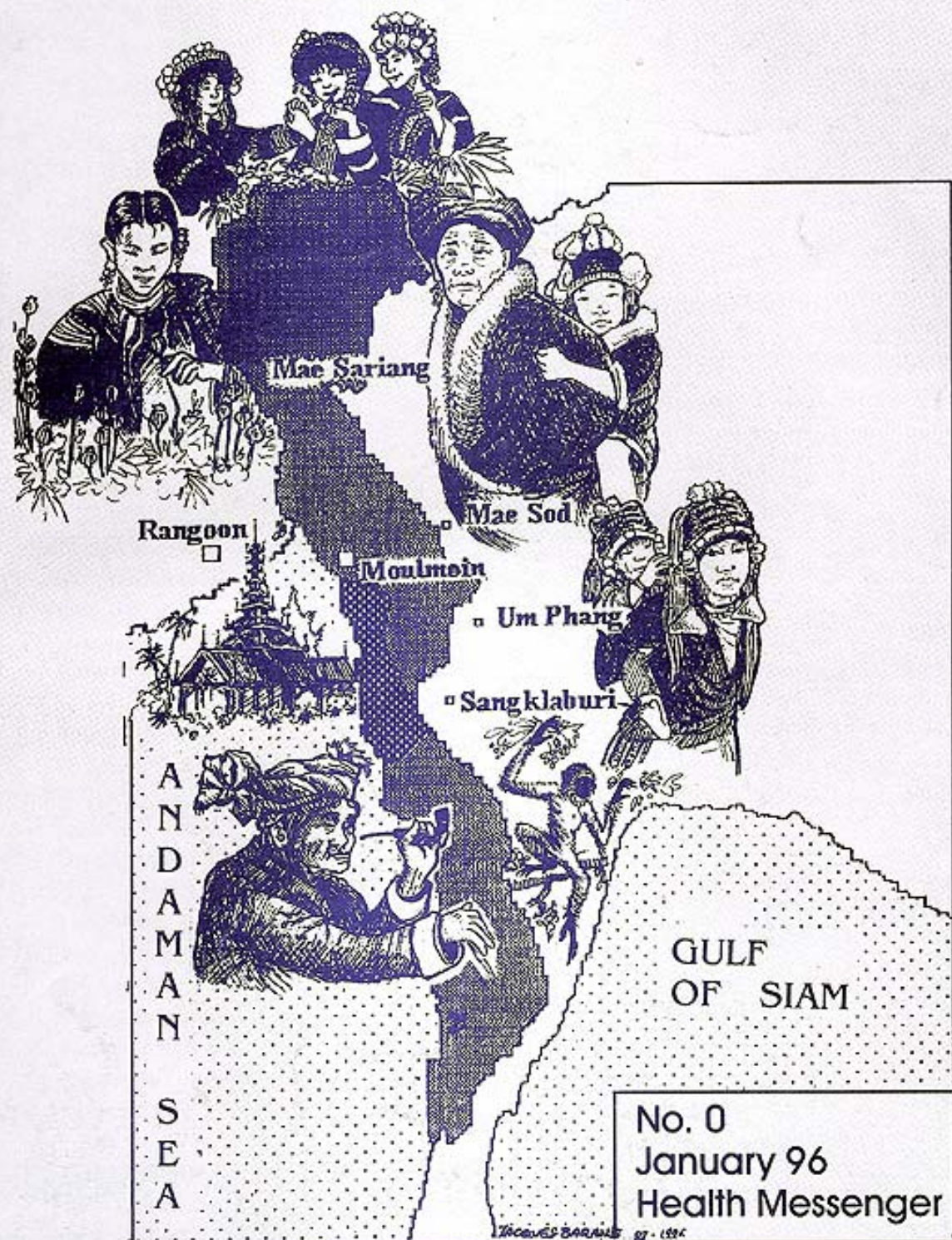


Saytamun



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Saytamun

CONTENTS

2 EDITORIAL

3 MEDICINE AND SURGERY

- Paralysis of sciatic nerve in children

Philippe Blasco

7 PUBLIC HEALTH

- AIDS: introduction

Martin Woodtli

- Malaria: introduction

François Nosten

10 CLINICAL CASE

- Tuberculosis

Quentin Descours

13 PRIZE QUIZ

- Win a dictionary

WHY "SAY TA MUN"?

