For our readers: As you may have read from our past mailings, in preparation for moving to a new readership database, we are conducting a brief survey of our Newsletter readers. In addition to the survey, we are also in the process of creating a new “Friends of Stop TB USA” readership group, and ask that you please join! The new Friends of Stop TB USA database will soon replace the old Newsletter mailing list. The change will not be abrupt, however eventually you will need to sign up as a Friend of Stop TB USA to assure that you continue to receive any or all of the Newsletters and email alerts.

If you haven’t had a chance to complete the very short survey and sign up as a Friend of Stop TB USA, we ask that you please take a moment and complete it here…

Please feel free to forward the TB Wire to others who may be interested. If the email is too large to send, you can refer others to the Friends of Stop TB USA signup page where they can sign up to receive it (and other Stop TB USA communications) directly. Stop TB USA can be found on Facebook and Twitter! Links to our social media sites are on the header above. As always, suggestions and comments are welcome and appreciated at setkind@stoptbusa.org.

WASHINGTON UPDATE

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

FY2015 FUNDING

The President's proposed budget for FY2015 will be released in 2 parts.

Overall agency numbers will be released on March 4 and proposed program level funding, including for CDC's TB program, will be released on March 11. Congressional appropriators use the budget as a guideline for drafting the annual spending bills.
WORLD TB DAY ON THE HILL

Plans are under way with our partners to schedule the House and Senate briefings for the week of World TB Day. The House briefing will be March 25 at noon and the Senate briefing will be March 26. Further information to follow.

ANNOUNCEMENTS

FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

CALL FOR CANDIDATES FOR THE POSITION OF DIRECTOR OF THE DIVISION OF TB ELIMINATION:

The CDC seeks exceptional candidates for the Director of the Division of Tuberculosis Elimination (DTBE) within the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP). CDC is a recognized leader in public health surveillance and epidemiology in all areas of health including infectious disease, environmental hazards, chronic non-communicable diseases, lifestyle-associated disease, and vital statistics. The DTBE Division Director will join CDC leadership and is responsible for CDC’s TB mission to promote health and quality of life by preventing, controlling, and eventually eliminating tuberculosis from the United States, as well as worldwide through global collaboration with other countries and international partners.

The DTBE Director will have broad operating authority and plans, organizes, and oversees the activities of the Division. The Director will participate in the overall management planning sessions in which the program direction, feasibility of program changes and expansions, and allocation of funds are considered. The Director evaluates the effectiveness and efficiency of program operations in relation to identified objectives and legislative, budgetary and program planning, and collaborates with other leaders in TB prevention and control on the development and implementation of long-range plans and their budget impact. The incumbent will provide subordinate supervisors and staff with direction and advice regarding policies, procedures, and guidelines and will establish review systems for the organization that make certain government needs are met and validated, and that economy and quality of operations are maintained or improved. DTBE has over 230 Federal employees and an annual budget of over $145 million.

Required Qualifications: PhD, MD or equivalent degree; Expertise in the field of TB prevention or other related public health programs; Extensive, proven experience leading a national recognized public health program

[Announcement]

FROM STOP TB USA

CALL FOR NOMINATIONS FOR CHAIR-ELECT: Stop TB USA is calling for nominations for the position of Chair-Elect on the Executive team for the term beginning in June of 2014. The Chair rotates between (a)
individuals from NGO, medical or health professional and related organizations and (b) individuals in TB control or governmental organizations. **This cycle nomination is for a candidate from a NGO, medical or health profession/related organization.**

The Chair-elect serves for 2 years before assuming the role of Chair and also serves on the Stop TB USA Coordinating Board. Please contact setkind@stoptbusa.org if interested or if you would like to nominate a candidate.

**CALL FOR CANDIDATES TO FILL A STOP TB USA COORDINATING BOARD VACANCY:** Stop TB USA currently has a vacancy on the Coordinating Board. The Board consists of the Officers of the Partnership, 10 or more 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 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. Participation in monthly conference calls and 2 face-to-face meetings per year are required.

The current vacancy is for a member who has **experience working with homeless populations.**

Please contact setkind@stoptbusa.org if interested or if you would like to nominate a candidate.

**FROM THE CDC AND STOP TB USA**

**CALL FOR ABSTRACTS FOR THE TB PUBLIC HEALTH POSTER SESSION AT THE ATS CONFERENCE**

As in past years, the ATS 2014 conference in San Diego will feature a public health poster session of special interest to tuberculosis (TB) control: **STRATEGIES FOR TB CONTROL: POSTER SESSION**

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; conducting/expanding contact investigations; performing outbreak investigations; improving treatment adherence; addressing multi-drug-resistant TB; dealing with TB related to HIV/AIDS, providing TB education; and building TB-related coalitions. This public health poster forum will take place on Sunday, May 18th from 7 p.m. to 9 p.m.

The forum will focus on innovative techniques that are helping to 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.

