For our readers: A special thank you to those of you who have provided feedback for the new combined format for the TB Wire and the TB-Related News and Journal Items Weekly Update.

Feedback suggestions to date include requests to provide:
1) wider margins and a linkable table of contents; and
2) to continue with abstracts versus providing links to abstracts.

We agree that the margins need to be increased (within allowable limits for portable devices, etc.) and adding a table of contents would be helpful. We will be addressing both of those in a future issue. We are still working on the potential copyright problem that affects our ability to provide summarized abstracts and will keep you informed.

This continues to be a work-in-progress and feedback to setkind@stoptbusa.org is welcome and encouraged.

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ANNOUNCEMENTS

FROM THE CDC

INH Drug Shortage:

Health Alert Notification  [http://emergency.cdc.gov/HAN/han00340.asp](http://emergency.cdc.gov/HAN/han00340.asp)

The three main Isoniazid (INH) suppliers have been affected by shortages of the active ingredient and shipment delays. Increased access is anticipated by March.
Concerns persist about the possibility of continued delays and whether supplies, over the next several months, will meet the need. The CDC is working with the National Food and Drug Administration (FDA) to monitor drug supply and to investigate new options for procurement. Further FDA updates on Isoniazid supplies and supplier contact information can be found here: FDA drug shortage website

Fact sheet: Click here for more information

Emergency Isoniazid (INH) Allocation Procedures for TB Controllers and Program Managers

The nationwide shortage of isoniazid (INH), first reported in the December 21, 2012 issue of the Morbidity and Mortality Weekly Report, is continuing and affecting U.S. TB control. The following describes the most current information we have to date and how to access an emergency allocation of INH for certain patient groups.

Since December 2012, reports of difficulty obtaining INH across the United States continue. Many jurisdictions have depleted, or will soon deplete their INH stock. CDC and the National TB Controllers Association (NTCA) have been working closely with the U.S. Food and Drug Administration (FDA) and drug suppliers to assess the INH supply and determine how to ensure that patients who are the highest risk receive this medication. FDA and several jurisdictions have reported that Sandoz is releasing INH to programs, although Sandoz’ market share is relatively small. Teva Pharmaceutical Industries (Teva), the largest supplier of INH in the United States, anticipates release of 3 batches of INH in the next month with some product already being made available. Teva representatives have also agreed to reserve 10% of each INH batch released for emergency allocation to programs, including those that are not usually Teva customers or programs and in emergent need of INH.

Because the supply of INH is still precarious, we are requesting that TB programs access this emergency allocation only for the following patients, and based on the TB Treatment Guidelines and CDC’s Health Alert Notification (HAN) published January 28, 2013 (see above link).

- Patient being treated for active TB disease
- Patients being treated for latent TB infection if they belong to any of the following categories: 1) Diagnosed during a contact tracing of a patient with contagious TB; 2) Immunocompromised (e.g. persons with HIV infection, or receiving immunomodulating medications); and 3) Less than 5 years of age

Please order only a one month supply of INH at a time to ensure there is adequate emergency allocation available for other TB Programs, and provide the number of patients in each category noted above when you call Teva. To access the emergency
allocation from Teva, call their main number: 1-800-545-8800 and press 8 to speak with Bruce Cannelongo, Customer Service Manager. In the event Bruce is unavailable, Andrew Pope, Customer Service Associate will be able to assist. Teva representatives are aware of the need to prioritize patients based on the ATS and CDC treatment guidelines and HAN.

Teva will provide INH as a “drop-shipment,” which requires you to provide the following information: 1) The name and number of your pharmacist or supplier; and 2) The license number of the pharmacy or, if you do not have this information, a contact person whom Teva representatives may call to get this information. Teva anticipates that they can confirm the information in approximately 24 hours. Teva will ship medication to your supplier and coordinate with your wholesaler to determine the billing mechanism.

MAYO Clinic

"CDC Recognizes Mayo Clinic as Regional TB Training and Medical Consultation Center" News-Medical.net  (01.25.13)

CDC has designated Mayo Clinic as a Regional Tuberculosis Training and Medical Consultation Center. Zelalem Temesgen, MD, Director of Mayo Clinic’s Center for Tuberculosis, says the award recognizes the clinic as a global leader in the treatment of individuals infected with TB and in the training of medical professionals.

The new Mayo Clinic Center for Tuberculosis will serve an 11-state area through the development of new and enhanced training and technical support for medical and public health professionals. Mayo Clinic’s history with TB research dates back to the first half of the 20th century when clinic physicians and scientists were involved with early clinical trials for the first successful TB drug. Support and training continue to be important in the field.

The United States reported more than 10,000 new TB cases in 2011. Globally, TB is the second leading cause of death from infectious disease, with approximately 1.5 million deaths in 2010.

FROM STOP TB USA

New Coordinating Board: Stop TB USA has established its’ first Coordinating Board. The Board consists of the Officers of the Partnership, 10 additional members from the general Partnership membership, and ex officio members (a representative of the American Thoracic Society, the Director of the Division of Tuberculosis Elimination, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention, and the President of the National
Tuberculosis Controllers Association).

