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.

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

The impending fall election is impacting the annual appropriations process, with the result that fiscal year (FY) 2015 spending bills are now stalled in the Senate. Earlier this month, Senate Appropriations Committee chair, Sen. Barbara Mikulski (D-MD), pulled the health spending bill, known as the Labor-Health and Human Services bill (Labor-HHS), from full Appropriations Committee action due to disagreements over Republican-backed amendments on funding for the Affordable Care Act (ACA).
The Senate Labor-Health and Human Services Appropriations subcommittee, chaired by Sen. Harkin (D-IA), passed the FY2015 health spending bill, which provides funding for CDC, including the TB program, on June 10. The bill provides flat funding for CDC’s domestic TB program, at $142.6 million, with actual program level at $135 million. For the CDC overall, the bill provides $7.054 billion, an increase of $170.9 million, or about 2.3 percent, from the FY2014 level. It is unclear when the bill will be considered by the full Senate Appropriations Committee and the full Senate.

The House Labor-HHS-ED subcommittee, chaired by Rep. Kingston (R-GA), has not scheduled a vote. There is a strong chance that Congress will run out of time before the start of fiscal year 2015 on October 1 and will have to pass temporary spending measures extending current funding into fiscal year 2015.

GLOBAL FUNDING

The House FY2015 Foreign Operations bill proposes to flat-fund USAID’s global tuberculosis program at the FY2014 level of $236 million. The Senate bill proposes a funding cut of $11 million, or just under 5%, to the program, for a proposed FY2015 funding level of $225 million. Although we are disappointed that the Senate proposed a cut to the program, both proposals are considerably better than the President’s FY2015 budget for the program, which is a $45 million, or 19% funding cut, which would reduce the program’s funding down to $191 million.

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.

ANNOUNCEMENTS

STOP TB USA

STOP TB USA COORDINATING BOARD VACANCY

Stop TB USA currently has a vacancy on the Coordinating Board. The Board consists of the Officers of the Partnership, 10 or more additional members from the general Partnership membership, and ex officio members (a representative of the American Thoracic Society, the Director of the Division of Tuberculosis Elimination, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention, and the President of the National Tuberculosis Controllers Association). The Board is responsible for overall policy and direction of the Partnership and approval, leadership, direction and monitoring of the implementation of the Partnership’s Annual Work Plan.

The current vacancy is for a member who has policy, education and resource mobilization experience. Please email setkind@stoptbusa.org by July 23rd, if interested.
HIGHLIGHTED TB REPORTS/UPDATES

STOP TB PARTNERSHIP

Apathy in TB fight: The Economist Intelligence Unit

A new report on tuberculosis calls for raising the profile of TB, fight apathy and lack of compelling ambition in addressing the disease. The report 'Ancient enemy, modern imperative: A time for greater action against tuberculosis' by the Economist Intelligence Unit, supported by Janssen, a pharmaceutical company producing TB drugs, also suggests finding and treating people where they live. The report examines the state of the TB challenge, barriers to further progress, and how efforts need to evolve. Dr Lucica Ditiu, Executive Secretary of the Stop TB Partnership, explains in the report that TB has been met with apathy, "It is like an orphan. It has been neglected even in countries with a high burden and often forgotten by donors and those investing in health interventions." Full story here.

WORLD HEALTH ORGANIZATION (WHO)

Emerging Bacterial Pathogens Unit, TB Supranational Reference Laboratory

1st Course on Molecular Diagnosis of Drug Resistant TB (First come first served, maximum 10 participants) 10-15 Nov 2014

The Emerging Bacterial Pathogens Unit of Fondazione Centro San Raffaele (FCSR) in Milan, Italy is organising a training course on molecular diagnosis of drug resistant TB. The training course, with theoretical and practical sessions, will review all techniques currently endorsed by WHO for the rapid diagnosis of tuberculosis and detection on antibiotic resistance as well as advanced molecular innovations (Single nucleotide polymorphisms, whole genome sequencing). Participants will also practice to identify resistances using sequencing thanks to the help of the sequencing platform.