**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.

Please consider developing an abstract for poster presentation on a significant or innovative aspect of
your TB control program for this 2014 poster forum. This is an excellent opportunity for you or someone in your program to exchange information about an effective strategy or intervention that may be useful to other colleagues. Techniques that are associated with improvements in TB control practices would be especially appropriate for poster presentation during this session. Members of the ATS assembly on MTPI will receive copies of all abstracts.

We are interested in posters regarding: Updated policies/procedures and successful activities for conducting TB-related contact investigations, including successful treatment completion in contacts identified with tuberculosis infection and the use of programmatic and epidemiologic data to develop and update policies and procedures; Successful activities for the evaluation and treatment of immigrants and refugees; 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; 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; Innovative and successful interventions to increase adherence and completion of treatment for TB disease and infection; Successful activities or interventions to prevent and eliminate TB in persons with HIV-infection; Successful activities or interventions to prevent and eliminate TB in persons incarcerated in correctional facilities; 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 TB infection or disease; Successful efforts to comprehensively evaluate and improve TB prevention and control programs; and Successful implementation of the use of new diagnostic tests for latent TB infection 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 attached. Please use the electronic form to describe your proposed poster. Abstracts should be submitted to Dr. Sundari Mase at fyy0@cdc.gov. The deadline for receipt of abstracts is March 21, 2014. We will make notifications regarding acceptance of abstracts by April 4, 2014.

[ATS Poster Form]

FROM THE STOP TB PARTNERSHIP

CALL FOR NOMINATIONS: THE GLOBAL LABORATORY INITIATIVE (GLI) WORKING GROUP, STOP-TB PARTNERSHIP is announcing an open Call for Nominations for members to serve on the GLI Core Group in 2014-2015. A balance in Core Group Membership is sought to encourage active participation of and representation from technical partners, scientific and academic institutions, civil society, relevant funding agencies, and high-burden TB countries.

Closing date for applications: 1st March 2014. Results of selection process to be announced: 15th March 2014. See attached file for further details or visit our website http://www.stoptb.org/wg/gli/
CALL FOR NEW GLOBAL TB ACTIVIST MEMBERS: The Global Coalition of TB Activists (GCTA) is opening the call for application to become a member of this global network and be part of a global movement of activists aimed at sharing the latest information and issues and working together to address challenges faced by the TB community. Being part of the Coalition will also give members an opportunity to be engaged in national, regional and global conversations on TB and communities and on information regarding funding, training and technical assistance opportunities. GCTA is encouraging and accepting applications from individuals as well as non-individuals (NGOs, CBOs, FBOs, Networks, Coalitions, Partnerships, etc.).

Membership is open to every person and every organization that meets the following criteria for individuals: Must be an activist/advocate; If employed, must work for country-level CBO, FBO, or NGO; A TB survivor and/or living in, or working with, communities affected by TB; Must be willing and able to fulfil the Terms of Reference for all GCTA members as outlined in the GCTA Charter. Criteria for non-individual membership (organization, group, network, coalition, partnership, etc): Must be a Community-based organization, Faith-based organization, or Non-governmental organization (national or international) implementing work at the country-level; Organization (or network, coalition, partnership) should have focus on TB, or on advocacy; Must be willing and able to fulfil the Terms of Reference for all GCTA members as outlined in the GCTA Charter.

To submit your application, please fill out the attached form (please note there are two versions; one for individuals and one for organization/networks) and send to GlobalTBActivists@gmail.com by 28 February 2014. Please refer to the attached GCTA Charter for more information about the coalition and the role of its members.

WORLD TB DAY
FROM THE CDC

This World TB Day, we call for further collaboration to find and treat TB. By working together to raise awareness that TB still exists and sharing the personal stories of those people affected by TB we can bring attention to this public health problem. We don’t have to fight TB alone; we should partner with others who are also caring for those most at risk for TB such as people with HIV infection or diabetes, and the homeless. Everyone has a role in ensuring that one day TB will be eliminated. CDC and our
partners are committed to a world free of TB.

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 Division of Tuberculosis Elimination website at http://www.cdc.gov/tb/events/WorldTBDay/default.htm. This webpage will continue to be updated with 2014 World TB Day information.

**CDC’S TB PERSONAL STORIES PROJECT**

Recently CDC’s Communications, Education, and Behavioral Studies Branch in the Division of Tuberculosis Elimination embarked on a project to highlight TB in our country through the stories of TB patients. These stories are available on the DTBE website at http://www.cdc.gov/topic/basics/personalstories.htm. In sharing these stories we wanted to let people know that TB is still a problem in the United States, that it can happen to anyone, and that public health TB control programs provide the essential services needed to prevent, detect, and treat this frightening disease.

The project features patients who have been successfully treated and cured of TB disease, or were given treatment to prevent latent TB infection from progressing to TB disease. It also includes stories about children who were cured of TB, as told by their parents. We are hoping to add additional stories from TB patients. If you know of a former or current TB patient who you think would be good for this project, please ask him or her to contact Nicole Richardson-Smith at ewo0@cdc.gov or Ann Lanner at lah1@cdc.gov. The ideal candidate would be an adult (18 or over) patient who was successfully detected, treated, and cured of TB, and who would be: 1) Willing to appear in a print or video story that could be seen by many people; 2) A good candidate for videotaping – is articulate and has a compelling story to tell; 3) Willing and able to travel to Atlanta, if possible, to be videotaped. Please note that a print story and photo for the web would not require travel.

