A REMINDER: As of January 1, 2015, the new “Friends of Stop TB USA” database will replace the old Newsletter mailing list. TB Wire readers 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**

Before adjourning for the election, Congress passed a temporary spending measure to fund government programs past the expiration of the fiscal year on September 30. The measure funds government programs at current 2014 funding levels minus a 0.0554 percent across the board cut in all discretionary spending to fund CDC and Biomedical Advanced Research and Development Authority (BARDA) efforts to respond to the Ebola outbreak. The bill will fund government programs until December 11, 2014. Congress will return for a lame duck session in mid-November and will have to pass another measure to fund government programs for the rest of FY2015.

**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**

**STOP TB USA ANNOUNCES SEARCH FOR A NEW EXECUTIVE DIRECTOR**

With the pending retirement of Sue Etkind, the current Executive Director of Stop TB USA, the Partnership is announcing the posting of the Executive Director position (see link below). This is a part time (23 hrs/wk) contracted position with the American Thoracic Society with location flexibility. The Executive Director has overall responsibility for execution and expansion of the strategic vision, mission and programs of Stop TB USA, and requires skills in leadership and management, communications, and partner and community engagement.

To read the Executive Director position description, please click here: [StopTBUSA Executive Director](#)

We encourage all interested persons to forward a CV to setkind@stoptbusa.org by November 10, 2014. Questions can also be directed to setkind@stoptbusa.org

[TOP]

**HIGHLIGHTED TB REPORTS/UPDATES**

**STOP TB PARTNERSHIP:**

Municipal Stop TB Partnership: Three organizations shortlisted for prestigious 2014 Kochon Prize
7 October 2014 - Geneva, Switzerland - Three outstanding organizations have been shortlisted for the 2014 Kochon Prize. The theme for this year focused on innovators working with TB communities to reach the three million people who are missed every year. The nominees are: 1) TB/HIV Care Association, a South African non-profit organization that has shown innovation in working with communities and key populations to fight against TB; 2) REACH Ethiopia, a small locally registered entity who successfully implemented a TB REACH project in the Sidama district of Ethiopia; and 3) Indus Hospital TB Programme, a pioneer in the use of technology to expand access to free, community-based TB care in Pakistan. The US $65,000 Kochon Prize has been awarded annually for the past six years to persons, institutions or organizations that have made a highly significant contribution to combating TB, a disease that is curable but still causes the deaths of three people every minute. The Prize is fully funded by the Kochon Foundation, which is located in the Republic of Korea. The 2014 prize winner will be announced and awarded on Tuesday, 28 October at the Stop TB Symposium, an annual event at the 45th World Conference of the International Union Against Tuberculosis and Lung Disease. The Union Conference will be held in Barcelona this year.

Stop TB Partnership newsletter

- **A targets framework: Dismantling the invisibility trap for children with drug-resistant TB**
- **Editorial: A proposal to rethink how we track TB spread around the world**
- **A pragmatic approach to measuring, monitoring and evaluating interventions for improved TB case detection**
- **Training for prison officers and prisoners in Zambia: Challenge Facility for Civil Society**
- **Addressing childhood tuberculosis at Dar es Salaam's Center of Excellence**
- **Aeras partners with organizations in Zambia and Kenya to conduct TB Vaccine Advocacy Workshops**
- **KNCV Tuberculosis Foundation launches young scholarship programme**
- **Strengthening TB laboratory systems through Project Hope**
- **Collaboration offers a treatment adherence solution for mobile populations**
- **Innovating Science: supporting TB detection programmes worldwide**
- **WHO and ERS launch framework targeting TB elimination in over 30 countries**
- **Monitoring health and social protection coverage in the context of TB care and prevention**
- **Afro Global Alliance Ghana holds training workshop on Global Fund's New Funding Model**
- **Mobilizing against TB: Symposium launches new TB initiative funded by Jansen Pharmaceuticals**
- **CHMI and IRD hold capacity building workshop to transition from donor funding to sustainable social business models**
#TBunmasked: a spotlight on the campaign

Aeras has launched #TBunmasked, a global campaign to support the 50 million healthcare workers on the front lines of the global TB epidemic. Healthcare workers are three times more likely to contract TB than the average person. Nearly 80% of TB cases among healthcare workers are attributed to occupational exposure. Each day, these heroes put their lives on the line to treat TB patients, and they deserve protection from the very disease they are fighting. Please watch this short #TBunmasked video to learn more about the campaign and how to get involved. If you are a healthcare worker and you would like to include your story, video or photo on the #TBunmasked site, please email tbunmasked@aeras.org. You can also upload a photo, video or write your story through this site.

