



TBWIRE

THE U.S. COALITION TO ELIMINATE
TUBERCULOSIS

July 23, 2013

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The Stop TB USA Facebook link is now available on the header above and StopTB USA is now on twitter as well. <https://twitter.com/StopTBUSA> . As always, suggestions and comments are welcome (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.

DOMESTIC FUNDING UPDATE

Senate Panel Approves 2014 Health Spending Bill

The Senate Labor and Human Services Appropriations subcommittee, chaired by Sen. Harkin (D-IA), passed the FY2014 health research and services spending bill, known as the Labor-HHS bill, which provides funding for the NIH and CDC. The bill includes some good news for the NIH and CDC, with funding increases for both.

For CDC, the Senate bill restores the \$800 million cut from CDC's budget by sequestration and adds an additional \$22 million funding increase for a total proposed funding level of \$7.022 billion in FY2014. The proposed FY2014 funding level would be a 12% increase over the final FY2013 funding level following budget sequestration cut. CDC's Div. of TB Elimination would receive flat funding at the FY2013 funding levels of \$140 million. No additional funding for the DTBE's research programs was allocated.

The bill as passed by the subcommittee would restore the \$1.5 billion sequestration cut to NIH implemented in FY2013, and add an additional \$225 million to the NIH budget for a proposed FY2014 funding level of \$30.955 billion in FY2014. The proposed funding level would be an increase of 5.9% over

the FY2013 final NIH budget following sequestration.

The next step for the FY-14 Labor-HHS spending bill is a vote in the full Appropriations Committee on July 11, 2013. However, the outlook for the bill after this action is unclear. This is due to a significant \$91 billion funding gap between the House and Senate overall budgets for FY2014. The chief reason the budget bills differ so much is that the House budget continues to implement budget sequestration funding cuts called for by the Deficit Control Act passed in 2011, while the Senate bill does not work from these spending caps. If the Deficit Control Act spending cuts are implemented in FY2014, this would mean a funding cut of 5 – 8% for NIH and CDC.

The spending allocation differences between the two chambers are no less significant at the subcommittee level, including for the Labor-Health and Human Services subcommittees. The House's overall allocation for LHHS programs represents an 18% cut from the FY2013 funding levels, and this is following sequestration funding cuts. Although the House LHHS subcommittee, chaired by Rep. Jack Kingston (R-GA) has its overall budget, the subcommittee has not announced a date for consideration of a bill.

If this obstacle cannot be overcome by early fall, Congress will have to pass an omnibus spending bill that flat funds all government programs, including NIH. So, at this point the outlook for FY2014 funding for health research and services spending, although not altogether clear, is not optimistic.

TB Caucus

The TB caucus now has 17 members. We urge Stop TB USA members to ask their House Representatives to join the Caucus in order to expand support for TB funding in the House.

Reauthorization

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

ANNOUNCEMENTS

FROM THE CDC: New Director NCHHSTP

I am pleased to announce that beginning July 25, 2013, Jonathan "Jono" Mermin, MD, MPH, will serve as director of the National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP).

Jono's experience as director of the Division of HIV/AIDS Prevention (DHAP) and his efforts to fight HIV, tuberculosis, malaria, and other emerging infections in Africa give him a unique perspective in addressing NCHHSTP's lifesaving mission. He has led CDC programs in Kenya and Uganda, and served as

the U.S. Department of Health and Human Services' public health attaché for the U.S. Embassy.

A physician trained in internal medicine and preventive medicine, Jono joined CDC in 1995 as an Epidemic Intelligence Service officer in Foodborne and Diarrheal Diseases. From 1997 to 1998, he worked in the California Department of Health Services in infectious disease control. In 1999, he became the CDC Country Director in Uganda where he oversaw ground-breaking HIV prevention and care programs that focused on practical, evidence-based interventions. This included the first antiretroviral treatment program funded by CDC outside the U.S., the development of a basic care package that was incorporated into World Health Organization guidelines, and the first nationally-representative HIV survey in Africa that estimated treatment and care coverage and examined risk factors for recent infection. In 2006, Jono was named CDC Country Director in Kenya, where he oversaw program and research activities supported by seven CDC centers. In 2009, he returned to Atlanta to lead CDC's domestic HIV prevention activities at DHAP. He worked to align efforts with scientific evidence and improve HIV prevention, including within the health care sector.

