For our readers: Please feel free to forward the TB Wire to others who may be interested. If the file is too large to send, you can refer others to Stop TB USA SIGN UP where they can sign up to receive it (and other Stop TB USA communications) directly.

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

The Senate Labor-Health and Human Services Appropriations subcommittee, chaired by Sen. Harkin (D-IA), is expected to vote on July 9 on the Senate’s FY2014 spending bill to fund health research and services, including all CDC programs. The House subcommittee has not yet scheduled a vote on its bill. TB advocates are urged to contact members of the Senate Labor-HHS subcommittee to urge them to support CDC TB funding, including for the Tuberculosis Trials Consortium (TBTC).

Tuberculosis Trials Consortium

The Division of TB Elimination (DTBE's) TBTC is facing a 13% funding cut due to budget sequestration, which will mean the closure of at least 1 major trials site. TB advocates are working with the House and Senate Labor-HHS Appropriations subcommittee to try to restore $4 million in funding for the Consortium in FY2014. If your senator or Rep is a member of the Labor-HHS subcommittee, listed below,
please contact them to urge to support restoration of $4 million in funding for the TBTC in the Labor-HHS Fy2014 spending bill.

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.

SEQUESTRATION

FROM APHA: Saving public health during sequestration

The sequester, automatic budget cuts enacted by U.S. law March 1, will slash $85 billion from several facets of government until Oct. 1 — including critical public health programs. And unless new legislation is passed by Congress, sequestration will cut spending more substantially beginning in fiscal year 2014 and extending through 2021. “Stop the cuts,” a YouTube video produced by NDD United, explained the damaging cost-cutting effects of sequestration on vital public health and safety programs.

However, Americans can act to help save health and safety programs, according to Robert Greenstein, founder and president of the Center on Budget and Policy Priorities. At a town hall meeting in Washington, D.C., Greenstein explained the potential risks of sequester inaction and the rewards for mobilized advocacy. “There is virtually no way of repealing sequestration; the only way out of this continues to be to replace sequestration with some kind of larger deal,” Greenstein said. “[The closer] we get to 2014, sequestration may even give us some opportunity for leverage.”

Sequestration cuts fall into two categories, whose budgets must be approved by Congress every year: defense and non-defense discretionary, or NDD programs. NDDs are core functions provided by government for the nation’s benefit, including public health and education programs. APHA is a member of NDD United, a coalition seeking to prevent more cuts. The coalition created a YouTube video called “Stop the cuts,” which explains sequestration’s impact and why Congress must act quickly to find an alternative solution. And in a “Twitter Storm” asked Americans to tweet in opposition of sequester cuts under the hashtag #nomorecuts! Emily Holubowich, co-chair of NDD United, told the town hall audience that “storytelling” is needed to overcome barriers with the nation’s policymakers. “We need stories about sequestration’s impact; we’re having a really hard time trying to articulate the impact of sequestration,” Holubowich said. “We thought it might be helpful and cathartic for people to share their frustrations ... but also highlight some of the things that are working, and people are being creative.”
Added Greenstein: “We really need to make sure our work in getting to the public through the media and elsewhere with these non-defense discretionary cuts. We have to make sure there are bills and bills and bills until policymakers in both parties feel the need to replace sequestration — and not just to defense.”

In addition to work with the coalition, APHA has been mobilizing the public health community to take action and support public health funding through its advocacy efforts. FROM APHA If you are unable to view the message below, http://action.apha.org/site/R?i=fjhJdWSFKSyDUN2TrYrMYg Join us in taking action!

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NEW RESOURCES

FROM RESULTS and TAG

Media stories

- Please click the below NPR broadcast links to hear the stories of:
  
  A Boston family struggle with TB. [LINK]
  
  A Moldovian couples struggle with drug resistant TB [LINK]
  
  Moldovias struggle with the need for isolation [LINK]

- An article from the Global Mail: a very moving article about a journalist who covered TB in Papua New Guinea for an Australian newspaper and then discovered she had MDR-TB after returning home to Australia. It highlights very well the challenges of TB, including major disparities in care: http://www.theglobalmail.org/feature/plagued-tb-and-me/639/

- Bloomberg article: “U.S. Doctors Shouldn’t Have to Beg for TB Drugs” [LINK]

FROM WHO

- Clinical MDR TB advice and consultation:

  The ERS and WHO will now provide scientifically sound and evidence-based advice, and clinical consultation through the Internet to national consiliums and individual practitioners on the management of MDR-TB and other difficult-to-treat TB cases, including TB/HIV and paediatric cases. Clinicians and other Professionals in TB care and management willing to serve the ERS/WHO Consilium were identified. These TB experts will quickly provide, upon request, a written report in English or Russian. The consultation will be electronic, and performed from the expert’s duty station or home. Upon completion of the consultation, a nominal modest compensation will be provided to the expert for each case managed. The link to the ERS-WHO E-Consilium Website is: www.tbconsilium.org. The clinician interested in clinical support has to simply create his/her own account, enter the clinical case and then to wait for a rapid e-advice as clinical report (free of charge for him/her), performed by two
experts in the field, and then summarized by an Area Coordinator. For further information please contact Lia D’Ambrosio: lia.dambrosio@fsm.it

- **WHO interim guidance on bedaquiline available** here.