TB in the Media

Aeras applauds White House attention to TB threat
The Silent Disease: a look at the crisis in Romania
Indian Health Minister launches country's first national anti-TB resistance survey

TB Podcast Highlight

The Rutgers Global TB Institute has created a comprehensive multimedia library of 37 in-depth lectures, videos and presentations on TB

RESULTS

New York Times article: Contact Tracing Is Called Pivotal in Fighting Ebola


Another TB patient ends life, cuts throat with shaving blade


TREATMENT ACTION GROUP (TAG)

NEWS ON THE FIGHT TO END HIV/AIDS, VIRAL HEPATITIS, AND TUBERCULOSIS

Fall 2014

A Drug by Any Other NameThe basics of generic medications, bioequivalence, and the push for good manufacturing practices By Tim Horn.

Securing access to generic drugs to treat HIV, hepatitis C virus (HCV), and tuberculosis (TB) is now one of the
most prominent strategies of global health care and treatment activism. The ongoing development, regulatory approval, and evaluation of generic drugs are dependent on activism. This requires a basic understanding of the science and policies of generics, particularly the practices that must be followed to help ensure equivalence and quality control.

**The Road to Treatment Access** Generic drug registration, licensing, and a trip to Gilead’s islands By Karyn Kaplan and Tracy Swan

Access to essential medicines is part of the human right to health. The HIV/AIDS epidemic has demonstrated that generic competition is key to massive antiretroviral treatment (ART) scale-up in low- and middle-income countries (LMICs). But several steps are needed to create access to generics, including registration and licensing. Understanding these steps is critical for effective advocacy.

**Safeguarding against Stock-Outs** The time has come for U.S. tuberculosis programs to have full access to the Stop TB Partnership's Global Drug Facility procurement and stockpile safety nets By Kenyon Farrow

Generic drugs can be credited with saving millions of lives by allowing for life-threatening infectious diseases to be treated and cured affordably. However, access to these drugs still leaves a lot to be desired in many countries. These include the United States, where low-prevalence diseases like tuberculosis (TB) are at the mercy of limited market competition among generic drug makers, which can result in drug shortages when manufacturing or distribution problems arise.

**Generics vs. the Giant** For people with drug-resistant tuberculosis (DR-TB), generic linezolid may be a lifesaver. But only if quality-assured versions are available and affordable By Erica Lessem

As new drugs bedaquiline and delamanid offer renewed hope of treating DR-TB, doctors and programs are faced with the challenge of finding companion drugs to create regimens to which patients' TB is still susceptible. Without other effective drugs, resistance may develop to bedaquiline or delamanid, and patients and communities have fewer chances of overcoming DR-TB. For this reason, interest in procuring linezolid has been increasing.

**Romania law to give TB patients a right to treatment, as well as social and psychological support**

Our NGO colleagues in Romania have drafted language for a law to give TB patients a right to treatment, as well as social and psychological support. The Ministry of Health has agreed to endorse the law and send it to Parliament. This would be a big development, but unless there is lots of support (like previous legislation to protect people with HIV), it won't get passed. Romania has not been appropriately addressing TB, and this is a very positive development-- let's support our colleagues who initiated it! Please consider signing on to the petition to pass this law, here:

UNION E-NEWS

IMDP joins the Global Health Workforce Alliance
The International Management Development Programme (IMDP) is now a member of the Global Health Workforce Alliance (GHWA), supporting its efforts to strengthen human resources for health by delivering accredited management training. Read more...

New working groups focus on current public health concerns
Union members are invited to join two new working groups that focus on current public health concerns - TB and Mental Health and TB, HIV and Tobacco. Read more ...

JAMA: Global Tuberculosis. Perspectives, Prospects, and Priorities
In the *Journal of the American Medical Association* this month, Tom Frieden, Karen Brudney and Anthony Harries remind readers that a key challenge in TB control is "forgetting". Read more...

