

EVALUATION GRID: THE CLINICAL RESEARCH PROJECT IN THE STATE UNIVERSITY OF CAMPINAS IN BRAZIL

FOR THE FIELD OF AIDS

Grades: A=Very much so, B=Generally so, C=Not so much, D=Not at all

1. EFFICIENCY

EVALUATION POINT		POINTS TO BE CHECKED		RESULTS OF QUESTIONNAIRE/INTERVIEW	COMMENTS FROM WORKSHOP
1.1	Were Japanese Inputs appropriate?	1.1.1	Were Japanese experts dispatched timely?	<ul style="list-style-type: none"> - I would have liked to have Prof. Miyawaki and Kanegane for a longer period. - Long-term is more appropriate to teach the methodology. Short-term becomes a little difficult. - Length of stay of short-term experts was too short. 	Grade: AIDS: A+, Pediatrics: B <ul style="list-style-type: none"> - It was difficult to dispatch long-term experts timely. - There was some period without a chief advisor. - Experts for pediatric immunodeficiency dispatched late just from 1998.
		1.1.2	Was the number of Japanese experts sufficient?	<ul style="list-style-type: none"> - We can work with more specialists. - It was necessary to have more short-term experts in the specialized field of fungal research. - The pediatrics group had only a long-term expert for just one year. 	Grade: AIDS: A, Pediatrics: B <ul style="list-style-type: none"> - Number of experts (long term and short term) was small in pediatrics. - In AIDS field, it is Yes.
		1.1.3	Were the professional fields of Japanese experts appropriate?	<ul style="list-style-type: none"> - It was very nice collaborative project. I am grateful for such scientific cooperation as Japanese experts improved technical methods for molecular diagnosis. - We are working with very important specialists in the field of fungal infection. - Prof. Sano carried out mycology (fungi) and contributed to develop the area at the Research Center for Pediatrics (CIPED). Her visit was very important. - Both long-term and short-term experts were excellent professionals. 	Grade: A+ <ul style="list-style-type: none"> - We dispatched excellent experts. - All of Japanese experts were very important to develop the project.
		1.1.4	Was the provision of equipment from Japan appropriate?	<ul style="list-style-type: none"> - Equipment was high level in terms of quality and quantity. - The cost of equipment was very high but appropriate for producing the outputs. - It took one and half years for BCT to arrive. - Space for installation was sometimes not enough and we had some problems with ventilation. 	Grade: A <ul style="list-style-type: none"> - Equipment is high level quality. - Equipment is high level, however running cost is also very high and it is difficult to secure maintenance costs. - Some more equipment could have been purchased in Brazil. - Japanese experts did not come timely with equipment. - Tax office (Brazilian side) is serious problem.

EVALUATION POINT		POINTS TO BE CHECKED		RESULTS OF QUESTIONNAIRE/INTERVIEW	COMMENTS FROM WORKSHOP
		1.1.5	Was the Counterpart(C/P) training in Japan appropriate?	<ul style="list-style-type: none"> - Some professionals in pediatric infection were invited to Japan through grant from the Ministry of Education, Science and Technology of Japan - Every time it was needed, we could get it and I was able to learn three important techniques within 3 months! - The number of C/Ps trained was just fine according to lab. resources. - Quality of the training was very very good. 	Grade: A <ul style="list-style-type: none"> - We trained them completely. However, we had to spend much money from our department. - Younger investigator had better to come.
1.2	Were Brazilian Inputs appropriate?	1.2.1	Were C/Ps assigned timely?		Grade: AIDS: A, Pediatrics: B <ul style="list-style-type: none"> - Sometimes it was not timely. - Pediatric group was only one for some time!
		1.2.2	Was the number of C/Ps sufficient?	<ul style="list-style-type: none"> - Apart from counterparts, graduate students and laboratorial staff could learn a lot. - Some counterparts should have been involved in the project earlier. - Continuity of the C/P is necessary but it would require more staff in the future. - I miss more participation of associate professors or professor with higher experience. - We needed more secretaries for more efficient administration. 	Grade: AIDS: A, Pediatrics: B
		1.2.3	Were the professional fields of C/Ps appropriate?		Grade: A
		1.2.4	Were the provided facilities appropriate?	<ul style="list-style-type: none"> - Clinical microbiology laboratory in the hospital of the UNICAMP had been established before the project. 	Grade: AIDS: B, Pediatrics: A <ul style="list-style-type: none"> - It was appropriate for the Project in terms of space - There was not enough support from the Medical School. - Laboratory is very narrow. - Yes at the CIPED center for investigation in pediatrics
		1.2.5	Was the operational cost sufficiently provided?	<ul style="list-style-type: none"> - It was sufficient and timely. - We need more staff to apply for research grants. 	Grade: A- <ul style="list-style-type: none"> - It has been OK.

EVALUATION POINT		POINTS TO BE CHECKED		RESULTS OF QUESTIONNAIRE/INTERVIEW	COMMENTS FROM WORKSHOP
1.3	Have the inputs been fully utilized?	1.3.1	Personnel	- Experts with whom I worked were well trained.	Grade: A - C/P worked hard.
		1.3.2	Equipment/facilities/machinery	- Equipment was adequate and well updated.	Grade: A - Some machines were not used enough. - Some machines were fully used.
		1.3.3	Operational costs	- They are fine and functional.	Grade: A - It has been just timely and enough.
1.4	Has the project support system functioned well?	1.4.1	Did the Joint Co-ordinating Committee function?	- I have never been to the committee meeting. - Agenda was organized but we had some linguistic problems.	Grade: C - The aim of JCC was sometimes not clear. - Frequency of JCC was not enough. - The function of JCC was not understood by all C/Ps fully. - The project would have more impact if the other personnel could participate in the committee.
		1.4.2	Was there any support from the other concerned organizations?	- There was support from FAPREP (Fundação Amparo Pesquisa Sao Paulo) and SUS (Sistema Único de Saúde). - Health Ministry of Brazilian Govt. gave support for antiretroviral treatment and milk for children. - The National Program for AIDS has been very effective to control the HIV epidemiology, especially vertical transmission. - In the seminar organized in Jan. 2001, we had many participants from Sao Paulo state. - There was support from Chiba University in terms of research grant and materials.	Grade: A - UNICAMP FAEP - Support from UNICAMP
1.5	Was the linkage with other cooperation project appropriate?	1.5.1	Linkage(s) with other JICA project(s)	- We have only met once with all JICA staff.	Grade: C - One time a JICA expert in Bolivia visited our site.
		1.5.2	Linkage(s) with indigenous projects	- PAPESPI for research work in the project by assisting graduate and post-graduate students. - Support for research grants.	Grade: A+ - Collaborative projects with other Universities in Brazil.

EVALUATION POINT		POINTS TO BE CHECKED		RESULTS OF QUESTIONNAIRE/INTERVIEW	COMMENTS FROM WORKSHOP
		1.5.3	Linkage(s) with internationally supported projects		Grade: D
1.6	How efficiently were inputs converted to produce outputs?			<ul style="list-style-type: none"> - Now we have conditions to work with medical mycology in children. We carried out flowcytometry for diagnosis and improve the effectiveness in diagnosis/treatment in primary and secondary immunodeficiency. - We are very grateful for JICA in supporting the very important research. Actually we can convert to aid Brazilian health community and research in collaboration with Japanese researchers besides the published papers in the international literature. - Outputs 1 and 2 have been achieved owing to an excellent performance of the technical transfer by the Japanese experts. - The project produced 18 scientific articles through joint research collaboration and made presentations at the international congress. - This is the best project in the field of infectious diseases. - The input reached the sufficient degree of achievement of output: however, the cost of equipment could have been lower to obtain the same output. 	<p>Grade: A</p> <ul style="list-style-type: none"> - Short-term experts for only 3 weeks in the Pediatric immunodeficiency improve the diagnosis and are producing 2 scientific papers. - In spite of some limitations in terms of Brazilian staff number we had remarkable results for both counterparts.

2. EFFECTIVENESS

EVALUATION POINT		POINTS TO BE CHECKED		RESULTS OF QUESTIONNAIRE/INTERVIEW	COMMENTS FROM WORKSHOP
2.1	Degree of achievements of project purpose	2.1.1	To what degree has the project purpose been achieved?	See the Achievement Sheet	Grade: A
2.2	Contribution of outputs to project purpose achievements	2.2.1	To what extent has output 1 contributed to the project purpose?	- The outputs obtained owing to the contribution of Japanese experts were excellent and believed to have resulted in achievement of the project purpose. - Particularly identification technique contributed.	Grade: A - The project improved the identification of fungi very much.
		2.2.2	To what extent has output 2 contributed to the project purpose?	- At least five counterparts have mastered these techniques and we are to publish a new scientific article on Cryptococcus in December 2001.	Grade: A - At least 6 C/Ps have mastered MIC testing for fungi (yeast/ filamentous fungi).
		2.2.3	To what extent has output 3 contributed to the project purpose?	- The study of the immunologic response helped us to understand the disease and made treatment better.	Grade: A - We implemented the several new techniques and published papers.
2.3	Inhibiting factors	2.3.1	In case, the project purpose has not been achieved, what are the main reasons?		-
		2.3.2	In case, the project purpose has not yet been achieved, when it is likely to accomplish?		-

3. IMPACT

EVALUATION POINT		POINTS TO BE CHECKED	RESULTS OF QUESTIONNAIRE/INTERVIEW	COMMENTS FROM WORKSHOP	
3.1	Impact on the project purpose level	3.1.1	As a consequence of the Outputs, did you try to produce intentionally any positive situation(s) than the current project purpose?	<ul style="list-style-type: none"> - Owing to the transferred technology and provided equipment, we could save a lot of time to conduct examination. - We became able to examine more fungi that were not possible before the project. - New machinery decreased biohazard risks. - New educational attitudes were created. - Cultural exchange was done. - Good working environment was established. - More and more health workers were trained to change their behavior about reducing opportunistic infection and reducing costs. - Information dissemination to other local institutions led to an increase in the number of people who visited the UNICAMP. 	Grade: B <ul style="list-style-type: none"> - In the future, we will be able to have more positive situation, because it will take time to have effective clinical results. - New machinery decreased biohazard risks. - Educational attitudes have become better. - Good working relationship was made. - We became able to diagnose more fungi, which were not possible before the project.
		3.1.2	Is there any unintended positive situation produced by the Outputs?	<ul style="list-style-type: none"> - A counterpart has been promoted. - Attitudes toward work was improved and created more efficiency. - As the equipment was provided, we were able to organize ourselves to think about using the limited space to use it. - Policies related to infectious diseases including AIDS have been promoted. - There was more remarkable technology than expected. - The project will produce more impact all over Brazil in the future through trained graduate students. - Treatment was improved owing to the improved research capacity. - Interaction of the Japanese universities opened my views and put me in the context of the new aspects. 	Grade: A <ul style="list-style-type: none"> - Interaction between clinicians and researchers is becoming increased. - Medical staff became to be more interested in the basic research work.
		3.1.3	Is there any unintended negative situation produced by the Outputs?	<ul style="list-style-type: none"> - There was no negative situation. 	Grade: D <ul style="list-style-type: none"> - We could not find any dependent researcher.

EVALUATION POINT		POINTS TO BE CHECKED	RESULTS OF QUESTIONNAIRE/INTERVIEW	COMMENTS FROM WORKSHOP	
3.2	Impact on the overall goals and super goal level	3.2.1	To what extent the project has contributed to the overall goal (improvement of diagnosis and reduction of mortality) and super goal (improvement of public medical welfare in Brazil)?	<ul style="list-style-type: none"> - It is likely that the outcome of the project in research and diagnosis will be expanded to all Brazil. - It was effective on diagnosis and consequently in the treatment. - Rapid diagnosis and accurately resulted tests have contributed directly to the public health community. Besides this, the technician can select more appropriate therapy to the Brazilian patients. - We need more statistical support. - The project has contributed to improvement of public medical welfare in Brazil in mycotic infection. 	Grade: A <ul style="list-style-type: none"> - It is hard to see the impact on Super Goal in this stage. - Laboratory results can suggest to clinicians the best therapy in vitro. - The achievement of doctors helps the improvement of public health in Brazil.
		3.2.2	Is there any unintended positive situation when the project purpose (the function of the clinical research and training is strengthened) is achieved?	<ul style="list-style-type: none"> - Technological improvement for further achievement of the public medical welfare in Brazil. 	Grade: A <ul style="list-style-type: none"> - It is likely that the outcome of the project in research diagnoses will be expanded to all Brazil. - Future collaborative projects with Japanese Universities and UNICAMP. - Academic exchange agreement Chiba University or Toyama M&P Univ. and UNICAMP.
		3.2.3	Is there any unintended negative situation when the function of the clinical research and training is strengthened?	<ul style="list-style-type: none"> - There is no negative situation. 	Grade: D <ul style="list-style-type: none"> - Nothing.

4. RELEVANCE

EVALUATION POINT		POINTS TO BE CHECKED		RESULTS OF QUESTIONNAIRE/INTERVIEW	COMMENTS FROM WORKSHOP
4.1	Relevance of the overall goals and super goal	4.1.1	Are overall goals and super goal still among the important policies of the Federative/State Government?	<ul style="list-style-type: none"> - Number of AIDS cases is still growing and the Health Minister, José Serra, has been working with this objective. - We may need more than research on the specific items and public health area need more attention. - The project only served the patients at UNICAMP and it is not clear if the project was matched with the overall policy in Brazil. 	Grade: A <ul style="list-style-type: none"> - The AIDS problem in Brazil is still the biggest problem in the health sector.
		4.1.2	Do overall goals and super goal still match the needs of the Brazilian population?	<ul style="list-style-type: none"> - Aiding the Brazilian health community matches the needs of the Brazilian population. 	Grade: A
		4.1.3	Are overall goals and super goal still consistent with Japanese aid policies?	<ul style="list-style-type: none"> - The overall goal was matched with the policy of Chiba University and Toyama Medical and Pharmaceutical University in terms of producing good data for research. - It is important particularly when we continue further joint research activities. 	Grade: A <ul style="list-style-type: none"> - Infectious disease is still the biggest problem of public health all over the world. - Infectious disease control is one of the top priority fields of Japanese ODA.
4.2	Relevance of the Project Purpose	4.2.1	Is the project purpose still among the important policies of the Federative/ State Government?		Grade: A
		4.2.2	Does the project purpose still match the needs of the medical professionals of the UNICAMP and the patients in the hospital of UNICAMP?	<ul style="list-style-type: none"> - The project purpose matches perfectly with the needs of our patients. - While it matches the needs of the patients, it cannot serve other problems of the patients with AIDS than myco-infectious complications. 	Grade: A
		4.2.3	Is the project purpose still consistent with Japanese aid policies?	<ul style="list-style-type: none"> - The inter-university cooperation would be useful, but it would not be realistic to dispatch long-term experts from Japan because of lack of human resources and its merit. - It would be useful to accept students from Brazil. - It is likely that we are going to continue joint research activities between Japanese and Brazilian researchers. - The results already attained were very important to Japanese researchers. 	Grade: A
4.3	Relevance of the project design	4.3.1	Was the process and content of the project planning appropriate?	<ul style="list-style-type: none"> - The planning was good. We have been able to train personnel and to get some important equipment. 	Grade: A <ul style="list-style-type: none"> - Project Design was not best because there are 3 fields

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				- The process in project planning had some problems in terms of setting the project purpose as reduction of mortality.	(AIDS, Pediatrics, Hepatology) in one project.

5. Sustainability

EVALUATION POINT		POINTS TO BE CHECKED		RESULTS OF QUESTIONNAIRE/INTERVIEW	COMMENTS FROM WORKSHOP
5.1	Organizational sustainability	5.1.1	Is the Brazilian Government likely to continue policy support to the hospital of the UNICAMP?	<ul style="list-style-type: none"> - Our institutions belong to the State government and obtain support. - AIDS laboratory is under construction, supported by the State Government and the UNICAMP 	Grade: B+ <ul style="list-style-type: none"> - Both of the State Government (SP) and the Federative Government will give support to the Hospital of UNICAMP. - Japanese side hopes that Brazilian Government continues support for the project.
		5.1.2	Is administrative and operational system of the hospital of UNICAMP well organized?	<ul style="list-style-type: none"> - The basis for a joint research between Chiba University or Toyama Medical and Pharmaceutical University and UNICAMP has already been established. - We are recognized by the Sao Paulo State and Federative Government as a well-functioned institution. - Coordination among sections should still be strengthened. - Efficiency in terms of administration and establishment should be strengthened. 	Grade: B <ul style="list-style-type: none"> - At the early stage of this project, chief staff of UNICAMP didn't recognize this project but two years after they recognized it very much.
		5.1.3	Does the hospital of the UNICAMP have sufficient support from other concerned organizations?	<ul style="list-style-type: none"> - The hospital of the UNICAMP has support from the Federative/State government - The state of Sao Paulo has been financially supporting the hospital of the UNICAMP through scholarship, grant for research and Sistemaúnico de Saúde (SUS). - We are financed by the public health system. We don't have such amount that enables us to offer all services we would like to do. 	Grade: A- <ul style="list-style-type: none"> - Supported enough from the state of Sao Paulo, and other governmental organizations.
5.2	Financial sustainability	5.2.1	Is the operational budget of the hospital of the UNICAMP stable?	<ul style="list-style-type: none"> - It is stable for routine work, but the budget for research depends on each researcher. - The budget is insufficient. - Stability of the budget is a challenge and this will be a problem in continuation of activities in the future. - It depends on our taxes (VAT, etc.). - As a developing country, the costs of public health are much higher than our economy can afford. 	Grade: B <ul style="list-style-type: none"> - It is stable for routine work but necessity is dynamic. - Brazilian side is working to reach the best efficiency.
5.3	Technical sustainability	5.3.1	Is the transferred technology properly utilized?	<ul style="list-style-type: none"> - The equipment has been utilized. - We are fully working with all techniques/technology. 	Grade: A <ul style="list-style-type: none"> - Japanese side and Brazilian side strongly hope for good utilization of technology.

EVALUATION POINT		POINTS TO BE CHECKED	RESULTS OF QUESTIONNAIRE/INTERVIEW	COMMENTS FROM WORKSHOP
		5.3.2 Are the trained C/Ps appropriately posted?	- Some people are still working in two or more different places in the service. We need more continuity of the counterparts and some additional ones.	Grade: A - All C/Ps are continuing working at UNICAMP.
		5.3.3 Are the trained C/Ps still remaining in the hospital of the UNICAMP?	- All C/P are working in the hospital of the UNICAMP.	Grade: A - All of the C/Ps are still working in the Hospital of UNICAMP.
		5.3.4 Are the facilities and equipment well maintained?	- Generally they are well maintained but I am not sure about the imported equipment. - There is some worry about maintenance cost of equipment in the future.	Grade: A

EVALUATION GRID: THE CLINICAL RESEARCH PROJECT IN THE STATE UNIVERSITY OF CAMPINAS IN BRAZIL
FOR THE FIELD OF HEPATOLOGY

Grades: A=Very much so, B=Generally so, C=Not so much, D=Not at all

1. EFFICIENCY

EVALUATION POINT		POINTS TO BE CHECKED		RESULTS OF QUESTIONNAIRE/INTERVIEW	COMMENTS FROM WORKSHOP
1.1	Were Japanese Inputs appropriate?	1.1.1	Were Japanese experts dispatched timely?	<ul style="list-style-type: none"> - Short-term experts were not dispatched timely. - Short-term experts should have stayed longer. 	Grade: Long-term: not dispatched, Short-term: B
		1.1.2	Was the number of Japanese experts sufficient?	<ul style="list-style-type: none"> - As for the long-term experts, the number was not sufficient due to the recruitment problems in Japan. - It would have been better if we had received long-term experts. 	Grade: Long-term: D, Short-term: B
		1.1.3	Were the professional fields of Japanese experts appropriate?	<ul style="list-style-type: none"> - The professional fields of Japanese experts were very appropriate. 	Grade: Long-term: D, Short-term: A <ul style="list-style-type: none"> - In virology, long-term experts should be dispatched, because technical transfer in virology needs longer period. - There are few hepatologists who are engaged in virology, because virological tests are performed usually in private laboratories.
		1.1.4	Was the provision of equipment from Japan appropriate?	<ul style="list-style-type: none"> - Timing of provision was problematic due to delays of the customs formalities. - It would have been cheaper to purchase the same equipment in Brazil. 	Grade: Timeliness: B, Quantity: B, Quality: A, Cost Effectiveness: C
		1.1.5	Was the Counterpart(C/P) training in Japan appropriate?	<ul style="list-style-type: none"> - It was not so appropriate due to the limited number of counterparts particularly in the virology. - We did not get more. 	Grade: Quality of Training: A, The other points: B <ul style="list-style-type: none"> - We could have or send more professionals for C/P training. - Selection of C/P for training in Japan was not so clear. - In surgical part, transfer of liver transplantation technique was very successful.

