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 now on twitter as well. https://twitter.com/StopTBUSA. As always, suggestions and comments are welcome and appreciated at setkind@stoptbusa.org.

WASHINGTON UPDATE

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

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.

House TB Caucus

The House TB caucus is growing! Two more members recently joined, Reps. Jim Cooper (D-TN) and Ami Bera (D-CA), bringing the Caucus members to 17. Thanks to TN and CA advocates for their efforts!

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 1st.

HIGHLIGHTED TB REPORTS

FROM THE CENTERS FOR DISEASE CONTROL

1. *MMWR* Volume 62, Supplement, No. 3 November 22, 2013 [PDF of this issue]
   CDC Health Disparities and Inequalities Report — United States, 2013


   Disease Surveillance Among Newly Arriving Refugees and Immigrants — Electronic Disease Notification System, United States, 2009 [full text]


FROM THE STOP TB PARTNERSHIP: World TB Day 2014

The theme for World TB Day 2014 will be: **Reach the Three Million: A TB test, treatment and cure for all**

As highlighted in the WHO 2013 Global TB Report, three million people are missed every year by health systems. This has been the case for six years now. We all strongly believe that no one should be left behind in the fight against TB if we want to move towards a Zero TB deaths world. So for World TB Day 2014, we will call for a global effort to find, treat and cure all people with TB and accelerate progress towards the bold goals we expect to see in TB strategies post-2015 and world with Zero TB deaths, stigma and infections. We hope that this theme will act as a rallying call for us all, offering key stakeholders, national TB programmes and
community groups the opportunity to show how they will contribute to this global goal. To reach the three million and move towards zero TB deaths, infections, suffering and stigma, we must aggressively scale up TB programmes, especially for the most vulnerable groups and in hotspots, while investing in research and development for the new tools that we urgently need.

We in the Secretariat will start working on the full set of campaign materials. But, as requested by many of you at the Union, I am attaching a high-level concept note which includes some more information on the theme and some very draft top line messages. We very much welcome your feedback on these as we will work together towards the final version. In addition, we would be delighted to hear about your ideas for events, publications and other activities for World TB Day 2014 and how we can support you at the Secretariat.

World TB Day Concept Note

FROM PUBLIC HEALTH REPORTS

New Public Health Report Supplement, Applying Social Determinants of Health to Public Health Practice

FROM TREATMENT ACTION GROUP (TAG)

1. Rifapentine Letter: Please see attached a letter from the Community Research Advisors Group (CRAG) demanding that Sanofi respond to our requests to 1) lower the price of rifapentine to $35/box and 2) commit to continued investment in the TBTC to advance future research on rifapentine. You will recall that on July 2, 2013, we issued a letter to Sanofi with these requests. After many phone conversations, we still have yet to receive a firm commitment from Sanofi as a response. Many of you also collaborated on a survey via the National TB Controllers Association (NTCA) about barriers to the use of rifapentine among US TB programs. This survey found that 75% of respondents were not using rifapentine as often as they’d like, and 82% cited cost as a barrier to rifapentine use. These data really help support our ask, so thank you for you collaboration! We plan to present full results at the Union North America conference in a few months (and potentially seek publishing). Sanofi has now initiated a second survey to estimate demand, in which some of you may be involved. While this may help the company for planning purposes, the CRAG does not believe a price reduction should be contingent upon these results.

On a related note, I have now also heard from two US programs that are having trouble accessing the current 340B price of $51.20 for rifapentine, and had to pay the full retail price of $110+box for their 3rd quarter purchases. A similar problem occurred in March 2013, which was a "glitch" the company fixed. This is unacceptable, and I will be following up also with the company tomorrow to ensure this is remedied and does not happen again. Will you please let me know if you've experienced a recent increase in rifapentine pricing? Erica. Lessem@treatmentactiongroup.org

Open Letter to Sanofi

2. South Africa's Treatment Action Campaign criticizes Johnson & Johnson for stalling on initiating a phase III trial of bedaquiline -- this trial was a condition of the FDA's approval in December 2012, yet nearly a year later, the company has still not initiated necessary research to confirm the drug's safety. Johnson & Johnson has made an important contribution to the TB field by developing bedaquiline so far; to abandon an appropriate
development pathway at this last, critical stage would be unconscionable. The FDA should also hold J&J accountable for completing their obligations. The FDA's track record in enforcing requirements of conditional approval has been poor: for 1 in 4 drugs that receive FDA approval on the condition of further trials, those trials either never take place (or results aren't published) and yet the drugs remain approved.