It is essential for all health workers to continuously review their knowledge and practice. The lessons you receive during your training are easily forgotten. The editorial committee composed of medical teachers, sanitarians, midwives, laboratory technicians, and nurses have decided to work together to provide this magazine for you, in order to enable you to learn at distance.

Furthermore, this magazine is a channel for you to pose questions for us or share with others.

Don't hesitate to share your ideas with the editorial committee. You can also share any information about your situation and community which you feel would be of interest.

Each question will receive an individual answer.

One section of this magazine will be reserved for summarizing the questions received by the editorial committee.

WHAT YOU WILL LEARN FROM THIS MAGAZINE?

You will find articles written by different authors.

It will not only improve your knowledge, but also update sanitation and medical understanding.

Issues will include articles about medicine, public health, nursing care, pharmacology, hygiene and sanitation, maternal and child care, laboratory, immunization, and clinical cases.

After each article, a summary will help you to remember the key concepts. We will also pose some questions, for which you will find the answers at the end of the issue.

WRITE TO US

If you wish more information about any subject, feel free to ask us questions or refer to specific articles.

We would also appreciate your comments on the subjects we choose: the translation, the explicitness, understanding of the subject etc. Finally if you wish to send news of any important events from your area (like outbreaks, new medical programs...), please feel free to send it to us. We will include your letter in the magazine.

Participate in the prize Quiz on page 13 and win a dictionary.



PARALYSIS OF THE SCIATIC NERVE

AFTER INJECTING CHILDREN IN THE MUSCLE OF THE BUTTOCKS.

P H I L I P P E B L A S C O

***I**ntramuscular injection of children can have very bad consequences, specifically a paralysis of the legs.*

***T**he role of health workers should to prevent these accidents by giving advice to the population and especially workers who give injections. Probably you have already seen children with paralysis of the legs after receiving intramuscular injections. This paralysis is due to the lesion of the sciatic nerve.*

A N A T O M Y

The sciatic nerve is the biggest in the body. It is proportionally bigger in children than in adults.

The sciatic nerve goes through the posterior face of the buttock (see fig 1) and then divides itself in two parts behind the knee:

- **Internal Popliteal:**
Which controls sensation in the posterior face of the leg and the sole of the foot.
- **External Popliteal:**
Which controls sensation in the anterior face of the leg and the back of the foot.

The sciatic nerve is particularly vulnerable in children because there is a short distance of only 2 cm between the skin and the nerve itself, in children under 5 kg of body weight. It is less than 1,5 cm in children under 3 kg. Mostly the intramuscular needle is longer.

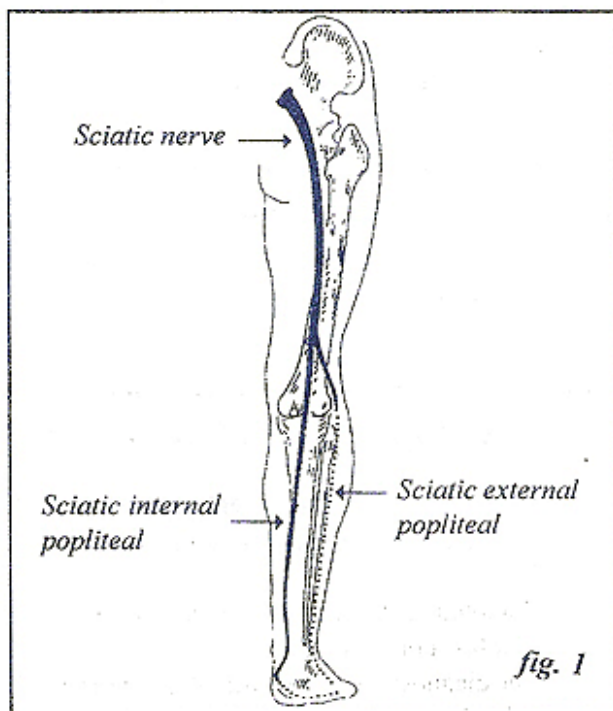


fig. 1

PATHOPHYSIOLOGY

How the lesion works

A) DIRECT INJECTION IN THE SCIATIC NERVE DESTROYS THE CELLS OF THE NERVE COMPLETELY.

