



Tropical Medicine Hygiene News

Small Pox Vaccination Strategy Discussed

The threat of a bioterrorist attack involving smallpox, and the recent availability of larger quantities of smallpox vaccine have fueled the debate about a possible mass vaccination campaign. Such a campaign might result in 200 to 300 deaths and make several thousand people severely ill — yet could save thousands of lives in the event of a bioterrorist attack with the virus. The current plan for containing an outbreak is a strategy called “ring vaccination”, in which people with suspected smallpox and their contacts would be traced, vaccinated and isolated from the surrounding population. Vaccinating a person even two or three days after exposure to smallpox offers considerable protection against the disease. Scientists from Michigan State University used a mathematical model and historical data to compare the effectiveness of ring vaccination after an outbreak with a preventive mass vaccination campaign targeting people between 1 and 29 years old. They tallied the numbers of serious adverse events and/or deaths in each case. The vaccine’s most serious potential side effects are encephalitis and progressive vaccinia, in which the sore produced by the vaccine spreads without healing. Either can be fatal. People with eczema who are vaccinated may develop eczema vaccinatum, a life-threatening skin rash. A campaign to vaccinate all U.S. residents between the ages of 1 and 29 (>82 million persons) would cause 175 cases of encephalitis, 420 cases of progressive vaccinia and 1,200 cases of eczema

vaccinatum, with a total of 190 deaths. If the campaign included people between the ages of 1 and 65 (>178 million vaccinees), there would be an estimated 505 cases of encephalitis, 845 cases of progressive vaccinia and 3,525 cases of eczema vaccinatum, with 285 deaths. These numbers contrast with the estimates of the numbers of deaths and severe morbidity that would result from a terror attack accompanied by a traditional “ring” vaccination response to an outbreak. If 50 percent of that age group had been previously vaccinated, the number of U.S. deaths predicted from an outbreak that began with 100 infected people would be 358, including vaccine-related deaths. A similar outbreak would be predicted to cause 2,160 deaths if only ring vaccination were used. In a larger outbreak, or one that began in several places at once, the lifesaving effect of preventive vaccination would be even greater. In either scenario, thousands of other people would suffer less severe but still significant side effects. The ACIP has been meeting to begin drafting recommendations about who, if anyone, should get the vaccine; their report should be available in June. Public discussions scheduled for Washington and several other cities this summer will focus on whether emergency room personnel and other medical and public health workers should be vaccinated, as well as on the larger question of whether the vaccine should be made available on a voluntary basis to all Americans. [Abstracted from *Effective Clinical Practice*, 5: 84-90, Mar-Apr 2002 and the *Washington*

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CURRENT TRENDS

Measles Vaccine A slight delay - of about three months - in the age of first immunization against measles appears to confer an advantage to children. In a study published in the May issue of the Mayo Clinic Proceedings, children who received their first dose of the MMR vaccine at 15 months (rather than 12 months) were more than twice as likely to have adequate levels of circulating antibodies. Measles vaccine has been reported to be associated with a transient immunosuppression in children, and a slight increase in all-cause mortality in female vaccinees. Unsubstantiated reports have linked the triple vaccine with autism and Crohn's Disease, and reports of adverse effects have led to sharp decreases in MMR use - with the UK reporting a 6% drop - to 70% of 16 month olds - in the percentage of infants receiving this vaccine in the last year alone. [The UK Public Health Service began an intensive public education campaign which raised the immunization rate to 72.6% in April.] In contrast a WHO immunization campaign that reached nearly 24 million children in seven African countries reduced the number of cases from 60,000 in 1996 to less than 200 by the year 2000, and the number of deaths in that same time period from 160 to zero.

Continuing Shortages Threaten Disease Come-backs The CDC reports continuing shortages of the vaccines used to fight varicella and pneumococcal infections, rubella, mumps, and measles, and pertussis, tetanus, and diphtheria. One natural consequence is that parents will have to return to their pediatricians for vaccinations when the shortages are eased, a prospect that many physicians fear will be daunting. There may be an impact for adults, too, since such diseases are far more lethal for adults. Even before the present shortage, many adults weren't getting recommended shots and about 40,000 adults die each year as a result, according to the CDC. By contrast, an estimated 100 children in the United States die annually from diseases that vaccines can prevent. For an adult immunization schedule, please go to the CDC Web site at <http://www.cdc.gov/nip/recs/adult-schedule.htm#pdf-format1>

New DtaP Formulation Approved The FDA has approved the sale of a new formulation of the vaccine that protects children against tetanus, diphtheria and whooping cough. The decision may ease serious shortages. The same company, Aventis Pasteur, sells both the new Daptacel and the old version of the vaccine, Tripedia. The added supply from the new version should boost the nation's inventory of the DTaP vaccine.

Tropical Medicine & Hygiene News

Official Bulletin of the American Society of Tropical Medicine and Hygiene

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Disease Outbreaks

Unknown illness among soldiers stationed in Afghanistan Officials are attributing the 'mystery illness' which affected 25 army personnel, and left around 350 soldiers at a medical hospital in Bagram under quarantine to a Norwalk-like virus. Since there have been no new cases of the disease reported in Afghanistan since the initial outbreak, authorities speculate that the soldiers were all infected from a common source - possibly the food. A very similar outbreak has been reported at a British hospital. At Whipps Cross Hospital in east London, 63 patients and 38 staff have been struck by a Norwalk-like virus. The first case was confirmed in the week of May 20th. The sick have been isolated and new admissions restricted.

Hantavirus Pulmonary Syndrome: Second Death in Texas This Year On 9 May 2002 the Texas Department of Health announced that Hantavirus pulmonary syndrome has claimed the lives of 2 South Plains residents.. Most of the (reported) cases have been out in this region. The South Plains woman resided in Crosby County; the other case resulted in the death of a male Lubbock County resident in Feb 2002. Eighteen Texas residents have contracted hantavirus pulmonary syndrome since 1993, with 7 of those cases resulting in death.

West Nile Starts Early This Year Despite the drought along the eastern seaboard West Nile Virus-infected birds have been found from New York State to Virginia already this year, far earlier than they appeared in previous transmission cycles. The relevant authorities have already begun intensive vector control activities - applying larvicides in the mosquito breeding sites that cannot be eliminated altogether - in the areas where the birds were found and in the proximity of assisted living centers and other areas where the elderly are concentrated.

Mosquito-Borne Encephalitides Appearing In Louisiana - Three human cases had been reported as of May 1, but in disparate geographic locations and with different viruses. Louisiana is developing a statewide mosquito control plan to assist rural areas with abatement, surveillance, education and control.

Drugs

New Community Initiative For Malaria In Africa Pharmaceutical Company GlaxoSmithKline (GSK) is launching a funding program designed to 'kick-start' scale-up of activities in malaria control. GSK's African Malaria Partnership (AMP) will award grants totalling

US\$1.5 million over three years to three community-focussed behavioural development programs. By providing three years of funding, AMP grants will allow innovative and effective concepts to become established and to demonstrate further success. The aim will be to leverage this success to attract additional funding for further scale-up so that programmes can be expanded and/or replicated elsewhere. National Malaria Control Programmes (NMCPs) in all malaria-affected African countries will be invited to submit a proposal for funding. Not-for-profit organisations can also submit proposals but must do so via the relevant NMCP. Non-profit programme proposals that relate to more than one country must also indicate that any relevant NMCP endorsement of the proposal has been obtained. Involving the NMCP as a key partner will ensure that programme proposals form part of an integrated malaria control strategy. For further information on the African Malaria Partnership, visit GSK on the World Wide Web at www.gsk.com or contact Mark Watkins: Tel. +44 (0)20 8047 5525, or +44 (0)1279 644427.

MSF Drugs for Neglected Diseases Initiative On March 14, 2002, Médecins Sans Frontières/Doctors Without Borders (MSF) held a conference in New York to address the crisis in research and development (R&D) for drugs for neglected diseases. The conference brought together over 400 people, including a large diversity of representatives of health care and research institutions from developed and developing countries, key figures from the pharmaceutical industry, drug regulators, other experts on drug development, and MSF field volunteers and staff. The conference was preceded by a two-day expert workshop attended by over 170 people from over 30 countries. A summary of the March 12-14 conference 'The Crisis of Neglected Diseases: Developing Treatments and Ensuring Access' conference is available at www.neglecteddiseases.org. The Drugs for Neglected Diseases Initiative (DNDI) will create a global, not-for-profit pharmaceutical industry. The project has initial backing from the Institut Pasteur in Paris, Brazil's Oswaldo Cruz Institute, the Indian Council of Medical Research, the Science University of Malaysia and the World Health Organization. The DNDI will conduct a one-year study to determine the shape of the larger initiative.

Antimalarial Drug Debate With resistance to old malaria drugs spreading, African officials want to start using artemisinin, a relatively new Chinese remedy so powerful that some experts consider it a miracle drug. Because more than 2,000 African children die of malaria each day, doctors there are clamoring for the drug, and the World Health Organization recommends it, but an adviser to the Agency for International Development in Washington, Dennis Carroll opposes using it in Africa yet. Their position is that, while artemisinin probably

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represented “the best long-term option”, it is expensive, hard for poorly educated people to take correctly, and needs more testing in infants.” Other experts say delays will cost too many lives because the drugs now in use are rapidly losing their effectiveness. Artemisinin was first refined 30 years ago in China from the qinghaosu plant, used in fever remedies for 2,000 years. The raw material comes from China and Vietnam, although the source plant, *Artemisia annua*, known as sweet wormwood or Chinese wormwood, grows wild even in the United States. Many African countries want to switch to it now, arguing that resistance to chloroquine and sulfadoxine-pyrimethamine, the usual front-line drugs, is rapidly spreading. Most of those countries cannot buy drugs without help from donors or World Bank loans. Some public health officers complain that A.I.D. quietly pressures them not to even request artemisinin. Mr. Carroll denied the pressure but said the agency believed that artemisinin had not been tested enough on infants and that sulfadoxine/pyrimethamine, or S/P, had some years of usefulness left. For that reason, the agency officially suggests saving artemisinin for cases not helped by first-line drugs.

