellow participants contributed to building up each participant's knowledge and skills. Even MSM, a Japanese member of the public who is human immunodeficiency virus (HIV) positive, so inspiringly taught us some rich wisdom.

But more even than learning about HIV and acquired immune deficiency syndrome (AIDS), living in an international dormitory in a foreign country gave us the opportunity to find out about so many aspects of life. While language may have been a barrier to full communication, because common sense, mutual respect and love of life are universal, we had ample time to enrich our souls, too, couched as we were in the slow pace of life and quiet environment of Kiyose City.

The course has ended. The challenge remains with each of us to lighten the burden of HIV/AIDS. We still need to prove that we are at least one-stage-better professionals after having graduated from the RIT course. We need to work hard to apply, in our daily work, the knowledge and skills we added during the course. Otherwise, the resources, time, homesickness and separation from loved ones will have been wasted.

In gratitude, farewell and good luck to everybody. The privilege of being 'students' has ended.

Let's go back to fighting AIDS! Till we meet again — somewhere, sometime!

Tuberculosis Control Laboratory Management

(30 September — 13 December, 2002)

Ms. Gugu Petunia Maphalala, Swaziland

An experience in Japan: To be involved in an international training course is exciting; every day is a new day. With participants from different countries, we learned about, and to appreciate, each other's culture and behaviour.

Three and a half months had passed before we knew it, as we were fascinated by the country's beauty. We experienced both autumn and winter. The study tours were brilliant, and we enjoyed visiting places like Kyoto, Osaka, the Hiroshima Peace Memorial Park, Nikko and some places in the Kanto area where we were blessed with snow.

All of us benefited from the laboratory management course for tuberculosis (TB) control. We gained additional skills in the use of computers in the field, microteaching, project cycle management (PCM), the conduct of new techniques of TB laboratory investigation to improve case findings, and methods of improving quality control for smear tests.

The lectures given us by specialist in different fields were educational and dynamic, particularly since, prior to attending the course, we had little knowledge about such new TB-related techniques as 2% Kudoh media preparation and DNA-DNA hybridisation.

Based on the skills, experience and knowledge obtained, we were able to produce successful action plans to implement in our respective countries. We are determined to achieve our goals and fulfil our objectives. Where there is a will there is a way.

National Tuberculosis Programme Management

(20 January — 28 September, 2003)

Dr. Wamemba Zulu, Zambia

After seven weeks of intensive training, we are leaving Japan as disciples with a united message: **Stop TB**. The Kiyose experience will remain with us forever, since for many of us every experience was a first time.

The course content was very well thought out, having given participants from different backgrounds the principles and opportunity to understand their own situation better and to find a practical answer. I think nothing can repay the RIT and its staff better than the satisfaction

derived from seeing how TB patients in our programmes will benefit.

I had never imagined that anything could underscore my experience of community participation in TB control-related activities, until I met members of the Kyoto women's anti-TB association. These mostly senior citizens, in neat kimonos, had such a clear vision of how to maintain TB awareness.

On the lighter side, one just needed a sense of adventure to try the sushi, sashimi and many other local dishes and, in almost every case, the next thing one would do would be to say *oishii*. The food was not only different, but really very tasty, too.

The weather was wonderful, with the occasional snow sending even the most reserved of our number into a frenzy to pose for those memorable photos. At times, it took little more than a coffee break to persuade the least intrepid of our number to brave the cold, go outside and have that memorable photo taken to accompany a lasting memory.

As though to put the icing on the cake, it just so happened that our stay in Kiyose coincided with RIT's 40th anniversary, giving us yet another opportunity to meet JATA patroness H.I.H. Princess Akishino. She was such a motivating force, and made an enormous impression on us, particularly when we first encountered her on a courtesy call to her palace. What a moment!

Intermediate-Level Tuberculosis Management

(19 May – 8 August 2003)

Dr. Tasila Mercy Tembo, Zambia

The participants in the course were from Africa, Asia, Pacific islands and Latin America.

On arrival in Japan, all of us were filled with so much anxiety about our stay. But, in a few days, all the participants began opening up in response to the warm welcome given to us at the Hachioji International Centre (HAIC), our first home-away-from-home in Japan.

We all found the country very interesting, with so much to see and to amaze us. The Japanese people proved friendly and helpful, especially in our daily encounters in shops and at railway stations. With the little Japanese we learned we managed to find our way around. We had various tours, one of the most memorable of which was a visit to Aomori Prefecture. None of us will ever forget the beautiful Japanese countryside and the nature that one cannot see in Tokyo.