Jono is a graduate of Harvard College and Stanford University School of Medicine, and received his MPH from Emory University. He is a co-author of more than 150 scientific articles.

To ensure a smooth leadership transition, Jono will work closely with the director of the Office of Infectious Diseases, Rima Khabbaz, MD. I want to thank Rima, who has kindly served as the acting director of NCHHSTP, for her excellent work over the past few months.

Thomas R. Frieden, MD, MPH, Director, CDC, and Administrator, ATSDR

FROM THE UNION: Retirement of Dr. Nils E. Billo and Leadership transition

After 22 years as Executive Director of The Union, Dr Nils E Billo announced his decision to retire at a retreat of the organisation's Board of Directors on 7 June 2013. On 10 June, The Board appointed José Luis Castro, Deputy Executive Director, to serve as Interim Executive Director while a search is undertaken for a permanent Executive Director.

[Read more...](#)

SEQUESTRATION

FROM RESULTS

"Tuberculosis trials, already struggling, hit hard by US sequester" Trevor Quirk, Nature Medicine 19, 798–799 (2013) doi:10.1038/nm0713-798b

<http://www.nature.com/nm/journal/v19/n7/full/nm0713-798b.html>

NEW RESOURCES

FROM the UNION

1) *"I have hope now!"* A mother and daughter in Myanmar share their experience ...;It was on May 8, one of the very hot summer days in Mandalay, when a very pale worn-out lady came to The Union's Integrated HIV Care programme, accompanied by her daughter. After getting settled in the reception area, they told their story. [Read more. . .](#)

2) SORT IT offers OR training to help address DR-TB in Eastern Europe...To tackle the enormous challenge of drug-resistant tuberculosis (MDR/XDR-TB) in Eastern Europe, the SORT IT initiative launched an operational research programme for participants from eight countries in May. [Read more. . .](#)

FIND TB RESOURCES: Highlight of the Month

This month's highlight is the [MDR-TB Patient Education Flipchart](#) , from USAID and TB CARE II. This tool can be used to educate new patients about TB and MDR-TB. Healthcare providers should review the material together with the patient. The flipchart was adapted from the *Tuberculosis Resistente* rotafolio produced by PARTNERS TB CONTROL Grupo IECA, Peru.

[eMOCHA TB Detect Free Android Application](#) , from the Johns Hopkins Center for Clinical Global Health Education.

[Systematic Screening for Active Tuberculosis: Principles and Recommendations](#) , from the World Health Organization (WHO).

[Frequently Asked Questions About TB](#) , from the LA County Department of Public Health

[Tuberculosis Prevention](#) , from NIAID

HIGHLIGHTED TB REPORTS

FROM RESULTS and TAG

1) The attached article really shows the difficulty MDR TB patients go through and why social support is so important. [\[Article\]](#)

2) *NPR* discusses the difficulty of treating drug-resistant tuberculosis in children, especially in the context of developing countries like Tajikistan. [\[NPR\]](#)

3) An op-ed in the *Hindustan Times* writes on India's new strategies for providing tuberculosis care, including the newly proposed Standards for Tuberculosis Care in India and Nikshay, a database to track and manage tuberculosis related data. [\[Hindustan Times\]](#)

FROM TAG

1) **The Eastern European and Central Asian Community Advisory Board (EECA CAB) Position**

Statements on drugs: The EECA CAB was established in 2009 to improve access to treatment for HIV, Hepatitis C and TB using the joint forces of the patient communities in these two regions. The EECA CAB is made up of treatment access advocates from Azerbaijan, Armenia, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Moldova, Russia, Tajikistan, Ukraine, Uzbekistan and Estonia. The EECA CAB recently met with Gilead, Janssen and Pharmasintez. See below for links to EECA CAB position statements on each company and their policies...The positions focus on the drugs for treating HIV (Janssen, Gilead, Pharmasintez), HCV (Janssen, Gilead), and TB (Janssen, Pharmasintez). We are planning to follow up on every aspect of this statement. Below you can find the links to the positions in English. The detailed meetings will soon be available in listserves and on the website of eecca cab (eecca-cab.org/en). Comments and feedback are always very appreciated. The links in Russian area available on the Russian version.