ORGANIZATIONAL NEWS

NIH Study Sections Being Reorganized, Society Leadership Urges Scrutiny The Center for Scientific Review (CSR) at the National Institutes of Health (NIH) is in the second phase of its reorganization activities in accord with recommendations of the Panel on Scientific Boundaries for Review (PSBR). The Phase 1 PSBR report <<http://www.csr.nih.gov/EVENTS/summary012000.htm>> proposed a set of Integrated Review Groups (IRGs) [*clusters of study sections*] and provided general principles for study section design. The process developed by CSR to implement these recommendations is intended to be cautious and iterative. It is deliberately progressing slowly in order to achieve substantial community involvement and the best possible review committees. The reorganization will result in a shuffling of applications and reviewers; for applications at the periphery of a cluster’s focus this could have a major impact. ASTMH President Michele Barry sent an alert to Society members about the potential impact of proposed changes in the Immunology cluster. Similarly profound changes are expected in the Infectious Disease and Microbiology (IDM) cluster. For specific details of each proposed change, and general information about the process visit the website at <<http://www.csr.nih.gov/PSBR/IRGComments.htm>>. The proposed guidelines for all study sections can still be viewed after the public comment period has ended on

the Proposed Design of Study Sections <<http://www.csr.nih.gov/PSBR/IRGComments.htm>> and Reorganization Activities Pages <<http://www.csr.nih.gov/review/reorgact.htm>>. For the Immunology (IMM) IRG the comment period will be open until August 1, 2002.

Human Subjects Oversight Debated As legislation is being introduced to change the nature of human subjects research protections, Greg Koski, Director of the HHS Office responsible for human research protections (OHRP) has sent an open invitation to the research community. You may access this letter at: <http://ohrp.osophs.dhhs.gov/references/oltr.pdf>. It is reproduced on the next page.

NIH Plans To Retain Title For Inventions Stemming From Foreign Awards During the 2002 fiscal year, NIH is planning to revise its policy on patent rights for foreign grants and contracts. The shift will give the U.S. government title to inventions conceived or first reduced to practice as part of the performance of the award. This change would affect subcontracts from domestic grantees to foreign institutions and other foreign collaborations. To register your opinion about this proposed change, send an email to George Stone, Ph.D., gs60a@nih.gov, and John McGowan, Ph.D., jm80c@nih.gov, stating how it will affect you. For more information, see the NIH Guide announcement at <http://grants1.nih.gov/grants/guide/notice-files/NOT-OD-02-039.html>

NIH Global AIDS Research Strategic Plan. The National Institutes of Health (NIH) will devote an estimated \$187 million in fiscal year 2002 to AIDS-related research in international settings. The President’s budget for fiscal year 2003 includes approximately \$222 million. The Office of AIDS Research at NIH convened a Working Group of scientists from Africa, Asia, Latin America, and the U.S. to develop the annual strategic plan for international AIDS research and to identify urgent research priorities. Research priorities for resource-poor settings of the world include: development of research infrastructure, rapid initiation of studies of the use of antiretroviral treatment, definition of the spectrum of HIV-related diseases in diverse geographic areas, development of interventions to prevent transmission related to drug and alcohol use, identification of interventions to address HIV-related stigma, translation of research findings to treatment and prevention programs, ensuring ethical challenges are addressed in research and implementation of results. To view the plan, visit http://www.nih.gov/od/oar/public/pubs/fy2003/xi_international.pdf.

CDC Global Strategy to Fight Infectious Diseases. On March 22, 2002, the Centers for Disease Control and Prevention unveiled *Protecting the Nation’s Health*

OPEN LETTER FROM GREG KOSKI TO THE CLINICAL RESEARCH COMMUNITY

It is hard to believe that only a year and a half ago, we were laying out a blueprint for remodeling our national system for protection of human subjects in research. One can easily lose track of time, particularly in Washington, where some things never stay the same, and others never seem to change. Recently, preparations for an upcoming Senate hearing on human subjects protections afforded an opportunity for me to reflect on all that has happened over these past 18 months, all of which have been challenging. No one will deny that human research is in the midst of a dramatic period of change, a period that brings with it anxiety and frustration as well as hope. Anyone who has lived through the remodeling of a kitchen knows how disruptive the process of change can be, but the results are well worth the wait and the inconvenience. A key element of the remodeling process in human research protections is the move from a system focused on regulatory compliance to a system focused on prevention of harm. Many times over the past year and a half we have heard the sound bites and catch phrases—"shared goals and shared responsibilities," "flexibility with accountability," "do it right because it's the right thing to do." For all of us in OHRP, these are more than words...they are our mantra and our mission. We are now at a critical juncture in the transition to our new system. OHRP has worked long and hard with many of you to develop a new quality improvement program, one that offers support and consultation, one that seeks collaboration, not confrontation. The program was announced at the December meeting of Public Responsibility in Medicine and Research, and a more formal announcement was posted on our website a few weeks ago. Now, we are ready to go, and it is your turn to take the initiative. While we await final approval of our directed self-assessment tool, we will begin scheduling quality improvement (QI) consultations for the next 6 months as we build out this program to its full capacity of 60 consultations per month. All of the consultations involve a self-evaluation of a program by its staff, with follow-up from the staff of our Division of Assurances and Quality Improvement. Some follow-up may be through calls or correspondence. Others may involve videoconferences or on-site consultation visits. All of them will be collegial and constructive. Our highest priority will be those institutions that receive the greatest federal support for research. I am hoping that institutions will choose to volunteer to participate in this program now. Why now? What is so important about today? Why not wait until next year? Why should we be first? The answer is simple and clear. This program, upon which the successful transformation of our oversight system depends, cannot proceed unless those institutions engaged in human research take the initiative to volunteer to participate. Is there an alternative? Yes, of course there is. There are many who remain skeptical that a system focused on prevention and quality improvement can be effective. These are often the same critics who believe that only through stronger oversight and enforcement activities can meaningful change result. OHRP wants to prove them wrong. Clearly, there is a necessary and appropriate role for oversight and enforcement, even penalties in egregious cases, but I believe that the vast preponderance of scientists, IRB members, and institutions are well intentioned. I have seen first hand in my visits to institutions across the country the remarkable efforts that are being made to strengthen programs, educate individuals, and ensure the well-being of research participants. Participation in OHRP's new Quality Improvement Program is a critical first step in building confidence and trust in the human subjects protection process, to show that we can "do it right, together. In *Field of Dreams* they said, "If you build it, they will come." Now is the time for action. I urge you to take it. You can learn more about the program from our website at <http://ohrp.osophs.dhhs.gov>, or volunteer by sending an e-mail to QI@osophs.dhhs.gov. Please contact us today to set a time for your consultation.

in an Era of Globalization: CDC's Global Infectious Disease Strategy, which describes how CDC and its international partners can collaborate to address infectious diseases. The plan defines six priority areas developed in consultation with global public health partners to enhance the fight against infectious diseases: international outbreak assistance, global disease surveillance, applied research, application of proven public health tools, global initiatives for disease control and public health training and capacity building. To view the plan, visit <http://www.cdc.gov/globalidplan>.

Marcus Foundation Donation The Atlanta-based Marcus Foundation, established by former Home Depot Inc. Chair, Bernard Marcus, pledged \$2.8 million to help the CDC establish a "high-technology emergency response center." The grant supplements a past \$1.1 million donation from the foundation. The CDC will use the grants to help establish a 24-hour response center equipped with audio, video and data technology that will allow researchers to share and analyze information in real time. The center will include portable satellite transponders, which field researchers can use to transmit information and confer with colleagues in a

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crisis. The gift followed reports that, on Sept. 11, CDC field researchers responding to the attacks in New York City could not communicate with Atlanta as a result of inadequate communications equipment. [See Legislative News below.]

International AIDS Education and Training Center. HHS' Health Resources and Services Administration (HRSA) launched a three-year, \$1.5 million agreement to provide overseas health care providers with the latest training and education on caring for people with HIV/AIDS. The project will allow health care providers in Africa and India to receive information about the diagnosis, treatment and prevention of HIV. Participating are the schools of medicine of the University of Washington-Seattle, and the University of California-San Francisco. For more information on the partnership, visit <http://hab.hrsa.gov>.

U.S. Army Joins Forces With Malaria Vaccine Initiative To Launch Clinical Trial In Kenya The Malaria Vaccine Initiative (MVI), the Walter Reed Army Institute of Research (WRAIR), the Kenya Medical Research Institute (KEMRI), and the U.S. Agency for International Development (USAID) announced field trials of a promising malaria vaccine candidate. MVI will provide technical support and US\$2.8 million in funding. The trial, launched this month in adult volunteers in Western Kenya, ultimately will test whether the vaccine can help children fight the infection before it causes severe illness. The vaccine was first tested for safety in 60 U.S. civilian and military volunteers. It was developed by WRAIR in collaboration with GlaxoSmithKline Biologicals (GSK) and USAID. The clinical trials that MVI supports are being carried out by USAMRU-Kenya and KEMRI near Kisumu, Kenya. If the results of the adult trial are encouraging, the project will continue with a safety and preliminary efficacy trial involving children. The key component of WRAIR's vaccine is the merozoite surface protein-1 antigen, or MSP-1 along with GSK's adjuvant AS02. MSP-1 has long interested scientists because many adults who carry the parasite but do not get sick have developed an immune response to blood-stage antigens. Producing even this level of immunity in children via a vaccine could save millions of lives. If successful, the formulation could become part of a vaccine comprised of multiple antigens, as most scientists believe that a highly effective malaria vaccine will require a "combination" vaccine capable of targeting several parts of the malaria parasite.