The new Board is responsible for overall policy and direction of the Partnership and approval, leadership, direction and monitoring of the implementation of the Partnership’s Annual Work Plan. New members include:

**Robert Benjamin, MD**: former Tuberculosis Control Officer, Alameda County, California

**David Bryden**: Tuberculosis Advocacy Officer for RESULTS, Washington, D.C.

**Susan Fisher-Hoch, MD**: Professor, Department of Epidemiology, the University of Houston Health Science Center School of Public Health at the University of Texas

**Diana Fortune, R.N., BSN**: Tuberculosis Program Manager for the New Mexico Department of Health

**CoCo Jervis, JD**: Senior Policy Associate for US and Global Policy, Treatment Action Group, Washington, D.C.

**Elisabeth Kingdon, MPH**: Tuberculosis Education Coordinator and Planner for the Minnesota Department of Health’s Tuberculosis Prevention and Control Program,

**Michelle Nance, R.N., NP**: San Francisco Medical Respite & Sobering Center

**Jigna Rao**: TB patient advocate,

**Lee Reichman, MD, MPH**: Executive Director of the New Jersey Medical School Global Tuberculosis Institute

**Randall Reves, MD, MSc**: Medical Director for the Denver Metro Tuberculosis Control Program at the Denver Public Health Department

**Jon Weisbuch, MD**

**Ed Zuroweste, MD**: Chief Medical Officer, Migrant Clinician’s Network and Medical Consultant Pennsylvania Department of Health.

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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**
The fiscal cliff deal postpones implementation of budget sequestration funding cuts for 2 months and there is now a new deadline of March 1 to come up with a new plan. Congress also postponed the debt ceiling issue for another 6 months. So budget sequestration is still on the table for Federal agencies. Congress has less than 3 weeks to work out a new plan.

The announced 8% cut may still be likely. The current continuing resolution funding government agencies for FY2013 runs out at the end of March so funding for the rest of 2013 also has to be resolved. It is likely there will be another continuation resolution which would keep funding at the current levels. The other important issue is that members have been selected for the House Appropriations subcommittee that allocates TB funding for CDC.

The new chair is Jack Kingston (Savannah, GA) so his people will be key. The new democratic member is Congressman Honda from California. That is good news because of his demonstrated support of TB. Other new subcommittee members include Joyce of Ohio (Cleveland), Fleischman (Chattanooga, Tennessee) and Steve Womack (R-AR). In the Senate, Iowa Senator Harkin remains the Chair and the other two new members are not yet named.

The TB caucus now has 17 members and she suggested we need more people to ask their Congressperson to join the TB Caucus in order to raise the profile of TB in the House. ATS and partners and USAID are planning a lot for World TB Day in March. There will briefings in the House and Senate for World TB Day.

Regarding reauthorization, a work group is drafting an update to the current TB authorizing legislation – the Comprehensive TB Elimination Act that will be expiring. 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.

RESOURCES

FROM THE CDC:

NCHHSTP Annual Report

NCHHSTP Strategic Priorities Dashboard, FY 2012–2013

Homelessness is a risk factor for TB

FROM DAVID BRYDEN, TB ADVOCACY OFFICER FOR RESULTS:

The Effect of Budget Sequestration on Global Health: Projecting the Human Impact
Global effect of sequestration: At USAID, the Humanitarian accounts, one year accounts, and operating expenses will feel the cuts more than other accounts, they said. Further below please see a briefing note about the impact on AIDS, TB and malaria. The estimate is that because of a cut to USAID 36,000 fewer people with tuberculosis (TB) will receive treatment, leading to 4,300 more deaths due to TB; 200 fewer people with multidrug-resistant TB will receive treatment. And because of a cut to the Global Fund, 54,800 fewer TB patients will receive treatment, leading to 6,600 more TB deaths.

In July 2012 amfAR calculated the potential impact of budget sequestration on US Government funded global health programing. That document is available [here](#). This new paper (available [here](#)) updates these estimates based on changes to sequestration made by Congress in January 2013. The Center on Budget and Policy Priorities (CBPP) has estimated that if it is imposed in March 2013, sequestration will lead to a 5.1% across-the-board funding cut to most non-defense discretionary programs. As we found in our earlier calculations, applying sequestration cuts to US government global health programming would have minimal impact on deficit reduction, but would be devastating to the lives of many thousands of people globally.

**FROM THE REGIONAL MEDICAL AND CONSULTATION TRAINING CENTERS (RTMCCs):**

**The Southeast National TB Center (SNCT)**

*Comprehensive Clinical TB Course*
Date: 3/4/2013 - 3/7/2013  
Time: 8:00 AM - 5:00 PM Eastern  
Location: SNCT  
Format: Clinical course  

This four-day intensive course will familiarize the clinician with all the aspects of tuberculosis infection, disease and clinical care using an interdisciplinary and interactive approach. The curriculum is provided through lecture, interactive case management sessions. The faculty is selected for their unique skill in encouraging interaction and building rapport with participants. The atmosphere is relaxed with an expectation that a free exchange of questions, comments and information will occur.

*Tuberculin Skin Test Train-the-Trainer Course*
Date: 3/8/2013 - 3/8/2013  
Time: 8:00 AM - 5:00 PM Eastern  
Location: SNCT  
Format: Lecture/didactic
This one-day skill-building course provides the knowledge needed to plan, teach, and evaluate a Mantoux Tuberculin Skin Test (TST) course. The course content includes skills for planning and conducting a TST training, including adult learning principles and teaching strategies. The curriculum is provided through lecture and participatory activities, including practicum in TST administration and reading and instructional skills demonstration.

