



Tropical Hygiene & Medicine News

Tropical Disease Trends

West Nile Update: Four deaths from West Nile Virus have been reported in Louisiana, along with over fifty infections, prompting Louisiana to declare a state of emergency. Additional infections have been reported from Texas and Mississippi. Infected birds have been found in Canada and Nebraska. As of July 18, 2002, the cumulative total of human cases of West Nile virus illness reported to CDC is 152, including 22 fatalities. See the website for more information. <http://www.cdc.gov/ncidod/dvbid/westnile/index.htm>

Avian Influenza: In 1997, a new strain of influenza virus jumped from chickens to humans, killing six of the 18 people it infected in Hong Kong and prompting the mass slaughter of chickens and institution of strict procedures to prevent the transfer between species in the future. Despite these measures, a similar flu strain struck chickens again in Hong Kong in 2001, although no cases of human infection were reported. A new genetic analysis of the two strains by US and Hong Kong researchers reveals that both were "re-assorted" influenza viruses that most likely came from geese. The goose component included genes for viral surface proteins, which researchers think helped the virus cross between species. The discovery suggests that the precursors of the deadly 1997 virus continue to circulate in China - as some of the same genes were incorporated in the 2001 strain. The new work also shows that the 2001 virus is highly deadly when tested in mice. In a separate incident, more than 4.5 million turkeys and chickens exposed to avian influenza virus in Virginia and the Shenandoah Valley earlier this year were destroyed, effectively crippling the area's multi-million dollar poultry industry.

West Nile Virus in the United States, 1999-2001



This map from the CDC website shows the distribution of West Nile virus as of December 2001. This year there have been infections reported in Texas, Nebraska and Canada.

Wasting Disease in the western US The wasting disease observed in western cervids - mostly Elk and Deer - has continued to expand. Now reported from states as far east as Wisconsin and beyond the Rockies backbone in Colorado, it threatens agricultural interests as well as raising concerns because of its similarities to the mad cow disease reported in the UK. It has now been discovered in wild or captive deer and elk in parts of Colorado, as well as Wisconsin, Wyoming, Kansas, Nebraska, Montana, Oklahoma and South Dakota and into Canada. Researchers believe commercial shipments of deer and elk may have helped spread the illness. Although officials continue to offer reassurance that it cannot affect other animal species or humans, efforts are underway in various jurisdictions to limit

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CURRENT TRENDS, cont.

its spread. The US Departments of the Interior and Agriculture are jointly preparing a plan to control the disease. For more information see the U.S. Geological Survey National Wildlife Health Center's chronic wasting site: <http://www.nwhc.usgs.gov/research> or the U.S. Department of Agriculture program: <http://www.aphis.usda.gov/vs/cwd.htm>

Cutaneous Leishmaniasis (CL) in Afghanistan.

CL is thought to affect over 200,000 persons in Kabul alone, and these numbers may swell as returning refugees and other displaced persons congregate in that city. Transmission occurs from May to October, but new cases may not emerge for another several months because of the long incubation period of the disease. It is considered vital to interrupt transmission in order to avoid a sharp increase in the number of cases over the next year. The World Health Organization, together with the government of Afghanistan and a number of international NGOs, is launching an urgent appeal for funds to bring this serious outbreak under control. It is vital that this emergency response be launched as soon as possible. A rapid response now will also allow a long-term control plan to be put in place, to prevent this disease from taking an even stronger hold in Afghanistan. The WHO emergency plan involves a rapid intervention combining preventive and curative measures with drugs for mass treatment, insecticide impregnated bednets for individual protection, social mobilization, and health education to ensure that this disabling

disease of poverty can be brought under control. For additional information see <http://www.who.int/disease-outbreak-news/n2002/june/28bjune2002.html> [Editor's Note: See *Visceral Leishmaniasis* below.]

WHO Confirms Ebola Cases A new outbreak of Ebola fever has been confirmed in the Republic of Congo, with eight people already affected. The latest outbreak is in the republic's northwest, on the border with Gabon, the World Health Organization said. It was first detected on May 17 in the Mbomo district near the Gabonese town of Ivindo, where two additional cases were identified.

Product News

New Oral Treatment For Visceral Leishmaniasis. An international team has developed a new therapeutic agent for one of the most deadly diseases of the developing world. Leishmaniasis is a parasitic disease transmitted to humans through the bite of a sandfly. The visceral form - also known as black fever and kala azar - is the most deadly of its four forms, killing 60,000 people a year. The parasite attacks cells in the spleen, liver and lymph nodes, causing immune system damage and death within one to two years. The new drug, called miltefosine, is 95 per cent effective at curing the disease, with "manageable" side effects. Earlier therapies required injection, had significant side effects and resistance was becoming common in some foci of the infection. The drug was created by teams at German biopharmaceutical

Tropical Medicine & Hygiene News

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company Zentaris and the WHO-sponsored Tropical Diseases Research program (TDR). India, which is home to half of the people worldwide with leishmaniasis, has become the first to license it. The Indian government wants to eliminate the disease nationally by 2010. Miltefosine works by attacking components of the protozoan cell membrane - although the researchers say they do not fully understand how. Ongoing studies are assessing its effectiveness in treating cutaneous leishmaniasis. The drug will be available in September 2002.

Synthetic Peroxide Compounds Herald New Class of Anti-Malarial Drugs A team of scientists and researchers from the University of Nebraska Medical Center, USA; Monash University, Australia; the Swiss Tropical Institute and F. Hoffmann-La Roche, Switzerland had been selected as the MMV partnership achieving the most promising research results in 2001 for their work on synthetic peroxides. The Chinese herbal remedy, artemesinin, is highly effective in treating the various life-cycle stages of *Plasmodium* infection, but the precise chemistry of its active ingredients has remained elusive. This group has identified a chemical series - the synthetic peroxides - that is amenable to modern drug optimization techniques and to industrial scale-up. In animal studies these compounds essentially cure malaria with one dose. It will still take many years before the work delivers a registered drug, but the progress made by this group is remarkable. For more information, visit MMV's Website at www.mmv.org or contact the MMV Communications Officer, Susie Zador on +41 22 799 4078; e-mail: zadors@mmv.org

US shortage of childhood vaccines over, CDC says A 2-year shortage of vaccines that protect Americans against measles, mumps and other childhood diseases has ended, US health officials announced. In a weekly health report, the Centers for Disease Control and Prevention said supplies of the measles, mumps and rubella vaccine, or MMR, and the diphtheria, tetanus and whooping cough vaccine, known as DTaP, were now sufficient to permit resumption of routine vaccinations. Supplies of the two vaccines had been limited since 2000 because of manufacturing problems affecting some suppliers, as well as a voluntary production stoppage by pharmaceutical giant Merck & Co., the only US maker of the MMR vaccine. US children are normally required to get an initial MMR shot between the ages of 12 and 15 months, and a second dose when they are 4 to 6 years old. The DTaP vaccine is usually given in five doses up to the age of 6 years. The CDC, however, advised doctors not to schedule children for any missed vaccinations for the next 2 months, the time believed required for national vaccine inventories to return to normal levels.

Ebola vaccine development The United States National Institutes of Health (NIH) and a Dutch biotechnology firm, Crucell NV, have joined forces to develop a vaccine against the Ebola virus. The sponsors anticipate that a vaccine will be ready for human trials within two years and in distribution by 2008

Organizational News

National Strategy for Biodefense In July President Bush announced the National Strategy for Homeland Security <http://www.whitehouse.gov/homeland/book/index.html> that outlines the administration's vision for protecting American citizens against acts of terrorism. Included in this vision are the efforts to address bioterrorism, and three of the six major objectives in that effort may impact ASTMH members. Specific proposals are outlined below and are the subject of active debate.

- Creation of a National Electronic Disease Surveillance System, which will receive data from elements of the CDC's Epidemiology Intelligence Service, FDA and USDA/APHIS databases and other sources to detect patterns of disease and identify outbreaks. This would be done in coordination with other agencies.
- Development of vaccines, antimicrobials and antidotes. This may/will involve diversion of funds from NIH to the new Department, and put DHS personnel in charge of setting the biodefense research agenda.
- Laboratories working with dangerous pathogens (the "Select Agents") will be required to register with the DHS and abide by special procedures and policies designed to prevent the inadvertent or deliberate release of these organisms into the environment.

Congress is presently considering the legislation introduced to implement these proposals. Because most of the authorization and appropriations committees are organized around existing executive branch agencies and departments, there are many such committees (Agriculture, Defense, Foreign Operations, Labor/HHS, etc.) whose work will be impacted by the new Department. A Select Committee has been created in the Senate to coordinate these discussions. The impact of these proposals on the FY03 appropriations is also uncertain. This will be particularly important for much of the Biodefense-Related programs.

Poliovirus Survey Enters Next Phase The US Department of Health and Human Services has announced the next phase of a nationwide survey of biomedical laboratories that may harbor infectious wild

poliovirus. In light of the impending eradication of polio, efforts to prevent the inadvertent escape of the virus from laboratories become more important. The first step toward containment is this survey, which aims to contact over 15000 laboratories beginning in October 2002. The survey will alert laboratory managers to the impending eradication, encourage disposal of unneeded samples and establish a national inventory of infectious or potentially infectious materials. The purpose of the national inventory is to: maintain a current list of laboratories in which wild poliovirus may be present, keep laboratories informed of biosafety developments, and notify laboratories of polio eradication progress and when to implement containment requirements. Additional information and instructions for completing the survey can be found at <http://www.cdc.gov/od/nvpo/polio/> or by calling 800 221 0916.

Measles Eradication Program Launched The Measles Partnership is a long-term commitment to control measles deaths in Africa by vaccinating 220 million children through both mass and follow-up campaigns in up to 36 Sub-Saharan African countries. The goal is to reduce mortality and morbidity by 95% and 90% respectively. By the year 2005, it is estimated that 1.6 million deaths will have been prevented, bringing measles deaths in Africa to near zero. There is no measles transmission in the Western Hemisphere. The [Measles Initiative](#) is using the Rotary model that helped fight polio and requires supplementary immunization of large age groups regardless of immunization status. Beyond the initial focus on Africa, the partners have agreed to consider a global measles control initiative. If adopted, measles would become the third disease, after smallpox and polio, to be eliminated.

NIH Director Confirmed by Senate May 3rd
Zerhouni already taking the reins at the Bethesda campus As Dr. Zerhouni begins his tenure at the NIH, early emphasis will likely be on the topics discussed during the confirmation hearing including: ensuring that NIH budget increases are well spent; diabetes research; increase in life expectancy; human subjects protection; clinical trials; stem cells; recruitment, training and retention of biomedical researchers; cross cutting research initiatives; translational research; disease prevention. the National Institute for Bioimaging and Bioengineering, mental health research; and a molecular library.

