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 Stop TB USA is on twitter as well: @StopTBUSA.

As always, suggestions and comments are welcome and appreciated at setkind@stopbusa.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 TB Funding Update

The new bicameral House-Senate budget committee, chaired by Sen. Murray (D-WA) and Rep. Ryan (R-WI), is working to draft a plan on final FY2014 funding and other long-term budget issues, including sequestration, by December 15, 2013. If a new plan is not produced by this committee by December 13, budget sequestration funding cuts of 5 - 7% will be implemented across the board to all federal agencies, including the NIH and CDC, on January 15, 2014, with the exception of the Veterans Dept. and some safety net programs such as food stamps. The fiscal year 2015 budget process will begin in February 2014, when the President releases his proposed budget for the year.

ANNOUNCEMENTS

Stop TB USA Coordinating Board vacancy: Stop TB USA currently has a vacancy on the Coordinating Board. The Board functions include responsibility for: overall policy and direction of the Partnership; provision of leadership, direction and monitoring of the implementation of the Partnership’s annual work plan as well as any significant Work Plan additions, deletions or other key modifications during the work year; management oversight of and approval of the work of the Executive Director/Secretariat
(ATS); review of the progress of the implementation of the Stop TB Partnership; maintenance of a program of frequent, high quality information exchange, including reports of its meetings, with all Partners and the public at large; approval and adoption of an appropriate financial policy in collaboration with the Secretariat/ATS to underpin financial decisions and accounting for any resources entrusted to the Stop TB Secretariat; and recommend and/or amend and enforce the Bylaws that are in effect. Participation in monthly conference calls and 2 face-to-face meetings per year are required.

If you are interested in being considered for this position please forward your CV to Sue Etkind setkind@stoptbusa.org by December 1, 2013.

HIGHLIGHTED TB REPORTS

Activists storm stage at World Conference on Lung Health: Tuberculosis (TB) activists and representatives of affected communities stormed the opening of the Stop TB Symposium at the World Conference on Lung Health in Paris, demanding faster progress towards eliminating TB and a target of zero TB deaths. After the activists had marched onto the stage, Colleen Daniels of Treatment Action Group took to the microphone to challenge the delegates assembled to be more ambitious and aim for zero TB deaths, zero new infections and zero suffering and stigma. The demonstration and address earned applause from the audience, with the majority taking to their feet in support. For the first time, the International Union Against Tuberculosis and Lung Disease awarded 100 free registrations to the conference for civil society delegates and representatives of communities affected by TB....View photos of the demonstration on Flickr and the actual video from the Treatment Action Group (TAG) http://www.treatmentactiongroup.org/tb/zeroes-campaign

FROM THE CDC, Division of Tuberculosis Elimination, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

1) Availability of an Assay for Detecting Mycobacterium tuberculosis, Including Rifampin-Resistant Strains, and Considerations for Its Use — United States, MMWR Recomm 2013 Oct 18; 62 (41) http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6241a1.htm


3) TB in Correctional Facilities Is a Public Health Concern

4) Reported Tuberculosis in the United States, 2012

5) Quick Stats: Age-Adjusted Death Rates from Tuberculosis, by Race and Sex – National Vital Statistics System, United States, 1999-2010 full text

RELEASE OF THE WHO GLOBAL TB REPORT (and Responses)

The WHO released its global TB surveillance report for 2013. The report shows progress and challenges
in the fight against TB, with a slight reduction in deaths, from 1.4 million in 2011, down to 1.3 million in 2012. It shows that the TB mortality rate has been reduced by 45% so the world is on track to meet the goal of a 50% reduction in TB deaths by 2015. However, progress towards addressing drug resistant TB is “far off-track.” Less than 25% of people with MDR were detected in 2012. The report also includes data by region and country. The link to the full report along with a press release and new factsheet is below.


Global Tuberculosis Report 2013

Responses:

RESULTS:


"TB anywhere is TB everywhere. . .": The World Health Organization Releases Critical Report on Tuberculosis

ACTION, a project of RESULTS Educational Fund and a global partnership of advocacy organizations working to influence policy and mobilize resources to fight diseases of poverty and improve equitable access to health services, has issued a response to a sobering report, released today by the WHO, which outlines the "slow and fragile progress" in the effort to end the scourge of TB. By extension, the report underscores the critical need for the Global Fund replenishment conference on December 3 to be a huge success. www.results.org/blog/who_global_tuberculosis_report_2013


Reuters: Rising Drug Resistance Threatens Global Progress Against TB


BBC: http://www.bbc.co.uk/news/health-24625816

FROM THE STOP TB PARTNERSHIP:

1) Global Fund funding changes for TB and HIV: In a major step forward for people affected by tuberculosis (TB) and HIV co-infection, the Global Fund to Fight AIDS, Tuberculosis and Malaria has made a bold change to the way it approaches treatment programmes in countries with high rates of both diseases. The strategy committee of the Board of the Global Fund has decided that, in future, any country with high rates of TB and HIV co-infection that applies for funding for treatment programmes will have to design its programmes in a single unified application for joint TB and HIV programmes, rather than submit separate proposals for each disease. The new requirement is designed to streamline programming for countries heavily burdened by the two diseases. “This is a huge leap forward,” said
Lucica Ditiu, Executive Secretary of the Stop TB Partnership. “We have known for some time that if we can scale up collaborative activities, TB needn’t be a death sentence for millions of people living with HIV. This decision takes us from knowledge to action.”