Each participant must demonstrate proficiency in delivering course content plus administering and reading the TST. Participants will receive feedback from experienced trainers as they practice their skills. Topics include: adult learning principles for instructors, tips and tools to plan and conduct a successful TST training, and TST course curriculum review and demonstration

The New Jersey Medical School Global TB Institute

On the Move Against TB: Innovate to Accelerate Action  Date: March 22, 2013  Location: Island City, NY

This one day conference will be held in commemoration of World TB Day to address TB prevention and control efforts in New York City. Nurses and physicians will receive updates on new modalities in the treatment of TB, laboratory testing for TB, ethical aspects of treating TB, management of TB-HIV co-infection, and steps to address TB among foreign-born persons. For more information, please contact DJ McCabe at mccabedj@umdnj.edu.

Medical Update: TB Technical Instructions for Civil Surgeons  Date: April 3, 2013  Time: 1:00pm – 2:45pm EST  Webinar

This webinar will provide an overview of the TB technical instructions for US civil surgeons and outline the role of the health department and community providers in the management of latent TB infection and TB disease in status adjusters. The format will include brief lectures and case discussions with an opportunity to ask questions of the speakers. For more information, please contact Rajita Bhavaraju at bhavarrr@umdnj.edu.

Diagnosis and Treatment of Latent Tuberculosis Infection

The Heartland TB Center

TB Nurse Case Management: An Online Course (February 14 - March 7, 2013)
Jessica Quintero, BAAS, Training Coordinator  Phone: (210) 531-4568
Email: jessica.quintero@uthct.edu

Course Description: This is an intensive course that provides an in-depth training experience covering knowledge and skills essential for the nurse with primary
responsibility for TB case management. It will cover the evaluation, treatment and case management of medically and psychosocially difficult-to-treat patients.

The workshop is designed to go beyond the basic TB curriculum and enhance the participant’s ability to be accountable for facets of case management by capturing the experience and competencies of expert TB public health nurses now working in field settings throughout the Heartland region.

Topics included in the course are: partnering with the community; planning and conducting contact investigations; monitoring responses to treatment; performing toxicity assessments; implementing measures to reduce TB transmission; identifying and managing foreign-born persons at risk for TB; diagnosing and managing pediatric TB and TB in HIV and other high-risk patients; performing case review and quality assurance; balancing responsibilities for public health with the patient's needs and preventing non-compliance through daily observed therapy and enablers; and improving communication and cultural sensitivity skills. Brochure: PDF

FROM NATIONAL JEWISH MEDICAL AND RESEARCH CENTER:

The 50th Annual Denver TB Course
April 10-13, 2013 and 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. The Denver TB Course - National Jewish Health

FROM FIND TB RESOURCES:

This month's highlight is the What You Need to Know about Your Medicine for Latent Tuberculosis (TB) Infection Fact Sheet Series, from the CDC Division of Tuberculosis Elimination. This fact sheet series is designed to complement patient education delivered by healthcare professionals. There is a fact sheet for each of the three CDC-recommended latent TB infection treatment regimens.

The ENGAGE-TB Approach: Integrating Community-Based Tuberculosis Activities into the Work of Nongovernmental and Other Civil Society Organizations, from the World Health Organization (WHO).

Community-Based Tuberculosis Prevention and Care: Why and How to Get Involved, from the CORE Group.

FROM THE STOP TB PARTNERSHIP:
The January edition of Stop TB News.
http://www.stoptb.org/news/newsletters/2013/

FROM TAG:

The latest HIV and TB in Practice for Nurses, this edition focuses on Drug-Resistant TB


TB in people who use and inject drugs

The World Health Organization recently put out the below on managing tuberculosis in people who use drugs. Its recommendations are important, as is the need for increased attention to addressing TB in people who use and inject drugs.


HIGHLIGHTED TB REPORTS

FROM THE WASHINGTON POST


The Washington Post examines the emergence of drug-resistant strains of tuberculosis (TB) around the world, writing, "One culprit in the rise of untreatable TB is counterfeit drugs, which can undermine treatment efforts by packing insufficient active ingredients to fully kill off bacteria, breeding new, stronger super-strains of the disease." According to the newspaper, "[a] new study [pdf] published in the International Journal of Tuberculosis and Lung Disease found that 16.6 percent of tuberculosis drugs in Africa, 10.1 percent in India and 3.9 percent in other middle-income countries were 'failures,' meaning they had less than 80 percent of the active ingredient necessary to treat the disease."

"The authors suspect that the number of fake drugs in Africa is so high because few of the drugs there are 'registered,' meaning authorized to be sold by a relevant drug agency," the Washington Post notes, adding, "When patients take these fake drugs, they remain sick longer or die. In some patients, germs multiply and morph into new strains, making them harder and more expensive to treat."

The newspaper writes, "But simply stopping the flood of fake drugs into each country won't entirely fix the problem, the authors say, because there's a difference between
Roger Bate of the American Enterprise Institute and one of the study authors "recommends trying a tactic similar to the international community's response to fake malaria drugs -- setting up strong donor and in-country facilities to test the medicines before they're sold," the newspaper writes.

FROM NPIN:

RUSSIA: "Russian Doctors Troubled by Growing TB Infection Rate"
RIA Novosti (01.24.13)

According to Valentina Akysonova, top TB specialist with the Russian Health Ministry, the country ranks 13th in global TB infection rates, with more than 240,000 individuals infected with active TB. She adds that TB currently accounts for 12.2 percent of infectious deaths in Russia. This number has more than doubled throughout the last 15 years.