NIH Peer Review Reorganization – Infectious Diseases and Microbiology In the June edition of the *News* readers were alerted to the impending changes in the composition of one of the major study sections at the NIH, the Immunology Review Group. Briefly, the organization of study sections that review applications submitted to the NIH is being revised to even out the workload, minimize unnecessary duplica-

tion and maximize the expertise of the panels that consider each application. In Phase 1 of the process, a Panel on Scientific Boundaries identified 24 “Integrated Review Groups” or clusters of study sections that would function together to cover a general area. Among these were Immunology (IMM) and Infectious Diseases and Microbiology (IDM), which will be further subdivided in Phase 2. This second phase will be carried out by committees that will recommend the components of each IRG. The committee to propose organization within IDM met in mid-July. Their committee report, and the proposal for composition of the IDM study sections will be available on the website for comments very soon. Please watch the site, <http://www.csr.nih.gov>, and consider carefully how the proposed changes would affect your applications for support. Then send comments to the address noted.

ASM Subgroup Proposed ASTMH Member Edna Kanshiro has sent this invitation to join the proposed new division on ‘FREE-LIVING, SYMBIOTIC, AND PARASITIC PROTISTS’ of the American Society For Microbiology (ASM) She is seeking signatures to establish a new ASM Division for those interested in protistology. She envisions this as a mechanism for promoting greater visibility of these organisms within ASM and for ensuring that people with these common interests have more opportunities to interact during the ASM General Meetings. ASM members’ signatures in support of this new Division will automatically transfer their primary voting affiliation to the new Division once it is created.

The paragraph below can be completed and returned to ASM via any of the following methods: Fax to Jennifer Mercurio’s attention at (202) 942-9346; mail to Jennifer Mercurio’s attention at ASM; 1752 N Street, NW; Washington, DC 20036, phone to Jennifer Mercurio at (202) 942-9289; or email: jmercurio@asmusa.org. To join ASM, see their website (<http://www.asmusa.org/mbrsrc/daa02.pdf>).

I request that my primary Voting Division affiliation be transferred from Division ____ to the proposed New Division “Free-Living, Symbiotic and Parasitic Protists.”

_____ Printed Name
 _____ Signature
 _____ Member Number
 _____ Work Affiliation

Legislative News

President Bush Signs Bioterrorism Response Bill Secretary Thompson joined President Bush, Homeland Security Director Tom Ridge, and members

of Congress in the White House Rose Garden on June 12 for the signing of the Public Health Security and Bioterrorism Response Act of 2002. President Bush thanked Secretary Thompson and the HHS staff for leading Administration efforts on the legislation, which will protect Americans against the threat of bioterrorism and strengthen the nation's public health system. "Biological weapons are potentially the most dangerous weapons in the world," President Bush said. "Last fall's anthrax attacks were an incredible tragedy to a lot of people in America, and it sent a warning that we needed and have heeded. We must be better prepared to prevent, identify and respond (to bioterrorism). And this bill I'm signing today will help a lot in this essential effort." The bill has four objectives:

- Enhance the nation's ability to prevent and detect bioterrorist attacks.
- Strengthen the communications networks that link health care providers with public health authorities.
- Strengthen the ability of the health care system to expedite treatments across our country.
- Develop better vaccines, medicines, and diagnostic tests.

Department of Homeland Security Report from Capitol Associates The White House surprised the research community in June with a proposal to transfer control over some biomedical research to a new Department of Homeland Security. This new Department would, under the Administration's proposal, have the power to set priorities for research relating to bioterrorism, emerging infectious diseases, or other security needs, and would have the authority to contract directly with the National Institutes of Health (NIH) to carry out these priorities. ASTMH and other research groups, making the case that this plan would interfere with existing research and could place non-scientists in charge of scientific issues, successfully persuaded the House of Representatives to reject this plan. The House passed a bill on July 26, which proposed that NIH would retain existing authority but would be required to consult with officials at the new Department. However, the Senate Committee on Government Affairs approved compromise language in July allowing the new Department to set priorities, but enabling the NIH to develop a scientific research agenda to follow the Department's lead. The full Senate is expected to debate the issue in early September.

Smallpox Vaccine Program Readied Officials in the Department of Health and Human Services are

finalizing a plan to vaccinate hundreds of thousands of emergency medical personnel against smallpox this fall and expand to include other health care and rescue workers most at risk if the deadly virus were unleashed in the United States. Eventually, as more vaccine becomes available and experts have a chance to study adverse reactions to the inoculation, administration officials expect to make it widely available on a voluntary basis. Last month, a panel of scientific experts recommended a limited vaccination plan targeting small teams of health care workers who would be protected in the event of an outbreak. The panel, arguing that the risk of serious side effects outweighed current fears of an outbreak, estimated 20,000 people nationwide would be inoculated as a preventive measure. Complications include a sore arm, low-grade fever, encephalitis and death. The group also endorsed traditional "ring vaccinations" of isolated, infected patients and people in close contact with them to contain the outbreak. What began as a small, conservative approach by the government for protecting against the unlikely event of a smallpox attack is rapidly developing into a broad, aggressive proposal. Demand for the vaccine, new projections on how easily the smallpox virus could be spread in a terrorist attack and the size and scope of the U.S. medical profession have pushed the Bush administration to expand its view. For now, any vaccination would be voluntary. However, even a single case of smallpox could trigger mass vaccination and quarantine, because any presentation of smallpox at this point in time is likely to be an intentional attack, rather than a naturally occurring outbreak. The debate over smallpox vaccination revolves around two unknowns: the likelihood of an outbreak vs. the likelihood of severe, sometimes fatal, complications from the vaccine. Although smallpox was eradicated worldwide in 1980 and only the United States and Russia are known to hold small caches of the virus, some experts believe that samples of the virus may have gotten into the hands of terrorists or rogue states. A smallpox attack could go undetected for days or weeks, the first hint of trouble coming in the form of a mysterious rash. There is no known cure for the disease, and because it is highly contagious it could spread quickly through a community. Most Americans older than 30 were inoculated against smallpox as children, but medical experts doubt the vaccine would still protect them from disease. Medical associations, hospital groups and public health workers are pressing for more widespread vaccination of their workers. Officials stressed that Thompson has yet to approve a final plan. The CDC will monitor everyone who receives the vaccine to track any adverse reactions. William Bicknell, a physician at Boston University School of Public Health and former Massachusetts health commissioner, advocates vaccinating millions of adults, an approach that could serve as a deterrent. On the other hand, if we vaccinate a few million

people, we know a few are going to die. Abstracted from an article in The Washington Post by Ceci Connolly, Washington Post Staff Writer, Monday, July 8, 2002.

FY03 Appropriations Progress The Senate Appropriations Committee passed two appropriations bills on July 19th, Labor/HHS and Foreign Operations. They will proceed to the full Senate, where some amendments are expected. The House of Representatives is not expected to act on these bills until September. For updated information about the progress of appropriations legislation can be monitored at <http://thomas.loc.gov/home/approp/app03.html>

Labor/HHS Appropriations

- National Health Service Corps Recruitment—\$189 million, an increase of \$43.9 million.
- Health Professions — Title VII— Restores \$160 million of the President's \$280 million cut. These programs provide training for health care providers to work in underserved and rural areas; Title VIII Increases funding by \$5.5 million over last year and \$4.5 million over the President's request. These programs support nursing training.
- Community Health Centers — \$1.5 billion, \$75 million over the President and \$190 million over last year. These centers provide critical health care services to underserved and uninsured people throughout America.
- Community Access Program The Senate bill restores funding to the Community Access Program to \$120 million.
- Pediatric Graduate Medical Education — \$290 million, which is \$5 million over last year and \$90 million over the President's request.
- National Institutes of Health — This year's increase of \$3.7 billion, an increase to the President's budget by \$25 million, completes the historic 5-year plan to double the National Institutes of Health. The NIH is the single largest source for medical research funding. Within NIH, the National Institute of Allergy and Infectious Diseases (NIAID) received \$3.727 billion, which is \$1.193 billion over FY 2002 levels but \$263 million below the President's request. Fogarty International Center received \$60.9 million, a \$4 million increase over FY 2002 levels but \$2.5 million below the President's request.
- CDC The Senate restores \$421 million in cuts from the President's budget for a total of \$4.298 billion.

Foreign Operations Bill The Foreign Operations bill includes a total of \$1,780,000,000 for all Child

Survival and Health programs, which is an increase of \$346,500,000 from the FY02 enacted level. . Sen. Durbin did not offer his expected amendment to increase the payment to the Global Fund; this amendment will instead be offered on the Senate floor. This includes:

- \$550 million for USAID programs to combat HIV/AIDS, which is \$110 million above the Administration's request;
- \$200 million for the Global Fund to Fight AIDS, TB and Malaria;
- \$185 million for other infectious diseases, which is \$15 million below FY02 levels; and
- \$350 million for Maternal and Child Health

SOCIETY NEWS

Pfizer Centennial Travel Award Announced In 2003, the American Society of Tropical Medicine and Hygiene will celebrate its 100th year. In honor of this anniversary, the society will award a Centennial Travel Award, sponsored by an unrestricted grant to the American Society for Tropical Medicine and Hygiene by the Pfizer Foundation. The purpose of the award is to facilitate international collaboration in basic science aspects of tropical infectious diseases and to provide basic science parasitologists the opportunity to obtain hands-on field experience in combination with laboratory studies of parasitic diseases. The Society feels that one way to stimulate interest in tropical infectious diseases and build international collaborations is to provide scientists an opportunity to work with these diseases in the parts of the world where they are such a huge problem. The Centennial Travel Award is new and it is anticipated that the first award will be made in the Society's centennial year of 2003. The application deadline is **September 1, 2002**. For information about the award and application instructions, visit the website at www.astmh.org or see Funding Opportunities, below.

Society Leadership Weighs in on Legislative, Policy Issues, and Urge Member Participation

Three times in the last two months members have received broadcast mailings from Society headquarters in Chicago about impending policy and legislative changes that could impact the Society. If you have not received these but would like to do so, send an email to astmh@astmh.org.

Clarification: Journal Publication .In the June edition of the *News* the letter from the President outlined changes contemplated for the Society's publications. The editors of the Journal wrote with a clarification: the print version of the journal will still be produced, and the journal will be published online sometime next year.

Burroughs Wellcome Fund-ASTMH Post-Doctoral Fellowship in Tropical Infectious Diseases. This postdoctoral fellowship provides research support for individuals with an M.D., D.O., or other clinical degree who will be enrolled in a training program in infectious diseases during or immediately after the time period of this award. Funds are available to allow such individuals to perform research in tropical and geographic infectious diseases. Funding is available for a twelve-month period, at least three of which must be spent working on research in a collaborative site in a tropical or developing area. The deadline for applications is **September 15, 2002**. Download an application from the website or request an application from astmh@astmh.org

Examination Leading to a Certificate of Knowledge in Clinical Tropical Medicine and Travelers' Health. Please note the application deadline for the 2002 certificate exam is **September 15, 2002**. To request an application, contact astmh@astmh.org or visit <http://www.astmh.org>.