FROM RESULTS UK, Global Health Advocates, ACTION and the TB Europe Coalition

As the Global Fund’s 30th Board Meeting opens in Geneva, health advocates have warned that projected reductions in funding for tuberculosis (TB) and HIV in Eastern Europe and Central Asia (EECA) could leave the region with rising rates of HIV and drug-resistant TB. The report “Bridging the Gap, released by RESULTS UK, Global Health Advocates, ACTION and the TB Europe Coalition, calls on the donor community to work collectively to address this challenge. The organizations call on the European Commission to scale up its contribution to the Global Fund to €450 million for 2014-2016. They also call for the Global Fund to re-evaluate its eligibility criteria and to scale up resources for the EECA region, given its high burden of drug-resistant TB.

The Global Fund has been the largest and most important international donor for TB and HIV in Eastern Europe and Central Asia, the report says. To date, programmes financed by the Global Fund have found and treated more than 380 000 people with TB and at least 64 000 people living with HIV are currently receiving life-saving antiretroviral therapy. However, under new eligibility criteria, the Global Fund is set to shift funding from middle-income to low-income countries. This will cut funding to Eastern European and Central Asian countries by half, the report says.

“A country’s income status does not reflect the number of people who are able to access health services, particularly among marginalized or vulnerable populations,” said Aaron Oxley, Executive Director of RESULTS UK. “Donors expecting to gain ground against TB and HIV cannot ignore those who live in the greater European region.”

The expected cuts have been met with concern from health workers in the region. “Romania is already struggling to manage its drug-resistant TB cases,” said Jonathan Stillo, a medical anthropologist who has researched TB in Romania since 2006. “Currently, only 16 percent of patients with drug-resistant TB are successfully treated – one of the lowest rates in the world. A cut in funding from the Global Fund would certainly lead to an increase in transmission rates, not just in Romania but for the whole European region.”

In a separate statement, organizations representing civil society and affected communities, have also expressed their concern about proposed changes to Global Fund policy regarding funding for middle-income countries, particularly those in the Eastern Europe and Central Asia, Latin America and Caribbean and Middle East and North Africa regions.

FROM RESULTS

1. Global health and Diplomacy articles: “We must not neglect TB research”page 20, article on children and TB on page 18, articles by Aaron Motsoaledi (page 72) and Thokozile Phiri-Nkhoma (page 24)
2. **Open call for membership of the Developed NGO Delegation**
The Developed NGO Delegation to the Global Fund is seeking 5 new members - the deadline to apply is December 13th and information is included in the attached. Please share with any individuals or networks who might be interested.

**Call for Nominations**

FROM THE AMERICAN PUBLIC HEALTH ASSOCIATION (APHA)

1. APHA has a **new logo and tag line**— check out their introductory video here: [http://www.youtube.com/watch?feature=player_embedded&v=4TCzebl--T8](http://www.youtube.com/watch?feature=player_embedded&v=4TCzebl--T8)

2. **Americans say sequestration makes them less safe, less healthy**

In a report released today by NDD (Non Defense Discretionary Programs) United and sponsored by APHA, the stories of real people explain how sequestration has made the nation’s people sicker, poorer and less secure. Public health services have faced adversity this fall, from the government shutdown to the initial struggles of Healthcare.gov. However [sequestration](http://www.youtube.com/watch?feature=player_embedded&v=4TCzebl--T8) — automatic federal budget cuts enacted by U.S. law March 1 — has become public health’s constant predator, slashing its funding for everything from scientific research to special education programs. But how have these cuts affected the health and safety of Americans? In a report released today by [NDD United](http://www.youtube.com/watch?feature=player_embedded&v=4TCzebl--T8) and sponsored by APHA, the stories of real people explain how sequestration has made the nation’s people sicker, poorer and less secure. “Faces of Austerity” first explains the everyday importance of non-defense discretionary federal programs, or NDD, in commonsense terms. They maintain food and water security, safe medications, weather forecasts, access to education, public transportation, technology, air traffic control, parks, recreation, and countless other vital services. However if sequestration continues, funding for these services will be depleted to its lowest levels since 1962.

