A REMINDER: The new “Friends of Stop TB USA” database will soon replace the old Newsletter mailing list. The change will not be abrupt; however you will need to sign up as a Friend of Stop TB USA to assure that you continue to receive the TB Wire and any or all of the other newsletters and email alerts. If you haven’t had a chance to complete the very short survey and sign up as a Friend of Stop TB USA, we ask that you please take a moment and complete it here...

Please feel free to forward the TB Wire to others who may be interested. If the email is too large to send, you can refer others to the Friends of Stop TB USA signup page where they can sign up to receive it (and other Stop TB USA communications) directly. Stop TB USA can be found on Facebook and Twitter! Links to our social media sites are on the header above. As always, suggestions and comments are welcome and appreciated at setkind@stoptbusa.org.

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WASHINGTON UPDATE

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

DOMESTIC TB FUNDING AND LEGISLATIVE UPDATE

Congress has returned to Washington for its last session before the November election. Top of the agenda is passage of a temporary spending measure to fund fiscal year 2015 government programs after the expiration of the current fiscal year on September 30. The spending measure, known as a continuing resolution, would extend current funding levels until about December 11, 2014. Final resolution of FY2015 funding levels will be resolved either in December following the election or when the new 114th Congress convenes in January.

TB REAUTHORIZATION BILL

Legislation sponsored by Rep. Gene Green (D-TX) to renew the domestic TB program will be introduced within the next few months. The bill will authorize increased funding for the domestic TB program.

[TOP]

ANNOUNCEMENTS

The Infectious Diseases Society of America (IDSA) launches the U.S. Stakeholder Forum on Antimicrobial Resistance (S-FAR)

Stop TB USA joins IDSA as well over 75 other national organizations representing medical and allied health professionals, hospitals and other healthcare facilities, patients and consumers, public health, research and advocacy, industry, and international health organizations in this important partnership. Partners will convene for the inaugural S-FAR meeting in Philadelphia, Pennsylvania on October 9, 2014.

Stop TB USA believes that a diverse set of stakeholders must work collaboratively in order to effectively address the global public health crisis of antimicrobial resistance. “We are excited to join this important group and look forward to working with S-FAR partners engage with federal officials and inform policy,” said Dr. Randall Reves, S-FAR Stop TB USA representative.

S-FAR was convened on the principle that any U.S. government strategy to address antimicrobial resistance should involve sustained and meaningful engagement with non-government experts and stakeholders throughout the policy development and implementation process. For a full list of S-FAR partners, visit U.S. Stakeholder Forum on Antimicrobial Resistance (S-FAR).

Foundational Principles of the U.S. Stakeholder Forum on Antimicrobial Resistance:
The U.S. needs a financed, coordinated, actionable national plan to address AR with measurable goals, timelines, and mechanisms for accountability. The U.S. AR action plan and its implementation must be informed by formal, substantive, and regular engagement with non-government experts and stakeholders.

Government alone cannot effectively address the problem of AR; stakeholders (including healthcare providers, pharmacists, veterinarians, patients & their families, consumers, payers, public health entities, industry, farmers & ranchers, researchers & academia, advocates, and others) are critical partners who can help inform policy, create awareness, and mobilize key constituencies and the broader public to support action.

Antimicrobial resistance (AR) is a well-documented and urgent problem of global significance and the U.S. should be a leader in a multi-pronged effort to reduce the negative impact of resistance on human, animal, and plant health.

HIGHLIGHTED TB REPORTS/UPDATES

STOP TB PARTNERSHIP: Newsletter

Civil society actors from across Asia come together to fight against TB

The Global Coalition of Tuberculosis Activists (GCTA), in association with the Stop TB Partnership and Society for Promotion of Youth and Masses organized a unique Regional Workshop to build the capacity of activists from across Asia to advocate for enhanced TB control. The workshop brought together 25 leading activists from eight countries in Asia including Sri Lanka, Nepal, Bhutan, Mongolia, Indonesia, Laos, Vietnam and India. Over three days, participants discussed several TB-related issues including community systems strengthening, human rights, gender and the involvement of key affected populations in TB control and the Global Fund’s new funding model. Full story here. The report from the workshop can be accessed here.

Top Line News

- Stop TB Partnership’s 2014 survey results report back on what you think of our work
- Call for papers: Developing a Rights-Based approach to TB
- USAID’s report on Public-Private Mix Models for the Sustainability of Successful TB Control Initiatives now online
- TB Reach Spotlight: Strengthened case detection at government health facilities leads to increased treatment in Tajikistan
- Francophone Africa countries meet in Dakar
More news [here](#).