Intensive Review Course in Clinical Tropical Medicine and Travelers' Health. The review course is scheduled for October 22-23, 2002, at the Hyatt Regency Chicago in Chicago, Illinois. The course will immediately precede the IDSA Annual Meeting. Registration materials are available on <http://www.astmh.org> or contact astmh@astmh.org.

Annual Meeting News

Student Book Award. The American Committee on Clinical Tropical Medicine and Travelers' Health (ACCTMTH), in conjunction with Oxford University Press, will award a Student Book Prize. The purpose of this award is to recognize excellence in research presented by a student at the annual meeting. The application deadline is **September 1, 2002**. To obtain an application, visit <http://www.astmh.org> or contact ASTMH headquarters at astmh@astmh.org.

Registration materials to be mailed soon The registration brochures for the ASTMH 51st Annual Meeting will be mailed shortly. Watch your mail and take advantage of early registration rates to reserve your spot at the meeting, to be held November 10-14, 2002 at the Adam's Mark Hotel in Denver, Colorado. Make your hotel reservations now with the Adam's Mark Hotel at 303/893-3333 or fax 303/626-2544.

Annual Meeting Abstract Information. Abstract acceptance information will be posted on <http://abstract.cornetser.com> in mid-August. E-mail notifications will not be sent. Please check the abstract web

page to determine acceptance and scheduling information.

New Audio-Visual Set-Up for Annual Meeting.

Please note that all oral presentations at the annual meeting must be in PowerPoint. Meeting rooms will not be equipped with slide projectors or overhead projectors. A laptop and LCD projector will be available in each presentation room. Speakers should bring a floppy disk or CD-R version of their talk and will use the laptop provided in the meeting room. The laptop will be PC based. If you use a MAC, please be sure your presentation is readable via PC PowerPoint.

PEOPLE

Julie Gerberding Appointed New CDC Director On July 3rd, Secretary of Health and Human Services, Tommy Thompson, announced the appointment of Dr. Julie Gerberding as director of the CDC, the nation's top public health agency. Gerberding, 46, was the CDC's acting deputy director for science and is the first female director of the CDC. Dr. Gerberding has been on the front lines of the anthrax investigation, administration officials said Tuesday. An infectious-disease specialist credited with pioneering steps to protect health care workers exposed to the AIDS virus, Gerberding was recruited to the CDC in 1998. One of Dr. Gerberding's first roles as director will be to help with the transition of some of the CDC's traditional functions to the new Homeland Security Department.

Harold Varmus among 2001 National Science and Technology Award winners Former NIH Director Harold Varmus is equally well known for his Nobel Prize-winning discovery that normal human and animal cells contain genes capable of becoming cancer genes, which led to an aggressive and successful search for genetic origins of cancer by the scientific community. Other biologists who were honored include Victor McKusick, Francisco Ayala, and Mario Capecchi. More information about the National Medal of Science is available at [<http://www.nsf.gov/nsb/awards/nms/>].

Richard Klausner joins Gates Foundation as Executive Director for Global Health Former National Cancer Institute Director Richard Klausner has been named executive director of the Bill & Melinda Gates Foundation's global health program. The Gates Foundation has contributed more than \$450 million globally to AIDS-related work alone. Klausner, who will report to the foundation's co-chairs, Patty Stonesifer and Bill Gates Sr., assumes the leadership role as the foundation continues to tighten its strategic program focus and reaffirm its commitment to three priority areas: Infectious Disease and Vaccines, HIV/AIDS and Tuberculosis, and Reproductive and Child Health.

PEOPLE, cont.

Jeffrey P. Koplan, M.D., M.P.H., outgoing director of the U.S. Centers for Disease Control and Prevention, is now Vice President for Academic Health Affairs at Emory University's Woodruff Health Sciences Center. Dr. Koplan will assume his new post on April 22.

D. A. Henderson, who ran the worldwide campaign to eradicate smallpox two decades ago and re-emerged after the anthrax attacks to lead the government's effort to prepare for bioterrorism, is stepping down as director of the federal Office of Public Health Preparedness. The 73-year-old Dr. Henderson, who said when he took the job that it would be temporary, will remain the principal science adviser to Tommy G. Thompson, the secretary of health and human services. Dr. Henderson will be replaced at the health preparedness office by Jerome M. Hauer, who has been his deputy.

Jack Whitescarver, has been named permanent director of the Office of AIDS Research (OAR) at the National Institutes of Health. Dr. Whitescarver has been acting director since October 2000. The OAR coordinates NIH research activities in HIV/AIDS.

Jean W. Pape GHESKIO, receives the French Legion of Honor Award. The French Ambassador, on behalf of his nation's President, awarded the French Legion of Honor, the country's highest honor, to Jean W. Pape, MD. The French Legion of Honor is not frequently awarded to a non-French citizen. The award is an acknowledgment of the international medical statesmanship that Dr. Pape has demonstrated during his career of service.

Hal Margolis has accepted the position of Director, Division of Viral Hepatitis (DVH), NIH. Dr. Margolis was named Acting Director of DVH when it was established in October 2001. Most recently he has been on a detail to the CDC OD as a Special Assistant to the Deputy Director for Science and Public Health to oversee and coordinate the Agency's smallpox preparedness activities. Dr. Margolis was previously Chief of the Hepatitis Branch, Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases, Centers for Disease Control and Prevention, and Director of a World Health Organization Collaborating Center for Research and Reference in Viral Hepatitis since 1987.

Sanford F. Kuvin to be Honored by Hebrew University of Jerusalem. Dr. Sanford F. Kuvin was slated to receive an Honorary Fellowship from The Hebrew University of Jerusalem for his generosity and longstanding support of the American Friends of the

Hebrew University and for his dedication to the promotion of the work of the University's Kuvin Center for Tropical and Infectious Diseases, in Israel and around the world. Dr. Kuvin's Fellowship was to be conferred during a special ceremony and luncheon to be held at Hebrew University during a meeting of the International Board of Governors in June 2002.

Robert M. Carey, Dean of the University of Virginia School of Medicine, will step down after 16 years of service. Dr. Carey will return to the medical school faculty full-time, following a one-year sabbatical. Arthur "Tim" Garson, Jr., M.D., has been named Vice President and Dean of the School of Medicine, effective July 25. Dr. Garson is currently Senior Vice President and Academic Dean for Operations at Baylor College of Medicine.

Jerry B. Vannatta, M.D., Dean of the University of Oklahoma College of Medicine, will step down effective June 30. Dr. Vannatta will remain at the university as a member of the faculty. Dewayne Andrews, M.D., Senior Associate Dean for Academic Affairs, will be named interim dean of the College of Medicine when Dr. Vannatta steps down.

Deaths

Former director of the National Institutes of Health, **Donald S. Fredrickson** died at his Bethesda home on June 7 at the age of 77. As NIH's director from 1975 to 1981, Dr. Fredrickson was viewed as the ambassador of the life sciences to the highest levels of the federal government. Dr. Fredrickson was credited with, among other things, mediating such scientific disagreements as the one that swirled around the topic of genetic engineering. He set up a system with sufficient safeguards to answer critics who feared that the work would lead to nightmare mutations. Elias Zerhouni, current NIH director, called Dr. Fredrickson "a true statesman of science" and "a towering influence in the scientific community who helped guide the world into the promising, yet uncharted, era of recombinant DNA technology." Dr. Zerhouni also noted that Dr. Fredrickson was known around the world as an authority on lipid metabolism. Dr. Fredrickson was born in Canon City, CO, and received bachelor's and medical degrees from the University of Michigan. He was postdoctoral fellow at Harvard University Medical School, before coming to NIH almost 50 years ago. He joined NIH as a clinical associate in what later became the National Heart, Lung and Blood Institute. After working in laboratories devoted to cellular metabolism, physiology and molecular diseases, he became head of NHLBI in 1966, serving until 1968. After leaving NIH, he served for about three years in the 1980s as president of the Howard Hughes Medical Institute in Bethesda. He was credited with leading the

richly endowed institution through a period of significant change. He was president of the Institute of Medicine in 1974-75 and received both the Gold Medal and the Distinguished Service Award of the American College of Cardiology. Dr. Fredrickson served in the Army during World War II. Survivors include his wife, Priscilla, and two sons, Eric and Rurik.

FUNDING OPPORTUNITIES

ASTMH Pfizer Centennial Travel Award in Basic Science Parasitology Applications are invited from individuals with doctoral-level degrees who seek financial support for a short-term research experience in the tropics to pursue studies in molecular, cellular or immunological aspects of parasitic diseases. The award will provide \$3000 to help defray travel costs and living expenses abroad. The Centennial Travel Award recipient will be required to prepare a report describing his or her experiences, with the potential to be invited to make a presentation at the annual meeting of the Society. Full-time post-doctoral fellows (Ph.D., M.D. degrees or both) with positions at North American institutions who study any tropical parasitic disease in one or more of the following disciplines: immunology, genetics, molecular biology, cell biology, immunology, or entomology. Co-mentors must be identified both at a North American institution and overseas mentor. Applicants should be sponsored by a member of the ASTMH. The deadline for submission is **September 1, 2002**. The award will be announced at the Annual Meeting in November, 2002, and the project should be carried out between December 2002 and August 2003. To apply, submit a one-page research plan to: Pfizer Centennial Travel Award Committee, 60 Revere Drive, Suite 500, Northbrook IL 60062, Tel: 847.480.9592, Fax: 847.480.9282, E-mail: astmh@astmh.org

Burroughs Wellcome Fund-ASTMH Post-Doctoral Fellowship in Tropical Infectious Diseases. This postdoctoral fellowship provides research support for individuals with an M.D., D.O., or other clinical degree who will be enrolled in a training program in infectious diseases during or immediately after the time period of this award. Funds are available to allow such individuals to perform research in tropical and geographic infectious diseases. Funding is available for a twelve-month period, at least three of which must be spent working on research in a collaborative site in a tropical or developing area. The deadline for applications is **September 15, 2002**. Download an application from the website or request an application from astmh@astmh.org

Medicines for Malaria Venture (MMV) Funding Opportunities Three areas of endeavor are the

subject of the latest call for letters of interest.

1. *Malaria drug discovery projects* that are directed toward the identification of a candidate compound for entry into preclinical development. Projects may be at an early or late stage of the discovery process but must clearly outline the steps that will be followed and the issues that will be addressed to identify a candidate molecule. Most successful projects in the previous years were based on a partnership between an academic center and a pharmaceutical company. However, this should not be seen as restrictive and applications are also welcome from single academic groups or from biotechnology and other small or large pharmaceutical companies. The key determinant for funding will be the perceived chance of project success. Where it is thought that a project would benefit from the establishment of a partnership, MMV will make efforts and offer its services to facilitate this.

2. *Malaria drug development projects* where a single molecule or combination (perhaps with a back-up compound) has been identified with demonstrably acceptable preclinical properties and a potential for clinical development. The molecule (or combination) may be at either preclinical or clinical stage of development. It must have a well-documented activity in an appropriate animal model and / or in humans. Full details of available data, including preliminary chemistry, formulation, analytics, toxicology and ADME (absorption, distribution, metabolism, excretion) should be provided. An established partnership or organization to take forward the candidate drug through clinical development to registration is desirable, but not an essential prerequisite for funding, as MMV can assist in organizing preclinical and clinical development to registration.

