For our readers: A special thank you to those of you who continue to provide feedback for the new combined format for the TB Wire and the TB-Related News and Journal Items Weekly Update. This remains a work-in-progress and feedback to setkind@stoptbusa.org is welcome and encouraged.

ANNOUNCEMENTS

STOP TB USA:

The new Stop TB USA Facebook page:

Stop TB USA Facebook

Stop TB USA calls for nominations for the position of Secretary

Stop TB USA is currently accepting nominations for the elected position of Secretary. The person in this position will be one of the Stop TB USA Partnership officers (Chair, Chair-Elect, and Immediate past Chair) and will serve for a 2 year term (June 2013 -June 2015). Duties of the Partnership Secretary include:

- With the other officers, participating in all activities in support of the Stop TB USA Partnership
- Participation in and taking minutes for the monthly conference calls of the Coordinating Board
- Ensuring timely reports of Partnership activities for the Partnership membership in collaboration with the Executive Director
- Assisting the Working Groups as needed
Please consider submitting your name as a nominee (or another name as a nomination) for this position to setkind@stoptbusa.org. Elections will be held during the Stop TB USA Partners Forum at the National TB Conference in June.

STOP TB USA CALLS FOR WORKING GROUP MEMBERS

Stop TB USA has organized the following new Work Groups and we would love to have your participation.

**Communications and Media (Chair David Bryden):** This group will be responsible for assuring that Stop TB USA serves as a channel of scientific and public health knowledge for policy makers and the public on the status of tuberculosis elimination globally, nationally and at state and local levels. Activities would include oversight and evaluation of: the current Stop TB USA website - with the assistance of available ATS information technology (IT) resources, the site will be evaluated and changes made as needed, including evaluating the potential for a Patient’s Forum section and blog; the "TB Wire", "TB NO Longer a problem?" and other Stop TB USA publications; new communication/media tools; Co-chairing the Annual Public Health TB Poster Session at the ATS Conference including helping to solicit and review abstracts and; working with local, national and global partners to establish other communication and media venues that will assist in strengthening TB prevention, care and control in the US.

**Policy Education and Resources (Chair Coco Jervis):** This group is responsible for assuring that Stop TB USA serves as a mechanism to mobilize and educate the policy makers and the public about the need for sustaining community public health activities including development of new tools; and to actively support resources for TB elimination in the US at the National, state and local levels. Oversight and participation would include working with advocacy partners at all levels (current and new) to achieve the objectives of the partnership. (Those partners would include legislative liaisons, governmental and non-governmental agencies, and other interested parties); assisting with the coordination and marketing of World TB Day activities and other activities that promote TB as a national public health issue; participating in the Congressional TB Reauthorization bill process, and mobilizing new membership for the Congressional TB Caucus.

**Patients’ Community Forum (Chair Jigna Rao):** This Forum is intended to be an inclusive, membership group of all patient members, their families, partners, and friends from Stop TB USA. In addition, all who have an interest in helping patients are welcome to participate. The role and mission of the Patients’ Forum are: 1) to serve as a forum of information exchange on progress, problems and challenges for TB patients in the US; 2) to develop awareness of and increase support for commitment to TB care and control in the US; and 3) to review and comment on the overall progress of the Stop TB USA Partnership. The functions of the TB Patients’ Forum are: 1) to identify problems and challenges and to exchange information among TB patients; and 2) to create and support opportunities for advocacy, information exchange, communications and awareness activities for patients, their families, and their communities in support of TB care and control at local, state, and federal levels.
**Membership and Outreach (Chair Dr. Randall Reves):** This group would be responsible for providing a framework for increasing community participation in the national tuberculosis elimination effort, with emphasis on building awareness in and participation of "at risk" populations. Current list servs will be reviewed, evaluated and amended as indicated. Activities to increase membership will be explored and evaluated; Stop TB USA visibility and presence will be maintained through Partnership updates at national and international TB-related meetings, TB-related poster sessions, TB partner meetings and conferences, and TB-related educational activities.

Please consider signing up for one of these groups and email setkind@stoptbusa.org if you are interested or if you would like to suggest a potential member.

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**WASHINGTON UPDATE**

Thanks to Nuala Moore for the following updated information. Nuala is the Senior Legislative Representative at the American Thoracic Society Washington Office.

**DOMESTIC FUNDING UPDATE**

TB Caucus co-chairs Reps. Green (D-TX), Young (R-AK) and Engel (D-NY) sent letters to the House Labor-HHS and State-Foreign Ops Appropriations subcommittees this week in support of domestic and global TB funding. The domestic letter was signed by 19 House members, a record show of support! The signors include Representatives from HI, TX, CA, NJ, WA, WI and FL. The letter requests $243 million for CDC’s TB program, the authorized level from the Comprehensive TB Elimination Act, enacted in 2008. The global letter was signed by 30 House members and requests $400 million for USAID’s TB program. Thanks to all who contacted your Representatives to support these letters. The list of signors to the domestic letter is at the end of this update.

**2014 Budget**

On April 10, the President released his proposed budget for FY2014. The budget proposes an 8%, or $432 million cut overall for CDC. Under the budget, the Div. of TB Elimination would receive a minor funding increase of $346,000, for total proposed funding of $140.3 million. CDC's program budget lines for FY2014 include the Working Capital Fund and a salary adjustment for federal employees, which adds $7 million to the TB program budget line. USAID’s TB program is slated for a 19.1% funding cut under the proposed budget, which would reduce funding for global TB assistance to $191.1 million. The budget is the first step in the appropriations process and serves as a guideline for the congressional appropriations committees. Congress will now begin drafting bills and will begin subcommittee, followed by committee action, this summer.

**TB Caucus**

The TB caucus now has 16 members. We urge Stop TB USA members to ask their House
Representatives to join the Caucus in order to expand support for TB funding in the House.

**Reauthorization**

Regarding reauthorization, a work group is drafting an update to the current TB authorizing legislation - the Comprehensive TB Elimination Act that will be expiring in 2013. They aim to draft a bill that addresses all the emerging and ongoing issues (drug resistance, foreign born TB, etc.) and present to potential sponsors in 2013.