MEDECINS SANS FRONTIERES/Doctors Without Borders (MSF)
Examining the experiences of patients and staff involved in the ‘TB & ME’ blogging project
New MSF Study: Collaborative Blogging Helps People Living with TB

OTHER NEWS/General

“European research project develops low-cost, accurate urine test for TB detection”, *News-Medical-Net*, September 19, 2014

The European research Project Pocket (Development of a low-cost Point-Of-Care test for Tuberculosis detection), launched in November 2013, develops a low cost accurate urine test for the detection of TB designed to become an accessible tool to face the infection in developing countries. The leaders of the Pocket project are meeting on September 18 th-19 th at the *Institut Català de Nanociència i Nanotecnologia* (ICN2), where the Nanobiosensors and Bioanalytical Applications Group led by the CSIC Research Prof. Laura M. Lechuga is involved in the biofunctionalization and biosensor development. The initiative is funded by the ICT program of the EU with 2.6 million Euros and coordinated by Prof. Peter Bienstman of Ghent University (Belgium). The early treatment of TB is currently hindered by the lack of rapid, accurate diagnostic tools, especially those that can be applied as a point-of-care device in the resource-constrained settings in developing countries. Alternatives do exist, but they either come at a high cost or lack the required sensitivity. The Pocket Project integrates a number of world-class novel technologies to provide a cheap and sensitive point-of-care TB test combining nanophotonics and novel selective antibodies. The new tool will be able to detect through urine the presence of TB antibodies. The antibodies to be detected are different depending on whether the person is infected with HIV, increasing the complexity of the sensor surface on which researchers from ICN2 are already working. The objective of Pocket is to go beyond a mere laboratory prototype instrument, so during the final year of the project it will organise field trials in Africa and India. Despite most cases of TB occur in developing countries, the test being developed might be useful worldwide because the infection is reemerging in major urban populations in Europe, due to the increase in global travel.
“US Delegation Heads to North Korea to Combat Tuberculosis Epidemic”, PRWeb, September 30, 2014

Tuberculosis kills over one million people a year. In North Korea, The Eugene Bell Foundation of Washington, D.C. is working to stop the spread of the deadly disease. Read the full story at http://www.prweb.com/releases/2014/10/prweb12207251.htm

United States

OHIO


DOVER: More than a 1,000 students and staff at Dover High School and Buckeye Career Center were tested for tuberculosis this week after a person at both schools had been exposed to active TB, according to the Tuscarawas County Health Department. The health department administered the Mantoux tuberculin skin test on a voluntary basis at the career center on Monday and at Dover High on Tuesday to all students and staff who had a signed release. The career center got the results on Wednesday, which showed that no positive cases had been identified, Superintendent Bob Alsept said.

“There were a limited number of students with direct contact to the person, but we offered it to everyone to make sure we were ahead of it,” he said. A little more than 300 students and staff were given the skin test. Buckeye has about 800 students and staff in the building throughout the day.

The health department is investigating several suspected active cases of TB. On Tuesday, it received confirmation that one of the cases is tuberculosis. According to the agency, that individual has been advised to remain at home until medically cleared and no longer considered contagious. This often takes at least two weeks of antibiotic treatment and validation of clear test results.

In 2013, the Ohio Department of Health reported 148 cases of tuberculosis in Ohio. None were reported in Tuscarawas County.

FLORIDA

“Active TB case at Eugene Butler Middle School”, WJAX TV, September 25, 2014

JACKSONVILLE: The Florida Department of Health is investigating a case of active tuberculosis at Eugene Butler Middle School. The Duval County Health Department said students, staff members and their families have been notified. They will be medically evaluated and offered therapy if infected. The student with active TB needed hospitalization. "We are working closely with the school district to ensure the health and safety of students and staff,” said Dr. Kelli Wells, director of the Florida Department of Health in Duval County. "This public health response is anchored by an investigation that is an important part of the protection of everyone involved."