Akysonova notes that the reason behind the growth of infection rates is that many individuals neglect their health and do not have annual physical exams where TB might be detected. Parents also are reluctant to vaccinate their children because they fear side effects, causing the number of children infected with TB to double throughout the past 10 years.

Akysonova says a pilot diagnostic program for children with TB is to be launched this year in the Primorye Region. TB infection rates in Vladivostok, the region’s largest city, are 2.5 times greater than Russia’s average, with 3,000 new cases recorded each year.

FRANCE: "French Authorities Fear Drug-Resistant Tuberculosis from Eastern Europe" Euronews (01.25.13)

French hospitals have been treating many multidrug-resistant TB (MDR TB) patients from Eastern Europe. According to the French Health Department, there were 92 MDR TB cases in 2012, 64 in 2011, and 40 in 2010. As of September 2012, data from France’s National Reference Centre indicated that only five of the 92 MDR TB cases in 2012 were French patients.

However, authorities are concerned about the risks of MDR TB transmission to French citizens. The last review in France indicated that most cases were from former Soviet Union countries such as Chechnya, Russia, and Georgia. Also, there was a slight increase in patients from Asia, including China and India.

GLOBAL: "Latent TB Germs Can Hide in Marrow Cells, Study Says"
Boston Globe (01.31.13): Carolyn Y. Johnson
A Forsyth Institute research team found latent TB bacteria concealed in “bone and cartilage-forming stem cells in bone marrow” where the bacteria can evade immune system activity and antibiotics that would normally kill them. This ability to hide from treatment by lying dormant in bone marrow stem cells could explain how TB is able to persist for years and recur, according to the Forsyth team, which is composed of stem cell specialists and infectious disease researchers from Stanford University School of Medicine, Cambridge University, and India.

The study first demonstrated that it was possible to infect bone marrow stem cells with TB in the laboratory. The researchers then infected mice with TB bacteria engineered to stay dormant until activated by a drug. When they tested the mice, the team found dormant TB bacteria in both the lungs and bone marrow stem cells. The team was also able to grow TB bacteria from bone marrow stem cells harvested from nine people—thought to be long cured of TB—in a remote village in India. The Forsyth study does not provide definitive proof that the bone marrow stem cells are the TB bacteria’s hiding place.

Other theories suggest TB bacteria can persist in a “zombie-like” state that enables the bacteria to resist treatment and then reactivate later. However, the study does contribute to researchers’ understanding of TB’s latent phase and could point to how new treatments might target TB bacteria hiding in the safe harbor of the bone marrow stem cells. Latent infections comprise 90 percent of the world’s 2.2 billion TB cases.

The full report, “CD271+ Bone Marrow Mesenchymal Stem Cells May Provide a Niche for Dormant Mycobacterium Tuberculosis,” was published online in the journal Science Translational Medicine: Integrating Medicine and Science (2013; doi: 10.1126/scitranslmed.3004912).

FROM TAG: TB Vaccine Trial Results: A Launching Pad for Further Research

February 4, 2013 – The ACTION global health partnership applauds the completion of the first efficacy trial of a new tuberculosis (TB) vaccine in 90 years, and looks forward to further analysis on how results can guide the development of TB vaccines. According to data published today in the Lancet, the vaccine candidate was found to be safe and well-tolerated, but not effective in preventing TB disease in infants.

“Finding an improved TB vaccine is one of medical research’s most important missions,” said ACTION Director Kolleen Bouchane. “Ending TB has never been more urgent and we can’t stop now. We must redouble our efforts, using these results as a launching pad for further research and development.”
The clinical trial of TB vaccine candidate MVA85A was a Phase IIb trial that tested the candidate’s safety and efficacy in 2,797 infants living in the Western Cape province of South Africa. Sponsored by Aeras, the trial was conducted by the University of Cape Town’s South African Tuberculosis Vaccine Initiative (SATVI). The vaccine was administered as a boost to the Bacille Calmette-Guerin (BCG) – the currently used TB vaccine that is given routinely to infants in countries with high rates of TB. Protection, however, wears off in just a few years, and does not work against the most common form of TB that affects the lungs.

Finding a safe and effective TB vaccine has never been more urgent. TB is an ancient disease, yet it kills 4,000 people every day, while virtually incurable, drug-resistant strains of this airborne killer are increasingly spreading around the globe. While MVA85A was not successful in protecting infants from TB, we do not need to start back at square one. The trial has provided important information about how the body’s immune system protects against the disease – knowledge that can quicken the selection of other vaccine candidates and clinical trials.

Developing vaccines is an incredibly difficult and long-term undertaking, and TB is starting late to the game. The scientific community, with the generous support of such funders as the Bill and Melinda Gates Foundation, has only become fully engaged in developing a TB vaccine within the last decade. Now the pipeline of TB vaccines features more options than ever before; aside from MVA85A, 12 vaccine candidates are undergoing clinical trials worldwide.

But TB research and development faces an annual funding gap of $1.4 billion. The public and private sector must join forces to stimulate innovation and provide the long-term investment needed to carry these potential vaccines through development. We must remember that after the HIV virus was isolated, it took 12 years for an effective treatment to be developed. Research and development takes time and dedication, but with money well spent we can save millions of lives.

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**JOURNAL ARTICLES**

**AIDS.** 2013 Jan 28;27(3):481-4.


**AIDS.** 2013 Jan 22. [Epub ahead of print]

Knowledge and acceptability of patient-specific infection control measures for pulmonary tuberculosis. Gonzalez-Angulo Y, Geldenhuys H, Van As D, Buckerfield N, Shea J, Mahomed H, Hanekom W, Hatherill M.