This five-day course focuses on developing knowledge and skills needed for a successful implementation and optimal utilization of new TB diagnostic tools.

For more information and registration please visit: http://whoctcblab.fondazionesanraffaele.it/forum.html#/20140616/1st-course-on-molecular-diagnosis-of-drug-res-2-4015571/

RESULTS

Brazilian soccer champ and TB

NIH Scientists Establish Proof-of-Concept for Host-Directed Tuberculosis Therapy

In a new study published in *Nature*, NIH scientists describe a new type of tuberculosis (TB) treatment that involves manipulating the body’s response to TB bacteria rather than targeting the bacteria themselves, a concept called host-directed therapy. This strategy could be of particular benefit to people infected with drug-resistant TB strains who have limited options for effective antibiotics.


NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS (NACCHO)

NACCHO has released the 2014 Forces of Change survey containing new findings on the forces that affect change in our nation’s local health departments (LHDs). Economic forces, health reform, and health department accreditation are among the greatest contributors to change.

Findings from the survey are presented in five research briefs: Local Health Department Budget Cuts and Job Losses; Changes in Local Health Department Services; Billing for Clinical Services; Role of Local Health Departments as Navigators; and Local Health Department Accreditation.

Highlights: LHDs continue to experience budgetary challenges. Almost one-third of LHDs (28%) reported a lower budget in 2013 than the prior fiscal year and a similar proportion (29%) expect budget cuts to continue into the next fiscal year. LHDs also continue to lose jobs; since 2008, LHDs have collectively lost 48,300 jobs due to layoffs and attrition. These budget realities as well as the choices LHDs are making about their role in the changing healthcare environment have affected the scale and scope of services LHDs provide. In 2013, LHDs reported more expansions than reductions in population-based services, such as population-based primary prevention services. With the exception of immunization (where LHDs reducing services greatly outnumber those expanding them), similar proportions of LHDs reported expansions and reductions in clinical services, such as chronic disease screening and treatment.

Most LHDs (81%) are seeking to bolster revenue by increasingly billing public and private third-party payers for clinical services they provide. Many previously uninsured people gained coverage under the Patient Protection and Affordable Care Act, but the limited role LHDs played in helping community members gain this coverage illustrates a missed opportunity to improve access to healthcare. Few LHDs (17%) served as navigators, a formal role responsible for enrolling people in health insurance programs available through a state or federal health exchange or marketplace. More LHDs assisted in an unofficial capacity, almost always without financial support.

Lastly, more LHDs have been formally engaged in the Public Health Accreditation Board’s voluntary accreditation program. In 2014, one percent of LHDs have achieved accreditation and 11 percent have submitted an application or Statement of Intent, nearly double the level of engagement measured in 2013. Accreditation in LHDs will provide the pathways to ensure accountability, consistency, better
synergy between community needs and public health services, and improved performance.

Visit [www.naccho.org/topics/research/forcesofchange](http://www.naccho.org/topics/research/forcesofchange) to learn how economic and political forces are changing local public health.

**THE UNION E-NEWS**

*The Union participates in summit to advance TB and HIV care in Latin America* ...

*Roll-out of new TB drug must be handled with care* ...

*Global Drug-Resistant TB Initiative (GDI) holds first Core Group meeting* ...

*TB and TB-HIV late-breakers in Barcelona: submit abstracts by 31 July* ...

*Public Health Action seeks new EIC: Apply by 15 August* ...

To better serve our whole community, the entire Union website is now available in all three official languages: [English](http), [French](http) and [Spanish](http)

New leaders join The Union: The Union is pleased to announce the recent appointment of three new members of its leadership team: Dr Adam M Karpati, Senior Vice President for Public Health (based in New York); Dr Ajay Kumar, Deputy Director, Department of Research (based in Bangalore); and Mr Matthew Coghlan, Director of The Union Asia Pacific Office (based in Singapore). [Read more]...

**NATIONAL PREVENTION INFORMATION NETWORK (NPIN):**

These reports have been discontinued as of the end of June by the CDC.