TEXAS
EL PASO: The City of El Paso Department of Public Health has updated information related to the exposure of babies to a hospital worker at Providence Memorial Hospital who had an active case of tuberculosis (TB). A total of 853 babies have been identified as potentially exposed. The following is a breakdown based on their locations as reported by the hospital. We continue to use mail, certified mail, telephone calls, and personal visits to make contact with these parents and children. (Texas 764, New Mexico 59, Mexico 27, Arizona 1, Minnesota 1, Montana 1)

A preliminary list of 706 babies was obtained from Providence Memorial Hospital on September 18, 2014 for those who were considered exposed based on the day and time of their birth in correlation with the schedule of the infected healthcare worker. Following further record review, the list was increased and a second and third list were submitted on September 22, 2014 which included those babies who received phototherapy treatment. A fourth list to include those babies considered to be “transitional” was received on September 26, 2014. (First List 706, Second List (phototherapy) 45, Third List (phototherapy) 8 (originally 11 with 3 duplicates), Fourth List (transitional) 94, Total 853

While we have five positive screening results for TB infection (4 of them may be false positive due to BCG vaccination) we have no positive Active TB results. “The El Paso Public Health Department is working closely with the Texas Department of Health Services which is providing the screening and treatment protocols for this investigation. As can sometimes be the case, physicians may not be in total agreement with each other regarding patient treatment. The EPPHD will be using Texas State recommendations and protocols which may be different than those in Mexico, New Mexico or those of local physicians. Parents, of course, are free to choose the provider of their choice for their children's screening and treatment," said Robert Resendes, Public Health Director.

Global

GHANA

“Tuberculosis High in Ghana”, Ghanaweb.com  Sep 24 08:42am

By the standards of the World Health Organisation (WHO), TB cases should be below 92 per every 100,000 people. However, a preliminary survey of cases by the West Africa AIDS Foundation (WAAF) across the country shows that there are 286 cases per every 100,000 people in Ghana. This was made known in Accra during a project launch which was in partnership with the Stop TB Partnership programme. According to the World Health Organisation (WHO), in 2011, there were approximately 20,000 new TB cases diagnosed in the country but only 78 per cent were treated. In Ghana, TB mortality rate is considered high at 7.5 per every 1,000 infected. To ensure that TB is eradicated from the country, the West Africa AIDS Foundation is undertaking a project dubbed "Nothing for Us Without Us (NUWU). The project, among other things, advocates the involvement of Tuberculosis (TB) patients in matters that concern them. It is also aimed at strengthening their voices at the continental level to improve the health and well-being of both the affected and infected. The Chief Executive Officer of WAAF, Dr Naa Ashley Vanderpuije, at the launch of the project in Accra, said it sought to strengthen meaningful engagement of TB infected persons and their affected communities for the
desired impact. The project, she said, would nominate TB infected and affected people onto TB platforms at
the international level to advocate on their behalf. According to Dr Vanderpuije, the project would also help to
build the the capacity of members through increasing community knowledge on the disease and also advocate
for universal access to TB services, including quality diagnostic and treatment resources

A WHO Consultant, Chief Austin Arinze Obiefuna, who spoke on the global fund programmes in Ghana, said
the fund had moved from the passive role of stop TB partnership to a more active management; from a Global
Fund defined timeline to a country defined timeline to optimise impact. He called on the TB Partnership
Programme to plan ahead, strengthen national strategies, involve key groups, consolidate and use updated
information and ensure that the Country Coordinating Mechanism and Principal recipients could do the work
they had been entrusted with.

INDIA

“MDR-TB cases up 55 times since 2010”, DNA India 25 September 2014

Seventeen-year-old Netra (name changed) from Girgaon in South Mumbai looks like just another lanky
teenager. Two years ago, she was afflicted with a stubborn strain of tuberculosis. Netra’s ailment was picked
up under a national TB programme run by the civic body. Netra is one of the 6,701 patients diagnosed with
multi-drug resistant (MDR) tuberculosis following screenings by the Brihanmumbai Municipal Corporation
(BMC) since 2010 and the numbers are growing at an alarming rate. From barely 47 cases four years ago, the
figures were up by 55 times to 2,615 till 2013. Not many were as lucky as Netra to survive the scourge of MDR-
TB. Nearly 17 per cent of the cases – 1,033 patients – have succumbed to the disease in past four years.
People affected by these deadly bacteria do not respond to basic first-line TB drugs – Isoniazid and
Rifampicin. "Patients are directly getting afflicted with multi-drug resistant bacteria, which is a more potent
bug," said Dr Amita Athavale, head, chest medicine, BMC-run KEM Hospital.

"I could not stand on my own feet for up to two months, skipped my 10th board exams. I was administered
injections daily for up to six months. The effects of medicines on my body was so harsh that it was very
difficult for me to bear the pain," Netra said.

