For our readers: This issue is longer than usual as it covers items from May 6th through June 7th. We will resume our bi-weekly schedule on June 24th. 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 is now on twitter as well. https://twitter.com/StopTBUSA

As always, suggestions and comments are welcome (setkind@stoptbusa.org)

SPECIAL UPDATES

TB DRUG AND PPD SHORTAGE

MMWR Weekly
Volume 62, No. 20
May 24, 2013

Impact of a Shortage of First-Line Antituberculosis Medication on Tuberculosis Control
United States, 2012–2013  Full Text

TB FUNDING:

This article below suggests eventual spending levels for fy 14 could be left to USAID and other agencies in the event of another continuing resolution


From TAG:

Please see this important piece “U.S. Must Fight Harder Against TB” in Bloomberg View from Dr. Celine Gounder advocating for funding for TB in the face of sequestration and severe budget cuts:
ANNOUNCEMENTS

Aeras is delighted to launch the four-part series that many of you have been helping us produce: EXPOSED: The Race Against Tuberculosis. The film series offers a global perspective on the pervasive threat posed by TB around the world. Told through the eyes of some of the world's top TB physicians, scientists, advocates and policymakers, the EXPOSED series tells the story of the global epidemic of TB and the urgent movement to develop new vaccines to prevent it. If you like the series, Aeras would love your help sharing it with your networks and the website houses a toolkit with some tips on screening the film series at work or beyond. The series is 45 minutes in total.

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

2014 Budget

On April 10, the President released his proposed budget for FY2014. The budget proposes an 8%, or $432 million cut overall for CDC. Under the budget, the Div. of TB Elimination would receive a minor funding increase of $346,000, for total proposed funding of $140.3 million.

CDC's program budget lines for FY2014 include the Working Capital Fund and a salary adjustment for federal employees, which adds $7 million to the TB program budget line. USAID's TB program is slated for a 19.1% funding cut under the proposed budget, which would reduce funding for global TB assistance to $191.1 million. The budget is the first step in the appropriations process and serves as a guideline for the congressional appropriations committees. Congress will now begin drafting bills and will begin subcommittee, followed by committee action, this summer.

TB Caucus

The TB caucus now has 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.

Tuberculosis Trials Consortium
The DTBE’s TB Clinical Trials Consortium 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.

**Senate LHHS Appropriations Subcommittee**

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**House Labor-HHS Approps Subcommittee**

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NEW RESOURCES

FROM RESULTS

Article about TB survivor: Liliana Gonzalez and the interview/video with her done by David Bryden

Check it out Here

http://www.action.org/blog/post/a-compassionate-approach-to-tb

FROM TAG

Some of you participated in the first conversations about getting to "Zero" for TB, and many more of you helped take this forward. Excellent news to see these messages incorporated into the discussions about what the health agenda should look like after 2015, when the period of the Millennium Development Goals ends. Let's keep this momentum moving forward in the fight against TB. And if you haven't signed onto the Zeroes movement yet, you can do so here: http://www.treatmentactiongroup.org/tb/advocacy/zero-declaration

FROM CDC

NCHHSTP Connections Newsletter

In the Know: Social Media for Public Health Webcast Series

FROM THE STOP TB PARTNERSHIP: Global Coalition of TB Activists

This is to let you inform you that the Global Coalition of TB Activists was launched in March during a meeting hosted by the Stop TB Partnership. The coalition is a new network that aims to put communities affected by tuberculosis (TB) at the centre of decision making in the fight against TB. To know more, you can read here http://stoptb.org/news/stories/2013/ns13_026.asp. The activists state that the objectives of the GCTA are to: 1) Act as a community representation body at local, state, national and international levels; 2) Provide input to the two representatives of communities affected by TB on the Stop TB Partnership Coordinating Board, and to community representatives on other Global Health Initiatives; 3) Build the capacity of activists and encourage their involvement in global health initiatives and establish TB advocacy forums at different levels; 4) Create a platform where different stakeholders such as affected communities, activists, civil society organizations and government allies can come together and lobby with policy makers to develop rights-based and patient-centered TB policies and strategies; and 5) Build a pool of well-informed and confident activists and advocates to share their experiences with other groups. Please share this information with communities affected by tuberculosis and encourage them to join this coalition.
Global Consultation: Millennium goals: A six-month global consultation on health has concluded that the current health millennium development goals (MDGs) should be used as a springboard for accelerated progress and greater ambition in the post-2015 agenda. Citing the threat of drug-resistant tuberculosis (TB) and the opportunities offered by the recent arrival of rapid diagnostic tests, the report includes a proposed new TB target to guide progress after 2015: zero new TB infections, zero TB deaths, zero TB suffering and zero TB stigma and discrimination.