*United States; India “Research May Yield New Ways to Treat Antibiotic-Resistant TB” Infection Control Today (06.30.2014)*

Infection Control Today reported that to find treatment for drug-resistant TB, researchers from the United States and India have modified the anti-TB drug rifampicin to create a new compound, 24-desmethyrlrifampicin. The new drug has greater antibacterial activity than rifampicin in treating multidrug-resistant TB (MDR TB). The researchers used genetic modification and synthetic drug development to make the new compound. They have only developed the compound in the laboratory and is not yet available commercially. The drug requires additional development and testing before it can be considered ready to be used for humans. The researchers used their understanding of the process of how drug resistance develops when the bacterial RNA polymerase enzymes mutate. They then modified the drug so it could bind to the mutated enzyme and be effective. Since rifampicin is such an important drug in TB treatment, the researchers anticipate using the technology to create additional antibiotics to treat rifampicin-resistant TB disease as well as other serious diseases. According to Taifo Mahmud, a professor in the College of Pharmacy at Oregon State University and an author of the study, “Understanding this whole process should allow us to create not just this one, but a range of different analogs that can be tested for their efficacy as new antibiotics.”
The full report, “Modification of Rifamycin Polyketide Backbone Leads to Improved Drug Activity Against Rifampicin-Resistant Mycobacterium tuberculosis,” was published online by the Journal of Biological Chemistry, (2014; doi:10.1074/jbc.M114.572636). Read Full Article

Global:


The Hindu reported that as of July 1, Coimbatore Medical College Hospital (CMCH) will begin immediately testing all multidrug-resistant (MDR) TB patients for extensively drug-resistant (XDR) TB when they request treatment. MDR TB is resistant to the first-line TB drugs isoniazid and rifampicin, while XDR TB is resistant to those drugs as well as second-line drugs. The hospital now is equipped to conduct the cartridge-based nucleic acid amplification test to diagnose MDR TB. At present, CMCH screens MDR TB patients for XDR TB after six months of treatment. Intermediate Reference Laboratory in Kerala conducts the XDR TB tests and the results take three months to process. According to a senior official in the TB Directorate, XDR TB has a 25-percent mortality rate and a mortality rate as high as 50–70 percent in HIV/TB-coinfected patients, even for patients who start treatment in the early stages of the disease. With the earlier XDR TB testing, clinicians will receive earlier diagnoses, at three months rather than nine months. This means XDR TB treatment could begin earlier, thus improving patients’ chances of survival. The TB Directorate official encourages private doctors with TB patients to use the facility free of charge. Read Full Article

SOUTH AFRICA:

“SA Mine TB Rate Highest in World” IOL News (06.19.2014)

SAPAIOL News reported that Health Minister Aaron Motsoaledi announced that for every accident-related death among South African miners, nine miners died from TB. Motsoaledi stated South African miners had the highest TB incidence of “any working population in the world.” In addition to 500,000 mine workers, TB also affected their 230,000 partners and 700,000 children. According to Motsoaledi, 59,400 orphans were “in care” because their parents had died from TB. Although unions typically focused on mining fatalities related to accidents, Motsoaledi emphasized that TB deaths were much more frequent among miners. Compared to 167 accident-related deaths in 2009, there were 24,590 TB infections among miners and 1,598 deaths. According to Motsoaledi, 41,810 South African miners (1 percent of South Africa’s total population) had active TB infections each year, which accounted for 8 percent of the nation’s total cases. He noted that accidents killed 80 miners in the gold mining industry in 2009, but TB caused 17,591 infections and 1,143 deaths.