**Signors to Domestic TB Funding Letter**: Engel, Young, Corinne Brown, Jim Moran, Hanabusa, Carson, Gwen Moore, Hinojosa, Eshoo Pascrell, Schakowsky, O'Rourke, Young, Conyers, McDermott, Payne, Bera, Deutch, DeFazio.

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**NEW RESOURCES**

**FROM THE CDC:**

The new Health Alert Network (HAN), "Nationwide Shortage of Tuberculin Skin Test Antigens: CDC Recommendations for Patient Care and Public Health Practice", is now available at [http://emergency.cdc.gov/HAN/han00345.asp](http://emergency.cdc.gov/HAN/han00345.asp)

**FROM CDC NPIN: Social Media and Public Health:**

A series discussing the world of social media and its relevance to public health. Each webcast focuses on a popular social media channel and includes cutting-edge tips and tools for appropriately integrating social media into your public health communication strategy. In the Know webcasts are live events with presentations and interactive sections. Use hashtag #sm4ph on Twitter to follow the conversation and ask questions. You can also submit questions to info@cdcnpin.org

Prior sessions have been archived and are available for viewing: Feb. 19 – Twitter: [Archive](http://emergency.cdc.gov/HAN/han00345.asp) March 12 – LinkedIn & Slideshare [Archive](http://emergency.cdc.gov/HAN/han00345.asp) April 2 – Gaming & Mobile [Archive](http://emergency.cdc.gov/HAN/han00345.asp)

Be sure to join us for the latest social media insights on topics including:

- April 23 – Facebook & Image Sharing (Instagram, Pinterest & Flickr) with special guest AIDS.gov - [Registration](http://emergency.cdc.gov/HAN/han00345.asp) is open now!
- May 14 – Google Plus & YouTube with Special Guest from Google
- June 4 – Social Media Measurement & Evaluation

**FROM THE INFECTIOUS DISEASE SOCIETY (IDSA):**

New fact sheet on TB/HIV [HERE](http://emergency.cdc.gov/HAN/han00345.asp)
FROM TREATMENT ACTION GROUP (TAG):

On December 11–12, 2012, in Washington, D.C., Treatment Action Group (TAG) hosted a meeting of HIV advocates, service providers, and researchers from across the United States (U.S.) to review the current state of the national HIV response and discuss how to revitalize the National HIV/AIDS Strategy (NHAS). Meeting participants reviewed the latest data, discussed the changing landscape of the HIV response, and developed recommendations for continued and expedited progress. The Meeting Report summarizes the presentations and discussions, and outlines the key recommendations from participants. The Action Plan incorporates the recommendations from the meeting report. Download them [HERE](#).

TAGLINE Spring 2013

- **TB Drugs for Children**
  Poor treatment options spur innovative research strategies
  There is an old adage in pediatric medicine: children are not little adults. This is particularly true when it comes to tuberculosis, for which management strategies are largely the same, but dosing guidance and options leave a lot to be desired. Fortunately, a number of initiatives hope to remedy this situation in an effort to reduce global TB mortality among children—currently 100,000 deaths each year.

- **Sanofi’s Double-Edged Sword**
  Rifapentine’s manufacturer helps to advance TB research while stalling access
  Sanofi-Aventis, manufacturer of the tuberculosis (TB) drug rifapentine (Priftin), can be credited for aiding research efforts to shorten and simplify treatment dosing for TB. However, the company’s pricing of the drug has hampered access to such regimens, even in resource-rich nations like the United States.

- **A Necessary Transformation**
  Simultaneous, not sequential, evaluations of novel drug regimens needed to speed TB treatment research.
  New drugs, as components of novel regimens, are necessary to improve TB treatment. To expedite the development of these regimens, while simultaneously reducing the size, length, and cost of clinical trials, TB researchers, funders, and activists are working together to develop alternative study designs.

- **Publication:** In partnership with the Sentinel Project on Pediatric Drug-Resistant Tuberculosis, TAG has released *We Can Heal: Prevention, Diagnosis, Treatment, Care and Support: Addressing Drug-Resistant Tuberculosis in Children*. This collection of stories of 30 children with drug-resistant tuberculosis in 30 countries underscores the need for improved programs, policies, and tools to reach the goal of zero TB deaths, new infections, and suffering.

NAR Vancouver

FROM THE NORTH AMERICAN REGION OF THE UNION:
The speaker presentations from the 17th Annual Conference of the Union are now available online. Please visit the BC Lung Association’s website at:

http://www.bc.lung.ca/association_and_services/union.html

FROM THE KAISER FOUNDATION:

The Kaiser Family Foundation analysis of funding for U.S. global health activities included in the FY 2014 budget request is now available at:

FROM RESULTS (David Bryden):

- This document is aimed at US advocacy on global TB. Now online here - please share link and add to your websites! http://www.interaction.org/sites/default/files/TB.pdf
- Victories in Print. Nineteen letters to the editor. Eight op-eds. Two editorials. This is the running count of RESULTS-supported World TB Day media that we're celebrating. Check out our blog for the growing list; read, comment, and share with your community and your members of Congress what you and your fellow advocates have accomplished. 2013 will be a year full of important media pushes as we approach the fall replenishment meetings for the Global Fund to Fight AIDS, Tuberculosis and Malaria. Thanks to our grassroots for getting us off to such a great start!