The global consultation was co-convened by the World Health Organization and the United Nations Children’s Fund and supported by the governments of Botswana and Sweden. The final report summarises the views of multiple United Nations, nongovernmental and government agencies, as well as those of individuals, gathered through online and face-to-face discussions. Its publication follows the High-Level Dialogue on Health in the Post-2015 Development Agenda held in Gaborone, Botswana on 4-6 March 2013.

“The MDGs have been hugely successful at driving progress in health, education and poverty reduction over the past fifteen years. But there is a danger that we get complacent. Years of underinvestment has led to the emergence of strains of TB that are resistant to all but a few drugs,” said Dr Lucica Ditiu, Executive Secretary of the Stop TB Partnership. “I am very pleased therefore to see consensus building on an ambitious new set of targets that will re-energize both donors and countries.”

In addition to proposing potential targets on diseases such as TB and HIV, the report recommends that the post-2015 health agenda should: 1) Include specific health-related targets as part of other development sector goals; 2) Take a holistic, life-course approach to people’s health with an emphasis on health promotion and disease prevention; 3) Accelerate progress where MDG targets have not been achieved and set more ambitious targets for the period to come; and 4) Address the growing burden of NCDs, mental illness, and other emerging health challenges.

The report has been submitted to the UN High-level Panel of Eminent Persons on the Post-2015 Development Agenda and will be sent to the UN Secretary-General, as well as distributed in other fora to inform the on-going discussions on the post-2015 agenda. Read the consultation report.

- Five New Coordinating Board Members:
The Stop TB Partnership has appointed five new Coordinating Board members who will act as constituency representatives. The appointments follow Coordinating Board reforms that are designed to broaden the base of partners represented on the Board and encourage the development of strong, active constituencies. Two of the new board members will represent communities affected by tuberculosis (TB). The three other board members will represent the private sector, developing country nongovernmental organization (NGO) and developed country NGO constituencies. The constituency representatives will begin their three-year term as board members at the next Coordinating Board Meeting in Ottawa, Canada, on 11-12 July. The new board members will be joined in Ottawa by four new country representatives who are currently being recruited to sit alongside the Ministers of Health of South Africa and Swaziland on the Board.

The five new constituency representatives are: 1) Private Sector: Dr Evan Lee, Vice-President, Global Health Programs and Access, Eli Lilly. An internal medicine physician by training, Dr Lee oversees Eli Lilly’s global health programmes, including its multidrug-resistant tuberculosis (MDR-TB) and non-communicable diseases (NCD) initiatives, as well as efforts related to access to medicines; 2) Developed Country NGO: Mr Aaron Oxley, Executive Director, RESULTS UK. Aaron leads RESULTS UK’s work in developing UK and international campaigns to tackle major diseases of poverty, increase access to education and expand economic opportunities for the poorest people in the world; 3) Developing Country NGO: Mr Austin Obiefuna, Executive Director, Afro Global Alliance (AGA). Mr Obiefuna has worked in TB prevention and care for more than 14 years. AGA belongs to strong national and international networks of civil society organizations and established the Ghana Stop TB Partnership; 4) Communities: Mrs Thokozile Beatrex Nkhoma, SAVE Campaign Coordinator, Malawi Interfaith AIDS Association. Mrs Nkhoma joined the Stop TB Partnership Working Group on New TB Diagnostics in 2010 as a community representative. She is also a member of the community support team of the communities’ delegation to the UNITAID Board and serves as a member of the communities’ delegation to the Global Fund Board with a particular focus on TB; and 5) Communities: Mr Timur Adbullaev, Uzbekistan. A human rights lawyer by training, Mr Abdullaev is a HIV and TB activist. He has held membership and leadership positions in several local and regional networks of people living with HIV, as well as in decision-making structures and international organizations. These include the Global Fund Board Communities Delegation, the European AIDS Treatment Group and the TB Europe Coalition.