EVALUATION POINT	POINTS TO BE CHECKED	RESULTS OF QUESTIONNAIRE/INTERVIEW	COMMENTS FROM WORKSHOP
1.2 Were Brazilian Inputs appropriate?	1.2.1 Were C/Ps assigned timely?		Grade: C/P in Hepatology: A - The C/Ps in Hepatology area were assigned timely.
	1.2.2 Was the number of C/Ps sufficient?	- One C/P left during the project.	Grade: A - The number of C/P was sufficient to get the results. - More C/Ps could have beer better.
	1.2.3 Were the professional fields of C/Ps appropriate?		Grade: A - All professional fields of C/P are appropriate.
	1.2.4 Were the provided facilities appropriate?		Grade: B - From 2000 the organization structure of Gastrocenter has been changed.
	1.2.5 Was the operational cost sufficiently provided?		Grade: B - Appropriate. - More reagents were needed.
1.3 Have the inputs been fully utilized?	1.3.1 Personnel		Grade: A - One of the Brazilian C/P asked for demission. He did not transfer the technology for UNICAMP. - In General, Japanese specialists succeeded in transferring the techniques to UNICAMP.
	1.3.2 Equipment/facilities/machinery		Grade: A - Yes, we think.
	1.3.3 Operational costs		Grade: A - Despite lack of reagents, we managed well.
1.4 Has the project support system functioned well?	1.4.1 Did the Joint Co-ordinating Committee function?	- It was organized about four times during the project when necessary. There was some informal occasion to hold meetings as well. - Hepatology area would have been more supported.	Grade: Frequency: C, Timeliness: C, No. of participants: B, Effectiveness: B - It din not function as a whole because it was held only twice during the project period.
	1.4.2 Was there any support from the other concerned organizations?		Grade: A - We had grants from FAPESP, FAEP, and CNPQ.

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1.5	Was the linkage with other cooperation project appropriate?	1.5.1	Linkage(s) with other JICA project(s)	<ul style="list-style-type: none"> - We had technical exchange programs with the projects in Bolivia and Peru. - Third-Country Training Program 	Grade: Third-Country Training Program: A, Technical exchange program: B
		1.5.2	Linkage(s) with indigenous projects	<ul style="list-style-type: none"> - Local assistance to other medical institutions in Brazil. 	Grade: A <ul style="list-style-type: none"> - We have linkages with many universities all over Brazil.
		1.5.3	Linkage(s) with internationally supported projects	<ul style="list-style-type: none"> - WHO program 	Grade: A <ul style="list-style-type: none"> - We have linkages with Birmingham, UK, Barcelona, Spain, Pittsburgh, Miami, Florida, Memphis, USA, etc. - Multi-center study NEDRA – 6 with NOVARTIS with other 30 centers in the world.
1.6	How efficiently were inputs converted to produce outputs?			<ul style="list-style-type: none"> - While clinical technological transfer was successful in the field of HCC. - Very efficient as the inputs were also converted to the Third-Country Training - Inputs were contributed to the laboratory technicians as well. 	Grade: A <ul style="list-style-type: none"> - Fourth "Third-country training" is being implemented. - There is difficulty to have reagents for tests.

2. EFFECTIVENESS

EVALUATION POINT		POINTS TO BE CHECKED		RESULTS OF QUESTIONNAIRE/INTERVIEW	COMMENTS FROM WORKSHOP
2.1	Degree of achievements of project purpose	2.1.1	To what degree has the project purpose been achieved?	<u>See the Achievement Sheet</u>	Grade: A - Project purpose was fully achieved.
2.2	Contribution of outputs to project purpose achievements	2.2.1	To what extent has output 1 (clinical diagnostic capability is strengthened) contributed to the project purpose?		Grade: A - At the beginning of this project only Gastrocenter performed serological diagnosis for hepatitis C. But at the middle of the project period, the laboratory of hospital introduced the same test as a routine. - Clinical diagnostic capability for HCC and other liver diseases was strengthened enough to offer to other countries through International Courses (TCTPs).
		2.2.2	To what extent has output 2 (ability in treatment is progressed) contributed to the project purpose?		Grade: A - Knowledge and skills were improved particularly in non-surgical treatment of HCC including tumor less than 4cm in diameter and interferon therapy of Hepatitis C. - Transarterial chemoembolization was performed to HCC bigger than 4.0 cm in diameter in non respectable HCC.
2.3	Inhibiting factors	2.3.1	In case that the project purpose has not been achieved, what are the main reasons?		
		2.3.2	In case that the project purpose has not yet been achieved, when it is likely to accomplish?		

3. IMPACT

EVALUATION POINT		POINTS TO BE CHECKED	RESULTS OF QUESTIONNAIRE/INTERVIEW	COMMENTS FROM WORKSHOP	
3.1	Impact on the project purpose level	3.1.1	As a consequence of the Outputs, did you try to produce intentionally any positive situation(s) than the current project purpose?	<ul style="list-style-type: none"> - It was intended to establish the mutual agreement of inter-university research cooperation between Japan and Brazil. - A comprehensive approach to various sections regarding liver disease was established. - Interchange between clinical and surgical area was established. - There was remarkable improvement in technology. 	Grade: A <ul style="list-style-type: none"> - Number of Patients has increased. - Information dissemination was achieved not only in Brazil but also invited countries in TCTPs - Information insemination was achieved by publishing atlas of Gastroenterology.
		3.1.2	Is there any unintended positive situation produced by the Outputs?	<ul style="list-style-type: none"> - The classroom was internationalized through the C/P training 	Grade: A <ul style="list-style-type: none"> - Transplantation center and liver ward will be constituted in the UNICAMP.
		3.1.3	Is there any unintended negative situation produced by the Outputs?	<ul style="list-style-type: none"> - The teaching staff became unstable by its encounter of the C/Ps. - Politicians phoned to ask for a private favor in terms of medical service. - The number of patients increased rapidly, which resulted in inability to follow up. 	Grade: C <ul style="list-style-type: none"> - Number of staff has become insufficient due to increased number of patients. - Due to increase of patients, the hospital has become over capacitated.
3.2	Impact on the overall goals and super goal level	3.2.1	To what extent has the project contributed to the overall goals (performance of accurate diagnosis and effective treatment and reduction of mortality) and super goal (improvement of public medical welfare in Brazil)?	<ul style="list-style-type: none"> - Indirect effect was obtained through the symposiums and publication of the atlas. - The project received doctors from all states of Brazil for training. - It would have been necessary to involve more medical workers from neighboring medical institutions and disseminate the knowledge to local. - The Survival of patients is becoming better by offering diversity in treatments (particularly small cancer) and liver transplantation. 	Grade: A
		3.2.2	Is there any unintended positive situation when the function of clinical research and training is strengthened?	<ul style="list-style-type: none"> - A better assistance has been achieved but there is need to increase the volume of assistance. 	Grade: A <ul style="list-style-type: none"> - Number of reference from the other medical institutions has increased. - Close and frequent follow-up of patients was achieved in the UNICAMP.

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		3.2.3	Is there any unintended negative situation when the function of clinical research and training is strengthened?	Grade: C - New and efficient examinations introduced by the project are not constantly maintained because of lack of test kits.

4. RELEVANCE

EVALUATION POINT		POINTS TO BE CHECKED		RESULTS OF QUESTIONNAIRE/INTERVIEW	COMMENTS FROM WORKSHOP
4.1	Relevance of the overall goals and super goal	4.1.1	Are the overall goal and super goal still among the important policies of the Federal/ State Government?	- I think that the overall and super goals are still an important* policy of the Federal/State Government.	Grade: A
		4.1.2	Do overall goals and super goal still match the needs of the Brazilian population?	- It matches with the overall goal mainly related to Hepatitis C and HCC. - There are many things to do yet.	Grade: A
		4.1.3	Are overall goals and super goal still consistent with Japanese aid policies?	- I think that matches the Japanese aid policy.	Grade: A - Health sector has priority in Japan's ODA. - Among health sector, infectious disease control is top priority.
4.2	Relevance of the Project Purpose	4.2.1	Is the project purpose still among the important policies of the Federal/ State Government?		Grade: A - The Federal government gives antiviral drugs for hepatitis-C carriers.
		4.2.2	Does the project purpose still match the needs of the medical professionals and patients in the hospital of UNICAMP?		Grade: A - Campinas city has about 2% of hepatitis-C carriers. - All the professionals working at the hospital of UNICAMP are receiving vaccines for hepatitis-B free of charge from the State government and private companies.
		4.2.3	Is the project purpose still consistent with Japanese aid policies?		Grade: A - Infectious disease control has become top priority in Japan's ODA.
4.3	Relevance of the project design	4.3.1	Was the process and content of the project planning appropriate?	- Cultural and linguistic differences in medical teaching system and medical health care system between Japan and Brazil sometimes made it difficult to design the project. - It was appropriate in relation to the content, but the process of the project in designing was not enough.	Grade: C - Original design and coordinating structure were not clear. - 3 different fields (i.e. AIDS, pediatrics, hepatology) were in the same project.

5. Sustainability

EVALUATION POINT		POINTS TO BE CHECKED		RESULTS OF QUESTIONNAIRE/INTERVIEW	COMMENTS FROM WORKSHOP
5.1	Organizational sustainability	5.1.1	Is the Brazilian Government likely to continue policy support to the hospital of the UNICAMP?		Grade: A - Organ transplantation center is under construction at the hospital of UNICAMP.
		5.1.2	Is administrative and operational system of the hospital of UNICAMP well organized?	- It is generally well organized, as it is a tertiary hospital, a reference in the health system in Brazil.	Grade: A
		5.1.3	Does the hospital of the UNICAMP have sufficient support from other concerned organizations?	- The Transplant Unit is under construction with the support by the Federal Government.	Grade: B - The UNICAMP is receiving support from the government but it is not sufficient, although the hospital of UNICAMP is well known at the international level.
5.2	Financial sustainability	5.2.1	Is the operational budget of the hospital in the UNICAMP stable?	- The Gastrocenter lacks its budget. - In general, it is stable as it belongs to the UNICAMP and it is a part of the Brazilian health system.	Grade: Hospital: A, Gastrocenter: B - C/Ps in hepatology stay at Gastrocenter with lack of budget.
5.3	Technical sustainability	5.3.1	Is the transferred technology properly utilized?	- The transferred technology has been properly utilized.	Grade: A
		5.3.2	Are the trained C/Ps appropriately posted?		Grade: A
		5.3.3	Are the trained C/Ps still remaining in the hospital of the UNICAMP?		Grade: A - Although one C/P has left, the rest of C/Ps are still working in Gastrocenter.
		5.3.4	Are the facilities and equipment well maintained?	- The UNICAMP maintained them well.	Grade: A

List of Japanese experts despatched by JICA

Administration division		
Long term		
Name	Speciality	Period
Dr. Jun Uno	Chief advisor/ Mycology	98.7.1~99.6.30
Dr. Soichi Yoshida	Chief advisor/ Infectious immunology	99.6.6~00.6.5
Dr. Hideaki Taguchi	Chief advisor	00.12.10~01.12.9
Mr. Kenichiro Tominaga	Liaison officer	97.4.25~99.12.12
Mr. Tatsuo Watanabe	Liaison officer	99.12.2~02.4.2
Short term		
Dr. Masao Fujimaki	Management	98.6.20~98.9.19

AIDS Fungi area		
Long term		
Name	Speciality	Period
Dr. Hideaki Taguchi	Pathology	97.7.19~98.7.18
Dr. Ayako Sano	Infectious diseases (pediatrics)	98.7.1~99.6.30
Dr. Kayoko Takizawa	Bacteriology (AIDS)	99.6.6~00.6.5
Dr. Masaki Takada	Infectious immunology	01.1.7~02.1.6
Short term		
Name	Speciality	Period
Dr. Makoto Miyaji	Mycology (AIDS)	97.7.20~97.8.29
		98.7.1~98.7.24
		99.6.13~99.7.10
		00.8.10~00.8.30
		01.8.30~01.9.16
Dr. Yuzuru Mikami	Mycology (Molecular epidemiology)	97.10.9~97.11.7
		01.1.7~01.2.4
Dr. Kazuko Nishimura	Infectious diseases (AIDS)	98.7.27~98.8.16
Dr. Kazutaka Fukushima	Mycology (Molecular biology)	99.10.29~99.11.29
		01.9.1~01.9.15
Dr. Katsuhiko Kamei	Mycology (Health science)	00.1.7~00.2.6
Dr. Hideaki Taguchi	Mycology (AIDS)	00.2.19~00.3.25
Dr. Ichiro Takahashi	Pathology Bacteriology	00.3.20~00.4.19
Dr. Jun Uno	Mycology (AIDS)	00.9.24~00.11.19
Dr. Ayako Sano	Mycology (Infectious pediatry)	01.1.7~01.1.28
Mr. Atsushi Ogawa	Manipulation of medical testing equipment	01.1.7~01.1.21
Dr. Toshio Miyawaki	Pediatrics (AIDS and immunology)	01.5.26~01.6.15
Dr. Hirokazu Kanegane	Immunodeficiency	01.5.26~01.6.15

Hepatology area		
Name	Speciality	Period
Dr. Keiichi Yamamoto	Gastroenterology	97.7.20~97.8.29
		98.7.11~98.8.16
		99.6.13~99.7.8
		00.7.2~00.7.30
Dr. Nobuyasu Aiba	Gastroenterology and hepatology	97.10.9~97.11.7

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Mr. Mikuni Nemoto	Medical information	98.1.5~98.2.3
Dr. Masao Ohto	Hepatology	98.1.12~98.1.24
Dr. Yoshio Yamaoka	Hepatology (Surgery)	98.1.14~98.1.23
Dr. Osamu Yokosuka	Hepatology (Hepatitis)	98.7.3~98.7.15
Dr. Hiromitsu Saisho	Hepatology	98.8.6~98.8.16
Dr. Taiichi Nakagawa	Hepatology (Surgery)	99.2.17~99.3.10
Dr. Kazuhiko Okada	Hepatology	99.7.5~99.7.29
Dr. Masami Minemura	Gastroenterology and Hepatology	01.2.5~01.2.24
Dr. Satoshi Yasumura	Hepatology	01.8.5~01.8.25
Dr. Shoichi Matsutani	Hepatology	01.11.19~01.12.5
Dr. Shinji Uemoto	Hepatology (Treatment of hepatoma)	01.11.27~01.12.3

LIST OF TRAINEES (BRAZILIAN COUNTERPARTS) OF THE PROJECT

AIDS FUNGI AREA

Fiscal year 1997

Plinio Trabasso (Molecular Biology in Fungi) '98.1.27~5.3
Research Center for Pathogenic Fungi and Microbial Toxicoses, Chiba University

Carlos Renato Della Torre Sanches (Pediatric Urology) '98.1.27~5.19
Dept. of Urology, Hyogo College of Medicine
Dept. of Gastroenterological Surgery, Graduate School of Medicine, Kyoto University
Surgery II, Toyama Medical and Farmaneutical University

Fiscal year 1998

Maria Luiza Morretti Branchini (Mycology) '98.8.4~11.3
Research Center for Pathogenic Fungi and Microbial Toxicoses, Chiba University

Fiscal year 1999

Ana Beatriz Alkim Teixeira (Laboratory Techniques on AIDS combined Mycotic Infection) '99.10.21
~'00.2.29
Research Center for Pathogenic Fungi and Microbial Toxicoses, Chiba University

Fiscal year 2000

Erivan Olinda Ribeiro (Laboratory Techniques on AIDS combined Mycotic Infection) '00.9.5
~.12.16
Research Center for Pathogenic Fungi and Microbial Toxicoses, Chiba University

Maria Marluce dos Santos Vilela (Advanced Techniques as Examination on Immunodeficient Children) '00.10.18~11.18

Fiscal year 2001

Maria Sileuda Moreira de Oliveira (Laboratory Techniques on AIDS combined Mycotic Infection) '01.08.24~12.28
Research Center for Pathogenic Fungi and Microbial Toxicoses, Chiba University

Sergio Massayuki Tani (Advanced Techniques as Examination on Immunodeficient Children) '02.01 ~02.03
Toyama Medical and Farmaneutical University

HAPETOLOGY AREA

Fiscal year 1997

Brasilio Toshikatsu Okubo (Hepatology) '98.1.27~5.24
Internal Medicine III, Toyama Medical and Farmaneutical University

Fiscal year 1998

Juvenal Ricardo Navarro Goes (Infectious Gastroenterology - Mangement) '99.3.28~4.24
National Cancer Center
Social Insurance Central General Hospital
Toyama Medical and Farmaneautical University

Almeida Jazon Romilson de Souza (Abdominal Ultrasonography) '99.3.28~4.24
First Internal Medicine Department, Chiba University
Toyama Medical and Farmaneautical University
Third Internal Medicine Department, Kansai Medical University

Fiscal year 1999

Ademar Yamanaka (Most Advanced Techniques in Hepatic Diseases) '00.3.5~3.25
Research Center for Pathogenic Fungi and Microbial Toxicoses, Chiba University
Waseda University
Toyama Medical and Farmaneautical University
School Medicine, Gifu University
First Internal Medicine Department, Chiba University
Toyama Medical and Farmaneautical University
Research Center for Pathogenic Fungi and Microbial Toxicoses, Chiba University

Fiscal year 2000

Luis Sergio Leonardi (Hepatic Transplantation) '01.01.15~02.10
Dept. of Gastroenterological Surgery, Graduate School of Medicine, Kyoto University

Fiscal year 2001

Nancy Fusae Nishimura (Diagnosis for a viral hepatic diseases) '01.06.28~08.02
Toyama Medical and Farmaneautical University

SPECIAL OBSERVATION

Fiscal year 1999

Hermano de Medeiros Ferreira Tavares (Project Management) '00.3.5~3.11
Research Center for Pathogenic Fungi and Microbial Toxicoses, Chiba University
Waseda University
Toyama Medical and Farmaneautical University
School Medicine, Gifu University

Mohamed Ezz El Din Mostafa Habib (Project Management) '00.3.5~3.11
Research Center for Pathogenic Fungi and Microbial Toxicoses, Chiba University
Waseda University
Toyama Medical and Farmaneautical University
School Medicine, Gifu University

EQUIPMENT SUPPLY (Provision of equipment donated by JICA which have been procured in Japan)