Am J Infect Control. 2013 Jan 31. [Epub ahead of print]

Delay in diagnosis leading to nosocomial transmission of tuberculosis at a New York City health care facility. Harris TG, Sullivan Meissner J, Proops D.


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BMC Infect Dis. 2013 Feb 2; 13(1):63. [Epub ahead of print]

Clustering of Beijing genotype Mycobacterium tuberculosis isolates from the Mekong delta in Vietnam on the basis of variable number of tandem repeat versus restriction fragment length polymorphism typing. Huyen MN, Kremer K, Lan NT, Buu TN, Cobelens FG, Tiemersma EW, de Haas P, van Soolingen D.


BMC Infect Dis. 2013 Jan 28; 13(1):45. [Epub ahead of print]


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Phage lysin to control the overgrowth of normal flora in processed sputum samples for the rapid and sensitive detection of Mycobacterium tuberculosis by luciferase.
reporter phage assay. Subramanyam B, Sivaramakrishnan G, Dusthackleer A, Kumar V.


**BMC Public Health.** 2013 Feb 2; 13(1):97. [Epub ahead of print]

Target prioritization and strategy selection for active case-finding of pulmonary tuberculosis: A tool to support country-level project planning. Nishikiori N, Van Weezenbeek C.

**BMJ.** 2013 Jan 25; 346:f566.

Germany donates €1bn to Global Fund to Fight Aids, Tuberculosis and Malaria. Gulland A.

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Leflunomide-induced chronic cough in a rheumatoid arthritis patient with pulmonary tuberculosis. Verma SK, Mishra AK, Jaiswal AK.

**BMJ Case Rep.** 2013 Jan 29; 2013.

Disseminated tuberculosis in a patient with antinuclear antibody-negative systemic lupus erythematosus: a rare association. Kumar N, Aggarwal P, Dev N, Kumar G.

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Diagnostic dilemma: Kikuchi’s disease or tuberculosis? Nayak HK, Mohanty PK, Mallick S, Bagchi A.

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**Clin Nucl Med.** 2013 Feb; 38(2):

Tuberculous Arthritis-Unexpected Extrapulmonary Tuberculosis Detected by FDG PET/CT. Wang JH, Chi CY, Lin KH, Ho MW, Kao CH.

**Clin Transplant.** 2013 Jan 28. [Epub ahead of print]

Clinical features and outcomes of tuberculosis in kidney transplant recipients in
Brazil: a report of the last decade. Marques ID, Azevedo LS, Pierrotti LC, Caires RA, Sato VA, Carmo LP, Ferreira GF, Gamba C, de Paula FJ, Nahas WC, David-Neto E.


The Twin Epidemics of Tuberculosis and HIV. Varghese GM, Janardhanan J, Ralph R, Abraham OC.


When to start antiretroviral therapy during tuberculosis treatment? Naidoo K, Baxter C, Abdool Karim SS.

Eur J Clin Microbiol Infect Dis. 2013 Feb 2. [Epub ahead of print]


Re-think first-line tuberculosis treatment. van Ingen J, Anthony RM


Assessment of organizational measures to prevent nosocomial tuberculosis in health facilities of 4 sub-saharan countries in 2010. Robert J, Affolabi D, Awokou F, Nolina D, Manouan BA, Acho YB, Gninafon M, Trebucq A.

Infect Immun. 2013 Jan 22. [Epub ahead of print]
KLRG1 deficiency significantly enhances survival after Mycobacterium tuberculosis infection. **Cyktor JC, Carruthers B, Stromberg P, Flano E, Pircher H, Turner J.**

**J Acquir Immune Defic Syndr.** 2013 Jan 29. [Epub ahead of print]

Immune recovery after starting ART in HIV-infected patients presenting and not presenting with tuberculosis in South Africa. **Schomaker M, Egger M, Maskew M, Garone D, Prozesky H, Hoffmann C, Boule A, Fenner L; for IeDEA Southern Africa.**

**J Am Acad Dermatol.** 2013 Jan 30. [Epub ahead of print]

Association between traditional systemic antipsoriatic drugs and tuberculosis risk in patients with psoriasis with or without psoriatic arthritis: Results from a nationwide cohort study. **Chen YJ, Wu CY, Shen JL, Chen TT, Chang YT.**

**J Biomol Screen.** 2013 Jan 30. [Epub ahead of print]

**Assay Development for Identifying Inhibitors of the Mycobacterial FadD32 Activity.**


How Many Sputum Culture Results Do We Need To Monitor Multidrug-Resistant-Tuberculosis (MDR-TB) Patients during Treatment? **Janssen S, Padanilam X, Louw R, Mahanyele R, Coetze G, Hänscheid T, Leenstra T, Grobusch MP.**

**J Clin Microbiol.** 2013 Jan 30. [Epub ahead of print]


**J Clin Microbiol.** 2013 Jan 30. [Epub ahead of print]


Gamma interferon release assay for monitoring of treatment response for active tuberculosis: an explosion in the spaghetti factory. **Denkinger CM, Pai M, Patel M, Menzies D.**


Short-term storage does not affect the quantitative yield of Mycobacterium tuberculosis in sputum in early bactericidal activity studies. Kolwijck E, Mitchell M, Venter A, Friedrich SO, Dawson R, Diacon AH.