2) Mining executives agree strong corporate voice on TB needed: With a TB and Mining Regional Summit planned for 2 February 2014 in Cape Town, mining company representatives have agreed to hold discussions on how to highlight and strengthen corporate sector contributions to addressing tuberculosis (TB) in the mining sector. The chief executives of mining companies plan to come together around the Summit to discuss and agree on ways in which the private sector can collectively mobilize efforts against TB, in partnership with government and other stakeholders and partners. Their discussions will be part of a series of events focusing on TB in the mines in January and February 2014, including the Stop TB Partnership Coordinating Board meeting, the Annual Africa Mining Indaba and the planned Regional Summit on TB in the Mining Sector.

RELATED ARTICLE FROM TAG:

The International Journal of Health Services article on the reduction of TB in the mines in South Africa and elsewhere.

[ASPIRING TO ZERO]

FROM TAG and THE STOP TB PARTNERSHIP:

The 2013 Report on Tuberculosis Research Funding Trends, 2005–2012 found that funding for tuberculosis (TB) research and development (R&D) dropped by US$30.4 million in 2012 compared to 2011, the first time funding has fallen since Treatment Action Group (TAG) began tracking investments in 2005. The report, published by TAG and the Stop TB Partnership shows annual investments by the world’s leading donors to TB R&D, and compares current spending levels with R&D funding targets outlined in the Stop TB Partnership’s Global Plan to Stop TB 2011–2015. Total funding of US$627.4 million for TB R&D in 2012 means that there is a gap of some US$1.39 billion compared to the US$2 billion funding target called for by the Global Plan. Reported funding fails to meet targets in all five key research areas tracked by the TAG report: basic science, diagnostics, drugs, vaccines, and operational research.

FROM RESULTS:

“Lessons from Tuberculosis Clinic: Pulling Down the Curtain Between Doctor and Patient” By Charity Thoman


FROM ROBERT WOOD JOHNSON (RWJ):

New Report: High Job Satisfaction Among Public Health Nurses, But Many State Health Departments Struggle to Fill Vacancies
Princeton, N.J. Public health nurses play an essential role in improving the population’s health and delivering essential health services to communities, but the public health nursing workforce is facing significant challenges. More than two in five state health departments report having “a great deal of difficulty” hiring nurses and nearly 40 percent of state and local health departments report having insufficient resources to fill vacant nurse positions. Those are among the findings of a report released today by the Robert Wood Johnson Foundation (RWJF), which provides the first comprehensive assessment of the size, composition, educational background, experience, retirement intention, job function, and job satisfaction of nurses who work for state and local health departments.

[State Health Departments]

FROM FRIENDS OF THE GLOBAL FIGHT:

Friends of the Global Fight has released a report titled *Steps Toward Sustainability: Stories of Progress in Domestic Responses to AIDS, Tuberculosis and Malaria*.

FROM MEDECINS SANS FRONTIERES (MSF):

1) **3rd Edition of DR-TB Drugs under the Microscope.** The report focuses on just some of the many factors that hamper the scaling up of DR-TB treatment – the limited availability and high cost of quality-assured medicines for resistant strains of the disease, owing to an insecure market and insufficient demand; and the research questions that remain unsolved with existing medicines. Also, as the R&D pipeline prepares to deliver the first new compounds for TB in close to half a century, the report provides an initial assessment of the approaches to be taken in order to radically transform our ability to respond to this plague. The report: [http://www.msfaccess.org/content/dr-tb-drugs-undermicroscope3rd-edition](http://www.msfaccess.org/content/dr-tb-drugs-undermicroscope3rd-edition)


4) **The next stage of the “Test Me, Treat Me” DR-TB Manifesto** We are opening up the online campaign for the general public to join, so that those who wish can support a call for urgent action to deliver improved DR-TB care. Please visit the new website, sign the manifesto and share broadly (including hashtag #TBmanifesto if you use twitter): [http://www.msfaccess.org/TBmanifesto](http://www.msfaccess.org/TBmanifesto)

FROM THE INFECTIOUS DISEASES SOCIETY:


FROM GLOBAL CALL TO ACTION:

(Washington, D.C.) With less than 30 days until President Barack Obama and the United States Government hosts the Global Fund Replenishment Event on 3 December 2013, Archbishop Emeritus Desmond Tutu, Honorary Chair of the Endgame Campaign, calls on our Movement to work together to
beat AIDS, TB, & Malaria. Feel free to share this "Call to Action & Message of Hope" to support your personal and/or organizational efforts. Mobilization efforts are intensifying around the World to ensure commitments of at least $15 billion are made by World Leaders from implementing governments; BRICS governments; traditional donor governments, the private sector, and high net-worth individuals. We Can! We Will! Beat AIDS, TB, & Malaria!! Beat AIDS, TB and Malaria by Archbishop Emeritus Desmond Tutu

FROM RESULTS:

Sign on letter from the Frontline Health workers Coalition: [HealthWorkersCount]

NEWS RESOURCES

FROM THE NATIONAL PREVENTION INFORMATION NETWORK (NPIN):

UNITED STATES

FLORIDA: Possible Tuberculosis Exposure Under Investigation at St. Lucie County Jail  WPTV.com (Palm Beach) (10.23.2013) :Angie Fajardo
The St. Lucie County Sheriff’s Office and the Florida Department of Health are investigating a possible TB exposure that might have occurred at the St. Lucie County Jail in Fort Pierce, Fla. According to the health department, an individual tested positive for the virus when admitted to the jail on August 3 but tested negative during follow-up screening performed on August 12. The individual remained in custody until September 25. The health department, in conjunction with the Sheriff’s Office and Corizon Medical, is working to determine whether any TB exposure occurred while the individual was in the facility. Focusing on testing those who had direct contact with the infected prisoner, St. Lucie County Administrator Larry Lee noted in a written statement that “The health and safety of staff and inmates are a top priority, and we are doing everything necessary to address the situation in cooperation with the Sheriff’s Office.” Read Full Article

MICHIGAN: Michigan gets $3.6 million contract for TB testing, John Flesher Associated Press, Oct 24, 2013The Michigan Department of Community Health's Bureau of Laboratories is getting a $3.6 million contract to test tuberculosis specimens from around the country. The funding for Mycobacterium tuberculosis genotyping for the Centers for Disease Control and Prevention was announced Thursday. Community Health Director James K. Haveman said in a statement that Michigan is poised to be a "global leader" in the work. The state has been involved in such testing since the 1990s. Mycobacterium tuberculosis is the organism that causes tuberculosis. Michigan typically reports about 120 TB cases each year. TB is spread through the air, and officials say genotyping results can help establish links between one patient and another. The work can help prevent further spread of the illness. The CDC contract runs through November 2017. Read more: http://www.hollandsentinel.com/news/x529843931/Michigan-gets-3-6-million-contract-for-TB-testing#ixzz2jEbOdGhN
NEW YORK: Manhattan Hospital Worker May Have Exposed Hundreds of Babies to Tuberculosis, Corky Siemaszko, New York Daily News (10.31.2012) The New York Daily News recently reported that on October 30, St. Luke’s-Roosevelt Hospital began to notify parents that a maternity ward worker could have exposed their newborns to TB. St. Luke’s-Roosevelt Hospital stated that previous TB tests and an employee health survey did not indicate the worker was infected. Although the hospital did not specify how long ago exposure could have occurred, parents who contacted NBC 4 New York reported their children were born more than two months ago. Hospital officials tried to reassure parents that it was unlikely their children had TB because transmission usually occurred only after several hours of continuous exposure. The hospital offered free TB testing for the babies or reimbursement for private physician testing. According to a statement from St. Luke’s-Roosevelt, patients who did not receive a notification in the “next few days” were not in contact with the infected worker. Hospital employees who could have been in contact with the infected worker were receiving evaluation, testing, and follow-up. Data released by the New York Department of Mental Health and Hygiene in June indicated high TB prevalence in the 10457 ZIP code, which included Tremont and parts of Crotona, Beltona, and Claremont. New York’s last TB epidemic occurred in 1994. Although TB usually is curable if detected and treated, the World Health Organization reported that drug-resistant strains killed approximately 2 million people annually worldwide. Read Full Article

GLOBAL


A World Health Organization (WHO) report designated South Africa as one of 12 countries with the highest TB burden and predicted that South Africa would not meet its Millennium Development Goals of cutting TB prevalence and mortality in half by 2015. Of Brazil, Russia, India, China, and South Africa—the BRICS nations—Russia and South Africa had the worst TB scores. Although Russia had made more progress in reducing TB incidence, South Africa had a 77-percent treatment success rate compared to Russia’s 65-percent success rate.