**News from our Partners**

- [Aeras launches #TBumasked, a global campaign to support the 50 million healthcare workers on the front lines of the global TB epidemic](#)
- [Large trial will evaluate vaccine's ability to prevent TB disease: multi-site study underway in Africa](#)
- [Norwegian researchers will develop food-grade bacterial vectors as novel TB vaccines](#)
- [A comparison of multidrug-resistant TB treatment commencement times](#)
- [The Global Coalition of TB Activists are now on Facebook: please 'like' them here](#)
- [4 Charts to Better Understanding MDR-TB in Russia](#)
- [Global Fund support community participation in the management of TB in Nigeria](#)

**Addressing Tuberculosis in the Mining Sector in Southern Africa**

South Africa has half a million mine workers, employed in approximately 2,000 mines and quarries across the country. Mine workers in South Africa have the highest TB incidence in the world estimated at 3000 per 100,000 people. These numbers far exceed the World Health Organization's threshold for a health emergency: 250 cases of TB per 100,000 people. The challenge of TB in the mining sector in southern Africa has persisted for over 100 years due to a combination of complex factors. Highly affected countries are leading a novel regional approach, with the support of the World Bank Group, Global Fund to Fight TB AIDS, TB and Malaria and the Stop TB Partnership to bring about change in the trajectory of TB in southern Africa in the next five years. A full day capacity building workshop is being hosted in Cape Town on 30th September with the aim of sharing insights and exchanging knowledge from this innovative regional approach. Please [see here for more information](#), and if you are interested in attending, please [contact us](#).

**TB in the Media**

- [There is no health crisis from immigrant children at the border](#)
- [Decades-old tools no match for today's drug-resistant TB](#)
- [Tuberculosis battle is global](#)
- [TB drugs: poor countries hanging by the thread](#)
- [TB epidemic threat hangs over Ukraine crisis](#)
South Africa: the TB time bombs

TB epidemic driven by lack of food in India

Lancet Highlight: How to hinder TB control - five easy steps

Tuberculosis control remains an important global issue, with 8.6 million TB cases reported by WHO in 2012 and 1.3 million deaths from the disease. Over 95% of TB deaths occur in low-and-middle-income countries. Writing in an article for The Lancet, Dr Mishal Khan and Professor Richard Coker argue that difficult decisions about resource allocation for TB control need to be made on the basis of evidence and long-term strategic goals. "Or historical failure to embed research findings into effective policies has meant that we have squandered opportunities and resources." See here for the full commentary piece.

UNION E-NEWS

Riitta Dlodlo: A leader in TB and HIV care, every step of the way, Dr Riitta Dlodlo's career as a physician in Zimbabwe began in 1982 when HIV/AIDS was just beginning, and tuberculosis was not yet perceived as a major problem there. Ever since she has played a leading role in her country's response to the HIV and TB epidemics; and, as The Union's TB-HIV Programme Coordinator, she brings a depth of knowledge, experience and empathy that can only come from having been there, every step of the way. Read more ...

Rapid impact of effective chemotherapy on transmission of DR-TB: pity the guinea pig

An op-ed by Paul Farmer and Mario Raviglione in the September IJTLD. Read more...

Xpert use reduced wait for treatment, but challenges remain in Science Speaks: HIV & TB News, 4 August 2014. Read more... Read the TREAT TB study in PLOS One, 31 July 2014. Read more...

Reducing Deaths from Severe Pneumonia in Children in Malawi in PLOS One, 22 July 2014. Read more...

Child TB workshop in China: the first step of a thousand-mile journey In China only 5–8,000 of an estimated 260,000 children with tuberculosis are registered and reported each year, but this month a workshop sponsored by The Union and the China Center for Tuberculosis Control and Prevention (NCTB) launched a new campaign to serve these children. Read more...

TREATMENT ACTION GROUP (TAG)

Bedaquiline pricing: On September 10, 2014 several organizations and individuals working on TB sent an open letter to Janssen appealing to the company to lower bedaquiline's price for all non-high-income countries. Bedaquiline (Sirturo) is the first new TB drug from a new drug class to receive approval in over 40 years and is critically important for people with drug-resistant TB with limited treatment options. Yet bedaquiline is not accessible to the patients and TB programs who need it. Once registration barriers are overcome, Janssen's prohibitive pricing and patenting of the drug will become the major barrier to access.

“We note that failure to institute significant price reductions or to successfully negotiate voluntary
licenses could lead countries to consider using compulsory licensing in the future to ensure access to bedaquiline, should the drug’s positive impact be more definitively demonstrated. More importantly, failure to introduce or stimulate further price reductions for bedaquiline may well lead to avoidable suffering and death.”

The signatories express their interest in meeting with the company, policymakers and key funders of TB drug procurement on September 24, 2014 to determine solutions to improve the affordability of bedaquiline. You can download the full open letter from here:


OTHER NEWS/General

New vaccine shows promise as stronger weapon against both tuberculosis, leprosy


A variant of the century-old vaccine BacilleCalmette-Guerin is superior to BCG in protecting against tuberculosis in animal models, and also cross protects against leprosy, researchers report. Boosting that variant with a protein found in both TB and leprosy provides considerably stronger protection against leprosy.

Tuberculosis is newer than thought, study says Carl Zimmer, New York Times

Bacteria found in ancient human skeletons in Peru point to a relatively recent origin of the disease and to its spread by sea --

Antibiotics do not shorten tuberculosis treatment, finds ... medicalxpress.com, September 9, 2014

"Shorter and simpler TB cures are urgently needed—the present first-line ....