**FROM THE STOP TB PARTNERSHIP**

English language versions of the World TB Day materials are now available on the Stop TB Partnership website. These materials include: A campaign document; Poster templates; T-shirt designs; Slogans; Campaign logos; and a set of design guidelines and assets for those of you who would like to design your own materials. We hope that you find the materials useful for your World TB Day events and activities. If you require different file formats or have any questions on how to use the materials please do let us know. The French, Chinese, Arabic, Russian and Spanish language versions will be available within the next week.

Secondly, we want to hear about what you have planned for World TB Day. We invite partners to post details of their planned activities on the www.worldtbday.org blog. If you haven’t already you will need to complete a short registration process before you submit your blog post for approval. Partners are also invited to send details of your events to Greg Paton, Advocacy Officer at patong@who.int so that your activities can be added to our events page. There will be other opportunities to engage closer to World
TB Day. This year we feel that it is time to showcase the real life stories of people who have been “reached” with TB care. So we will create new web pages where partners can highlight the outstanding work that they have done to make this happen.

HIGHLIGHTED TB REPORTS/UPDATES
FROM THE STOP TB PARTNERSHIP

The Kochon Prize awarded: The Haitian Group for the Study of Kaposi’s Sarcoma and Opportunistic Infections (GHESKIO) and Médecins Sans Frontières (MSF) International will share the Kochon prize, which is awarded annually to persons, institutions or organizations that have made a highly significant contribution to combating tuberculosis (TB). Haiti’s GHESKIO, founded in 1982, is one of the oldest institutions in the world dedicated to the fight against AIDS. Focusing on research, training and patient care, it has one of the largest care centres for AIDS and TB in the Americas and Caribbean.

Médecins Sans Frontières (MSF) is a world-renowned international, independent, medical humanitarian organization that delivers emergency aid to people affected by armed conflict, epidemics, natural disasters and exclusion from healthcare. MSF offers assistance to people based on need, irrespective of race, religion, gender or political affiliation. MSF has been involved in TB care for 25 years. MSF started treating MDR-TB in 1999 and has grown to become one of the largest NGO providers of MDR-TB care. In 2012, MSF treated 29 000 patients for drug-sensitive TB in 30 countries, and 1 780 patients for drug resistant TB in 18 countries.

The winners will each receive the Kochon Medal and share an award of US$ 65 000. The Desmond Tutu TB Centre at Stellenbosch University in South Africa’s Western Cape was the recipient of last year’s Kochon Prize.

FROM TREATMENT ACTION GROUP (TAG)

Call for Prioritizing TB Diagnostics: National TB Programs in high-burden countries, in-country program staff, technical assistance agencies, academic institutions, supranational and non-governmental organizations, came together to discuss this issue at the World Lung Conference in Paris, France in November 2013. That meeting resulted in this statement, which highlights the importance of TB diagnosis as a continuum of care, and outlines the 5 key elements of a patient-centered agenda for TB diagnostic testing: focus on cure, access to care, systems of care, empowered patients and sustainability. Current approaches to scale-up of TB diagnostics do not sufficiently focus on the primary goal of diagnosis, which is to treat and cure people with TB and relieve the economic and physical burden of suffering that TB imposes. Please call for the prioritization of an agenda for implementing TB diagnostics that centers upon the patient with TB symptoms and highlights patient well-being and cure by signing at the link below.

well-being-and-cure

FROM RESULTS

**Immigrant children in U.S. are at greater risk of tuberculosis**
From 2005 to 2006, the incidence of tuberculosis was 32 times higher among foreign-born children younger than 5 than their U.S.-born counterparts with U.S.-born parents, according to a study in the journal *Pediatrics*. Among children born in the U.S., those with foreign-born parents had a sixfold greater risk of tuberculosis than those with parents who were born in the U.S.


These findings prompted an accompanying editorial calling for the United States to help reduce TB infections in poorer countries.

[The Global Nature of Childhood Tuberculosis]

[Epidermolysis of Tuberculosis in Young Children in the United States]

**Latest assessment of Xpert**

[Point-of-care diagnostics for tuberculosis elimination?]