FROM THE STOP TB PARTNERSHIP:

The Stop TB Partnership Secretariat is inviting nominations from individuals who are interested in serving as country or constituency representatives on the Coordinating Board. The Secretariat is recruiting for a total of nine Board seats that are currently vacant:

- four seats for country representatives
- two seats for community representatives
- one seat for a representative of NGOs in developing countries
- one seat for a representative of NGOs in developed countries
- one seat for a private sector representative

The call for nominations is part of the package of governance reforms approved by the Coordinating Board at its 22nd meeting in Kuala Lumpur, Malaysia, in November 2012. The reforms are designed to broaden the base of partners represented on the board. All nominations should be submitted by Monday 13 May 2013 to stoptbboard@who.int. Nomination guidelines, eligibility criteria, and application forms are available on the Stop TB Partnership website at http://www.stoptb.org/about/cb/comms.asp. For more information on Coordinating Board reform, please read an update from the Executive Committee.
The EndGame Campaign: 

The EndGame Campaign is a new global campaign to defeat AIDS, TB, and Malaria that brings together civil society, the private sector, governments, and international partnerships to galvanize local-to-global efforts to achieve four major outcomes:

1. Increased global awareness and public engagement in a revitalized movement to defeat AIDS, TB, and Malaria, especially targeting youth;

2. Enhanced advocacy for resources and demand for rapid scale of programs to defeat AIDS, TB, and Malaria;

3. Mobilization of resources for the Global Fund to Fight AIDS, TB, and Malaria;

4. Accelerate the mobilization of stakeholders in affected countries to defeat AIDS, TB, and malaria through the "Target Zero" global challenge.

Act V: The End of AIDS, with the Global Fund to Fight AIDS, TB, and Malaria (Global Fund) as a lead partner, is engaging a new movement of partners, including UNAIDS, Stop TB Partnership, Roll Back Malaria (RBM), the Global Business Coalition for Health (GBC Health), the MDG Health Alliance, Live Nation UK, Saatchi and Saatchi, Friends of the Global Fund Africa, Roll Back Malaria, the Red Hot Organization, the Office of UN Special Envoy on Malaria & MDG Health Financing, the African Leaders Malaria Alliance (ALMA), and an expanding network of stakeholders in support of the EndGame Campaign. The EndGame Campaign is planned to be launched to the global public later in 2013. For more detailed information, here is a weblink to a short animatic video and a powerpoint deck: https://www.yousendit.com/download/UVJqeW56RndEa1ZwdmNUQw

HIGHLIGHTED TB REPORTS

FROM PUBLIC HEALTH NEWSWIRE:

CDC’s Tom Frieden, speaks about the budget during a visit to APHA headquarters to members of the CDC Coalition.

Following last week’s release of President Barack Obama’s fiscal year 2014 budget, U.S. Centers for Disease Control and Prevention Director Tom Frieden Monday shed light on the impact of proposed funding levels for CDC and more broadly, public health. The overall decreased budget, which includes cuts along with increases for various CDC activities, offers a bitter sweet outlook on the agency’s public health efforts.

CDC, which maintains programs that investigate infectious diseases and health threats, monitor the public’s health, promote prevention and more, would see a collective $270 million funding decrease under the president’s proposal. It is also represents the lowest level of funding for CDC since fiscal year 2003.
'"We work with state and local entities toward protecting health. [Budgetary] reductions mean real reductions in our abilities," Frieden explained during a visit to APHA headquarters to members of the CDC Coalition, a group of public health advocates led by the Association.

The budget comes with some good news as it would protect and improve funding for CDC efforts such as food safety, nationwide expansion of the National Violent Death Reporting System, tobacco control and health statistics. The budget’s increases would also aid in Advanced Molecular Detection, cutting-edge analytical capabilities that could improve response to infectious disease outbreaks like protecting Americans from drug resistant microbes or helping control outbreaks like cholera. Endeavors like these, however, require continued funds. "To not just explain where the organism is, but where it is going, we need more investments," said Frieden, when discussing the potential of Advanced Molecular Detection.

A host of CDC activities would see large funding cuts under the president’s budget. Community Transformation Grants, the Preventive Health and Health Services Block Grant and immunization efforts are just a few CDC activities that would undergo cuts amounting to hundreds of millions of dollars.

"We have challenges," Frieden said. "When public health suffers, it’s not about an agency in Atlanta. It’s about people who need prevention on the front lines not getting care."

FROM TRUST FOR AMERICA’S HEALTH:

Trust for America’s Health — Investing in America’s health: A state-by-state look at public health funding and key facts

For too long, the country has focused on treating people after they become sick instead of preventing diseases before they occur. Investing in disease prevention is the most effective, common-sense way to improve health— helping to spare millions of Americans from developing preventable illnesses, reduce healthcare costs, and improve the productivity of the American workforce so we can be competitive with the rest of the world. Tens of millions of Americans are currently suffering from preventable diseases such as cancer, heart disease and diabetes. And, today’s children are in danger of becoming the first generation in American history to live shorter, less healthy lives than their parents. The nation’s public health system is responsible for improving the health of Americans. But, the public health system has been chronically underfunded for decades. Analyses from the Institute of Medicine (IOM), The New York Academy of Medicine (NYAM), the U.S. Centers for Disease Control and Prevention (CDC), and a range of other experts have found that federal, state and local public health departments have been hampered due to limited funds and have not been able to adequately carry out many core functions, including programs to prevent disease and prepare for health emergencies.

FROM LANCET:

Lancet series examines tuberculosis
"To commemorate World TB Day 2013, the Lancet Infectious Diseases publishes a series of papers on tuberculosis, a disease that has long plagued human beings and was declared a global emergency in 1993 by WHO," the series homepage states.

FROM USAID:

A link to USAID’s latest report on its TB program:


FROM PATH ACSM Updates:

The first is an update on the Africa Coalition on TB’s first year of progress and accomplishments. The second is an announcing the launch of three new global ACSM tools.

Africa Coalition on TB - Full Article

New Global ACSM Tools

FROM NEWS SOURCES:

UNITED STATES

ARIZONA: "Shortage Prompts Health Department to Prioritize TB Testing"
Yuma Sun (04.01.13):: Hillary Davis

Due to a nationwide shortage of Tubersol PPD used for screening TB, the Yuma County, Ariz., Public Health District will suspend routine TB screenings and prioritize testing for the disease based on the highest public health impact. High-priority cases to be screened will include individuals who have been in contact with someone diagnosed with pulmonary or laryngeal TB; individuals exhibiting symptoms suggestive of TB; individuals with HIV or compromised immune systems; and individuals who have arrived within the past year from countries with a high TB incidence. For further information, contact the Yuma County TB Control Program at (928) 317–4585.