An Interdependent Analytic Approach to Explaining the Evolution of NGOs, Social Movements, and Biased Government Response to AIDS and Tuberculosis in Brazil. Gómez EJ.


Role of Interleukin-6 (Il6) in innate immunity to Mycobacterium tuberculosis infection. Martinez AN, Mehra S, Kaushal D.

Vitamin D Status and Incidence of Pulmonary Tuberculosis, Opportunistic Infections, and Wasting Among HIV-Infected Tanzanian Adults Initiating Antiretroviral Therapy.

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*J Med Case Rep.* 2013 Jan 31; 7(1):34. [Epub ahead of print]

**Annular leukocytoclastic vasculitis associated with anti-tuberculosis medications: a case report.** Chanprapaph K, Roongpisuthipong W, Thadanipon K.


**Screening for tuberculosis and the use of a borderline zone for the interpretation of the interferon-gamma release assay (IGRA) in Portuguese healthcare workers.** Nienhaus A, Costa JT.

*J Thorac Dis.* 2013 Feb; 5(1)

**Acute respiratory distress syndrome with miliary tuberculosis: a fatal combination.** Abi-Fadel F, Gupta K.

*Lancet.* 2013 Feb 2


Tuberculosis in London: not unexpected. *Anderson C, Hopkins S, Adeboyeku D, Maquire H.*


Tuberculosis in London: not unexpected - Authors' reply. *Nicholas R, Dahdaleh D, Altmann DM, Malik O.*


**Corticosteroids for prevention of mortality in people with tuberculosis: a systematic review and meta-analysis.** Critchley JA, Young F, Orton L, Garner P.


**Whole-genome sequencing to delineate Mycobacterium tuberculosis outbreaks: a retrospective observational study.** Walker TM, Ip CL, Harrell RH, Evans JT, Kapatai G,
Dedicoat MJ, Eyre DW, Wilson DJ, Hawkey PM, Crook DW, Parkhill J, Harris D, Walker AS, Bowden R, Monk P, Smith EG, Peto TE.


Diagnostic accuracy of same-day microscopy versus standard microscopy for pulmonary tuberculosis: a systematic review and meta-analysis. Davis JL, Cattamanchi A, Cuevas LE, Hopewell PC, Steingart KR.


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Prevalence of Mycobacteremia among HIV-Infected Infants and Children in Northern Tanzania. Gray KD, Cunningham CK, Clifton DC, Afwamba IA, Mushi GS, Msuya LJ, Crump JA, Buchanan AM.


Abdominal tuberculosis: a retrospective review of cases presenting to a UK district hospital. Mamo JP, Brij SO, Enoch DA.

Does an interferon-gamma release assay change practice in possible latent tuberculosis? Tiernan JF, Gilhooley S, Jones ME, Chalmers JD, McSparron C, Laurenson IF, Hill AT.


Diagnosis and treatment of latent infection with Mycobacterium tuberculosis. Chee CB, Sester M, Zhang W, Lange C.

The efficacy of rifabutin for rifabutin-susceptible, multidrug-resistant tuberculosis. Jo KW, Ji W, Hong Y, Lee SD, Kim WS, Kim DS, Shim TS.

CD271+ Bone Marrow Mesenchymal Stem Cells May Provide a Niche for Dormant Mycobacterium tuberculosis. Das B, Kashino SS, Pulu I, Kalita D, Swami V, Yeger H, Felsher DW, Campos-Neto A.


GRANTS
From CDC National Prevention Information Network’s (NPIN) Funding Database

**Fund Number: 4616** - Fund Title: Research In Latent Tuberculosis Infection (LTBI) in the Setting of HIV C o-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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**JOB POSTINGS/POSITION OPPORTUNITIES FROM THE WHO/STOP TB PARTNERSHIP**

The WHO and the Stop TB Partnership are seeking applications to fill two vacancies on the Global Green Light Committee (gGLC) Call for applications [http://www.who.int/tb/challenges/mdr/greenlightcommittee/en/index.html](http://www.who.int/tb/challenges/mdr/greenlightcommittee/en/index.html)

The World Health Organization and the Stop TB Partnership are announcing a call for applications for two members to serve on the Global GLC Committee (gGLC) in 2013-2015. A global strategic committee (the "gGLC") was established in 2011 as an advisory committee to WHO, with a dual role of advising WHO and partners.

Applicants are being sought for two members to serve on the gGLC for the term April 2013 – March 2015. Applicants should note that: 1) Members are to be appointed onto the gGLC in their individual capacity; and 2) Members will be selected to ensure that the two respective relevant technical areas are represented, and the perspectives of a broad range of constituencies and regions continue to be represented on the committee.

Two members are being sought to represent the following technical areas and constituencies:

**Member 1. Technical areas (focused on drug-resistant TB)** Programmatic management of DR-TB care **Constituencies** Implementing partners Countries - NTP or other governmental representatives from a high burden country

**Member 2. Technical areas (focused on drug-resistant TB)** Drug management **Constituencies** Technical partners; Implementing partners - International non-
governmental organizations

Closing date of applications: 15 February 2013 Results of applications to be announced on: 15 March 2013

FROM CDC: Division of TB Elimination

Recruitment Opportunity Notice; Medical Officer, GS-0602-14, International Research and Programs Branch

The Centers for Disease Control and Prevention’s (CDC) Division of Tuberculosis Elimination (DTBE) is seeking a dynamic Medical Officer to serve as the Pediatric TB Lead in the International Research and Programs Branch (IRPB). The position is based in Atlanta, GA. A background in pediatrics with epidemiological training and experience, international programmatic/policy experience, and supervisory experience is ideal but not required. Strong diplomacy and interpersonal skills are essential.