NDD United, a partnership of 3,200 local, state and national organizations, then tells the stories of these cuts through more than 40 individual accounts, including: Sharilyn Cano, human resources director of the Southern Oregon Head Start program: “We went from serving 1,378 kids in May to 1,141 kids in September. The loss of 237 kids is all because of sequester.”; Cheri Taylor, executive director of Pottersville (Calif.) Adult Day Services, which serves low-income clients with Alzheimer’s disease or other dementia: “These programs allow people with Alzheimer’s disease to remain in their homes longer and provide needed respite to their family caregivers. Any ‘savings’ from sequestration would pale in comparison to the added costs resulting from unnecessary hospitalizations, premature nursing home placements, and greater financial and emotional strains on family caregivers.”; Phil Francis, former superintendent of the Blue Ridge Parkway, which gets nearly 15 million park visitors each year: “These places are so important to our country and who we are as a people, so if we’re not willing to take care of our country’s most important historical and natural places, then what does that mean for us as a society, especially when you consider how small the park service budget is, about one-fourteenth of one percent of the federal budget?”

“We hope Congress and the White House will remember the faces from this report— and the faces of millions
of Americans not featured here—as they work together to balance the federal budget in a more balanced and responsible way,” the report states.

FROM THE UNION

1. Achievers: Tony Harries: Winning the battle against TB and HIV with The Union model, Tony Harries does not have to look far to find an example that bears out his confidence in applying The Union’s TB control model to managing and monitoring other diseases. In Malawi, where he worked for more than 20 years, there are 450,000 people alive on antiretroviral treatment (ART) as a result of this standardized and accountable system.

“The Union model uses a simple evaluation system based on asking and answering three questions: How many patients are coming in? Who are they? And what happens to them?” says Harries, who has been a senior advisor to The Union since 2008 and Director of the Department of Research and Centre for Operational Research since 2009.

2. US$ 48 million in funds extend fight against TB: The Union has received US $48 million in new funds for TB control, including US$ 30.45 million for Project Axshya in India, $9.6 million for Myanmar’s PICTS project and $8.3 for TREAT TB’s STREAM clinical trial.

FROM NEWS SOURCES

FROM THE NATIONAL PREVENTION INFORMATION NETWORK (NPIN)

UNITED STATES

NEVADA: Report: Las Vegas Hospital Fell Short on TB Safeguards, ABC News (11.04.2013) Michelle Rindels

According to an ABC News report, at least 26 people have tested positive for TB after an ill mother visited one of her twin infants in the neonatal intensive care unit (NICU) at the Summerlin Hospital Medical Center in Las Vegas last summer, according to state investigators. Most of the results were of the non-contagious type of the disease. The mother and one of the twins have since died of TB. The other twin, who died prior to these deaths, was not tested for TB. Health officials began testing hundreds of babies and family members who spent time at the hospital. According to a report from the Nevada Bureau of Health Care Quality and Compliance, the hospital did not take proper precautions after a doctor spoke “at length” with the parents while at the baby’s bedside on May 31. The mother had a high fever and did not know why she was ill. The hospital deters sick parents from visiting their children or requests that they wear a mask and gown, a nurse stated several months later. However, logs from that day do not disclose whether the mother wore the protective garments during her May 31 visit. After the woman died, doctors discovered she had TB. The sick infant died of the disease in August. The other twin preceded the mother’s death but the hospital never tested for TB. In October, health officials extended the testing to visitors and other NICU patients. The hospital has not released any data to date, but authorities said this group is unlikely to have contracted TB. "People are still being tested at this point," said Stephanie Bethel, spokesperson for the Southern Nevada Health District. "Because TB testing sometimes takes multiple steps, we are not releasing numbers until everything is finalized and we can ensure the information is accurate and complete." The hospital’s parent company, Valley Health
System, told a local news organization that it hand-delivered a plan of corrections last week, but would not comment further Read Full Article

WASHINGTON: Health District Tuberculosis Team
Snohomish Times (11.04.2013)

The Snohomish Times reported that the Washington State Department of Health TB Program presented the Snohomish Health District TB Program with the “2013 Outstanding TB Team” award on October 23 at the annual conference of state and local public health TB specialists. State officials explained that the department honored the district program because of the staff’s dedication and leadership in TB control in the state. Also, this health district team dealt with some of the highest rates and most complicated cases in the state. The Snohomish TB program completed treatment and management of four connected cases of active TB that began in 2012 with mental health clients in Everett. Not only did the TB team find the active cases, but they sought out and found people who had been exposed to the disease over a period of time. This necessitated screening and testing 107 more individuals, 11 of whom were treated for latent TB infection. Snohomish County’s local TB program manages 20–26 active cases annually. In previous years, the staff worked on a complex medical investigation among drug users, in a local high school, and in multicultural communities. Dr. Gary Goldbaum, health officer and director of the county’s public health agency, expressed his pride in the TB program staff for their devotion to helping TB patients or at-risk persons, and their excellent and difficult work to keep residents healthy. Read Full Article