Timing of food intake could impact the effectiveness of TB treatment, Medical news today, September 7, 2014

TB strain identification via 'genetic barcode', Medical news today, September 5, 2014

Bacillus calmette-guerin infection in NADPH oxidase deficiency: defective Mycobacterial sequestration and granuloma formation, Medical news today, September 4, 2014

Global epidemic of diabetes threatens to jeopardise further progress in tuberculosis control, Medical news today, September 4, 2014

United States

ALABAMA
“First round of screening done after AU student develops active TB”, WSFA 12, August 14, 2014

AUBURN: Officials with the Alabama Department of Public Health say the first round of testing is almost complete following an investigation after an Auburn University student was diagnosed with an active case of pulmonary tuberculosis. The Alabama Department of Public Health says 8 people tested positive for TB infection and have had chest x-rays and symptom screening. Those who tested positive have been given preventative medicine to keep from getting the disease. No other students or faculty have been diagnosed with active TB. Those screened will be re-screened in 8 to 10 weeks. ADPH says although some have tested positive for TB infection it does not mean they have TB or that they can spread it to others. What this test means is that they have the germ that causes TB. It does not mean for sure that they will develop TB. On August 13, the department and university officials began to identify students, faculty and staff who may have been in close contact with the student. Officials say they are now working to ensure that those university students and employees are screened quickly. Those who were identified as being in contact with the individual have been notified and testing will begin Tuesday, August 19.

"We are working very closely with the university to develop and implement a screening plan," said Dr. Karen Landers, Assistant State Health Officer for Tuberculosis and Immunization. "As with any identified case of tuberculosis in Alabama, ADPH will implement precautionary testing, investigation and control measures."

GEORGIA

"Students to be tested for tuberculosis" Associated Press, September 5, 2014 MARIETTA, Ga. (AP) - Officials say students at two suburban Atlanta high schools will be tested for tuberculosis after one student tested positive for the disease. Cobb County school officials announced the testing Thursday. They said the student is believed to have contracted the disease over the summer. School system spokesman Jay Dillon said the student attends Hillgrove High School this year, but attended McEachern High in the spring. Dillon tells The Atlanta Journal-Constitution (http://on-ajc.com/1AdOws4) that no other students have shown symptoms, but testing will done at both schools as a precaution.

Global

CANADA

"TB testing involving Moncton student encouraging, health officer says", CBC via Yahoo! Canada News September 02, 2014

Tuberculosis testing involving a University of Moncton student is nearly complete and so far, no one else has tested positive, public health officials say. The student was diagnosed in May, but is believed to have been contagious since mid-March. Health officials have been testing people who had direct contact with the student during that period and the results have been encouraging, said Dr Yves Leger, the medical officer of health for the Moncton area. "With the bulk of the results that we do have to date it definitely leads me to believe that the case was not very contagious," he said. Leger says there are still a few more people to test, but he hopes to have the investigation wrapped up within the next few weeks.
“It's a very extensive and time consuming follow up to do. As I've mentioned before, there's a lot of time spent with the case to try and identify in as much detail as possible who he or she has been in contact with, where they've been. It requires site visits often times to either institutions, schools, or workplaces, or other settings where the case might have been during their period of contagiousness," he said. Meanwhile, the infected student, who was registered for last winter's session, attended classes and wrote exams, is responding well to treatment, he said.

University of Moncton officials revealed in June that the student had been diagnosed a month earlier. This was the second case of TB at the campus in less than a year, but health officials have confirmed the latest strain does not match the more contagious one from last September. In that case, a student from the faculty of business, who had only attended four classes for one week before being hospitalized, was diagnosed with laryngeal tuberculosis. New Brunswick has had an average of six TB cases reported per year since 2005, according to a 2011 report by the Office of the Chief Medical Officer of Health.

AUSTRALIA

"Fully Sick Rapper and Bondi Hipster Christiaan Van Vuuren has life changed by battle with tuberculosis", Winsome Denyer, ABC via Yahoo7 News  Aug 31, 2014

When Sydney man Christiaan Van Vuuren was diagnosed with drug-resistant tuberculosis, he had no idea his experience would lead to a career in comedy. For six months he was quarantined in a 4x3-metre hospital room, not knowing how long it would take for a daily cocktail of drugs to start killing the infection in his lungs. "For someone who was constantly moving, it forced him to slow down his lifestyle," his brother Connor Van Vuuren said. "He was a social butterfly, suddenly stuck in this shoebox." Christiaan Van Vuuren first began to feel sick on a backpacking holiday in South America in late 2009. A lingering cough and a fever followed him home to Sydney, but assuming it was just a bad cold, he returned to his job at an advertising agency. Two weeks later during a lunch with clients, he took a dramatic turn for the worse. "I started coughing, and it was just not stopping," he said. "I felt that my hand was getting a little bit wet and I pulled my hand away from my face and looked down at it. It was covered in blood, and immediately I was like, 'OK, this is not good'. "I had this flash of the three times that I can think of when somebody is coughing blood: 19th-century prostitute in Moulin Rouge; about to turn into a vampire or a zombie in any number of horror films; or that dude who got shot in the chest by a crossbow in Braveheart." He was rushed to hospital and an X-ray revealed a hole the size of a 50-cent piece in his lung. When the doctor mentioned tuberculosis, Mr Van Vuuren had no idea what it was. "I thought of a Tyrannosaurus rex. It sounds bad, but it seemed like some kind of ancient disease that I’d never heard of," he said.

Globally, tuberculosis kills more than 1 million people each year. In Australia, few people die of TB however the drug-resistant strains are more difficult to treat. Initially, doctors diagnosed Mr Van Vuuren with standard tuberculosis and told him he would need to stay in hospital quarantine for three weeks. To fight the boredom, he decided to write a rap song about being sick. A friend suggested he make a video for the song, so Mr Van Vuuren uploaded it to YouTube because the file was too large to email. The next morning, he woke to an inbox full of messages and more than 1,000 views on the clip.
Suddenly he was fielding interview requests from the media and was quickly dubbed the "Fully Sick Rapper". After three weeks he was cleared to go home.