WHO reported a 45-percent decrease in TB mortality worldwide throughout the last two decades, but stated that incidence had not decreased quickly enough. Globally, new TB cases reached approximately 8.6 million diagnoses last year; approximately 1.1 million of these individuals also had HIV.

WHO estimated that 530,000 new TB infections occurred among children, and 74,000 children not infected with HIV died of TB. In 2012, 170,000 of the 450,000 people who developed multidrug-resistant TB died. Although more men than women died of TB in 2012, TB continued to be one of the top three mortality causes among women worldwide. Last year, 410,000 women died of TB. The report estimated that South Africa and 11 other high-incidence countries had failed to diagnose or report approximately 3 million TB cases to national TB control programs.

The report predicted increased TB incidence in South Africa and called for “greater engagement” between government, nongovernmental organizations, and the private sector. Doctors Without Borders stated that governments’ failure to improve TB diagnosis and treatment was a global crisis. Read Full
UNITED KINGDOM; UNITED STATES: TB Insights into How TB Tricks the Immune System Could Help Combat the Disease  Medical Xpress (10.23.2013)

TB bacteria cause persistent TB infection by living in macrophages, the immune system cells that usually destroy invading microorganisms. Researchers from Imperial College London and California’s Stanford University have discovered how unusual sugars on the surface of the TB mycobacteria help them fasten onto the macrophages and prevent the macrophages from attacking. The researchers hope that this discovery can help in developing small molecule drugs that attach to the same site and fight TB. The drugs could function by creating a barrier to prevent the mycobacteria from attaching to the macrophages, transporting drugs to kill the mycobacteria, or changing the macrophages’ behavior and causing them to destroy the mycobacteria. Kurt Drickamer, professor at the Department of Life Sciences at Imperial College London and the study’s lead author, commented that the researchers were surprised to find an extensive interaction between the macrophage and a specific type of molecule on the surface of the mycobacteria.

The researchers believe they could use the new insights into how macrophages can be switched on and off to provide better vaccines against many diseases. Although animal vaccines use mycobacteria to attract macrophages, this method was considered to be too toxic for human use. Dr. Maureen Taylor, also from Imperial College London’s Department of Life Sciences and co-author of the research, noted that scientists might be able to use the new, simpler molecules described in the research to overcome the problem of creating an immune system response to develop vaccines against many diseases.


An article in News-Medical.net reports on a study about the viability of the Xpert MTB/RIF test for diagnosis of TB and multidrug resistance outside a laboratory and conducted by clinical staff with minimal training. The current, century-old TB test involves sputum smear microscopy and chest X-ray that misses 40–60 percent of cases; reports also indicate that 40 percent of individuals who receive positive test results do not return to learn their results or seek treatment. Xpert provides results in two hours for individuals with suspected drug-resistant TB and TB/HIV coinfection, improves time to starting treatment, and increases the number of individuals who begin treatment on the day of testing. The World Health Organization endorsed the Xpert test in 2011. Professor Keertan Dheda of the Department of Medicine, University of Cape Town, and colleagues, investigated the feasibility of the Xpert test, including accuracy, failure rates, operator adherence, and user appraisal, with a nurse conducting the testing after one day of training. They compared the Xpert test to smear microscopy at five healthcare facilities in South Africa, Zimbabwe, Zambia, and Tanzania.
The researchers randomly assigned 758 adults with suspected TB to same-day smear microscopy (182 culture-positive) and 744 to Xpert testing (185 culture-positive). Researchers assessed TB-related illness in culture-positive patients at the beginning of the study and after two months and six months of treatment using scoring systems that also measured quality of life, and TB signs and symptoms. Results show the Xpert diagnosed more culture-confirmed cases of TB (83 percent) compared to microscopy (50 percent), increased same-day rate of treatment initiation, and decreased drop-out rates by half. Findings show that a non-specialist can conduct the test accurately with minimal training. Dheda contended that the Xpert test might not be ideally suited for poor resource settings, but in countries like South Africa with good clinic infrastructure and high rates of drug resistance and patient drop-out, locating Xpert at clinics in TB hotspots might be beneficial.

The full report, “Feasibility, Accuracy, and Clinical Effect of Point-of-Care Xpert MTB/RIF Testing for Tuberculosis in Primary-Care Settings in Africa: A Multicentre, Randomised, Controlled Trial,” was published online in the journal The Lancet (2013; doi:10.1016/S0140-6736(13)62073-5). Read Full Article

FROM THE STOP TB PARTNERSHIP:

The Global Laboratory Initiative (GLI) Working Group of the Stop TB Partnership has published the first edition of Momentum, a quarterly newsletter.