Motsoaledi warned that multidrug-resistant TB (MDR TB) infections, which resulted in “huge economic impact,” were a serious problem in South Africa. South Africa has established nine MDR TB facilities where infected people reside for 18 months while receiving treatment. The health ministry has
identified six high-impact mining districts in Gauteng, North West, Limpopo, and Free State A, and deployed new diagnostic technology that would decrease MDR TB diagnosis time from a week to two hours. The ministry also sent 1,534 “outreach” teams to perform primary healthcare tasks, including TB care, in municipal wards. Motsoaledi urged members of parliament to “mobilize” their districts to address TB in distressed mining communities. South Africa President Jacob Zuma announced in his State of the Union address the formation of an inter-ministry committee to assist with revitalizing the mining communities. Read Full Article

INDIA: “Private Doctors Report 1,305 TB Cases Over 2 Years”
Umesh Isalkar, Times of India (06.23.2014)

According to the Times of India, an improvement in the reporting of TB cases by private physicians in the city of Pune, located in Maharashtra, India, is assisting the Pune Municipal Corporation (PMC) in better understanding the impact of the disease, which will lead to a stronger healthcare system for the state. The Union health ministry issued a mandate on May 7, 2012, requiring healthcare providers to report all TB cases, and Pune physicians began reporting cases by the end of May 2012. An increase in reported cases can be seen, with 643 cases reported for 2013 compared with 432 cases for 2012. Private physicians continue to increase their reporting, with a total of 230 cases reported this year between January and April, in addition to an average of approximately 300 cases reported each month in civic hospitals. Read Full Article

SOUTH AFRICA:

“Reducing Tuberculosis Among HIV-Infected Patients”
University World News (Africa Edition) (06.20.2014)

University World News reported on a study of isoniazid preventive therapy (IPT) and antiretroviral therapy (ART) to prevent TB. TB is the greatest cause of morbidity and mortality in HIV-positive individuals in Africa. Researchers at the University of Cape Town, South Africa, led by Dr. Molebogeng Rangaka conducted a trial of IPT with HIV patients on ART at a Cape Town clinic with assistance from Médecins Sans Frontières clinic staff and Western Cape provincial government. The researchers conducted a placebo-controlled randomized trial with 1,329 HIV-positive individuals on ART at a provincial Department of Health clinic in Khayelitsha. The results showed that TB risk was significantly reduced after 12 months of isoniazid, and the drug was well tolerated. TB incidence was reduced by 37 percent. Moreover, the results proved the efficacy and safety of IPT in individuals on ART. According to Gary Maartens, a professor at the University of Cape Town, it is well known that IPT reduces TB risk in HIV-positive individuals who are not on ART, but it was not known whether IPT would provide additional benefits and would be safe in patients on ART.

The results also showed that IPT benefitted both people who had positive TB skin tests (TST) and those who did not. South Africa’s National Department of Health has already modified policy based on the study findings. The full report, “Isoniazid Plus Antiretroviral Therapy to Prevent Tuberculosis: A Randomised Double-Blind, Placebo-controlled Trial,” was published online in the journal Lancet (2014;
NEW RESOURCES

FIND TB RESOURCES Highlight of the Month

This month's highlight is Adherence to MDR-TB Treatment: The 5 A's of Patient Support from the U.S. Agency for International Development (USAID) and TB Care II. This online course discusses key principles and steps to facilitate treatment adherence for patients with MDR TB. The five A's presented in the course are: assess, advise, agree, arrange, and assist.

Training Package on Xpert MTB/RIF, from the Global Laboratory Initiative.

Shelters and TB: What Staff Need to Know, Second Edition, from the Curry International TB Center

TB & Me: The Effects of TB, from Médecins Sans Frontières.

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

Updated TB Self-Study Modules Available

JOURNAL ARTICLES

June 18 through July 2nd


Efficacy of brief motivational interviewing on smoking cessation at tuberculosis clinics in Tshwane, South Africa: a randomised controlled trial. Louwagie GM, Okuyemi KS, Ayo-Yusuf OA.


AIDS. 2014 Jun 6 [Epub ahead of print]


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Cirrhosis as a risk factor for tuberculosis infection-a nationwide longitudinal study in taiwan. Lin YT, Wu PH, Lin CY, Lin MY, Chuang HY, Huang JF, Yu ML, Chuang WL.