[Feasibility, accuracy, and clinical effect of point-of-care Xpert MTB/RIF testing for tuberculosis in primary-care settings in Africa: a multicentre, randomised, controlled trial]

**Margaret Hamburg in India:**

After ban on drug facilities, regulator comes calling. Hamburg first US FDA chief to visit India, to hold talks on pharma practices


FROM THE KAISER FOUNDATION

**Budget Analysis Provides Overview of Global Health Funding In FY14 Omnibus Appropriations Act**
A new Kaiser Family Foundation budget analysis reviews the fiscal year 2014 omnibus appropriations act signed on January 17, 2014. It provides the highest historical level (approximately $9.1 billion) of U.S. funding for global health programs. Looking more broadly at funding trends over time, focusing on the Global Health Programs (GHP) account, increased funding for global health has been relatively modest in recent years (rising 3% between 2012 and 2014, for example), after the substantial increases of the prior decade. This was similar to the rate of growth in federal funding for other non-defense discretionary spending over the same, recent period (2%). Within the GHP account, which includes most ($8.4 billion in FY14) of U.S. global health funding, bilateral HIV funding as part of PEPFAR received the largest increase of $146 million, followed by the Global Fund to Fight AIDS, Tuberculosis and Malaria ($81
Family planning and reproductive health was the sole program area to receive a decline in funding from fiscal year 2013, by about 1 percent. The full analysis is available online.

FROM AERAS

Huffington Post blog on the issue TB and mining focused specifically on the economic impact and how TB vaccines are a smart investment: An Ounce of Gold for a Pound of Cure | Kari Stoever

FROM NACCHO

NACCHO report shows status of local health departments 10 Feb 2014

A report from the National Association of County and City Health Officials shows how local health departments, or LHDs, have changed in recent years

FROM APHA

Despite progress, gaps still remain in US preparedness. Most U.S. states need to make some improvements to better protect residents against infectious disease outbreaks and ready their communities for public health disasters, according to new analyses from health groups.

On Dec. 4, the Association of State and Territorial Health Officials debuted a new National Health Security Preparedness Index. Soon after, Trust for America’s Health released “Outbreaks: Protecting Americans from Infectious Diseases.” The two efforts highlight the state of preparedness in the U.S., finding that although progress has been made, gaps remain, particularly at the state level.

The outbreaks report measured state public health preparedness by 10 indicators, such as whether states met the Department of Health and Human Services goal of vaccinating at least 90 percent of 19- to 35-month-olds against whooping cough. The indicators were chosen based on factors such as the availability of data, new conditions and infectious disease challenges, said Jeffrey Levi, PhD, executive director of Trust for America’s Health and an APHA member.

Read this story in full from the February edition of The Nation’s Health, APHA’s newspaper.

FROM NEWS SOURCES

United States


The Michigan Department of Community Health has issued an alert after a local healthcare worker was diagnosed with tuberculosis (TB). According to a release, the worker, who unknowingly was ill with TB at that time, worked in multiple hospitals in the Detroit area, and was in contact with about 560 patients that received dental care between Aug. 1, 2013 to Dec. 17, 2013. Patients and staff who may have been
exposed have been notified and encouraged to get tested. The affected Detroit health care facilities are:
Detroit Medical Center, Henry Ford Hospital, St. John Hospital and Medical Center and University of
Detroit Mercy School of Dentistry. The worker is currently receiving treatment and is not working at this
time. Patients and staff that may have been exposed have already been notified and encouraged to
obtain testing. Those who have not received a notification letter identifying them as someone who has
been in close contact with the identified individual, but still have concerns, may contact the facilities
directly. The likelihood of additional employees being infected is very low as they are required to have
an annual TB test as part of the hospitals’ patient/employee safety measures.

In 2012, the Centers for Disease Control and Prevention reported 9,945 new cases of TB disease in the
United States, of which 149 cases were reported from Michigan.


Healio recently reported on TB treatment of children who developed latent TB infection after exposure
to a teacher with multidrug-resistant (MDR) TB. Skin tests for children who had contact with the teacher
revealed 31 children with latent TB infection. Felice C. Adler-Shohet, MD, of the department of
infectious diseases of the Children’s Hospital of Orange County, Calif., and colleagues evaluated the
children’s treatment and diagnosis to determine the best treatment. Of the 31 children, 26 received
levofloxacin and pyrazinamide; 58 percent of this group completed treatment. Parents of five children
with positive tests refused treatment. Healthcare providers changed the treatment for 46 percent of
patients because of adverse effects. All children experienced adverse effects including arthralgias and
myalgias, abdominal pain, and elevated liver enzymes. Of the 26 patients who started treatment with
two drugs, 11 needed treatment alteration to levofloxacin only because of adverse effects. None of the
children developed active TB at 24 months follow-up. The researchers concluded that because of the
toxicity of the two-drug regimen containing fluoroquinolone for persons with MDR TB, it should be used
only if there is a high likelihood that the patient is infected with MDR TB and is at high risk of the disease
becoming active. Also, the physician should test children’s transaminases monthly if they are on this
regimen and monitor them for new gastrointestinal symptoms or toxicity. The researchers advised the
treating physician to consider the possibility of alternate regimens. Some of the children who could not
tolerate the dual drug regimen received fluoroquinolone monotherapy instead.