PAHO/WHO - 2002 Bioethics Award Deadline: 15 June 2002 The Pan American Health and Education Foundation is pleased to announce the introduction of a

new international award to recognize and stimulate excellence in the field of bioethics. The 2002 Manuel Velasco-Suarez Bioethics Award is intended to stimulate young scholars in the development of their capacities for bioethical analysis. The award carries a cash prize of US\$ 10,000. More Award information at: <http://www.paho.org/English/PAHEF/velasco.htm> Spanish version: <http://www.paho.org/Spanish/PAHEF/velasco.htm> Nominations must be received by 15 June 2002 at the Foundation's US office: The Manuel Velasco-Suarez Bioethics Award Committee c/o Pan American Health and Education Foundation 525 23rd Street NW - Washington, DC 20037, Email: pahef@paho.org

Legislative News

CDC: Bill To Establish New Bioterrorism Center Proposed [S2115] Sen. Max Cleland (D-Ga.) proposed legislation that would establish a new bioterrorism center at the Atlanta-based CDC. The center, called the National Center for Bioterrorism Response and Readiness, would coordinate the more than 20 U.S. offices that have some role in responding to a bioterrorist attack. The new center would train a bioterrorism response team, develop response plans to address bioterrorist attacks, develop electronic disease surveillance systems, administer grants to state and local governments to upgrade their public health systems and maintain the national stockpile of vaccines and antibiotics. The relationship of the new center to the HHS Office of Preparedness was identified by administration officials as a concern.

Global Pathogen Surveillance Bill Filed [S2487] Provisions to improve tracking of global disease outbreaks were addressed in a measure sponsored by Senate Foreign Relations Committee Chair Joseph Biden, D-DE, as a complement to the domestic bioterrorism preparedness act currently moving through conference. The bill addresses infectious disease outbreaks that result from either bioterrorism or natural causes. The domestic preparedness agenda gives highest consideration to strengthening the public health system, improving federal public health laboratories and funding key research and production of vaccines and treatments for biological attacks. Biden stressed that his "Global Pathogen Surveillance Act" (S. 2487) would serve to enhance homeland protections created under the "Bioterrorism Preparedness Act" (H.R. 3448) sponsored by Sens. Edward Kennedy, D-MA, and Bill Frist, R-TN, and Reps. Billy Tauzin, R-LA and John Dingell, D-MI. The Bioterrorism Preparedness Act was enacted May 23 and awaits the President's signature. Congress already has appropriated \$3 billion to improve bioterrorism defense for FY 02, including \$1.1 billion to improve state and local public health infrastructure.

Biden's measure would authorize \$150 million through FY 04 to improve surveillance and help prevent and contain both biological attacks and naturally occurring infectious disease outbreaks around the world. In 2000, the World Health Organization established a framework for the first truly global disease surveillance system, the Global Alert and Response Network, to monitor and track outbreaks in every region of the world. According to WHO, thirty new infectious diseases have emerged over the past thirty years, with more than 800 infectious disease outbreaks occurring worldwide between 1996 and 2001.

DeGette/Greenwood Human Subjects Research Bill Seeks To Eliminate Loopholes, Centralize Federal Oversight

Increased protections for participants in clinical research projects would be established under human subjects research legislation unveiled May 9 by Reps. Diana DeGette, D-CO, and Jim Greenwood, R-PA. The bill includes additional requirements for researchers, institutions and review boards (IRBs), while granting new authorities to the Department of Health and Human Services through its Office of Human Research Protections. The measure requires all research involving human subjects, regardless of its funding source, be approved by an IRB, paralleling the goals of another HSR bill being authored by Sens. Edward Kennedy, D-MA, and Bill Frist, R-TN. Like DeGette-Greenwood, the Kennedy-Frist bill is intended to close regulatory loopholes surrounding private human subject research that does not seek FDA approval. In addition to establishing every research subject's legal right to informed consent, key provisions of the measure would apply existing "Common Rule" and "vulnerable-population" protections to all human research subjects, regardless of setting (academic medical center, hospital, contract research organization) or funding source (public or private). The HSRP Act grants the HHS Secretary authority to modify those protections and allows for federal agencies to establish protections above and beyond those regulations. The bill also requires the HHS Secretary to "harmonize" FDA regulations and the Common Rule "to eliminate unnecessary differences" regarding what constitutes "significant" financial conflict of interest and provisions for research relating to emergency interventions. Under other provisions, investigators would be required to file a written attestation of familiarity and agreement to comply with human subject research protections and would have to disclose to IRBs such information as conflicts of interest, whether they have been deemed ineligible to conduct human subject research or restricted from doing so, and whether the proposal at hand has been submitted to another IRB. The HSRP Act would create requirements for the composition of IRBs, ensuring adequate representation by scientists and non-scientists, as well as procedural requirements,

including adequate funding, quorums for decision-making, orientation and continuing education programs and registration with the HHS Secretary. Additional requirements for review and supervision of research protocols to be performed by a "lead" IRB at the option of the research institution and with the approval of the principal investigator and sponsor also are permitted under the act. Institutional requirements include a "comprehensive and ongoing program" to educate investigators and IRB members on human research subject protections as a condition of federal grants, cooperative agreements or contracts with public or private entities for the conduct of research. On behalf of the IRB, institutions also would be required to compile and report summary annual data on such topics as the number of proposals reviewed, the number of human subjects involved, etc. To help support these new requirements, institutions would be permitted to recover the costs of compliance from government research sponsors as direct costs. OHRP would be granted additional enforcement duties under the bill, authorizing the HHS Secretary to suspend or revoke the registration, impose restrictions on or withhold federal funding from an IRB. In addition, the measure would permit the secretary to require entities to develop and implement monitoring plans, which might include the use of data safety monitoring committees for high-risk trials. Federal funding of secret, classified research would be prohibited if an IRB has waived the requirement of informed consent or the research is exempt from IRB review under the Common Rule. Additional safeguards would require entities such as academic health centers and IRBs to report any violations of the rules made by investigators to the HHS Secretary, who would maintain a record of violations and disclose this information to institutions that conduct or support research. To help HHS carry out its new HSR responsibilities, the DeGette-Greenwood measure authorizes \$20 million for OHRP in FY 03 and "such sums as may be necessary" for subsequent years.

SOCIETY NEWS

2003 Council Nominations. The 2003 slate of candidates for the Society's leaders has been announced. The candidates for President-Elect are Barry Beaty, Colorado State University and Peter Weller, Beth Israel Deaconess Medical Center. The candidates for Councilor are Mark Eberhard, CDC; Claire Panosian, UCLA School of Medicine, Margaret Phillips, University of Texas Southwestern Medical Center; and Joseph Vinetz, University of Texas Medical Branch. The election package will be mailed this summer. Please cast your ballot for the future leaders of ASTMH.

Secretary Treasurer Position Open After a heroic 10 years as Secretary-Treasurer, Peter Weller has asked

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to hand over those responsibilities effective January 2003. The Executive Committee will be looking for a replacement for this very important Society position, which has associated compensation. The Secretary-Treasurer is appointed by the Council to serve a three-year term. He or she serves as the principal administrative officer of the Society, working both with elected officers and councilors and with the Society's professional management group. The Secretary-Treasurer assists with budget preparations, provides institutional memory and advances programs of the Society. The ASTMH Secretary-Treasurer is an *ex officio* member of the ASTMH Council and the ASTMH Executive Committee and is required to attend all in-person and teleconference meetings of both groups (approximately four in-person meetings per year). The Society has provided an annual stipend to cover clerical support services and this stipend, subject the Society approval, could be used to provide salary or other types of support for the Secretary-Treasurer. The Secretary-Treasurer is reimbursed for all expenses to attend the Annual meeting. All current professional members of the American Society of Tropical Medicine and Hygiene are encouraged to apply for consideration for this position. Applicants will be selected based on their willingness to commit to carrying out the mission of the Society through the various society program, their academic credentials and breadth of knowledge and experience in the tropical medicine field, recommendations from past or current council members, and a demonstrated ability to complete tasks as a volunteer working on a team. Preference will be given to applicants who have previously served in a volunteer capacity with ASTMH. **Deadline for submission: July 26, 2002** Submit a *curriculum vitae* and Statement of Interest to: ASTMH Secretary-Treasurer Search, 60 Revere Drive, Suite 500, Northbrook, IL 60062 USA, or e-mail all necessary information to astmh@astmh.org

Journal News: Many of you may have noticed the Jan-April issues have not arrived. The Oxford Press contract, which was accepted after an RFP competition, was not signed. Significant discrepancies in what Oxford Press promised and their final contract presented to the ASTMH gave the Council, The Sherwood Group and our lawyers significant pause. In order to ensure editorial autonomy, and a Journal that runs in the black, we have started negotiations with another publisher. Jim Kazura and Cathi Siegel predict the finished 3 issues will be delivered as soon as this contract is completed. Innumerable hours of work by lawyers, council members, The Sherwood Group and

the Journal's editors have been devoted to this problem and are much appreciated.