FROM TAG

- “More funds, research needed to tackle rise in drug-resistant TB - UK lawmakers”; Maria Caspani; Thomson Reuters Foundation; 15 Apr 2013
  

- Open letter and supporting documents sent by Treatment Action Group (TAG) and the Global TB Community Advisory Board (TB CAB) to Qiagen regarding the off-label marketing and use of QuantiFERON-TB Gold for active TB in high burden settings.

[Read the Letter Here](Read the Letter Here)
FROM THE KAISER FAMILY FOUNDATION

We just released our annual analysis “U.S. Funding for Global Health: The President’s FY 2014 Budget Request”, which can be found here: http://www.kff.org/global-health-policy/fact-sheet/u-s-funding-for-global-health-the-presidents-fy-2014-budget-request/. The analysis provides an overview of the FY14 request in comparison to FY12 (since final FY13 sector amounts are not yet known). We also have a more specific analysis focused on HIV funding, which can be found here: http://www.kff.org/hivaids/fact-sheet/u-s-federal-funding-for-hivaids-the-presidents-fy-2014-budget-request/.

FROM THE UNION

Clinical trial of 9-month MDR-TB regimen begins in Africa and Asia

A clinical trial to assess a 9-month standardized treatment regimen for MDR-TB has begun in South Africa, Ethiopia and Vietnam. The trial conducted by The Union’s TREAT-TB initiative will involve 400 patients in Africa and Asia.

Read more...  

Eli Lilly and The Union collaborate to launch mobile application for TB referrals

The Union has launched a pilot project in collaboration with Eli Lilly and Dimagi, aimed at strengthening the process of TB patient referral and tracking through mobile technology in the tribal district of Khunti in Jharkhand, India.

Read more...  

From TB patient to TB educator through Myanmar’s PICTS programme

“In May of last year, I was in poor health and I found out that I had TB”, says Ko Thia, a 28-year-old who works in a nylon rope factory to support his wife and two-year-old son. “I started TB treatment but it cost a lot even for a couple of weeks.”

Read more...  

Child TB training offered in Namibia

The Union recently facilitated training in child TB for four districts in Namibia). Namibia’s new child TB guidelines used The Union’s Desk-guide for diagnosis and management of child TB as a resource.

Read more...  

FROM NEWS SOURCES:

NPIN: UNITED STATES

Missouri: “Missouri Bill Requires Colleges to Have TB Tests” The Gazette (Colorado Springs) (05.03.2013)

Receiving both house and senate approval earlier in the week, the Missouri legislature has sent
Governor Jay Nixon a bill requiring colleges and universities to formulate targeted TB screening programs. The legislation would target students and faculty considered to be at high risk for contracting TB and would not allow enrollment in classes for those who refuse to participate in the screening program.  Read Full Article


On May 9, Sheboygan County, Wis., public health officials announced that three more Sheboygan Area School District students have active TB, in addition to a case confirmed in April. All four students are from the same family. Sheboygan County Health Officer Dale Hippensteel stated that the students’ extended family has eight active and infectious TB cases. The individuals are receiving treatment, and health officials are working to identify any other possible cases. Hippensteel noted that, on average, Sheboygan County has three or fewer cases of active TB per year. According to health officials, the initial student’s case marked the first of 2013.