The full report, “Management of Latent Tuberculosis Infection in Child Contacts of Multidrug-Resistant
Tuberculosis,” was published online in the Pediatric Infectious Disease Journal (2014; doi:
10.1097/INF.0000000000000260). Read Full Article

Global

TANZANIA: “TB Pain Outweighs Tanzanite Benefits in Mirerani Mines” allAfrica (02.01.2014)

allAfrica reported that the National Tuberculosis and Leprosy Program of Tanzania’s Ministry of Health
and Social Welfare formed a special, 18-person technical working group to address TB control in the
country’s tanzanite mines. The group met in late January to hear background information and to
develop initial strategies to control TB among the miners. A 2013 study conducted by the Arusha Non-Government Organizations’ Network stated that the Mirerani Mining Hills of Simanjiro produced more TB infections than tanzanite gemstones. Northern Zone Manager for Occupational Safety and Health Authority Mr. Ramadhan Msimbira attributed high TB incidence among miners to high mobility of unregistered miners who moved from quarry to quarry; and miners sharing cigarettes, water bottles, and dinnerware. Dr. Sode Matiku also told the working group that poorly ventilated mining pits also contributed to TB incidence. Matiku estimated that 40 percent of Tanzania’s TB patients also had HIV or AIDS. Although Tanzania ranked among the 22 countries with the highest TB burden, Matiku stated that the country had an 88-percent treatment success rate. Tanzania reported treating 63,000 TB cases annually—approximately half of the projected number of TB cases. While the Ministry of Health had set the goal of reaching 15 percent of TB-infected children, the country reached only 9 percent. Between 22 and 24 percent of Tanzania’s TB cases occurred in Dar-es-Salaam because of densely populated, unplanned settlements in the city. Other districts targeted for TB efforts included the mining districts of Shinyanga and Mara. Read Full Article

INDIA: “Weavers' Villages in India Suffer TB Epidemic”, Biswajeet Banerjee, Boston.com (02.07.2014)
Boston.com reported that approximately 100,000 people in poor villages in the Lohata area of India’s Uttar Pradesh state have TB. Dr. J.N. Banavalikar, vice chair of the TB Association of India, attributed the high TB prevalence to poverty, malnutrition, and the occupational hazard of silk weaving. Banavalikar noted that thousands of Lohata sari weavers breathed in minute silk threads, which weakened their lungs. The workers labored in cramped rooms with poor ventilation, where TB spread easily. The sari industry recently declined, due to changing fashions and lack of raw materials. Weavers who once turned out five saris each week now produced only two. The average monthly income in Lohata was approximately $48. Lower income resulted in poor nutrition, and children were particularly vulnerable to TB when malnourished. Dr. S.P. Dubey, an Uttar Pradesh health official, reported 12,900 TB deaths in Lohata in 2011 and 13,700 in 2012.

The World Health Organization Global TB Report 2013 estimated that India had up to 2.4 million TB cases, the highest incidence in the world. India also experienced the highest increase in multidrug-resistant TB (MDR TB) cases from 2011 to 2012. Although India’s government offered free TB medication programs, many barriers to success existed. Pharmacists and unqualified providers “routinely” gave out antibiotics without prescriptions, which gave short-term relief but led to drug-resistant strains. Some people stopped taking TB medications because of side effects. One federal program paid providers to observe patients taking TB medications—but only if patients completed the six-month course—giving providers an incentive to lie if patients dropped out. Some local officials did not make TB drugs available to people, according to Banavalikar. According to Uttar Pradesh Health Minister Ahmad Hasan, the Indian government failed to supply enough free drugs. Treatment for MDR TB could cost $160 per month. Read Full Article

Science World Report published an article stating that researchers are ready to begin human trials of new experimental TB vaccines. Currently, TB vaccine— the bacille Calmette-Guérin— is used for children,
but no vaccine exists for adults or individuals with latent TB infection (LTBI). There is an urgent need for a vaccine as TB has developed multiple drug-resistant strains. The NEWTBVAC project funded by the European Union worked with scientists from more than 35 research organizations in various countries. The project, which ends on February 28, worked on blocking TB transmission and preventing LTBI from becoming active TB disease. One focus was finding new potential vaccines and early testing, then transferring the vaccines to partners to conduct trials. Of 40 potential TB vaccines discovered, four received legal clearance to begin human trials. Another aim of the NEWTBVAC program is to make new vaccines globally accessible and affordable Read Full Article

NEW RESOURCES

FROM AERAS

Check out the new infographic and slideshow Aeras has launched illustrating the devastating link between tuberculosis and mining. You can find more information and resources at www.aeras.org/mining.

FROM MSF

Silver medallist from the 2010 Olympic Winter Games in Vancouver, Helen Upperton, cycled over 3 days covering 230 km in India to raise awareness about tuberculosis and Stop TB Partner, Médecins Sans Frontières (MSF) in January 2014. In an email interview, Ms. Upperton spoke to us exclusively, about her understanding of and commitment to TB, before she headed off to Sochi in her role as a sports broadcaster at the 2014 Winter Olympic Games.

"I think if more people knew or understood the gravity of the global TB situation then more people would try to help..." Helen Upperton, Olympic Medallist on raising awareness about TB.

You can read her interview here.