KANSAS: Patient with Infectious TB Prompts Screenings at Overland Park Regional Medical Center
Kansas City Star, (11.06.2013) Alan Bavley

An article in the Kansas City Star recently reported that health authorities offered TB screenings to patients and staff of Overland Park Regional Medical Center in Overland Park, Kan., who might have been exposed to a hospital patient diagnosed with infectious TB. According to Johnson County Department of Health and Environment Disease Containment Director Nancy Tausz, the center determined the patient’s condition in early October after the patient’s release. The center began sending notifications to individuals who might have been exposed to the patient approximately one week ago, and the county health department is working with the medical center and Kansas Department of Health and Environment to test those who might have been exposed to the patient. Tausz said that the county health department currently has 16 active TB cases under investigation Read Full Article

GLOBAL

INDIA: Simultaneous HIV and Tuberculosis Therapy Doesn’t Cause Problems with Liver Function AIDSMAP (10.31.2013) Michael Carter

An article in aidsmap reported on a study of the effect of simultaneous TB and HIV treatment on liver function. The researchers monitored liver function in 168 HIV/TB co infected patients (79 percent men) in India who started treatment for both infections between 2006 and 2008. At baseline, all patients had a CD4 cell count below 250 cells per cubic millimeter and no hepatic dysfunction. Patients received HIV treatment of either efavirenz or nevirapine, and TB treatment with isoniazid, rifampicin, ethambutol, and pyrazinamide for two
months and isoniazid and rifampicin for an additional four months. The antiretroviral therapy (ART) began two months after TB treatment and patients received 3TC (lamivudine, Epivir) and ddl (didanosine, Videx) with either efavirenz or nevirapine. Of the 168 study participants, 104 received the efavirenz-based ART. Participants received liver function tests at baseline and the researchers continued to monitor liver function at intervals throughout 12 months. Results showed an increase in liver enzyme levels after beginning HIV therapy, but the liver enzymes were not elevated beyond normal range. Aspartate aminotransferase and alanine aminotransferase levels were significantly higher in participants with a CD4 cell count below 90 cells per cubic millimeter, and serum alkaline phosphatase was higher in participants with a viral load higher than 300,000 copies per milliliter. Elevated liver enzymes occurred sooner in participants taking efavirenz-based ART. Three cases of serious liver toxicity in participants taking efavirenz-based therapy were managed by changing the TB drugs and stopping ART temporarily. The full report, “Early Changes in Hepatic Function Among HIV-Tuberculosis Patients Treated with Nevirapine or Efavirenz along with Rifampin-Based Anti-tuberculosis Therapy,” was published online in the International Journal of Infectious Diseases (2013; doi:10.10.16/j.iiid.2013.08.006). Read Full Article

SOUTH AFRICA: 14 Children Get TB from Teacher The Post (South Africa) (11.05.2013) Chelsea Geach

South Africa’s Post reported that 14 nursery school children at the Curro Hermanus Private School in Hermanus, South Africa, tested positive for TB after exposure to their teacher, who was diagnosed recently with the disease. According to School Principal Hennie Mentz, the teacher was treated for a recurrent chest infection rather than TB, and health officials did not perform a screening. Once the teacher became seriously ill and checked into the provincial hospital on October 8, staff tested her for TB and notified the school immediately. However, the school did not inform parents until October 17, after which all 70 children in the nursery school received a skin test. The teacher will not return to her duties until school officials receive a negative sputum result and culture. Read Full Article