"I didn't think he was that well," his mother Anne Van Vuuren said. "He was still very thin, he was very pale. He was still coughing blood, and although he had been deemed OK for discharge, I wasn't thoroughly convinced." A few weeks later, doctors called Mr Van Vuuren to tell him his TB was drug-resistant. He would need to return immediately to quarantine but they could not say for how long.

"That was horrible, having to go through this thing that he thought he'd beaten," Connor said. Tuberculosis expert Dr Hazel Goldberg says drug-resistant TB is a challenge, even though it is a curable disease. "For a multi-drug-resistant patient we're not as optimistic and we're open and honest about that," she said. "But we're very positive about an outcome within this country."

Mr Van Vuuren was now dealing with indefinite incarceration, coupled with depression, paranoia, double vision, tinnitus - all side effects of the variety of drugs that doctors were hoping would start fighting his infection. "He was terrified of not getting out. I think he was scared of dying in hospital," Connor Van Vuuren said. "I remember him saying once that he just wanted to get out of there at any cost. He'd rather just go to a beach and die than stay in hospital. "A couple of times there I thought he wasn't going to make it, where he just looked really gaunt." Christiaan Van Vuuren describes the experience as both sad and inspiring, realising that he was not proud of many of the 27 years he had lived until that point. "After I'd cried it out, I thought just go in there and make videos," he said. The next Fully Sick Rapper video he posted got about 300,000 hits in a day. "When I saw his first video I was just blown away. It was funny, amusing and accurate," Dr Goldberg said. "It was something that was very exciting for us because it put a positive spin on a condition that gets no positive spins. It was like shining a light into a dark cave."............

AFRICA

"TB cases increase in Adaklu district", Ghanaweb.com  September 02, 2014

There are about 870 suspected cases of tuberculosis (TB) in the Adaklu District, Mr Samuel Atidzah, Executive Director of GOSANET, a health focused non-governmental organization, has said. He said the cases were mostly found in young adults in their “productive and economic years.” MrAtidzah was addressing a day’s performance review workshop for 15 TB volunteers drawn from selected communities in the Adaklu District in Ho on Monday. It was organised by GOSANET Foundation with support from “Stop TB Ghana Partnership.” MrAtidzah said GOSANET reached over 30,000 people in the District with TB advocacy, communication and social mobilization and attributed the TB cases in the District to smoking. He commended the volunteers for their commitment to efforts at eliminating TB in the District and said more needed to be done to reach many young people. MrAtidzah said about one third of the World’s population had latent tuberculosis (TB), meaning, they are carriers of the disease though not ill and could not transmit it and called for concerted efforts to address it. He said persons with compromised immune systems such as those living with HIV and AIDS, malnutrition, diabetes and people who use tobacco had much higher risk of becoming infected with the disease.
Ms Pearl Baah, the Adaklu District TB Co-ordinator, said the disease remained the second greatest killer after HIV and AIDS Worldwide. She said she was hopeful that a new laboratory under construction at AdakluWaya, the District capital would help boost the detection and control of the disease in the District. The volunteers said bad road network and lack of means of transportation were hampering their work in the District.

INDIA

"India's MOH: Tuberculosis a national emergency"

NEW RESOURCES

WHO launches Companion Handbook on MDR-TB management

CDC Updates NCHHSTP State Profiles: http://www.cdc.gov/nchhstp/stateprofiles/usmap.htm

DR-TB Drugs Under the Microscope, from the International Union Against Tuberculosis and Lung Disease and Médecins Sans Frontières.

Guidance for National Tuberculosis Programmes on the Management of Tuberculosis in Children, from the World Health Organization.

FAST TB Infection Control Strategy Core Package, from the United States Agency for International Development (USAID) and TB Care II.

The Kaiser Family Foundation has launched a new interactive tool designed to provide the latest data on the U.S. government's global health budget in an easy-to-access form.

The U.S. Global Health Budget Tracker lets users follow the budget from the President's budget request through the appropriations process in Congress, as well as see trends over time. Data are provided for global health program areas (e.g., HIV, TB, family planning/reproductive health) by Agency (e.g., USAID, CDC) and by major initiative (e.g., PEPFAR). The tracker contains final budget data dating back to fiscal year 2006.

JOURNAL ARTICLES

August 21 through September 9

Am J Respir Crit Care Med. 2014 Sep 1;190(5):549-59. doi: 10.1164/rccm.201402-0338OC.


Ann Am Thorac Soc. 2014 Sep 4. [Epub ahead of print]


Population Pharmacokinetics of Bedaquiline (TMC207), a Novel Antituberculosis Drug. McLeay SC, Vis P, van Heeswijk RP, Green B.


Indeterminate QuantiFERON-TB gold in-tube results in patients with Chronic Inflammatory Diseases on immunosuppressive therapy. Calabrese C, Overman RA, Dusetzina SB, Hajj-Ali RA.

BMC Infect Dis. 2014 Aug14(1) [Epub ahead of print]

Dissemination of multidrug-resistant tuberculosis in a patient with acute HIV infection. Yoo KM, Joo EJ, Yeom JS, Chae SW, Lee SY, Han KJ.