B) INJECTING NEAR THE NERVE COULD CARRY:

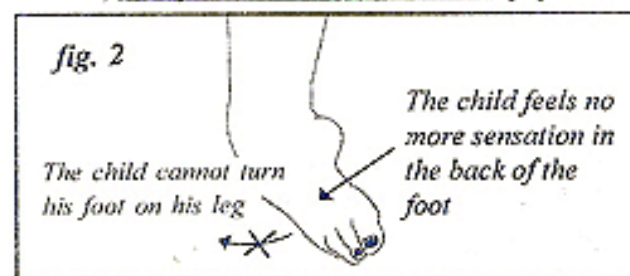
- ♦ nervous ischemy reaching the vascularisation of the nerve directly.
- ♦ a haematoma near the nerve which compresses the nerve.
- ♦ destruction of the nerve due to the toxicity of the injected medicine. It is the case mainly for the quinine, but others products could cause it: antibiotics, vitamins, Phenobarbital...

CLINICAL SIGNS

Diagnosis is made by:

1) SENSORY AND MOTOR PARALYSIS.

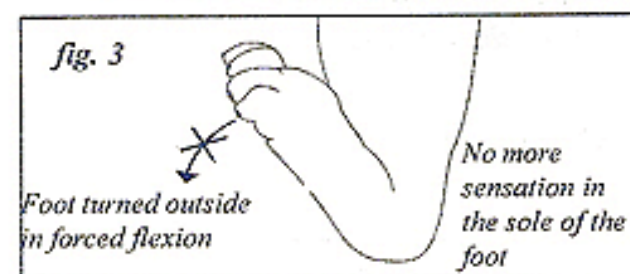
a) Paralysis of sciatic nerve external popliteal



- The foot is turned inside and in hyperextension (see figure 2) with paralysis of muscles which prevents bending the foot on the leg.

- No more sensation in the back of the foot

b) Paralysis of sciatic nerve internal popliteal



In rare cases

- The foot is based on the heel. it is turned outside in forced flexion on the leg (see figure 3) with a paralysis of the flexing muscle in the sole of the foot, which prevents stretching the foot.

- No more sensation in the sole of the foot.

c) Both paralysis: external and internal popliteal

- The foot is totally paralyzed with loss of sensation in the sole of the foot.



BE CAREFUL: To diagnose paralysis is easy in children who respond when we ask them to move their feet. It is difficult in young children who don't understand requests. Stimulating the sole of the foot to induce movement is ineffective because of the loss of sensation. We need to observe spontaneous movement.

2) AT THE BEGINNING IT COULD BE COOLING WITH EDEMA OF THE FOOT

3) QUESTIONNAIRE: HISTORY REPORTS INJECTION IN THE BUTTOCK

- Often, the exact moment of paralysis could be found because the child had felt acute and violent pain in the buttock.
- Sometimes, during questioning, we can find that the child, in the hours following an injection, limps and cannot put his foot on the ground.
- The diagnosis could be difficult in children who don't know how to walk. We observe the paralysis and lack of sensation between 8 and 15 days after the injection.

SPONTANEOUS EVOLUTION

It is difficult to foresee and it depends on how badly the nerve is damaged.

1) COMPLETE RECOVERY IS POSSIBLE

It begins around the 10th or 15th day and will be completed after one year.

2) NO RECUPERATION AT ALL IS FREQUENT

It is responsible for muscular melting and deformity of the foot according to which nerve is damaged:

- Deformity of the foot, which is turned inside and is hyperextended (see fig. 2) with attack of external popliteal nerve.

- Deformity of the foot which is turned outside and in flexion forced on the leg (see fig. 3) in attack of internal popliteal nerve.

- sloping foot, but without deformity in global attack.

3) PARTIAL RECUPERATION

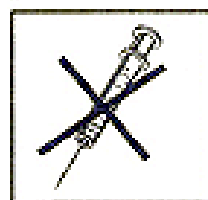
It is possible.