The newsletter highlights GLI partners’ achievements, provides updates on global projects and showcases new resources and tools being developed by GLI. The first edition features a story on the fifth GLI partners meeting convened in Annecy, France earlier this year and highlights a new GLI resource: TB Microscopy Network Accreditation: An assessment tool. Please contact the GLI secretariat, hosted by the World Health Organization’s Global TB Programme if you would like to be included on the GLI mailing list: gli_secretariat@who.int Read the newsletter at: http://www.stoptb.org/wg/gli/assets/documents/Momentum_Issue%201-2013.pdf More information is available on the GLI at http://www.stoptb.org/wg/gli/

FROM THE FIND TB RESOURCES NEWSLETTER:

Highlight of the Month

This month’s highlight is Treating LTBI in Special Situations from the Southeastern National TB Center (SNTC). This self-paced online course consists of interactive case-based modules that provide an approach to treating latent TB infection in several special populations. These include contacts to drug-resistant TB, individuals with hepatitis, individuals with HIV/AIDS, infants and children, pregnant women, individuals with renal failure, individuals due to begin treatment with TNF-antagonists, and transplant candidates and recipients. The course also includes 5 reference books that provide additional information to participants.

The Affordable Care Act and Tuberculosis Control: Navigating New Territory, from the Curry International TB Center.
FROM TAG:

TAG Launches Three-Video Series on TB During the 44th Union World Conference on Lung Health in Paris, TAG launched a three-video series, produced by filmmaker Jonathan Smith and titled *Tuberculosis: Behind the Numbers*, on PLOS Medicine’s Community Blog, *Speaking of Medicine*. 

http://www.treatmentactiongroup.org/tb/resources

1) Mike Frick and Audrey Zhang discuss the need to modernize directly observed therapy and move toward patient-centered care for both drug-sensitive and drug-resistant TB patients, highlighted in the video, *A Walk to Work with Dr. Vivian Cox*.

2) Lindsay McKenna and Colleen Daniels describe the importance of access to timely diagnosis and appropriate treatment for patients with drug-resistant TB, and demand that urgency be returned to the global response, underscored in the video, *Drs. Dalene and Arne von Delft*.

3) The third and final video, *Breaking the Record with Dr. Bart Williams*, illustrates the story of a South African doctor and his experience completing treatment for drug-sensitive TB.

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**JOURNAL ARTICLES**

(October 17 – November 7, 2013)

**AIDS.** 2013 Oct 23;27(16)


**Am J Epidemiol.** 2013 Oct 18. [Epub ahead of print]


*Contribution of Seasonality in Transmission of Mycobacterium tuberculosis to Seasonality in Tuberculosis Disease: A Simulation Study*. Soetens LC, Boshuizen HC, Korthals Altes H.


Am J Respir Crit Care Med. 2013 Oct 15;188(8)

Update in tuberculosis and nontuberculous mycobacterial disease 2012. Menzies D, Nahid P.


Plasma concentrations of isoniazid and rifampin are decreased in adult pulmonary tuberculosis patients with diabetes mellitus. Babalik A, Ulus IH, Bakirci N, Kuyucu T, Arpag H, Dagyildizi L, Capaner E.


BMC Health Serv Res. 2013 Oct 28;13(1):445. [Epub ahead of print]

Factors associated to referral of tuberculosis suspects by private practitioners to community health
centres in Bali Province, Indonesia. Putra IW, Utami NW, Suarjana IK, Duana IM, Astiti CI, Putra I, Probandari A, Tiemersma EW, Wahyuni CU.

BMC Infect Dis. 2013 Oct 17;13(1) [Epub ahead of print]


BMC Infect Dis. 2013 Oct 31;13(1) [Epub ahead of print]


BMC Public Health. 2013 Oct 21;13(1) [Epub ahead of print]


Tobacco use patterns in tuberculosis patients with high rates of human immunodeficiency virus co-infection in South Africa. Louwagie GM, Ayo-Yusuf OA.


Urinary tuberculosis is associated with the development of urothelial carcinoma but not renal cell carcinoma: a nationwide cohort study in Taiwan. Lien YC, Wang JY, Lee MC, Shu CC, Chen HY, Hsieh CH,
Lee CH, Lee LN, Chao KM.


Clin Infect Dis. 2013 Oct 23. [Epub ahead of print]


Clin Microbiol Infect. 2013 Nov;19(11)

Tuberculosis patients hospitalized in the Albert Schweitzer Hospital, Lambaréné, Gabon-a retrospective observational study. Stolp SM, Huson MA, Janssen S, Beyeme JO, Grobusch MP.


Interferon-γ release assays in the diagnosis of active tuberculosis disease in a low-incident setting: a 5-year review of data. Lavender TW, Barrett A, Magee J, Ong EL.


Prevalence and clinical predictors of drug-resistant tuberculosis in three clinical settings in calabar, nigeria.