INDIANA: "St. Joseph County Funds Man's Tuberculosis Treatment"
South Bend Tribune (04.10.13):: Amanda Gray

On April 9, Indiana’s St. Joseph County Council approved a funding request asking for an additional $8,000 for multidrug-resistant (MDR) TB treatment for a patient who recently moved into the county. County Health Department Administrator Nick Molchan requested the funding, as state law requires county health departments to provide funding for communicable disease treatments such as MDR TB. Molchan explained, "When a person has [TB], there are medications they have to take. In normal cases, those medicines are able to take care of it." Of this TB strain, Molchan stated, "There’s a next stage, this stage, where some strains of TB are resistant to the
American Lung Association statistics show that the United States reported 98 cases of MDR TB in 2011 and 89 cases in 2010. One of MDR TB's causes is the inadequate treatment of normal TB; hence, some of the funding will go to observing the patient taking the medication. At an earlier council meeting, Molchan told the group that a previous county’s treatment for the patient had cost that county more than $80,000, which included hospitalization. When the patient relocated, that county contacted the St. Joseph County Health Department.

Molchan stated that in his 26-year health career, this was the first time he had dealt with this type of situation. The impoverished patient has been on Medicaid frequently; fortunately, the patient is no longer contagious, which will greatly reduce St. Joseph County’s costs. Molchan contacted other counties about how best to handle the patient’s funding and learned that they, too, had faced similar circumstances and had asked for and received additional appropriations.

CALIFORNIA: "Hundreds of Antioch Students to Be Tested for TB"
abc7News.com (04.08.13):: Lilian Kim

TB screenings for some students began on April 11 at Deer Valley High School in Contra Costa County, Calif., after a fellow classmate tested positive for TB. Contra Costa Health Services offered testing only to students who may have come into contact with the diagnosed student by sharing a classroom or by being fellow club members. The county determined last month that the student was ill with TB. Although no longer infectious, the student could have been infectious in January. The TB screenings held on April 11 are the first in the county since 2009 when an Antioch High School student was diagnosed with TB.

GLOBAL: "Pill-Watching Practice May Not Improve Tuberculosis Treatment"
Chicago Tribune (04.04.13):: Trevor Stokes, Reuters

University of Texas Southwestern Medical Center researchers report that TB patients who are trusted to take medications on their own fare as well as those participating in directly observed therapy (DOT) programs. Dr. Tawanda Gumbo, associate professor of medicine and the study’s co-author, stated that it might be better to divert crucial resources used for DOT toward developing personalized systems for TB medications. The research compared results from 10 studies of TB patients; 8,774 patients were on DOT, and 3,708 patients took medicines on their own. Each study tested the participants to see whether the patients still had TB, relapsed, or developed drug-resistant TB after treatment ended. Those taking TB medicine on their own did as well as DOT patients on all three criteria.

According to the World Health Organization (WHO), 1.4 million people died from TB in 2011, and WHO estimates 630,000 cases of multidrug-resistant TB (MDR TB) exist worldwide. To reduce the number of MDR TB cases, WHO recommends government-supported infrastructure to
standardize diagnosis and doctor-monitored treatment of TB. Failing to take the full six-month course of TB medicines can result in development of MDR TB. Dr. William Bishai, director of the KwaZulu-Natal Research Institute for Tuberculosis and HIV, stated that DOT works well in richer countries like the United States, where TB is "concentrated among a relatively small number of recalcitrant patients." DOT’s cost-benefit might not be the same in resource-poor countries. However, Bishai doubted that setting up personalized TB treatments for underserved African y online in the journal Clinical Infectious Diseases (2013: doi:10.1093/cid/cit167).

GLOBAL: "TB Prevention May Boost Drug Resistance, Study Finds"
Bloomberg (04.10.13): Makiko Kitamura

In a study published on April 10 in Science Translational Medicine, researchers led by Harriet Mills of the University of Bristol in the United Kingdom have said that treating an entire community with the generic drug isoniazid may increase the possibility of drug resistance in that population, which calls into question large-scale public health interventions. According to the study, prevention of TB—the world’s second-deadliest infectious disease with 1.4 million deaths in 2011—may unintentionally increase drug resistance to more dangerous strains of the disease, especially among HIV-infected patients. The World Health Organization recommends giving isoniazid to HIV-positive individuals as they are more likely to develop severe TB in comparison to healthier individuals. While most TB can be cured with antibiotics, drug-resistant strains of the disease afflict approximately 630,000 individuals globally. A study published in August stated that almost half of the TB patients who had received prior treatment were resistant to a second-line drug, suggesting that the infection might become "virtually untreatable."

GLOBAL: PHILIPPINES: "Gas Company Launches Anti-TB Campaign"
Manila Standard Today (04.15.13)

Caltex, an oil company in the Philippines, and other Pacific countries have joined the fight against TB. The "Caltex Labanan and TB, para Tsuper Healthy" TB awareness campaign has educated more than 10,000 jeepney and bus drivers in metropolitan Manila. Approximately 52 public transport drivers were trained by Quezon City Health Department (QCHD) as volunteer TB treatment partners. The training qualified the drivers to teach colleagues about TB, dispel myths about the disease, and encourage others to seek early medical assistance to help stop TB transmission. The campaign was piloted in Makati and Manila, where approximately 5,000 jeepney drivers and their families were enrolled. In QC, Caltex also partnered with bus companies that endorsed the campaign to their employees as part of their occupational safety program ordered by the Department of Labor. A number of bus companies also show the TB awareness video on buses. To further extend the reach of the campaign, Caltex uses a TB awareness bus for trainers to hold onboard seminars and distribute posters, flyers, and stickers as well as promote the Caltex TB helpline. The seminars focus on correcting common misconceptions and emphasizing prevention, early detection, and cure.

Before the awareness drive, Chevron, which owns Caltex, had donated $5 million to fight TB in
the Philippines. This was used to educate approximately 8,175 service deliverers in providing quality TB services. More than 6,144 health care providers were trained in community care, and approximately 1,778 patients who were not responding to first line anti-TB drugs, received treatment for multidrug-resistant TB.