13 JUNE 2013 | GENEVA - WHO estimates that up to half a million new cases of multidrug-resistant tuberculosis (MDR-TB) occur worldwide, each year. Current treatment regimens for MDR-TB present many challenges: treatment lasts 20 months or more, requiring daily administration of drugs that are more toxic, less effective, and far more expensive than those used to treat drug-susceptible TB. Globally, less than half of all patients who start MDR-TB therapy are treated successfully. For the first time in over 40 years, a new TB drug with a novel mechanism of action - bedaquiline - is available, and was granted accelerated approval by the United States Food and Drug Administration in December 2012. There is considerable interest in the potential of this drug to treat MDR-TB. However, information about this new drug remains limited. It has only been through two Phase IIb trials for safety and efficacy. WHO is therefore issuing “interim policy guidance”. This interim guidance provides advice on the inclusion of bedaquiline in the combination therapy of MDR-TB in accordance with the existing WHO *Guidelines for the programmatic management of drug-resistant TB (2011 Update)*. The interim guidance lists five conditions that must be in place if bedaquiline is used to treat adults with MDR-TB:

1. **Effective treatment and monitoring:** Treatment must be closely monitored for effectiveness and safety, using sound treatment and management protocols approved by relevant national authorities.

2. **Proper patient inclusion:** Special caution is required when bedaquiline is used in people aged 65 and over, and in adults living with HIV. Use in pregnant women and children is not advised.

3. **Informed consent:** Patients must be fully aware of the potential benefits and harms of the new drug, and give documented informed consent before embarking on treatment.

4. **Adherence to WHO recommendations:** All principles on which WHO-recommended MDR-TB treatment regimens are based, must be followed, particularly the inclusion of four effective second-line drugs. In line with general principles of TB therapeutics, bedaquiline alone should not be introduced into a regimen in which the companion drugs are failing to show effectiveness.

5. **Active pharmacovigilance and management of adverse events:** Active pharmacovigilance measures must be in place to ensure early detection and proper management of adverse drug reactions and potential interactions with other drugs.

WHO strongly recommends the acceleration of Phase III trials to generate a more comprehensive evidence base to inform future policy on bedaquiline. The Organization will review, revise, or update the interim guidance as additional information on efficacy and safety become available. WHO is also developing an operational document to facilitate bedaquiline implementation and is working with partners to help ensure rational introduction.
Read a set of frequently asked questions on bedaquiline.

FROM THE CDC

FIND TB RESOURCES Highlight of the Month

This month's highlight is the Latent TB Infection Multimedia Video Series from the New Jersey Medical School Global TB Institute (GTBI). These brief multimedia videos cover the screening, diagnosis, and treatment of latent tuberculosis infection (LTBI). The videos range in length from 5 to 15 minutes and are targeted to community health providers, including those working at federally qualified health centers.

Lo Que Usted Necesita Saber Sobre Sus Medicamentos Contra la Infección de Tuberculosis (TB) Latente, from the CDC Division of Tuberculosis Elimination.

HIV-TB Co-Infection: Fuel and Fire, from the Center for Global Health Policy

Guidelines for the Clinical and Operational Management of Drug-Resistant Tuberculosis from the International Union Against Tuberculosis and Lung Disease.

FROM HHS

In the Know: Social Media for Public Health: Need to get up-to-speed on the latest in social media for public health? Want to more effectively use social media for outreach, collaboration, or campaign promotion? Have questions about specific social media channels? Then NPIN’s In the Know webcast series is designed for you! In the Know: Social Media for Public Health is a series of six webcasts, each focusing on a different social media channel and providing basic information, tips, and hints for how to use them to meet your needs. The webcasts are live events and will include presentations and an interactive section so you can ask questions and share information. The webcasts will be archived for viewing at a later date. Join us for the following sessions and spread the word to your colleagues.

Want to submit questions for one of the webcasts? Send them to us at info@cdcnpin.org. Already using social media and have tips to share? Tweet them to @CDCNPIN, or post them on our Facebook, Google+ or LinkedIn group pages and we will credit you during the webcast for any we use. Use hashtag #SM4PH.

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FROM AERAS


The EXPOSED film series was screened at the 2013 National TB Conference in Atlanta, GA, USA; the 6th South African AIDS Conference in Durban; and the 19th Conference of the Union Africa Region in Kigali, Rwanda. We are always looking for additional conference screening opportunities and welcome any ideas.

Share the series over social media, by email, or in person. You may also wish to share content through Aeras’ social media channels: www.facebook.com/aerasglobaltb@AerasGlobalTB on Twitter http://www.linkedin.com/company/Aeras

Host a screening or post to your website. A film promotion toolkit is available at http://exposed.aeras.org/pdf/toolkit.pdf . The toolkit includes a film screening guide, sample social media posts, and web banners with links to the EXPOSED website. You can embed the films directly to a website using the embed code available at the top right of each video.

Email us with ideas about how to spread the word or for help with organizing a screening at film@aeras.org.