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

Gorgas Memorial Institute Research Award. This Society award is designed to enhance and facilitate the development of scientific linkages between scientists in Panama, the nations of Central and South America and the Caribbean Islands, and the United States. The award supports travel in either direction for young research investigators from these regions. **The application deadline is August 1, 2002.** Download an application from www.astmh.org/funding.htm or request an application from astmh@astmh.org

Moving the Society to the 21st century. An electronic version of the *Journal* is slated to be available within the new publishing contract. In addition, be sure to check the Society's website www.astmh.org for valuable information and publications of interest to members and non-members alike. The *News* is already posted there, in both pdf and html format, even before it appears in members' mailboxes; notices will soon be delivered electronically giving the URL when each new edition of the *News* is available. More comprehensive and frequently updated information about job and funding opportunities and upcoming meetings is also available on the website, and will be limited in future editions of the *News*. The goal is more timely publication of a leaner newsletter. If a paper/hard copy of either the *Journal* or the *News* is still desired, an option with your dues renewal (at no extra charge) can be selected.

2002 Examination Leading to a Certificate of Knowledge in Clinical Tropical Medicine and Travelers' Health. The 2002 exam will be held on Saturday, November 9 from 8:00 am - noon at the Adam's Mark Hotel in Denver, Colorado. For application materials, visit the website or request an application from astmh@astmh.org. The Certification Exam will be opened next year to non-MDs who are licensed

practitioners and have taken a Diploma Course as well as the requisite overseas practicum. The exam will not change in scholarly content.

Intensive Review Course in Clinical Tropical Medicine and Travelers' Health. This course will be held October 22-23, 2002 at the Hyatt Regency Chicago in Chicago, Illinois. It will immediately precede the 40th Annual Meeting of the Infectious Diseases Society of America (IDSA). This course provides a broad overview of core topics in clinical tropical medicine and travelers' health. To obtain registration materials, visit <http://www.astmh.org> or request a registration form from astmh@astmh.org.

New Subgroup To Be Formed A novel molecular-parasitology/parasite-immunology affinity group will be initiated at the next meeting. John Adams, Steve Hoffman and Joe Vinetz are spearheading the establishment of this group. Pfizer has also donated money for a Centennial Fellow interested in this area of scholarship to work overseas in a laboratory setting. This award announcement will be posted soon.

New Initiative Endorsed At its mid-year meeting the Council unanimously voted to support a new Medecins Sans Frontiers (Doctors without Borders) initiative to stimulate research and development of drugs for neglected diseases. Using their Nobel Peace Prize money, MSF has set up a Drugs for Neglected Diseases Initiative that will harness funding, new science technology, foster public-private co-operation and strengthen R & D capacity in developing countries. The Council voted to offer support and membership expertise. {See the MSF Initiative news item above.}

PEOPLE

Edited by Mitzi Sereno

ASTMH President Michele Barry Honored Michele Barry, MD was given the Christopher Krogh Memorial Award by the International Health Medical Education Consortium in recognition of her "outstanding and dedicated leadership in health care for the underserved." Barry co-founded the International Health Residency Training Program, with Frank Bia, in 1981 and started the Mobile Community Health Van, which goes to soup kitchens, women-in-crisis centers and housing projects around New Haven, where health care options are limited.

Barnett Cline Appointment. Tulane University Professor Emeritus, Barnett Cline, was appointed to the Armed Forces Epidemiology Board (AFEB), attending

his first meeting in February 2002. Also in February Dr. Cline completed four years of service as a member of the Global Program Review Group, WHO Global Program for the Elimination of Lymphatic Filariasis (LF). In addition, Dr. Cline was appointed to the newly created Regional Program Review Groups for the Americas (WHO/PAHO) and Africa (WHO/AFRO) of the Global Program for the Elimination of Lymphatic Filariasis. Dr. Cline participates in projects funded by the Gates Foundation and from GlaxoSmithKline to provide academic support for LF global programs, primarily in LF endemic countries in the Americas.

Anthony Fauci Awarded Largest U.S. Prize in Medicine. Anthony S. Fauci, M.D., director of the National Institute of Allergy and Infectious Diseases, has been awarded the \$500,000 Albany Medical Center Prize in Medicine and Biomedical Research. The prize is the largest award in medicine in the United States, and is second only to the Nobel Prize. Dr. Fauci was recognized for his seminal research into AIDS and other immune system diseases, for his overall contributions to the advancement of science and for his distinguished public service.

Richard Carmona Nominated as U.S. Surgeon General. President Bush has nominated Richard Carmona, MD to be the new Surgeon General of the United States pending Senate confirmation. The search has been ongoing since last year, when David Satcher announced that he would step down at the end of his four-year term. Carmona is 52 years old and was born in Harlem. He dropped out of high school, joined the Army and earned a G.E.D. He then became the first member of his family to graduate from college and medical school. Dr. Carmona is an Arizona trauma surgeon, a nurse, an Army Green Beret, and a deputy sheriff who has served as a medic on SWAT teams for 17 years. He is chairman and medical director of the Southern Arizona Emergency Medical System Council, and Professor of Surgery, Public Health, and Family/Community Medicine at the University of Arizona College of Medicine. In 1985, he created the first trauma care system in southern Arizona. A year later, he joined the Pima County Sheriff's Department as a SWAT team member. In 1992, the doctor made headlines and inspired a made-for-TV-movie by rappelling from a helicopter to rescue a person stranded on a cliff. This and other feats helped him earn one of 10 Top Cop awards from the National Association of Police Organizations in 2000. As Surgeon General, Carmona would, among other things, administer the 56-member Public Health Commission, which was deployed to New York and Washington on Sept. 11 and during the subsequent anthrax attacks.

Former U.S. Surgeon General **David Satcher**, M.D.,

ASTMH 51st Annual Meeting. The 2002 annual meeting will be held **November 10-14, 2002** at the Adam's Mark Hotel in Denver, Colorado. Registration materials will be mailed later this summer

- **Annual Meeting Abstract Submissions.** Please note that acceptance and scheduling of your abstract submission will be via the abstract web page at <http://abstract.cornetser.com>. Abstract acceptance information indicating oral or poster presentation will be available online by mid-August; acceptance notifications will not be sent out. Check the abstract web page to determine if your paper has been accepted.
- **Meeting Logistics** At the November meeting there will at last be a dedicated computer placed in each meeting room and all rooms will be equipped with LCD projectors. Presenters will have to have floppy discs or CD-ROMs to load onto the computer on the morning of their talk. There will be NO slide projectors, so be sure that your presentation in PowerPoint can be loaded and read on a PC!!
- **Travel awards available again this year** Limited funding is available to support travel of selected outstanding investigators from developing countries and students from the United States to participate in this year's annual meeting. Candidates will be selected based on their willingness to participate in the meeting through oral or poster presentation, research activities within the field of tropical medicine and hygiene and financial need. ASTMH membership is not required for consideration. Persons interested in applying for travel funds should download an application from the ASTMH web page at www.astmh.org or request an application form from: ASTMH, 60 Revere Drive, Suite 500, Northbrook, IL 60062, 847/480-9592, fax 847/480-9282, astmh@astmh.org
- **American Committee of Medical Entomology (ACME) Student Travel Awards** In addition to the general travel awards described above, the Society's entomologists will make special provisions for students. Awards in the amount of \$500.00 are available to support travel and accommodation costs for graduate students attending the annual meeting. One or more awards will be made each year depending on availability of funds. Applicants must present their research either orally or in a poster format during the annual meeting. The subject matter of the presentation should directly or indirectly involve arthropods of medical importance. Application and recommendation forms are available on-line from the ACME website, <http://www.astmh.org/subgroup/acme.html>. All application materials must be postmarked by **July 1, 2002** and sent to Laura C. Harrington, Department of Entomology, 3138 Comstock Hall, Cornell University, Ithaca, NY 14853
- **Young Investigator Award and Application Form** ASTMH will present the 18th Annual Young Investigator Award to one or more outstanding young researchers during the 51st Annual Meeting. This award is intended to encourage developing young scientists to pursue careers in various aspects of tropical disease research. To be eligible for consideration, the young investigator must have completed the majority of work reported in his or her accepted abstract as a graduate student or during the first two years of postdoctoral study. Additionally, the young investigator should have had a primary role in the reported experimentation, as evidenced by first-author status on the abstract. To apply for this award, please submit two copies of the application to ASTMH headquarters ASTMH Young Investigator Award, 60 Revere Drive, Suite 500, Northbrook, Illinois, 60062 USA, Phone 847/480-9592; Fax 847/480-9282 by **June 1, 2002**. Note: Applicants for the Young Investigator Award must be present at the hotel at 11am MST on Sunday, November 10, 2002 for a special session to judge their presentations. Applicants will also present their work in the regularly scheduled scientific sessions on November 10-14, 2002. The Young Investigator Award will be presented at the plenary session on Sunday, November 10, 2002.
- **Student Book Prize:** In order to recognize excellence in research conducted by a student and presented at the ASTMH annual meeting the clinical group (ACCTMTH) and Oxford University Press will present a Book Prize. The student must submit a letter indicating that he/she would like to apply for the Book Prize along with either: 1) a registrar's letter as proof of full-time student status, or 2) a letter certifying student status that identifies the institution name and is signed by the student's dean or department chair. The award will be presented to the winner by the representative of Oxford University Press and the ACCTMTH president at the ACCTMTH annual business meeting.. **Application Deadline: September 1, 2002.** Submit application materials to: American Society of Tropical Medicine and Hygiene, Student Book Prize, 60 Revere Drive, Suite 500, Northbrook, IL 60062 USA
- **Late Breaker Abstract Submissions** Abstract submissions received after **June 1, 2002** will be considered for presentation as either oral or poster late breakers. Acceptance notifications for late-breaker abstracts will be sent by e-mail in early November. Presentation assignments will not be made before that time.
- **2002 Pre-Meeting Course:** Updates in Wilderness and Extreme Medicine. Mark your calendar for the 2002 pre-meeting course, to be held November 9-10, immediately preceding the ASTMH 51st Annual Meeting at the Adam's Mark Hotel in Denver, Colorado. Registration materials will be mailed later this summer.