Fatal anti-aquaporin-4 seropositive neuromyelitis optica spectrum disorder in tuberculosis. Sridhar S, Chan JF, Yuen KY.

BMC Infect Dis. 2014 Sep 4;14(1) [Epub ahead of print]

Molecular detection and characterization of resistant genes in Mycobacterium tuberculosis complex from DNA isolated from tuberculosis patients in the Eastern Cape province South Africa. Bhembe NL, Nwodo UU, Govender S, Hayes C, Ndip RN, Okoh AI, Green E.


Modeling the impact of novel diagnostic tests on pediatric and extrapulmonary tuberculosis. Denkinger CM, Kampmann B, Ahmed S, Dowdy DW.


Comparison of tuberculosis incidence in ankylosing spondylitis and rheumatoid arthritis during tumor necrosis factor inhibitor treatment in an intermediate burden area. Kim HW, Park JK, Yang JA, Yoon YI, Lee EY, Song YW, Kim HR, Lee EB.

Epidemiol Infect. 2014 Aug 29:1-10. [Epub ahead of print]

Tuberculosis in Laos, who is at risk: the mahouts or their elephants? Lassausaie J, Bret A, Bouapao X,
Chanthavong V, Castonguay-Vanier J, Quet F, Mikota SK, Thérêt C, Buisson Y, Bouchard B.


Increased risk of pulmonary tuberculosis among patients with appendectomy in Taiwan. Lai SW, Lin CL, Liao KF, Tsai SM.


Yield of tuberculosis contact investigations in Amsterdam: opportunities for improvement. Sloot R, Schim van der Loeff MF, Kouw PM, Borgdorff MW.


Update on Opportunistic Infections in the Era of Effective Antiretroviral Therapy. Zanoni BC, Gandhi RT.

Inflamm Bowel Dis. 2014 Aug 26. [Epub ahead of print]


Int J Tuberc Lung Dis. Volume 18, Number 9 - September 2014

Rapid impact of effective chemotherapy on transmission of drug-resistant tuberculosis: pity the guinea pig. E. Farmer, M. C. Raviglione

< http://tk3.sbn29.com/sy/ev?3&9399-1089&0&Hfgo33S5iYCphcr2m52Qg >

Gomez, I. Langley, S. B. Squire, R. White

Rapid impact of effective treatment on transmission of multidrug-resistant tuberculosis, A. S. Dharmadhikari, M. Mphahlele, K. Venter, A. Stoltz, R. Mathebula, T. Masotla, M. van der Walt, M. Pagano, P. Jensen, E. Nardell


Safety and completion of a 4-month course of rifampicin for latent tuberculous infection in children, A. T. Cruz, J. R. Starke


Clinical presentation of children with pulmonary tuberculosis: 25 years of experience in Lima, Peru, H.
Malnutrition associated with unfavorable outcome and death among South African MDR-TB and HIV co-infected children
R. M. Hicks, N. Padayatchi, N. S. Shah, A. Wolf, L. Werner, V. B. Sunkari, M. R. O'Donnell

Development of tuberculosis in human immunodeficiency virus infected patients receiving antiretroviral therapy

Molecular epidemiology and mapping of tuberculosis in Israel: do migrants transmit the disease to locals?
D. Goldblatt, E. Rorman, D. Chemtob, P. J. Freidlin, N. Cedar, H. Kaidar-Shwartz, Z. Dveyrin, Z. Mor

Effectiveness of directly observed treatment of tuberculosis: a systematic review of controlled studies
J-H. Tian, Z-X. Lu, M. Bachmann, F-J. Song

Success of active tuberculosis case detection among high-risk groups in urban slums in Pakistan

Impact of awareness drives and community-based active tuberculosis case finding in Odisha, India

Understanding private retail drug outlet dispenser knowledge and practices in tuberculosis care in Tanzania

Identification of Mycobacterium species in direct respiratory specimens using reverse blot hybridisation assay
H-Y. Wang, H. Bang, S-Y. Kim, W-J. Koh, H-Y. Lee

Primary lung cancer coexisting with active pulmonary tuberculosis
Y. Varol, U. Varol, M. Unlu, I. Kayaalp, A. Ayranç, M. S. Dereń, S. Z. Guclu


Bedaquiline: a review of human pharmacokinetics and drug-drug interactions. van Heeswijk RP, Dannemann B, Hoetelmans RM.


Simvastatin increases the in vivo activity of the first-line tuberculosis regimen. Skerry C, Pinn ML, Bruiners N, Pine R, Gennaro ML, Karakousis PC.

The pyrazinamide susceptibility breakpoint above which combination therapy fails. Gumbo T, Chigutsa E, Pasipanodya J, Visser M, van Helden PD, Sirgel FA, McIlrion H.


Primary epiphyseal osteomyelitis caused by mycobacterium species in otherwise healthy toddlers. Yoo WJ, Choi IH, Yun YH, Cho TJ, Cheon JE, Song MH, Chung CY, Park MS, Choi E, Lee HJ, Park KU.
J Clin Microbiol. 2014 Aug 27. pii: JCM.02438


PubMed: www.amedeo.com/p2.php?id=25165081&s=tb&pm=2


Rapid real-time PCR for detection of Mycobacterium tuberculosis complex DNA in formalin-fixed paraffin embedded tissues: 16% of histological 'sarcoid' may contain such DNA. Surat G, Wallace WA, Laurenson IF, Seagar AL.