FROM TUBERCLE.ORG

Free pill crushers for use in treating children with TB:

Greetings from Anchorage. Several years ago, my family and I started a small charitable foundation tubercle.org with a special interest in helping advance the diagnosis, treatment, and prevention of tuberculosis in children. One of our projects is to provide pill crushers to TB programs for treating TB disease and TB infection in infants and children and other persons who are unable to swallow pills. If you know of TB programs in the US or elsewhere that could put our pill crushers to good use, we would be happy to provide them at no cost. Contact Bruce Chandler at Bruce@tubercle.org

FROM YOU TUBE: PATIENT VIDEO Living with Tuberculosis HQ
Standard Operating Procedure (SOP) Specimen processing of CSF, lymph nodes and other tissues for Xpert MTB/RIF

JOURNAL ARTICLES

(January 29th through February 12th)


Efficacy of a new model for delivering integrated TB and HIV services for people living with HIV/AIDS in Delhi - case for a paradigm shift in national HIV/TB cross-referral strategy. Gupta AK, Singh GP, Goel S, Kaushik PB, Joshi BC, Chakraborty S.

AIDS Care . 2014 Feb 10. [Epub ahead of print]


Am J Trop Med Hyg . 2014 Feb;90(2)


Moxifloxacin retains anti-mycobacterial activity in the presence of gyrA mutations. McGrath M, Gey van Pittius NC, Sirgel FA, Van Helden PD, Warren RM.


Enhancement of vitamin A combined vitamin D supplementation on immune response to Bacille


Can Australia eliminate TB? Modelling immigration strategies for reaching MDG targets in a low-transmission setting. Denholm JT, McBryde ES.

BMC Infect Dis. 2014 Feb 6;14(1):64. [Epub ahead of print]


BMC Infect Dis. 2014 Feb 5;14(1):59. [Epub ahead of print]

Evaluation of Fluorotype MTB for detection of Mycobacterium tuberculosis complex DNA in clinical specimens from a low-incidence country. Hofmann-Thiel S, Hoffmann H.


Household income and poor treatment outcome among patients with tuberculosis in Georgia: a cohort study. Djibuti M, Mirvelashvili E, Makharashvili N, Magee MJ.


Tuberculosis of the glans penis healing with meatal stenosis. Sinha RK, Mukherjee S, Kamal MR, Karmakar D.


Intradural extramedullary and intracranial tuberculomas with concurrent communicating syringomyelia. Sharma B, Nagpal K, Handa R, Gupta P.

Tuberculosis of the pubic symphysis. Gothwal S, Varshney P, Mathur S, Songra B.


The utility of routine tuberculosis screening in county hospital patients with uveitis. Hong BK, Khanamiri HN, Bababeygy SR, Rao NA.


Use of Inhaled Corticosteroids in Patients with Chronic Obstructive Pulmonary Disease and the Risk of Tuberculosis and Influenza: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. Dong YH, Chang CH, Wu FL, Shen LJ, Calverley PM, Lofdahl CG, Lai MS, Mahler DA.

Clin Infect Dis. 2014 Feb 5. [Epub ahead of print]
Giant Tuberculin Reaction Associated With the Homeopathic Drug Tuberculinum: A Case Report. Syrigou E, Gkiozos I, Dannos I, Grapsa D, Tsimpoukis S, Syrigos K.

Clin Infect Dis. 2014 Jan 31. [Epub ahead of print]


Concordance of resistance profiles in households of patients with multidrug-resistant tuberculosis. Parr JB, Mitnick CD, Atwood SS, Chalco K, Bayona J, Becerra MC.

Yield of contact investigations in households of patients with drug-resistant tuberculosis: systematic review and meta-analysis. Shah NS, Yuen CM, Heo M, Tolman AW, Becerra MC.


Challenges and solutions for a rational vaccine design for TB-endemic regions. Gowthaman U, Mushtaq K, Tan AC, Rai PK, Jackson DC, Agrewala JN.


Old and new approaches to diagnosing and treating latent tuberculosis in children in low-incidence countries. Cruz AT, Starke JR, Lobato MN.


Seasonal dynamics of tuberculosis epidemics and implications for multidrug-resistant infection risk assessment. Lin YJ, Liao CM.

Eur Respir J. 2014 Feb;43(2)


Usefulness of QuantiFERON®-TB Gold test in psoriatic patients under treatment with tumour necrosis


The role of bronchoscopy in the diagnosis and management of pediatric pulmonary tuberculosis. Goussard P, Gie R.

Common errors in multidrug-resistant tuberculosis management. Monedero I, Caminero JA.


Glob Public Health. 2014 Feb 5. [Epub ahead of print]

Meaningful change or more of the same? The Global Fund’s new funding model and the politics of HIV scale-up. Kapilashrami A, Hanefeld J.

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Ultrasound presentation of abdominal tuberculosis in a German tertiary care center. von Hahn T, Bange FC, Westhaus S, Rifai K, Attia D, Manns M, Potthoff A, Gebel M.