Read Full Article

**Massachusetts: “Portable Device for Detecting TB “** Tim Sandle, Digital Journal (05.07.2013)

Massachusetts General Hospital staff have adapted a device originally intended to diagnose cancer to rapidly diagnose TB. The device can process a blood sample within three hours and is sensitive enough to detect as few as one or two bacteria within a 10-milliliter blood sample. It works by examining samples for biomarkers, or indicators of a particular disease, by incorporating both microfluidic technology with nuclear magnetic resonance Read Full Article

**Washington: TB Voices Project; The Herald (Everett, Wash.) (05.08.2013)**

Washington’s Snohomish County TB Voices Project is searching for individuals interested in sharing their TB experiences, whether their own or those related to someone they may know. The TB Voices Project was created to provide an avenue for individuals of all ages to convey their TB stories, and in so doing, help others around the world affected by TB. For further information, contact Project Director Teresa Rugg at (360) 862–9034, or e-mail tbphotovoice@frontier.com. You may also visit www.tbphotovoice.org.  Read Full Article

**North Dakota: “Officials: 26 Tuberculosis Cases from Grand Forks Outbreak “** Bismarck Tribune (05.16.2013) By North Dakota health officials have identified 26 active TB cases linked to a Grand Forks area outbreak. The total included two TB cases in 2010, 20 cases in 2012, and four cases already in 2013. Grand Forks County reported 23 of these cases. Health officials have connected three other cases in Stutsman and Cass counties to the Grand Forks outbreak. Officials have attributed the outbreak to homeless visitors who exposed a family that provided them with housing.

**South Carolina: “Tuberculosis Outbreak Hits South Carolina Elementary School”**. Charles Simmins,Examiner.com (06.05.2013)
On June 5, South Carolina’s Department of Health and Environmental Control (DHEC) issued a press release concerning its ongoing investigation of a TB outbreak at a Greenwood County elementary school. DHEC stated that apparently nine children and two adults tested positive for the disease; the adults were diagnosed as infectious but the children were not. The outbreak occurred in an upstate community called Ninety Six. A private physician notified DHEC in March that an adult at the Ninety Six Primary School had active TB. As of June 5, DHEC had skin-tested 536 persons, including 487 students. Ten staff members and 52 students tested positive. Health officials took X-rays to identify TB-associated lung damage; they found visible TB indications in nine students and one adult. DHEC is offering free testing and drug treatment to the patients. TB drug treatment requires six to nine months, with treatment length being shorter for patients with a latent TB infection. CDC has stated that TB testing and treatment is more difficult for children than for adult patients. On June 4, the Associated Press (AP) reported that the initial person diagnosed with TB was no longer cooperating with authorities. That patient has been quarantined. AP also reported that DHEC fired several employees in May for not following up immediately on the original March TB report. 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.

NPIN GLOBAL

North Korea: “U.S. Non-Profit Group to Build Tuberculosis Center in Pyongyang” Yonhap News Agency (05.04.2013)

The US nonprofit organization Christian Friends of Korea (CFK) will begin construction in mid-May on a Pyongyang center that will train North Korean physicians and researchers on TB prevention and treatment. Training for North Korea’s National Tuberculosis Reference Laboratory currently takes place in one of the laboratory’s hallways. In addition, Radio Free Asia reported that 10 CFK technicians and officials will travel to North Korea this month to oversee other projects funded by the nonprofit. CFK provides assistance to 29 medical clinics in North Korea, including a TB treatment center in Kaesong. North Korea relies heavily on foreign medical aid because hospitals frequently lack the medicines and supplies to treat TB. Eugene Bell, a South Korean charity, recently sent TB medicine worth $618,000 to North Korea; this was the first shipment of humanitarian aid from South to North Korea since South Korean President Park Geun-hye took office in February. The World Health Organization estimates that 1,600 North Koreans died from TB in 2011.