Trend of application of World Health Organization control strategy of tuberculosis in Egypt. Saad-Hussein A, Mohammed AM.


J Infect Dis. 2014 Sep 1;210(5)


Detection of Mycobacterium tuberculosis in Latently Infected Lungs by Immunohistochemistry and Confocal Microscopy. Subbian S, Eugenin E, Kaplan G.


Lancet. 2014;384:. 


Mobile van drives up to screen TB. [No authors listed]

Paediatr Int Child Health. 2014 Aug 27;2046905514Y0000000143. [Epub ahead of print]

Evaluation of health-care providers' knowledge of childhood tuberculosis in Lima, Peru. Chiang SS, Cruz AT, Del Castillo H, Contreras C, Becerra MC, Lecca L.


The role of interferon gamma release assays in the monitoring of response to anti-tuberculosis treatment in children. Shaik J, Pillay M, Jeena P.


Time to Culture Positivity and Sputum Smear Microscopy during Tuberculosis Therapy. Olaru ID,
Heyckendorf J, Grossmann S, Lange C.


Effects of Mycobacteria Major Secretion Protein, Ag85B, on Allergic Inflammation in the Lung. Tsujimura Y, Inada H, Yoneda M, Fujita T, Matsuo K, Yasutomi Y.

Circulating B-Lymphocytes as Potential Biomarkers of Tuberculosis Infection Activity. Sebina I, Biraro IA, Dockrell HM, Elliott AM, Cose S.


Concentration of lymph node aspirate improves the sensitivity of Acid fast smear microscopy for the diagnosis of tuberculous lymphadenitis in jimma, southwest ethiopia. Tadesse M, Abebe G, Abdissa K, Bekele A, Bezabih M, Apers L, Colebunders R, Rigouts L.


Vaccines against poverty. MacLennan CA, Saul A.

Recent Pat Biotechnol. 2014 Sep 4. [Epub ahead of print]

Breath Tests in Diagnosis of Pulmonary Tuberculosis. Cheepsattayakorn A, Cheepsattayakorn R.


Non-clinical factors associated with TB: important for DOTS impact evaluation and disease elimination. Hill PC, Whalen CC.

Long term outcome of multidrug-resistant TB patients in Fukujuji Hospital in Japan. Yoshiyama T, Morimoto K, Okumura M, Sasaki Y, Ogata H, Shirashi Y, Kudou S.


Prescription patterns and treatment outcomes of MDR-TB patients treated within and outside the National Tuberculosis Programme in Pham Ngoc Thach hospital, Viet Nam. Hoa NB, Khanh PH, Chinh NV, Henning CM.

**JOB OPPORTUNITIES**

Friends of the Global Fight Against AIDS, Tuberculosis and Malaria is recruiting a Deputy Director and a Policy Director.

The Deputy Director will report to the President to help provide leadership, direction, oversight, and coordination of day-to-day operations of the organization. He/she will work to maintain and foster a broad range of collegial relationships with the staff, U.S. policymakers, global health partners, and colleagues at the Global Fund. She/he will lead Friends’ executive team — including policy, communications and development work. The ideal candidate will have managerial experience and be able to operationalize institutional strategies.

The Policy Director reports directly to the President. The successful candidate will work with the
President, Deputy Director and Global Fund representatives to inform and support the organization’s work among U.S. policymakers, partners and opinion leaders, and to identify and address key questions and issues that could affect the work and reputation of the Global Fund. He/she will oversee a staff and contractor(s) to develop policy positions and papers, analyze legislative developments and budgets, and oversee Friends’ and the Global Fund’s events and outreach on Capitol Hill. She/he will work with the Director of Communications to help develop messaging and media pieces, web material and general information on the Global Fund. He/she will develop and oversee Friends’ working relationships with colleagues at the Global Fund, on Capitol Hill, in the Office of the Global AIDS Coordinator (OGAC), among NGO partners in Washington, D.C., and with other key actors as needed.

Attached are the full job descriptions for each position or you can find the job postings on the following link: http://theglobalfight.org/careers/.

[COURSES/WORKSHOPS]

FROM THE RTMCCS:

THE SOUTHEAST NATIONAL TB CENTER (SNTC)
http://sntc.medicine.ufl.edu/

**Comprehensive Clinical TB Course**
32.5 credit(s) 32.5 credit(s)
Date: 10/6/2014 - 10/9/2014
Time: 8:00 AM - 5:30 PM Eastern Location: SNTC Cost: No Charge 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: 10/10/2014 - 10/10/2014
Time: 8:00 AM - 5:00 PM Eastern Location: SNTC Instructor/speaker: Ellen R Murray, BSN, RN
Cost: No Charge Format: Lecture/didactic
This one-day skill-building course provides the knowledge needed to plan, teach, and evaluate a Mantoux Tuberculin Skin Test (TST) course. The course content includes skills for planning and conducting a TST training, including adult learning principles and teaching strategies. The curriculum is provided through lecture and participatory activities, including practicum in TST administration and reading and instructional skills demonstration. Each participant must demonstrate proficiency in delivering course content plus administering and reading the TST. Participants will receive feedback from experienced trainers as they practice their skills. Topics include: adult learning principles for
instructors, tips and tools to plan and conduct a successful TST training, and TST course curriculum review and demonstration.