TB kills 75 Filipinos a day and is the sixth leading deadly disease in the country. The Philippines rank 22nd among countries with the highest number of TB cases in the world and is second only to China in the Western Pacific region. Dr. Antonieta V. Inumerable, head of QCHD, welcomed the support and efforts of Caltex to eliminate TB in the country. She noted that Quezon City has a large population served by public transport workers so that improving the driver’s health also protects the passengers from TB.

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**JOURNAL ARTICLES**

(April 6 – April 19, 2013)

**Acta Trop.** 2013 Apr 6. [Epub ahead of print]

*A whole blood assay as a simple, broad assessment of cytokines and chemokines to evaluate human immune responses to Mycobacterium tuberculosis antigens.* Silva D, Ponte CG, Hacker MA, Antas PR.


PubMed: [www.amedeo.com/p2.php?id=23103734&s=tb&pm=2](http://www.amedeo.com/p2.php?id=23103734&s=tb&pm=2)

**Antimicrob Agents Chemother.** 2013 Apr 9. [Epub ahead of print]

*Model-based estimates of the effects of efavirenz on bedaquiline pharmacokinetics and suggested dose adjustments for patients co-infected with HIV and tuberculosis.* Svensson EM, Aweeka F, Park JG, Marzan F, Dooley KE, Karlsson MO.

**Asia Pac J Public Health.** 2013 Apr 9. [Epub ahead of print]


**BMC Infect Dis.** 2013 Apr 8;13(1):168. [Epub ahead of print]

*Factors associated with patient and health care system delay in diagnosis for tuberculosis in the province of Luanda, Angola.* Lusignani LS, Quaglio G, Atzori A, Nsuka J, Grainger R, Da Conceição
**Palma M, Putoto G, Manenti F.**


*Associations between selected immune-mediated diseases and tuberculosis: record-linkage studies.* Ramagopalan SV, Goldacre R, Skingsley A, Conlon C, Goldacre MJ.

**BMC Public Health.** 2013 Apr 9;13(1):321. [Epub ahead of print]

*Factors associated with the rapid implementation process of the fixed-dose combination RHZE tuberculosis regimen in Brazil: an ecological study.* Braga JU, da Conceição DA, Trajman A.

**BMC Public Health.** 2013 Apr 17;13(1):353. [Epub ahead of print]

*Screening for latent tuberculosis in Norwegian health care workers: high frequency of discordant tuberculin skin test positive and interferon-gamma release assay negative results.* Gran G, Åßmus J, Dyrhol-Riise AM.

**BMC Pulm Med.** 2013 Apr 16;13(1):23. [Epub ahead of print]


**BMJ Case Rep.** 2013 Apr 5;2013.

*Disseminated tuberculosis presenting with secondary haemophagocytic lymphohistiocytosis and Poncet’s disease in an immunocompetent individual.* Naha K, Dasari S, Vivek G, Prabhu M.

**Eur J Public Health** 2013 23: 253-257

*Factors associated with delayed tuberculosis diagnosis in China* Vanina Meyssonnier, Xia Li, Xin Shen, Haiying Wang, Ding Yue Li, Zi Min Liu, Gang Liu, Jian Mei, and Qian Gao


**Int J Tuberc Lung Dis.** 2013.


PubMed: www.amedeo.com/p2.php?id=23541151&s=tb&pm=2

Tuberculosis is associated with increased lung cancer mortality . LEUNG CC, Hui L, Lee RS, Lam TH, et al.

PubMed: www.amedeo.com/p2.php?id=23575337&s=tb&pm=2

Artificial neural network models to support the diagnosis of pleural tuberculosis in adult patients.

SEIXAS JM, Faria J, Souza Filho JB, Vieira AF, et al.


PubMed: www.amedeo.com/p2.php?id=23575335&s=tb&pm=2


PubMed: www.amedeo.com/p2.php?id=23575333&s=tb&pm=2

Genetic profile of tuberculosis among the migrant population in Fujian Province, China . LIANG QF, Pang Y, Chen QY, Lin SF, et al.

PubMed: www.amedeo.com/p2.php?id=23575332&s=tb&pm=2


PubMed: www.amedeo.com/p2.php?id=23575331&s=tb&pm=2


PubMed: www.amedeo.com/p2.php?id=23575330&s=tb&pm=2


PubMed: www.amedeo.com/p2.php?id=23575329&s=tb&pm=2


Sputum collection and disposal among pulmonary tuberculosis patients in coastal South India [Short communication]. REKHA T, Singh P, Unnikrishnan B, Prasanna Mithra P, et al.

PubMed: www.amedeo.com/p2.php?id=23575327&s=tb&pm=2


PubMed: www.amedeo.com/p2.php?id=23575326&s=tb&pm=2

Tuberculosis cases missed in primary health care facilities: should we redefine case finding? CLAASSENS MM, Jacobs E, Cyster E, Jennings K, et al.

PubMed: www.amedeo.com/p2.php?id=23575325&s=tb&pm=2


PubMed: www.amedeo.com/p2.php?id=23575324&s=tb&pm=2

Completing treatment for latent tuberculosis: patient background matters. KAN B, Kalin M, Bruchfeld J.


Cost-effectiveness of novel first-line treatment regimens for tuberculosis. OWENS JP, Fofana MO, Dowdy DW.

PubMed: www.amedeo.com/p2.php?id=23575322&s=tb&pm=2


PubMed: www.amedeo.com/p2.php?id=23575321&s=tb&pm=2


PubMed: www.amedeo.com/p2.php?id=23554196&s=tb&pm=2

PubMed: [link]

J Infect Chemother. 2013 Apr 17. [Epub ahead of print]

Direct molecular detection of Mycobacterium tuberculosis suspected to be the specific infection in a case of recurrent tonsillitis. Lukšić B, Kljajić Z, Roje Z, Forempoher G, Grgić D, Janković-Katalinić V, Goić-Barišić I.

J Infect Dev Ctries. 2013 Apr 17;7(4):355-357


J Infect Dis. 2013 Apr 5. [Epub ahead of print]

Ibuprofen is able to reduce the lung pathology, to decrease bacillary load in tissues and to increase survival in a new murine experimental model of active tuberculosis. Vilaplana C, Marzo E, Tapia G, Diaz J, Garcia V, Cardona PJ.