The BMC woke up an underlying epidemic in the city after 12 cases of extensively drug resistant (XXDR-TB)
cases were reported by PD Hinduja Hospital in January 2011. Another powerful strain that health officials have
come across is the extremely drug resistant (XDR-TB), something that was unheard of up until four years ago.
Since 2010, the BMC has put 288 people on XDR-TB treatment. Both XXDR and XDR patients are resistant to
the second-line MDR-TB drugs.

2,000 cases every year: Public health experts said that more TB cases were being diagnosed due to installation
of more diagnostic facilities in the city. "We have been persistently detecting close to 2,000 cases of MDR-TB
every year since 2012," said Dr Minni Khetrapal, TB officer, BMC.


[TOP]
NEW RESOURCES

FIND TB RESOURCES:

_Essentials for the Mycobacteriology Laboratory: Promoting Quality Practices_, from the Association of Public Health Laboratories and the Centers for Disease Control and Prevention (CDC).

TAG

Two New Activist Guides on Delamanid and Linezolid

Delamanid (also called Deltyba), the newest drug to fight tuberculosis (TB) was approved in Europe and Japan in 2014. _An Activist’s Guide to Delamanid_ explains what we know about the drug’s efficacy and safety. Linezolid, an older drug important for treating some cases of drug-resistant TB, is being used more and more, and _An Activist’s Guide to Linezolid_ summarizes the information we have on linezolid’s safety and efficacy in TB treatment. Both guides describe what activists—including people with TB, researchers, and doctors who treat TB—can do to help ensure access, fair pricing, and further research.

UNION E-NEWS

Child TB training toolkit launched by WHO and The Union

The World Health Organization (WHO) and The Union have released a training toolkit to combat childhood tuberculosis (TB). It focuses on training health care workers at the primary and secondary level to manage TB in children. Read more and download the kit

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

CDC NCHHSTP State Profiles are now updated and available at the below link. Please feel free to share further. http://www.cdc.gov/nchhstp/stateprofiles/usmap.htm

[TOP]

JOURNAL ARTICLES

September 24 to October 15, 2014

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_Tuberculin skin test versus interferon-gamma release assays for the diagnosis of tuberculosis infection_. De Keyser E, De Keyser F, De Baets F.

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*The Enabling Effect of Food Assistance in Improving Adherence and/or Treatment Completion for Antiretroviral Therapy and **Tuberculosis** Treatment: A Literature Review.* de Pee S, Grede N, Mehra D, Bloem MW.


**Am J Respir Crit Care Med.** 2014 Sep 29. [Epub ahead of print]

**Risk of Tuberculosis After Recent Exposure: a 10-year Follow-up Study of Contacts in Amsterdam.** Sloot R, Schim van der Loeff MF, Kouw PM, Borgdorff MW.

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An Upstream Truncation of the furA-katG Operon Confers High-Level Isoniazid Resistance in a Mycobacterium **tuberculosis** Clinical Isolate with No Known Resistance-Associated Mutations. Siu GK, Yam WC, Zhang Y, Kao RY.

Redefining multidrug-resistant **tuberculosis** based on clinical response to combination therapy. Gumbo T, Pasipanodya JG, Wash P, Burger A, McIlneron H.


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Anti-tuberculosis treatments and risk of hepatocellular carcinoma in tuberculosis patients with liver cirrhosis:
a population-based case-control study. Lim YP, Lin CL, Hung DZ, Lin YN, Kao CH.


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Drug-resistant tuberculosis control in South Africa: scientific advances and health system strengthening are complementary. Padayatchi N, Loveday M, Naidu N.


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Tuberculosis in older adults in Soweto, South Africa. Karstaedt AS, Bolhaar M.

Tuberculosis and risk of cancer: a Danish nationwide cohort study. Simonsen DF, Farkas DK, Søgaard M, Horsburgh CR, Sørensen HT, Thomsen RW.

Trends, seasonality and forecasts of pulmonary tuberculosis in Portugal. Bras AL, Gomes D, Filipa PA, de Sousa B, Nunes C.