Pipeline of drugs for related diseases: tuberculosis. Dooley KE, Nuermberger EL, Diacon AH.


Adverse Events During Treatment of Drug-Resistant Tuberculosis: A Comparison Between Patients With or Without Human Immunodeficiency Virus Co-infection. Sagwa E, Ruswa N, Musasa JP, Mantel-Teeuwisse AK.

Tuberculosis: a missed opportunity for early diagnosis at the front line? Lad TS, Packe GE.


PubMed: www.amedeo.com/p2.php?id=24114966&s=tb&pm=2


Diagnosis and treatment of tuberculous uveitis in a low endemic setting. Vos AG, Wassenberg MW, de Hoog J, Oosterheert JJ.

Screening for tuberculosis in family and household contacts in a rural area in Ethiopia over a 20-month period. Jose Manuel Ramos, Dejere Biru, Abraham Tesfamariam, Francisco Reyes, Miguel Górgolas

Risk based approach for design and optimization of stomach specific delivery of rifampicin. Vora C, Patadia R, Mittal K, Mashru R.


First proficiency testing of second-line anti-tuberculosis drug susceptibility testing in 12 provinces of China. JIANG GL, Chen X, Song Y, Zhao Y, et al.


PubMed: www.amedeo.com/p2.php?id=24125452&s=tb&pm=2


PubMed: www.amedeo.com/p2.php?id=24125451&s=tb&pm=2

Dose-response association between salivary cotinine levels and Mycobacterium tuberculosis infection. SHIN SS, Laniado Laborin R, Moreno PG, Novotny TE, et al.

PubMed: www.amedeo.com/p2.php?id=24125450&s=tb&pm=2


PubMed: www.amedeo.com/p2.php?id=24125449&s=tb&pm=2


Treatment outcomes of tuberculosis patients in Brazilian prisons: a polytomous regression analysis. RIBEIRO MACEDO L, Reis-Santos B, Riley LW, Maciel EL, et al.

PubMed: www.amedeo.com/p2.php?id=24125446&s=tb&pm=2


PubMed: www.amedeo.com/p2.php?id=24125445&s=tb&pm=2


PubMed: www.amedeo.com/p2.php?id=24125444&s=tb&pm=2

Results of rapid and successful integration of HIV diagnosis and care into tuberculosis services in Benin. FERROUSSIER O, Dlodlo RA, Capo-Chichi D, Boillot F, et al.

Integrating HIV testing and care into tuberculosis services in Benin: programmatic aspects [Short communication]. FERROUSSIER O, Dlodlo RA, Capo-Chichi D, Boillot F, et al.


Zhang K, Tan S, Zhao Y.

Nitrate reductase assay for rapid detection of isoniazid, rifampicin, ethambutol and streptomycin resistance in Mycobacterium tuberculosis: a systematic review and meta-analysis. Coban AY, Deveci A, Sunter AT, Martin A.


Significant reduction in the rate of indeterminate results of QuantiFERON-TB Gold In-Tube test by shortening incubation delay. Yun JW, Chung HS, Koh WJ, Chung DR, Kim YJ, Kang ES.


Discordance across several drug susceptibility methods for drug-resistant tuberculosis in a single laboratory. BANU S, Rahman SM, Khan MS, Ferdous SS, et al.

PubMed: www.amedeo.com/p2.php?id=24172155&s=tb&pm=2


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J Clin Microbiol. 2013 Nov;51(11)

Publisher's Expression of Concern: Geographical Differences Associated with SNPs in Nine Gene Targets among Resistant Clinical Isolates of Mycobacterium tuberculosis. American Society for Microbiology.

Development of a Loop-Mediated Isothermal Amplification Assay Targeting the mpb64 Gene for Diagnosis of Intraocular Tuberculosis. Balne PK, Barik MR, Sharma S, Basu S.


Impact of Blood Volume, Tube Shaking, and Incubation Time on Reproducibility of QuantiFERON-TB Gold In-Tube Assay. Gaur RL, Pai M, Banaei N.

Novel Approach for Improving Sensitivity of Microscopic Detection of Acid-Fast Bacilli (AFB) by Use of the ReaSLR Method. Verma S, Dhole TN, Kumar M, Kashyap S.


J Community Health. 2013 Oct 31. [Epub ahead of print]


J Infect. 2013 Nov;67(5)

Incidence and outcomes of paradoxical lymph node enlargement after anti-tuberculosis therapy in non-HIV patients. Park KH, Lee MS, Lee SO, Choi SH, Kim YS, Woo JH, Kim SH.

Female sex and discontinuation of isoniazid due to adverse effects during the treatment of latent tuberculosis. Pettit AC, Bethel J, Hirsch-Moverman Y, Colson PW, Sterling TR; Tuberculosis Epidemiologic Studies Consortium (TBESC).