Regaining motor control is difficult. After years, the paralyzed limb could stay small and the leg grow less quickly. Regaining sensation is more common. It reaches a maximum after 18 months.

DIFFERENTIAL DIAGNOSIS

1) ARTHRITIS, FRACTURE:

The patient has difficulties moving his limb because of the pain, but voluntary mobilization is possible.



2) POLIOMYELITIS:

There is a paralysis, but the patient feels contact when we touch him. The paralysis could be in both legs.

3) CLUB FOOT:

It is a congenital deformity. It appears at birth.

TREATMENT

1) PREVENTIVE

You must absolutely avoid intramuscular injection in children less than 2 years old.

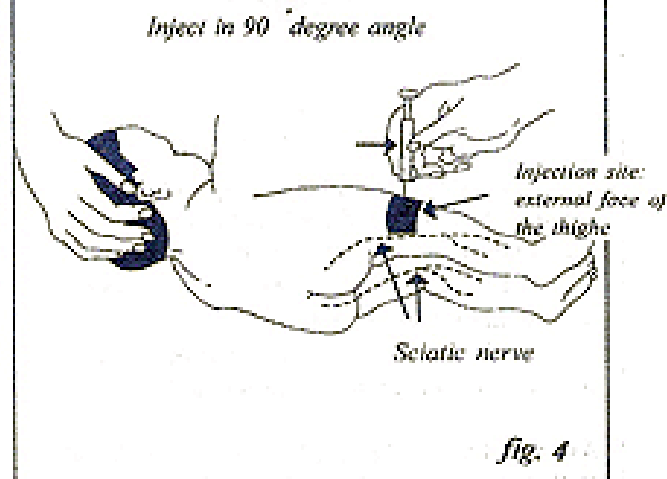
Mostly an oral treatment is enough.

It is very important to inform the population and especially health workers about the danger of intramuscular injection in the buttock.

If an intramuscular injection is absolutely necessary in child we need to be strict about the technical process:

- needle very short (needle for subcutaneous)
- superficial injection
- injection in the proper place (see fig 4)

Technique of intramuscular injection in the children less than two years old



The injection must be done by a competent health worker.

2) CURATIVE TREATMENT

→ Surgical Treatment

We must provide it very early, but it does not bring about recuperation. The aim is to free the nerve from the gaine cicatricielle. This treatment is possible after the 3rd month. It does not allow a total motor recuperation but it could allow a recuperation of sensation.

→ Prevention of Retraction with Physiotherapy

It must start as soon as possible after the paralysis. We must mobilize the foot's joints to keep it soft for a motor recuperation.

This kinesitherapy must be done several times a day. We must show to the family how to practice it regularly.

To avoid muscular retraction, between two kinesitherapy sessions, we keep the foot 90 degrees with a stuffed plaster splint to avoid bedsores.

→ Treatment of the deformity

At the point of deformity, kinesitherapy could be useful, but it is surgery above all that could bring the foot to 90 degrees to ensure a correct support.

It is possible to do this kind of surgery in specialized centers only.



VOCABULARY

- ischemy: the blood stops flowing, to certain tissues (muscle, nerve, heart, brain...) and gradually causes death on this tissue.
- sensitive paralysis: The patient does not feel anymore. here, the child feels nothing when we stimulate the skin of the foot.
- motor paralysis: the patient cannot move the paralyzed limb anymore. In this case the child cannot move his foot.



TO LEARN

- 1) One intramuscular injection improperly administered to a child could have acute consequences, specifically paralysis of the leg.
- 2) Mostly this paralysis cannot be cured and leads to deformity of the foot.
- 3) There is no treatment that could allow a complete recuperation from these paralysis.

AVOID INTRAMUSCULAR INJECTION IN CHILDREN LESS THAN 2 YEARS OLD



QUESTION No. 1

Instructions: At least one, two, three, four or even five of the following statements are correct.

- (A) A paralysis of the sciatic nerve after injection of the child in the muscle of the buttock always heals spontaneously
- (B) A paralysis of the sciatic nerve after injection of the child in the muscle of the buttock is not followed by a loss of sensation on the foot.
- (C) A paralysis of the sciatic nerve after injection of the child in the muscle of the buttock often leads to deformity of the foot.
- (D) The technique of muscular injection in children is the same as in adults
- (E) A paralysis of the sciatic nerve after injection of the child in the muscle on the buttock does not lead to motor paralysis

You will find the answer on page 12

AIDS WITHOUT BORDERS

by Martin WOODTLI, Medecins sans frontieres.