Ph.D., has accepted a two-year consultative role as senior advisor for community health at the University of Rochester Medical Center. Dr. Satcher will have adjunct faculty appointments with the medical school's pediatrics and community health and preventive medicine.

FUNDING OPPORTUNITIES

Biodefense And Emerging Infectious Diseases Research Opportunities at NIAID The President's budget for NIAID in Fiscal Year 2003 includes more than \$1.7 billion for research leading to the prevention, detection, diagnosis, and treatment of diseases caused by agents with the potential to be used for the purpose of bioterrorism. This sudden sharp increase in both funding and responsibilities has led NIAID to adopt new, web-based methods of communicating research-funding opportunities to the scientific community. Be sure to watch the websites below for frequent updates:

<http://www.niaid.nih.gov/dmid/bioterrorism/> describes NIAID's biodefense research agenda and activities; http://www.niaid.nih.gov/dmid/bioterrorism/fund_opp_table.htm identifies all open research funding opportunities;

http://www.niaid.nih.gov/dmid/bioterrorism/high_priority.htm identifies NIAID priority biodefense products;

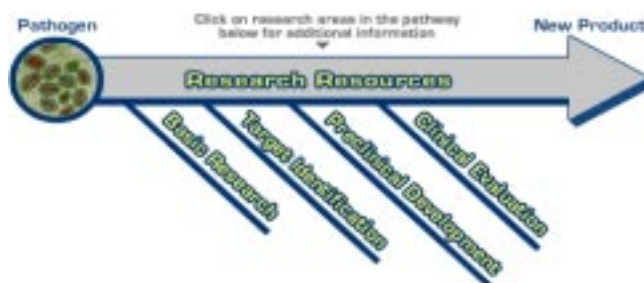
For a list of the organisms and diseases that are relevant to the new research emphasis, see http://www.niaid.nih.gov/dmid/bioterrorism/bandc_priority.htm, which identifies NIAID category A, B and C priority pathogens. Note that this list is intended to be both flexible and broad. All of these sites and programs are in a state of evolutionary flux and change frequently. When in doubt, or if the websites do not answer your questions, do not hesitate to contact the relevant program officer. (See below.)

In addition to investigator-initiated studies, described below, NIAID will have active research **initiatives** in Biodefense and Emerging Infectious Diseases and will be announcing new targeted research initiatives for FY03 as Requests for Applications, Program Announcements, and Requests for Proposals in the near future. These will be described in turn in subsequent editions of the *News*.

Scope of NIAID-Sponsored Biodefense Research

While emphasizing the need for applied and translational research, to carry research advances through to

public health impact, NIAID intends to continue to support basic research on human pathogens. Once they have confirmed the relevance of their pathogen or research interest to biodefense, investigators wishing to take advantage of the new funds should identify the research and development *phase* into which their efforts fall, by consulting the chart below. That position will correspond to one or more award mechanisms that can be further explored. On the website these categories are hotlinks that take the viewer to specific opportunities.



This month we will tackle the basic research group of initiatives, because they are among the first to be announced for FY03, and because they illustrate the range of research topics that fall within the biodefense rubric.

BIODEFENSE AND EMERGING INFECTIOUS DISEASES RESEARCH OPPORTUNITIES <http://www.niaid.nih.gov/dmid/biodefense/rforalplat423.htm>

This announcement is intended to encourage the submission of *investigator-initiated* research grant applications in biodefense and emerging infectious diseases and to expedite research leading to the prevention, detection, diagnosis, and treatment of diseases caused by potential bioterrorism agents. Inquiries are strongly encouraged. Based on the area of research listed below, inquiries regarding scientific, technical and programmatic issues can be directed to the appropriate staff member:

- Pathogen Replication and Pathogenesis
 - Viruses: Mark Challberg
Mchallberg@niaid.nih.gov
 - Genomics: Maria Giovanni
Mgiovanni@niaid.nih.gov
 - Bacteria and fungi: Dennis M. Dixon
DMDixon@niaid.nih.gov
- Epidemiology, natural history and ecology in domestic and/or international sites
 - Pathogen host interaction: Elizabeth Higgs
Ehiggs@niaid.nih.gov
 - Reservoirs/vectors: Kate Aultman
Kaultman@niaid.nih.gov

FUNDING OPPORTUNITIES

- Zoonoses: Leigh Sawyer
Lsawyer@niaid.nih.gov
- Discovery/design and development of vaccines, therapeutics, adjuvants, and diagnostics for biodefense
 - Therapeutics: Diana Berard
Dberard@niaid.nih.gov and Charles Hackett
Chackett@niaid.nih.gov
 - Diagnostics, vaccines, adjuvants: Sonnie Kim
Skim@niaid.nih.gov and Helen Quill
Hquill@niaid.nih.gov
- Animal Models of Infection and Immunity
 - Nonviral: Chris Taylor Ctaylor@niaid.nih.gov
 - Viruses: Pat Repik Prepik@niaid.nih.gov
 - Innate immunity and immune evasion: Charles Hackett chackett@niaid.nih.gov
 - Adaptive immunity: Helen Quill
HQuill@niaid.nih.gov
 - Genomics and immune responses: Maria Giovanni MGiovanni@niaid.nih.gov or Alison Deckhut Adeckhut@niaid.nih.gov
 - Eczema models: Marshall Plaut
MPlaut@niaid.nih.gov
- Host Response
 - General immune principles/Immune-related technologies: Alison Deckhut
adeckhut@niaid.nih.gov
 - Pathogen specific response: Katherine Taylor
kataylor@niaid.nih.gov
 - Innate immunity Charles Hackett
chackett@niaid.nih.gov
 - Adaptive immunity: Helen Quill
Hquill@niaid.nih.gov

WHO/TDR Research Grants for Genome to Drugs and Diagnostics Application deadline: 10 July 2002

TDR invites research proposals for innovative applications of functional genomics with the aim of identifying new drug targets for *African trypanosomiasis*, *Chagas disease*, *leishmaniasis*, *malaria* and *tuberculosis*, and of developing diagnostics for *early leprosy infection*. The availability of the genome sequence of pathogens responsible for these diseases has generated a large amount of information available in public domain databases. TDR's Pathogenesis and Applied Genomics Committee, through the Working Group on Applied Genomics to Drugs and Diagnostics, is fostering novel approaches using whole genome based methodologies, computational biology and functional genomics in conjunction with new technology including,

but not limited to, RNA interference, inducible gene systems, genome-wide mutagenesis, genome expression analysis and bioinformatics. Relevant approaches include

- Development of tests for early leprosy infection through combinations of genomic and molecular tools.
- Novel approaches to identify target-ligand interactions that interfere with the growth of these pathogens or disease progression and use of the genome information to identify the corresponding drug targets.
- Analysis of drug resistant organisms and responses to chemotherapeutics using whole genomic approaches, e.g. transcriptional profiling and proteomics, with the aim of identifying potential new drug targets and understanding resistance mechanisms.
- Development of whole cell models for screening of new drugs and target monitoring.
- Identification of potential new drug targets through comparative genomic analysis. Proposals that include approaches to target validation are preferred.
- Development of tools for functional genome analysis, including inducible gene expression and whole genome mutagenesis approaches, for identification and validation of drug targets.

Details and examples of genome based tools currently available and those desired for further development in order to support these research objectives can be found on the work plan for the Genome to Drugs and Diagnostics working group at: <http://www.who.int/tdr/grants/workplan> Grant Support TDR will provide support for one-year pilot projects with a total budget of US\$ 20,000 to US\$ 70,000. Ordinarily the projects funded will be supported as one time projects with the expectation that further funding will be sought through other TDR Committees or outside funding sources. Successful applicants will have opportunities to participate in ongoing TDR initiatives especially drug development/screening as well as further training in bioinformatics/applied genomics: <http://www.who.int/tdr/grants/workplans/default.htm> TDR strongly encourages collaboration between investigators in endemic countries (south-south) or with resourceful laboratories in non-endemic countries (north-south). Applicants are encouraged to involve young researchers from developing countries in need of training. Application forms (Collaborative Research Grants) as well as detailed instructions for submission of applications are available from the Communications unit of TDR or can be downloaded from the TDR website: <http://www.who.int/tdr/grants/forms.htm> Deadline for receipt of proposals is **10 July 2002**. All correspondence and requests for additional information should be sent to: Dr A.M.J. Oduola, Coordinator, Basic and Strategic Research (STR), TDR, World Health Organization, 1211 Geneva 27, Tel: +41-22 791-3212/3789, Fax: +41-22 791-4854, Email: oduolaa@who.int, Telegram: UNISANTE-GENEVA Telex:

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The International Centers For Excellence In Research (Icer) Clinical > Research And Management Training Program Award RFA: TW-03-002 PARTICIPATING INSTITUTES AND CENTERS (ICs): Fogarty International Center (<<http://www.nih.gov/fic>>) National Institute of Allergy and Infectious Diseases (<<http://www.niaid.nih.gov/>>) LETTER OF INTENT RECEIPT DATE: June 13, 2002 Application receipt date: **July 11, 2002** The Fogarty International Center (FIC), in partnership with the National Institute of Allergy and Infectious Diseases (NIAID), invites applications from nonprofit, private or public, domestic educational and research institutions *to develop or expand current graduate health professional school curricula* to provide training relevant for the conduct and/or management of international clinical research on infectious diseases at NIAID- and FIC- supported research sites in developing countries. Proposed curricula should be designed to provide courses leading to expert certification in specific skills required to carry out clinical research or administer research or both in the context of international collaboration. Clinical research training and/or management programs will initially provide training for members of the NIAID International Centers of Excellence in Research (ICER) Program (<<http://www.niaid.nih.gov/dmid/icer/>>) with sites currently located in Bamako, Mali; Chennai, India; and Kampala, Uganda. The goal of the ICER program is to develop a sustained research program of excellence in areas of high infectious disease burden through partnerships with scientists and research managers at the foreign sites. Trainees from other international research sites in resource poor countries with significant NIAID and FIC investments will participate as the program evolves. Applications in response to this RFA will address the NIAID and FIC goals of facilitating independent research capacity through expanded opportunities for training in the administration, management and conduct of international clinical research. A complete copy of the RFA can be found at this web site: <http://grants2.nih.gov/grants/guide/rfa-files/RFA-TW-03-002.html>

Ellison Medical Foundation-NRC Fellowships The National Research Council (NRC) will offer competitive awards for postdoctoral research to be conducted on the molecular pathogenesis of infectious diseases in residence at the Army and Navy overseas laboratories. Laboratories are located in Lima, Peru; Cairo, Egypt; Jakarta, Indonesia; Nairobi, Kenya; and Bangkok, Thailand. The focus is to employ molecular technology to better understand the infection process and the factors that determine and control the outcome of infections. The ultimate aim is to generate critical knowledge needed to develop prevention and treatment strategies for infectious diseases. Duration: One year

with potential for extension; **Deadline: August 15, 2002** Prospective applicants should contact the individuals listed below for more specific information. Navy Labs: Dr. Curtis G. Hayes, NMRC Director, Infectious Diseases Directorate, U.S. Naval Medical Research Center, Bldg. 503, Room No. 3s04a, 503 Robert Grant Avenue, Silver Spring, MD 20910-7500, Tel: 301-319-7455; Fax: 301-319-7460; E-mail: hayesc@nmrc.navy.mil. Army Labs: Dr. Sara Rothman, Walter Reed Army Institute of Research, Bldg. 503, Room No. 1w30, 503 Robert Grant Avenue, Silver Spring, MD 20910-7500, Tel: 301-319-9019; Fax: 301-319-9961; E-mail: Sara.Rothman@NA.AMEDD.ARMY.MIL. Application materials are available at: www.national-academies.org/rap Questions about the application process should be directed to the National Research Council, TEL: 202-334-2760, FAX: 202-334-2759, E-MAIL: rap@nas.edu

Public Health Fellowship Program The Public Health Summer Fellowship Program is a joint collaboration between CDC, Emory University's School of Public Health, and Morehouse School of Medicine. The program is directed toward rising junior and senior undergraduate students of African American, Hispanic and Native American descent to encourage and prepare these students to pursue graduate degrees and careers in public health. Twelve to fifteen participants are selected each summer for the eight week program. Selection is based on the following criteria: 1) high school and college grade point averages, 2) SAT or ACT test scores, 3) letters of recommendation, and 4) evidence of leadership ability as indicated in the student's statement of interest. Assignments combine academic training with field experiences, using the combined resources of the collaborating institutions. The academic training consists of an intense 40-hour course introducing the principles of epidemiology and public health practice and a weekly seminar series on timely public health issues. The third component involves enrollment in one graduate public health course offered by Emory University School of Public Health. Application information may be obtained by calling or writing: CDC, Mail Stop A50, Office of Minority Health, 1600 Clifton Road, NE, Atlanta, GA 30333, (404) 639-3316, OR, Morehouse School of Medicine, 720 Westview Drive, SW, Atlanta, GA 30310-1495, (404) 752-1620,

Fulbright Scholar awards in public health are available in a variety of specializations and countries in 2003-04. Asia/Middle East Council for International Exchange of Scholars The MIDDLE EAST and ASIA need your talent. FULBRIGHT applications are now being accepted for post-doctoral research and/or

university lecturing during 2003-04 in public health, nursing, health education and other specializations. Awards are available in India, Lebanon, Indonesia, and Vietnam. Applicants must be U.S. citizens, have the terminal degree in their field, a record of publication, and university teaching experience. Awards are for from three to ten months and include travel and living expenses for a grant holder and family. Visit <http://www.cies.org> for additional information and application materials. For information on the Middle East and South Asia, contact Gary Garrison at 202-686-4019 or ggarrison@iie.org <mailto:ggarrison@iie.org>; for Vietnam and Indonesia, contact David Adams, 202-686-4021, dadams@cies.iie.org. **Application deadline is August 1, 2002.**

ITEMS OF INTEREST

Malaria Microarray Slides Now Available Through MR4 MR4 will begin distribution of Malaria Microarray slides to qualified malaria researchers in the very near future. This is an exciting outcome from a collaboration with The Institute of Genetic Research (TIGR) where the slides were prepared. The microarray slides were printed in triplicate, with the Malaria Genome Array Oligomer Set (Operon Technologies). The slides were quality controlled by the following group of scientists: John Quackenbush (TIGR), Akhil Vaidya (MCPHU), Xinzhuan Su (NIAID), Patrick Duffy (SBRI) and Yimin Wu (ATCC). The arrays are fairly consistent with regard to spot presence and morphology. A set of 25 microarray slides will be available to each qualified user. Detailed Gene IDs and Standard Operating Procedures will be provided along with each set. There is no charge for the set except to cover shipping and handling costs. Access Protocol: Eight sets (MRA-452) of microarray slides are available now. Anticipating that the number of requests might exceed the available stock of arrayed sets, MR4 has developed a process to prioritize access to these slides. In order to be considered to receive one of the eight arrayed slide sets, a proposal of no more than 3 pages must be submitted to MR4. The proposal should include the following: (1) project objectives; (2) experimental design; (3) a time frame for completion of the proposed study; (4) a list of available resources (including access to an array scanner, data analysis software and expertise); and (5) a signed agreement to NIAID's data release policy. A committee of experts will review the proposals in a confidential manner, and based on overall merit, the proposals will be scored to establish a prioritized list of individuals that will have access to the materials. A heavier weight will be given to those individuals that are READY to conduct experiments immediately. The proposal submission deadline is **15 June 2002**, and the arrayed slide sets could be

shipped shortly after 1 July 2002. MR4 will continue working with TIGR to print and QC more arrayed slides. It is anticipated that additional slide sets will be available before the end of 2002. Once available, MR4 will announce the next proposal submission deadline. Proposals for using malaria arrayed slides should be submitted to malaria@atcc.org

MSc in the Molecular Biology of Infectious Diseases *London School of Hygiene and Tropical Medicine* Applications are invited for entry to this course in September 2002. Minimal entry requirements are of a class 2:2 degree or appropriate training and experience. The course provides a thorough understanding and practical experience of molecular biology for students who wish to use this approach in clinical diagnosis, epidemiological investigations, or laboratory research on infectious diseases. A high proportion of students subsequently enter PhD programs. For more information and an application form, contact: The Deputy Registrar, London School of Hygiene & Tropical Medicine, Keppel Street, London WC1E 7HT. Telephone: +44 (0) 207 927 2239. Fax: +44 (0) 207 323 0638. Email: registry@lshtm.ac.uk http://www.lshtm.ac.uk/prospectus/masters_deg/md1.htm Enquiries for course organiser Dr. C. G. Clark: Email: graham.clark@lshtm.ac.uk; Telephone: +44 (0) 207 927 2351; Fax: +44 (0) 207 636 8739.

Workshop For African Malaria Research Leaders Management Training Program 6-18 October 2002, Arusha, Tanzania Application deadline: **1 July 2002** The Secretariat of the Multilateral Initiative on Malaria (MIM), realizing the need to train/develop current and future leaders of African research institutions involved in malaria research, is supporting and organizing a two-week workshop on leadership and management. We invite applications for the first workshop from current directors of institutes conducting malaria research from all regions of Africa, and from senior African malaria researchers in the employment of African research institutions in the East Africa region who are potential future research administrators or senior research managers. It is hoped this will be the first of a series of workshops to be held, and will provide the opportunity for potential future research administrators or senior research managers from other regions of Africa to attend. There may be additional opportunities available for further training on a case-by-case basis, including potential short-term placements at well-established research institutes in the South and/or research funding agencies in the North. Selected participants will be awarded fellowships to cover their travel, visa fees, tuition, room and board. Participants should continue to receive their salary from the host institution for the two-week period as confirmed by the responsible institute

official. Send applications to: Dr. Andrea Egan, Multilateral Initiative on Malaria, Fogarty International Center, National Institutes of Health, 31 Center Drive MSC 2220, Building 31, Room B2C39, Bethesda, MD 20892, USA, Fax: 1-301-594-1211; Email: egana@mail.nih.gov

The latest **EHP library malaria bulletin** is now online at: <http://www.ehproject.org/Library/Malaria34.htm> If you have a slow Internet connection and prefer to receive the bulletin as a text file, let Dan Campbell know: CampbellDB@EHProject.org To join the bulletin to receive all the citations and abstracts for the latest published studies on malaria send an email to Dan.