The incumbent will be responsible for: 1) Leading CDC/DTBE’s global pediatric TB and TB/HIV portfolio of activities; 2) Supervising EIS and Medical Officers on TB and TB/HIV projects; 3) Providing technical assistance to country programs as part of the President’s Emergency Plan for AIDS Relief (PEPFAR); 4) Serving on technical advisory groups, and working closely with USAID on a US Government pediatric TB portfolio of programmatic, policy, research, and technical activities; and 5) Developing and implementing research or evaluation protocols


Commissioned Corps (CC) officers who are interested in the position will not need to apply through usajobs.gov. CC officers will need to submit their resume and letter of interest to Mrs. Cynthia Holman at cat0@cdc.gov no later than COB February 14th, 2013. Executive level compensation package is commensurate with qualifications and experience. CDC is an Equal Opportunity Employer. For more information on the position, please contact Dr. Eugene McCray, DTBE/IRPB Chief, at ecm1@cdc.gov, or Dr Eric Pevzner, TB/HIV Team Lead, DTBE/IRPB at ecp9@cdc.gov

MEETINGS, CONFERENCES AND EVENTS
EVENTS:

World TB Day, March 24th, 2013:

FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC):

Each year, we recognize World TB Day on March 24, often with a variety of activities leading up to the official day. This annual event commemorates the date when Robert Koch announced his discovery of the bacillus that causes tuberculosis (TB). Around the world, TB programs, non-governmental organizations, and others take advantage of the increased interest World TB Day generates to describe their own TB-related problems and solutions, and to support worldwide TB control efforts.

For the second year, CDC has adopted the global Stop TB Partnership’s World TB slogan, Stop TB in my lifetime. This slogan goes with the theme of calling for a world free of TB. The slogan and theme encourage people all over the world to make an individual call for the elimination of TB, and say what changes they expect in their lifetimes. This two-year campaign also allows us to build upon the messages and resources developed during the last World TB Day.

In the next few months, DTBE will be developing communication products for use in your own 2013 World TB Day activities. As March 24 falls on a Sunday in 2013, this provides an opportunity for a full week of activities leading up to the official day. For examples of past World TB Day events, links to planning resources, fact sheets, posters, and other materials that may be of assistance to you in your World TB Day activities, please visit the World TB Day section on the DTBE Website at http://www.cdc.gov/tb/events/WorldTBDay/default.htm

This webpage will continue to be updated with 2013 World TB Day information.

FROM THE WHO STOP TB PARTNERSHIP

Stop TB Partnership website launch

In 2013 we enter the second year of the 2-year Stop TB in my lifetime World TB Day campaign. The website for World TB Day 2013 is now live at www.stoptb.org/events/world_tb_day/2013/. On this site you will find a helpful guide for planning your World TB Day events, printable posters, slogan artwork and T-shirt designs. At a time when we are all calling for zero TB deaths, we need to make a stronger statement that having people dying from TB is an outrage.

We all have personal hopes and dreams about a world free of TB. Many of us feel it is not right that this terrible scourge has not gotten enough visibility and has not been
taken on as a cause by champions whose voices have broad reach and who can easily make themselves heard. We have launched a new feature on our interactive site, www.mystoptb.org where you can post your individual message of action. Related Link: World TB Day (Audio Podcast) World Health Organization

FROM RESULTS: 3 World TB Day Strategies

Outreach events: World TB Day is March 24. Want to do Outreach? Folks don't always have accurate information on what our country spends on foreign aid and on what a difference it can make in the lives of people. (Check out this video work by the ONE Campaign to hear more.) With that in mind, RESULTS is a powerful force in advocating for the end of tuberculosis as a disease of poverty, and so World TB Day is an annual opportunity to share about the strategic power of foreign aid to help us achieve sustainable, compassionate solutions for poverty-related issues. RESULTS chapters are encouraged to apply for World TB Day Mini-grants. Apply NOW for a World TB Day mini-grant to help you with costs associated with putting on an outreach event.

Touring TB media experts: RESULTS is also working with their Regional Coordinators to create a small handful of tours featuring international TB media experts. This set of tours won't allow for experts to travel everywhere, but there will be other chances later in the year. RESULTS chapters interested in hosting an expert and booking a meeting with them, you/your group, and your local editorial board, contact Lisa Marchal to talk about it.

Resources on Their Way. Soon RESULTS will have three resources/info items: a fresh editorial packet for WTBD, details on TB issue briefings on the Hill that you can let your members of Congress know about, and an update on the TB Caucus in the House which you can ask your representative to join.

NATIONAL PUBLIC HEALTH WEEK : April 1st, 2013
http://www.nphw.org/nphw09/default.htm

FROM THE HEALTH CARE FOR THE HOMELESS CLINICIANS NETWORK:

2013 National Health Care for the Homeless Conference & Policy Symposium
March 14-16, 2013, Washington, D.C.,

Registration Conference Schedule and Workshop Descriptions

FROM THE UNION:

North American Region of the IUATLD: February 22 - March 2, 2013, Vancouver, Canada
17th Annual Conference of the Union-North America Region TB: “the Air We Share”. The conference is taking place at the Sheraton Vancouver Wall Centre Hotel in Vancouver, BC, Canada. There will be a timely Stop TB morning session co-sponsored by Stop TB Canada and Stop TB USA titled “International initiatives: Childhood TB and Other Control Interventions” followed immediately by the Stop TB USA Advocacy and TB funding update session. TB control program directors and managers should be interested in attending both of these sessions. Download forms below by clicking on the links: Conference Brochure, Preliminary Program, Venue, Registration Form.