http://eecca-cab.org/en/2010/05/06/gilead/#eecca_cab_position

http://eecca-cab.org/en/2010/05/06/janssen-johnsonjohnson/#eecca_cab_position

http://eecca-cab.org/en/2013/06/01/Pharmasintez/#eecca_cab_position

2) **Science Speaks, NY Times, Mail Guardian and PLOS have picked TB drug issues:**

<http://sciencespeaksblog.org/2013/07/03/advocates-physicians-to-pharmaceutical-company-lower-price-on-government-supported-drug-aid-research/>

http://www.nytimes.com/2013/07/02/science/spurious-tb-drugs-pose-a-threat.html?_r=1&

Spurious Tuberculosis Drugs Pose a Threat DONALD G. McNEIL Jr. July 1, 2013

<http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1001476>

Combatting Substandard and Falsified Medicines: A View from Rwanda

Agnes Binagwaho, Roger Bate, Michel Gasana, Corine Karema, Yves Mucyo, John Patrick Mwesigye, Floribert Biziyaremye, Cameron T. Nutt, Claire M. Wagner, Paul Jensen, Amir Attaran

Rifapentine access for active TB in South Africa, (also references issues in the US around LTBI)

<http://mg.co.za/article/2013-07-05-00-anger-over-drug-access-in-tb-trial>

3) **New resource from the Sentinel Project on Pediatric Drug Resistant TB's Advocacy Task Force.** This paper describes one important effort to improve the administration of the TB drug PAS for children (most TB drugs lack pediatric formulations and are difficult to administer to children). The attached paper was published online and the full reference is:

Furin J, Brigden G, Lessem E, Becerra MC. Novel pediatric delivery systems for second-line anti-tuberculosis medications: a case study. International Journal of Tuberculosis and Lung Disease 2013; epub ahead of print.

[\[Read Here\]](#)

In addition, please see attached an updated version of the agenda for the Sentinel Project's upcoming workshop on inclusion of children in TB surveys, to be held at the Union Conference on October 31, 2013.

[\[Read Here\]](#)

FROM NACCHO

1) Vaccine Nation

[TB: Discover & develop improved vaccines - Dr Steve Reed](#)

2) An article in *Scientific American* explores how the tuberculosis bacteria may be “evolving into a new bug that is far more deadly, spreads more quickly and is more likely to become resistant to treatment with antibiotics.” The magazine also published a [slideshow](#) that highlights the proliferation of dangerous strains of tuberculosis.

[\[Scientific American \]](#)

FROM THE UNION

Civil society and communities affected by tuberculosis : Representatives of civil society and communities affected by tuberculosis (TB) have demanded inclusion and greater engagement in the activities and governance structure of the Africa Region of the International Union against Tuberculosis and Lung Disease (The Union). In the [Kigali Declaration](#) , the representatives express their disappointment with the level of involvement that civil society had in the planning and execution of the 19 th Conference of the Union Africa Region, held from 20-22 June 2013. They describe the many ways in which civil society and community organizations contribute to the fight against TB on the ground and request therefore that these organizations are recognized as equal partners, with seats on The Union’s regional committees and Board. Inclusion in these structures would enable civil society to realize its potential in driving progress towards the goal of zero TB deaths and zero TB infections, the representatives say.

"The Union greatly values the contribution of civil society organizations (CSOs) and has supported their participation in the World Conference for a number of years", said Dr E Jane Carter, President of The Union. "At its retreat earlier this month, the Board voted to substantially increase the number of free registrations available to CSOs this year and to create a civil society commission to examine ways to ensure their greater engagement and participation in The Union". [Read the declaration in French.](#)

FROM NEWS SOURCES

NPIN: UNITED STATES

VIRGINIA: “Fairfax Health Department Investigates Tuberculosis Cases at Lee High School ” T. Rees

Shapiro *Washington Post*, June 20, 2013

On June 20, Fairfax County, Va., officials announced an investigation of three confirmed TB cases at Springfield's Lee High School. The school system sent letters telling of the three confirmed cases and offering free medical screening to 1,900 Lee High School families. The health department also sent 430 letters to staff members and students' families identified by the department as being at an increased risk of exposure.