AIDS Fungi area

Fiscal year	Model	Quantity	Arrival date	Price	Place for install
1997	Bioceltracer	1	1998.3.26	\$203,125	Fungi Lab.
1997	Autoclave	1	1998.4.30	\$7,800	Fungi Lab.
1997	Micro centrifuge	1	1998.4.30	\$9,035	Fungi Lab.
1997	Bio Shaker	1	1998.4.30	\$5,900	Fungi Lab.
1997	Temp. Incubator	1	1998.4.30	\$4,200	Fungi Lab.
1997	Analytical Balance	1	1998.4.30	\$1,020	Fungi Lab.
1997	CHILDREN CYSTOSCOPE	1	1998.4.30	\$11,330	Surgical in Hosp.
1997	INFANT CYSTOSCOPE	1	1998.4.30	\$7,900	Surgical in Hosp.
1997	LECTURE SCOPE	1	1998.4.30	\$3,800	Surgical in Hosp.
1997	LIGHT SOURCE	2	1998.4.30	\$18,440	Surgical in Hosp.
1997	Camera for endoscope	1	1998.4.30	\$1,360	Surgical in Hosp.
1997	Safety Cabinet	1	1998.6.3	\$27,950	Fungi Lab.
1998	Ultra pure water maker	1	1999.2.17	\$11,848	CIPED
1998	Fluerescence Microscope	1	1999.2.17	\$31,038	CIPED
	Model WCLIPSE E 600				
1999	Ultrapure water maker	1	2000.6.29	\$35,180	Fungi Lab.
1999	PCR system	1	2000.6.29	\$22,683	Fungi lab.
1999	Thermal block heater	1	2000.6.29	\$12,333	Fungi lab.
1999	Electrophoresis apparatus	1	2000.6.29	\$1,267	Fungi lab.
1999	Power supply	1	2000.6.29	\$2,350	Fungi Lab.
1999	Electrophoresis apparatus	1	2000.6.29	\$850	Fungi lab.
1999	Power supply	1	2000.6.29	\$4,283	Fungi lab.
1999	Transilluminator	1	2000.6.29	\$1,667	Fungi lab.
1999	Sterilizer	1	2000.6.29	\$3,283	Fungi lab.
1999	pH Meter	1	2000.6.29	\$7,225	Fungi lab.
1999	Ice maker	1	2000.6.29	\$10,871	Fungi lab.
1999	Bioimage analyzer	1	2000.6.29	\$46,092	Fungi lab.
1999	Photodumentation system	1	2000.6.29	\$23,610	Fungi lab.
1999	Low temperature oven	1	2000.6.29	\$10,475	Fungi Lab.
1999	Deep freezer	1	2000.6.29	\$35,250	Fungi lab.
1999	Gastrointestinal videoscope	1	2000.6.29	\$36,667	Fungi lab.
1999	Plate analyzer	1	2000.6.29	\$35,745	Fungi lab.
1999	UV/VIS spectrophotometer	1	2000.6.29	\$32,682	Fungi lab.
1999	CO2 incubator	1	2000.6.29	\$33,333	CIPED
1999	Refrigerated centrifuge	1	2000.6.29	\$51,117	CIPED
1999	Refrigerated centrifuge	1	2000.6.29	\$7,567	CIPED
1999	Clean bench	1	2000.6.29	\$19,167	CIPED
1999	Ultrapure water maker	1	2000.6.29	\$35,180	CIPED
1999	Ice maker	1	2000.6.29	\$10,871	CIPED
1999	Low temperature oven	1	2000.6.29	\$10,475	CIPED
1999	Ultrasonic washer	1	2000.6.29	\$13,250	CIPED
1999	Autoclave	1	2000.6.29	\$22,025	CIPED
1999	Electronic balance	1	2000.6.29	\$4,500	CIPED
1999	Vacuum drier	1	2000.6.29	\$7,300	CIPED
2000	DNA SEQUENCER	1	2001.5.26	\$186,080	AIDS LAB.

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2000	UPS	PW9110	1	2001.5.26	\$8,800	AIDS LAB.
2000	VACUUM PUMP	DIVAC 1.2L	1	2001.5.26	3,056	AIDS LAB.
2000	ELECTROPHORESIS APPARATUS	170-3700	1	2001.5.26	27,392	AIDS LAB.
2000	Low Temperature Incubator	LTI-1001SD	1	2001.5.26	\$5,240	Fungi lab.
2000	Freeze Dryer	FDU-506	1	2001.5.26	\$11,672	Fungi lab.

Hepatology area

Fiscal year		Model	Quantity	Arrival date	Price	Place for install
1997	MICROWAVE SURGICAL UNIT	MICROWAVE SURGICAL UNIT	1	1998.4.30	\$43,000	Gastrocenter
1998	Ultrason Color dopplar	Toshiba SSA 370A	1	1999.2.17	\$280,926	Gastrocenter
1998	Portable ultrason	Shimadzu Ultrason SDU 350A	1	1999.2.17	\$42,293	Gastrocenter
1999	Electrophoresis apparatus	Nihon Biorad 170-4466	1	2000.6.29	\$850	Gastrocenter
1999	Power supply	Nihon Biorad 165-5055	1	2000.6.29	\$4,283	Gastrocenter
1999	Gel photographic system	Funakoshi FN2660-00 FP6000	1	2000.6.29	\$7,308	Gastrocenter
1999	Transilluminator	UVP NLMS-20E 38-9520-03	1	2000.6.29	\$7,185	Gastrocenter

EQUIPMENT SUPPLY

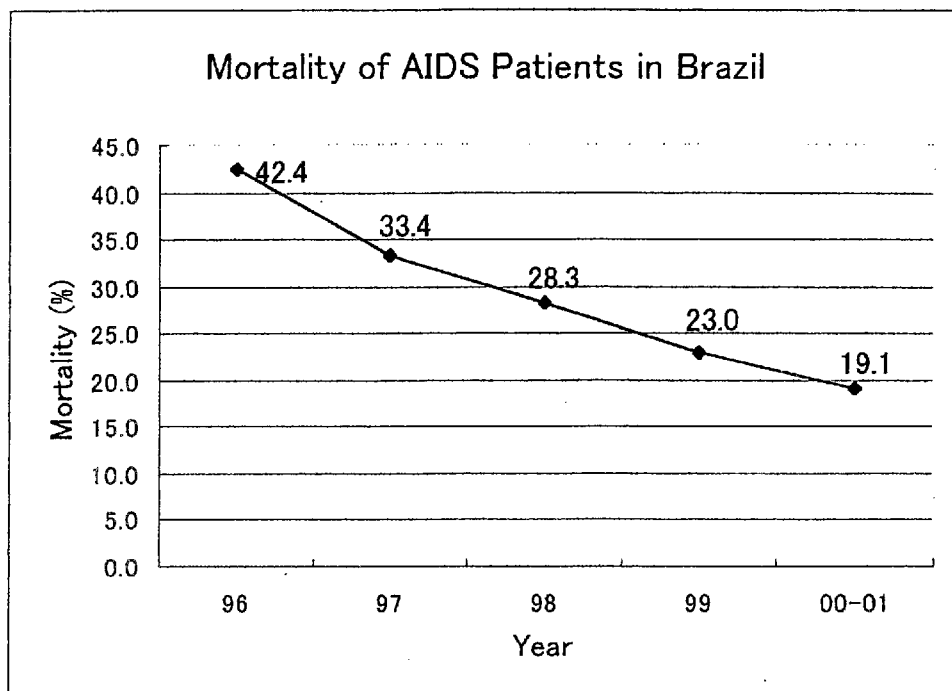
(Provision of equipment donated by JICA which have been procured in Brazil)

AIDS Fungi area

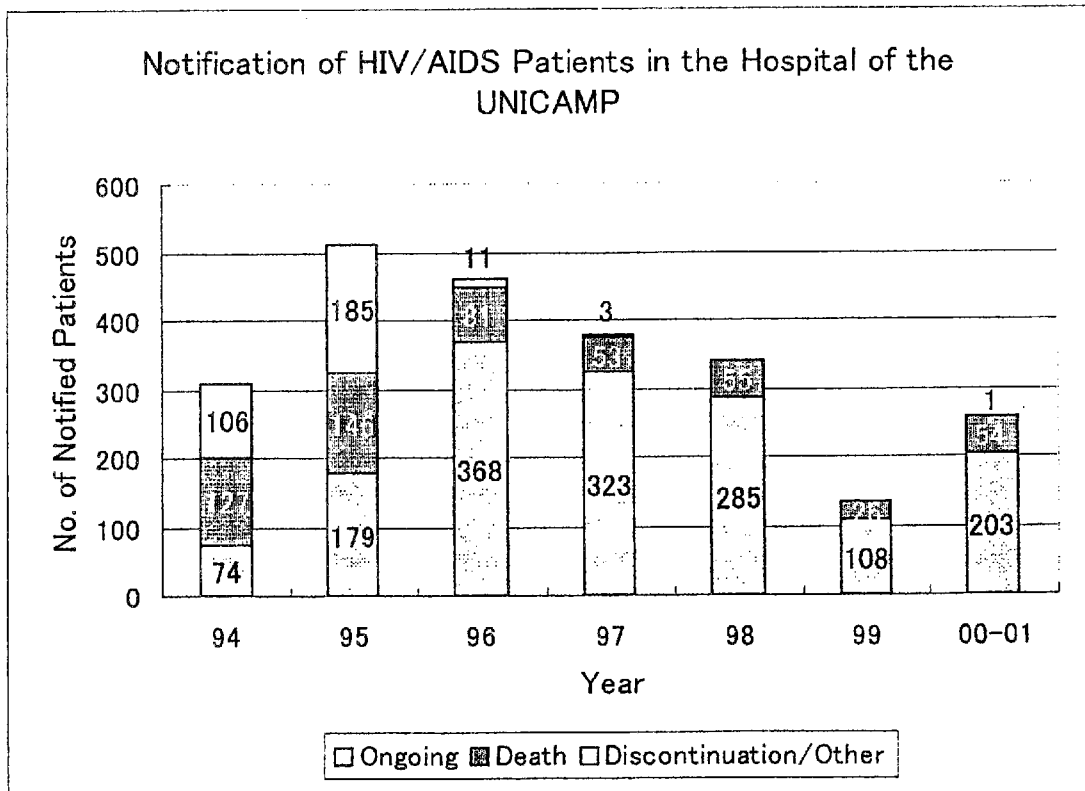
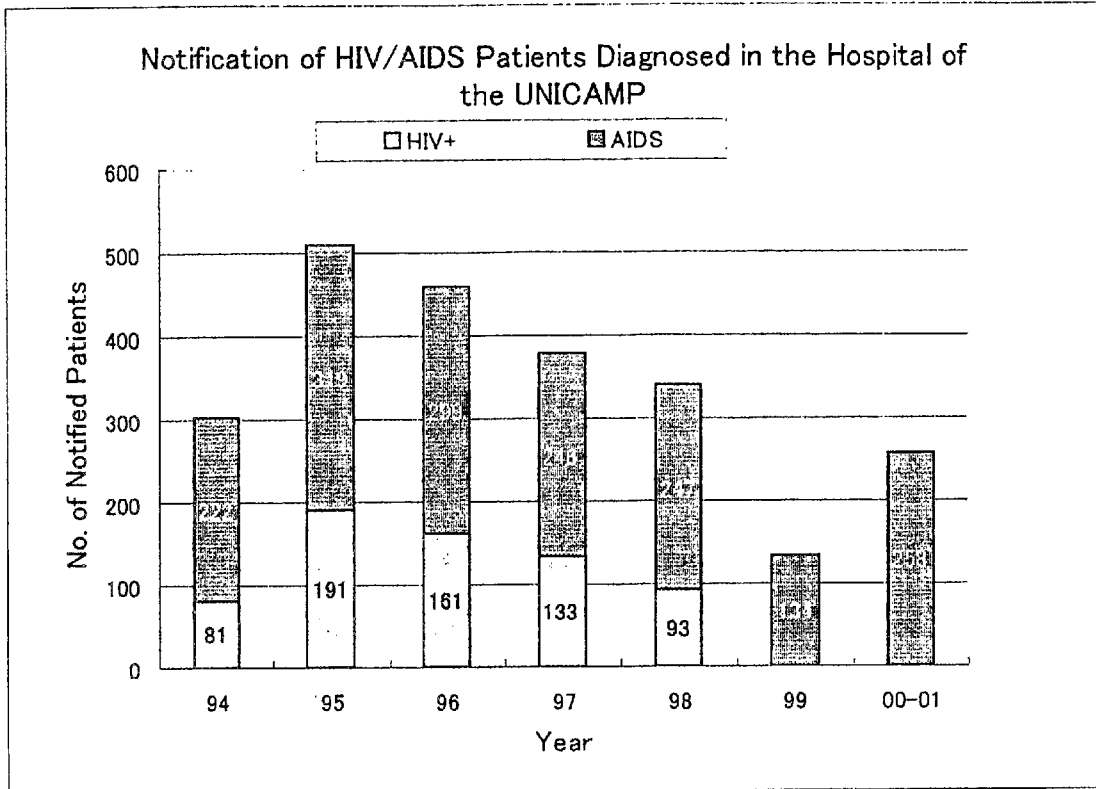
Fiscal year		Model	Quantity	Arrival date	Price	Place for install
1997	Fluorescence Microscope	NIKON	1	1998.9.3	\$29,967	Fungi Lab.
1997	Criostat	LEICA CM 1900	1	1998.12.2	\$19,900	Fungi Lab.
1997	Flow cytometry	COUTER EPIXS XL	1	1999.7.1	\$135,370	CIPED
2000	Ultra Freezer	U-6512G	1	2001.7.24	\$46,080	CIPED
2001	Ultra Freezer	U-6511G	1	2001.10.24	\$10,772	Fungi lab.
2001	Orbital Shaker	HOTLAB II	1	2001.11.5	\$214	Fungi Lab.
2001	Hot Plate Stirler	B-15	1	2001.11.12	\$294	Fungi lab.

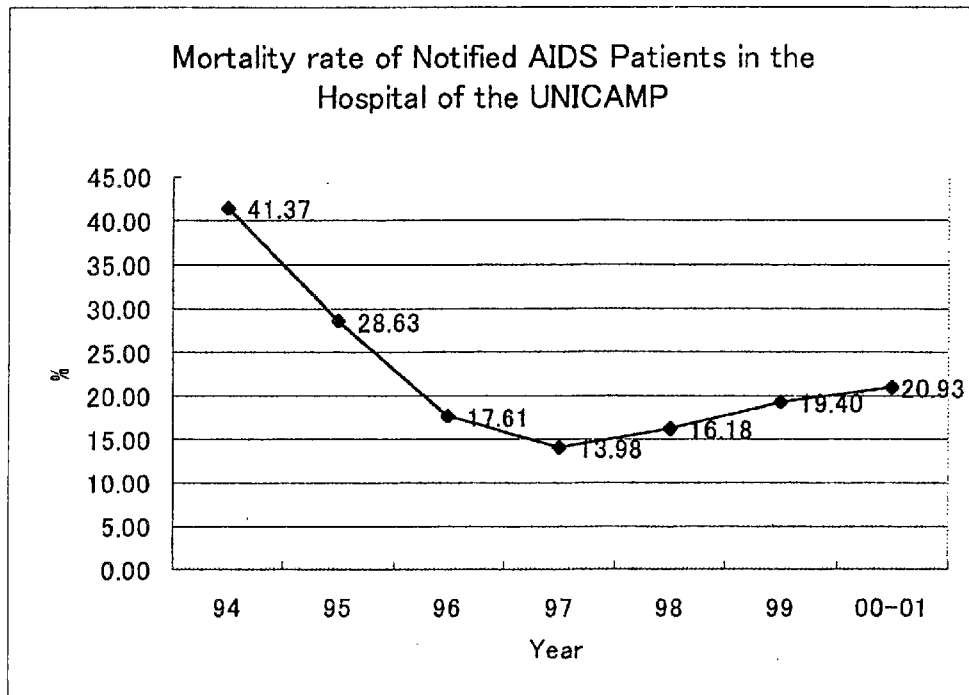
Hepatology area

Fiscal year		Model	Quantity	Arrival date	Price	Place for install
2000	DNA SEQUENCER	310-00	1	2001.10.19	\$64,300	Gastrocentro



Source: Boletim Epidemiológico: AIDS, Janeiro a março de 2001, Outras Edições.





Source: Statistics of the UNICAMP Hospital.

**Ratio of Maternal-Infant Transmission of HIV
in the Hospital of the UNICAMP**

Year	Intervention	MIT-HIV rate
Until 1994	Avoiding breastfeeding	32.3%
1995-1996	Incomplete ACTG076 Protocol	25.7%
1997-1998	Complete ACTG076 Protocol	2.2%
1999-2000	Multiple therapy and elective Caesarean Section	2.9%

Source: Statistics of the Pediatric Immunodeficiency Unit, UNICAMP

List of New Methods and Techniques Introduced by the Project

The Field of Mycology (20)

1. PCR Techniques
2. Dynamic Growth of Yeast and Filamentous Fungi – BCT Technique
3. MICs – Yeast/Filamentous Fungi
4. Image Analysis
5. Sequencing

(Identification of Yeast)

6. Cromo Agar
7. ID 32
8. Filamentation
9. Microcultiive
10. Candida Check
11. Crypto Check
12. Serotyping Crypto
13. Pictures of Microscopic Morfology and Macroscopic Fungi

(Identification of Filamentous Fungi)

14. Preparation of Media and Cultivation
15. Observation Giantcolony and Morphological Observation
16. Identification Until Species
17. Handling of Biohazard

18. DataBank
19. Preservation of Microorganisms (in progress)
20. I-BD Glucan

The Field of Pediatrics (10)

- 3 Techniques of Fungal Identification
- 2 Techniques of MIC Test

(Molecular and Biological Technique)

- 2 Techniques of Molecular-PCR (RNA and DNA)
- 3 Techniques of Biological Techniques (Flow-Cytometry)

FUNGI AREA

Original articles (International Publications) (23)

1. LEVIN, A. S.; COSTA, S. F.; MUSSI, N. S.; BASSO, M.; SINTO, S. I.; MACHADO, C.; GEIGER, D. C.; VILLARES, M. C. B.; SCHREIBER, A. Z.; BARONE, A. A.; MORETTI-BRANCHINI, M. L. M. – *Candida parapsilosis* fungemia associated with implantable and semi-implantable central venous catheters and the hands of healthcare workers. **Diagn. Microbiol. Infect. Dis.** 30: 243-249, 1998.
2. NUCCI, M.; COLOMBO, A. L.; SILVEIRA, F.; RICHTMANN, R.; SALOMÃO, R.; MORETTI-BRANCHINI, M. L.; SPECTOR, N. – Risk factors for death in patients with candidemia. **Infection Control Hospital Epidemiology**, 19(11): 846-850, 1998.
3. MORETTI-BRANCHINI, M. L. – Yeast and filamentous infections in and AIDS patients and immunocompromised host. **Parasitology International** 47: 71-75, 1998.
4. OLIVEIRA, T. C.; MORETTI-BRANCHINI, M. L. – Infection control in a Brazilian regional multihospital system. **AJIC American Journal of Infection Control** vol 27(3): 262-269, 1999. C
5. COLOMBO, A. L.; NUCCI, M.; SALOMÃO R.; MORETTI-BRANCHINI, M. L.; RICHTMAN, R.; DEROSI, A.; WEY, S. B. – High risk non albicans candidemia in Brazilian tertiary care hospitals. **Diagn Microbiol Infect Dis**, 34(4): 281-286, 1999.
6. YANG, H. C.; MIKAMI, Y.; YAZAWA, K.; TAGUCHI, H.; NISHIMURA, K.; MIYAJI, M.; MORETTI-BRANCHINI, M. L.; AOKI, F. H.; YAMAMOTO, K. – Colorimetric MTT assessment of antifungal activity of D0870 against fluconazole-resistant *Candida albicans*. **Mycoses**, 41: 477 – 480, 1998.
7. AOKI, F. H.; IMAI, T.; TANAKA, R.; MIKAMI, Y.; TAGUCHI, H.; NISHIMURA, N. F.; NISHIMURA, K.; MIYAJI, M.; SCHREIBER, A. Z.; MORETTI-BRANCHINI, M. L. – New PCR primer pairs specific for *Cryptococcus neoformans* serotype A or B prepared on the basis of Random Amplified Polymorphic DNA fingerprint pattern analyses. **Journal of Clinical Microbiology**, 37: 315-320, 1999.
8. IMAI, T.; WATANABE, K.; TAMURA, M.; MIKAMI, Y.; TANAKA, R.; NISHIMURA, K.; MIYAJI, M.; POONWAN, N.; MORETTI-BRANCHINI, M. L. – Geographic grouping of *Cryptococcus neoformans* var. *gattii* by random amplified