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Getting personal: Perspectives on individualized treatment duration in M/XDR-TB. Heyckendorf J, Olaru ID, Ruhwald M, Lange C.


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The population pharmacokinetics of Bedaquiline (TMC207), a novel anti-tuberculosis drug. McLeay SC, Vis P, van Heeswijk RP, Green B.


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Pharmacokinetic and Pharmacodynamic Evaluation of AZD5847 in a Mouse Model of Tuberculosis. Balasubramanian V, Solapure S, Shandil R, Gaonkar S, Mahesh KN, Reddy J, Deshpande A,
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In Vitro Activity of AZD5847 against Geographically Diverse Clinical Isolates of Mycobacterium tuberculosis.

The T2 Mycobacterium tuberculosis Genotype, Predominant in Kampala, Uganda, Shows Negative Correlation with Antituberculosis Drug Resistance.

Newer diagnostic methods in tuberculosis detection.

Clinical and epidemiological characteristics of individuals resistant to M. tuberculosis infection in a longitudinal TB household contact study in Kampala, Uganda.

Interpreting measures of tuberculosis transmission: a case study on the Portuguese population.

Diagnostic accuracy of quantitative PCR (Xpert MTB/RIF) for tuberculous pericarditis compared to adenosine deaminase and unstimulated interferon-γ in a high burden setting: a prospective study.

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Transforming the fight against tuberculosis: Targeting catalysts of transmission. Dowdy DW, Azman AS, Kendall EA, Mathema B.


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Mycobacterium tuberculosis Treatment Modalities and Recent Insights. Sukhithasri V, Vinod V, Varma S, Biswas R.

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**Tuberculosis revisited:** Cytological perspective. Chatterjee D, Dey P.

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Characterization of hepatitis C infection in **tuberculosis** patients in an urban city in the USA. Campo M, Shrestha A, Oren E, Thiede H, Duchin J, Narita M, Crothers K.

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Tuberculosis in the intensive care unit: a prospective observational study. Balkema CA, Irusen EM, Taljaard JJ, Koegelenberg CF.

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Safety and reactogenicity of BCG revaccination with isoniazid pretreatment in TST positive adults.

JOB OPPORTUNITIES

Nurse Practitioner
Olive View UCLA Medical Center Inpatient TB Unit, Los Angeles, California

Olive View-UCLA Medical Center (a unit of the Los Angeles County Department of Health Services) is recruiting a Nurse Practitioner for inpatient TB unit. The NP will care for approximately 10-15 inpatients (depending upon the unit census), in collaboration with our other NP, and will be supervised by the unit attending infectious diseases physician. Daily responsibilities will include routine patient care, medication monitoring and collaborative care interactions with nursing, dietary, and social work personnel. The NP will work closely with infection control personnel to maintain isolation procedures and will collaborate with LA County Public Health TB Control staff in establishing long-term patient treatment plans. The nurse will also participate in infectious diseases outpatient clinic one half day per week. We are also working to develop an outpatient LTBI clinic. In addition to these clinical duties, the NP will assist with unit and hospital efforts to provide staff and patient education regarding TB.

Desirable qualifications include previous public health experience and interest in working with drug-resistant TB patients; prior experience with substance abuse, correctional facilities, homelessness, HIV, or psychiatric illness would be particularly useful. Interested applicants should contact Sylvia Anguiano in the Dept of Medicine at Olive View-UCLA Medical Center and send a c.v. with letter of intent to: Sylvia Anguiano, Dept of Medicine 2B182, Olive View-UCLA Medical Center, 14445 Olive View Drive Sylmar, Ca. 91342

Office: 818-364-3205
E-mail SAnguiano@dhs.lacounty.gov

COURSES/WORKSHOPS

FROM THE RTMCCs:

THE SOUTHEAST NATIONAL TB CENTER (SNTC)
http://sntc.medicine.ufl.edu/
Advanced Concepts in Pediatric TB - Introduction, Mycobacteriology, Pathogenesis and Epidemiology
Date: 8/14/2014 - 8/14/2014 Time: 12:00 PM - 1:00 PM Eastern Instructor/speaker: Ana Alvarez, MD
Format: Webinar
In part one of this 8-part series, the Pediatric ID Board Certifying Examination Content related to TB is presented by expert speakers via case-based, interactive live webinars. The series goes beyond basic TB concepts while following the pediatric ID guidelines. This session focuses on mycobacteriology, pathogenesis and epidemiology.