In June, health officials diagnosed two Lee High School students with TB following the discovery of the first case in December 2012. County Health Director Gloria Addo-Ayensu stated that since Lee High School had experienced three cases within six months, the department conducted a wide-ranging investigation, which could identify more staff and students with previously undiagnosed TB. Addo-Ayensu noted that Fairfax County identified approximately 90 cases in 2012. The Virginia Health Department identified 98 cases in the county in 2008, but the county's TB infection rate has declined since then. Addo-Ayensu explained that the county's diverse population consisted of international families, and most of the county's TB cases have originated abroad. The Virginia State Health Department reported approximately 235 cases statewide in 2012; fewer than 30 cases involved people age 24 or younger. In 2012, the United States reported fewer than 10,000 TB cases.

The county provided TB tests for the Lee High community on June 21 at the school gym, and will do so again early in the week of June 24–28. Addo-Ayensu declared that most of the county's TB cases did not involve TB's more dangerous, antibiotic-resistant strains and, thus, were treatable. [Read Full Article](#)

VIRGINIA: "Richmond Hospital Warns Patients, Staff of Tuberculosis Scare" Jessica Jaglois McGuire, NBC12 (Richmond) (06.19.2013)

Veterans Medical Center in Richmond, Va., has announced that approximately 500 patients and staff may have been exposed to TB after a veteran who was hospitalized there in April of this year was diagnosed with the virus after discharge. The hospital was unsure whether the patient had the disease while in the facility, but was being proactive in sending out letters to employees and staff who might have come into contact with the individual. According to hospital spokesperson Darlene Edwards, the medical center was working with local public health officials to notify employees and staff who might have been exposed to arrange for testing. [Read Full Article](#)

SOUTH CAROLINA: "Tuberculosis Threatens Myrtle Beach Homeless Shelter" Theo Hayes, WMBF News (Myrtle Beach S.C.) (06.20.2013)

South Carolina health officials have informed the public that a person who stayed at Myrtle Beach's Street Reach Ministries homeless shelter between April 26 and May 17 has tested positive for TB. Street Reach houses approximately 125 homeless individuals and feeds approximately 200 people per day. Five staff members and numerous volunteers also work at the facility.

Grand Strand Regional Medical Center has confirmed two TB cases in 2013. Also, Greenwood County

health officials have stated that an outbreak occurred at a primary school where 74 people tested positive. The state's Department of Health and Environmental Control (DHEC) is uncertain if the Street Reach case is related, so they have taken precautions. Jim Beasley, DHEC spokesperson, declared, "It's possible people could be exposed and don't know it because with most people the germ lies dormant." Health officials have begun testing at the shelter. The state explained that they should have test results during the week of June 24–28. [Read Full Article](#)

GEORGIA: “Gwinnett Medical Center: Patients, Employees Exposed to Active Case of Tuberculosis” Jennifer Banks, CBSAtlanta.com (06.18.2013)

This week, Gwinnett Medical Center, located in Gwinnett County, Ga., warned 133 patients and some employees they might have been exposed to an active case of TB at the hospital between February 1 and May 10 of this year. The medical center sent a letter to patients, encouraging them to be screened for free at the county health department. According to Alan Bier, MD, executive vice president and chief medical officer for the medical center, the risk of contracting the disease from casual exposure is low but testing is still important. [Read Full Article](#)

NPIN GLOBAL

SOUTH AFRICA: “CU Scientists Bringing Humans, Guinea Pigs Together for TB Tests” Madeline Novey, The Coloradoan (06.19.2013)