JOB MART

FRANCE PATH (Program for Appropriate Technology in Health) Senior Technical Officer, Meningitis Vaccine Project Location: Ferney, France Starting Salary Scale: DOE Position #: 1213 Duties and Responsibilities: This position is a PATH international hire serving as the PATH focal point at the Meningitis Vaccine Project in Ferney, France, where the incumbent will be located. The Meningitis Vaccine Project (MVP) is a partnership between the World Health Organization (WHO) and Program for Appropriate Technology in Health (PATH) to eliminate meningococcal epidemics in the African meningitis belt countries. The incumbent will report directly to the PATH MVP Director, and will work closely with the counterpart WHO focal point. S/he will direct the development of the overall plan for developing, manufacturing and licensing of conjugate meningococcal vaccines appropriate for immunization activities in sub-Saharan Africa and direct the implementation of this plan. To be considered for this position, email cover letter and resume to jobs@mail.path.org citing job #1213. Include your resume in the body of an email message or attached as a Microsoft Word 97 (or earlier) file. In the Subject field of your message, please provide your last name, position number, and position title. You will receive an acknowledgment upon receipt of your resume. Unfortunately, we are only able to respond further to candidates chosen for interviews or additional follow-up. All posted positions are full time unless otherwise noted. PATH is dedicated to diversity in staff and is an equal opportunity employer.

The Gambia Applications are invited from clinically qualified Africans for two posts of Clinical Epidemiologists working on two malaria projects, which are being funded by the Bill & Melinda Gates Foundation. Project 1 is a phase IIb randomised controlled double-blind study to evaluate the efficacy, safety and immunogenic-

ity in semi-immune adult males of a new candidate malaria vaccine regime, involving immunisation with vaccines based on fowlpox and modified vaccinia virus (FP9 ME-TRAP/FP 9 ME/MVA ME-TRAP) Project 2 is a randomised placebo-controlled trial to evaluate intermittent sulfadoxine-pyrimethamine (SP) to prevent moderate/severe anaemia and low birthweight secondary to malaria in multigravidae throughout the year, and the interaction between folate and sulfadoxine-pyrimethamine in primigravidae. There is the possibility that the successful candidates will be appointed Gates Research Training Fellows linked to the London School of Hygiene & Tropical Medicine. Fellows will receive mentoring from staff at LSHTM as well as local supervision and support for further appropriate training. Further details and applications forms are available from: Personnel Officer, MRC Laboratories, Fajara P.O. Box 273, Banjul, The Gambia West, Africa Telephone: (+220) 495442/6 & 494072/9; FAX: (+220) 495919; email: personnel@mrc.gm

Alabama IMMEDIATE OPENING in the Univ. Alabama at Birmingham Proteomics Laboratory (part of the Mass Spectrometry Shared Facility) for an electrophoresis specialist. You will share responsibility for various aspects of two-dimensional electrophoresis of biological samples: gel running, staining, imaging, robotic gel protein spot picking and in-gel trypsin-digestion. Previous experience with protein purification and 2-D electrophoresis highly desirable, but not crucial. Must enjoy interaction with people; fluency in English is critical. Salary commensurate with experience, and academic training. Please contact Dr. Helen Kim, Director, Proteomics Laboratory, 205-934-3880, if interested. helenkim@uab.edu.

Georgia The University of Georgia Barbara and Sanford Orkin - Georgia Research Alliance Eminent Scholar Chair in Tropical and Emerging Global Diseases The University of Georgia invites nominations for a newly created endowed Eminent Scholar Chair in the field of Tropical and Emerging Global Diseases and the related disciplines of cellular biology, molecular biology, immunology, parasitology, microbiology, and genetics. This Eminent Scholar Chair is endowed jointly by a gift from Barbara and Sanford Orkin and funding from the Georgia Research Alliance (GRA), and supported by the University of Georgia. This position is established within the Center for Tropical and Emerging Global Diseases (CTEGD) at the University of Georgia, and the successful nominee will also be a faculty member of the Department of Cellular Biology, in the Franklin College of Arts and Sciences at the University of Georgia. Nominations are now being requested of exceptional scientists of national and international stature who are interested in this attractive position. The Eminent Scholar will be expected to develop and direct an

outstanding research program in the area of tropical and/or emerging global diseases, and to attract significant additional extramural funding. While this position will be primarily committed to the University's research mission, the Eminent Scholar will also be expected to contribute to the educational mission of the CTEGD and the Department of Cellular Biology. Excellent biomedical core facilities already exist within the CTEGD and other collaborative components of the University of Georgia. The GRA is a partnership between the state of Georgia's research universities, the business community, and state government. It is designed to create a research environment within Georgia that leads to economic growth based on science and technology. Critical investments by the GRA, such as this endowed Eminent Scholar Chair, funded in conjunction with Barbara and Sanford Orkin, are intended to develop and strengthen the research infrastructure in Georgia. In this particular case, the focus is on advancing biomedical knowledge in regard to the challenges of emerging global infectious diseases. The emphasis of the CTEGD is largely on parasitic diseases, but nominations of distinguished investigators who work with other organisms and diseases will also be considered. Nominees for the Barbara and Sanford Orkin - GRA Eminent Scholar Chair in Tropical and Emerging Global Diseases should have a well proven career record of productive research and scholarly achievements. They should be nationally and internationally recognized as leaders in their chosen disciplines. Suitable collaboration with colleagues at the University of Georgia as well as other research universities and establishments will be encouraged. They will also be expected to participate in the continued development of the CTEGD and the Department of Cellular Biology. The recruitment package will be commensurate with the qualifications of the successful nominee. The deadline for nominations to be considered is **May 31, 2002**.

Maryland POSTDOCTORAL POSITION An exciting position is available to study host-pathogen interactions and gene expression in malarial parasites. The ongoing research projects encompass several aspects of Plasmodial interactions with their vector and mammalian host. Characterization of gene expression and immune response to the pre-erythrocytic stage is a major component of the research program. Additional projects will be assessing the interaction of parasites and mosquito factors during development in the vector. Candidates should have a background in immunology and molecular biology, possess a Doctorate in an appropriate field and be able to work independently within a multidisciplinary research group. **The position will be open until filled.** Interested individuals should submit a curriculum vitae and the names of 3 references to: Dr. John Sacci, Department of Microbiology and Immunology, University of Maryland School of Medicine,

655 W. Baltimore St., Baltimore, MD 21201. Ph # 410-706-7066, E-mail: jsacc001@umaryland.edu *The University of Maryland is an Equal Opportunity/Affirmative Action Employer.*

Maryland Don't forget that NIAID is recruiting for many positions, including scientific review and program administrators, grants and contracts specialists, and others. Visit the website for the latest announcements: <http://www.niaid.nih.gov/ohrm/biodefensejobs.htm>

New York A post-doctoral position is available immediately for a highly motivated individual at the Lindsley F. Kimball Research Institute of the New York Blood Center, a biomedical research institute (www.nybloodcenter.org), to participate in a multi-disciplinary research program on malaria. This position is funded through a generous grant from the Horace W. Goldsmith Foundation. The successful applicant must have a Ph.D. or MD degree with at least 3-5 years of a strong background in cellular and molecular biology. The research fellow will work with a group of senior investigators involved in different aspects of malaria research: Post-invasion modifications of the red blood cell, malaria-associated pathogenesis, biology of the rhoptry organelle and invasion pathways of the parasite into the red blood cell. Interested applicants should send a *Curriculum vitae*, a statement of personal and academic goals, and the names, addresses and Tel/Fax numbers of three referees to: Mohandas Narla, Ph.D., Vice-President for Research, The Lindsley F. Kimball Research Institute, New York Blood Center, 310 East 67 th St. New York, NY 10021, USA; e-mail: mnarla@nybc.org. **The position will be open until filled.** EO employer.

New York A post-doctoral position is available immediately for a highly motivated individual in the Laboratory of Molecular Parasitology at the Lindsley F. Kimball Research Institute of the New York Blood Center, a multi-disciplinary biomedical research institute (www.nybloodcenter.org), to study the invasion of red blood cells by the malaria parasite. The successful candidate will join a group investigating interactions between novel malaria ligands and their corresponding red blood cell receptors. He/she will be responsible for expressing these ligands on the surface of mammalian cells and studying their specific binding properties with red blood cells including structure function relationship. The successful applicant must have a Ph.D. or MD degree with at least 3-5 years of a strong background in cellular and molecular biology. Expertise with different reporter plasmid vectors for surface expression will be a plus. The appointed person is expected to be creative, self-motivated and with a demonstrated track record in research. Interested applicants should send a *Curriculum vitae*, a statement of personal and academic goals,

and the names, addresses and Tel/Fax numbers of three referees to: Sara Lustigman, Ph.D., Head, Laboratory of Molecular Parasitology, The Lindsley F. Kimball Research Institute, New York Blood Center, 310 East 67th St. New York, NY 10021, USA. Phone 212-570-3119; Fax 212-570-3121; e-mail: sara_lustigm@nybc.org. **The position will be open until filled.** EO employer.