ESTIMATED DISTRIBUTION OF HIV CASES STILL ALIVE IN THE IN MID-1995



TOTAL IN THE WORLD : 14-15 MILLIONS

Today it is obvious that AIDS is an issue everywhere in the world. It causes a lot of problems and raises a lot of questions as well.

80 per cent of people with HIV are living in developing countries. According to the director-general of the World Health Organization (WHO) South and Southeast Asia will overtake Africa as the region with the most uncontrollable spread of AIDS within the next two to three years. AIDS had already reached epidemic proportions in Thailand, Vietnam and Cambodia. In surrounding countries such as Laos and Burma, people have been found to be HIV +. The number is expected to increase steadily. Thailand's public health ministry estimates some 750 000 Thais are infected with the AIDS virus. About one million Thais are expected to be infected with HIV by the year 2000 according to official estimates. Burma is undergoing a devastating epidemic according to figures compiled by the country's National AIDS Programme.

"...According to the director-general of the World Health Organization (WHO) South and Southeast Asia will overtake Africa as the region with the most uncontrollable spread of AIDS within the next two to three years..."

structures. Most people with AIDS (PWA's) have very few alternatives to get treatment. There are only a few hospitals able to cope with HIV/AIDS problems.

Elsewhere, and especially in health centers, the staff is not prepared to face the problem of AIDS. It is generally recognised that support to PWA's and families is provided by some medical structures (high level treatments) and by a few non governmental organisations (social support). Holistic care programmes do not yet exist in the country.

The AIDS situation in Thailand also presents problems for health workers in the refugee camps on the border. Programmes involving sex education and the distribution of condoms are foreseen or implemented already. In Burma talented public health workers will need support to attempt to control HIV and cope with the large number of AIDS patients.

The burden of HIV/AIDS on the Thai society is a major and growing problem for the country. In addition to the consequences of the disease on individuals and families, the numbers of HIV/AIDS affected persons are increasingly overwhelming the health

To improve the situation of affected people in refugee camps or in the villages in Burma, it will be necessary to train the health workers about counselling as well. In fact, health workers who take care AIDS patients have to cope with a lot of difficult issues.

COMMON QUESTIONS HEALTH WORKERS HAVE TO ANSWER ABOUT AIDS

What causes AIDS?

AIDS is caused by a virus called HIV (Human Immunodeficiency Virus). It attacks the body's immune system.

How I can get the HIV?

The HIV transmission risks are:

- unprotected sexual intercourse with an HIV-infected partner.
- sharing used and HIV-infected syringes and needles.
- The child of a HIV-infected woman can be infected with HIV during pregnancy, at birth and through breast-feeding.



What can we do to reduce the spread of AIDS?

We can change our behaviour.

Do condoms offer effective protection from AIDS?

Yes good quality condoms used correctly prevent infection.

How can I find out whether I am infected by HIV or not?

By doing a HIV-antibody test. Shortly after infection with HIV, the body starts to respond by making antibodies against the virus. This usually takes 8-12 weeks. An HIV test can find out if these specific antibodies are present in the blood - it does not detect the virus itself.

Who should have a test for HIV antibodies?

Anyone who has reason to believe that he or she might have been infected should start thinking now about an HIV-antibody test. Pre-test counselling should follow.

What does it mean to be « HIV positive »?

Life goes on, but circumstances have changed.

What do people with HIV need?

Our solidarity. Because solidarity protects all of us.



AS A HEALTH WORKER, HOW WOULD YOU RESPOND TO THESE QUESTIONS?

« I had sex with someone. We didn't use a condom. Should I go to have a test? »

« If the result is HIV-antibody positive, what does it mean? Does it mean I will get AIDS? »

« I'm infected by HIV. I still don't have any symptoms, but I'm worried about my situation. What can I do? Do I have to explain everything to my family? »

« How can health workers cope with affected people in refugee camps? »

If you are interested in discussing these issues further, please contact

Martin Woodtli.