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Preventive chemotherapy for contacts of MDR-TB: is the proof in the pudding? C. Lange, B. Kampmann

Cigarette smoking among tuberculosis patients increases risk of transmission to child contacts. C-C. Huang, E. Tchetgen Tchetgen, M. C. Becerra, T. Cohen, J. Galea, R. Calderon, R. Yataco, C. Contreras, Z-B. Zhang, L. Lecca, M. Murray
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Assessing adherence to accepted national guidelines for immigrant and refugee screening and vaccines in an urban primary care practice: a retrospective chart review. Waldorf B, Gill C, Crosby SS.


Pharmacokinetics of rifampicin in Mexican patients with tuberculosis and healthy volunteers. Medellín-Garibay SE, Milán-Segovia Rdel C, Magaña-Aquino M, Portales-Pérez DP, Romano-Moreno S.


Understanding the effect of miliary tuberculosis through the experience of one young person. Mighten J.


"I Can Also Serve as an Inspiration": A Qualitative Study of the TB&Me Blogging Experience and Its Role in MDR-TB Treatment. Horter S, Stringer B, Venis S, du Cros P.


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Correlates of Treatment Outcomes and Drug Resistance among Pulmonary Tuberculosis Patients Attending Tertiary Care Hospitals of Kolkata, India. Goswami A, Chakraborty U, Mahapatra T, Mahapatra S, Mukherjee T, Das S, Das A, Dey SK, Ray S, Bhattacharya B, Pal NK.


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Public Health Action Volume 4, Number 3 - September 2014

To the future: a new direction for Public Health Action. D. A. Enarson

Implementing civil registration in a challenging environment. F. C. Notzon

What does systematic review and meta-analysis offer, and what does it not? H-H. Lin, C-Y. Chiang


Sputum smear conversion and treatment outcomes for tuberculosis patients with and without diabetes in Fiji. P. Prasad, S. Gounder, S. Varman, K. Viney

Clinical characteristics and treatment outcomes of tuberculosis cases hospitalised in the intensive phase in Fiji. A. Alo, S. Goudner, S. M. Graham

Changing from single-drug to fixed-dose combinations: experience from Fiji. R. Mahadeo, S. Gounder, S. M. Graham

Comparison of tuberculosis treatment outcomes by method of treatment supervision in the Fiji Islands
N. Narayan, K. Viney, S. Varman

Evaluation of the implementation of the Xpert® MTB/RIF assay in Fiji

A. Gounder, S. Gounder, S. A. Reid

Tuberculosis diagnostics in Fiji: how reliable is culture?

M. Reddy, S. Gounder, S. A. Reid

Tuberculosis knowledge and awareness in tribal-dominant districts of Jharkhand, India: implications for ACSMP.


Preliminary validation of an instrument to assess social support and tuberculosis stigma in patients' families


Factors affecting treatment outcomes in drug-resistant tuberculosis cases in the Northern Cape, South Africa

Elliott, H. R. Draper, P. Baitsiwe, M. M. Claassens


Risk of tuberculosis in patients with chronic immune-mediated inflammatory diseases treated with biologics and tofacitinib: a systematic review and meta-analysis of randomized controlled trials and long-term extension studies.

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Outcome of latent tuberculosis infection in solid organ transplant recipients over a 10-year period.

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Assessing the economic burden of illness for tuberculosis patients in Benin: determinants and consequences of catastrophic health expenditures and inequities. Laokri S, Dramaix-Wilmet M, Kassa F, Anagonou S, Dujardin B.


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COURSES/WORKSHOPS

FROM THE RTMCCs:

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

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/](http://globaltb.njms.rutgers.edu/)

Tuberculosis at a Crossroads: Staying on Track Towards Elimination November 6, 2014 – Hartford, CT

Contact Jennnifer K. Campbell at jennifer.k.campbell@rutgers.edu

This conference will provide updates in TB, including an overview of current TB control practices, TB/HIV, case management strategies and case presentations. This forum will provide an opportunity to network with colleagues conducting TB control activities. The format includes lectures, discussions and case studies.

Management of Contacts to TB Cases November 13, 2014 – Burlington, VT

Contact Nisha Ahamed at ahamedni@rutgers.edu
This training will cover public health and clinical approaches for assessing and managing contacts to persons with suspected or confirmed pulmonary TB. Topics will include transmission and pathogenesis, contact investigation procedures and protocols, interviewing contacts, and clinical assessment of contacts.