- polymorphic DNA fingerprint patterns and ITS sequence divergence. **Clinical Laboratory**, 46:345-354, 2000.
9. IMAI T.; MIKAMI Y.; SANO A.; AOKI FH.; MORETTI-BRANCHINI ML.; NISHIMURA K.; MIYAJI M. - A new PCR primer for the identification of *Paracoccidioides brasiliensis* based on rRNA sequences coding the internal transcribed spacers (ITS) and 5.8S regions. **Medical Mycology**, 38: 323-326, 2000.
 10. MORETTI-BRANCHINI M.L.; FUKUSHIMA K.; ZCHREIBER A.Z.; NISHIMURA K.; PAPAORDANOU P.M.O.; TRABASSO P.; MYIAJI M. - Identification of *Trichosporon* species causing infection in bone marrow transplanted patients. **Diagn. Microbiol. Infect. Dis.** 39(4):161-4, 2001.
 11. OLIVEIRA, T. C.; BRANCHINI, M. L. M.; WENZEL, R. P.; MICHAEL EDMOND, M. S.- Infection control as a parameter of quality of healthcare in a Brazilian regional multihospital system. **Infection Control and Hospital Epidemiology**, Vol 18(5): 54, 1997.
 12. BRANCHINI, M. L. M.; AOKI, F. H.; PAPAORDANOU, P.M.O.; COLOMBO, A. L.; TAGUCHI, H.; YAMAMOTO, M.; MIYAJI, M. - Effect of antifungal agents on *Candida* spp. and *Pichia anomala* isolates from oropharyngeal candidiasis of AIDS patients. **Clinical Microbiology and Infection** Vol 5, supplement 3, 1999.
 13. NOUER, S. A.; AOKI, F. H.; BLOTTA, M. H. S. L.; BRANCHINI, M. L. M.; PAPAORDANOU, P. M. O. -. *Paracoccidioidomycosis* associated with acquired immunodeficiency syndrome (AIDS). **Clinical Microbiology and Infection** Vol 5, supplement 3, 1999.
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 15. DANTAS S.R.P.E.; MORETTI-BRANCHINI M.L. -Vigilância microbiológica e tipagem molecular de bactérias multi droga resistentes em pronto socorro de hospital universitário brasileiro. **Arquivos de Medicina** 14 (supl.3): 59, 2000.
 16. ALVES S.H.; MILAN E.P.; MORETTI-BRANCHINI M.L.; NISHIMURA K.; FUKUSHIMA K.; OLIVEIRA L.O.; COSTA J.M.; COLOMBO A.L. -First isolation of *Candida dublinensis* in Rio Grande do Sul, Brazil. Aceito para publicação no **Diagn. Microbiol. Infect. Dis.** 39 (3):165-8, 2001.
 17. CALVO BM.; COLOMBO AL.; FISCHMAN O.; SANTIAGO A.; THOMPSON L.; LAZERA M.; TELLES F.; FUKUSHIMA K.; NISHIMURA K.; TANAKA R.; MIYAJI

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- 18.UNO J.; TANAKA R., MORETTI-BRANCHINI M.L.; AOKI F.H.; SANO A.; FUKUSHIMA K.; MIKAMI Y.; NISHIMURA K.; MIYAJI M. -Atypical *Cryptococcus neoformans* isolated from an HIV-infected patient in Brazil. *Nippon Ishinkin Gakkai Zasshi* 42(3)127-32,2001.
- 19..MORETTI-BRANCHINI, M. L.; AOKI, F. H.; PAPAORDANOU, P.M.O.; COLOMBO, A. L.; TAGUCHI, H.; YAMAMOTO, M.; MIYAJI, M. - Effect of antifungal agents on *Candida* spp. and *Pichia anomala* isolates from oropharyngeal candidiasis of AIDS patients. **Clinical Microbiology and Infection** Vol 5, supplement 3, 1999.
- 20.MORETTI-BRANCHINI M.L.; SCHREIBER A.Z.; NISHIMURA K.; FUKUSHIMA K.; AOKI F.H.; PAPAORDANOU P.M.O.; MIYAJI M.- Infecção sistêmica por *Trichosporon inkin* e *Trichosporon asahii* var. *asahii* em imunossuprimidos. **Arquivos de Medicina** 14 (supl. 3): 67, 2000.
- 21.YANG, H.C.; MIKAMI, Y.; IMAI, T.; TAGUCHI, H.; NISHIMURA, K.; MIYAJI, M.; MORETTI-BRANCHINI, M. L. M. - Extrusion of fluorescein by multdrug resistant *Candida albicans*. *Mycoses*. In press 2001.
- 22.PADOVEZE M.C.; TRESOLDI A.T.; vonNOWAKONSKI A.; AOKI F.H.; MORETTI-BRANCHINI M.L. - Nasal colonization due to methicillin-resistant *Staphylococcus aureus* in Aids patients cared for in a tertiary care university hospital..**Infect. Control Hosp. Epidemiol.** in press, 2001.
- 23.ARAGÃO PA, OSHIRO ICVS, MANRIQUE E, MATUSO LL, LEONE C, MORETTI-BRANCHINI ML, LEVIN AS. *Pichia anomala* fungemia: an exogenous source? **Pediatrics Infectious Diseases Journal**. In press 2001.

Original articles (National Publications) (9)

1. MORETTI-BRANCHINI, M.L.; AOKI, F.H.; COLOMBO, A. L.; TAGUCHI, H.; YAMAMOTO, K.; MIYAJI, M. - Effect of antifungal agents on *Candida* spp. and *Pichia anomala* isolated from oropharyngeal candidiasis of Aids patients in an University Hospital in Brazil. **Brazilian J. Infect. Dis.**, 4: 187-196,1998.
2. TRESOLDI, A. T.; MORETTI-BRANCHINI, M. L. ; MOREIRA-FILHO, D. C.; PADOVEZE, M. C.; DANTAS, S. P. E.; REGINATO, L.; von NOWAKONSKI, A.; OLIVEIRA, U. M.; TRABASSO, P. - Relative frequency of nosocomial

- microorganisms at UNICAMP University Hospital from 1987 to 1994. **Rev. Inst. Med. Trop. S. Paulo**, 39(6): 333-336, 1997.
3. MORETTI-BRANCHINI, ML.; PAPAIOORDANOU, PMO. -Destaque para as infecções fúngicas em pacientes com AIDS e no imunocomprometido no Brasil. **Jornal Brasileiro de Aids**, 1: 31-35, 2000.
 4. DELGADO A.C.N.; VILLARES M.C.B.; MORETTI-BRANCHINI M.L. - Caracterização das variedades e sorotipos de *Cryptococcus neoformans* isolados de ambiente e de pacientes HIV positivos e negativos em Campinas, São Paulo. **Jornal Brasileiro de Aids**. No prelo do volume 1 de Julho/Agosto/Setembro de 2000.
 5. PADOVEZE M.C.; PEDRO R.J.; MORETTI-BRANCHINI M.L.- Caracterização nasal por *Staphylococcus aureus* em pacientes infectados pelo vírus da imunodeficiência humana (HIV). **Jornal Brasileiro de Aids**. No prelo do volume 1 de Outubro/Novembro/Dezembro de 2000.
 6. OLIVEIRA, T. C.; BRANCHINI, M. L. M. - Controle de infecção hospitalar como parâmetro de avaliação de qualidade de serviços em um sistema multihospitalar regional brasileiro. **The Brazilian Journal of Infectious Diseases**, Vol 1 (Supplement 1): S12, 1997
 7. BRANCHINI, M. L. M.; NUCCI, M.; GEIGER, D. C. P.; KUSANO, E. J. U.; COLOMBO, A. L. - Diversidade genômica de isolados de *Candida albicans* responsáveis por candidemia nosocomial em hospitais universitários. **The Brazilian Journal of Infectious Diseases**, vol 1 (Supplement 1): S15, 1997.
 8. NUCCI, M.; COLOMBO, A. L.; BRANCHINI, M. L. M.; SILVEIRA, F.; SALOMÃO, R.; DEROSI, A.; RICHTNANN, R. - Fatores de risco para óbito em pacientes com candidemia. **The Brazilian Journal of Infectious Diseases**, vol 1 (Supplement 1): S 26, 1997.
 9. NAKAGAWA, Z.; NUCCI, M.; BRANCHINI, M. L. M.; DA MATTA, D. A.; FISCHMAN, O.; COLOMBO, A. L. - Padrão de susceptibilidade a antifúngicos de isolados de *Candida* spp. de hemoculturas coletadas em 06 instituições médicas brasileiras. **The Brazilian Journal of Infectious Diseases**, Vol. 1 (Supplement 1): S45, 1997.

PEDIATRIC AREA

Original articles (international publication) (1)

1 Sano A, Vilela MMS, Takahashi I, Fukushima K, Takizawa K, Silva MTN: Isolation of *Candida dubliniensis* from the oral cavity of an HIV-positive child in Brazil. *Jpn J Med Mycol* 41,171-81, 2000.

Original articles (national publications) (7)

1 Silva EB, Silva MTN, Vilela MMS: Evolution of Hematological parameters in a group of Children with Human Immunodeficiency Virus Infection-HIV-1. *Jornal de Pediatria* 75(6)442-448, 1999

2 Lopez N, Vilela MMS, Ribeiro JD: Genetic and environmental influences on atopic Immune response in early life. *Invest. Allergol. Clin. Immunol.* 9.392-398, 1999

3 Leandro Mehri, Vilela MMS, Vilva MTN, Barros-Filho AA: Evolution of Nutritional Status of Infants Infected with the Human Immunodeficiency Virus. *Sao Paulo Medical Journal.* 118(5)148-53, 2000.

4 Silva MTN, Centeville M, Tani SM, Toro ADC, Rossi C and Vilela MMS: Serum Immunoglobulins in Children Perinatally Exposed to Human Immunodeficiency. *Jornal de Pediatria* 77(3)209-218, 2001.

5 Vilela MMS: Particularities in HIV-1 infected children. Report of Research Center for Pathogenic Fungi and Microbial Toxicoses, Chiba Univ.3. 1999.

6 Marque HHS: Nutritional evaluation and suport for children infected with HIV. *Sao Paulo Med J/Rev Paul Med* 118(5)123-4, 2001.

7 Vilela MMS: Desenvolvimento do sistema imune na crianca - (Principios e raticas em elergia e imunologia pediatricas)

PEDIATRIC AREA

Original articles (in press) (2)

1 Silva EB, Grotto HZW, Vilela MMS: Complete Blood Counts in Children exposed to HIV-1: comparison between infected and seroreverters. Accepted by *Jornal de Pediatria*, December 2001 in press.

2 Vilela MMS, Kamei K: Pathogenicity and virulence of *Candida dubliniensis*

List of Presented Papers at the International Symposium of the Clinical Research and Medical Training Project, January 18-19 2001

1. Molecular Epidemiology of Histoplasma capsulatum
Yuzuru Mikami, Research Center for Pathogenic Fungi and Microbial Toxicoses, Chiba University, Japan

2. Studies on Heterothallic Neosartorya Species and their Relationship to Aspergillus fumigatus
Masaki Takada, Japan International Cooperation Agency

3. Molecular Epidemiology of Hospital Infections due to Candida Species
Maria Luiza Moretti Branchini, MD, Infectious Diseases Division, UNICAMP, Laboratory of Molecular Epidemiology and Fungi

4. Oral Fungal Flora of Brazilian Children Born to HIV Infected Mothers
Maria Marluce dos Santos Vilela, MD, PhD, Pediatric Department, Center for Pediatric Research – CIPED FCM- UNICAMP and Research Center for Pathogenic Fungi and Microbial Toxicoses, Chiba University, Japan

5. New PCR Primer Pairs Specific for Cryptococcus neoformans Serotype A or B Prepared on the Basis of Random Amplified Polymorphic DNA Fingerprint Pattern Analyses
Francisco Hideo Aoki, Nancy Fusae Nishimura, Angelica Zanini Schreiber, and Maria Luiza Moretti Branchini from the Faculty of Medical Science, State University of Campinas, Brazil and Tamae Imai, Reiko Tanaka, Yuzuru Mikami, Hideaki Taguchi, Kazuko Nishimura, and Makoto Miyaji from the Research Center for Pathogenic Fungi and Microbial Toxicosis, Chiba University, Japan

6. Fungal Infections in Bone Marrow Transplanted Patients
Plinio Trabasso, MD, Infection Control Service, the Clinical Hospital, UNICAMP

7. Antifungal Susceptibility and Temperature Testing of Environmental and Clinical Samples of Aspegillus Species Isolated from Bone Marrow Transplanted Patients
Ana Beatriz Alkmim Teixeira, Master Degree Student of the Clinical Pathology Department, Faculty of Medical Sciences, UNICAMP
8. Oral Fungal Flora in HIV-Infected Patients in Campinas University, São Paulo, Brazil
Melo NR, Jorge JJ and Pedro RJ from the Dental Faculty and Medical Sciences Faculty, Campinas University, Brazil and Miyaji M, Taguchi H, Fukushima K, and Nishimura K from the Research Center for Pathogenic Fungi and Microbial Toxicoses, Chiba University, Japan
9. Detection of Paracoccidioides Braziliensis Genes from Histopathological Sections
Ayako Sano, Research Center for Pathogenic Fungi and Microbial Toxicoses, Chiba University, Japan
10. Clinical and Therapeutic Aspects of Paracoccidioidomycosis
Prof. Rinaldo Poncio Mendes, MD, Faculty of Medicine, University of São Paulo, Botucatu Campus
11. Bio-Cell Tracer for the Dynamic Growth Analysis of Microbial Cells
Atsushi Ogawa, Research and Development Division, Hidan Co. Ltd. Chiba, Japan and Satoru Yamada, Research and Development Division, Bio-Giken Inc., Tokyo, Japan
12. Bio-Cell Tracer Studies on the Combined Effect of Antifungal Agents
Hideaki Taguchi, Research Center for Pathogenic Fungi and Microbial Toxicoses, Chiba University, Japan

FUNGI ARE

Presentations in International Meetings (21)

1. 1. 7th FOCUS on Fungal Infections. Realizado em San Antonio - Texas - EUA. 12 a 14 de março de 1997.
 - 1.1. LEVIN, A. S.; LEVIN; COSLA, F.; MUSSI, N. S.; BASSO, M.; SINTO, S. I.; GEIGER, D. C. P.; VILLARES, M. C. B.; SCHREIBER, A. Z.; BRANCHINI, M. L. M.; An outbreak of *Candida parapsilosis* fungemia related to implantable and semi-implantable central venous catheters.
2. The Seventh Annual Meeting of the Society for Healthcare Epidemiology of America. St. Louis, MO - EUA. 27 a 29 de abril de 1997.
 - 2.1. OLIVEIRA, T. C.; BRANCHINI, M. L. M.; WENZEL, R. P.; EDMOND, M. - Infection control as a parameter of quality of healthcare in a Brazilian regional multihospitals system.
3. 37th Interscience Conference on Antimicrobial Agents and Chemotherapy. Toronto, Canadá. 28 de setembro a 1º de outubro de 1997.
 - 3.1. PADOVEZE, M. C.; TRESOLDI, A. T.; COLOMBRINI, M. R. C.; AOKI, F. H.; NOWAKONSKI, A. V.; BRANCHINI, M. L. M. - Methicillin-resistant *Staphylococcus aureus* (MRSA) nasal colonization in Aids patients cared in a Hospital Day Care Unit as a reservoir of an epidemic MRSA strain.
 - 3.2. NUCCI, M.; BRANCHINI, M. L. M.; SILVEIRA, R.; SALOMÃO, R.; RICHTNANN, N.; SPECTOR, COLOMBO, A. L. - Risk factors for death in patients with candidemia.
4. The Tenth International Symposium on infections in the Immunocompromised Host. Genebra, Swtzerland. 21 a 24 de junho de 1998.
 - 4.1. NOUER, S. A.; ALMEIDA, V. C.; AOKI, F. H.; BRANCHINI, M. L. M.; PAPAORDANOU, P. M. O. - Paracoccidioidomycosis (PCM) associated with acquired immunodeficiency syndrome (AIDS).
5. IX International Congress of Parasitology (I COPA IX) - Makuhari, Chiba, Japão. 24 a 28 de Agosto de 1998.
 - 5.1. MORETTI-BRANCHINI, M. L. -Yeast and filamentous infections in AIDS patients and immunocompromised host.
6. 38th Interscience Conference on Antimicrobial Agents and Chemotherapy. San Diego, California, USA. September, 24-27, 1998.
 - 6.1. TRABASSO P, SANO A, FUKUSHIMA K, NISHIMURA K, MORETTI-BRANCHINI ML, MIYAJY M. Simultaneous isolation of different strains of *Candida* species

confirmed by randomly amplified polymorphic DNA (RAPD) analysis. Abstract J-155 pg. 496

7. 9th European Congress of Clinical Microbiology and Infectious Diseases. Berlin, Alemanha. 21 a 24 de março de 1999.

7.1. TUBOI, S. H.; SINKOC, V.; AOKI, F. H.; BRANCHINI, M. L. M.; PAPAORDANOU, P. M. O. – Increase of HIV-1 viral load after hepatitis B immunization in seropositive patients.

7.2. BRANCHINI, M. L. M.; AOKI, F. H.; PAPAORDANOU, P. M. O.; COLOMBO, A. L.; TAGUCHI, K.; YAMAMOTO, M.; MIYAJI, M. – Effect of antifungal agents on *Candida* spp. and *Pichia anomala* isolates from oropharyngeal candidiasis of AIDS patients.

7.3. NOUER, S. A.; AOKI, F. H.; BLOTTA, M. H. S. L.; BRANCHINI, M. L. M.; PAPAORDANOU, P. M. O. – Paracoccidioidomycosis associated with acquired immunodeficiency syndrome (AIDS).

8. International Conference on Cryptococcus and Cryptococcosis. Londres, Reino Unido. 12 a 16 de setembro de 1999.

8.1. CALVO, B.; BRANCHINI, M. L. M.; FISCHMAN, O.; DIAZ, M. C.; DA MATTA, D.; COLOMBO, A. L. – Evaluation of RPMI 1640 and YNB media in susceptibility testing of clinical isolates of *Cryptococcus neoformans*.

9. 39th Interscience Conference on Antimicrobial Agents and Chemotherapy – ICAAC. San Francisco, California. EUA. 26 a 26 de setembro de 1999.

9.1. BRANCHINI, M. L. M.; NUCCI, M.; FISCHMAN, O.; AOKI, F. H.; PADOVEZE, M. C.; PAPAORDANOU, P. M. O.; MIKAMI, Y.; NISHIMURA, K.; FUKUSHIMA, K.; MIYAJI, M.; COLOMBO, A. L. – Molecular typing for discriminating *Candida albicans* and *Candida parapsilosis* isolates causing bloodstream infection in general tertiary care hospitals.