HIGHLIGHTED TB REPORTS

FROM LANCET

The Stop TB Partnership’s Global Drug Facility (GDF) has a substantial share of the market for first and second-line tuberculosis (TB) drugs, according to a study published in the Lancet . The authors of the study report that GDF ordered first and second-line anti-TB products with a value of US $122 million in 2011, supplying first-line drugs for 35% of TB patients notified in 2011 and second-line treatments for 32% of drug-resistant TB patients notified in the same year. The study also reports that GDF supplied
second-line drugs for 29,800 patients in 2012, a 52% increase compared to the previous year. The authors note that there is significant further potential for expansion in the provision of high-quality second-line drugs, provided that there is an increase in global efforts to diagnose people with drug-resistant TB and carry out drug-sensitivity testing. The authors argue that consolidating procurement for TB drugs—whether through GDF or other mechanisms—creates a favourable environment for reducing the price of quality-assured drugs and minimizes the use of public funds for buying drugs of potentially substandard quality. Following a rapid rise in the proportion of first-line TB drugs procured by GDF between 2001 and 2005, this proportion reduced slightly between 2005 and 2011. The decline, the authors say, could be due to an increase in the use of other procurement mechanisms, creating the need for fresh efforts to standardize and integrate procurement. The proportion of second-line drugs provided by GDF has increased steadily since 2005. These increases have led to a reduction in price for many second-line drugs. In March 2013, GDF reported that it had reduced the price of several second-line drugs by up to 26% compared to 2011 prices, resulting in a decrease in the overall cost of treatment. Read the study in the Lancet.

FROM RESULTS

The report of the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda identified tuberculosis (TB) investments as highly cost-effective and proposed a specific sub-target on TB as part of a set of goals that could be used to guide development for the 15 years after 2015. The report recommends specific inclusion of TB in the development agenda beyond 2015 (see page 30 - 4e. Reduce the burden of disease from HIV/AIDS, tuberculosis, malaria, neglected tropical diseases and priority non-communicable diseases) and it says every dollar spent on TB generates up to $30 through improved health and increased productivity. (see chart page 39). The report also stresses the importance of building on the current Millennium Development Goals (MDGs) and focusing on the world’s poorest and most vulnerable people. It includes a proposed development agenda based on what it calls five transformative shifts. These are to: leave no-one behind; put sustainable development at the core; transform economies for jobs and inclusive growth; build peace and effective, open and accountable institutions for all; and forge a new global partnership. Following further consultations, the UNSG will submit his report on the post-2015 development agenda to the United Nations General Assembly (UNGA) in September 2013. A UNGA working group will then develop the final post-2015 development targets for adoption in September 2014.

FROM TRUST FOR AMERICA”S HEALTH

3 steps to stronger prevention funding

U.S. citizens from coast to coast recognize the importance of the Prevention and Public Health Fund. However, the sequester — which has already slashed $51 million from the law set in place by the Affordable Care Act — puts the fund in great danger in years to come. Strong messages to Congress from health advocates can revitalize prevention funding, public health leaders said in a Dialogue4Health
webinar on Wednesday. According to speakers, the future of the fund depends on combining research from existing Community Transformation Grants, or CTGs, voter attitudes and media strategies into persuasive arguments for legislators. “The Prevention Fund continues to be used as a piggy bank,” said Rich Hamburg, deputy director at Trust for America’s Health. “We need to convince fully engaged and other engaged policymakers. The problem is, even our strongest champions are often unaware of what [CTG] grantees in their states and communities are accomplishing with Prevention Fund dollars.”

The proposed solution broke advocacy into three stages, including:

- collecting community data: such as a survey of registered voters in 12 California CTG communities, which indicated that people make healthy lifestyle choices when healthy options are available;
- linking data with personal accounts: tie research with central health themes such as health care vs. sick care, the future generation, children and localization; and
- convincing the media to care: crafting a consistent message to news outlets by stating the problem with real results, presenting prevention as a solution and finding affected people to talk about it.

“Media people always want to see the human impact,” said Rob Waters, chief communications officer at Prevention Institute. “Tell the story of one individual and how they’ve been helped by this program.” Added Laura Segal, TFAH’s director of public affairs: “I’ve seen the power of walking into offices in Congress with specific stories.”

FROM TB REACH

Community health workers— known as health extension workers in Ethiopia—have teamed up with motorbike riders to dramatic effort in Ethiopia’s Sidama Zone, finding double the number of people with tuberculosis (TB) compared to a previous period and increasing their chances of survival. The project, funded by the Stop TB Partnership’s TB REACH initiative and implemented by the Southern Region Health Bureau and the Liverpool school of Tropical Medicine in collaboration with the Ministry of Health and the Global Fund, engaged with some 1100 health and community workers to bring TB diagnosis, treatment and information materials to rural areas that previously had limited access to healthcare services. Working with motorbike riders, who play a supervisory role, the community health extension workers formed a bridge between these rural communities and far away healthcare centres. The results from the project, published this week in PLOS One, show that more than 5000 people with infectious TB were found in the 15 months of implementation between October 2010 and December 2011. In the previous 15 months, the TB programme only reported finding 2500 people with TB. “I am not able to go to faraway places to be treated because I don’t have money for transportation and food,” said one young woman who benefited from the project. “Here in my community, without going to the health centre, I am getting treatment. It is what makes me very happy.” The project put a comprehensive package of measure in place to improve access to TB care. The health extension workers, supported by the supervisors, identified people who had been coughing for two or more weeks, collected sputum
samples, prepared smears and supervised treatment, leading to a doubling of case detection and a 93% treatment success rate.

“To stop TB, we must bring quality TB care to poor and marginalized communities,” said Lucica Ditiu, Executive Secretary of the Stop TB Partnership. “This project has shown that we can capitalize on two of the world’s greatest resources—people and communities—to ensure that no one gets left behind. I am particularly pleased to see that this project has served as a pathfinder, encouraging further investment and scale up from the Ethiopian government and the Global Fund.” The TB REACH initiative is funded by the Canadian International Development Agency. Read the article in PLOS One.