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COURSES/WORKSHOPS

FROM THE RTMCCs

Clinical Update: Meeting the Challenges of Managing TB with New Tools of the Trade, Boston, MA February 26

This ½ day training is being offered by the TB Regional Training and Medical Consultation Centers and National Society of Tuberculosis Clinicians and will be held in conjunction The Union-North American Region annual conference. For more information: http://globaltb.njms.rutgers.edu/courses/toolsofthetrade2014
To register: http://bc.lung.ca/association_and_services/union.html

THE SOUTHEAST NATIONAL TB CENTER (SNTC)

http://sntc.medicine.ufl.edu/

Comprehensive Clinical TB Course 3/3/2014 - 3/6/2014 Time: 8:00 AM - 5:30 PM Eastern
Location: SNTC, Gainesville, Florida Cost: No Charge

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 and 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 3/7/2014 Time: 8:00 AM - 5:00 PM Eastern
Location: SNTC, Gainesville, Florida Instructor: SNTC faculty Format: Train-the-trainer

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 RUTGERS GLOBAL TUBERCULOSIS INSTITUTE (GTBI)

Additional information for these and other upcoming trainings that are offered by the NJMS Global Tuberculosis Institute can be found at: http://www.umdnj.edu/globaltb/training/trainingcalendar.html

Annual NYC TB Conference: One City, One World. Zero TB. March 21, 2014 Long Island City, NY This one day conference will be held in commemoration of World TB Day and is geared toward health care providers who diagnose and manage the care of individuals with latent TB infection and TB disease.

TB Intensive Workshop April 7-11, 2014 Newark, NJ This 4-day workshop for clinicians provides comprehensive information on the principles and application of TB diagnosis and treatment, as well as the management of TB in special populations.

Strategies and Approaches for Video-based DOT (Webinar) Spring, 2014 This webinar will discuss policy and implementation strategies for video-based DOT, including programmatic experiences and outcomes.

TB Update May 15, 2014 Philadelphia, PA Using a skills-building approach, this training will provide an update on TB contact investigation.

THE HEARTLAND TB CENTER

Course Schedule Click Here for Class Information

The Impact of Substance Abuse and Mental Illness in Developing HIV and TB April 22, 2013 - April 22, 2014. Online apply » contact samuel.caballero@uthct.edu

THE CURRY INTERNATIONAL TUBERCULOSIS CENTER

The Curry International Tuberculosis Center is pleased to announce that our 2014 Training Schedule is now available, please visit: http://www.currytbcenter.ucsf.edu/training/schedule_2014.cfm


Tuberculosis Program Managers Intensive April 1-4, 2014 Oakland, CA Four-day intensive for nurses, physicians, and other health professionals working as tuberculosis program managers. Applications available now!

TB Case Study Session (in association with CTCA) April 24, 2014 Los Angeles, CA Using challenging TB cases, expert faculty will discuss strategies to fight TB as cases become more and more complicated.

TB Update/Title TBD (in association with CTCA) April 25, 2014 Los Angeles, CA Seattle TB Nurse Case Management Workshop (in association with Seattle-King County HD, University of Washington Harborview Hospital), June 24
Seattle LTBI Workshop Pilot (in association with Seattle-King County HD, University of Washington Harborview Hospital), June 25

Seattle TB Intensive (in association with Seattle-King County HD, University of Washington Harborview Hospital), June 26-27

2014 Clinical/Programmatic/Educational Mini-fellowship Program

The Curry International Tuberculosis Center 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 TB clinics, 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 urban TB clinics in the Western Region but could be conducted in other settings, based on applicant’s area of interest. 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.currytbcenter.ucsf.edu/training/minifellowships.cfm

Friend us on Facebook: https://www.facebook.com/CITC.UCSF?ref=ts Follow us on Twitter: @CITC_TB

THE MAYO CLINIC CENTER FOR TUBERCULOSIS

Mayo Clinic Center for Tuberculosis - Home

Webinar: What's new in Latent Tuberculosis Infection (LTBI): An Update for Minnesota Providers :
March 6, 2014, 12-1PM CST

This webinar will provide a clinical update regarding the short drug regimens for the treatment of LTBI and the use of IGRAs for TB testing. In addition the public health perspective on the advantages and limitations of the shorter LTBI regimens and IGRAs will be discussed.

FROM NATIONAL JEWISH MEDICAL AND RESEARCH CENTER

The 51st Annual Denver TB Course April 9-12, 2014 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 The 51st Semi-Annual Denver TB Course - National Jewish Health or call 800.844.2305
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.

FROM McGill UNIVERSITY


EVENTS, MEETINGS & CONFERENCES

Alphabetically listed by sponsoring organization

EVENTS

NATIONAL PUBLIC HEALTH WEEK April 7-14, 2014 National Public Health Week

2014 NPHW Daily Themes. This year’s event will focus on the following daily themes: Be healthy from the start.

CONFERENCES

AIDS 2014 - 20th International AIDS Conference


AMERICAN COLLEGE HEALTH ASSOCIATION (ACHA)

May 27-31, San Antonio, Texas ACHA 2014 Annual Meeting

AMERICAN PUBLIC HEALTH ASSOCIATION (APHA)

November 15-19 New Orleans, LA APhA Annual Meeting & Exposition: APhA2014

The theme of the meeting is Healthography: How Where you Live Affects Your Health and Well-being.