3. *Malaria Natural Product projects* are also solicited. They are more likely to succeed if applicants have a well-established infrastructure for a natural product program, and a clear outline of the steps that will be followed for the development of the product. Applicants must demonstrate one or more of the following characteristics: Demonstrated activity of the extracts, and possibly also identified compounds, against *P. falciparum* in vitro and against malaria in animal models Demonstrated clinical efficacy of originating extract or identified compounds against malaria Methodology for identifying active agent(s) and optimizing their activity if original component(s) themselves are not worthy of development. Projects that have already identified active agent(s) are strongly encouraged to apply.

Where it is thought that a project is promising and would benefit from the establishment of a partnership, MMV will make efforts and offer its services to facili-

FUNDING OPPORTUNITIES, cont.

tate this. Application for funding is initially requested through submission of a 3-page letter of interest, in hard copy, to reach MMV offices (see below) by **September 30th, 2002**. Details outlining the desired content of such a letter for either category (drug discovery or drug development or natural products) can be obtained by directing enquiries to the MMV offices or can be obtained from the MMV web site (www.mmv.org) Subsequent to the letter of interest, a pre-selection of projects will be made by the MMV's Expert Scientific Advisory Committee. The Principle Investigators of the chosen projects will then be asked to prepare a more detailed written proposal and representatives of the project teams will be invited to Geneva for an oral presentation of their projects to the committee in early 2003. For further information please contact: Dr. Solomon Nwaka, Medicines for Malaria Venture, MMV, International Center Cointrin, Entrance G, 3rd Floor, Route de Pre-Bois 20, P.O.Box 1826, CH-1215 Geneva 15, Switzerland

Innovative Approaches For Combating Antimicrobial Resistance RFA: AI-02-009 LETTER OF INTENT RECEIPT DATE: September 10, 2002 **APPLICATION RECEIPT DATE: October 10, 2002**. The National Institute of Allergy and Infectious Disease (NIAID) solicits exploratory/developmental (R21) and small research grant (R03) applications for novel and innovative research, including high risk and high payoff studies in nontraditional fields to enhance the understanding of the factors affecting the development of resistant pathogens and spread of resistance genes, in order to direct actions to diagnose, control and treat antimicrobial resistance (AR). Research conducted through this program may fall along a broad spectrum of activities and scientific areas, including mechanisms of AR, its emergence, acquisition, spread, persistence, and decline including mathematical modeling of these processes; effect of resistance mutations on microbial fitness; and microbial ecology, co-infection, and the role of normal flora as a repository of resistance factors, as well as the use of susceptible bacterial populations in control strategies. Studies are also needed leading to the development of: innovative molecular diagnostics for identifying and characterizing drug resistant pathogen variants; and resistance reversing agents and approaches including, combination therapies, strategies for chronic treatment, and variations in antimicrobial use patterns (e.g., drug cycling, duration and dosage, among others) that minimize the emergence and spread of resistance, while optimizing treatment outcome. Responsive research proposals will address the above basic and developmental research areas and be applicable to the full spectrum of microbes

including bacteria, parasites, fungi or viruses, other than HIV. Applicants should note that the significance of the organism, or model system to public health will be evaluated. The NIAID intends to commit approximately \$ 3M in FY 03 to fund 12 to 25 new grants in response to this RFA. Because the nature and scope of the proposed research will vary from application to application, it is anticipated that the size and duration of each award will also vary. Although the financial plans of the NIAID provide support for this program, awards pursuant to this RFA are contingent upon the availability of funds and the receipt of a sufficient number of meritorious applications. At this time, it is not known if this RFA will be reissued. Direct questions about scientific/research issues to: Marissa A. Miller, DVM, MPH Division of Microbiology and Infectious Diseases, National Institute of Allergy and Infectious Diseases, Room 3112, MSC-7630, 6700-B Rockledge Drive, Bethesda, MD 20892-7630, Telephone: (301) (496-7728), FAX: (301) (402-2508), E-Mail: mm459k@nih.gov

ASM/NCID Postdoctoral Research Associates Program in Infectious Diseases and Public Health Microbiology Deadline: **November 15, 2002**. The goal of the ASM/NCID Fellowship is to support the development of new approaches, methodologies and knowledge in infectious disease prevention and control in areas within the public health mission of the CDC. The fellowship supports research in residence at the National Center for Infectious Diseases (NCID) which is headquartered at the Centers for Disease Control and Prevention (CDC) in Atlanta, GA. Eligible fields of study include: Bacterial and Mycotic Diseases, Viral and Rickettsial Infections, Nosocomial Infections, HIV/AIDS, Vector-borne Infectious Diseases, Sexually Transmitted Diseases, Parasitic Diseases, *The Program is sponsored by the American Society for Microbiology and the National Center for Infectious Diseases*. The Fellowship provides an annual stipend (up to \$32,300) and health benefits (up to \$3500 annually) for a maximum of 2 years, and up to \$2000 annually for professional development for a maximum of 2 years. The program is intended for individuals who either earned their doctorate degree or completed a primary residency within three years of their proposed start date. Applicants may not have a faculty position or be enrolled in a graduate degree program during the fellowship. Consideration will be given to individuals with more experience if there are compelling reasons. Qualified applicants will receive consideration without regard to race, creed, color, age, sex, or national origin. Contact: ASM/NCID Postdoctoral Research Program, Office of Education and Training, American Society for Microbiology, 1752 N. Street, N.W., Washington, D.C. 20036, (202) 942-9295, E-mail: Fellowships-CareerInformation@asmusa.org.

NIAID Institutional Predoctoral Research Training Partnership Award PAR-02-135 **RECEIPT DATES: September 10, 2002, 2003, 2004;** EXPIRATION DATE: September 10, 2004, unless reissued. The National Institute of Allergy and Infectious Diseases (NIAID) invites applications from academic institutions granting doctoral degrees to establish research training partnership programs with our institute's intramural research programs. The purpose of this program is to broaden the opportunities available to pre-doctoral students, provide them with a unique research setting and outstanding resources, and more importantly, to expose them to the state-of-the-art research opportunities available at NIAID. Our intramural programs in the Division of Intramural Research and the Dale and Betty Bumpers Vaccine Research Center offer a rich research environment as well as a cadre of outstanding investigators who may serve as mentors. In addition, NIAID laboratories present a wealth of opportunities for multidisciplinary collaboration with the extramural academic community. This PA will use the Collaborative Institutional Training Grant award (TU2) mechanism. The total requested project period for an application submitted in response to this PA shall not exceed five years. NIAID expects to make 1-3 partnership awards per year, subject to the availability of funds. These Institutional Pre-doctoral Research Training Partnership Awards will be carried out in two phases:

- Phase I will support the didactic training of pre-doctoral students at the applicant academic institutions through the (TU2) training grant;
- Phase II will support the trainees and their pre-doctoral research in NIAID intramural laboratories through the Intramural Research Training Awards (IRTA).

Under this Partnership program, NIAID intramural scientists will collaborate closely with the sponsoring academic institution to establish the appropriate training program leading to a student's doctoral degree. The university may define the requirements for the Ph.D. degree, but there should be consultation and agreement on the scope and duration of the students' research at NIAID. Where appropriate, NIAID intramural researchers may be granted faculty status by the partnering academic institution while they serve as research mentors for the students. In addition, the academic institution is encouraged to involve participating NIAID scientists in teaching, curricula design, and other activities of the pre-doctoral training program, as needed. The nature and extent of the collaboration will be determined by the partners and must be described in the application. Eligible institutions include domestic, non-profit, public or private universities, and academic institutions that offer Ph.D. and/or equivalent health profes-

sional degrees. The applicant institution must have a strong research program in the area proposed for training as well as the requisite resources to carry out the proposed program. In order to further strengthen an application, the applicant institution may also include collaborations with other universities, if appropriate. The Principal Investigator of each partnership must be from the applicant academic institution and will serve as its Program Director. This individual will be responsible for the overall direction, management, and administration of the program. If the application includes other academic entities, faculty from the collaborating institutions should also be established researchers. The participating NIAID intramural programs and the contact person(s) for each laboratory are available at <http://www.niaid.nih.gov/dir/labs.htm> Trainees appointed to this award must be citizens or non-citizen nationals of the United States or must have been lawfully admitted for permanent residence (i.e. possession of a currently valid Alien Registration Receipt Card I-1551, or some other legal verification of such status). Individuals on temporary or student visas are not eligible. Further, such individuals must be assured of the opportunity to carry out supervised biomedical research in the NIAID intramural program with the primary objective of earning a Ph.D. or equivalent degree, and developing or extending their research skills and knowledge in preparation for a research career. NIAID encourages the submission of applications from minority serving institutions. Applicants from non-minority institutions are encouraged to include minority-serving institutions in collaborative arrangements as a means of including adequate numbers of minority students in their pool of trainees. Direct questions about scientific/research issues to Milton J. Hernandez, Ph.D., Office of Special Populations and Research Training, National Institute of Allergy and Infectious Diseases, Room 2133, MSC-7610 6700-B Rockledge Drive, Bethesda, MD 20892-7610, phone: (301) 496-3775, FAX: (301) 496-8729, email: mh35c@nih.gov. Direct questions about financial or grants management matters to Barbara Huffman, Office of Special Populations and Research Training, National Institute of Allergy and Infectious Diseases, Room 2132, MSC-7610, 6700-B Rockledge Drive, Bethesda, MD 20892-7610, phone: (301) 496-3821, FAX: (301) 496-8729, Email: bh23q@nih.gov. Applications must be prepared using the PHS 398 research grant application instructions and forms (rev. 5/2001). Applicants should use the section on Institutional National Research Services Awards <http://grants.nih.gov/grants/funding/phs398/phs398.html>). The version of the PHS 398 is available in an interactive, searchable PDF format. For further assistance contact GrantsInfo, Telephone: 301/435-0714, email: GrantsInfo@nih.gov.

NIAID Biodefense and Emerging Infectious Dis-

FUNDING OPPORTUNITIES, cont.

eases Funding Opportunities In the June issue of the *News*, the basic research priorities of the NIAID for biodefense and emerging infectious diseases were described. Below there are three specific solicitations and two notices from this area. The goal is to take various aspects of the biodefense research agenda in successive issues, but the announcements are being issued more frequently than we can cover them in the space and time available. Be sure to check the website for frequent updates. http://www.niaid.nih.gov/dmid/bioterrorism/fund_opp_table.html identifies the funding opportunities in biodefense research.