FROM THE STOP TB PARTNERSHIP

Blog by Aaron Oxley following his appointment to the Coordinating Board

[LINK]

Most of you who follow our blog will know that RESULTS cares deeply about Tuberculosis. It’s a curable disease that infects an estimated 8.7 million people each year, and kills 1.45 million of them. Now, 8.7 million new cases might seem like an abstract number because it’s so high, but that’s like everyone in London, the city I live in, falling ill with a deadly infectious disease – every year. And the 1.45 million people who die is like the entire population of my hometown, Auckland, New Zealand, dying – every year. At a personal level, this kind of comparison is nothing but horrifying. And that’s without hearing the personal stories of those affected by TB through the Here I Am Campaign’s website. Stories of triumph, sacrifice, and loss abound. There are too many of them. The cost is too high. That’s why I am humbled to have been appointed to the Stop TB Partnership’s Coordinating Board. The Stop TB Partnership is the key global organisation that brings us all together in the fight against TB. They help translate the technical work done by the epidemiologists and other key thinkers at the WHO into powerful advocacy messages for decision makers and an otherwise unsuspecting public. They help keep the world focussed on the cost of TB and how inaction – or insufficient action – hurts us all. And they help highlight exactly how we can work together and what we need to do in order to beat TB. Their job is to bring out the best in us so we can fight this terrible disease together.

The Board seat I hold represents the Developed Country NGO constituency. This is a new seat, and one of the intentions of creating it, alongside four other new seats for Developing Countries, the Private Sector, and two seats for Communities, is to create a focal point for each constituency to make its voice heard at the Board level in guiding the work of the Partnership. My appointment wasn’t so much about me: it was an endorsement that I would be able to gather and represent the views of our constituency in the governance structures of our collective fight against TB. In the coming days I’ll be working with colleagues and allies to build structures to help the Developed Country NGO constituency engage more deeply and effectively with the Board. Look out for that, and in the meantime if you want to get in touch please email stoptbboard@results.org.uk and we’ll make sure you’re part of the conversation. With allies, friends, and partners joining together with one voice we have the most powerful weapon there is to defeat TB. I look forward to continuing and expanding our work.
Budget would pose challenges for public health programs: Health agencies tightening their belts

President Barack Obama’s proposed fiscal year 2014 budget for public health falls short in many areas — including reductions to prevention grants — but advances others. Overall, the president’s 2014 budget request for the Department of Health and Human Services is $80.1 billion, $3.9 billion above the 2012 enacted level. Of that, the request would allocate $6.6 billion to the Centers for Disease Control and Prevention, a decrease of $270 million from the 2012 fiscal year. The budget calls for the lowest levels of CDC discretionary funding — funding that is used for non-mandatory purposes — since 2003. And while the funding levels are not exactly a surprise, they will call for public health to notch its belt just a little bit tighter. To continue reading this story, published in the July 2013 issue of The Nation’s Health, visit the newspaper online.

Immigration bill has public health impact

As immigration reform picks up momentum on Capitol Hill this week, health advocates are calling on Congress to consider public health consequences of certain provisions included in the sweeping legislation.

The American Public Health Association is urging the U.S. Senate to reject various amendments that would create an impasse for those on the path to citizenship to receive health benefits. In a letter (PDF) to all senators sent Tuesday, APHA wrote to oppose an additional five-year waiting period for those who have “Registered Provisional Immigrant” or blue card status to receive Affordable Care Act subsidies. The Association also expressed its opposition to a five-year bar for lawfully present pregnant women and children from accessing Medicaid and child health programs.

“Denying the opportunity to access these important programs further hampers an individual’s and a family’s pursuit of health, wrote Georges Benjamin, MD, executive director of APHA. “Cutting benefits is shortsighted and any short-term savings will be far outweighed by the long-term costs to the nation’s health.” “Parents may also forgo vaccinating their children, reducing community immunity to preventable diseases,” wrote Iván Espinoza-Madrigal, legal director at the Center for HIV Law and Policy, in a recent Huffington Post column. “Untreated diseases, with the attendant increased disease viral loads in marginalized immigrant communities, all have a cascading impact on individual health risks and the public’s health.”

APHA’s letter goes on to support a measure that would restore taxpayer fairness to legal, employed immigrants as well as an amendment that would continue to consider health care facilities as “sensitive locations” and limit federal immigration enforcement action there.
UNITED STATES

CALIFORNIA: “Marysville Man with Drug-Resistant Tuberculosis Isolated” AppealDemocrat.com
(06.03.2013) Eric Vodden

On June 3, Health Officer Joe Cassaday notified Yuba County, Calif., residents that a Marysville man was diagnosed with multidrug-resistant TB on May 22, and that health department staff were testing individuals who came into close contact with the individual to determine if anyone else had been infected with the virus. The man currently is being treated in isolation at Rideout Memorial Hospital. Yuba County has recorded seven other TB cases since 2010, but none before have been multidrug-resistant. Read Full Article

WISCONSIN: “State to Request Funding for Tuberculosis Outbreak in Sheboygan County” Sheboygan Daily (06.03.2013)