“North Korea Sees Surge of Drug-Resistant Tuberculosis”. Geoffrey Cain and Jessica Phelan; MinnPost (05.09.2013)

The South Korea-based TB aid organization Eugene Bell Foundation reported that North Korea has “at least 5,000” cases of multidrug-resistant TB (MDR TB) every year. Incidence actually could be much higher because North Korea restricts foreign doctors’ access and the country does not have the means to test for MDR TB. MDR TB treatment requires an intense course of “second-line” antibiotics that costs approximately $2,000 per patient per year—an amount beyond the means of most North Koreans. Although the Eugene Bell Foundation sent more than $600,000 worth of TB medicines to North Korea in March, that amount helps only 500 North Korean patients a year, according to foundation chairperson Stephen Linton. Western nations’ sanctions and poverty have resulted in “chronic shortages of medicine” in North Korea. The sanctions make it hard to produce pharmaceuticals in North Korea because companies cannot import dual-use products—items for military and civilian use—including chemicals necessary to ensure drug quality. TB flourishes in cold, damp, crowded conditions, among malnourished people, as many are in North Korea. The emergence of MDR TB strains in North Korea could threaten neighboring countries China and South Korea. Reports about North Korea’s healthcare system are conflicting. Although a World Health Organization director stated that North Korea’s free system was “the envy of the developing world,” Amnesty International reported that doctors had to perform surgery by candlelight and amputations without anesthesia. Positive indicators include the 2010 collaboration between scientists from a US nonprofit organization and the North Korea health ministry on a TB prevention and treatment training center for North Korean doctors. In addition, some Chinese and European companies have set up pharmaceutical companies in Pyongyang, a more affluent area where
many can afford medicines. Read Full Article

From the American Journal of Public Health: “Front Porch: Share Your Experiences with Tuberculosis - Targeting high-risk neighborhoods may eliminate tuberculosis”

Identifying specific neighborhoods that have a high incidence of tuberculosis followed by testing and treating the residents proved to eliminate those communities’ cases of tuberculosis, according to new research published in the American Journal of Public Health. A latent tuberculosis infection, called LTBI, accounts for the development of most tuberculosis cases. By identifying geographic areas with persistent high incidence of both LTBI and active tuberculosis disease, researchers were able to locate two specific neighborhoods in Smith County, Texas, with a high risk of tuberculosis. In 1996, researchers performed community-based screenings of the infection among 2,258 eligible individuals. Results indicated that 1,291 individuals were tested, 229 tested positive for the LTBI infection and 147 received treatment.

Over the next 10 years, between 1996 and 2006, the two neighborhoods saw no cases of tuberculosis, compared to a period between 1985 and 1995 in which there were 15 cases. The study showed a positive result from geographically targeting specific high-risk clusters and predicts that an estimated seven to 14 tuberculosis cases were prevented as a result of the targeted screening and treatment.

“The keys to active, community-based screening and preventive treatment would be to target high-risk populations with an efficient strategy, maximize participation and minimize losses to follow-up so that the entire process becomes cost-effective,” according to the authors. “In simple terms, the past location of tuberculosis in a community, epidemiologically speaking, may be the best predictor of the location of future tuberculosis cases,” the authors suggest.

[“Eliminating tuberculosis one neighborhood at a time.” Contact: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, NCHHSTPMediaTeam@cdc.gov]

*The study, “Eliminating tuberculosis one neighborhood at a time,” is not under embargo. It has been previously released on “First Look” online and is currently available to the public. It will be included in print, for the first time, in the July issue of the American Journal of Public Health.

JOURNAL ARTICLES

(May 4 – June 7, 2013)

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Risk Factors of Tuberculosis Infection Among HIV/AIDS Patients in Burkina Faso. Méda ZC, Sombié I, Sanon OW, Maré D, Morisky DE, Chen YM.

Am J Respir Crit Care Med. 2013 May 15;187(10):1127-34.

Optimization of the rifampin dosage to improve the therapeutic efficacy in tuberculosis treatment using a murine model. de Steenwinkel JE, Aarnoutse RE, de Knegt GJ, Ten Kate MT, Teulen M, Verbrugh HA, Boeree MJ, van Soolingen D, Bakker-Woudenberg IA.


Action to Stop Smoking in Suspected Tuberculosis (ASSIST) in Pakistan: A Cluster Randomized, Controlled Trial. Siddiqi K, Khan A, Ahmad M, Dogar O, Kanaan M, Newell JN, Thomson H.