AIDS trainer c/o Medecins sans frontieres
91, Suriyawong Road, Soi Natasil. 50100
Chang Mai. Tel. 053/ 27 50 30

MALARIA ON THE THAI BURMA BORDER

By Dr Francois NOSTEN, Shoklo Malaria Research Unit.

Some diseases are caused by parasites. The most important parasitical disease is malaria. It is very common along the Thai-Burma border but 90% of all malaria cases in the world happen in tropical Africa. It causes the death of several millions of people per year. In Africa most of them are children. Along the Thai-Burma border, like in other parts of Asia, malaria kills children but also adults. This region of the world has the most dangerous sort of malaria (*P. falciparum*), which is also the most difficult to treat. This is why the distribution of information about diagnosis and treatment to the health workers of this region is so important. If the health workers do not receive knowledge about the treatment of malaria, they cannot treat patients successfully. Health workers are the most important people in the control of malaria in the region. With a proper diagnosis and treatment they can prevent the majority of deaths caused by malaria.

Malaria can be found in every area of Thai-Burma border, and probably in most of the border areas of eastern Burma. It causes epidemics with many deaths. Malaria is more dangerous for children and pregnant women than for others. Because one kind of mosquito carries malaria it is more common in the rainy season. In some areas it also occurs in the cold season (November-December) or even throughout the year.

It is difficult to diagnose malaria with clinical signs, because signs of malaria are common to many other diseases. And clinical signs cannot show the difference between the different malaria types: *P. falciparum* and *P. vivax*. These two malaria types are like different diseases and have different treatments. Whenever possible malaria drug should be given only in case of positive blood smear. Therefore microscopes must be the highest priority. Distribution, training and quality control are equally important. Other ways to diagnose malaria may be available soon.

Long ago the different kinds of malaria (*falciparum*, *vivax*, *malariae*), could be treated with the same drug: chloroquine. Today *falciparum* malaria no longer can be cured with chloroquine. In fact there is no drug that can cure all cases of malaria. Only 3 drugs can be used against *P. falciparum* in the area of the Thai-Burma border: Quinine, Mefloquine and Artemisinin. We must fear that one day, some patients will be ill with malaria and no medicine will save them.



VOCABULARY

Parasite: Organism that lives only from another organism. This other organism is called the host.

Tropical: From tropics, the part of the world situated immediately above and below the equator. The tropics are warm and humid.

***P. falciparum*:** One of the four sorts of malaria the others are *P. vivax*, *P. malariae* and *P. ovale*.

Control: The control of malaria includes all the methods of diagnosis, treatment and prevention of the disease.

Clinical signs: The most common signs of malaria are:

Fever, headache, stiffness, chills, joint/muscle pain, abdominal pain, vomiting, nausea, diarrhoea.

Mefloquine: Can be called Lariam or MEPHAQUIN. One of the newest drugs against malaria.

Artemisinin: Come from a plant *Artemisia annua*. It is produced in China and has been used for many years. From artemisinin one can make ARTESUNATE and ARTHEMETER. Both drugs are very effective against malaria but must not be used alone, but combined with mefloquine or tetracyclines. When one uses an artemisinin drug alone it must be given for 7 days.

TUBERCULOSIS: A CONTAGIOUS DISEASE

TB is an important problem in this region. The diagnosis and prescription of the treatment must be done in a specialised place. The aim is to convince the TB patient to follow his treatment correctly and to provide counselling to help him avoid contaminating others close to him.

After reading the clinical case, answer to the following questions. The answers are given at the end of the page.

THE CASE

Over a period of one month, Mr SAW WAH has been to you for consultation several times. He is married with two children. You suspect TB and you send him to the district hospital. The doctor told him that the sputum examination confirms the diagnosis of active pulmonary tuberculosis. He receives one treatment for 6 months, which he has just started. He didn't understand very well the risk of infecting others and he comes to ask you some advice.

- **INSTRUCTIONS:** at least one, two, three, four or even the five following propositions could be the appropriate answer.

QUESTION 1:

The risk of infecting others.