State health officials are requesting funding at a Joint Finance Committee meeting to assist with treatment of a TB outbreak in Sheboygan County, Wis. The outbreak involves an unusually high number of cases at one time, including a confirmed case of multidrug-resistant TB (MDR TB) and other cases being treated as MDR until officials receive additional test results. The funds will cover medications to treat patients, as MDR TB medications are very expensive; additional healthcare staff to provide the medications personally on a daily basis; and financial assistance to ensure that the individuals have housing while in isolation, as patients are required to remain at home and cannot leave the house to work. Read Full Article

Vitamin C Kills Mycobacterium tuberculosis Economic Times (05.21.2013)

Researchers from Albert Einstein College of Medicine in New York have discovered that Vitamin C kills the TB bacteria. They report that they made the discovery accidentally while investigating how the bacteria develop resistance to the anti-TB drug isoniazid. The researchers added isoniazid and the reducing agent cysteine to the TB bacteria in a test tube with the expectation that the bacteria would develop resistance. Instead, the researchers killed the TB culture. Next, the researchers replaced the cysteine with another reducing agent, Vitamin C, and it killed the bacteria also. When the researchers omitted the TB drug isoniazid and used Vitamin C alone, the outcome was the same—it killed the bacteria. They tested Vitamin C with drug-resistant TB strains and had the same result. Also, the TB bacteria never developed resistance to Vitamin C in the laboratory tests. William Jacobs, the study’s senior author, emphasized that so far, researchers have demonstrated these results only in a test tube. The researchers did not know if it would work with humans and, if so, at what dosage. The authors urged additional research into potential uses of Vitamin C in TB treatment, noting that it was “inexpensive, widely available, and very safe to use.”

The full report, “Mycobacterium tuberculosis is Extraordinarily Sensitive to Killing by a Vitamin C-Induced Fenton Reaction,” was published in the journal Nature Communications (2013; doi:10.1038/ncomms2898). Read Full Article
In the city of Lynn, Mass., TB cases recently rose to 14 before dropping off to nine cases; however, city workers' costs have tripled, due to the overtime involved in monitoring those who contracted the disease. Typically, Lynn experiences five to eight TB cases annually, but the number began increasing in the fall of 2012, because immigrants—some of whom tested positive for TB—have made Lynn a destination point. Public Health Director MaryAnn O'Connor noted that Lynn had one of the highest TB rates in the state. State public health (DPH) officials said that TB “summary statistics” listed 215 reported TB cases—mostly adult males older than 25 years. According to the statistics, almost 90 percent of the reported cases were in “non-US-born persons,” including individuals from China, Vietnam, Cambodia, and India. The summary stated, “Racial and ethnic minorities are disproportionately affected by TB.”

Health officials prescribed strong antibiotic doses, explained M.J. Duffy-Alexander, a public health nurse assigned to monitor and test patients during the six- to nine-month treatment period. She added that testing and monitoring were not confined to the TB patient, but also included the circle of people with whom the patient interacted, such as friends and relatives. Health officials screen everyone with whom the patient lives. The local TB rate spike increased the Lynn Public Health Department’s budget from $6,000 to $17,000 for 2013; however, the state no longer reimburses cities for overtime costs associated with TB testing. DPH Spokesperson Anne Roach explained that in previous years, DPH was able to provide selective partial reimbursements to cities from available surplus TB resources, but rising drug expenses combined with low federal resources have lessened DPH’s ability to draw upon that past source. 

On June 12, Missouri Gov. Jay Nixon signed legislation that required all Missouri colleges and universities to develop TB screening programs. The bill also provided for targeted testing that would identify individuals that were at high risk for latent TB infection and would provide additional criteria for treatment.

Georgia Judge Sheryl B. Jolly recently issued an order for a TB patient’s arrest after learning that he went to a professional office without wearing a required protective mask when in public. A hearing on June 10 will determine whether the patient would be allowed to return home or be committed to a specialized healthcare facility. On May 31, the Richmond County Department of Health filed a petition with the court because of the same patient’s noncompliance with treatment in April. At that time, Jolly gave him a second chance to stay in the community when he promised to adhere to treatment. Noncompliance can lead to the TB patient developing a drug-resistant strain of TB and the patient becoming infectious again with the new strain. State laws give the court authority to have an individual who endangers public health arrested and confined to a medical facility for treatment.
Kenneth Keiler, professor at Penn State University, and colleagues are developing a new class of antibiotics to target bacteria in a new way. The researchers suggest that the drug may be a new weapon against drug-resistant TB, anthrax, and Shigella. In 1996, while a graduate student, Keiler discovered a pathway in bacteria that is important in protein creation. The process, called “trans-translation,” helps bacteria keep protein synthesis moving by removing faulty messenger RNA. Keiler hypothesized that a pharmaceutical chemical that could interrupt the process of bacterial production would be able to kill the difficult-to-treat bacteria easily. Also, since the process does not exist in plants, animals, or humans, a specifically targeted chemical would not have significant effects on an individual’s cells. The researchers planned to disturb trans-translation, which affects protein-synthesis and prevents organisms from replicating. The researchers used high-throughput screening of pharmaceutical compounds, which resulted in testing approximately 663,000 different molecules. They eventually narrowed down the candidate chemicals to 46 candidates that disrupted the trans-translation process in bacteria. Further testing of these chemicals with infectious bacteria showed that one molecule called KKL-35 could be considered “broad-spectrum.” KKL-35 specifically blocked trans-translation. The team investigated the potency of the drug on TB bacteria; it proved to be more than 100 times better at blocking bacterial growth than current antituberculosis drugs. Researchers also tested mutated strains of bacteria for susceptibility to KKL-35. According to Keiler, they found no mutant strains that were resistant to KKL-35. Further tests, including safety tests and animal and human trials, are needed. The full report, “Small Molecule Inhibitors of Trans-Translation Have Broad-Spectrum Antibiotic Activity,” was published online ahead of print in the journal, Proceedings of the National Academy of Sciences, (2013; doi:10.1073/pnas.1302816110).