AMERICAN THORACIC SOCIETY (ATS)

May 16-21, San Diego ATS 2014 International Conference
As the multiple disciplines that make up pulmonary, critical care, and sleep medicine gather for ATS 2014, the International Conference will have a “big tent” atmosphere devoted to the needs of both clinicians and basic science, translational, and clinical researchers. ATS 2014 will feature more than 500 sessions, 800 speakers, and 5000 original abstracts and case reports. Many of the presentations will come from experts in disciplines that intersect with the ATS’s focus on adult and pediatric pulmonary, critical care, and sleep medicine. There will be talks and research presented on infectious diseases, allergy and immunology, thoracic surgery and transplantation, heart disease, environmental and occupational health, and quality improvement.

The learning that takes place at ATS 2014 will not be confined to the educational sessions. The Exhibit Hall is an integral part of the International Conference for clinicians and scientists. Those interested in basic science will have a section of the hall dedicated to their interests, where they can learn more about products and services designed to aid research. Register Online. Registration Fees. Download PDF of Registration Form.

ASSOCIATION OF PRACTITIONERS IN INFECTION CONTROL (APIC)

June 7-9 Anaheim, California APIC 2014

ASSOCIATION OF PUBLIC HEALTH LABORATORIES (APHL)

June 1-4, 2014, Little Rock, Arkansas 2014 APHL Annual Meeting & Eighth Government Environmental ..

Conference - Online Registration (credit cards only) Conference - Registration form (checks only)

ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICERS (ASTHO)


ASTHO Annual Meeting September 10-11. Learn More »

CALIFORNIA TB CONTROLLERS ASSOCIATION (CTCA)

48th Educational Conference Navigating Our Path to TB Elimination: Challenges and Solutions

April 23-24 in Los Angeles, CA (in association with CITC) All are welcome.

COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS (CSTE)

Nashville, Tennessee June 22-26 CSTE — Annual Conference

HEALTH CARE FOR THE HOMELESS CLINICIANS NETWORK


NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICERS (NACCHO)
Annual Meeting, July 9-11 Atlanta, Georgia [www.nacchoannual.org]

NATIONAL COUNCIL ON CORRECTIONAL HEALTH CARE (NCCHC)

National Conference on Correctional Health Care, October 20-22, 2014, Pre-conference Seminars October 18-19, Las Vegas


[Online Submission Form]: Log on to (or create) your NCCHC account to access the online submission form.

NATIONAL HEALTH CARE FOR THE HOMELESS


NATIONAL TB CONTROLLERS ASSOCIATION (NTCA)


[National Tuberculosis Controllers Association : Home]

2014 National TB Conference "Sharing the Vision of TB Elimination"
Conference agenda and hotel information will be released by early March. For questions regarding the conference, please contact: Donna Wegener dhwegener@tbcontrollers.org Eva Forest eforest@tbcontrollers.org 678 503-0503 or Sherry Brown sbrown@tbcontrollers.org

PUBLIC HEALTH LAW CONFERENCE

October 16–17, 2014, in Atlanta, Georgia.

The conference will gather public health and legal experts from across the country to examine and discuss today's critical challenges in public health law. [Find more information about the conference and learn how to get the early bird registration rate].

RESULTS


Join World Bank President Jim Yong Kim and advocates from across the U.S. and more than a dozen countries at the 2014 RESULTS/RESULTS Educational Fund International Conference! Our 2014 conference will bring together an amazing array of practical visionaries - including World Bank President Dr. Jim Yong Kim - and you! We are designing this year's conference to be bigger and more powerful than ever so that, together, we can grow our influence and hasten efforts to end poverty and create a more humane and just nation and world. Join us in Washington, DC next June to accelerate action now [International Conference 2014].
THE UNION

45th UNION WORLD CONFERENCE ON LUNG HEALTH 28 October - 1 November 2014 Barcelona, Spain

Theme: Community-driven solutions for the next generation  
Click here to download the Barcelona 2014 Brochure  
Website: http://barcelona.worldlunghealth.org  
Email: barcelona2014@theunion.org  
Abstract submission will open in February

THE UNION, NORTH AMERICAN REGION

February 27 – March 1, 2014, Boston, MA

18th Annual Conference of The Union, North America Region Stronger Together: Stopping TB, From Laboratory to Clinic

The Union, NAR Conference Brochure  
The Union, NAR Conference Program

This year’s conference will focus on global TB epidemiology and control, support and management of patients with complex medical and/or behavioral conditions, multi-drug resistance, latency, and key developments in laboratory tools and science.

Participants at the 18th Annual Conference of The Union North America Region in Boston, Massachusetts have a special opportunity to attend the half-day workshop on "Maximizing the Impact of Public Health Messages".*  
Attendees will acquire evidence-based approaches to strategic communications in public health and learn to use appropriate media and health promotional tools to implement effective communication campaigns.  
*Pre-registration required by applying at http://www.bc.lung.ca/association_and_services/union.html