NEW RESOURCES

FROM the UNION

Wrap up of the 2013 Union World Conference

The Union would like to thank all participants who attended and contributed to the 44th Union World Conference on Lung Health, held at the Palais des Congrès, in Paris, France, from 30 October to 3 November 2013. This year 3000 delegates, exhibitors and sponsors from 137 countries attended the conference and exhibition. The scientific programme involved presenters from 62 countries offering more than 180 postgraduate courses and workshops, symposia, oral and poster abstract sessions, meet-the-expert sessions, 2 late-breaker sessions, 7 sponsored satellite sessions and plenary sessions. A special thanks is extended to our keynote and session speakers, exhibitors and sponsors for their invaluable contribution and support over the duration of the conference and exhibition. For the second year in a row, the conference ended with a closing ceremony that offered a wrap-up of the conference abstract sessions. Delegates also enjoyed a closing reception that was held after the ceremony. The rapporteurs’ report, which provides a selection of peer-
reviewed abstracts exemplifying innovation, new science or implementation, is now available for viewing on the conference website or by clicking here. We trust the conference provided an exciting, motivating and stimulating programme and allowed ample opportunity to network with colleagues.

We hope you enjoyed the Paris 2013 conference and exhibition, as well as your time and experiences in France. Watch The World Conference in 1 minute and 50 seconds! Enjoy scenes from The Union’s week in Paris by clicking here. >View daily slide shows and videos >View the Rapporteurs’ report >Download web casts of all sessions

FROM THE INFECTIONIOUS DISEASES SOCIETY


Background:
There are limited data measuring the impact of expanded human immunodeficiency virus (HIV) prevention activities on the tuberculosis epidemic at the country level. Here, we characterized the potential impact of the US President's Emergency Plan for AIDS Relief (PEPFAR) on the tuberculosis epidemic in sub-Saharan Africa.

Methods:
We selected 12 focus countries (countries receiving the greatest US government investments) and 29 nonfocus countries (controls). We used tuberculosis incidence and mortality rates and relative risks to compare time periods before and after PEPFAR's inception, and a tuberculosis/HIV indicator to calculate the rate of change in tuberculosis incidence relative to the HIV prevalence.

Results:
Comparing the periods before and after PEPFAR's implementation, both tuberculosis incidence and mortality rates have diminished significantly and to a higher degree in focus countries. The relative risk for developing tuberculosis, comparing those with and without HIV, was 22.5 for control and 20.0 for focus countries. In most focus countries, the tuberculosis epidemic is slowing down despite some regions still experiencing an increase in HIV prevalence.

Conclusions:
This ecological study showed that PEPFAR had a more consistent and substantial effect on HIV and tuberculosis in focus countries, highlighting the likely link between high levels of HIV investment and broader effects on related diseases such as tuberculosis.

FROM TAG

1. New fact sheets on global health R&D

The first fact sheet is on the US Agency for International Development and its longstanding support for global health product development. The fact sheet highlights how throughout its 50-year history, USAID has worked with other government agencies, the private sector, and nongovernmental organizations to support the
development and introduction of affordable global health products, such as vaccines, drugs, diagnostics, devices, and microbicides.

The second fact sheet examines the current global health research pipeline and why it’s critical the United States continues to robustly support global health R&D. For more information, please see blog post on this new resource.

2. Jigna Rao, patient advocate, and member of the Stop TB USA Coordinating Board, speaks about patient centered approaches to cure at the TAG symposium “Cascades: Improving TB Care” in Paris http://tbonline.info/posts/2013/11/17/tb-treatment-must-extend-beyond-physical-body-and-

3. This excellent slideshow from the Mail & Guardian asks if we are paying enough attention to TB. Let the world know the answer is, "no" by watching the video here: http://mg.co.za/multimedia/2013-11-14-tb-epidemic-are-we-paying-enough-attention .

The video features two brave survivors of TB from South Africa, and also highlights the need for research for new treatment and the issues accessing important drugs (such as linezolid, due to Pfizer's high pricing of the drug and South Africa's restrictive patent laws).

FROM RESULTS

Recording of the TB REACH event at World Bank
The TB Reach event was really impressive and inspiring – now the recording is available online.

http://worldbankva.adobeconnect.com/p3k04w313sq/

JOURNAL ARTICLES

(November 7 - 20, 2013)

AIDS Patient Care STDS . 2013 Nov 9. [Epub ahead of print]


Six Components Necessary for Effective Public Health Program Implementation. Frieden TR.


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

Delayed diagnosis and associated factors among new pulmonary tuberculosis patients diagnosed at the emergency department of a tertiary care hospital in Porto Alegre, South Brazil: a prospective patient recruitment study. Deponti GN, Silva DR, Coelho AC, Muller AM, Dalcin PD.