Colorado State University (CSU) scientists hope to better understand TB transmission by studying humans and guinea pigs. CSU researchers Randall Basaraba, Diane Ordway, and Ian Orme of the university's Mycobacteria Research Laboratories will use a \$1 million Bill and Melinda Gates Foundation grant to conduct studies at the Airborne Infection Research facility near Pretoria, South Africa. They will study TB-infected patients receiving treatment while living in a sealed ward at the research facility. The scientists will pump the air in the patients' rooms into an animal exposure room where 360 guinea pigs, some vaccinated against TB disease and some not, will breathe air containing Mycobacterium tuberculosis. The research will illuminate what occurs when the airborne pathogen passes from person to person. Some of the guinea pigs will become infected with TB while others will ward off the disease. Researchers will examine what happens on a genetic level to learn why TB infects some people and not others. Guinea pigs are ideal research models, because they have pulmonary systems similar to human systems. Researchers will use the results to develop more effective TB therapies and vaccines. [Read Full Article](#)

INDIA: “TB Govt May Ban Tuberculosis Drugs in Open Market” FIRSTPOST (07.04.2013)

India's Health Ministry is considering halting open-market sales of TB drugs and moving to a system in which all TB patients would receive free TB medication daily through government-registered directly observed therapy (DOT) programs. The World Health Organization estimates that 2.2 million of the world's 8.7 million TB patients reside in India. Approximately 65 percent of India's TB patients already receive DOT through government programs; the remainder go to private practitioners and purchase TB prescriptions from private pharmacies. However, taking TB medications intermittently, instead of daily,

can lead to resistance to anti-TB drugs and can increase the chance of TB relapse. The new initiative would require private practitioners to inform patients of their TB diagnosis through a dedicated call center; all TB patients then would participate in a daily, government-supplied DOT regimen that allows for proper monitoring of TB medications. Brazil and China already have switched to the daily system.

[Read Full Article](#)

UNITED KINGDOM : “ Researchers Find a Link Between Ethnicity and Tuberculosis” Cheri Cheng Counsel & Heal (07.04.2013)

A study in the United Kingdom found that people of European and Asian descents had different genetic TB markers compared with people of African descent. All of the participants were living in the United Kingdom.

Researchers from Queen Mary, University of London and the Medical Research Council’s National Institute for Medical Research (NIMR) recruited 128 recently diagnosed TB patients. The patients included 45 Africans, 27 Europeans, 55 Asians, and one of mixed European and Asian descent. When the researchers analyzed levels of inflammatory markers measured in blood samples taken prior to treatment, they noted differences in the patients’ immune system responses to TB infection. The researchers found that genetic markers caused the differences among European, Asian, and African participants rather than the strain of TB bacteria.

After eight weeks of treatment, the researchers analyzed blood samples of 85 patients from the original cohort. Results showed that after treatment, ethnic variance was more marked than before. Dr. Anna Coussens of NIMR noted that the findings have implications for developing new diagnostic tests that analyze immune response and for identifying candidate biomarkers to measure response to treatment. The researchers believe that the ethnic variance may be tied to a protein that binds to vitamin D. They suggested that results could be helpful in developing targeted TB drug treatments.

The full report, “Ethnic Variation in Inflammatory Profile in Tuberculosis,” was published online in the journal PLOS Pathogens (2013; doi:10.1371/journal.ppat.1003468). [Read Full Article](#)

UGANDA; UNITED KINGDOM: : “UK Bans Visas to Ugandan TB Patients” Pascal Kwesiga, NewVision (Uganda) (06.26.2013)

Beginning June 30, Ugandan TB patients wishing to visit the United Kingdom for a period longer than six months will be denied visas under new procedures that require screening for the disease prior to visa application. Individuals diagnosed with TB must be treated and re-screened to show that they are disease-free before re-applying for a visa under the new rules. The United Kingdom’s new procedures apply to approximately 100 countries where incidence of TB is considered high—more than 40 cases per 100,000 individuals. Uganda Health Ministry spokesperson Rukia Nakamate said that they were unaware of alarming rates of TB since they have seen no upswing in cases. [Read Full Article](#)

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(June 27 – July 11, 2013)

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COURSES/WORKSHOPS

FROM THE RTMCCs

THE SOUTHEAST NATIONAL TB CENTER (SNTC)