- (A) Mr Saw Wah is not contagious because he just start his antituberculosis treatment.
- (B) Mr Saw Wah will stop to be contagious only after 3 weeks of antituberculosis treatment.
- (C) Mr Saw Wah will be contagious until the end of the antituberculosis treatment.
- (D) Mr Saw Wah's stools and urine are very contagious.
- (E) None of the above.

QUESTION 2

Concerns protecting Mr Saw Wah's children against his tuberculosis.

- (A) Give the children a BCG immunisation if they never received it.
- (B) You ask to examine and weigh them very often, to be able to detect the beginning of TB.

- (C) You send them to the hospital to make a thorax X-ray.

- (D) You send them to the hospital to make 3 sputum examinations.

- (E) You advise Mr Saw Wah to eat using separate dishes.

QUESTION 3

Concerning the delay of a cure.

Mr Saw Wah comes back after 15 days of treatment. He is always tired, he always coughs a lot and he complains of general body pain.

You advise Mr Saw Wah to:

- (A) Continue his treatment: the antituberculosis treatment is long and his condition will get better.
- (B) Go back to the hospital to make a thorax X-ray and a sputum examination because you suspect resistance.
- (C) Stop taking INH because you think this medicine is responsible for the general body pain.
- (D) Stop all the antituberculosis treatment because you think Mr Saw Wah has another diseases.
- (E) Increase the doses of the medicine because you think it is not enough.

ANSWERS AND REMARKS

QUESTION 1

The appropriate is (B).

Remarks

Tuberculosis is transmitted between humans by airborne particles. Someone with active pulmonary tuberculosis who coughs, can infect others with Acid Fast Bacteria (AFB), the organism that causes tuberculosis. People close to him can become infected with AFB, which could result in TB. (see fig. 1)

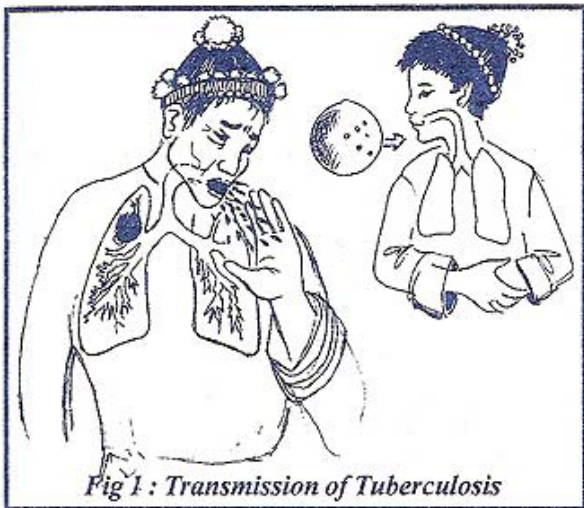


Fig 1 : Transmission of Tuberculosis

On the other hand, even if we find AFB in some secretions, (like stools or urine) these are not contagious. When a patient with active pulmonary tuberculosis is effectively treated, he needs 3 weeks for his sputum to become negative. After 3 weeks of effective treatment the patient is no longer contagious, but he is not yet cured. The patient needs to follow his treatment until the end. The length of antituberculosis treatment is a minimum of 6 months.

During the first 3 weeks of the treatment the patient needs to take some prevention measures. The TB patient must:

- Follow his treatment very carefully
- Cough in his hands
- Sleep in an isolated and ventilated room
- Avoid contact with children.

QUESTION 2

The appropriate answers are: (A) and (B).

Remarks

(A) Of course vaccination is a good way to protect children against tuberculosis. The vaccine against tuberculosis is called BCG: it has 80% efficacy. Even

if an immunised patient develops tuberculosis, the vaccine protects against the acute form, TB-meningitis and generalised tuberculosis.

(B) To examine and consider the contacts of the TB patient is a better tool to detect early TB. We must remember that in children the symptoms of TB are discrete. Brain, appetite disorders, loss of weight and a prolonged fever are very often the first signs.

(C and D) In asymptomatic patients, pulmonary symptoms usually precede positive sputum. Therefore, sputum examinations are not useful. The X-ray is more accurate, but too expensive for systematic use.

(E) This proposition is false. Separate dishes are not effective prevention. Only the cough is contagious. On the other hand, it is very important that a patient with positive sputum, sleeps in an isolated and ventilated room during the first 3 weeks of the treatment.