9.2. NOUER S.A.; AOKI, F. H.; BRANCHINI, M. L. M.; BLOTTA, M. H. S.; PAPAORDANOU, P. M. O. – Paracoccidioidomycosis associated with acquired immunodeficiency syndrome.

9.3. CALVO, B.; FISCHMAN, O.; COLOMBO, A. L.; SANTIAGO, A.; THOMPSON, L.; LAZERA, M.; TELLES, F.; NISHIMURA, K.; FUKUSHIMA, K.; TANAKA, R.; MIYAJI, M.; BRANCHINI, M. L. M. – Antifungal susceptibility and molecular typing of clinical isolates of *Cryptococcus neoformans* from Brazil, Chile and Venezuela.

10. 4TH Decennial International Conference on Nosocomial and Healthcare-Associated Infections. In conjunction with the 10th Annual Meeting of SHEA. Atlanta, Georgia, EUA. 5 a 9 de Março de 2000.

- 10.1. TRABASSO P.; TRESOLDI AT.; BRANCHINI M.L.M.; DANTAS SRPE.; PADOVEZE MC.; REGINATO L.; NOWAKONKY AV. – Ten years of nosocomial infection control with global surveillance at a Brazilian university hospital.
- 10.2. PADOVEZE MC.; BRANCHINI M.L.M.; TRABASSO P.- Nosocomial infections among HIV and non-HIV patients in a Brazilian infectious diseases unit.
- 10.3. ARAGAO PA.; OSHIRO ICVS.; MANRIQUE E.; MATUSO LL.; LEONEC.; BRANCHINI M.L.M.; LEVIN AS.- *Pichia anomala* fungemia: an exogenous infection?
- 11.14th. Congress of the International Society for Human & Animal Mycology. Buenos Aires, Argentina. 8 a 12 de Maio de 2000.
- 11.1. CALVO B.M.; MORETTI-BRANCHINI M.L.; GOMPertz O.F.; COLOMBO A.L. – Antifungal susceptibility testing and electrophoretic karyotype of sequential *Cryptococcus neoformans* clinical isolates.
- 12.I Congresso Luso-Galaico; V Congresso Nacional, I Encontro acadêmico S.Paulo-Santiago da Compostela – Porto. Porto, 15 a 19 de Outubro de 2000. Portugal.
- 12.1. MORETTI-BRANCHINI M.L.; PADOVEZE M.C., DIAS M.B.S., PAPAIRDANOU P.M.O.; TRABASSO P., NOWAKOSKY A.; DANTAS S.R.P.; TRESOLDI A.T. – Aplicação de métodos de tipagem molecular na investigação de surtos intra hospitalares.
- 12.2. GEIGER D.C.P.; PIGNATARI A.C.; FISCHMAN O.; PAPAIRDANOU P.M.; MORETTI-BRANCHINI M.L.- Tipagem molecular de leveduras do gênero *Candida* por cariotipagem eletroforética.
- 12.3. MORETTI-BRANCHINI M.L.; SCHREIBER A.Z.; NISHIMURA K.; FUKUSHIMA K.; AOKI F.H.; PAPAIRDANOU P.M.O.; MIYAJI M.- Infecção sistêmica por *Trichosporon inkin* e *Trichosporon asahii* var. *asahii* em imunossuprimidos.

Presentations in National Meetings (33)

1. VIII Congresso Panamericano e X Congresso Brasileiro de Infectologia. Salvador - BA, 18 a 23 de maio de 1997.
- 1.1. OLIVEIRA, T. C.; BRANCHINI, M. L. M. - Controle de infecção hospitalar como parâmetro de avaliação de qualidade de serviços em um sistema multihospitalar regional brasileiro.

- 1.2. BRANCHINI, M. L. M.; NUCCI, M.; GEIGER, D. C. P.; KUSANO, E. J. U.; COLOMBO, A. L. - Diversidade genômica de isolados de *Candida albicans* responsáveis por candidemia nosocomial em hospitais universitários.
 - 1.3. COLOMBO, A. L.; NUCCI, M.; SALOMÃO, R.; BRANCHINI, M. L. M.; RICHTNANN, R.; WEY, S. B. - Análise epidemiológica de 145 episódios de candidemia documentados em hospitais terciários de São Paulo e Rio de Janeiro.
 - 1.4. NUCCI, M.; COLOMBO, A. L.; BRANCHINI, M. L. M.; SALOMÃO SILVEIRA, R.; DEROSI, A.; RICHTNANN, R. - Fatores de risco para óbito em pacientes com candidemia.
 - 1.5. NAGAWA, A.; NUCCI, M.; BRANCHINI, M. L. M.; DA MATTA, D. A.; FISCHMAN, O.; COLOMBO, A. L. - Padrão de susceptibilidade a antifúngicos de isolados de *Candida* spp. de hemoculturas coletadas em 06 instituições médicas brasileiras.
2. I Congresso da Sociedade Paulista de Infectologia. Campinas-SP, 02 a 05 de novembro de 1997.
 - 2.1. TRESOLDI, A. T.; BRANCHINI, M. L. M.; PADOVEZE, M. C.; DANTAS, S. R. P. E.; REGINATO, L.; NOWAKONSKI, A. V.; OLIVEIRA, U. M.; TRABASSO, P. - Controle de *Staphylococcus aureus* resistente a oxacilina (SARO) em um hospital universitário: 05 anos de vigilância.
 - 2.2. PADOVEZE, M. C.; TRESOLDI, A. T.; FIGUEIREDO, R. M.; AOKI, F. H.; NOWAKONSKI, A. V.; BRANCHINI, M. L. M. - Colonização nasal por *Staphylococcus aureus* resistentes a oxacilina (SARO) em pacientes com Aids numa unidade de Leito-dia.
 3. II Congresso Brasileiro de Micologia, Rio de Janeiro - RJ, 17 a 21 de abril de 1998.
 - 3.1. NOUER, S. A.; ALMEIDA, V. C.; AOKI, F. H.; BRANCHINI, M. L. M.; PAPAORDANOU, P. M. O. - Paracoccidiodomicose associada a Aids - Relato de dez casos.
 4. VI Congresso Brasileiro de Controle de Infecção e Epidemiologia Hospitalar, Campos do Jordão - SP, 30 de novembro a 03 de dezembro de 1998.
 - 4.1. PADOVEZE, M. C.; TRESOLDI, A. T.; von NOWAKONSKI, A.; AOKI, F. H.; BRANCHINI, M. L. M. - *Staphylococcus aureus* resistente à oxacilina (SARO) em pacientes com Aids.
 - 4.2. PADOVEZE, M. C.; FIGUEIREDO, R.; BRANCHINI, M. L. M.; TRABASSO, P. - Infecções hospitalares em pacientes infectados com o HIV.

5. XI Congresso da Sociedade Brasileira de Infectologia. São Paulo – SP, 01 a 04 de agosto de 1999.
- 5.1. NOUER, S. A.; PAPAORDANOU, P. M. O.; AOKI, F. H.; BRANCHINI, M. L. M. ; - A paracoccidiodomicose (PCM) é mais grave em pacientes com AIDS?
 - 5.2. BRANCHINI, M. L. M. ; DANTAS, S. R. E.; DIAS, M. B. S.; NOWAKONSKI, A.; PADOVEZE, M. C.; TRESOLDI, A. T.; PAPAORDANOU, P. M. O. – Aplicação de métodos de tipagem molecular na investigação de surtos intra-hospitalares.
 - 5.3. BRANCHINI, M. L. M. ; MIKAMI, Y.; NISHIMURA, K.; COLOMBO, A. L.; FISCHMAN, O.; GEIGER, D. C.; NUCCI, M.; MIYAJI, M. -Tipagem molecular para discriminação de isolados de *Candida albicans* e *candida parapsilosis* responsáveis por candidemia em hospitais terciários.
 - 5.4. BRANCHINI, M. L. M. ; LAZERA, M. S.; CALVO, B.; FISCHMAN, O.; TELLES, F.; COLOMBO, A. L. - Avaliação da susceptibilidade aos antifúngicos e carotipagem eletroforética de isolados clínicos de *Cryptococcus neoformans* de diferentes regiões do Brasil, segundo variedades e sorotipos.
 - 5.5. BRANCHINI, M. L. M.; COLOMBO, A. L.; YAMAMOTO, K.; AOKI, F. H.; TAGACHI, H.; PAPAORDANOU, P. M. O.; MIYAJI, M. - Susceptibilidade aos antifúngicos de cepas de *Candida spp* e *Pichia anomala* isoladas de candidíase orofaríngea de pacientes com AIDS.
 - 5.6. GONÇALVES, A.; BRANCHINI, M. L. M.; PEDRO, R. J.; PAPAORDANOU, P. M. O.; MAIA, S. A. – Paracoccidiodomicose em prótese de aorta abdominal.
 - 5.7. NUCCI, M.; COLOMBO, A. L.; RICHTMAN, R.; HALPERN, M.; SALOMÃO R.; BRANCHINI, M. L. M.; - Candidemias em pacientes internados em unidades de terapia intensiva (UTI).
6. XXVII Congresso Brasileiro de Análises Clínicas. Recife, 18 a 22 de Junho de 2000.
- 6.1. ALVES S.H.; OLIVEIRA L.T.; SILVA G.M.; COSTA J.M.; MILÁN E.P.; MORETTI-BRANCHINI M.L.; COLOMBO A. L. – Primeiros isolamentos de *Candida dublinensis* no Rio Grande do Sul.
7. 34º. Congresso Brasileiro de Patologia Clínica/ Medicina Laboratorial, 5º. Congresso do Mercosul e 4º. Congresso de Gestão Laboratorial. Florianópolis, 5 a 8 de Setembro de 2000.
- 7.1. DELGADO A.C.N.; MORETTI-BRANCHINI M.L.; VILLARES M.C.B.- Caracterização das variedades e sorotipos de *Cryptococcus neoformans* de pacientes internados no Hospital das Clínicas da UNICAMP.

8. VI Congresso Brasileiro de Infecção Hospitalar, III Congresso Panamericano, I Congresso Odontológico de Minas Gerais. Belo Horizonte, 10 a 14 de Novembro de 2000.
- 8.1. DANTAS S.R.P.; MORETTI-BRANCHINI M.L. – Colonização por bactéria multi droga resistentes e tipagem molecular de cepas de *Acinetobacter baumannii* isoladas de pacientes assistidos no pronto socorro do Hospital das Clínicas-UNICAMP.
 - 8.2. PADOVEZE M.C.; PEDRO R.J.; MORETTI-BRANCHINI M.L. – Colonização nasal por *Staphylococcus aureus* em pacientes da comunidade portadores de HIV.
 - 8.3. BERETTA A.L.R.; PADOVEZE M.C.; MORETTI-BRANCHINI M.L. – Diversidade genômica de cepas de *Staphylococcus aureus* resistentes a oxacilina isolados de infecções hospitalares.
 - 8.4. PADOVEZE M.C.; TRABASSO P.; MORETTI-BRANCHINI M.L. – Infecções hospitalares em pacientes HIV positivos e não HIV positivos em enfermaria de moléstias infecciosas.
 - 8.5. PAPAORDANOU P.M.; GARCIA M.T.; RESENDE M.R.; MORETTI-BRANCHINI M.L. – Survey on knowledge and attitudes toward risks of blood borne pathogens among senior medical students.
 - 8.6. TRABASSO P., VIGORITO A.C.; de SOUZA C.A.; SCHREIBER A.Z.; MORETTI-BRANCHINI M.L. – Fungal infections in blood marrow transplant recipients in Campinas State University Hospital.
9. XI Congresso da Sociedade Brasileira de Infectologia. São Paulo , 01 a 04 agosto 1999.
- 9.1. BRANCHINI, M. L. M. ; MIKAMI, Y.; NISHIMURA, K.; COLOMBO, A. L.; FISCHMAN, O.; GEIGER, D. C.; NUCCI, M.; MIYAJI, M. -Tipagem molecular para discriminação de isolados de *Candida albicans* e *candida parapsilosis* responsáveis por candidemia em hospitais terciários.
 - 9.2. BRANCHINI, M. L. M.; COLOMBO, A. L.; YAMAMOTO, K.; AOKI, F. H.; TAGACHI, H.; PAPAORDANOU, P. M. O.; MIYAJI, M. - Susceptibilidade aos antifúngicos de cepas de *Candida spp* e *Pichia anomala* isoladas de candidíase orofaríngea de pacientes com AIDS.
10. III CONGRESSO BRASILEIRO DE MICOLOGIA. 2001, AGUAS DE LINDÓIA, SÃO PAULO).
- 10.1. MORETTI-BRANCHINI ML.; GEIGER DCP., GOMPERTZ OF.; PIGNATARI AC. Tipagem molecular de leveduras do gênero *Candida* pela aplicação da técnica de pulsed-field gel electrophoresis. Resumo MH.013. 2001, p.80.

- 10.2. DELGADO ACN.; VILLARES MCB.; AOKI FH.; SCHREIBER AZ.; MOREIRA-OLIVEIRA MS.; RIBEIRO GS.; TAKADA H.; TAGUCHI H.; MIYAJI M.; MORETTI-BRANCHINI ML. Diversidade genômica de *Cryptococcus neoformans* var. *neoformans* na cidade de Campinas. Resumo AA.011. 2001, p.30.
- 10.3. OLIVEIRA MSM.; SCHREIBER AZ.; AOKI FH.; DELGADO ACN.; RIBEIRO EO.; MIKAMI Y.; MIYAJI M.; MORETTI-BRANCHINI. ML. Incidência de *Candida* spp em cavidade oral de pacientes graves internados em hospital terciário. Resumo MH.059. 2001, p. 93.
- 11.XII CONGRESSO BRASILEIRO DE INFECTOLOGIA.02 a 05 de dezembro de 2001. Rio de Janeiro (RJ)
- 11.1. COSTA ABL.; DELGADO ACN.; LIRA L.; SCHREIBER AZ.; NISHIMURA K.; TAGUCHI H.; MIYAJI M.; MORETTI-BRANCHINI ML. Susceptibilidade aos antifúngicos de isolados de *Cryptococcus neoformans* proveniente de pacientes internados no Hospital de Clínicas/UNICAMP.
- 11.2. DELGADO ACN.; VILLARES MCB.; COSTA ABL.; SCHREIBER AZ.; LUZ E.; MIYAJI M.; TAGUCHI H.; AOKI FH.; MORETTI-BRANCHINI ML. Susceptibilidade aos antifúngicos de cepas clínicas e ambientais de *C. neoformans* na cidade de Campinas e região.
- 11.3. GEIGER DCP.; PAPAORDANOU PMO.; RIBEIRO E.; MORETTI-BRANCHINI ML. Estudo das leveduras do gênero *Candida* isoladas de urina em pacientes internados em Hospital Universitário.

Talks in International Meetings (11)

1. Ninth International Congress of Parasitology (ICOPA IX), com o tema "Yeast and filamentous infections in AIDS and immunocompromised host", na mesa redonda sobre - Host defense in fungal and protozoal infections, Makuhari, Chiba, 24 - 28 agosto de 1998, Japão.
2. Special Lecture, no Kanto-Koshinetsu Cancer Therapy and Opportunistic Infections Study Group, com o tema "Opportunistic fungal infections in AIDS patients in Brazil", 03 Outubro de 1998, Omia, Japão.
3. XX World Congress of Pathology/Laboratory Medicine, XXXIII Brazilian, IV Mercosul and the III Brazilian Congress of Laboratory Management, com o tema "Tipagem molecular de microorganisms", São Paulo - SP, 17 a 21 de setembro de 1999, Brasil.

4. Facultad de Medicina de La Universidad del Zulia – Maracaibo - Venezuela, IX Jornadas Científicas De la Facultad de Medicina, com o tema “Importancia del diagnóstico molecular en enfermedades infecciosas” Maracaibo, 20 a 24 de setembro de 1999, Venezuela.
5. Facultad de Medicina de La Universidad del Zulia – Maracaibo - Venezuela, IX Jornadas Científicas De la Facultad de Medicina, “Actualización en enfermedades infecciosas II”, Maracaibo, 20 a 24 de setembro de 1999, Venezuela.
6. Facultad de Medicina de La Universidad del Zulia – Maracaibo - Venezuela, IX Jornadas Científicas De la Facultad de Medicina, “Infección nosocomial por candida”, Maracaibo, 20 a 24 de setembro de 1999, Venezuela.
7. II Curso Internacional de Avanços diagnósticos em Gastroenterologia, sobre o tema Projeto de Pesquisa Clínica e Treinamento Médico, convênio JICA-UNICAMP. Campinas, 01 Fevereiro a 01 de Março 2000, Brasil.
8. XV Congreso Latino Americano de Microbiología Y Del XXXI Congreso Nacional de Microbiología da Asociación Mexicana de Microbiología, sobre Epidemiología Molecular- Epidemiología Hospitalar das infecções fúngicas no Hospital. Mérida Ycatán, México. 13 de Abril de 2000, México.
9. Micoses no Simpósio Latino-Americano sobre pesquisa interprofissional em serviços de Doenças Infecciosas, sobre o tema “Epidemiologia molecular das infecções por leveduras”, Rio de Janeiro, 19 de maio de 2000, Brasil.
- 10.I Congresso Luso-Galaico, V Congresso Nacional, I Encontro acadêmico S.Paulo-Santiago da Compostela-Porto, Porto, 19 de outubro de 2000, Portugal.
11. Palestrante no Ninth International Congress of Parasitology (ICOPA IX), com o tema “Yeast and filamentous infections in AIDS and immunocompromised host”, na mesa redonda sobre – Host defense in fungal and protozoal infections, Makuhari, Chiba, 24 – 28 agosto de 1998, Japão.

Talks in National meetings (14)

1. Curso Pré-congresso “Micologia Avançada: sorologia e biologia molecular”, do II Congresso Brasileiro de Micologia, Rio de Janeiro, sobre o tema “Pulsed-field na identificação fúngica”, 17 a 21 de abril de 1998.
2. II Congresso Brasileiro de Micologia, no Rio de Janeiro, RJ, sobre o tema “Marcadores epidemiológicos na investigação da infecção hospitalar por *Candida*”, 17 a 21 de abril de 1998.
3. Aula na Disciplina IN 151 (Disciplina de Integração) da Faculdade de Ciências Médicas da UNICAMP, sobre o tema “Marcadores genéticos de infecção hospitalar” 15 de junho de 1998.
4. VI Congresso Brasileiro de Controle de Infecção e Epidemiologia Hospitalar, “Fungos – critérios para diagnóstico/prevenção/controle/tratamento”, Campos do Jordão – SP, 03 de dezembro de 1998.
5. VIII Encontro Regional sobre doenças Infecciosas e Parasitárias, com o tema “Epidemiologia molecular aplicada à infecção hospitalar”, Campinas – SP, 25 de junho de 1999.
6. Mesa Redonda: Identificação de marcadores epidemiológicos por técnicas moleculares com o tema “Experiência nacional em epidemiologia molecular”, no XI Congresso Brasileiro de Infectologia, São Paulo – SP, 01 a 04 de agosto de 1999.
7. Divisão de Clínica de Moléstias Infecciosas e Parasitárias da Faculdade de Medicina da Universidade de São Paulo, com o tema “Epidemiologia molecular na infecção hospitalar por fungos”, São Paulo – SP, 19 de agosto de 1999.
8. Workshop Imunologia aplicada à pesquisa nas áreas de ginecologia, obstetrícia e oncologia, com o tema “Experiência do Pós-doutorado e sua aplicabilidade”, Campinas – SP, 14 de setembro de 1999.
9. Curso de Controle de Infecção Hospitalar, da Faculdade de Ciências Farmacêuticas, Departamento de Análises Clínicas e Toxicológicas da

Universidade de São Paulo, sobre o tema “Método de PFGE no estudo epidemiológico de candidíase hospitalar”, São Paulo, 06 de outubro de 1999.