J Infect Dis 2013 207: 1352-1358


[link]

J Infect Dis 2013 207: 1516-1524


[link]


J Microbiol Methods . 2013 Apr 5. [Epub ahead of print]

A robust and efficient method for the isolation of DNA-free, pure and intact RNA from Mycobacterium tuberculosis. Balaji V, Gupta N, Gupta A.

J Public Health (Oxf). 2013 Apr 4. [Epub ahead of print]


Nutr J. 2013 Apr 8;12(1):42. [Epub ahead of print]

The prognostic significance of nutritional status using Malnutrition Universal Screening Tool in patients with pulmonary tuberculosis. Miyata S, Tanaka M, Ihaku D.

Pharmacogenomics J. 2013 Apr 16. [Epub ahead of print]


Trop Med Int Health. 2013 Apr 17. [Epub ahead of print]


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COURSES/WORKSHOPS

Affordable Care Act (ACA) Implementation on the U.S./Mexico Border: Focus on HIV, STDs, TB, Addiction & Family Planning Concerns May 30th, 2013

This webinar is offered at two different times. Each webinar is the same and will be 1.5 hours long.

Webinar 1 : 9 a.m. Pacific / 10 a.m. Mountain / 11 a.m. Central / 12 p.m. Eastern

Webinar 2 : 12 p.m. Pacific / 1 p.m. Mountain / 2 p.m. Central / 3 p.m. Eastern

Registration is required. To receive registration materials email Joel Peisinger at jpeisinger@mednet.ucla.edu. Please indicate Webinar 1 or Webinar 2 in the subject line.

Sponsored by: The U.S./Mexico Border AETC Steering Team (UMBAST) * The Texas/Oklahoma AIDS Education & Training Center * Pacific AIDS Education & Training Center * Mountain Plains
FROM TAG:

Information attached on international childhood TB training course in South Africa, 30 September - 4 October, 2013.

Child TB E-Brochure

FROM THE RTMCCs:

THE SOUTHEAST NATIONAL TB CENTER (SNTC)

Arresting TB: Best Practices for Controlling TB in Corrections Date: 4/25/2013 Location: Louisville, Kentucky

This course highlights best practices for recognizing and controlling tuberculosis (TB) in correctional settings and is designed to enhance communication and collaboration between the local health department and correctional facility staff, both medical and custody. Attendees join in group discussion and actively participate in exercises designed to foster skills for managing TB in correctional settings. Additional information can be found at: http://sntc.medicine.ufl.edu/Training.aspx

THE NEW JERSEY MEDICAL SCHOOL GLOBAL TB INSTITUTE

Additional information for these and other upcoming trainings that are offered by the NJMS Global

Breaking the TB Cycle: Innovations for Diagnosis & Treatment Date: 5/15/13 Location: Shrewsbury, MA

The purpose of this training is to strengthen provider’s knowledge of TB diagnosis and treatment. The conference will provide an opportunity to discuss current and emerging issues in TB, as well as the management of routine and complicated TB cases. The format includes lectures, discussions, and interactive case studies.

Best Practices in TB Control: Behavioral and Social Science – Implications for TB Prevention & Control Date: 5/16/13 Location: Webinar

This webinar will outline the role of behavioral and social science in TB prevention and control, discuss relevant research findings, and share perspectives for applying these results in TB control programs.

THE HEARTLAND TB CENTER
THE CURRY INTERNATIONAL TUBERCULOSIS CENTER

The Curry International Tuberculosis Center is pleased to announce that our 2013 Training Schedule is now available, please visit: http://www.currytbcenter.ucsf.edu/training/schedule_2013.cfm.

Tuberculosis Contact Investigation Interviewing Skills Intensive April 30 – May 3, 2013 Oakland, California

The Curry International Tuberculosis Center will be conducting a 4-day Tuberculosis Contact Investigation Interviewing Skills Intensive. This training is designed for health professionals responsible for conducting tuberculosis contact investigation interviews. This training will include didactic lectures and small group activities focused on skill building for improved tuberculosis interviewing skills. Individuals must participate in all four days of the training. This training is approved for up to 26.25 nursing continuing education contact hours. No prorated credits are available.

Perspectives on Partnerships in TB Control (in association with CTCA) May 31, 2013 San Jose, CA
One-day training on topics geared to TB providers in California. More Information

Tuberculosis Clinical Intensive June 19-20, Seattle, WA
Two-day intensive for physicians and other licensed medical professionals who diagnose and treat tuberculosis.
Details will be available soon

Tuberculosis Nursing Workshop June 21, Seattle, WA
One-day workshop for nurses, communicable disease investigators, and other licensed medical care providers who work with tuberculosis patients. Details will be available soon

Treatment of HIV, STDs, TB, Hepatitis C and Substance Abuse on the Border: Focus on Reproductive Health Concerns June 28-29, 2013 San Diego, CA
Presented in association with Pacific AIDS Education and Training Center, California STD/HIV Prevention Training Center, Pacific Southwest Addiction Technology Transfer Center, Cardea Services, and the US/Mexico Border Health Commission. For a complete training description and application information, please visit: http://www.currytbcenter.ucsf.edu/training/tbciii.cfm You can submit your application online by using the following website: http://www.currytbcenter.ucsf.edu/training/tbciii_app.cfm

2013 Clinical/Programmatic Mini-fellowship Program

The Curry International Tuberculosis Center in San Francisco offers mini-fellowship trainings to TB
care providers--physicians, nurses, educators, and support staff--from the western region of the United States. These mini-fellowships give learners a hands-on experience in carrying out a variety of TB control activities. The goal is to share TB expertise and knowledge with US-based healthcare providers from different settings. The fellowship may include visits to facilities such as laboratory facilities, correctional facilities, HIV treatment centers, etc. One area that we focus on is "leadership development" for new TB Controllers, Health Officers, Program Managers, Nursing Supervisors, Outbreak Investigators, etc.