Cervical abscesses due to co-infection with Burkholderia pseudomallei, Salmonella enterica serovar Stanley and Mycobacterium tuberculosis in a patient with diabetes mellitus. Sulaiman H, Ponnampalavanar S, Mun KS, Italiano CM.


Isolated caecal tuberculosis mimicking a neoplastic tumour in an immunocompetent woman. Cherif E, Ben Hassine L, Azzabi S, Khalfallah N.


Vitamin D status and TB treatment outcomes in adult patients in Tanzania: a cohort study. Mehta S, Mugusi FM, Bosch RJ, Aboud S, Urassa W, Villamor E, Fawzi WW.

Breast Dis. 2013 Nov 19. [Epub ahead of print]

Breast tuberculosis at a tertiary care centre: A retrospective analysis of 22 cases. Tandon M, Chintamani, Panwar P.

Clin Infect Dis. 2013 Nov 8. [Epub ahead of print]

Concordance of Resistance Profiles in Households of Patients With Multidrug-Resistant Tuberculosis. Parr JB, Mitnick CD, Atwood SS, Chalco K, Bayona J, Becerra MC.


Novel Adjunctive Therapies for the Treatment of Tuberculosis. Ordonez AA, Maiga M, Gupta S, Weinstein EA, Bishai WR, Jain SK.

Drug Saf. 2013 Nov 8. [Epub ahead of print]


*International Journal of TB and Lung Diseases* Volume 17, Number 12 - December 2013


PubMed: [www.amedeo.com/p2.php?id=24200276&s=tb&pm=2](www.amedeo.com/p2.php?id=24200276&s=tb&pm=2)

Risk of tuberculosis in rheumatoid arthritis patients on tumour necrosis factor-alpha inhibitor treatment in Taiwan. KE WM, Chen LS, Parng IM, Chen WW, et al.


Tuberculosis control in a socially vulnerable area: a community intervention beyond DOT in a Brazilian...


**Analysis of the economic burden of diagnosis and treatment of tuberculosis patients in rural China. PAN HQ, Bele S, Feng Y, Qiu SS, et al.**


**A comparative study of tuberculosis patients initiated on ART and receiving different models of TB-HIV care. SCHULZ SA, Draper HR, Naidoo P.**

PubMed: [www.amedeo.com/p2.php?id=24200268&s=tb&pm=2](www.amedeo.com/p2.php?id=24200268&s=tb&pm=2)


**Prevalence of tuberculosis symptoms and latent tuberculous infection among prisoners in northeastern Malaysia. MARGOLIS B, Al-Darraji HA, Wickersham JA, Kamarulzaman A, et al.**


**Towards the WHO target of zero childhood tuberculosis deaths: an analysis of mortality in 13 locations in Africa and Asia. RUSSELL GK, Merle CS, Cooke GS, Casas EC, et al.**


**J Acquir Immune Defic Syndr**. 2013 Nov 19. [Epub ahead of print]


PubMed: www.amedeo.com/p2.php?id=24226918&s=tb&pm=2


PubMed: www.amedeo.com/p2.php?id=24218502&s=tb&pm=2

Current status and future trends in the diagnosis and treatment of drug-susceptible and multidrug-resistant tuberculosis. Ahmad S, Mokaddas E.


The Value of Serum Prealbumin in the Diagnosis and Therapeutic Response of Tuberculosis: A Retrospective

Combination of Cytokine Responses Indicative of Latent TB and Active TB in Malawian Adults. Hur YG, Gorak-Stolinska P, Ben-Smith A, Lailor MK, Chaguluka S, Dacombe R, Doherty TM, Ottenhoff TH, Dockrell HM, Crampin AC.

Eligibility for isoniazid preventive therapy in South african gold mines. Lewis JJ, Fielding KL, Grant AD, Chihota VN, Popane F, Luttig M, Muller D, Coetzee L, Churchyard GJ.

Identification of Novel sRNAs in Mycobacterial Species. Tsai CH, Baranowski C, Livny J, McDonough KA, Wade JT, Contreras LM.