Read Full Article

Researchers at Yale Schools of Medicine and Public Health focused on the difficulty of identifying high-risk individuals in urban settings—particularly foreign-born individuals—who may have latent TB infection (LTBI). According to CDC, foreign-born persons comprised 62.5 percent of all new active TB infections in the United States in 2011. However, screening policies and programs are different for refugees and naturalizing citizens and are not directed at high-risk undocumented individuals. The researchers reviewed 2003–2011 data from a comprehensive mobile healthcare clinic in New Haven, Conn. They examined more than 2,500 TB skin tests and found 356 new cases of LTBI. Also, a mobile healthcare van reached many people who would not be reached by the usual methods. For example, undocumented immigrants and other foreign-born persons, whether documented or not, were among the highest number screened and treated. Many of these individuals were from a country ranked among those with the highest TB prevalence.

Frederick L. Altice, MD, senior author and professor of medicine in the section of infectious diseases at
Yale School of Medicine, noted that although the Affordable Care Act would increase healthcare access and provide insurance for legal foreign-born persons, those without documentation would not interact with traditional healthcare systems and, therefore, would not be detected and treated unless innovative health systems were designed to focus on that population. Jamie Morano, MD, of the infectious disease section of Yale School of Medicine and first author of the study, commented that the situation provided an opportunity for local and national policymakers to pay attention to helping productive new immigrants remain healthy. The full report, “Latent Tuberculosis Infection: Screening and Treatment in an Urban Setting,” was published online in the Journal of Community Health, (2013; doi 10.1007/s10900-013-9704-y). Read Full Article

“New Compound Excels at Killing Persistent and Drug-Resistant Tuberculosis” Science Codex (06.17.2013)

Researchers from the Scripps Research Institute (TSRI), Howard Hughes Medical Institute, and Albert Einstein College of Medicine of Yeshiva University have discovered a promising new anti-TB compound that can fight TB bacteria in two ways. The researchers were searching for a drug that cleared TB infection quickly and was effective against replicating and nonreplicating TB infection. Feng Wang, of the Schultz laboratory at TSRI and first author of the study, created a screening test to detect compounds that block TB’s persistence-related ability to form biofilms. He used a related, but nondisease-causing mycobacterium for the high-throughput test. After screening 70,000 compounds, he found one called TCA1 that was able to inhibit mycobacterial biofilms. When the researchers tested the compound in a biosafety level 3-certified laboratory, TCA1 was very active against TB, killing both replicating and nonreplicating TB bacteria. By itself, TCA1 killed more than 99.9 percent of actively replicating TB bacteria in three weeks; in combination with isoniazid and rifampin, the compound killed 100 percent in that time period. TCA1 was very effective against drug-resistant TB, removing all signs of one strain within a week when combined with isoniazid. When tested against a highly fatal “super-bug” strain from South Africa, which resists all conventional TB drugs, the new compound killed more than 99.999 percent in three weeks. TCA1 also worked well against nonreplicating TB. Tests with mice showed TCA1’s effectiveness and suggested that combining TCA1 and isoniazid could be a more powerful treatment than the present anti-TB drugs. The compound showed no sign of toxicity or adverse side effects in cell culture and experiments with mice and no tendency to create drug resistance. Experiments and analyses to investigate how the new compound kills TB bacteria so efficiently indicated that the compound targets two enzymes in TB bacterium: one that supports TB replication and another TB dormancy and persistence. With funding from the Global Alliance for TB Drug Development, Wang and colleagues are working to find improved variants of TCA1. If the preclinical tests are successful, the researchers will need a pharmaceutical partner to sponsor clinical trials in TB patients. The full report, “Identification of a Small Molecule with Activity Against Drug-Resistant and Persistent Tuberculosis,” was published online the journal Proceedings of the National Academy of Sciences (2013; doi:10.1073/pnas.1309171110). Read Full Article

NPIN GLOBAL

UNITED KINGDOM : “Tuberculosis Screening Scheme Extended” Public Service.CO.UK (06.11.2013)
In May 2012, the United Kingdom (UK) began pre-screening immigrants from eight countries, including India, Malaysia, and the Philippines, for TB if they planned to stay in the country longer than six months, in an effort to address the increase in incoming TB cases. Beginning July 1, the UK will extend pre-entry screening to include China, Ethiopia, Gambia, Hong Kong, Indonesia, Malawi, Morocco, Sierra Leone, Uganda, Vietnam, and Zambia. The latest changes will bring the total to 67 countries with high TB incidence from which immigrants must be screened before the UK will grant them a visa. Immigration Minister Mark Harper said that it was essential to take action to fight the rise of TB cases in the UK, and that pre-entry screening followed by treatment would help prevent the risk of the disease. The most recent statistics show that the UK reported more than 9,000 new TB cases in 2011, and non-UK-born individuals accounted for 75 percent of all new TB cases. Read Full Article

INDIA: “TB India Faces TB Drug Shortage, Warns International Medical Org” FIRSTPOST (06.17.2013)

Médecins Sans Frontières (MSF; Doctors Without Borders) has strongly urged the Indian government to address ongoing shortages of pediatric TB drugs and medicines used to treat drug-resistant TB (DR-TB). Under current policy, the Indian central government purchases TB drug supplies and distributes them to the states, which are responsible for providing treatment to TB-infected patients. However, TB drugs routinely are out of stock, which is one reason India has such high incidence of DR-TB, according to Leena Menghaney, India manager of MSF’s Access Campaign.