Can intermittent dosing optimize prolonged linezolid treatment of difficult multidrug-resistant tuberculosis? Chang KC, Yew WW, Cheung SW, Leung CC, Tam CM, Chau CH, Wen PK, Chan RC.


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Rifampicin-warfarin interaction leading to macroscopic hematuria: a case report and review of the literature. Martins MA, Reis AM, Sales MF, Nobre V, Ribeiro DD, Rocha MO, Ribeiro AL.


Concurrent caecal and transverse colonic tuberculosis masquerating synchronous colonic carcinoma. Demetriou GA, Nair MS, Navaratnam R.

BMJ Case Rep. 2013 May 17;2013(may17_1).
Extrapulmonary disseminated tuberculosis with tuberculous adrenalitis: a stitch in time saves nine.
Rajasekharan C, Ajithkumar S, Anto V, Parvathy R.
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Tuberculosis of the Pubic Symphysis: Four Unusual Cases and Literature Review. Lal H, Jain VK, Kannan S.
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Tuberculosis outbreak in a primary school, milan, Italy. FACCIINI M, Codecasa LR, Ciconali G, Cammarata S, et al.


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


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A review of the interplay between tuberculosis and mental health. Doherty AM, Kelly J, McDonald C, O'Dywer AM, Keane J, Cooney J.

Influence of health rights discourses and community organizing on equitable access to health: the case of HIV, tuberculosis and cancer in Peru. Figueroa CS, Cáceres CF.

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Leaving the street and reconstructing lives: impact of DOTS in empowering homeless people in Tokyo, Japan. Kawatsu L, Sato N, Ngamvithayapong-Yanai J, Ishikawa N.

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

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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


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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.

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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.

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Contribution of the Ogawa-Kudoh swab culture method to the diagnosis of pulmonary tuberculosis in
Brazil. **PALACI M, Peres RL, Maia R, Cunha EA, et al.**


Incidence of and risk factors for active tuberculosis in human immunodeficiency virus-infected patients in South Korea. **KU NS, Choi YH, Kim YK, Choi JP, et al.**


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


Household ventilation and tuberculosis transmission in Kampala, Uganda **CHAMIE G, Wandera B, Luetskemeyer A, Bogere J, et al.**


Public health costs for tuberculosis suspects in Wake County, North Carolina, United States. **PARK PH, Holland DP, Wade A, Goswami ND, et al.**


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


**Method for simultaneous analysis of nine second-line anti-tuberculosis drugs using UPLC-MS/MS.** Han M, Jun SH, Lee JH, Park KU, Song J, Song SH.


**Predictive value of molecular drug resistance testing of Mycobacterium tuberculosis isolates in Valle del Cauca, Colombia.** Ferro BE, Garcia PK, Nieto LM, van Soolingen D.

Clustering of tuberculosis cases based on Variable Number of Tandem Repeat typing in relation to the population structure of Mycobacterium tuberculosis in the Netherlands. Sloot R, Borgdorff MW, de Beer JL, van Ingen J, Supply P, van Soolingen D.

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

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Ibuprofen Therapy Resulted in Significantly Decreased Tissue Bacillary Loads and Increased Survival in a New Murine Experimental Model of Active Tuberculosis. Vilaplana C, Marzo E, Tapia G, Diaz J, Garcia V, Cardona PJ.


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A Systematic Review of the Association between Pulmonary Tuberculosis and the Development of
Chronic Airflow Obstruction in Adults. Allwood BW, Myer L, Bateman ED.

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Audit of the practice of sputum smear examination for patients with suspected pulmonary tuberculosis in Fiji. Gounder S, Tayler-Smith K, Khogali M, Raikabula M, Harries AD.

Trop Med Int Health. 2013 May 6. [Epub ahead of print]


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A novel quinoline derivative that inhibits mycobacterial FtsZ. Mathew B, Ross L, Reynolds RC.