The course was nicely structured and now, at the end, we all are going back home with added knowledge and skills. The lecturers were all very good and had a wide range of experience. We hope that with our added knowledge, we will all contribute significantly to TB control in our respective countries.

We ended the course with numerous memorable activities, including a kendo demonstration by Dr. Osuga ("Steven Segal") and a farewell party organised by the group's social committee.

The group's slogan for the fight against TB and HIV/AIDS is: **Remember "Use a condom, Stop TB".**

To JICA I say, *arigato gozaimashita*; to the RIT, *iroiro osewa narimashita*; and to JATA, keep up the good work!

SPECIAL MESSAGE

Thanks for Your Messages

We received several messages from former course participants congratulating us on the 40th anniversary of the international training courses. Amongst the messages was the following.

Congratulations on the 40th anniversary of the Research Institute of Tuberculosis (RIT) courses.

Our experiences in your country were very good. The courses were excellent and gave us a broad understanding of tuberculosis (TB) – from epidemiology to treatment. The topics covered, as well as the workshops and courses on statistics and computing were most beneficial although, as a paediatrician, I would have liked to receive more information on TB as it affects children.

The teachers were highly skilled and showed that they certainly love their work. In addition, the programme provided us with the opportunity to meet people from different countries with different life styles and in different situations with regard to disease.

We found the Japanese people very kind and friendly, and had the opportunity to learn about some aspects of their culture. It was truly an unforgettable experience. Special thanks to all the RIT staff.

In Peru we are still working on the diagnosis and treatment of TB, but we already have good control on the disease, as a result of our use of the Directly Observed Therapy, Short Course (DOTS) strategy.

Our problem now is drug resistance, as well as TB and human immunodeficiency virus (HIV) co-infection. Each day, new cases of multi-drug resistant (MDR) tuberculosis appear in children with HIV, which poses a big problem in terms of control.

See you again very soon.

Dr. Angela Castillo (class of '96 C) and Dr. Miriam Latorre (class of '85C, '95A), Peru

RIT NEWS

RIT Reorganized

RIT was reorganized in April to further promote its research activities. The former research sections were unified into the Research Department, comprising research project teams formed according to selected themes. The present themes are surveillance, MDR-TB, new diagnostic technology, urban TB, TB in the elderly, HIV-TB co-infection, new anti-TB drugs, TB advocacy, quality assurance of bacteriological testing, and global DOTS expansion. A Mycobacterium Reference Centre has also been established.

♣ Welcome

- Dr. T. Yoshiyama
  Department: Research (from JATA HQ)
- Mr. T. Toyama
  Department: Administration (from JATA HQ)
- Dr. S. Kato
  Department: Program Support (from JATA HQ)

♣ Farewell

- Dr. M. Kimura, moved to the Ministry of Health, Welfare and Labor (MHWL)
- Mr. S. Miyasaka, moved to the Japan Health and Nutrition Food Association (JHNFA)
- Mr. N. Onozawa, moved to the Daiichi Dispensary
- Ms. T. Kubota, moved to Fukujyuji Hospital
- Ms. N. Sato, moved to Hosei no Mori
- Ms. S. Hamasaki, resigned

The Reorganised Research Institute of

Department	Head	Divisions
Administration	TBA	General Affairs Accounting Library Information
Program Support	S. Kato	Planning & Medical Doctors Training Public Health Nurses Training Radiological Technologists Training
Research	T. Yoshiyama	Project teams*
Mycobacterium Reference Center	I. Sugawara	Bacteriology Molecular Epidemiology Immunology Pathology
International Co-operation	M. Suchi	Project Development & Management Manpower Development
International Tuberculosis Information Center	N. Ishikawa	

* Surveillance, MDR-TB, New Diagnostic Technology, Urban TB, TB in Elderly, HIV/TB, New Anti-TB Drugs, TB Advocacy, Quality Assurance of Bacteriological Examination, Global DOTS Expansion

Your news and opinions are always welcome!

NEWSLETTER FROM KIYOSE

Publisher: T. Mori, Director

Editor: M. Suchi

The Research Institute of Tuberculosis, JATA

3-1-24 Matsuyama, Kiyose-shi

Tokyo 204-8533, Japan

Phone: 81+424-93-5711

Fax: 81+424-92-4600

E-mail: inter@jata.or.jp

URL: http://www.jata.or.jp/eindex.htm

When your contact address changes, please let us know.