Dr. Homa Mansoor, TB medical referent for MSF India, explained that if pediatric TB medicines were unavailable for children who had travelled long distances to obtain treatment, doctors had to resort to “breaking adult pills,” which could result in an incorrect dose. Other desperate patients have purchased lower-dose TB medications from retail pharmacies, since proper dosages were not available to them through government sources. Drug resistance can develop in under-dosed patients. The World Health Organization released interim guidelines for use of bedaquiline, which the US Food and Drug Administration approved for TB treatment in 2012. MSF recommended strict regulation and control of new drugs and studies to determine more effective drug combinations that might be taken for shorter duration with less toxicity. Read Full Article

JOURNAL ARTICLES (June 8 – June 26, 2013)


PubMed: www.amedeo.com/p2.php?id=23698061&s=tb&pm=2


Tuberculous meningitis: presentation, diagnosis and outcome in hiv-infected patients at the douala general hospital, cameroon: a cross sectional study. Luma HN, Tchaleu BC, Ngahanne BH, Temfack E, Doualla MS, Halle MP, Joko HA, Kouilla-Shiro S.

WHO Group 5 drugs and difficult multidrug-resistant tuberculosis: a systematic review with cohort analysis and meta-analysis. Chang KC, Yew WW, Tam CM, Leung CC.

Clinicopathological profile and surgical treatment of abdominal tuberculosis: a single centre experience in northwestern Tanzania. Chalya PL, McHembe MD, Mshana SE, Rambau PF, Jaka H, Mabula JB.

Effects of infection and disease with Mycobacterium tuberculosis on serum antibody to glucan and arabinomannan: two surface polysaccharides of this pathogen. Keitel WA, Dai Z, Awe RW, Atmar RL, Morris S, Schneerson R, Robbins JB.


Life experiences of patients who have completed tuberculosis treatment: a qualitative investigation in southeast Brazil. Dias AA, de Oliveira DM, Turato ER, de Figueiredo RM.

Severe hyponatremia and MRI point to diagnosis of tuberculous meningitis in the Southwest USA. Benson SM, Narasimhamurthy R.

Diagnosing peritoneal tuberculosis. Clancy C, Bokhari Y, Neary PM, Joyce M.


Clinicopathological profile and surgical treatment of abdominal tuberculosis: a single centre experience in northwestern Tanzania. Chalya PL, McHembe MD, Mshana SE, Rambau PF, Jaka H, Mabula JB.


Health Promot Int. 2013 Jun 21. [Epub ahead of print]

Harnessing Photovoice for tuberculosis advocacy in Karachi, Pakistan. Mohammed S, Sajun SZ, Khan FS.

Hum Vaccin Immunother. 2013 Jun 21;9(10). [Epub ahead of print]

The current state of tuberculosis vaccines. Hokey DA, Ginsberg A.

Infection. 2013 Jun 14. [Epub ahead of print]

Peliosis hepatis due to disseminated tuberculosis in a patient with AIDS. Sanz-Canalejas L, Gómez-Mampaso E, Cantón-Moreno R, Varona-Crespo C, Fortún J, Dronda F.


Pulmonary resection in the treatment of 43 patients with well-localized, cavitary pulmonary multidrug-resistant tuberculosis in Shanghai. Xie B, Yang Y, He W, Xie D, Jiang G.


PubMed: www.amedeo.com/p2.php?id=23735593&s=tb&pm=2

Int J Tuberc Lung Dis.2013;17

Immunogenicity of dormancy-related antigens in individuals infected with Mycobacterium tuberculosis in Japan. HOZUMI H, Tsujimura K, Yamamura Y, Seto S, et al.

PubMed: www.amedeo.com/p2.php?id=23676169&s=tb&pm=2

Drug resistance among new smear-positive pulmonary tuberculosis cases in Thailand. KATERUTTANAKUL P, Unsematham S.

PubMed: www.amedeo.com/p2.php?id=23676168&s=tb&pm=2

Is a 4-month regimen adequate to cure patients with non-cavitary tuberculosis and negative cultures at 2 months? [Short communication]. PHILLIPS PP, Nunn AJ, Paton NI.

PubMed: www.amedeo.com/p2.php?id=23676167&s=tb&pm=2

Age, nutritional status and INH acetylator status affect pharmacokinetics of anti-tuberculosis drugs in children. RAMACHANDRAN G, Hemanth Kumar AK, Bhavani PK, Poorana Gangadevi N, et al.

PubMed: www.amedeo.com/p2.php?id=23676166&s=tb&pm=2


PubMed: www.amedeo.com/p2.php?id=23676165&s=tb&pm=2


PubMed: www.amedeo.com/p2.php?id=23676164&s=tb&pm=2


Smoking in tuberculosis patients increases the risk of infection in their contacts. GODOY P, Cayla JA, Carmona G, Camps N, et al.