THE RUTGERS GLOBAL TUBERCULOSIS INSTITUTE (GTBI)

Additional information for these and other upcoming trainings that are offered by the NJMS Global Tuberculosis Institute can be found at: [http://globaltb.njms.rutgers.edu/training/trainingcalendar.html](http://globaltb.njms.rutgers.edu/training/trainingcalendar.html)

THE HEARTLAND TB CENTER

For more details and to check for open courses visit [http://www.heartlandntbc.org/training.asp](http://www.heartlandntbc.org/training.asp)

The Impact of Substance Abuse and Mental Illness in Developing HIV and TB (An Online Course)

Contact: jessica.quintero@uthct.edu

TB Nurse Case Management Oct 14-16, 2014 San Antonio, TX

Contact: delfina.sanchez@uthct.edu

Tuberculin Skin Test (TST) Practicum Oct 16, 2014 San Antonio, TX

Contact: delfina.sanchez@uthct.edu

TB Intensive Nov 11-14, 2014 San Antonio, TX

Contact: jessica.quintero@uthct.edu

THE CURRY INTERNATIONAL TUBERCULOSIS CENTER (CITC)

The 2014 training schedule is available online, for additional information or to apply for upcoming trainings please visit: [http://www.currytbcenter.ucsf.edu/training/schedule_2014.cfm](http://www.currytbcenter.ucsf.edu/training/schedule_2014.cfm)

Sharing the Care: Working Together on LTBI Treatment and Management

September 24, 2014 Webinar

75-minute presentation followed by a 15-minute Q and A session for physicians and other licensed medical professionals who diagnose and treat latent tuberculosis infection.

Focus on LTBI Pilot

September 30, 2014 Oakland, CA

One-day pilot curriculum for physicians, nurses, communicable disease investigators, and other licensed medical professionals who diagnose and treat infection.

Tuberculosis Clinical Intensive + Focus on LTBI Pilot
September 30-October 3, 2014 Oakland, CA

Four-day intensive for physicians and other licensed medical professionals who manage patients with or at risk for tuberculosis.

**Pediatric Tuberculosis: The Essentials with Dr. Ann Loeffler**

October 8, 2014 Webinar

45-minute presentation followed by a 15-minute Q and A session for public and private clinicians and allied health personnel who work with pediatric tuberculosis.

**Staying Safe: Preventing TB Transmission in Health Care Facilities with Dr. Kevin Fennelly**

October 20, 2014 Webinar

30-minute presentation followed by a 15-minute Q and A session for nurses and other health care workers who interact with TB patients or who supervise staff working with TB patients in a health care facility.

**Mycobacterium Bovis: Epidemiology, Diagnosis, and Treatment**

November 7, 2014 Webinar

75-minute presentation followed by a 15-minute Q and A session for physicians, other licensed medical professionals, and public health professionals involved in M. Bovis community prevention strategies and M. Bovis case contact investigations.

**Tuberculosis Case Management and Contact Investigation Intensive**

November 18-21, 2014 Oakland, CA

Four-day training for physicians, nurses, and other licensed medical care providers who manage patients with tuberculosis or who are at risk for TB.

**Requesting an “On-Demand” Webinar for your program in 2015:**

The “On-Demand” Webinar program is an effort to target timely TB in-service training to providers working in TB control programs or in other medical settings where TB or LTBI is diagnosed and treated. Each live webinar will be approximately 30 minutes to 1 hour in length. The topic area and date/time for training will be suggested by the jurisdiction submitting the application and, once approved, the faculty, final date/time, and learning objectives, etc., will be determined by CITC’s Curriculum Advisory Committee. “On-Demand” topics requested on this application should reflect current, specific challenges that the program is facing which can be addressed by an expert(s) in the field during a brief lecture. There will be time for questions and answers at the end of the live webinar.

If your jurisdiction is in the western region of the U.S. and interested in suggesting topic areas for your own “On-Demand” Webinar in 2015, please submit an application.
THE MAYO CLINIC CENTER FOR TUBERCULOSIS (MCCT)

Mayo Clinic Center for Tuberculosis - Home

Tuberculosis Clinical Intensive, Tuesday, September 30 – Thursday, October 2, 2014 in Ft. Wayne, IN

This 2 ½ day intensive course will familiarize the clinician and other health care professionals with all the aspects of tuberculosis infection, disease and clinical care using an interdisciplinary and interactive approach. The curriculum is provided through lecture and interactive case management sessions.

The faculty is selected for their unique skill in encouraging interaction and building rapport with participants. Mayo Clinic College of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians and has designated this live activity for a maximum of 14.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Mayo Continuing Nursing Education is accredited as a provider of Continuing Nursing Education by the American Nurses Credentialing Center’s Commission on Accreditation. The Continuing Nursing Education (CNE) designates a maximum of 13.75 nursing contact credit hours will be offered credit commensurate with the extent of their participation in the activity.

