Special Program on Research and Training in Tropical Diseases (TDR)

This program was planned and initiated by the World Health Organization with the assistance and joint sponsorship of the United Nations Development Program (UNDP) and the World Bank to stimulate and coordinate research for the acquisition and application of new methods for the control of tropical diseases and for refining those already available.

The Program concentrates on research into and the development of better means of controlling tropical diseases, and on the personnel training and institutional strengthening needed to augment research capabilities in tropical countries. These goals take into consideration the repercussions of a disease as a public health problem, the unavailability of satisfactory methods for combating it in the typical conditions of tropical countries, and the existence of avenues of research for improving the methods for its control. The Program has been targeted at research on malaria, schistosomiasis, filariasis, African and American trypanosomiasis, leishmaniasis, and leprosy.

The Special Program also has epidemiology, operations, vector control, and socioeconomic and biomedical research components. Each activity is carried out by multidisciplinary groups of specialists organized in different scientific working groups, each of which is responsible for the guidance of research in specific areas.

The program can provide financial assistance to researchers who undertake to study different aspects of the diseases mentioned, provided the topic has priority and the project scientific merit. The scientific working groups, made up of members of the world scientific community with experience in this field, have approved the Program's financing.

The search for new control methods relates to the training of personnel and the strengthening of the institutions performing research in countries where tropical diseases are endemic. The institutional strengthening activities revolve around the creation of a network of collaborating centers in the tropical countries. These centers will coordinate the upgrading of the research potential of the countries concerned, and will house the researcher training activities.

In the area of training, the purpose of the Program is to train both researchers and auxiliary personnel for laboratory work, ambulatory care, and field activities, in keeping with the decisions and needs of the countries concerned. Financing is provided for institutions that direct their research efforts toward finding means of controlling any of the six diseases.

Between 1975 and January 1982 the Program provided financial support totalling US$22,932,231 for 474 projects in the Region of the Americas.

For more information about this Program, contact: Director TDR, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland, or: Coordinator, Special Program on Tropical Diseases (TDR), Pan American Health Organization, 525 Twenty-third Street, N.W., Washington, D.C. 20037, USA.

(Source: WHO Special Program on Research and Training in Tropical Diseases (TDR), and Tropical Diseases, Health Programs Development, PAHO.)

Influenza in Latin America and the Caribbean, 1981-1982

In general, the 1981-1982 influenza season in Latin America and the Caribbean was moderate. The Trinidad outbreak due to H3N2 viruses observed in the second half of 1981 was associated with strains related to A/Texas/1/77 and with the A/Shangai/31/80-like variant of A/Bangkok/1/79, but one strain was similar to A/Oregon/4/80. Ten additional H3N2 viruses were isolated in Trinidad during January/February 1982. Influenza B activity began to be detected in April and lasted until November; a total of 20 influenza B viruses
was isolated during this period. One case of seroconversion to influenza A in January and another to influenza B in September, were seen in patients from Barbados.

Most influenza A (H3N2) strains isolated in Rio de Janeiro, São Paulo, and Bogotá in 1982 were similar to A/Oregon/4/80 virus, but strains related to A/Arizona/2/80 and A/Texas/1/77 were also found in São Paulo. One sporadic H3N2 virus recovered in Rio de Janeiro in September was found to be similar to A/Bangkok/2/79. One H1N1 strain similar to A/England/333/80-like was recovered in Peru in October 1981. Several B viruses related to B/Illinois/1/79 or to B/Singapore/222/79 were obtained in Rio de Janeiro and São Paulo during the first half of 1982. Influenza A(H1N1) viruses recovered in Ecuador in 1981-1982 appeared very similar to A/Brazil/11/78 or else exhibited drift away from A/Brazil/11/78. Several of these isolates (e.g., A/Ecuador/8128/82), were determined to be a low-avid A/England/333/80-like strain. A 1981 H3N2 Ecuadorian isolate proved to be intermediate between A/Texas/77 and A/Bangkok/1/79.

The only influenza activity detected in Chile up to November was one seroconversion to A(H1N1) virus, observed late in September. No activity was reported from Argentina.

In Jamaica influenza A (H1N1) virus circulation among young persons was confirmed at the end of 1982 by serologic diagnosis and virus isolation. The strains were related to A/England/333/80.

Note:

The above findings illustrate the role played by the network of National Influenza Centers in disease surveillance in the Americas. The function of this network is to monitor outbreaks, report them directly to WHO, and isolate and identify influenza strains for which antigenic relationships to other known strains are subsequently investigated in more detail at the WHO Collaborating Centers for Reference and Research on Influenza. This approach allows the detection of new variants like the A/Brazil/11/78 (H1N1) isolate from Belém, Brazil, recovered in 1978. This strain was incorporated in the influenza vaccines formulated since 1979-1980. Moreover, the network periodically surveys the status of immunity to influenza in populations of different age groups and assesses the serologic response to vaccination.

(Source: Epidemiology Unit, Health Programs Development, PAHO.)

The Caribbean Epidemiology Center (CAREC)

During 1971 and 1972, Trinidad experienced major poliomyelitis and typhoid fever epidemics at the same time that cholera continued its spread westward reaching Portugal. Because of these developments, English-speaking countries and territories of the Caribbean were especially conscious of communicable diseases—not only the direct threat posed to their inhabitants but also the potential threat to tourism, their major industry. It became evident, however, that little accurate information existed on communicable disease patterns in the Caribbean.

The consequent need for good epidemiological surveillance and back-up laboratories was first stated by Dr. Eric Williams, Prime Minister of Trinidad and Tobago; his call for action was endorsed by the V Caribbean Health Ministers Conference (Dominica, 1973). In this same vein, Dr. Williams had approached PAHO in 1972 to see if the Organization would be interested in establishing a disease surveillance center based in Trinidad that would incorporate the activities of the existing Trinidad Regional Virus Laboratory. This laboratory, situated near the center of Port-of-Spain, was used by the Rockefeller Foundation for arbovirus studies from 1952 to 1968, during which time it was affiliated with the Department of Microbiology of the University of the West Indies. In 1968 the Rockefeller Foundation withdrew its funding, but the University kept the laboratory in operation with contributions from the Governments of Barbados, Guyana, Jamaica, Trinidad and Tobago, United Kingdom, and