Fellowships are often based in San Francisco but could be conducted in another center of expertise within the western region of the US. With ample notice, the opportunity to couple a mini-fellowship with attending a CITC training can also be arranged. Our Center tries to meet the individual needs of those who attend by assessing areas of practice and communities served, and matching your objectives with appropriate activities. We ask you to identify your interests and objectives in our application form, which can be found at http://www.currytbccenter.ucsf.edu/training/minifellowships.cfm. If you feel this opportunity would be beneficial to you, please complete the application and indicate those areas of TB control you think will best meet your needs. We will contact you within 3 weeks of receiving your completed application regarding your acceptance into the program. Candidates are expected to cover their expenses. If you have a colleague who may be interested, please pass this e-mail on to them.

PLEASE NOTE: The Curry International Tuberculosis Center prioritizes learners from the western region of the United States. Please visit our website for a list of the western region jurisdictions.

FROM NATIONAL JEWISH MEDICAL AND RESEARCH CENTER:

The 50th Annual Denver TB Course
October 9-12, 2013 Denver, Colorado

The purpose of this course is to present this body of knowledge to general internists, public health workers, infectious diseases and chest specialists, registered nurses, and other health care providers who will be responsible for the management and care of patients with tuberculosis. For more information and to register, please call 800.844.2305 or visit www.njhealth.org/TBCourse

FROM THE UNION:

The Union’s International Management Development Programme 2013 Courses: To register for any of these courses, visit www.union-imdp.org or email imdp@theunion.org to receive more information. Course fee for all courses includes lodging, breakfast, lunch, coffee and tea breaks, and course materials.

Influencing, Networking and Partnership 23 – 27 September, 2013 Chicago

Creating partnerships and networks is an important element to the success of a TB program.
Participants in this course will learn how relationship building and developing strong partnerships can boost health program results. Key topics the course addresses: Developing useful networks among health organizations; Creating partnerships to expand a project’s reach; Building group consensus to achieve greater results Balancing relationships to create high-performing teams.

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**GRANTS**

From the NPIN Funding Database:

1) Fund Number: **Tuberculosis Outbreak Prevention Feasibility Project**
   Number of Awards: 1 award $100,000.00 Eligible Locations: California and Texas

   Sponsor(s): US Department of Health and Human Services Public Health Service Centers for Disease Control and Prevention Funder’s Fund ID: CDC-RFA-PS13-1314 Web Page: [HERE](#)

   Application Due Date: 05/15/2013 Award Date: 07/02/2013 Fund Duration: 1 year.

2) Fund Number: **4616** - Research In Latent Tuberculosis Infection (LTBI) in the Setting of HIV Co-Infection (R01)

   The purpose of this FOA is to stimulate research about the role of microbiologic adaptive mechanisms, host immunologic factors, and their interactions in the development, maintenance, and re-activation of latent tuberculosis infections (LTBI) with a focus on HIV co-infection. Mechanisms of TB latency are poorly understood. LTBI occurs when Mycobacterium tuberculosis (MTB) persists in the host without signs of active disease, yet maintains the potential to cause active tuberculosis.


   Application Due Date: 07/25/2013

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**MEETINGS, CONFERENCES**

*Alphabetically listed by sponsoring organization*

**AMERICAN COLLEGE HEALTH ASSOCIATION (ACHA):** ACHA 2013 Annual Meeting: May 28 - June 1, 2013, Boston, Ma

Five days of networking, collaboration, and continuing education! This year we honor the spirit of service and compassion that college health professionals have shown in their dedication to serving college students and their campus communities

**AMERICAN EVALUATION ASSOCIATION:** October 16-19, Washington, D.C.

Evaluators from around the world are invited to share their knowledge and expertise at
**Evaluation 2013.** Professional development workshops will be held October 14-16 and 20. AEA welcomes proposals on topics that span the breadth and depth of the field and in particular on those focusing on the conference theme of *Evaluation Practice in the Early 21st Century.*

**AMERICAN PUBLIC HEALTH ASSOCIATION (APHA): 141st APHA Annual Meeting:** November 2 - November 6, 2013, Boston, Ma

The APHA Annual Meeting & Exposition is the oldest and largest gathering of public health professionals in the world, attracting more than 13,000 national and international physicians, administrators, nurses, educators, researchers, epidemiologists, and related health specialists. APHA's meeting program addresses current and emerging health science, policy, and practice issues in an effort to prevent disease and promote health. APHA has a world of public health in store for you. Review the Program-at-a-Glance (PDF) to get a quick visual image of the APHA 2013 Annual Meeting Schedule. The theme of the meeting is: Think Global, Act Local: Best Practices Around the World. For more information about each session type visit [www.apha.org/meetings/sessions/](http://www.apha.org/meetings/sessions/).


The 2013 International Conference of the American Thoracic Society (ATS) will be held in Philadelphia, Pennsylvania May 17-22, 2013. For general information regarding the conference, please refer to the following website: [http://conference.thoracic.org/2013/](http://conference.thoracic.org/2013/) This conference provides that will offer the latest information on clinical, basic and translational science in pulmonary, critical care and sleep medicine. With more than 500 sessions, 800 speakers, and 5,300 original research abstracts and case reports, ATS 2013 invites attendees to learn about an exciting array of topics in adult and pediatric pulmonary, critical care, and sleep medicine, or to concentrate on a specific clinical or scientific interest.

Full ATS 2013 program information and registration for Postgraduate Courses, Sunrise and Meet the Professor seminars, the Thematic Seminar Series, and workshops is available at [conference.thoracic.org/2013](http://conference.thoracic.org/2013). If you experience a technical problem while registering, please call 866-635-3585 or email thoracic@xpressreg.net.