The atmosphere is relaxed with an expectation that a free exchange of questions, comments and information will occur. REGISTRATION is NOW OPEN, but nearing our limit of 150! Get more information and register today (live course, no registration fee) on our website at: http://centerfortuberculosis.mayo.edu/courses.html

Tuberculosis Clinical Intensive, November 19-21, 2014 at Mayo Clinic in Rochester, MN

This 2 ½ day intensive course designed to familiarize physicians, nurses, pharmacists and other health care professionals with all aspects of tuberculosis infection, disease and clinical care using an interdisciplinary and interactive approach. Registration and program agenda will be available in October. Additional information is available on our website at: http://centerfortuberculosis.mayo.edu/

FROM NATIONAL JEWISH MEDICAL AND RESEARCH CENTER

The 51st Annual Denver TB Course October 15-18, 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 The 51st Semi-Annual Denver TB Course - National Jewish Health or call 800.844.2305

FROM THE UNION

The Union’s International Management Development Programme 2014 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.

EVENTS, MEETINGS & CONFERENCES

Alphabetically listed by sponsoring organization

AMERICAN PUBLIC HEALTH ASSOCIATION (APHA)

November 15-19 New Orleans, LA

2014 Annual Meeting registration now open as APHA heads to New Orleans

The theme of the meeting is Healthography: How Where you Live Affects Your Health and Well-being.

AMERICAN THORACIC SOCIETY (ATS)

Save the Dates: May 15-May 20, 2015 Denver, Colorado

The American Thoracic Society will celebrate 110 years of disseminating scientific discoveries and clinical advances during the ATS 2015 International Conference. ATS 2015 will cover all aspects of pulmonary, critical care, and sleep medicine, and its sessions, workshops, and more will highlight new findings that are transforming the practice of medicine.

Researchers and clinicians get the first look at the most exciting research in pulmonary, critical care, and sleep medicine each year at the American Thoracic Society International Conference. You are invited to submit an abstract on your research or a unique case report to be considered for ATS 2015, which will be held May 15 to 20 in beautiful Denver, a mountainous metropolis celebrated for groundbreaking discoveries in respiratory medicine and care. The ATS is now accepting the submission of:

- **Scientific Abstracts**, which can report on basic, translational, and clinical science research; epidemiologic, social, biobehavioral, and psychosocial investigations; or educational and quality improvement projects.

- **Case Reports**, which must describe a single, unique case.

The contribution of nearly 6,000 abstracts and case reports each year is what makes the ATS International Conference the preeminent meeting in respiratory medicine. Submission fees for case reports have been cut in half for ATS 2015. Submission fees for both scientific abstracts and case reports from authors from low-income countries have been reduced to $20. Membership in the ATS is not a prerequisite for submission.

The submission deadline is 5 p.m. (EST) Nov. 5. Learn more about submitting scientific abstracts and case reports for ATS 2015.
NATIONAL COUNCIL ON CORRECTIONAL HEALTH CARE (NCCHC)

National Conference on Correctional Health Care, October 20-22, 2014, Pre-conference Seminars October 18-19, Las Vegas


NATIONAL MINORITY AIDS COUNCIL

18th Annual United States Conference on AIDS (USCA) October 2-5, 2014, San Diego, California

PUBLIC HEALTH LAW CONFERENCE

October 16–17, 2014, in Atlanta, Georgia.

The conference will gather public health and legal experts from across the country to examine and discuss today's critical challenges in public health law. Find more information about the conference and learn how to get the early bird registration rate

THE UNION

45th UNION WORLD CONFERENCE ON LUNG HEALTH 28 October - 1 November 2014 Barcelona, Spain

Theme: Community-driven solutions for the next generation

Click here to download the Barcelona 2014 Brochure

Website: http://barcelona.worldlunghealth.org

Email: barcelona2014@theunion.org

Registration is now open for the year's most important tuberculosis conference – and the largest lung health conference to focus on the issues as they affect low- and middle-income countries. Delegates from 120 countries will gather in Barcelona, Spain for the 45th Union World Conference on Lung Health on 28 October-1 November 2014. Read more.

Symposium: Zero Accountability: when action doesn't match the numbers

The response to the declared MDR-TB emergency has been inadequate. According to the World Health Organization, in 2012 an estimated 450,000 people developed MDR-TB and yet less than 1 in 5 were diagnosed and treated. This symposium will focus on the current state of research and development for MDR-TB, including the complexity and duration of existing treatments, and key access issues, including pricing and the uptake of new drugs and regimens.

Keynote speaker, Mark Dybul, Executive Director, Global Fund to Fight AIDS, Tuberculosis and Malaria, will talk about financing the emergency response. Date: Thursday, October 30, 2014 Time: 18h00–20h00

Location: Hotel Diagonal Zero Barcelona Plaça de Llevant, s/n - 08019 Barcelona

www.hoteldiagonalzero.com Conference registration NOT required for attendance
Organized by Treatment Action Group Co-sponsored by the Stop TB Partnership, Partners In Health, and Harvard Medical School Department of Global Health and Social Medicine

NORTH AMERICAN REGION

19th ANNUAL CONFERENCE February 26-28, 2015 Vancouver, Canada

Click here to view the conference webpage

Deadline for abstract submission: Monday, October 6, 2014 We welcome the submission of abstracts for poster and oral presentations of research on all aspects of tuberculosis control, including epidemiologic, clinical, basic science, nursing, social, behavioural, psychosocial and educational studies, as well as outcomes of program initiatives. Abstracts must be submitted in accordance with these guidelines.

We are pleased to offer travel grants to selected individuals within the Americas and the Caribbean who would otherwise be unable to attend the 19th Annual Conference of the Union - North America Region without financial assistance. It is highly recommended that you seek additional sources of funding.

Deadline for Travel Grant Award submission: Monday, October 6, 2014

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