Public Health Action

UNION PHA Supplement on Diabetes and Tuberculosis Volume 3, Supplement 1 - November 2013

EDITORIALS

Taking on the diabetes-tuberculosis epidemic in India: paving the way through operational research
S. Satyanarayana, A. M. V. Kumar, N. Wilson, A. Kapur, A. D. Harries, R. Zachariah

REVIEW ARTICLES

Epidemiology and interaction of diabetes mellitus and tuberculosis and the challenges for care: a review

New screening technologies for diabetes mellitus type 2 appropriate for use in tuberculosis patients
T. Adepoyibi, B. Weigl, H. Greb, T. Neogi, H. McGuire

ORIGINAL ARTICLES

Tuberculosis-diabetes mellitus bidirectional screening at a tertiary care centre, South India
B. C. Prakash, K. S. Ravish, B. Prabhhakar, T. S. Ranganath, B. Naik, S. Satyanarayana, P. Isaakidis, A. M. V. Kumar

Characteristics of patients with diabetes screened for tuberculosis in a tertiary care hospital in South India
S. Kumpatla, A. Sekar, S. Achanta, B. N. Sharath, A. M. V. Kumar, A. D. Harries, V. Viswanathan

Screening patients with tuberculosis for diabetes mellitus in Gujarat, India
P. Dave, A. Shah, M. Chauhan, A. M. V. Kumar, A. D. Harries, S. Malhotra, K. Pujara, P. Patel, M. Mane, A. Thakkar, S. Bharaswadkar, B. N. Sharath, S. Achanta

Is screening for diabetes among tuberculosis patients feasible at the field level?
B. Naik, A. M. V. Kumar, S. Satyanarayana, M. D. Suryakant, N. M. V. Swamy, S. Nair, P. Isaakidis, A. D. Harries

High prevalence of undiagnosed diabetes among tuberculosis patients in peripheral health facilities in Kerala
S. Nair, A. K. Kumari, J. Subramonianpillai, D. S. Shabna, S. M. Kumar, S. Balakrishnan, B. Naik, A. M. V. Kumar,
P. Isaakidis, S. Satyanarayana

Screening tuberculosis patients for diabetes in a tribal area in South India
S. Achanta, R. R. Tekumalla, J. Jaju, C. Purad, R. Chepuri, R. Samyukta, S. Malhotra, S. B. Nagaraja, A. M. V. Kumar, A. D. Harries

Characteristics and treatment response in patients with tuberculosis and diabetes mellitus in New Delhi, India
A. Khanna, S. Lohya, B. N. Sharath, A. D. Harries

Diabetes mellitus and smoking among tuberculosis patients in a tertiary care centre in Karnataka, India
M. V. Jali, V. K. Mahishale, M. B. Hiremath, S. Satyanarayana, A. M. V. Kumar, S. B. Nagaraja, P. Isaakidis


Trop Doct. 2013 Nov 19. [Epub ahead of print]


Family history of immigration from a tuberculosis endemic country and low family income are associated with a higher BCG vaccination coverage in Ile-de-France region, France. Guthmann JP, Chauvin P, Le Strat Y, Soler M, Fonteneau L, Lévy-Bruhl D.

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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

__________________________________________________________

GRANTS

FROM NIH

Fund Title: Enhancing the Capacity for Biomedical Research on Tuberculosis for HIV-infected Mothers and Children in India (R01)
**Fund Number:** 4759  
**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.

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**COURSES/WORKSHOPS**

**FROM THE RTMCCs**

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

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

**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  
SNTC/Gainesville, FL

Format: Clinical course  
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 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.

**THE RUTGERS GLOBAL TUBERCULOSIS INSTITUTE (GTBI)**

GTBI is pleased to announce that our preliminary 2014 Training Calendar is now available at:  
[http://globaltb.njms.rutgers.edu/training/trainingcalendar.html](http://globaltb.njms.rutgers.edu/training/trainingcalendar.html)  
The calendar will be updated as additional 2014 trainings and dates are confirmed, so please check back frequently for the most up to date information.

**Annual TB Conference: Once City. One World. Zero TB**  
March 21 New York, NY

**Best Practices in TB Control. Spring Web-Based**

**TB Intensive Workshop**  
April Newark, NJ

**TB Update**  
May Philadelphia, PA

**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
THE CURRY INTERNATIONAL TUBERCULOSIS CENTER

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

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

The Century Ahead: Tuberculosis Science, Public Health and Policy December 5, 2013, University of California, San Francisco, Laurel Heights Campus 9:00 a.m. - 5:00 p.m., sign-in begins at 8:00 a.m.

This symposium is intended for scientists, public health professionals and policymakers. The program will feature strategies necessary to contain and eliminate tuberculosis, building upon scientific and public health successes. The event coincides with the centennial of the California state tuberculosis program, established by the legislature in September 1913.