For more information click: <http://sntc.medicine.ufl.edu/TrainingOther.aspx>

A Practical Approach to Using IGRA in Diagnosing TB

Date: 8/13/2013 - 8/13/2013

Time: 1:00 PM - 3:00 PM Eastern

Location: SNTC

Instructor/speaker: Dr. Robert Belknap

Cost: No Charge

Format: Webinar

“Interferon Gamma Release Assays (IGRAs) have been recommended for use in the diagnosis of Latent TB Infection. Since these recommendations, much has been learned and published regarding the performance of these tests in different clinical situations. This Grand Rounds program will examine “lessons learned” from a “practical” standpoint and share experiences for enhancing the utilization of these tests.”

Comprehensive Clinical TB Course

32.5 credit(s)

32.5 credit(s)Date: 10/7/2013 - 10/10/2013

Time: 8:00 AM - 5:00 PM Eastern

Location: SNTC

Instructor/speaker: SNTC faculty

Format: Clinical course

Registration will open soon. 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.

Additional information: [Driving and Lodging](#) , [October Flyer](#)

Tuberculin Skin Test Train-the-Trainer Course

7 credit(s)Date: 10/11/2013 - 10/11/2013

Time: 8:00 AM - 5:00 PM Eastern

Location: SNTC

Instructor/speaker: Ellen R Murray, BSN, RN

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.

Additional information: [Flyer](#) , [Agenda](#)

Comprehensive Clinical TB Course

Date: 12/9/2013 - 12/12/2013

Time: 8:00 AM - 5:00 PM Eastern

Location: SNTC

Format: Clinical course

Registration will open soon. 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

7 credit(s) Date: 12/13/2013 - 12/13/2013

Time: 8:00 AM - 5:00 PM Eastern

Location: SNTC

Instructor/speaker: Ellen R Murray, BSN, RN

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.

Additional information: [Agenda](#) , [Flyer](#)

THE NEW JERSEY MEDICAL SCHOOL GLOBAL TB INSTITUTE

Upcoming Trainings:

Pennsylvania TB Update, August 9, 2013, Harrisburg, PA

This course will provide updates on current topics in tuberculosis, including diagnosis and treatment of latent TB infection, pediatric TB, contact investigations in congregate settings, legal interventions, and TB in correctional facilities. The training will also provide an opportunity to network with colleagues. The format will include lectures, discussions and case studies. For additional information, please contact Jennifer K. Campbell at campbejk@umdnj.edu.

Maryland TB Today Course, September 17-19, 2013, Marriottsville, MD

This multi-day comprehensive TB course for health care providers covers TB epidemiology, diagnosis, treatment, laboratory methods, genotyping, contact investigation, case management, and various special topics. Lectures will be combined with interactive discussions as well as ample opportunity for networking. For additional information, please contact Rajita Bhavaraju at bhavarr@umdnj.edu

TB Intensive Workshop, September 24-27, 2013, Newark, NJ

This 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. Topics will include transmission and pathogenesis, diagnosis and treatment, infection control, drug resistance, TB-HIV co-infection, TB in children and adolescents, and key aspects of patient management. The four-day course utilizes a variety of teaching methods, including lectures, interactive discussions, small group work and case studies to enhance TB knowledge and clinical practice. For more information, please contact Anita Khilall at khilalan@umdnj.edu. 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>

THE HEARTLAND TB CENTER

Course Schedule [Click Here for Class Information](#)

July 24: The Impact of Substance Abuse and Mental Illness in Developing HIV and TB

This one hour distance learning course is designed to bring awareness on how mental illness and substance abuse can lead to the engagement of poor and negligent behavior. This type of behavior can then lead to an increase risk of contracting HIV and TB. It will inform about mental illness and the various disorders associated with it. It will provide information on alcohol and drug abuse and how they are associated with risky behavior. It will then provide general information about HIV, TB and the co-infection of both. In addition, it provides epidemiological information in regards to HIV & TB of the world, the US, and along the Mexican-American border. For more information visit <http://www.heartlandntbc.org/creditType.asp> or contact sam.caballero@uthct.edu