Dependence of Efavirenz- and Rifampicin-Isoniazid-Based Antituberculosis Treatment Drug-Drug


J Infect Dis . 2013 Nov;208(10)


Serum drug concentrations predictive of pulmonary tuberculosis outcomes. Pasipanodya JG, McIlroney H, Burger A, Wash PA, Smith P, Gumbo T.


Use of Death Certificates to Identify Tuberculosis-Related Deaths in Washington State. Gallivan MD, Lofy KH, Goldbaum GM.


Provisional CDC Guidelines for the Use and Safety Monitoring of Bedaquiline Fumarate (Sirturo) for the Treatment of Multidrug-Resistant Tuberculosis. Division of Tuberculosis Elimination, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, CDC.


The Lancet Infectious Diseases, Volume 13, Issue 11, November 2013
Corticosteroids for prevention of tuberculosis mortality Karan Madan, Shyam Sunder Yadav, Naveet Wig, Randeep Guleria

Nomenclature of drug-resistant tuberculosis Zarir F Udwadia, Rohit A Amale, Kanchan K Ajbani, Camilla S Rodrigues

Thorax. 2013 Nov;68(11)

Accuracy and impact of Xpert MTB/RIF for the diagnosis of smear-negative or sputum-scarce tuberculosis using bronchoalveolar lavage fluid. Theron G, Peter J, Meldau R, Khalfey H, Gina P,

Tuberculosis during TNF-α inhibitor therapy, despite screening. Hofland RW, Thijsen SF, Verhagen MA, Schenk Y, Bossink AW.


Profile and treatment outcomes of elderly patients with tuberculosis in Delhi, India: implications for their management. Patra S, Lukhmana S, Tayler Smith K, Kannan AT, Satyanarayana S, Enarson DA, Nagar RK, Marcel M, Reid T.

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**JOB OPPORTUNITIES**

**FROM FRIENDS OF THE GLOBAL FIGHT:**

Friends of the Global Fight is hiring a Policy Associate, and the job description is attached. Please do kindly share with your networks.

[Policy Associate]

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**GRANTS**

**FROM NIH:**

**Fund Title:** Enhancing the Capacity for Biomedical Research on Tuberculosis for HIV-infected Mothers and Children in India (R01)

**Fund Category:** HIV/AIDS

**Description:** Grant Amount: NICHD intends to commit a total of $1,000,000 in FY 2014 to fund two to three awards.

Cohort Research Units have been newly established in India through collaborations between the U.S. and Indian governments, investigators, and institutions in order to develop longitudinal cohorts of TB patients and their contacts (including patients with HIV and TB co-infection) and fundamental research laboratories. This Funding Opportunity Announcement (FOA) invites Research Project Grant (R01) applications from institutions/organizations that propose to include HIV-infected and uninfected children and pregnant women with TB exposure, infection, or disease within these recently established
programs in India. These cohorts are an integral part of an effort to enhance biomedical and clinical research capacity in the field of TB and are designed to form the basis for studies employing state of the art research tools. The NICHD mission encompasses research targeted toward pediatric and maternal health, and NICHD is specifically interested in supporting research related to TB infection, with and without HIV co-infection, in pregnant women and children, which are often neglected populations in TB research. The NICHD invites new and experienced investigators to submit research grant applications in collaboration with existing India Cohort Research Units that will create and/or enhance the ability of these research units to achieve scientific aims specific to HIV-infected and uninfected children and pregnant women with TB. This FOA is intended to stimulate and strengthen efforts to address a complex, under-researched area in order to form a basis for future research and clinical care.


Letter of Intent Date: 11/27/2013
Application Due Date: 12/27/2013 Project Start Date: 07/01/2014 Fund Duration: Up to 4 years.

Application Process:
Applicants must download the SF424 (R&R) application package associated with this funding opportunity using the “Apply for Grant Electronically” button in this FOA or following the directions provided at Grants.gov.

COURSES/WORKSHOPS

FROM THE RTMCCs

THE SOUTHEAST NATIONAL TB CENTER (SNTC):

Comprehensive Clinical TB Course Date: 12/9/2013 - 12/12/2013 Time: 8:00 AM - 5:00 PM Eastern

Location: SNTC/Gainesville, FL Format: Clinical courseThis 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: Directions and Lodging, Flyer

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/Gainesville, FL Instructor/speaker: Karen Farrell, BSN, RN

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:

TB Today - Integrating Knowledge with Practice November 14 Sturbridge, MA

The purpose of this training is to strengthen providers' knowledge of tuberculosis. Format will include lectures, discussions and interactive breakout sessions. Please check back for additional information. Brochure Register

Medical Update #2: Pitfalls in the Diagnosis and Management of TB November 20 Web-based

This web-based seminar for physicians and nurses will cover atypical presentations of tuberculosis which may complicate, and at times, delay the diagnosis and medical management of tuberculosis disease. Case examples will be included to illustrate examples of challenges in diagnosis and management of complex TB cases. In addition, speakers will share experiences on how to manage such cases using existing resources.