Fig 2: Vaccination in children against Tuberculosis

QUESTION 3

The appropriate answer is (A)

Remarks

(A) When the patient has a persistent cough it doesn't mean that the treatment is ineffective. Even when the treatment is effective very often it takes some time to improve, especially when the treatment has started late, when there are progressive pulmonary lesions. First the

patient's general condition will improve appetite and energy.

(B) Before suspecting a treatment failure we must check if the patient follows his treatment carefully. It is also possible that the treatment is not well adapted. Even if we prove it has failed (the sputum is still positive after 2 months of treatment), we cannot stop the treatment, but ask the specialist doctor to adapt it.

We suspect a treatment's failure when the patient's clinical signs don't improve in spite of 2 months' well-followed treatment

(C and D) It is essential to understand that failure to take medication appropriately results in failure of the antituberculosis treatment. It is extremely serious.

So concerning the proposition (C) even though INH could cause general body pain, we cannot stop this treatment. We have to advise the patient to take vitamin B to protect the nervous system.

(E) Only a specialist doctor can change the medication given during antituberculosis treatment.



Fig 3: Avoid contact with children



GLOSSARY

Active pulmonary tuberculosis : means that the lung is infected with AFB and new lesions are being produced. It is different from the sequel of TB: the lung is still damaged, but the TB stops producing new lesions.

A.F.B: Acid Fast Bacteria ; this is the organism that causes the TB.

INH: ISONIAZID is one of the antituberculosis medicine



TO REMEMBER

- 1 - The transmission of TB is made by air.
- 2 - A TB patient stops being contagious after 3 weeks of effective treatment.
- 3 - To avoid TB patient contaminating his close contacts:
 - Advise him to follow his treatment very carefully
 - Vaccinate the children
 - Take isolation measures
- 4 - Only a specialist doctor can change antituberculosis treatment.

PRIZE QUIZ N° 1

WIN A DICTIONARY!

This quiz has five questions.

All entries with the highest score will win a dictionary.

The form provided for you to mark your answers on must be returned to your distributor before 15 march.

Instructions: at least one, but up to five choices may correct.

QUESTION N° 1

Splenomegaly may occur in the following childhood diseases except one. Mark the exception.

- (A) Malaria
- (B) Typhoid
- (C) Brucellosis
- (D) Hepatitis
- (E) Leucemia

QUESTION N° 2

The signs of acute respiratory infection in a child include:

- (A) cyanosis of extremities
- (B) inability to drink
- (C) a respiratory rate above 50 per minute
- (D) deep cough with sputum
- (E) chest in drawing

QUESTION N° 3

There are vaccines for all the following disease except one. Which one?

- (A) measles
- (B) malaria
- (C) poliomyelitis
- (D) diphteria
- (E) tuberculosis

QUESTION N° 4

Normally the large fontanelle is closed:

- (A) before 9 months
- (B) between 12 - 18 months
- (C) between 18 - 36 months
- (D) between 3 - 4 years
- (E) none of above

QUESTION N° 5

Among the signs of eclampsia are:

- (A) high blood pressure
- (B) edema
- (C) fever
- (D) proteinuria
- (E) haemorrhage

Instructions:

1. Fill out the answer form with your name, father's name and the adress of your dispensary. Don't forget ti note your duty and the training you have had.
2. Mark the appropriate answer(s) on the form.
3. Cut out the answer form and return to your distributor by 15 March.
4. The list of winners will be printed in the next issue.

ANSWER FORM

PRIZE QUIZ ANSWER FORM

Name:.....Father's name:.....
 Province:.....District:.....
 Name of dispensary:.....
 Profession:.....
 Training:.....

QUESTION NO. 1 ☐ A ☐ B ☐ C ☐ D ☐ E
 QUESTION NO. 2 ☐ A ☐ B ☐ C ☐ D ☐ E
 QUESTION NO. 3 ☐ A ☐ B ☐ C ☐ D ☐ E

QUESTION NO. 4 ☐ A ☐ B ☐ C ☐ D ☐ E
 QUESTION NO. 5 ☐ A ☐ B ☐ C ☐ D ☐ E

NO

063

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