COURSES/WORKSHOPS

FROM TAG:

The International Childhood TB Training Course in South Africa, 30 September - 4 October, 2013. Child TB E-Brochure
FROM THE RTMCCs:

THE SOUTHEAST NATIONAL TB CENTER (SNTC)

Tuberculin Skin Test Train the Trainer 6/26/2013 Location: Mobile, Alabama

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. For more information: http://sntc.medicine.ufl.edu/Training.aspx

Tuberculosis and Respiratory Disease Institute (TBRI): Detours on the Road to TB Elimination
6/25 - 26/2013 Location: Raleigh, North Carolina

The purpose of this regional training event is to provide continuing education to TB health care professionals in the form of current diagnostic, management and research concepts as presented by local and regional experts. For more information click: http://sntc.medicine.ufl.edu/TrainingOther.aspx

THE NEW JERSEY MEDICAL SCHOOL GLOBAL TB INSTITUTE

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.

Tuberculosis Nursing Workshop – Seattle June 21, 2013

The Curry International Tuberculosis Center in Oakland is pleased to announce our upcoming Tuberculosis Nursing Workshop - Seattle scheduled for June 21, 2013 in Seattle, WA. This one-day course is designed for nurses, communicable disease investigators, and other licensed medical care providers who work with tuberculosis (TB) patients. This course is approved for up to 6.00 Category 1 ACCME continuing education hours/nursing continuing education hours.

For a complete course description and application information, please visit: http://www.currytbcenter.ucsf.edu/training/TBNWSeattle13.cfm

2013 Clinical/Programmatic Mini-fellowship Program

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

Fellowships are often based in San Francisco but could be conducted in another center of expertise within the western region of the US. With ample notice, the opportunity to couple a mini-fellowship with attending a CITC training can also be arranged. Our Center tries to meet the individual needs of those who attend by assessing areas of practice and communities served, and matching your objectives with appropriate activities. We ask you to identify your interests and objectives in our application form, which can be found at http://www.currytbcenter.ucsf.edu/training/minifellowships.cfm. If you feel this opportunity would be beneficial to you, please complete the application and indicate those areas of TB control you think will best meet your needs. We will contact you within 3 weeks of receiving your completed application regarding your acceptance into the program. Candidates are expected to cover their expenses. If you have a colleague who may be interested, please pass this on to them.
On-Demand Webinar programming: Curry International Tuberculosis Center (CITC) is pleased to introduce the On-Demand Webinar program in an effort to target timely tuberculosis (TB) in-service training to healthcare workers within in TB control programs or in other medical settings where TB or latent TB infection (LTBI) is diagnosed and treated. This training format will deliver brief, targeted sessions that can fit into lunch hour or staff meeting time frames. Each live webinar will be 30-45 minutes in length. The topic area and date/time for training will be suggested by the jurisdiction submitting the application and, once approved, the faculty, final date/time, and learning objectives, etc. will be developed by CITC in partnership with the applicant. Requesting agencies will be informed of their application status no later than 4 weeks prior to the final date of the webinar. Topics requested on this application should reflect current, specific challenges that the program is facing which can be addressed by an expert(s) in the field during a focused, interactive session. There will be time for questions and answers at the end of the live web-based presentation. We are now accepting applications from jurisdictions within the western region for 1-2 pilot sessions of this new program in 2013. For more information and to apply, please click here: http://www.currytbcenter.ucsf.edu/training/ondemandwebinar.cfm.

Archived webinar: TB Radiology

http://www.currytbcenter.ucsf.edu/training/webarchive/tbradiology/arch_tbradiology.cfm

This 90-minute webinar covered the basics of interpreting chest radiology for findings of tuberculosis. The webinar was presented live on July 16, 2012. For more TB radiology resources, please visit CITC’s Tuberculosis Radiology Resource Page.

CME and CE units are not being offered for this recording and there is no participant evaluation.

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 Tiesla 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:

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 for the 44th Union World Conference on Lung Health will open in early June with early-bird discounts offered until 10 July 2013. The conference will be held at the Palais des Congrès in Paris, France from 30 October through 3 November 2013. The theme this year is “Shared air, safe air?” For online registration and details about the programme, please go to www.worldlunghealth.org.

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.