10.XXXVI Congresso da Sociedade Brasileira de Medicina Tropical, sobre “Atualização em infecções fúngicas: Epidemiologia das infecções por leveduras em ambiente hospitalar”, São Luiz, MA, 24 de fevereiro de 2000.

11.Workshop em Biologia Molecular da Universidade Estadual de Maringá no tema de “Emprego da biologia molecular na caracterização epidemiológica de microrganismos”, com os temas: “Tipagem molecular de leveduras de interesse clínico” e “Infecções hospitalares por leveduras do gênero *Candida*”, Maringá, 18 de Setembro de 2000.

12.I Curso de Especialização e I Curso de Aprimoramento em Infecção Hospitalar do Departamento de Doenças Infecciosas e Parasitárias e Departamento de Medicina Preventiva da Faculdade de Medicina da Universidade de São Paulo, sobre o tema “Técnicas moleculares aplicadas ao estudo das infecções hospitalares”, São Paulo, 25 de outubro de 2000.

13.I Curso de Especialização e I Curso de Aprimoramento em Infecção Hospitalar do Departamento de Doenças Infecciosas e Parasitárias e Departamento de Medicina Preventiva da Faculdade de Medicina da Universidade de São Paulo, sobre o tema “Detecção de surtos de infecções hospitalares”, São Paulo, 25 de outubro de 2000.

14Educational program (video)

- Vídeo and Educational TV presentation for the “Associação Paulista de Medicina”, Evidence-based medicine. Sistemic Fungal Infections. São Paulo, 16 de Maio de 1998.

Pediatric Area

Presentation in International congress (1)

1 International Society for Human and Animal Mycology (Buenos Aires. May 8-12, 2000, 14th)

Presentations in International symposium(2)

1 Mycotoxin Contamination: Health Risk and Prevention Project (Chiba. September 9-10, 1999)

2 International Symposium of the Clinical Research and Medical Training Project (Campinas. January 18-19, 2001.)

Presentaion in National congress (1)

1 Japan Society for Medical Mycology (Tokyo. October 7-8, 1999, 43rd)

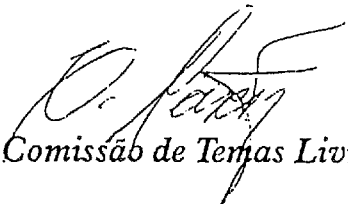



CERTIFICADO

Outorgamos a(ao) Dr.(a) Sartorelli, C.F.

*o diploma de Menção Honrosa como premiação de seu trabalho
" Corticosteróides Modulam a Liberação de Ânion Superóxido por Granulócitos de
Sangue Periférico de Pacientes Atópicos com Asma ", no VIII Congresso Brasileiro
de Alergia e Imunologia em Pediatria e no III Congresso da SLAAIP.*

Rio de Janeiro, 22 de abril de 2001


Comissão de Temas Livres


Evandro Prado
Presidente dos Congressos





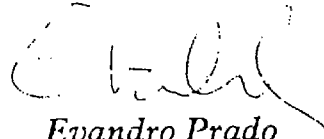
CERTIFICADO

Outorgamos a(ao) Dr.(a) Amoras, AL.B.

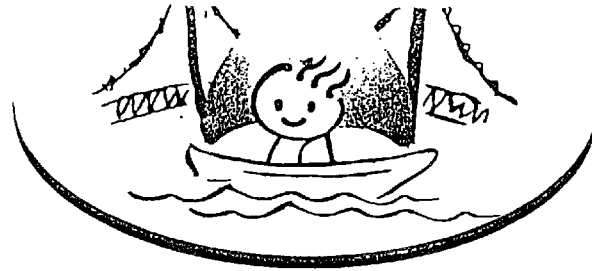
*o diploma de Menção Honrosa como premiação de seu trabalho
" Defeitos na Quimiotaxia e Fagocitose Mediada Via Fc, CR1 e CR3 em
Monócitos de Pacientes com Imunodeficiência Comum Variável (ICV) ", no
VIII Congresso Brasileiro de Alergia e Imunologia em Pediatria e no III Congresso da SLAAIP.*

Rio de Janeiro, 22 de abril de 2001

Comissão de Temas Livres


Evandro Prado
Presidente dos Congressos





Certificado

Certificamos que **MARIA MARLUCE DOS SANTOS VILELA**
participou dos eventos IX Congresso Brasileiro de Pneumologia Pediátrica, V Congresso da Sociedade Latino Americana de Pneumologia Pediátrica, X Congresso Latino Americano de Fibrose Cística, IX Jornada Brasileira de Fibrose Cística e II Jornada Brasileira de Fisioterapia Respiratória em Pediatria, realizados no período de 28 de setembro a 03 de outubro de 2001 em Florianópolis, SC, na qualidade de Co-Autor da(o) MELHOR TEMA LIVRE: Is There Early Sensitization in Wheezing Infants?.

Norberto Ludwig Neto
Presidente do IX Congresso Brasileiro de Pneumologia
Pediátrica e do X Congresso Latino Americano de Fibrose Cística

Fernando Guimarães
Presidente da II Jornada Brasileira de
Fisioterapia Respiratória em Pediatria

Araldo Prohmann de Carvalho
Presidente da Sociedade Catarinense de Pediatria

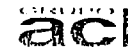
Francisco Caldeira Reis
Presidente do Congresso da Sociedade Latino
Americana de Pneumologia Pediátrica

Incoln Marcelo Silveira Freire
Presidente da Sociedade Brasileira de Pediatria

Promoção e Realização



Apoio



ANNEX-(K)-A8
11/7

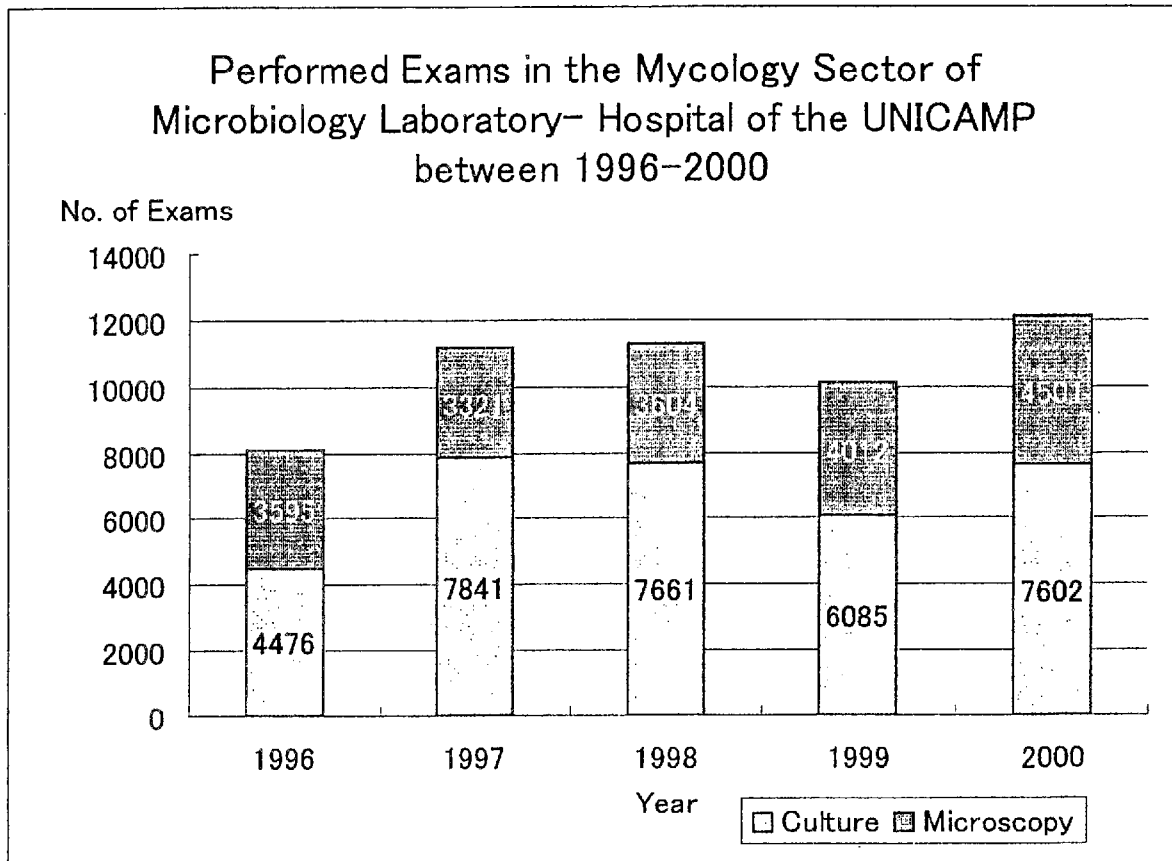
Sources of Local Funds Achieved

1. FAPESP (Fundação de Amparo à Pesquisa do Estado de São Paulo) Scholarship
The Field of Mycology: 4 (2 for MD, 2 for PhD)
The Field of Pediatrics: 5

2. CAPES (Fundação Coordenação de Aperfeiçoamento de Pessoal de Nível Superior) Scholarship
The Field of Mycology: 3 (2 for MD, 1 for PhD)
The Field of Pediatrics: 1

3. CNPQ (Conselho Nacional de Pesquisa) Scholarship
The Field of Mycology: 1

4. FAPESP Project Grants
The Field of Pediatrics: 4



List of identified fungi by AIDS Unit of UNICAMP

Name of fungi	Identification capacity before the project	
	Only until Genus	Genus and specie
1. <i>Absidia sp</i>	YES	NO
2. <i>Acremonium sp</i>	YES	NO
3. <i>Alternaria sp</i>	YES	NO
4. <i>Aspergillus flavus</i>	YES	NO
5. <i>Aspergillus fumigatus</i>	YES	YES
6. <i>Aspergillus niger</i>	YES	YES
7. <i>Aspergillus orizae</i>	YES	NO
8. <i>Aspergillus parasiticus</i>	YES	NO
9. <i>Aspergillus restrictus</i>	YES	NO
10. <i>Aspergillus sparsus</i>	YES	NO
11. <i>Aspergillus terreus</i>	YES	YES
12. <i>Aspergillus versicolor</i>	YES	NO
13. <i>Aureobasidium pullulans</i>	YES	YES
14. <i>Bipolaris sp</i>	YES	NO
15. <i>Blastochizomyces capitatus</i>	YES	YES
16. <i>Candida albicans</i>	YES	YES
17. <i>Candida famata</i>	YES	YES
18. <i>Candida glabrata</i>	YES	YES
19. <i>Candida guilliermondi</i>	YES	YES
20. <i>Candida intermedia</i>	YES	NO
21. <i>Candida kefyr</i>	YES	YES
22. <i>Candida krusei</i>	YES	YES
23. <i>Candida lipolytica</i>	YES	YES
24. <i>Candida lusitaneae</i>	YES	YES

25. <i>Candida norvegiensis</i> (<i>Pichia norvegiensis</i>)	NO	NO
Name of fungi	Identification capacity before the project	
	Only until Genus	Genus and specie
26. <i>Candida parapsilosis</i>	YES	YES
27. <i>Candida pelliculosa</i> (<i>Pichia anomala</i>)	YES	NO
28. <i>Candida sake</i>	YES	NO
29. <i>Candida tropicalis</i>	YES	YES
30. <i>Chaetomium globosum</i>	YES	YES
31. <i>Cladosporium sp.</i>	YES	NO
32. <i>Clocker axis</i>	NO	NO
33. <i>Cryptococcus albidus</i>	YES	YES
34. <i>Cryptococcus luteolus</i>	YES	YES
35. <i>Cryptococcus neoformans</i>	YES	YES
36. <i>Curvularia sp</i>	YES	NO
37. <i>Epicoccum sp</i>	YES	NO
38. <i>Epidermophyton floccocum</i>	YES	YES
39. <i>Exserohilum sp</i>	YES	NO
40. <i>Fonsecaea pedrosoi</i>	YES	YES
41. <i>Fusarium moniliforme</i>	YES	NO
42. <i>Fusarium oxysporum</i>	YES	NO
43. <i>Fusarium solani</i>	YES	NO
44. <i>Fusarium verticillioides</i>	YES	NO
45. <i>Geotrichum sp</i>	YES	NO
46. <i>Histoplasma capsulatum</i>	YES	YES
47. <i>Isaria sp</i>	YES	NO
48. <i>Malassezia sp</i>	YES	NO
49. <i>Microsporum canis</i>	YES	YES
50. <i>Microsporum gypseum</i>	YES	YES
51. <i>Monillia sitophilia</i>	YES	YES

Name of fungi	Identification capacity before the project	
	Only until Genus	Genus and specie
52. <i>Nocardia asteroides</i>	YES	YES
53. <i>Nocardia brasiliensis</i>	YES	YES
54. <i>Paecilomyces variotti</i>	YES	NO
55. <i>Paracoccidioides brasiliensis</i>	YES	YES
56. <i>Penicillium citrinum</i>	YES	NO
57. <i>Penicillium colylohilum</i>	YES	NO
58. <i>Penicillium italicum</i>	YES	NO
59. <i>Penicillium paxilli</i>	YES	NO
60. <i>Penicillium purpurogenum</i>	YES	NO
61. <i>Penicillium simplicissimum</i>	YES	NO
62. <i>Penicillium thomii</i>	YES	NO
63. <i>Pestalotiopsis guepinii</i>	YES	YES
64. <i>Pestalotiopsis gypseum</i>	YES	NO
65. <i>Phoma sp</i>	YES	NO
66. <i>Pichia etchelsii</i>	NO	NO
67. <i>Prototeca zoopfi</i>	YES	YES
68. <i>Rhizopus sp</i>	YES	NO
69. <i>Rhodotorula minuta</i>	YES	NO
70. <i>Rhodotorula mucilaginoso</i>	YES	YES
71. <i>Rhodotorula rubra</i>	YES	YES
72. <i>Sacharomyces cerevisiae</i>	YES	YES
73. <i>Scopulariopsis sp</i>	YES	NO
74. <i>Sedosporium apiospermum</i>	YES	YES
75. <i>Sepedonium sp</i>	YYES	NO
76. <i>Sporothrix schenckii</i>	YES	YES
77. <i>Stachybotrys sp</i>	YES	NO

Name of fungi	Identification capacity before the project	
	Only until Genus	Genus and specie
78. <i>Trichophyton mentagrophytes</i>	YES	YES
79. <i>Trichophyton rubrum</i>	YES	YES
80. <i>Trichophyton tonsurans</i>	YES	YES
81. <i>Trichosporon asahii</i>	YES	NO
82. <i>Trichosporon cutaneum</i>	YES	NO
83. <i>Trichosporon inkin</i>	YES	NO

Two new genera and 29 new species were identified after the beginning of the Project (in shade of the above table).

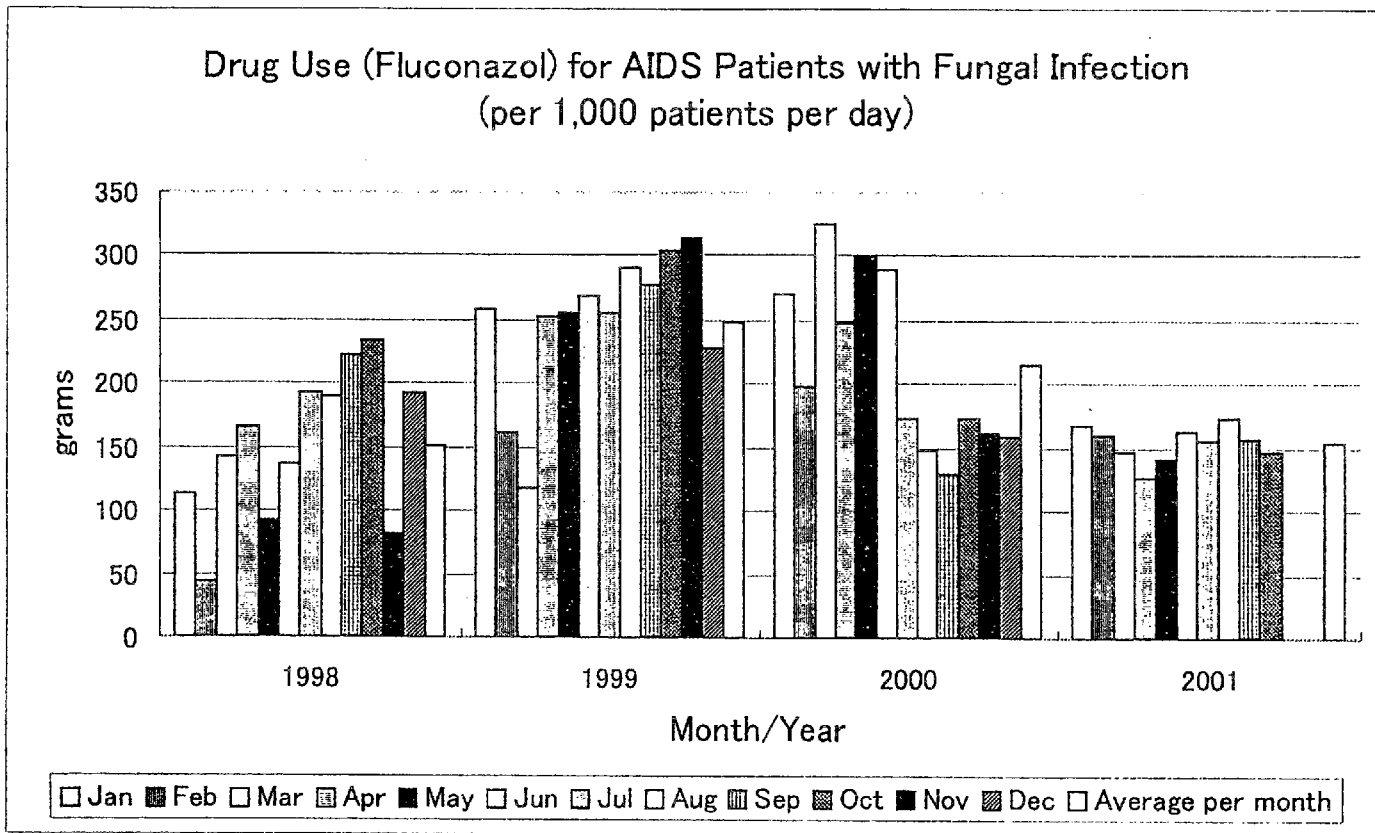
Table 1. Colonization index by yeast in the oral cavity from different groups of children

Diagnosis	No. of patients	No. of positive patients for fungi	% of positive patients for fungi
HIV-infected	151	114	75.5%
Seroreverter	29	12	41.4%
Non-exposed to HIV	96	34	35.5%
Total	276	160	58.0%

Table 2. Candida species distribution isolated from oral cavity in each group of children

Diagnosis	Candida						other yeast	Mycelial fungi	Total
	albicans	dubliniensis	psendotropicalis	tropicalis	glabrata	krusei			
HIV-infected	196	4	12	3	1	2	31	10	259
Seroreverter	8	0	0	3	0	0	0	0	11
Non-exposed to HIV	32	0	1	2	0	0	3	0	38
Total	236	4	13	8	1	2	34	10	308