Advanced Concepts in Pediatric TB: Latent TB Infection
Date: 9/11/2014 - 9/11/2014 Time: 12:00 PM - 1:00 PM Eastern Instructor/speaker: Nizar Maraqa, MD
Format: Webinar
In part one of this 8-part series, the Pediatric ID Board Certifying Examination Content related to TB is presented by expert speakers via case-based, interactive live webinars. The series goes beyond basic TB concepts while following the pediatric ID guidelines. This session focuses on latent TB infection.

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
**TB Intensive Workshop** July 15-18, 2014 – Newark, NJ

Contact Anita Khilall at anita.khilall@rutgers.edu

This workshop for clinicians provides comprehensive information on the principles and application of TB diagnosis and treatment, as well as the management of TB in special populations. Topics will include transmission and pathogenesis, diagnosis and treatment, drug resistance, TB-HIV co-infection, TB in children and adolescents, and key aspects of patient management. Lectures, interactive discussions, small group work and case studies will be used to enhance TB knowledge and clinical practice.

**TB Contact Investigation Interviewing Workshop** July 24th and August 12-14, 2014 – Concord, NH

Contact Rajita Bhavaraju at bhavarr@rutgers.edu

The four-day training will cover all aspects of tuberculosis (TB) contact investigations through a variety of didactic and role-playing practice sessions.

**TB Intensive Workshop** September 9-12, 2014 – Newark, NJ

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

**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** September 3, 10, 17, 24 (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**

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.

Tuberculosis Clinical Intensive/LTBI Workshop, September 30-October 3, 2014 Oakland, CA

Pilot Four-day intensive for physicians and other licensed medical professionals who diagnose and treat tuberculosis. Added: One-day LTBI Workshop pilot course. Details soon.

Tuberculosis Case Management and Contact Investigation Intensive November 18-21, 2014 Oakland, CA Four-day training for nurses, communicable disease investigators, and medical social workers.

THE MAYO CLINIC CENTER FOR TUBERCULOSIS

Nursing Case Management, July 17 & 18, 2014  Springfield, Illinois

This one and a half-day intensive course was designed for nurses who are involved in the management of patients with tuberculosis (TB), supervise those who provide care for TB patients, or are TB control staff. In addition to health department staff, individuals who work in the following settings would benefit from attending this workshop: hospital infection control, college or university health, correctional facilities, long term care facilities, immigrant & refugee health, or practice in the community. This course will familiarize attendees with an overview of tuberculosis infection, disease, and clinical care using an interdisciplinary and interactive approach involving lectures and case management sessions. 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 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.

EVENTS, MEETINGS & CONFERENCES

Alphabetically listed by sponsoring organization

CONFERENCES
7th INTERNATIONAL WORKSHOP ON CLINICAL PHARMACOLOGY OF TUBERCULOSIS DRUGS September 5, 1014 : Washington, DC
Registration for the 7th International Workshop on Clinical Pharmacology of Tuberculosis Drugs is open! Do not miss this opportunity!. Register Now. Read More >>

AIDS 2014 - 20th International AIDS Conference

Renewing the Fight against TB: Transforming the Conversation to Win the Battle
Tuesday, 22 July, 1830-2030 Melbourne Room 2 Melbourne Convention and Exhibition Centre
Are we losing momentum in the fight against TB and AIDS?
Join the Stop TB Partnership for an informal and interactive conversation on amplifying the noise on TB, rethinking our identity for the 21 st century and to present the work on the new Global Plan to Stop TB 2016-2010.

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

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. Available online 10 May 2014

ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICERS (ASTHO)

September 9-11 Albuquerque, New Mexico Learn More »

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


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.

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