PubMed: www.amedeo.com/p2.php?id=23676161&s=tb&pm=2


PubMed: www.amedeo.com/p2.php?id=23676159&s=tb&pm=2


PubMed: www.amedeo.com/p2.php?id=23676158&s=tb&pm=2


First national tuberculin survey in Viet Nam: characteristics and association with tuberculosis prevalence. HOA NB, Cobelens FG, Sy DN, Nhung NV, et al.


Detection of Mycobacterium tuberculosis in blood using the Xpert(R) MTB/RIF assay. BANADA P, Koshy R, Alland D.

RIFAMPICIN RESISTANCE MISSED IN AUTOMATED LIQUID CULTURE SYSTEM FOR MYCOBACTERIUM TUBERCULOSIS WITH SPECIFIC rpoB-MUTATIONS. Rigouts L, Gumusboga M, de Rijk WB, Nduwamahoro E, Uwizeye C, de Jong B, Van Deun A.


PubMed: www.amedeo.com/p2.php?id=23737604&s=tb&pm=2

Inhibiting PD-1 pathway rescues M. tuberculosis specific IFN-gamma producing T cells from apoptosis in tuberculosis patients. SINGH A, Mohan A, Dey AB, Mitra DK, et al.


J Infect Dis. 2013 Jun 20. [Epub ahead of print]


Expansion of Pathogen-Specific T-Helper 1 and T-Helper 17 Cells in Pulmonary Tuberculosis With Coincident Type 2 Diabetes Mellitus. Kumar NP, Sridhar R, Banurekha VV, Jawahar MS, Nutman TB, Babu
Integration of HIV and Tuberculosis in the Community. Frasca K, Cohn J.

Medication-adherence predictors among patients with tuberculosis or human immunodeficiency virus infection in Burkina Faso. Média ZC, Lin YT, Sombié I, Maré D, Morisky DE, Chen YM.

Transmission of multidrug-resistant tuberculosis in the USA: a cross-sectional study. The Lancet Infectious Diseases.


Vaccination with Recombinant Mycobacterium tuberculosis PknD Attenuates Bacterial Dissemination to the Brain in Guinea Pigs. Skerry C, Pokkali S, Pinn M, Be NA, Harper J, Karakousis PC, Jain SK.

Tuberculosis recurrence after completion treatment in a European city: reinfection or relapse? Millet JP, Shaw E, Orcau A, Casals M, Miró JM, Caylà JA; Barcelona Tuberculosis Recurrence Working Group.


**Use of inhaled corticosteroids and the risk of tuberculosis**. Lee CH, Kim K, Hyun MK, Jang EJ, Lee NR, Yim JJ.

**Tuberculosis vaccines: time to reset the paradigm?** Lalvani A, Sridhar S, von Reyn CF.


**Incidence of Tuberculosis in Deceased-Organ Donors and Transmission Risk to Recipients in Spain**. Coll E, Torre-Cisneros J, Calvo R, Garrido G, Matesanz R.

**Contribution of Interferon-γ Release Assays (IGRAs) to the Diagnosis of Latent Tuberculosis Infection After Renal Transplantation**. Hadaya K, Bridevaux PO, Roux-Lombard P, Delort A, Saudan P, Martin PY, Janssens JP.

**Poor performance status is a strong predictor for death in patients with smear-positive pulmonary TB admitted to two Japanese hospitals**. Horita N, Miyazawa N, Yoshiyama T, Kojima R, Omori N, Kaneko T, Ishigatsubo Y.

**Rising to the challenge: new therapies for tuberculosis**. Wong EB, Cohen KA, Bishai WR.

**Paediatric HIV care in sub-Saharan Africa: clinical presentation and 2-year outcomes stratified by age group**. Ben-Farhat J, Gale M, Szumilin E, Balkan S, Poulet E, Pujades-Rodriguez M.

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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)
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 bhavarrr@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

Product Announcement

Latent TB Infection Multimedia Video Series. These multimedia videos are targeted to community health providers, including those working at Federally Qualified Health Centers. The series contains three videos, each of which is 6-15 minutes long, and seamlessly incorporate images, voice and text. The videos cover screening, diagnosis and treatment of LTBI. The videos can be viewed from a computer, laptop, smartphone or tablet, where you are - at home, work or on the go. Resources and transcripts are also available. The new videos are available at: http://www.umdnj.edu/globaltb/products/ltbimultimedia.htm.

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 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.

GRANTS

From the NPIN Funding Database

1) Fund Number: 4616 - Research In Latent Tuberculosis Infection (LTBI) in the Setting of HIV C o-Infection (R01)

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

Application Due Date: 07/25/2013

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](mailto:terry.reamer@aphl.org) or 240.485.2776.

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

**ASTHO Annual Meeting:** September 18-20, 2013


**NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICERS (NACCHO):** NACCHO Annual 2013, July 10-12th 2013, Dallas, TX. [Download Individual Registration Form](#)

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

THE UNION:

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

The 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 IS NOW OPEN Online and offline early-bird registration for the World Conference is now
open until 15 July 2013. Save money by registering early at a discounted rate. Registration can be
accessed from the website at [www.worldlunghealth.org](http://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](mailto: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

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

VIROLOGY EDUCATION: 6th International workshop on Clinical Pharmacology of TB Drugs
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.