Aug 22: MDR-ENM, A Case of XDR

Aug 14: Ethical Dilemmas, WEBINAR, Tim Aksamit

Sept. 5, 12, 19, 26: Introduction to TB Nurse Case Management On-line Course (CDC CNE)

Sept. 18: TB Lab 101, WEBINAR, Ken Jost

THE CURRY INTERNATIONAL TUBERCULOSIS CENTER

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

October 1-3, 2013 Oakland, CA Tuberculosis Clinical Intensive

Three-day intensive for physicians and other licensed medical professionals who diagnose and treat tuberculosis.

October 2, 2013 Washington State Educational Conference

November 12-14, 2013 Oakland, CA Tuberculosis Case Management and Contact Investigation Intensive

Three-day training for nurses, communicable disease investigators, and medical social workers.

***TBD 2013 On-Demand Webinar**

***TBD 2013 Nurse-to-Nurse 2**

* date to be posted once confirmed.

FROM NATIONAL JEWISH MEDICAL AND RESEARCH CENTER

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

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

FROM THE UNION

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

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

Creating partnerships and networks is an important element to the success of a TB program. Participants in this course will learn how relationship building and developing strong partnerships can boost health

program results. Key topics the course addresses: Developing useful networks among health organizations; Creating partnerships to expand a project's reach; Building group consensus to achieve greater results Balancing relationships to create high-performing teams.

MEETINGS & CONFERENCES

Alphabetically listed by sponsoring organization

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

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

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

The [APHA 141st Annual Meeting and Exposition](#) will take place November 2–6 in Boston. Registration and housing for the Annual Meeting opened June 3. Discounted registration fees will be available until August 22. Opening General Session speakers include attorney and spokesperson on leadership and public issues, Sarah Weddington, internationally acclaimed epidemiologist, Michael Marmot, and Boston Mayor, Thomas Menino. The Closing General Session will focus on the health of native people. Keynote speaker Evan Tlesla Adams will share his experience as British Columbia's first-ever aboriginal health physician advisor. The meeting will include more than 1,000 scientific sessions and countless networking opportunities. Find more [information](#) and [register for the APHA Annual Meeting and Expo](#)

FROM THE ASSOCIATION OF PUBLIC HEALTH LABORATORIES (APHL):

8th National Conference on Laboratory Aspects of Tuberculosis: August 19–21, 2013, San Diego, CA

OVERVIEW: This conference will focus on discussion of ongoing shifts in the TB laboratory system in both diagnostic technology and service delivery. Other topics will include: new methods to test for drug resistant tuberculosis; new drugs to treat drug resistant tuberculosis; the latest data on using molecular methods to test for TB; trouble shooting common problems in the TB laboratory; and global implications and practice. As detailed information becomes available APHL will activate the appropriate links. Check back often to find out the latest information. [Conference Highlights](#) ; Preliminary Program; [Online Registration](#) (credit card payment only); [Registration Form](#) (payment by check or complimentary) Exhibitor & Sponsorship Prospectus; List of Exhibitors; Conference Evaluations; [Hotel Information](#) – [Catamaran Resort Hotel](#) For registration questions, please contact Terry Reamer at terry.reamer@aphl.org or 240.485.2776.

Download the Conference Flyer ([HERE](#))

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

THE UNION

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

The 2013 theme is "Shared air, safe air?" [Paris 2013 - Download Brochure](#) The 44th Union World Conference on Lung Health is a 5 day conference covering the latest developments, opportunities and challenges in tuberculosis, HIV, tobacco control, lung health and non-communicable diseases. Registration can be accessed from the website at www.worldlunghealth.org . For more information, consult the [registration guidelines](#) and the [registration fees](#) . When registering, do not forget to select from the list your [workshop](#) or [postgraduate](#) course preference. Registration for these sessions is on a first come, first-served basis. The full list of workshops and post-graduate courses is accessible from the Programme menu on the website.