Respiratory Pathogens Reference Laboratory - NIH-NIAID-DMID-03-37 Receipt Date: **October 15, 2002** The Division of Microbiology and Infectious Diseases (DMID), of the National Institute of Allergy and Infectious Diseases (NIAID), National Institutes of Health (NIH), is re-competing and expanding its current contract with the Baylor College of Medicine, Contract No. N01-AI-65298. This solicitation will be a full and open competition, NAICS Code 541710, 500 employees. This RFP solicits proposals for reference laboratories to support the infection prevention program of the Respiratory Diseases Branch, DMID. The Government has a need to continue this effort and expand reference laboratory support as part of the Bio-defense Research Agenda. The focus of these laboratories will be the development of reagents and biological assays for bacterial and viral respiratory pathogens. The Respiratory Pathogens Research Reference Laboratories will be part of a coordinated, interactive, multi-disciplinary network to help support the development of vaccines and drugs against respiratory pathogens, including those that present concerns for bio-defense and/or emerging infections. Separate proposals are solicited for separate parts of this solicitation: Part A - Bacterial Respiratory Pathogens Reference Laboratory and Part B - Viral Respiratory Reference Laboratory. An offeror may respond to either Part A or Part B, or both. It is anticipated that a total of two contracts will be awarded to successful offerors demonstrating capability of responding to the requirements of this solicitation. It is anticipated that two (2) cost-reimbursement, completion-type contracts will be awarded for a period of seven (7) years at an estimated level of effort 3.5 FTEs for each year (Part A) and 2.25 FTEs for each year (Part B). These Bacterial and Viral Research Reference Laboratories will provide a resource facility with a major effort on reagent and assay development, including distribution of procedures and reagents, for the measurement of the human immune response to targeted respiratory pathogens. Once awarded, the Respiratory Pathogens Reference Laboratories will become a part of a

multi-disciplinary Respiratory Pathogens Research Network (RPPN). RFP-NIH-DMID-03-37, will be available electronically on the CMB Homepage on or about July 16, 2002, may be accessed through the NIAID Contract Management Branch (CMB) Home Page at: <http://www.niaid.nih.gov/contract> and will be posted on Fed Biz Opps: www.fedbizopps.gov. For additional information contact: Nancy Hershey, Contracting Office, National Institutes of Health, National Institutes of Allergy and Infectious Diseases, Contract Management Branch, 6700-B Rockledge Drive, Room 2230, MSC 7612, Bethesda, MD, 20892-7612. Phone 301-496-0193, Fax 301-402-0927, Email: nh11x@nih.gov.

Basic And Clinical Approaches To Controlling Human Respiratory Pathogens - NIH-NIAID-DMID-03-05 NOT-AI-02 Receipt Date: **November 18, 2002** The Division of Microbiology and Infectious Diseases (DMID), of the National Institute of Allergy and Infectious Diseases (NIAID), National Institutes of Health (NIH), is re-competing and expanding its current contract with the Baylor College of Medicine, Contract No. N01-AI-65298. This solicitation will be a full and open competition, NAICS Code 541710, 500 employees. This RFP solicits proposals for respiratory pathogens research units to support the infection prevention program of the Respiratory Diseases Branch, DMID. The Government has a need to continue this effort and expand the respiratory pathogens unit as part of the Bio-defense Research Agenda. The focus of these units will include: 1) increased capacity to conduct pre-clinical and clinical research activities on emerging and re-emerging bacterial and viral respiratory pathogens with an emphasis on multi-drug resistant organisms and novel influenza vaccines; 2) enhanced capability to evaluate vaccines, therapeutics, and novel strategies to enhance the protective human immune response; 3) emphasized integration of human mucosal immunity with clinical research; and 4) emphasized research on product development activities. Separate proposals are solicited for separate parts of this solicitation: Part A - Bacterial Respiratory Pathogens Research Unit (BRPRU) and Part B - Viral Respiratory Pathogens Research Unit (VRPRU). An offeror may respond to either Part A or Part B, or both. It is anticipated that a total of three contracts will be awarded to successful offerors demonstrating capability of responding to the requirements of this solicitation. It is anticipated that three (3) cost-reimbursement, completion-type contracts will be awarded for a period of seven (7) years at an estimated level of effort 24.90 FTEs for each year (Part A) and 19.90 FTEs for each year (Part B). The Part A bacterial research unit will focus on the major themes of: bacterial carriage, progression to lower respiratory tract disease, and development of prevention strategies that optimize the protective

immune response (including innate and mucosal immunity). The BRPRU unit will also conduct clinical studies, which focus on these major themes, including Phase I and Phase II clinical trials of candidate vaccines and therapeutics. In addition, this unit must have the capacity to conduct clinical challenge studies with bacterial respiratory pathogens. The Part B viral research unit will focus on the major themes of viral pathogenesis, evaluation of new and/or improved vaccines and therapeutics, and development of strategies that optimize the protective immune response. The VRPRU will also conduct clinical studies that focus on these major themes, including the conduct of Phase I and Phase II clinical trials of candidate vaccines and therapeutics. In addition, this unit must have the capacity to conduct human challenge studies with viral and respiratory pathogens, including influenza and respiratory syncytial virus (RSV). Once awarded, the Respiratory Pathogens Research Units (RPRUs) will become a part of a multidisciplinary Respiratory Pathogens Research Network (RPPN) that will also include contracts that support bacterial and viral Respiratory Pathogens Research Reference Laboratories. (See below) RFP-NIH-NIAID-DMID-03-05, will be available electronically on the NIAID Contract Management Branch (CMB) Homepage on or about July 24, 2002, may be accessed through the CMB Home Page at <http://www.niaid.nih.gov/contract> and will be posted on Fed Biz Opps: www.fedbizopps.gov. Any responsible offeror may submit a proposal that will be considered by the Government. Contracting Office Address: National Institutes of Health National Institutes of Allergy and Infectious Diseases, Contract Management Branch 6700-B Rockledge Drive Room 2230, MSC 7612 Bethesda, MD, 20892-7612 Point of Contact: Nancy Hershey Contracting Officer Phone 301-496-0193 Fax 301-402-0972 Email nh11x@nih.gov

Microbial Genome Sequencing Center(S) NIH-NIAID-DMID-03-10 **Receipt Date: December 2, 2002**
The Division of Microbiology and Infectious Diseases of the National Institute of Allergy and Infectious Diseases has a requirement to provide support for rapid production of high-quality, microbial genome sequences reflecting state-of-the-art for large scale sequencing projects, based on continual improvements of technology and efficiency of production sequencing. Genomes to be sequenced include microorganisms, considered agents of bioterrorism, related organisms, clinical isolates, near neighbor species, and invertebrate vectors of disease and microorganisms responsible for emerging and re-emerging infectious diseases. It is anticipated that two (2) cost-reimbursement, completion type contracts will be awarded for a period of Five (5) years, beginning approximately July 1, 2003. RFP-NIH-NIAID-DMID-

03-10 will be available electronically on or about August 5, 2002 and may be accessed through the NIAID Contract Management Branch (CMB) Home Page at <http://www.niaid.nih.gov/contract> and will be on Fed Biz Opps at www.fedbizopps.gov. Responses to this RFP will be due on December 2, 2002. Any responsible offeror may submit a proposal for consideration by the Government. Contact: Carl Newman, Contract Specialist, Phone 301-496-8371, Fax 301-402-0972, Email cn109s@nih.gov, Paul McFarlane Senior Contracting Officer, Phone 301-496-0349, Fax 301-402-0972, Email pm24v@nih.gov

Converting Selected Research Project Grants To Cooperative Agreements NOTICE: NOT-AI-02-040
Any new or competing continuation investigator-initiated clinical trial; prevention, education, or control intervention; or epidemiology study (all research involving human subjects) may be awarded as a cooperative agreement (U01). This policy is effective immediately with publication of this notice and covers all pending applications as well as all future submissions. NIAID has a long-standing policy of converting certain types of applications to be funded from grants to cooperative agreements when there is substantial substantive involvement of NIAID staff (see <http://grants.nih.gov/grants/guide/notice-files/not94-139.html>). When it is in the best interest of the NIAID and the applicant institution, NIAID and applicant institution will negotiate terms and conditions of award of a cooperative agreement. Grant applications will be converted to cooperative agreements when one or more of the following conditions exist:

1. Investigational New Drugs. The NIAID holds the IND and/or provides regulatory technical assistance to the awardee.
2. Clinical Studies and Trials when there is more than minimal risk to study subjects in clinical studies and clinical trials. Additionally, NIAID's policies for monitoring clinical studies and trials will apply. Please see <http://grants.nih.gov/grants/guide/notice-files/NOT-AI-02-032.html>.
3. Safety and Security. When dangerous biological agents are to be acquired, stored, modified, or otherwise used in NIAID supported studies, awards will be made as cooperative agreements with terms and conditions requiring adequate security and safety. The biological agents to be studied are extremely dangerous and, unless adequately contained, could pose significant health risks to those investigating them, to the surrounding communities, and to the general public. It is imperative that the public safety and the national security be protected. Inquiries are strongly encouraged. Opportunities to clarify any issues or questions from potential applicants are welcome. Based on the area of research, direct inquires regarding scientific and technical issues to the appropriate NIAID staff member (See <http://www.niaid.nih.gov/>)

[ncn/staff/default.htm](#)). General inquiries related to this notice may be directed to: Director, Division of Extramural Activities, NIAID, Room 2142, 6700-B Rockledge Drive – MSC 7610, Bethesda, MD 20892-7610, Telephone: (301) 496-7291, FAX: (301) 402-0369, E-mail: ac20a@nih.gov or jm80c@nih.gov

Niaid Regional Centers Of Excellence And Regional Biocontainment Laboratories The following links have the Notices about: 1) the meeting to discuss the Regional Centers of Excellence for Biodefense and Emerging Infectious Diseases and 2) the Notice of Intent about the planned Regional Biocontainment Laboratories. <http://grants1.nih.gov/grants/guide/notice-files/NOT-AI-02-038.html> <http://grants1.nih.gov/grants/guide/notice-files/NOT-AI-02-039.html> These two programs are slated for FY03 if appropriations permit. The notices below are intended to give prospective applicants a heads up that these programs will be announced.