44th World Conference on Lung Health: October 30 - November 3, 2013, Paris, France

Online abstract submission for oral and poster presentations will open at the end of February 2013. The Union welcomes all authors to submit their abstracts. The 2013 theme is “Shared air, safe air?”

FROM THE AMERICAN THORACIC SOCIETY (ATS):


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. For more information about the International Conference, please click here.

You may also email conference@thoracic.org. If you experience a technical problem while registering, please call 866-635-3585 or email thoracic@xpressreg.net.

Call for Abstracts for the TB Public Health Poster Forum at the ATS meeting

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. The TB public health poster sessions have always been well attended at past conferences. The poster presentations are
excellent, the discussions lively, and the session provides a great opportunity to meet others involved in TB control.

Please consider developing an abstract for poster presentation on a significant or innovative aspect of your TB control program for this 2013 poster forum. We are interested in posters regarding: 1) Updated policies/procedures and successful activities for conducting TB-related contact investigations, including successful treatment completion in contacts identified with LTBI; 2) The use of programmatic and epidemiologic data to develop and update policies and procedures; 3) Successful activities for the evaluation and treatment of immigrants and refugees; 4) Reports of TB outbreaks, including surveillance and program activities related to detection and control of outbreaks, MDR TB outbreaks, and the development and use of outbreak response plans; 5) Successful activities or interventions to prevent and eliminate TB in high-risk populations, such as African-American communities, foreign-born persons, homeless persons, or populations along the U.S./Mexico border; 6) Innovative and successful interventions to increase adherence and completion of treatment for TB disease and LTBI; 7) Successful activities or interventions to prevent and eliminate TB in persons with HIV-infection; 8) Successful activities or interventions to prevent and eliminate TB in persons incarcerated in correctional facilities; 9) Successful training and education materials, courses, or sessions for TB program staff, public and private healthcare providers, or successful educational efforts developed for patients with LTBI or disease; 10) Successful efforts to comprehensively evaluate and improve TB prevention and control programs; and 11) Successful implementation of the use of new diagnostic tests for LTBI or TB disease.

This year we are again asking for electronic submission of the poster abstracts. Since this session is sponsored by CDC, rather than the ATS, these abstracts will not be published in the ATS conference book. However, all abstracts will be printed and handed out at the session. Instructions for abstract submission, related forms, and a sample abstract are Found Here. Please use the attached electronic form to describe your proposed poster. Abstracts should be submitted to Dr. Sundari Mase at fyy0@cdc.gov or Dr. Christine Ho at gtb9@cdc.gov. The deadline for receipt of abstracts is March 15, 2013. We will make notifications regarding acceptance of abstracts by April 1, 2013.

FROM THE NATIONAL TB CONTROLLERS ASSOCIATION (NTCA)


Conference agenda and hotel information will be released in early March. For questions regarding the conference, please contact: Donna Wegener, NTCA Executive Director at dhwegener@tbcontrollers.org or Eva Forest eforest@tbcontrollers.org
A “Call for Abstracts” and abstract instructions can be Found Here: Call for Abstracts, Instructions. The deadline for receipt of abstracts is Monday, April 15, 2013.

FROM THE ASSOCIATION OF PUBLIC HEALTH LABORATORIES (APHL):


The Eighth National Conference on Quality Health Care for Culturally Diverse Populations: Achieving Equity in an Era of Innovation and Health System Transformation: March 11 - 14, 2013, Oakland, CA

Health reform and systems change have the potential to greatly improve the health and lives of diverse patients and communities. This conference will explore how changes in policy, financing, information technology, clinical practice and systems design can improve health care delivery -- and how these transformations must accommodate the unique needs posed by cultural and linguistic diversity. Descriptions of preconference sessions and a draft conference agenda are available now on the conference website: www.diversityrx.org/2013-conference-agenda

FROM RESULTS:

International Conference 2013: July 20-23, 2013, Crystal City, Arlington, Virginia

Professor Muhammad Yunus to be Keynote Speaker
http://www.results.org/events/IC_2013/

FROM AIDS UNITED:


Join the National Association of People with AIDS (NAPWA), the Treatment Access Expansion Project (TAEP), AIDS United, and hundreds of your fellow advocates for AIDSWatch 2013. Click here for more information and/or to register.

FROM THE AMERICAN COLLEGE HEALTH ASSOCIATION:

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

FROM THE 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. Click the dates below for specific information on that day’s schedule.

Saturday, 11/2 | Sunday, 11/3 | Monday, 11/4
Tuesday, 11/5 | Wednesday, 11/6

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/.

FROM THE ASSOCIATION OF PRACTITIONERS IN INFECTIOUS CONTROL (APIC):

40th Advancing infection prevention education Annual conference
June 7-10, 2013 Fort Lauderdale, Florida annual@apic.org

FROM THE ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICERS (ASTHO):


FROM THE NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICERS (NACCHO):

NACCHO Annual 2013, July 1-12th 2013, Dallas, TX. REGISTER NOW! or Download Individual Registration Form

FROM THE 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.

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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