Source: Statistics of the Pediatric Immunodeficiency Unit, UNICAMP



List of New Methods Introduced for Immunological Analysis

Old Methods

1. Phagocytic System
 - 1.1 Phagocytosis via FC, CR1, CR3
 - 1.2 Chemotaxis
 - 1.3 Superoxide Anion O₂⁻ Productions

New Methods Introduced

1. Phagocytic System
 - 1.1 Superoxide Anion Production by Flow Cytometry
2. Cellular System
 - 2.1 Immunophenotyping by Flow Cytometry
 - 2.2 Bruton's Tyrosine Kinase (BTK) protein expression in monocytes
3. Molecular Diagnosis
 - 3.1 X-linked Agammaglobulinemia (*BTK*)
 - 3.2 Autosomal Recessive Agammaglobulinemia (μ heavy chain, λ 5, Ig α)
 - 3.3 Autoimmune Lymphoproliferative Syndrome (*TNFRSF6*)

***Mortality Rate of AIDS Patients
in the Pediatric Immunodeficiency Units of the UNICAMP Hospital
between 1989-1999***

Year	No. of Patients		Mortality Rate
	Died	Survived	(%)
1989-1991	20	10	66.67
1993-1996	28	54	34.15
1997-1999	9	44	16.98

Source: Statistics of the Pediatric Immunodeficiency Unit, UNICAMP

Nutritional status of pediatric AIDS patients in the UNICAMP hospital

Table 1: Relationship between nutritional status and disease severity of the pediatric AIDS patients

Nutritional status	Symptom		
	Mild	Moderate	Severe
Nutritional	39	28	1
Mal-nutritional	15	27	9

Table 2: Relationship between nutritional status and disease progression of the pediatric AIDS patients

Nutritional status	Disease progression		
	Rapid	Slow	No change
Nutritional	24	28	16
Mal-nutritional	37	12	2

Source: Statistics of the Pediatric Immunodeficiency Unit, UNICAMP

**Detected Cases of Liver Tumor (HCC) 1990-2001
(N=82)**

Size :	$\geq 1\text{cm} \leq 2\text{cm}$	14 (17.0%)
	$\geq 2\text{cm} \leq 3\text{cm}$	16 (19.5%)
	Total	30 (36.5%)

Size:	$> 3\text{cm} \leq 5\text{cm}$	18 (21.9%)
	$> 5\text{cm} \leq 8\text{cm}$	16 (19.5%)
	$> 8\text{cm} \leq 10\text{cm}$	7 (8.5%)
	$> 10\text{cm}$	3 (3.6%)

**Detected Cases of Liver Tumor (HCC) 1996-2001
(N=52)**

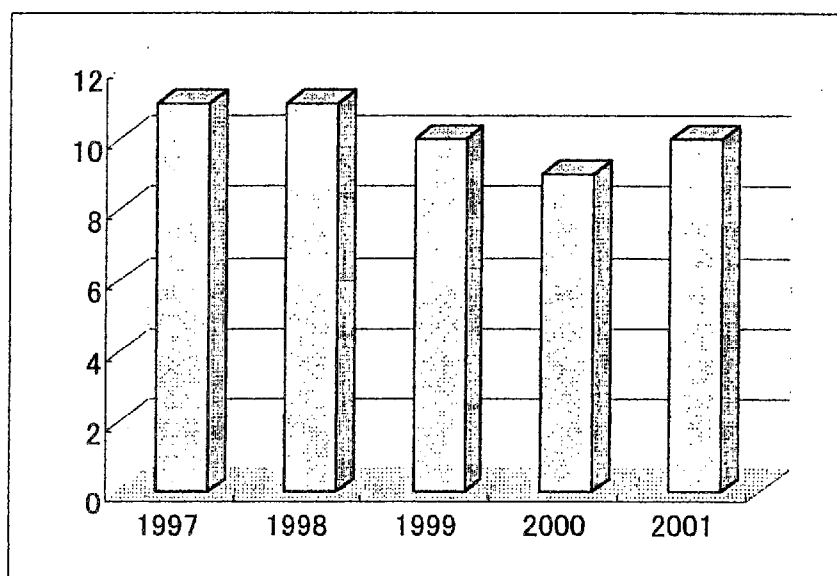
Size:	$\geq 1\text{cm} \leq 3\text{cm}$	23 (44.2%)
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Year: 1990-1995: HCC with size $\geq 1\text{cm} \leq 3\text{cm} = 7$ cases (23.3%)

Year: 1996-2001: HCC with size $\geq 1\text{cm} \leq 3\text{cm} = 23$ cases (76.6%)

Sources: UNICAMP Statistics.

*Number of Professionals Who Received Technical Transfer
in the Field of Hepatology from the UNICAMP
(for the periods of one month-two years)*



Source: The UNICAMP statistics.

Eight (8) institutions which sent professionals to the UNICAMP includes UNESP, UFAL (Alagoas), Univ. of Para, Univ. of Amazonas, Univ. of Acre, Univ. of RCS, and Univ. of Paraiba.

**Realized Tests at Laboratory of the Bacteriology and Hepatology
Between January 1997 and November 2001**

PCR for HCV:

	1997	1998	1999	2000	2001
Qualitative	25	-	-	132	115
Quantitative	19	37	20	36	37

Genotyping for HCV:

2000 29 Quantitative Tests
50 Qualitative Tests

The New Examination Techniques Introduced by the Project***1. ICG (Indocyanim Green Test)***

1997 9 Tests
1998 15 Tests
2001 2 Tests

Note: The reason for a decrease is due to lack of reagents for the examination.

2. PIVKAI

1999 52 Tests
2000 110 Tests

3. Amonia (blood)

1997-2001 70 Tests

4. Hepatitis B Virus (HBV)

2001 50 Quantitative Tests
50 Qualitative Tests

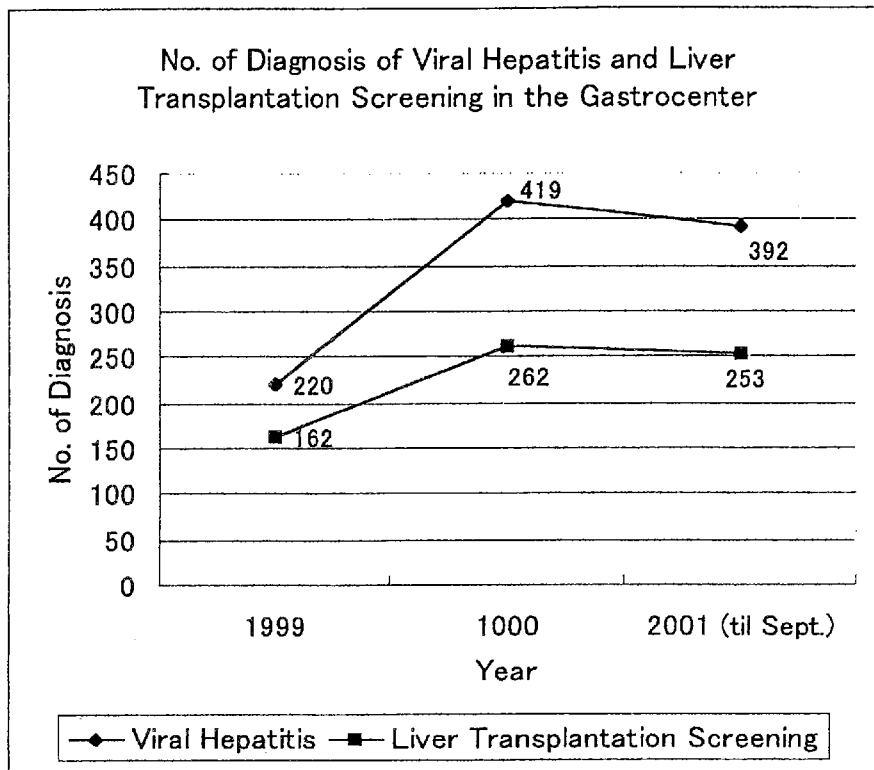
5. HBV-DNA Sequence: Core and Pre-core HBV Mutants

2001 27 Tests

6. Lymphocytes Count - FACS (Flow Cytometry)

2002 CD62L, CD69, T4/T8 – 50 Tests

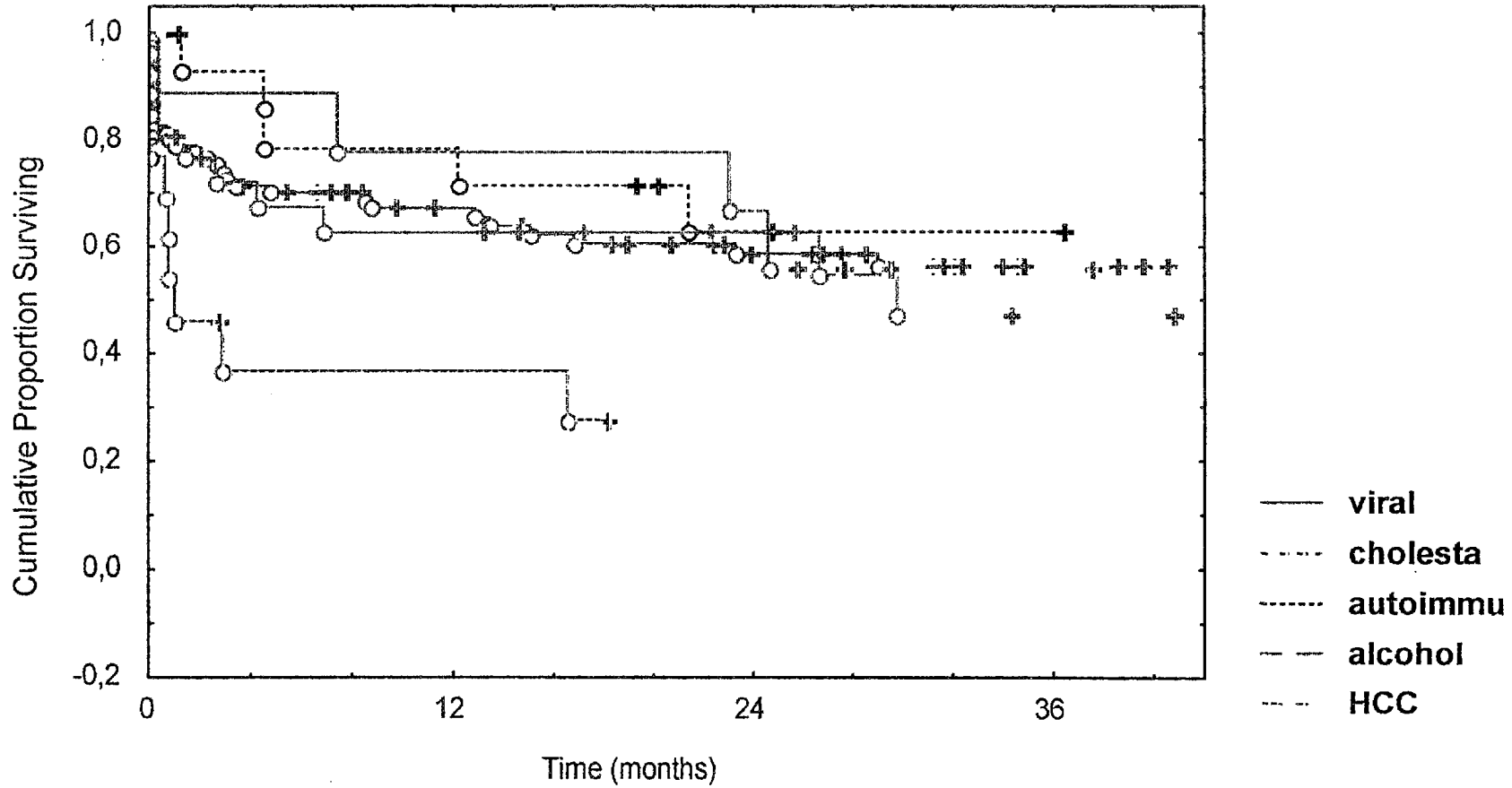
Source: UNICAMP Statistics.



Source: UNICAMP Statistics (Statistics of Gastroentology, the Hospital of the UNICAMP-Gastrocenter).

Patients Survival - OLT - UNICAMP (1995-2001)

○ Complete + Censored



3. 肝臓病学分野の実績データ

Hepatology Group / only Internal Medicine

April 1997 - 2001 (h.u.)
1996 - 2001

N of post graduated students: 13

N° of scientific papers : 58

N° professional promoted: 03

N° books & monography: 12

N° Seminar / Training organized : 02 seminars; 4 TCTP; 04 individual training

Theses orientations: ~~08~~ (08)

→ ~~MARCELO~~: DRAUZIO DE MORAES

MARCELO M. DE OLIVEIRA

GIOVANNI FARIA SILVA .

ROSANGELA MARIA WYSZOMIRSKA

NANCY F. NISHIMURA

HELENA GIORDANO

~~ANDRE~~

SALETE BRITO

JOSE CARLOS DOS SANTOS JUNQUEIRO

(1)カンピーナス大学から技術移転を受けた人/機関数

From January 2001 to November 2001

Prof. Dr. Luiz Sergio Leonardi
Prof. Dra. Ilka de Fatima Santana Ferreira Boin

(2)プロジェクトに参加した大学院生数

Medical Institutions/professionals that received technical transfer from UNICAMP

Dr. Gustavo Ribeiro de Oliveira – Faculdade de Medicina de Ribeirão Preto / USP
Dr. Cleber Soares Jr. – Faculdade de Medicina de Juiz de Fora / UFMG
Dr. Segirson de Freitas – Santa Casa de Piracicaba

(3)開催したセミナー/研修数

Number of Postgraduated students who participated

Postgraduated:

1. Marcos Becker
2. Manoel Inacio de Loyola
3. Henrique Jose Virgili Silveira
4. Huda Maria Noujaim

Residents: 14

(4)出版された書籍数(章の執筆)

Number of seminars/training organized

1. Coordenação do programa de educação continuada em gastroenterologia – Campinas 04 e 05/05/2001.
2. II Curso Internacional de Hepatologia – Campinas 29/11 a 01/12/2001.
3. IV TCTP – Campinas 06/11 a 07/12/2001.

(5)国際学会

Number of scientific production such as books

1. TRANSPLANTE HEPÁTICO. Leonardi, L.S.; Boin, I.F.S.F.; Teixeira, A.R.F.; Leonardi, M.I. – In: Terapêutica Cirúrgica, Andy Petroianu, Editora Guanabara Koogan, Rio de Janeiro/RJ, pág. 307-320, 2001. (total de páginas 1307).
2. IATROGENIA TRAUMÁTICA NA CIRURGIA ELETIVA DO ABDOME. Leonardi, L.S.; Boin, I.F.S.F.; Soares Jr., C.; Pereira, G.S.; Leonardi, M.I. – In: Trauma: Uma Endemia Nacional, Evandro Costa Silva Freire, Editora Ateneu, Rio de Janeiro/RJ, pág. 2423-2438, 2001.

(6) 国内学会

National congress as attendant

1. XVI Congresso Brasileiro de Hepatologia, realizado em Vitória/ES, no período de 28/04 a 01/05/2001.

(7) 発表論文 (抄録発表を含む)

International congress as attendant

1. 1.4th Congress of the European Chapter of the International Hepato-Pancreato-Biliary Association, realizado em Amsterdam-Holanda, no período de 27 a 30/05/2001.
2. 2.Joint Meeting of International Liver Transplantation Society – ILTS ELTA LICAGE Berlin 2001, realizado em Berlin – Alemanha, no período de 11 a 13/07/2001.
3. A Transplant Odyssey – The Future is Here, realizado em Istambul – Turquia, no período de 20 a 23/08/2001.

(8) 発表論文 (抄録)

Published papers

1. A NEW METHOD FOR THE EXPERIMENTAL INDUCTION OF SECONDARY BILIARY CIRRHOSIS IN WISTAR RATS. Jorge, G.L.; Leonardi, L.S.; Boin, I.F.S.F.; Silva Jr., O.C.; Escanhoela, C.A.F. – Acta Cir. Bras. 16(2):1-11, 2001.
2. CHEMICAL PLEURODESIS FOR HEPATIC HYDROTHORAX. Boin, I.F.S.F.; Silva, A.M.O.; Leonardi, L.S. – Arq. Gastroenterol. 38(2):125-128, 2001.
3. Leonardi LS, Soares C Jr, Boin IF, Oliveira VC - Hemobilia after mycotic hepatic artery pseudoaneurysm after liver transplantation. Transplant Proc 2001 Jun;33(4):2580-2
4. Boin IFSF, Leonardi LS, Falcão AE, Caruy CA, Cardoso AR, Luzo ACM -Analysis of neurological complications within the first 30 days after orthotopic liver transplantations. Transplant Proc 2001 33(7-8): 3695-3696

(9) 抄録を発表した国際学会

International congress (Abstracts)

1. A NEW METHOD FOR THE EXPERIMENTAL INDUCTION OF SECONDARY BILIARY CIRRHOSIS IN WISTAR RATS. Jorge, G.L.; Boin, I.F.S.F.; Escanhoela, C.A.F.; Leonardi, L.S.; Silva Jr., O.C. – 4th Congress of the European Chapter of the

International Hepato-Pancreato-Biliary Association. Journal of the International HPB Association 3(1):131, 2001.

2. CORRELATION BETWEEN THE SOCIOECONOMIC PROFILE AND TREATMENT COMPLIANCE OF PUBLIC HEALTH SERVICE LIVER TRANSPLANT RECIPIENTS. Boin, I.F.S.F.; Udo, E.Y.; Leonardi, L.S. - 4th Congress of the European Chapter of the International Hepato-Pancreato-Biliary Association. Journal of the International HPB Association 3(1):136, 2001.
3. GLUTATHIONE S-TRANSFERASE GSTMI AND GSTTI POLYMORPHISMS: NO INFLUENCE OF THE NULL GENOTYPES IN SPORADIC COLORECTAL CARCINOMA RISK. Boin, I.F.S.F.; Nascimento, H.; Lima, C.S.P.; Coy, C.S.R.; Leonardi, L.S.; Costa, F.F. - 4th Congress of the European Chapter of the International Hepato-Pancreato-Biliary Association. Journal of the International HPB Association 3(1):143, 2001.
4. ANALYSIS OF NEUROLOGICAL COMPLICATIONS WITHIN THE FIRST 30 DAYS AFTER ORTHOTOPIC LIVER TRANSPLANTATION. Boin, I.F.S.F.; Falcão, A.; Luzo, A.C.M.; Cardoso, A.R.; Caruy, C.A.; Leonardi, L.S. - Joint Meeting of ILTS, ELTA and LICAGE Berlin 2001. Liver Transplantation, 7(6):24, 2001.
5. RESULTS OF MARGINAL DONORS USE IN 160 ORTHOTOPIC LIVER TRANSPLANTATION. Boin, I.F.S.F.; Barbosa, G.V.D.; Risso Neto, M.I.; Pereira, M.R.; Fregonesi, A.; Leonardi, L.S. - Joint Meeting of ILTS, ELTA and LICAGE Berlin 2001. Liver Transplantation, 7(6):50, 2001.
6. BILIARY RECONSTRUCTION IN 135 ORTHOTOPIC LIVER TRANSPLANT - EXPERIENCE WITH TWO TECHNIQUES - Leonardi, L.S.; Boin, I.F.S.F.; Udo, E.Y.; Oliveira, G.R.; Callejas Neto, F. - Joint Meeting of ILTS, ELTA and LICAGE Berlin 2001. Liver Transplantation, 7(6):65, 2001.
7. GASTROINTESTINAL BLEEDING DURING LIVER TRANSPLANTATION: REPORT OF TWO CASES. Leonardi, L.S.; Boin, I.F.S.F.; Oliveira, G.R.; Luzo, A.C.M.; Addas, M.C.; Cardoso, A.R. - 2001 A Transplant Odyssey - The Future is Here. Abstract Book, pág.310, 2001.
8. ANALYSIS OF NEUROLOGICAL COMPLICATIONS WITHIN THE FIRST 30 DAYS AFTER ORTHOTOPIC LIVER TRANSPLANTATION. Leonardi, L.S.; Boin, I.F.S.F.; Falcão, A. - 2001 A Transplant Odyssey - The Future is Here. Abstract Book, pág.320, 2001.
9. BILIARY RECONSTRUCTION IN 135 ORTHOTOPIC LIVER TRANSPLANT - EXPERIENCE WITH TWO TECHNIQUES. Leonardi, L.S.; Boin, I.F.S.F.; Oliveira, G.R. - 2001 A Transplant Odyssey - The Future is Here. Abstract Book, pág.96, 2001.