Regional Centers of Excellence for Biodefense and Emerging Infectious Diseases Research (RCEs) NOT-AI-02-039 NIAID will release a proposed Request for Applications for Regional Centers of Excellence for Biodefense and Emerging Infectious Diseases Research (RFA AI-02-031) The RFA is expected to be released on or about August 8, 2002. The NIAID also intends to issue a Request for Proposals (RFP) for the establishment of a network of Regional Biocontainment Laboratories (RBLs) which will also be discussed at this meeting. This RFP is expected to be available on or about September 2002. Further, NIAID will host a public briefing on the two RFAs. The briefing will be held on August 8, 2002, at the Gaithersburg Marriott Washingtonian Center, 9751 Washingtonian Boulevard, Gaithersburg, Maryland 20878 (telephone: 1-301-590-0044). The briefing for the RCEs will begin at 9:00 am and the RBLs will begin at 1:00 pm. Registration will be provided at the meeting. The NIAID is establishing the Regional Centers of Excellence for Biodefense and Emerging Infectious Diseases Research (RCE) Program. Each Center will serve a geographical area and will be comprised of investigators at one or more participating universities and/or regional institutions within the region. The overall goal of the RCE Program is to develop and maintain strong infrastructure and multifaceted research and development activities that will provide the scientific information and translational research capacity to make the next generation of therapeutics, vaccines and diagnostics against the CDC Category A-C Agents, with particular emphasis on Category A. To accomplish this goal, the Centers will be provided with support 1) to develop and conduct programs of investigator-directed research; 2) to train researchers and other personnel for biodefense activities; 3) to develop and maintain

comprehensive core facilities to support the research and training activities of the RCE; 4) to develop translational research capacity for testing and validating vaccine, therapeutic and diagnostic concepts for biodefense and emerging infectious diseases; 5) to maintain and make available core facilities and other support to approved investigators from academia, biotechnology companies, the pharmaceutical industry, and other appropriate entities in the region for the purpose of performing basic research and for testing and evaluating vaccines, therapeutics and diagnostics for CDC Category A-C Agents; 6) to be ready and available to provide facilities and scientific support to first-line responders in the event of a national biodefense emergency. A necessary component of the Centers' success will be the availability of adequate BSL3/4 biocontainment facilities. Access to appropriate Regional Biocontainment Laboratories (RBLs) will be arranged with the help of NIAID staff if an award is made and once the RBL contractors have been selected. Comments on the RFA are not being requested at this time.

Regional Biocontainment Laboratories (RBL) NOT-AI-02-038 This is a notice of intent to issue a Request for Proposals (RFP). Proposals are not being solicited at this time. Authorizing legislation and appropriations for this effort are pending. At this time NIAID are only soliciting comments concerning the design, construction, certification, and operations of the facilities. INTERESTED PARTIES PLEASE NOTE: NIAID will host a public briefing on the proposed Request for Proposals (RFP) to establish Regional Biocontainment Laboratories, on August 8, 2002, at the Gaithersburg Marriott Washingtonian Center, 9751 Washingtonian Boulevard, Gaithersburg, Maryland 20878 (telephone: 1-301-590-0044). The briefing for the RCEs will begin at 9:00 a.m. and the RBLs will begin at 1:00 p.m. Registration will be provided at the meeting. The NIAID also intends to issue a Request for Applications (RFA) for the establishment of a network of Regional Centers of Excellence for Biodefense and Emerging Infectious Diseases Research (RCEs) – RFA-AI-02-031. Offerors for the RBLs will be required to be associated with an institution or consortium also applying for the RCEs. It is estimated that this RFA will be available on or about August 8, 2002

ITEMS OF INTEREST

The Gorgas Expert Course Given only in odd-numbered years, the course will next be available **January 13-24, 2003**. It provides two weeks of bedside clinical experience on a 36-bed tropical disease unit sponsored by the Gorgas Memorial Institute and given in Lima, Peru at the Tropical Medicine Institute (IMT), Universidad Peruana

Cayetano Heredia. The aims are: 1) to provide clinicians experienced in tropical medicine intensive hands-on exposure to large numbers of patients in a short period of time in order to maintain clinical skills; and 2) to facilitate high level exchange of clinical acumen by assembling experienced clinicians together on a busy tropical disease unit in an endemic area. There are strict admission criteria for participants. The educational format (in English) is 1) Monday-Friday of 2 consecutive weeks; 2) 5 participants & 1 senior sub-specialty trained faculty per clinical group; 3) 3 hours/day seeing inpatients and 3 hours/day seeing outpatients; 4) Case conference/ CPC every day; 5) Parasitology laboratory review sessions; 6) One formal lecture/day; 7) Weekend excursion to the Andes: Verruga Bridge, inter-Andean valleys endemic for bartonella and leishmania; ascent to 4,800m (15,500 feet). Peru has an unusually wide spectrum of tropical diseases (full listing on the website) and the IMT is the major tropical disease referral center for Peru. The patients seen by Gorgas physicians have access to advanced radiology and diagnostic laboratories, so that diagnoses are in most cases confirmed and not presumptive. Participants are eligible to receive 80 CME hours. The course directors are Dr. Eduardo Gotuzzo (IMT) <egh@upch.edu.pe>, and Dr. David O. Freedman, (Gorgas/UAB). No financial aid is available. For additional information see <http://www.gorgas.org> Click on GORGAS EXPERT COURSE. Alternatively, contact GMI staff by phone (800-UAB-MIST) (from the US) or 205 934 2687 (from overseas), fax: 205 934 5600 or e-mail: info@gorgas.org

The “**Tropical Medicine in Practice**” course is offered by the College of Medicine, University of Malawi. Aimed at medical doctors at various stages in their career who want to be exposed to tropical medicine in a tropical environment. The course is particularly suited to those who are considering or planning to do clinical or research work overseas. It will also be of value to hospital physicians and general practitioners who sometimes have to deal with illnesses acquired in the tropics. The course may be taken on its own, or it may serve as a supplement to one of the existing DTM&H courses. This is a tropical medicine course in which doctors will be offered exposure to tropical medicine in its broadest sense, as this is practiced every day in Malawi. Emphasis will be on hands-on experience, through examining patients in hospital wards and admission facilities, and through visits to rural health facilities and field projects. Students will be shown what can be done with the limited diagnostic and therapeutic tools that are available and how operational research has contributed to understanding of disease and has influenced management. Students will experience medicine at the three levels at which health care is organized in Malawi: at the primary care facility (peripheral health center), at the secondary

care facility (the district or mission hospital) and at the tertiary facility (the referral hospital [Queen Elizabeth Central Hospital]). Course dates: 16 September – 11 October 2002; 12 May – 6 June 2003; or 8 September – 3 October 2003. For further information please contact: The Postgraduate Dean, College of Medicine, Private Bag 360, Chichiri, Blantyre 3, Malawi; phone +265-1-671911 or 676478, fax +265-1-672644, e-mail: postgraduate@medcol.mw

New Fully Indexed, Hyperlinked Version of the Recombinant DNA Guidelines Available — An updated version of the *NIH Guidelines for Research Involving Recombinant DNA Molecules* has been posted to the OBA Web site and is available at <http://www4.od.nih.gov/oba/rac/guidelines/guidelines.html>. The PDF version of the *NIH Guidelines* is fully indexed and includes hyperlinks from the index headers to the corresponding portion of the body of the document, greatly facilitating referencing and navigation. The April 2002 version of the *NIH Guidelines* includes recent changes in NIH safety reporting requirements, as well as recent amendments modifying the RAC membership provisions and establishing criteria for designating strains of *E. coli* as risk group 1 agents. For more information, please contact Allan C. Shipp, Director of Outreach, NIH Office of Biotechnology Activities, 301-435-2152, or at shippa@od.nih.gov

The Annals of Medical Entomology, Post Box No. 337, HPO/TTN, BHOPAL (M.P.) 468001, India URL : <http://www.anmedent.com> E-mail : anmedent@sancharnet.in Phone : (0755) 574799

New free and open access online journal, *Filaria Journal* (<http://www.filariajournal.com/>) *Filaria Journal* (published by BioMed Central) accepts original papers on filarial infections including onchocerciasis and guinea worm (dracunculiasis). Papers dealing with all aspects of parasite and vector biology (including molecular biology and immunology), diagnosis, clinical medicine, pathology, disease control, health policy, socio-economic and environmental issues will be accepted. Although the publication of original research articles is the main focus of the journal, review articles (usually commissioned) and short papers will also be considered for publication. Articles published in *Filaria Journal* (or with any of the other BioMed Central journals) will be: made freely available to anyone with Internet access; peer reviewed in the normal way (peer review policy is available at: <http://www.filariajournal.com/info/about/#Review>) ; published immediately on the day of acceptance; indexed in PubMed and immediately and permanently archived in PubMed Central, the NIH's central research repository; drawn to the attention of the readers of the two other BioMed Central journals that the author deems most appropriate, by including it in their; tables of contents as “related papers”. A world-

class editorial board for *Filaria Journal* has been assembled that includes some of the most respected researchers in the field (for a complete list of the editorial board members visit: <http://www.filariajournal.com/edboard/>)

AMSA International Health Website The American Medical Student Association has an international health subgroup whose mission is to facilitate students' cross-cultural experiences and to encourage/assist local chapter efforts to participate in international health endeavors. They promote substantive, responsible and culturally sensitive international training and community health service for physicians-in-training. The International Health Co-Coordinator are Marcy Mousavi, amsainternational@yahoo.com, Voicemail: (703) 620-6600, ext. 466 and Susana Williams amsainternational@yahoo.com Voicemail: (703) 620-6600, ext. 467 They maintain a listserv and a website <http://www.amsa.org/global/ih/> with current International Health Opportunities, including Clinical and Preclinical Electives, Research Fellowships and Courses. Opportunities are also available to premedical and medical students.

JOB MART

- Are you seeking a new position? Do you have a vacancy to fill?
- Send advertisements for the News to tmhn-editor@ix.netcom.com and for the webpage to woodall@compuland.com.br. Listings will ordinarily appear in both places unless requested otherwise.

Ethiopia Lalmba Medical Director A unique, challenging opportunity for American licensed Physician available the fall of 2002 in an African Rain Forest. One to two year *volunteer* position involves Physician acting as Medical Director of a small hospital built and operated by an Lalmba, a small relief organization which has been working in East Africa 38 years. For further information, please check website www.lalmba.org or email lalmba@aol.com

Guatemala Population Services International (PSI) *Central America Technical Advisor*—PSI seeks a Technical Advisor to help manage promotion and marketing of condoms for the prevention of STD's (including HIV/AIDS) and oral contraceptives for family planning in Central America. Responsibilities include: managing social marketing activities; strategic planning; fund-raising for existing and new activities; external relations with donor, government, NGO, and commercial entities; personnel recruitment, training, and supervision; implementing and supervising research activities; managing program budget; financial and other reporting; and other duties as assigned. Qualifications: Relevant Bachelor's degree (Master's preferred); 2+ years program management experience in a developing country; experience with social marketing, reproductive health, quantitative and qualitative research; flexibility, creativity, diplomacy;

strong communication, analytical, and organizational skills; ability to work efficiently and quickly under pressure; and advanced computer skills. Spanish strongly preferred.

Liberia Liberian Institute for Biomedical Research (LIBR), *Distinguished Scientist* The LIBR, Ministry of Health (MOH), Republic of Liberia and A. M. Dogliotti School of Medicine, University of Liberia, announce the opening of positions for Distinguished Scientists and Educators with Expertise in Tropical Medicine LIBR, a well-equipped and beautifully situated research institute with faculty housing and excellent laboratory facilities, seeks senior, possibly retired or retiring, scientists to carry out research and teaching in tropical medicine. The Institute has housed VILAB II, the New York Blood Center's chimpanzee research facility for the past 27 years. This laboratory carries out NIH funded research on HCV, HBV, and *Onchocerca volvulus*. A commitment to doing some teaching in the Medical School is desirable. For further information, please see the New York Blood Center web site (www.nybloodcenter.org) or for a slide show of the VILAB II facility (www.nybloodcenter.org/slideshow/slide1.html). Please contact Alfred M. Prince, MD at (212) 570-3279, Fax (212) 570-3180, or via email at Alfred_prince@nybc.org.