2nd PRESIDENT'S CENTENNIAL DINNER

This year, kick off your week in Paris by attending the 2nd President's Centennial Dinner on Wednesday, 30 October at 7 pm. This gala event supports The Union Centennial Campaign (1920-2020) by raising funds for research and education. To attend, please provide the requested information on your registration form. Learn more about The Union Centennial Campaign [here](#)

CALL FOR ABSTRACTS

As of this year, two abstract-driven sessions will be offered at The Union World Conference on Lung Health.

The Union/CDC late-breaker session focusing on tuberculosis, and the HIV/TB late-breaker session organised by the HIV section of The Union. The deadline for submitting your abstract for these two late-breaker sessions is 31 July 2013. Don't miss the last opportunity to contribute to the programme of the conference by submitting an abstract! Read more on [The Union/CDC late-breaker session](#) on tuberculosis, or go to [HIV/TB late-breaker session](#) for the submission process.

Hotel Booking: You can now book your hotel by submitting your request online. Click [here](#) to learn more on the individual and group accommodation booking or click [here](#) to proceed with your reservation. Congrex Travel has been appointed to handle accommodation requests. For any queries, contact Congrex at theunion@congrex.com .

Exhibition Booth Booking and Sponsorship Opportunities: A space designed to accommodate exhibitors who wish to present their products and services will be offered. Book your space and get ready to meet delegates representing institutions, governments and agencies from around the world. Click [here](#) for more information. Sponsorship opportunities include placing ads in the final and pocket programmes and conference e-newsletters, as well as inserting leaflets into the conference bags received by delegates. Click [here](#) for more information.

From TAG:

Cascades:Improving TB Care, Friday, November 1, 2013, 18h00 - 22h00 Location: Hôtel Concorde La Fayette Batignolles/ Longchamp Room 3, Place du Général Koenig 75850 Paris Cedex 17 – France (within walking distance of Le Palais des Congrès de Paris)

Conference registration NOT required for attendance. Refreshments and snacks will be served. For more information: Lindsay.Mckenna@treatmentactiongroup.org

THE UNION, NORTH AMERICAN REGION

18th Annual Conference of The Union, North America Region , February 27 – March 1, 2014, Boston, MA

“Stronger Together: Stopping TB, From Laboratory to Clinic”

REGISTRATION COMING SOON!

CALL FOR ABSTRACTS

We welcome the submission of abstracts for poster and oral presentations of research on all aspects of tuberculosis control, including epidemiologic, clinical, basic science, nursing, social, behavioral, psychosocial and educational studies, as well as outcomes of program initiatives. Abstracts must be submitted in accordance with these guidelines. Deadline for abstract submission: October 7, 2013. To download the forms: [click here](#)

TRAVEL GRANT AWARDS

We are pleased to offer travel grants to selected individuals within the Americas and the Caribbean who would otherwise be unable to attend the 18th Annual Conference of the Union – North American Region without financial assistance. It is highly recommended that you seek additional sources of funding. Additional mentoring opportunities in the field of TB will be available for selected travel grant recipients. Deadline for Travel Grant Award submission: October 7, 2013. To download the forms: [click here](#)

For questions, please contact: Menn Biagtan at biagtan@bc.lung.ca Phone: 604.731.5864
Fax: 604.731.

VIROLOGY EDUCATION: 6th International workshop on Clinical Pharmacology of TB Drugs 9
September 2013, Denver CO, USA

The **aim** of this abstract driven workshop is to make a significant contribution to the optimization of TB treatment by bringing experts together to present and discuss the latest important scientific findings in the TB clinical Pharmacology field. Ample time is reserved to discuss and translate scientific and regulatory issues to further optimize TB treatment. The **format** will be a one-day workshop with invited lectures, abstract presentations and sufficient Q&A time to guarantee an intimate and highly interactive event.

We encourage you to **submit your data** for an oral or poster presentation on the following topics:

Pharmacokinetics and Pharmacodynamics of Approved TB Drugs; Pharmacokinetics and Pharmacodynamics of New TB Drugs; Pharmacokinetic- & Pharmacodynamics modeling; Drug-drug and drug-disease state interactions; TB treatment in special populations; New Drug Development Methods

The **Workshop Materials** from the edition of this workshop are available on [our website](#).