As in past years, the conference features a CDC/Stop TB USA-sponsored Public Health Poster Forum on Sunday, May 19th from 7 p.m. to 9 p.m. The poster session will focus on innovative techniques that help meet the challenges of TB prevention, control, and elimination in the United States. This two-hour public health poster forum will focus on innovative techniques which are helping to meet the challenges of TB control, prevention, and elimination in the United States. Specific topics include: targeted TB testing and treatment of latent TB infection (LTBI); conducting/expanding contact investigations; performing outbreak investigations; improving treatment adherence; addressing multidrug-resistant TB; managing HIV/AIDS associated TB; providing TB education; and building TB-related coalitions. Target Audience: National, State and
Local TB Program Staff, Public Health Professionals (nurses, physicians, epidemiologists), Pulmonary specialists, Infectious Disease specialists, TB & HIV Clinicians, Epidemiologists, TB consultants, Laboratory scientists, Microbiologists.

ASSOCIATION OF PRACTITIONERS IN INFECTION CONTROL (APIC): 40th Advancing infection prevention education Annual conference  June 7-10, 2013 Fort Lauderdale, Florida

ASSOCIATION OF PUBLIC HEALTH LABORATORIES (APHL): APHL 8th National Conference on Laboratory Aspects of Tuberculosis: August 19 - 21, 2013, San Diego, CA  
www.aphl.org/conferences/pages/default.aspx

ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICERS (ASTHO): ASTHO Annual Meeting:  
September 18-20, 2013, Orlando, FL  
http://astho.org/t/event.aspx?eventid=7905

CALIFORNIA TB CONTROLLERS ASSOCIATION (CTCA): 2013 CTCA Conference: May 29-31, 2013, San Jose, California

Our 47th CTCA Educational Conference, Blazing New Trails in TB Control: Combatting Drug Resistance and Putting Molecular Diagnostics into Practice will be held at the DoubleTree by Hilton in San Jose. A Curry International Tuberculosis Resource Center Training will follow on May 31st. Registration will open soon on ctca.org. 47th CTCA Conference

NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICERS (NACCHO): NACCHO Annual 2013, July 1-12th 2013, Dallas, TX. Download Individual Registration Form


We are painfully aware of the recent challenges presented to us: sequestration, drug shortages, increasingly complex cases, unprecedented outbreaks in the homeless populations, all occurring in state and local environments where fiscal and human resources are depleted. However, there also have been some recent advances made that can contribute to the success of our future work and the conference planning committee has designed an agenda to identify these reasons for optimism and hope to inspire us to continue our efforts. This conference is an annual forum that brings state, local, territorial, and other TB control professionals together with colleagues from the CDC to discuss a wide array of medical, technical, and programmatic TB issues. As in the past, the conference will be preceded with special meetings on Monday, June 10, and post meetings on Thursday, June 13 and Friday, June 14.

Invited participants for the conference include State and Big City TB Controllers, TB Medical Consultants, TB Nurse Consultants, TB Program Managers, other front-line TB program staff, Division of Tuberculosis Elimination (DTBE) field staff, Regional Training and Medical Consultation Centers (RTMCC) leadership, and other partners engaged in the critical work of protecting the
public’s health from tuberculosis. Please go to the NTCA website www.tbcontrollers.org to access the conference-related information, including current agendas, conference registration, hotel reservations, etc. The deadline to register for the conference is Friday, May 31, 2013. Please share this information with those in your area who will be attending and invite colleagues in other areas of disease control whom you think would enjoy the conference. For questions regarding the conference, please contact: Donna Wegener, NTCA Executive Director at dhwegener@tbcontrollers.org or Eva Forest eforest@tbcontrollers.org 678 503-0503 or Sherry Brown sbrown@tbcontrollers.org

RESULTS: International Conference 2013: July 20-23, 2013, Crystal City, Arlington, Virginia
Professor Muhammad Yunus to be Keynote Speaker  REGISTRATION FOR THE 2013 RESULTS INTERNATIONAL CONFERENCE IS OPEN! Learn more on our website. Our 2013 conference will be our largest conference ever, with attendees from across the U.S. and from at least 10 other countries, with an amazing group of young leaders, and with new allies from partner organizations who want to team up with us to shape political priorities. This year, we are honored that Nobel Peace Prize winner, Grameen Bank founder, and RESULTS board member Muhammad Yunus will be joining us as a keynote speaker on Monday the 22nd and at a Congressional reception the following day. Professor Yunus pioneered the microfinance movement, which has helped nearly 130 million very poor women have access to small loans and other critical services to help them move out of poverty. We’re also thrilled that author, lecturer, and RESULTS board member Marianne Williamson will do a full day workshop on Saturday the 20th including a special luncheon session. And, we also just confirmed that UNICEF Executive Director Tony Lake will be joining us as well! Tony Lake has been driving UNICEF’s agenda to end preventable child deaths, end stunting due to malnutrition, and ensure that equity is a driving principle in development.

THE UNION: 44th World Conference on Lung Health: October 30 - November 3, 2013,Paris, France
The Union welcomes all authors to submit their abstracts. The 2013 theme is "Shared air, safe air?" Paris 2013 - Download Brochure The 44th Union World Conference on Lung Health is a 5 day conference covering the latest developments, opportunities and challenges in tuberculosis, HIV, tobacco control, lung health and non-communicable diseases. Go to the website for details. The deadline is 25 April 2013. www.worldlunghealth.org

VIROLOGY EDUCATION: 6th International workshop on Clinical Pharmacology of TB Drugs 9 September 2013, Denver CO, USA
The aim of this abstract driven workshop is to make a significant contribution to the optimization of TB treatment by bringing experts together to present and discuss the latest important scientific findings in the TB clinical Pharmacology field. Ample time is reserved to discuss and translate scientific and regulatory issues to further optimize TB treatment. The format will be a one-day workshop with invited lectures, abstract presentations and sufficient Q&A time to guarantee an
intimate and highly interactive event.

We encourage you to submit your data for an oral or poster presentation on the following topics: Pharmacokinetics and Pharmacodynamics of Approved TB Drugs; Pharmacokinetics and Pharmacodynamics of New TB Drugs; Pharmacokinetic- & Pharmacodynamics modeling; Drug-drug and drug-disease state interactions; TB treatment in special populations; New Drug Development MethodS

The Workshop Materials from the edition of this workshop are available on our website.

StopTBUSA was formerly known as the U.S. National Coalition for Elimination of Tuberculosis (NCET). Please pass this information on to your colleagues who are interested in TB elimination.

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