Seating is limited, early registration is encouraged. To register for this free event, go to: http://www.currytbcenter.ucsf.edu/training/CenturyAhead_app.cfm

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.

California Department of Public Health TB Control Branch, California TB Controllers Association, and Curry International Tuberculosis Center/UCSF invite you to attend this special event:

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.

TB Case Study Session (in association with CTCA) April 24, 2014 Los Angeles, CA

Using challenging TB cases, expert faculty will discuss strategies to fight TB as cases become more and more complicated.

TB Update (in association with CTCA) April 25, 2014 Los Angeles, CA
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 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 or email imdp@theunion.org to receive more information. Course fee for all courses includes lodging, breakfast, lunch, coffee and tea breaks, and course materials.

FROM MCGILL UNIVERSITY


MEETINGS & CONFERENCES

Alphabetically listed by sponsoring organization

EVENTS

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

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

CONFERENCES

AMERICAN COLLEGE HEALTH ASSOCIATION

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

AMERICAN PUBLIC HEALTH ASSOCIATION

November 15-19 New Orleans, LA
As the multiple disciplines that make up pulmonary, critical care, and sleep medicine gather for ATS 2014, the International Conference will have a “big tent” atmosphere devoted to the needs of both clinicians and basic science, translational, and clinical researchers. ATS 2014 will feature more than 500 sessions, 800 speakers, and 5000 original abstracts and case reports. Many of the presentations will come from experts in disciplines that intersect with the ATS’s focus on adult and pediatric pulmonary, critical care, and sleep medicine. There will be talks and research presented on infectious diseases, allergy and immunology, thoracic surgery and transplantation, heart disease, environmental and occupational health, and quality improvement.

With sessions and topics touching on this wide range of disciplines, the conference will blend new and novel educational opportunities with traditionally high-demand programs. The ATS again plans to offer American Board of Internal Medicine Maintenance of Certification Knowledge Points and American Board of Pediatric Maintenance of Certification credits. Internationally known scientists will participate in the Science Core, a thematically linked set of symposia and abstract-based sessions, and will also participate in other sessions where they will interact with clinicians as well as scientists.

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

ASSOCIATION OF PRACTITIONERS IN INFECTION CONTROL

June 7-9 Anaheim, California

ASSOCIATION OF PUBLIC HEALTH LABORATORIES

June 1-4, 2014, Little Rock, Arkansas

ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICERS (ASTHO)


COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS (CSTE)

Nashville, Tennessee June 22-26
CS TE — Annual Conference

HEALTH CARE FOR THE HOMELESS CLINICIANS NETWORK


2014 National Health Care for the Homeless Conference & Policy ... 

NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICERS (NACCHO)

July 9-11 Atlanta, Georgia

www.nacchoannual.org

NATIONAL TB CONTROLLERS ASSOCIATION

June 11-13, 2014 Pre-meetings June 10, 2014
Post-meetings June 13, 2014 (afternoon) Atlanta, Georgia
National Tuberculosis Controllers Association : Home

2014 National TB Conference "Sharing the Vision of TB Elimination"

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

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

The conference theme is 'Community-driven solutions for the next generation' and online submission of sessions will open at the end of November at: http://services.theunion.org . The deadline for submitting your proposals is 15 January 2014. We look forward to greeting you in Barcelona! Please visit our website for further information: http://barcelona.worldlunghealth.org/
UNION, NORTH AMERICAN REGION

February 27 – March 1, 2014, Boston, MA

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

The Union, NAR Conference Brochure

The Union, NAR Conference Program

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

EARLY BIRD DEADLINE: Register now to benefit from early registration rates. Deadline for early registration is on December 31, 2013.

Registration Form

Please be advised that cut-off date for room block is on January 27, 2014. Hotel rooms can be booked directly www.sheratonbostonhotel.com P: 617.236.2000 l Central Reservations: 888.627.7058 Rate: $147.00 + taxes/night

Participants at the 18th Annual Conference of The Union North America Region in Boston, Massachusetts have a special opportunity to attend the half-day workshop on

"Maximizing the Impact of Public Health Messages".* Attendees will acquire evidence-based approaches to strategic communications in public health and learn to use appropriate media and health promotional tools to implement effective communication campaigns. *Pre-registration required by applying at

http://www.bc.lung.ca/association_and_services/union.html