(10) 抄録を発表した国内学会

National congress (Abstracts)

1. PSEUDOANEURISMA DE ARTÉRIA HEPÁTICA E HEMOBILIA – RELATO DE CASO. Leonardi, L.S.; Boin, I.F.S.F.; Oliveira, W.C. – VII Congresso da Associação Brasileira de Transplante de Órgãos - ABTO e VI Encontro de Enfermagem para Transplantes - Fórum de Histocompatibilidade 2001 – ABH. *Jornal Brasileiro de Transplantes – JBT* 3(1):124, 2001.
2. COMPLICAÇÕES NEUROLÓGICAS OBSERVADAS NOS PRIMEIROS 30 DIAS APÓS A REALIZAÇÃO DO TRANSPLANTE HEPÁTICO (TOF). Leonardi, L.S.; Boin, I.F.S.F.; Falcão, A.; Luzo, A.C.M.; Caruy, C.A.; Cardoso, A.R. - VII Congresso da Associação Brasileira de Transplante de Órgãos - ABTO e VI Encontro de Enfermagem para Transplantes - Fórum de Histocompatibilidade 2001 – ABH. *Jornal Brasileiro de Transplantes – JBT* 3(1):124, 2001.
3. TRANSPLANTE HEPÁTICO EM PACIENTE COM ANEMIA FALCIFORME E BETA-TALASSEMIA - RELATO DE CASO. Leonardi, L.S.; Boin, I.F.S.F.; Oliveira, G.R.; Luzo, A.C.M.; Addas, M. - VII Congresso da Associação Brasileira de Transplante de Órgãos - ABTO e VI Encontro de Enfermagem para Transplantes - Fórum de Histocompatibilidade 2001 – ABH. *Jornal Brasileiro de Transplantes – JBT* 3(1):123, 2001.
4. ESTUDO DOS DOADORES MARGINAIS UTILIZADOS PARA TRANSPLANTE HEPÁTICO. Leonardi, L.S.; Boin, I.F.S.F.; Barbosa, G.D.V.; Rizzo, M.I.; Pereira, M.R.; Fregonesi, A. - VII Congresso da Associação Brasileira de Transplante de Órgãos - ABTO e VI Encontro de Enfermagem para Transplantes - Fórum de Histocompatibilidade 2001 – ABH. *Jornal Brasileiro de Transplantes – JBT* 3(1):123, 2001.
5. CORRELAÇÃO DA ADERÊNCIA, SOBREVIDA, PERFIL SÓCIO-ECONÔMICO E TEMPO DE LISTA EM UM PROGRAMA DE TRANSPLANTE HEPÁTICO. Leonardi, L.S.; Udo, E.Y.; Boin, I.F.S.F.; Biella, S. - VII Congresso da Associação Brasileira de Transplante de Órgãos - ABTO e VI Encontro de Enfermagem para Transplantes - Fórum de Histocompatibilidade 2001 – ABH. *Jornal Brasileiro de Transplantes – JBT* 3(1):122, 2001.
6. RECONSTRUÇÕES BILIARES EM 135 TRANSPLANTES HEPÁTICOS: EXPERIÊNCIA COM 2 TÉCNICAS. Leonardi, L.S.; Oliveira, G.R.; Boin, I.F.S.F. - VII Congresso da Associação Brasileira de Transplante de Órgãos - ABTO e VI Encontro de Enfermagem para Transplantes - Fórum de Histocompatibilidade 2001 – ABH. *Jornal Brasileiro de Transplantes – JBT* 3(1):116, 2001.

7. HEMORRAGIA GASTROINTESTINAL DURANTE TRANSPLANTE HEPÁTICO – RELATO DE 2 CASOS. Leonardi, L.S.; Cardoso, A.R.; Caruy, C.A.; Oliveira, G.R. - VII Congresso da Associação Brasileira de Transplante de Órgãos - ABTO e VI Encontro de Enfermagem para Transplantes - Fórum de Histocompatibilidade 2001 – ABH. Jornal Brasileiro de Transplantes – JBT 3(1):116, 2001.
8. ASCITE APÓS TRANSPLANTE HEPÁTICO PELA TÉCNICA DE PIGGYBACK. Zanotelli, M.L.; Leonardi, L.S.; Marroni, C.; Brandão, A.; Cantisani, G.P.C. - VII Congresso da Associação Brasileira de Transplante de Órgãos - ABTO e VI Encontro de Enfermagem para Transplantes - Fórum de Histocompatibilidade 2001 – ABH. Jornal Brasileiro de Transplantes – JBT 3(1):136, 2001.

(11) ポスター参加した国内学会

National congress (posters and oral presentations)

1. TRANSPLANTE HEPÁTICO EM PACIENTE COM ANEMIA FALCIFORME E BETATALASSEMIA - RELATO DE CASO. Leonardi, L.S.; Boin, I.F.S.F.; Oliveira, G.R.; Luzo, A.C.M.; Addas, M. - VII Congresso da Associação Brasileira de Transplante de Órgãos - ABTO e VI Encontro de Enfermagem para Transplantes - Fórum de Histocompatibilidade 2001 – ABH, realizados em Vitória/ES, no período de 28 a 31/03/2001.
2. ESTUDO DOS DOADORES MARGINAIS UTILIZADOS PARA TRANSPLANTE HEPÁTICO. Leonardi, L.S.; Boin, I.F.S.F.; Barbosa, G.D.V.; Risso, M.I.; Pereira, M.R.; Fregonesi, A. - VII Congresso da Associação Brasileira de Transplante de Órgãos - ABTO e VI Encontro de Enfermagem para Transplantes - Fórum de Histocompatibilidade 2001 – ABH, realizados em Vitória/ES, no período de 28 a 31/03/2001.
3. CORRELAÇÃO DA ADERÊNCIA, SOBREVIDA, PERFIL SÓCIO-ECONÔMICO E TEMPO DE LISTA EM UM PROGRAMA DE TRANSPLANTE HEPÁTICO. Leonardi, L.S.; Udo, E.Y.; Boin, I.F.S.F.; Biella, S. - VII Congresso da Associação Brasileira de Transplante de Órgãos - ABTO e VI Encontro de Enfermagem para Transplantes - Fórum de Histocompatibilidade 2001 – ABH, realizados em Vitória/ES, no período de 28 a 31/03/2001.

4. カンピーナス大学カウンターパートによるエイズ分野の第3回研修を要望するレター



*Projeto de Pesquisa Clínica e Treinamento Médico
da Unicamp - JICA*



Campinas, November 27, 2001

Dear Prof. Massao Fujimaki
Leader of the third evaluation mission of the
Project on Clinical Research and Medical Training
UNICAMP - JICA

The Project on Clinical Research and Medical Training UNICAMP-JICA, area of Aids and Immunocompromised patients is proud of the succesfull results obtained in this project, such as: International publications, organization of International Meeting, ascending professional positions (PhD, MsD, associate professor and professor) publication of one book, establishment of new technologies in mycological fields.

Based on these excelent results, the Brazilian coordinators of this project are requiring, as a form to transfer the technology acquired from Japan (Chiba University), the implementation of TCTP (Third Country Training Program), involving Latin America countries, and African portuguese speaking countries.

It will be of great value for AIDS Unit of Faculty of Medical Science - University of Campinas and JICA to extend scientific contribution to emerging countries.

Thank you very much for your kind attention

Yours Sincerely

Prof. Dr. Ademair Yamatika, MD

General Coordinator of Brazilian side

Prof. Dr. Francisco Hideo Aoki, MD

Prof. Dr. Maria Luiza Moretti Branchini, MD

Aids UNIT - UNICAMP

Telephone: 0055 019 3289-9578

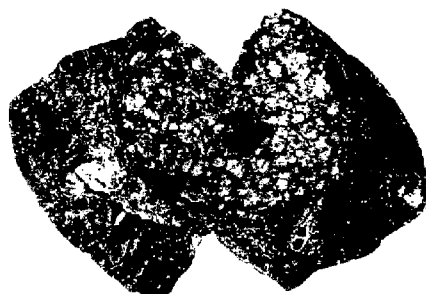
Fax: 0055 019 3788-7700

カンピーナス大学C/Pからのエイズ分野第3回研修を
要望する旨のレター。後日正式要請書が出される由。



II Curso Internacional de Hepatologia da Unicamp

de 29 de novembro à 01 de dezembro 2001



IMPRESSO

Coordenadores:

*Prof. Dr. Luiz Sergio Leonardi (UNICAMP)
Profa. Dra. Elza Cotrim Soares (UNICAMP)*

Comissão Organizadora:

*Ademar Yamanaka
Fabio Guerrazzi
Ilka de Fatima S.F. Boin
Jazon Romilson de Souza Almeida
José Geraldo Paraíso Ferraz
Maria Aparecida Mesquita*

Comissão Japonesa:

*K. Yamamoto
K. Tanaka
M. Fujimaki
A. Watanabe*

Patrocinadores



II Curso Internacional de Hepatologia da Unicamp

29/11/2001- 5ª feira

20:00h - Abertura

Prof. Luiz Sérgio Leonardi (UNICAMP)

20:15h - Conferência :

"A situação atual do Transplante hepático inter-vivos.

"Perspectivas futuras".

Conferencista: Prof. K. Tanaka (Kyoto University, Japão)

21:00h - Coquetel

30/11/2001- 6ª feira

8:30 - 9:30h

Conferência: É o transplante hepático inter-vivos uma terapia eficaz na hepatite fulminante? A experiência japonesa.

Conferencista: Prof. K. Tanaka (Kyoto University, Japão)

9:30 - 10:50h

Mesa Redonda : Hepatite B.

Moderador: Prof. Flair Carrilho (USP).

- Epidemiologia da Hepatite por vírus B.

Prof. Raquel Stucchi. (UNICAMP)

- Genótipos de HBV e sua relação com carcinoma hepatocelular

Prof. José Renato R. Pinho (Inst. Adolfo Lutz)

- O laboratório no diagnóstico e na avaliação terapêutica da hepatite crônica por vírus B.

Prof. Nancy F. Nishimura (UNICAMP)

- Tratamento da hepatite crônica por vírus B. Variantes HBV e lamivudina.

Prof. Suzane K. Ono- Nita (USP)

10:50 - 11:00h - Coffee Break

11:00 - 12:00h

Conferência: Hepatites virais-: o que há de novo.

Conferencista: Prof. Luiz Carlos da Costa Lyra. (Universidade Federal da Bahia).

12:00 - 14:00h - Almoço

14:00 - 15:30h

Mesa Redonda: Hepatite por vírus C.

Coordenadora: Prof. Elza Cotrim Soares (UNICAMP).

- Epidemiologia da hepatite C.

Prof. Giovanni Faria (UNESP)

- Fatores de risco para a progressão da hepatite crônica C.

Prof. Elza Cotrim Soares (UNICAMP)

- Alterações histopatológicas das hepatites crônicas virais.

Prof. Cecília F. Escanhoela. (UNICAMP)

- Como eu trato hepatite crônica C.

Prof. Fernando Lopes Gonçalves. (UNICAMP)

15:30 - 15:45h - Coffee Break

15:45 - 17:15h

Mesa Redonda: Hemorragia digestiva na hipertensão portal.

Moderador: Prof. Rogério Antunes Pereira Filho (UNICAMP)

- Inflamação e Hipertensão portal.

Prof. José Geraldo Ferraz (UNICAMP)

- Métodos Diagnósticos na avaliação da hipertensão portal

Prof. S. Matsutani (Chiba University, Japão)

- Tratamento farmacológico do sangramento por ruptura de varizes do esôfago.

Prof. Edna Strauss (USP)

- Tratamento endoscópico da Hemorragia digestiva alta por ruptura de varizes de esôfago

Prof. Ciro Garcia Montes (UNICAMP)

- Tratamento cirúrgico da HDA.

Prof. Ilka F. S. Boin (UNICAMP)

17:15 - 18:00h

Conferência- Encefalopatia Hepática.

Prof. A. Watanabe (Toyama University, Japão.)

01/12/2001 Sábado

8:30 - 9:00h

Conferência: Indicações controversas do transplante hepático.

Prof. Sérgio Mies (FMUSP)

9:00 - 10:30h

Mesa Redonda: Carcinoma Hepato- celular (CHC).

Coordenador: Prof. Ademar Yamanaka (UNICAMP)

- Detecção precoce de lesões do fígado na cirrose hepática. Quando biopsiar.

Prof. Jazon R.S. Almeida. (UNICAMP)

- Tratamento não cirúrgico: Injeção percutânea com álcool (IPE) e microondas.

Prof. S. Yasumura (Toyama University, Japão)

- Tratamento não cirúrgico: embolização arterial.

Prof. Irene Kamata Barcellos. (UNICAMP)

- Tratamento cirúrgico do Carcinoma hepato-celular.

Prof. Luiz Sérgio Leonardi (UNICAMP)

10:30 - 10:45h - Coffee Break

10:45 - 12:00h

Mesa Redonda: Transplante hepático.

Coordenador: Prof. Luiz Sérgio Leonardi (UNICAMP)

- Seleção de doadores e receptores para o transplante hepático inter-vivos.

Prof. Gilda Porta. (USP)

- O transplante hepático inter- vivos no adulto.

Prof. Paulo Chap-Chap (Hospital Sirio Libanês)

- Complicações biliares e vasculares no transplante inter-vivos.

Prof. Eduardo Carone (Hospital Sirio Libanês)

- Uso do "Split-liver" Impacto na mortalidade na fila de espera.

Prof. Huda Noujaim (UNICAMP)

12:00 - 12:30h

Conferência: Estado atual do transplante hepático no Brasil.

Prof. Luiz Sérgio Leonardi (UNICAMP)

Encerramento

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SP新聞 1977年12月11日

JICA カンピーナス大学臨床研究プロジェクト 来年三月への修了調印式と評価報告

エイズや肝臓疾患に關する研究機能を高めるため、JICAがカンピーナス大学臨床研究プロジェクトが、三〇〇三年三月に修了するにあたり、同評価調査団として、藤巻雅夫団長（富山医科大学薬学名譽教授）と高橋誠団長（千葉大学農園医学研究センター教授）が来伯。六日に、同大学で修了調印式を実施した。同プロジェクトは、カンピーナス大学において、エイズ分野での実績として、高橋教授は「ブラジルは、世界二番目の死



カンピーナス大学での修了調印式

生国、エイズを完治させる薬はないが、進行を遅らせる「二次感染を抑えることはできる」と説明。カンピーナス大学の研究機能を高めることで、同付属病院のエイズ患者死亡率を減少させたという。

また、同研究の成果、功績がブラジル政府にも認められ、来年三月には、カンピーナス市にエイズ・センターが完成する予定。肝臓病分野では、早期肝臓癌の診断技術や内科的治療法などの技術指導が行われた他、進行癌に対する外科的切除療法や生体肝移植技術の指導、訪日研修なども行われた。特に肝臓移植などは、同大学で年数回しか実績が無かったが、同プロジェクトの技術移転で、年間百件くらい実施されるようになったという。カンピーナス大学におけるJICA技術協力は、八六年に消化器疾患の治療分野への技術移転に続き、九〇年から九五年度で寄生虫学、消化器診断学、臨床病理学などの分野で協力を行的成果を上げている。今回は九七年から五年間、エイズと肝臓病分野で技術指導を実施。長期専門家九人、短期専門家三十五人が招聘され、ブラジル人訪日研修員十七人が派遣されている。

異人會館を定めた地
地日本人會

住所のほか、フ
ミナミ大地になびくこと
を願う」といったメッセージ
が書かれている。葬式會
長は、「こいのぼりは旗町の
住民の気持ちそのもの。
八十五周年を盛大に祝う
と、地元の期待に応えたい

交際だ。
二〇〇二年一月二十七日
の総会の席上で、役員に披
示される。こいのぼりの旗
を異人會がまた決めてい
ない。各支部や日本人會に
寄贈するほか、異人會主催の
郷土芸能祭りの会場になる
イビラン公園に持ち込
むなどの案が出されている
が、異人會の協力を得た

臨に際し、衆ボール二編分
(約五十本)を贈った。
昨年八月にブラジル移住
五周年を記念して相模野馬
道がジョウキョウクラブなど
で披露された。相模野馬道
保存会の会員として、小林
さんも来伯した。その時に
こいのぼりの書道をお願い
する五月から地元旗町な
八十五周年に出席した。

今回の技術協力では、免
疫不全に陥った患者に感
る合併症、特に真菌症の診
断、病原真菌の特定や薬
理、治療などの研究を進め
てきた。調査団員の一人
有智裕子千葉大学基礎医学研
究センター教授は、「同大
学での真菌感染分野の研究
は、ブラジル国内でもと成
ブランスに成長したと感
果を認める。今年九月に
はカンピナス大学と千葉大
学との間で大学間協力が結
ばれた。

エイズ治療法進む

事業団評価チーム来伯

国際協力事業団の技術協
力の一環としてカンピナス
大学に派遣された事業団
研究プロジェクトが昨年三
月に終了。同プロジェクト
は「エイズ感染予防症
予防、肝臓疾患予防」
の二課題分野を対象とし、九
七年四月から五年間にわた
り実施されてきた。援助総
額は約四億七千万円。プロ
ジェクトを推進していた、防衛庁近
の協力の協力でサントイン

九〇年から九五年にかけて
消化器疾患分野を中心に技
術協力が行なわれていた。
今回の技術協力の対象分野
はエイズと肝臓疾患に關す
る感染、治療と研究の推進
を目的とした。同大の
プロジェクトは、同大の
プロジェクトは、同大の

同大のプロジェクトは、同大の
プロジェクトは、同大の
プロジェクトは、同大の
プロジェクトは、同大の



左から藤巻、菅治氏

和井櫻園会長 名譽市民に

和井氏一サンパウロ市
和井櫻園会長が二十日
七時から、聖ペテロと
区ドアドラントジャカレ
通り一〇〇番のサンパウ
市議會で名譽市民に選
定された。同会長は九五
年、日伯友好協会の
櫻園建設部の設置、生
活、福祉に貢献して
と、櫻園と対する聖ペ
テロ市議員が推薦した。和井
会長は、「全市市民に傳
はれば、櫻園が繁栄するな
どの特典がある。その大
社会が必要としていること
に協力しなければならな
い」と、地元の協力に力を入
れている。

五年間の活動の中で、日
本から長崎、組合員を
延べ四十人のボランティア
ボランティアが十七人
の研究が日本に派遣され
た。同大では、同大の
州政府の協力により、
イメセンの活動を促進

方ボラ二下市の
善病院に草の植
サントパウロ總領事館は二
十日、カボネイト市のサ
ンタカタザ總領事館に對する
市の植金協力に對する
を贈る。今年三月に専



開かれたクリスマスパーティー

開催地情報

観光振興会
子メールで紹介

二〇〇二年の開催地は、
カンピナスのサンパウロ
プロジェクトが対象とな
り、同大のプロジェクトは、
同大のプロジェクトは、
同大のプロジェクトは、

伯人男性2人刺す

一人死亡、自分も自傷する
昨年七月、サンパウロ市
の中心部で、二名の伯人
男性が互いに刺し合った。
一人は死亡、もう一人は
重傷を負った。事件は、
同大のプロジェクトは、

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ADVOCACIA
Dr. Pedro Y. Handa