UKRAINE CEDPA *Infectious Diseases Advisor*, USAID/Ukraine Position located at USAID/Ukraine. Will act as a technical advisor on Infectious Diseases (ID) for USAID, other USG agencies, NGOs and the countries in the region (Ukraine, Moldova and Belarus) related to TB, HIV/AIDS and STIs. Will develop and implement effective ID programs, country strategies, monitoring & evaluation and budget design for the region. Will assist host country counterparts to reform and modernize ID systems. Minimum Masters degree in Epidemiology or relevant degree with training in HIV/AIDS, TB and STIs required. Minimum 7 years experience managing PH programs; at least 3 years managing ID programs, preferably in former Soviet Union countries preferred. Experience with USAID is desirable. Russian language competency is desirable. CEDPA, a nonprofit international organization, is under contract with USAID to provide Technical Advisors in AIDS and Child Survival (TAACS) to USAID offices overseas and in Washington. All positions require US citizenship. Security clearance will be required for all positions. Excellent benefits. Send resume/CV and cover letter to 202-667-4371 (fax) or email taacsjobs@cedpa.org.

INDIANA Purdue University *Assistant Professor Arthropod Vector Biology – Public Health* The Department of Entomology at Purdue University invites applications for an academic-year, tenure-track, research/extension faculty position. We seek out-

standing candidates in the field of arthropod vector biology and management focused on pests of public health importance who will establish a research program that applies modern tools to advance understanding of the biology, ecology, genetics, or behavior of arthropod vectors, and/or the vector-pathogen interface. A Ph.D. in entomology or suitable area of biological science is required. Send CV; reprints; Ph.D. dissertation summary; a statement of research, extension, and teaching experience; and names and addresses of five references by October 11, 2002, to: Peter E. Dunn, Search Committee Chair, Department of Entomology, 1158 Smith Hall, Purdue University, West Lafayette, IN 47907-1158.

Maryland Malaria Vaccine Initiative, *Senior Medical Officer, Field Trials* Qualifications: M.D. in Medicine; Pediatrics or Tropical Diseases emphasis required, strong preference for candidate with experience in IND trials of vaccine or other interventions and required regulatory guidelines, demonstrated experience being the primary investigator of intervention trial protocol, minimum 10 years experience including 5 years experience in developing and/or managing clinical trial of experimental products, preferably of products for tropical diseases such as malaria, in Africa or Asia; superb interpersonal skills and ability to lead and create teams and partnerships; ability to critically evaluate areas of relevant science; available for domestic and international air travel 25% annually. Duties and Responsibilities: lead the Malaria Vaccine Initiative in a team based structure in the development, review, oversight and/or conduct of field trials of candidate malaria vaccines; assess proposed trial design for evaluating of safety, immunogenicity and efficacy of candidate malaria vaccines; assure that MVI supported trials meet current Good Clinical Practices, ICH and ethical standards for evaluation in human volunteers; interact as a peer with physician investigators in the field; develop and implement programs and policies as a member of the MVI team; represent MVI at project meetings, working closely with clinical trial staff, industrial partners, and academic investigators; critically review areas of relevant science and create summary briefings documenting conclusions and recommendations; create and present briefings on proposed and ongoing trials to MVI, as well as Institutional Review Boards and Data Safety Monitoring Boards; assess and develop a plan to ensure the readiness of a clinical trial site to conduct a vaccine clinical trial; evaluate and assure that proposed trials appropriately incorporate non-vaccine malaria interventions, and that clinical care and management practices are acceptable; participate in planning, organizing and presenting MVI programs to SAC, TAG reviews, and with donors; and other duties as assigned. Interested applicants should send curriculum vitae and cover letter to: Amanda Miller,

Malaria Vaccine Initiative, 6290 Montrose Road, Suite 1000A, Rockville, MD 20852,
amiller@malariavaccine.org, Fax: (301) 770-5322.

New York International AIDS Vaccine Initiative *Director, Vaccine Preparedness* The International AIDS Vaccine Initiative (IAVI) is a nonprofit scientific and charitable organization founded in 1996 whose mission is to ensure the development of safe, effective, accessible, preventive HIV vaccines for use throughout the world. IAVI's work focuses on three areas: accelerating scientific progress, mobilizing public support through issue advocacy and education, and encouraging industrial involvement in AIDS vaccine development. IAVI draws most of its funding from governments, foundations and multilateral institutions. Its major donors include the Bill and Melinda Gates, Rockefeller, Starr and Sloan Foundations, the World Bank, and the governments of the United Kingdom and the Netherlands. As a young, dynamic and mission-driven organization, the work environment at IAVI is fast-paced, intellectually stimulating, and relies on the good cheer, high level of cooperation, and friendly humor of its committed members. The position will be based in New York but will involve extensive travel. The successful candidate must be willing to spend approximately 30% of his/her time traveling. The Director for Vaccine Preparedness will be responsible for developing and implementing a strategy for increasing knowledge of HIV vaccine issues at the community level and preparing the ground for vaccine trials. Candidates must have at least 7 years' professional experience in public health, population or a health related area in the international arena with at least 4 years spent living and working in Africa, Asia or Latin America. Strong community experience is essential. Experience in the HIV/AIDS field, human rights and/or ethics would be an asset as would good knowledge of ethical and community issues regarding vaccine and/or drug trials. Previous work experience in one or more of the countries where IAVI is currently working (Kenya, South Africa, Uganda, India and China) would also be useful. Salary: Commensurate with experience Start Date: As soon as possible Contact: Joanne Smith-Rencher, Director, Human Resources – IAVI
jrencher@iavi.org 110 William Street, 27th Floor, NYC, 10038 No phone calls please - we will only respond to those who meet qualifications.

Washington DC CEDPA *Tuberculosis Team Leader*, Bureau for Global Health Position located at USAID/ Washington. The team leader will lead the development of strategies, plans and program guidance for USAID regarding TB prevention and control programs and will provide technical guidance to USAID missions. Incumbent will lead the USAID TB team. Must possess an MPH or relevant advanced degree.

Minimum of 7-10 years experience overseas in international health programs, preferably with an emphasis in TB control. Solid management skills are a must for this position. USAID or other donor organization experience is desired. Travel is expected to be 20-25%. CEDPA, a nonprofit international organization, is under contract with USAID to provide Technical Advisors in AIDS and Child Survival (TAACS) to USAID offices overseas and in Washington. All positions require US citizenship. Security clearance will be required for all positions. Excellent benefits. Send resume/CV and cover letter to 202-667-4371 (fax) or email taacsjobs@cedpa.org.

Wisconsin University of Wisconsin *CWD Research Assistantship* A Research Assistantship for a Master's Degree in the Department of Wildlife Ecology, University of Wisconsin, Madison, is available Fall 2002/ Winter 2003. The project involves research into Chronic Wasting Disease (CWD) in Wisconsin white-tailed deer. CWD is a transmissible spongiform encephalopathy (TSE) first observed in wild cervids more than 20 year ago in Colorado and Wyoming. However, recent outbreaks of CWD, including the detection of disease in deer from Wisconsin and New Mexico, has elevated concern about this disease to a national level. Currently little is known about the interactions between host species ecology and CWD dynamics, and the implication of these interactions for disease management. The objective of this epizootiological research is to evaluate patterns of CWD among white-tailed deer to better understand disease transmission across the landscape. Funding is currently available for 2 years with an anticipated additional year of funding. The Principal Investigator is Dr. Christine Ribic (Department of Wildlife Ecology) in close collaboration with Dr. Michael Samuel (USGS National Wildlife Health Center). We seek an intelligent, highly-motivated person to begin an MS graduate program starting January 2003. Experience and demonstrated interest in wildlife disease, epidemiology, wildlife ecology, GIS, and population level problems are essential. Applicants with a B.S. in wildlife, biology, ecology, veterinary science or related biological fields are preferred. Successful applicant must have taken background courses equivalent to those required for a B.S. from the Department of Wildlife Ecology, University of Wisconsin, Madison. In addition, satisfaction of the requirements for Graduate School admission is required. Information about the Wildlife Ecology program and admissions policies can be found at <http://wildlife.wisc.edu>. Start date: Negotiable but the ideal candidate will be available to work during the fall eradication program with an official entry into the graduate program in January 2003. Send a letter of introduction describing research interests, a resume that includes a brief summary of relevant experiences, an unofficial copy of transcripts

and GRE scores, and 3 references to Ms. Debra Carroll, Department of Wildlife Ecology, University of Wisconsin, 1630 Linden Drive, Madison, Wisconsin, 53706 (debracarroll@wisc.edu). Application Deadline: **30 August 2002**

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Edited by Karl Western, MD

2002

International Conference on "Rickettsiae and Rickettsial Diseases" (Ljubljana: September 4-7, 2002). Contact: Dr. Miroslav Petrovec, Institute of Microbiology and Immunology, Zlaska 4, 1000 Ljubljana, Slovenia. Phone: (386-1)-543-7451; Fax: (386-1)-543-7401; E-mail: mirc.petrovec@mf.uni-lj.si.

III European Congress on "Tropical Medicine and International Health: A Global Health" (Lisbon, Portugal: September 8-12, 2002). Organizers: Federation of European Societies for Tropical Medicine and Health and Institute of Tropical Medicine, Lisbon. Contact: K.I.T. GmbH, Convention and Incentive Organization, 16A Praca "Marques de Pombal" (5th Floor), 1250-163 Lisbon, Portugal. Phone: (351-21)-350-4015; Fax: (351-21)-350-4044; E-mail: jestevaro@kit.de; Internet: <http://www.kit.de/tropical2002/>.

I International Conference on "Encephalitis Defined" (Keele, UK: September 10-11, 2002). Contact: Encephalitis Support Group, 44a Market Place, Malton, North Yorkshire YO17 7LW, UK. Phone/Fax: (44-1653)-699-599; E-mail: conference@encephalitis-international.org; Internet: <http://www.encephalitis-international.org>.

V International Conference of the Hospital Infection Society (Edinburgh, Scotland: September 15-18, 2002). Contact: Conference Secretariat, Concorde Services/HIS 2002, 50 Spiers Wharf (Unit 4B), Port Dundas, Glasgow G4 9TB, UK. Phone: (44-141)-331-0123; Fax: (44-141)-331-0234; E-mail: his@concorde-uk.com.

American Society of Mechanical Engineers (ASME) Conference on "Integrated Nanosystems: Design, Synthesis and Applications" (Berkeley, CA: September 18-20, 2002). Contact: ASME International, Three Park Place, New York City, NY 10016-5990. Phone: 800/843-0625; Fax: 973/882-1717; Internet: <http://www.asme.org/nano>.