THE HEARTLAND TB CENTER

Course Schedule Click Here for Class Information

TST Practicum - January 28, 2014 - Harlingen, TX.

This training targets nurses and other allied health care workers responsible for the administration and interpretation of the tuberculin skin test (TST). Registration opens November 13, 2013. For more information contact samuel.caballero@uthct.edu

THE CURRY INTERNATIONAL TUBERCULOSIS CENTER

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

Tuberculosis Case Management and Contact Investigation Intensive Date: November 12-14, 2013 Location: Oakland, CA
The Curry International TB Center in Oakland is pleased to announce an upcoming tuberculosis (TB) case management and contact investigation training which will be conducted in Oakland on November 12-14, 2013. This 3-day course covers many aspects of TB case management and contact investigation, including current contact investigation guidelines, managing the care of TB patients, promoting adherence to treatment, and more. For a complete training description and application information, please visit: [http://www.currytbcenter.ucsf.edu/training/tbcmcinov13.cfm](http://www.currytbcenter.ucsf.edu/training/tbcmcinov13.cfm)

**Nurse-to-Nurse Training** Date: December 2013 Location: San Francisco, CA

**TB/HIV Training** (title TBD) February 25, 2014 Los Angeles, CA

Training planned and delivered in collaboration with Charles Drew University, UCLA Pacific AIDS Education and Training Centers and the CA STD/HIV Prevention Training Center.

**Tuberculosis Program Managers Intensive** April 1-4, 2014 Oakland, CA

Four-day intensive for nurses, physicians, and other health professionals working as tuberculosis program managers.

The Curry International Tuberculosis Center is pleased to announce the availability of the following archived webinar: **Tuberculosis Drug-Induced Liver Injury**: [http://www.currytbcenter.ucsf.edu/training/webarchive/tbdili/arch_tbdili.cfm](http://www.currytbcenter.ucsf.edu/training/webarchive/tbdili/arch_tbdili.cfm)

This 60-minute webinar was created for public and private clinicians and allied health personnel who work with tuberculosis (TB). It clarified key information that providers need to know when working with patients whose liver function is compromised due to the use of anti-TB medication. The webinar was presented live on October 16, 2013.

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

**FROM NATIONAL JEWISH MEDICAL AND RESEARCH CENTER**

**The 51st Annual Denver TB Course** April 9-12, 2014 Denver, Colorado

The purpose of this course is to present this body of knowledge to general internists, public health workers, infectious diseases and chest specialists, registered nurses, and other health care providers who will be responsible for the management and care of patients with tuberculosis. For more information and to register, please call 800-844-2305 or visit [www.njhealth.org/TBCourseApril 9-12, 2014](http://www.njhealth.org/TBCourseApril%209-12%2C%202014)

Register online for the April 9-12, 2014 session or call 800.844.2305

**FROM THE UNION**

**The Union’s International Management Development Programme 2013 Courses** To register for any of these courses, visit [www.union-imdp.org](http://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.
MEETINGS & CONFERENCES

Alphabetically listed by sponsoring organization

CONFERENCES

AMERICAN COLLEGE HEALTH ASSOCIATION:

May 27-31, San Antonio, Texas

AMERICAN PUBLIC HEALTH ASSOCIATION (APHA):

2014 - November 15-19
New Orleans, LA (142nd Meeting)

AMERICAN THORACIC SOCIETY (ATS):

May 16-21, San Diego

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

ASSOCIATION OF PRACTITIONERS IN INFECTION CONTROL (APIC):

Anaheim, California, June 7-9

ASSOCIATION OF PUBLIC HEALTH LABORATORIES (APHL):

June 1-4, 2014, Little Rock, Arkansas

ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICERS (ASTHO):

September 9-11 Albuquerque, New Mexico

ASTHO Policy Summit September 9.

ASTHO Annual Meeting: September 10-11. Learn More »

COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS:

(CSTE) Nashville, Tennessee June 22-26
HEALTH CARE FOR THE HOMELESS CLINICIANS NETWORK:

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

RESULTS:
Washington D.C. June

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

UNION:

45th Union World Conference on Lung Health 28 October - 1 November 2014, Barcelona, Spain
Website : Barcelona.worldlunghealth.org Theme : Community-driven solutions for the next generation

UNION, NORTH AMERICAN REGION:
February 27 – March 1, 2014, Boston, MA

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

Registration Form

The Union, NAR Conference Brochure

The Union, NAR Conference Program