**Tuberculosis Case Management for Nurses (A three-part, online training)**

December 4, 11, & 18, 2014 1:00 – 2:30PM EST Contact Rajita Bhavaraju at bhavarr@rutgers.edu

This web-based course will address many aspects of TB case management from the nursing perspective. Topics will include effective communication, cultural competency, working with special populations, adherence, developing a case management plan, and incorporating nurse case management skills. Participants should have an understanding of the fundamentals of TB transmission, diagnosis and treatment prior to applying for this course. The course will utilize live and recorded lectures, discussions and exercises. Each live session lasts 90 minutes; participants must be committed to attend all 3 sessions and complete offline assignments. Priority will be given to applicants from the Northeast United States.

**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

**Diagnosis of TB Laboratory: Live Webcast - Nov 12, 2014**

The goal of this training is to educate health care providers in identifying and treating patients with latent tuberculosis infection and patients with tuberculosis disease by reviewing the current epidemiology, pathogenesis, identification, and treatment of tuberculosis including issues that complicate treatment such as mental health issues and co morbidities.

Contact: delfina.sanchez@uthct.edu

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

This course is intended for physicians, nurse practitioners and registered nurses with direct experience in the management of patients with, or at risk of, tuberculosis. This is not an introductory course. It is recommended that nursing participants attend a Nurse Case Management course prior to attending TB Intensive.

Contact: jessica.quintero@uthct.edu

**Ethical Considerations in the TB Patient: Live Webcast - Nov 14, 2014**

This course is intended for physicians, nurse practitioners and registered nurses with direct experience in the management of patients with, or at risk of, tuberculosis. This is not an introductory course. It is recommended that nursing participants attend a Nurse Case Management course prior to attending TB Intensive.
Contact: delfina.sanchez@uthct.edu

THE CURRY INTERNATIONAL TUBERCULOSIS CENTER (CITC)

For additional information or to apply for upcoming trainings please visit: http://www.currytbcenter.ucsf.edu/training/schedule_2014.cfm

*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.

*Sharing the Care: Working Together on LTBI Treatment and Management* Webinar now posted

This 90-minute training was created for physicians and other licensed medical professionals who diagnose and treat latent tuberculosis infection (LTBI). The training focused on risk assessment, diagnosis, and treatment options for LTBI. The webinar was presented on September 24, 2014.

**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*, November 19 - 21, 2014 at Mayo Clinic in Rochester, MN

This 2 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

http://www.nationaljewish.org/Calendar/2015/The-51st-Semi-Annual-Denver-TB-Course-(4-day-course)-April
April 15-18, 2015

The 52nd Annual Denver TB Course 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

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.

**RESULTS**

2015 International Conference Save the Dates: July 18-21st, Washington DC

**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

Complete World Conference programme announced

Some 3,000 delegates are expected to attend next month’s Union World Conference in Barcelona, where they will hear about the latest research and developments in TB, lung health, HIV and tobacco control from leading experts, government ministers, patient advocates and other stakeholders from countries around the world.

Read more ...

Complete details and registration here ... 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

**MSF SYMPOSIUM: Changing the status quo in TB drug and regimen R&D**

**WHY:** There is a need to examine the current system and look for ways to improve the drug and regimen pipeline to ensure that we are adequately equipped to tackle TB in the future.

**Agenda:** Barriers in early drug development, Prof Stewart Cole (EPFL); Eli Lilly perspective on issues with TB drug and regimen development, Dr Evan Lee; Barriers for combination trials, Dr Robert Horsburgh (Boston University); Existing funding mechanisms for TB R&D, Colleen Daniels (TAG); and A Novel solution to the current R&D problem, Dr Manica Balasegaram (MSF)

**WHEN:** Friday, 31 October 2014, 14:30 - 16:30, Session N.00218 WHERE: Room 114, the CCIB
For more information, contact: Grania Brigden <Grania.BRIGDEN@geneva.msf.org>

**NORTH AMERICAN REGION**

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

Click here to view the conference webpage

**ASIA PACIFIC REGION:** In 2015 Australia will be hosting the 5th Conference of The Union Asia Pacific Region. The conference will be held in Sydney from the 31st August to the 2nd September, 2015. The link to the conference website is as follows: http://www.aprunion2015.com/

StopTBUSA was formerly known as the U.S. National Coalition for Elimination of Tuberculosis (NCET). Please pass this information on to your colleagues who are interested in TB elimination.