VII International American Society of Microbiology (ASM)-Wellcome Trust Symposium on "Pertussis: Genome, Pathogenesis, and Immunity" (Cambridge, UK: September 18-22, 2002). Contact: ASM Conferences, 1752 N Street, NW, Washington, DC 20036-2904. Phone: 202/942-9261; Fax: 202/942-9340; E-mail: conferences@asmusa.org; Internet: <http://www.asmusa.org/mtgsrcc/conferences.htm>.

American Water Works Association (AWWA) International Symposium on "Waterborne Pathogens" (Cascais, Portugal: September 22-25, 2002). Contact: Joe Bernosky, AWWA. Phone: 303/347-6209; E-mail: jbernosky@awwa.org; Internet: <http://www.awwa.org/events/02isep/call>.

XLII Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC) (San Diego: September 27-30, 2002). Contact: Meetings Department, American

Society for Microbiology, 1752 N Street, NW, Washington, DC 20036-2904. Phone: 202/942-9248; Fax: 202/942-9340; E-mail: info@asmusa.org; Internet: <http://www.asmusa.org>.

XXI Southern Biomedical Engineering Conference (Bethesda, MD: September 28-29, 2002). Contact: Jafar Vossoughi, PhD, President, Biomed Research Foundation, 3616 Martins Dairy Circle, Olney, MD 20832. Phone/Fax: 301/570-9771; E-mail: vossoughi@transinfo.com.

XXXI Parasitological Society of Southern Africa (PARSA) Annual Conference (Golden Gate Highlands National Park: October 7-11, 2002). Contact: Prof. Peter A. Mbatia, PARSA 2002, Parasitology Research Program, Qwa-Qwa Campus, University of the North, Private Bag X13, Phuthaditjhaba, 9866 South Africa. Phone: (27-58)-713-0211; Fax: (27-58)-713-0226; E-mail: parsa2002@uniqwa.za.

III Croatian Congress on "Infectious Diseases" (Dubrovnik: October 12-16, 2002). Contact: Alemka Markotic, MD, PhD, Department for Research and Development, Institute of Immunology, Rokerfellerova 10, 10000 Zagreb, Croatia. Phone: (385-1)-468-4500; Fax: (385-1)-468-4303; E-mail: alemka.markotic@imz.tel.hr or amarkoti@yahoo.com.

IV Asia Pacific "Travel Health" Conference (4APHTC) (Shanghai: October 21-23, 2002). Contact: 4APHTC Secretariat, 2669 Xie Tu Road (Room 1705), Shanghai 200030, China. Phone: (86-21)-6439-8194; Fax: (86-21)-6439-8193; E-mail: apthc2002@sh163.net or secretariat@2002apthc.net; Internet: <http://www.2002apthc.net>.

"Genetic Vaccination: DNA Vaccines 2002" Conference (Edinburgh: October 23-25, 2002). Contact: Meetings Management. Internet: <http://www.meetingsmanagement.com>.

Infectious Disease Society of America (IDSA) Annual Meeting (Chicago: October 24-27, 2002). Contact: Coordinator, IDSA Conference. Internet: <http://www.idsociety.org>.

"Genomics and Proteomics" Congress (London: October 28-30, 2002). Contact: Vicki Ansell, IIR Ltd., 29 Bressenden Place, London SW1E 5DR, UK. Fax: (44-20)-7393-0297; Internet: <http://www.iir-genomics.com>.

III European Molecular Biology Organization (EMBO) Conference on "Infectious Diseases: Challenges, Threats, and Responsibilities" (Heidelberg: November 8-9, 2002). Contact: European Molecular Biology Laboratory (EMBL) Conference Office. E-mail: conferences@embl-heidelberg.de.

American Public Health Association (APHA) Annual Meeting (Philadelphia: November 9-13, 2002). Contact: Coordinator, APHA Annual Meeting, APHA, 800 I Street, NW, Washington, DC 20001. Phone: 202/777-2477; Fax: 202/777-2530; E-mail: donna.wright@apha.org; Internet: <http://www.apha.org>.

American Society of Tropical Medicine and Hygiene (ASTMH) Annual Meeting (Denver: November 10-14, 2002). Contact: ASTMH Secretariat, 60 Revere Drive (Suite 500), Northbrook, IL 60062. Phone: 847/480-9592; Fax: 847/480-9282; E-mail: astmh@astmh.org; Internet: <http://www.astmh.org>.

VI Global Forum for Health Research (GFHR) (Arusha, Tanzania: November 12-15, 2002). Contact: GFHR, c/o WHO, 20 Avenue Appia, 1211 Geneva 27, Switzerland. Phone: (41-22)-791-4260; Fax: (41-22)-791-4394; E-mail:

forum6@globalforumhealth.org; Internet: <http://www.globalforumhealth.org>.

IV Luis Pasteur Conference on "Integrative Approaches in Microbial Pathogenesis" (Paris: November 13-16, 2002). Contact: Institut Pasteur, Paris, France. Fax: (33-1)-4061-3405; E-mail: colloque@pasteur.fr; Internet: <http://www.pasteur.fr/infosci/conf/clp4.html>.

Fondation Merieux Symposium on "Vaccination and Tomorrow's Society" (Lyon: November 14-16, 2002). Contact: Fondation Merieux, 17 rue Bourgelat, BP 2021, 69227 Lyon Cedex 2, France. E-mail: betty.dodet@fond-merieux.org; Internet: <http://www.fond-merieux.org>.

III Multilateral Initiative on Malaria (MIM) Pan-African Conference (Arusha, Tanzania: November 18-22, 2002). MIM can sponsor only a limited number of young Conference participants from malaria-endemic areas on the basis of quality of submitted abstracts and availability of funds. Contact: Martin Saikiael Alilio, PhD, MIM, Fogarty International Center, Building 31, Room B2-C39, Bethesda, MD 20892-2220. Phone: 301/402-6212; Fax: 301/594-1222; E-mail: aliliom@mail.nih.gov; Internet: <http://mim.nih.gov>.

V National Conference on "Pediatric Infectious Diseases" (Surat: November 29-December 2, 2002). Contact: Dr. Digant Shastri, Organizing Secretary, 5th NCIPD, Killol Children's Hospital, 303 Takashila Apartment, Majura Gate, Surat 395002, Gujarat, India. Internet: <http://www.iapsurat.com/ncipd.htm>.

International Conference on "Adherence to Antiretroviral Therapy" (Dallas: December 5-8, 2002). Contact: Special Events, Elements of Success, University of Buffalo, Fargo Quad, Building No. 3 (Room 121), Buffalo, NY 14261-0050. Phone: 716/645-3705 (ext. 223); Internet: <http://www.specialevents.buffalo.edu/elements>.

Symposium on "Antiviral Drug Resistance" (Chantilly, VA: December 8-11, 2002). Sponsors: National Cancer Institute (NCI) and University of Pittsburgh. Contact: Margaret L. Fanning, Symposium Coordinator, SAIC Frederick, NCI-Frederick, PO Box B, Building 549, Frederick, MD 21702-1201. Phone: 301/846-1995; Fax: 301/846-5866; E-mail: fanningm@ncifcrf.gov; Internet: <http://www.ncifcrf.gov/campus/symposium/contact.html>.

Fondation Merieux Symposium on "Neonatal Immunity" (Lyon: December 8-11, 2002). Contact: Fondation Merieux, 17 rue Bourgelat, BP 2021, 69227 Lyon Cedex 2, France. E-mail: betty.dodet@fond-merieux.org; Internet: <http://www.fond-merieux.org>.

VII Annual International Summit on Public-Private Partnerships "Public-Private Partnerships for Health" (Miami Beach: December 8-11, 2002). Contact: Summit Registrar, 4425-C Treat Boulevard (# 241), Concord, CA 94521. Phone: 925/680-1862; Fax: 925/676-5785; Internet: <http://www.ihsummit.com>.

2003

Miami Nature Biotechnology Winter Symposium on "50 Years On: The Double Helix to Molecular Medicine" (Miami: February 1-5, 2003). Contact: E-mail: sblack@med.miami.edu; Internet: <http://www.med.miami.edu/mnbws>.

IV Integrated "Pest Management" Symposium (Indianapolis: April 8-10, 2002). Contact: ???

VIII Conference of the International Society of Travel

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Medicine (CISTM) (New York City: May 7-11, 2003).
Contact: CISTM8 Secretariat, Talley Management Group, Inc., 19 Mantua Road, Mt. Royal, NH 08601. Phone: 856/423-7222 (ext. 217); Fax: 856/423-3420; Internet: <http://www.istm.org>.

XIII European Conference of "Clinical Microbiology and Infectious Diseases" (Glasgow: May 10-13, 2003).
Contact: 12th ECCMID 2002, c/o AKM Congress Service, PO Box CH-4005, Basel, Switzerland. Phone: (41-61)-686-7711; Fax: (41-61)-686-7788; E-mail: info@akm.ch; Internet: <http://www.akm.ch/eccmid2002>.

CIII American Society of Microbiology (ASM) Annual Meeting (Washington, DC: May 18-22, 2003). Contact: Meetings Department, ASM, 1752 N Street, NW, Washington, DC 20036. Phone: 202/942-9261; Fax: 202/942-9340; E-mail: conferences@asmusa.org; Internet: <http://www.asmusa.org>.

American Society of Microbiology (ASM) Conference on "Bio-, Micro-, and Nanosystems" (New York City: July 7-10, 2003). Contact: ASM Conferences, 1752 N Street, NW, Washington, DC 20036. Phone: 202/942-9261; Fax: 202/942-9340; E-mail: conferences@asmusa.org; Internet:

<http://www.asmusa.org/mtgssrc/conferences.htm>.

XLIII Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC)(Chicago: September 14-17, 2003). Contact: Meetings Department, ASM, 1752 N Street, NW, Washington, DC 20036. Phone: 202/942-9261; Fax: 202/942-9340; E-mail: conferences@asmusa.org; Internet: <http://www.asmusa.org>.

"Biofilms" American Society of Microbiology (ASM) Conference (Victoria, British Columbia, Canada: November 1-6, 2003). Contact: ASM Conferences, 1752 N Street, NW, Washington, DC 20036. Phone: 202/942-9261; Fax: 202/942-9340; E-mail: conferences@asmusa.org; Internet: <http://www.asmusa.org/mtgssrc/conferences.htm>.

American Society of Microbiology (ASM) Conference on "DNA Repair and Mutagenesis" (Southampton, Bermuda: December 7-13, 2003). Contact: ASM Conferences, 1752 N Street, NW, Washington, DC 20036. Phone: 202/942-9261; Fax: 202/942-9340; E-mail: conferences@asmusa.org; Internet: <http://www.asmusa.org/mtgssrc/conferences.htm>.

2004

Congress on Infectious Disease (Cancun, Mexico March 4-7, 2004). For more information, please contact the International Society for Infectious Diseases (ISID) 181 Longwood Avenue, Boston, MA 02115 Tel: 617 277 0551 Fax: 617 731 1541 Web site: <http://www.isid.org> E-mail: info@isid.org



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