Washington Medical Entomologist, United States Navy. Two positions available immediately, two-four additional positions after 1 October. Current positions to be filled are at Navy Disease Vector Ecology and Control Center (NDVECC) Bangor, in Silverdale, Washington. Salary is competitive. Benefits include 30 days paid leave per year, housing or untaxed housing allowance, medical and dental care, and opportunity to earn retirement at 20 years. Minimum obligated service is 36 months. Navy entomologists are commissioned officers in the Medical Service Corps. Applicants must be U. S. citizens, 35 years old or younger (may be waived up to age 39), and must pass physical fitness and security screening. Minimum educational requirement is an MS in entomology or closely related field, with at least 30 hours entomology coursework and thesis/dissertation in entomology. Newly commissioned entomologists are assigned to one of the two NDVECC's - in Silverdale, Washington or in Jacksonville, Florida. Subsequent assignments may be worldwide, though most are within the United States. No entomologists are assigned to ships. Responsibilities include prevention and control of insect-borne disease; provision of technical guidance and on-site assistance; evaluation of surveillance and control equipment and pesticides; teaching; and research. To apply, contact CDR Michael O. Mann, MSC, USN, Entomology Specialty Leader, at (757) 953-0717, email { [HYPERLINK "mailto:manm@nehc.med.navy.mil"](mailto:manm@nehc.med.navy.mil) } manm@nehc.med.navy.mil; CDR Stanton Cope, MSC, USN, at (847) 688-5674, email { [HYPERLINK "mailto:stanton.cope@ndri.med.navy.mil"](mailto:stanton.cope@ndri.med.navy.mil) } stanton.cope@ndri.med.navy.mil; any Navy entomologist, or any Navy Recruiter. Be aware that recruiters may not know much about this small community, but know the administrative issues much better than the entomologists. Talk with both to get a better idea of this opportunity.

CALENDAR

Edited by Karl Western

2002

XIV International "AIDS" Conference (Barcelona: July 7-12, 2002). Contact: Conference Program Secretariat, Edifici Apollo X, Balmes 200, 908006

Barcelona, Spain. Phone: (34-932)-182-404; Fax: (34-932)-170-188; E-mail: aids2002@aims2002.com; Internet: <http://www.aims2002.com>. The Scholarship Application Form for the XIV International "AIDS" Conference is available at: <http://www.aims2002.com/vismail/openvismail.asp?id=scholarship/>. Click on the link and follow instructions.

IV Conference on "Urban Pests" (Charleston, SC: July 7-10, 2002). Contact: Richard Cooper, Cooper Pest Control, Incl. 351 Lawrence Station Road, Lawrenceville, NJ 08648-2695. Fax: 609/799-3859; E-mail: rcooper@cooperpest.com; Internet: <http://entweb.clemson.edu/rban/icup2002.htm>.

American Society of Microbiology (ASM) Conference on "Prokaryotic Development" (Quebec City, Canada: July 10-14, 2002). Contact: Meetings Department, ASM, 1752 N Street, NW, Washington, DC 20036-2904. Phone: 202/942-9248; Fax: 202/942-9340; E-mail: meetingsinfo@asmusa.org; Internet: <http://www.asmusa.org>.

Workshop/Symposium on "AIDS in India: Research, Trials, and Treatment" (Bangalore: July 21-27, 2002). Contact: Vinayaka R. Prasad, PhD, Director, FIC/NIH AIDS International Training and Research Program, Albert Einstein College of Medicine, 1300 Morris Park Avenue (Room GB 401), Bronx, NY 10461. Phone: 718/430-2517; Fax: 718/430-8976; E-mail: prasad@aecom.yu.edu.

VI Conference on "Molecular Epidemiology and Evolutionary Genetics in Infectious Diseases" (Paris: July 23-27, 2002). Co-sponsors: CDC, Pasteur Institute, CNRS. Contact: Dr. Altaf Lal, Parasitic Diseases Division, National Center for Infectious Diseases, Centers for Disease Control and Prevention, Atlanta, GA 30333. E-mail: aal1@cdc.gov or Dr. Michel Tibayrenc, Institut de Recherche pour le Développement, Montpellier, France. E-mail: michel.tibayrenc@mpl.ird.fr; Internet: <http://cepm.mpl.ird.fr>.

US-Japan Cooperative Medical Sciences Program (CMSP) Conference on "Innate Immunity" (Tokyo: July 24, 2002). Contact: Dr. Karl A. Western, US Coordinator USJCMSP, NIAID, 6700-B Rockledge Drive (Room 3154), Bethesda, MD 20892-7630. Phone: 301/496-6721; Fax: 301/402-3255; E-mail: kw18q@nih.gov.

US-Japan Cooperative Medical Sciences Program (CMSP) Joint Committee Meeting (Tokyo: July 25-26, 2002). Contact: Dr. Karl A. Western, US Coordinator USJCMSP, NIAID, 6700-B Rockledge Drive (Room 3154), Bethesda, MD 20892-7630. Phone: 301/496-6721; Fax: 301/402-3255; E-mail: kw18q@nih.gov.

VI International Meeting on "Molecular Epidemiology and Evolutionary Genetics in Infectious Diseases (MEEGID-VI)" (Paris: July 24-27, 2002). Contact: Michel Tibayrenc, Center for Studies on Microorganism Polymorphism, IRD, Montpellier, France. E-mail:

CALENDAR (CONT.)

michel.tibayrenc@mpl.ird.fr; Internet: <http://www.cepm.mpl.ird.fr>.

“World of Microbes: 2002” Conference; X International Congress of “Bacteriology and Applied Microbiology”, X International Congress of “Mycology”, and XII International Congress of “Virology” (Paris: July 27-August 1, 2002). Contact: IUMS 2002, Administrative Secretariat, ICA (Group JCD Conseil), 4 Villa d’Orleans, 75014 Paris, France. Phone: (33-1)-4064-2000; Fax: (33-1)-4064-2050; E-mail: iums@jcdconseil.com; Internet: <http://www.iums.org/congresses.htm>.

IV International Symposium on “Phlebotomine Sandflies (ISOPS4) (Salvador, Bahia, Brazil: August 4-7, 2002). Contact: Dr. R. Killick-Kendrick, 2, Place du Temple, 30440 Sumene, France. Phone/Fax: (33-4)-6781-3006; E-mail: killickkendrick@wanado.fr.

XVI International “Leprosy” Congress (Salvador, Brazil: August 4-9, 2002). Contact: Instituto Lauro de Souza Lima, Rodovia Comandante Joao Ribeiro, Km. 225/226, Caixa Postal 3021, CEP 17001-970, Bauru, Sao Paulo, Brazil. Fax: (55-14)-221-5914; E-mail: brazil_leprosy@ils.br.

X International Congress of “Parasitology” (Vancouver, BC: August 4-10, 2002). Contact: ICOPAX Conference Secretariat, Venue West Conference Services, Ltd., 375 Water Street (# 645), Vancouver, BC V6B 5C6, Canada. Phone: 604/681-5226; Fax: 604/681-2503; E-mail: congress@venuewest.com; Internet: <http://www.venuewest.com>.

XXVI Annual Meeting of the Argentine Association of Allergy and Clinical Immunology (AAAIC) (Buenos Aires: August 16-18, 2002). Contact: Dr. Anahi Yanez, AAAIC, Buenos Aires, Argentina. Phone: (54-11)-4331-7356; E-mail: aaaei@speedy.com.ar; Internet: <http://www.alergia.org.ar>.

IX International Conference on “Lyme Borreliosis and Other Tick-Borne Diseases” (New York City: August 18-22, 2002). Contact: Heather Drew, IMEDEX, 70 Technology Drive, Alpharetta, GA 30005. Phone: 770/751-7552; Fax: 770/751-7334; E-mail: h.drew@imedex.com; Internet: <http://www.limedex.com/infectiousdisease.htm>.

XVI International Epidemiological Association (IEA) World Congress of “Epidemiology” (Montreal: August 18-22, 2002). Contact: Congress Secretariat, c/o Events International, Meeting Planners, Inc., 759 Victoria Square (Suite 300), Montreal, Quebec, H2Y 2J7, Canada. Phone: 514/286-0855; Fax: 514/286-6066; E-mail: info@eventsintl.com; Internet: <http://www.iea2002.com>.

Cold Spring Harbor Laboratory (CSHL) Meeting on

“Molecular Genetics of Bacteria and Phages” (Cold Spring Harbor: August 20-25, 2002). Contact Meetings and Courses Programs, CSHL, 1 Bungtown Road, Cold Spring Harbor, NY 11724. Phone: 516/367-8346; Fax: 516/367-8845; E-mail: meetings@cshl.edu; Internet: <http://www.cshl.edu/meetings>.

US-Japan Cooperative Medical Sciences Program (CMSP) “Tuberculosis and Leprosy” Joint Panel Conference (Kyoto: August 21-23, 2002). Contact: Dr. Christine Sizemore, NIAID. Phone: 301/496-5305.

International Conference on “Rickettsiae and Rickettsial Diseases” (Ljubljana: September 4-7, 2002). Contact: Dr. Miroslav Petrovec, Institute of Microbiology and Immunology, Zlaoska 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: jestevao@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/mtgsrc/conferences.htm>.

American Water Works Association (AWWA) International Symposium on “Waterborne Patho-

gens" (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>.

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, Rockerfellerova 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>.

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 Louis 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 Allilio, PhD, MIM, Fogarty International Center, Building 31, Room B2-C39, Bethesda, MD 20892-2220. Phone: 301/402-6212; Fax: 301/594-1222; E-mail: alliom@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>.

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>.

2003

VIII Conference of the International Society of Travel 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. 218); 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/prg/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/prg/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/prg/mtgssrc/conferences.htm>.



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