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 Senate Labor-Health and Human Services Appropriations subcommittee, chaired by Sen. Harkin (D-IA), passed the FY2015 health spending bill, known as the Labor-HHS-ED bill, 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. It is expected that the Fall election will disrupt the appropriations process so the ultimate outcome for FY2015 spending bills is unclear. 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 TB FUNDING

On June 17, both the House and Senate State-Foreign Operations Appropriations subcommittees, chaired by Sen. Leahy (D-VT) and Rep. Granger (R-TX), met to approve fiscal year (FY) 2015 spending bills for foreign assistance and global health programs through the U.S. Agency for International Development (USAID).

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.

The Senate Foreign Ops bill is expected to be approved by the full Appropriations committee on June 19. A date has not yet been scheduled for a full Appropriations Committee vote on the House side. The ultimate outcome of the State-Foreign Operations bill is similarly unclear.

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

COLLEEN DANIELS ELECTED AS STOP TB USA CHAIR-ELECT

Stop TB USA is pleased to announce that Colleen Daniels, a current Stop TB USA Coordinating Board member and the Director, for TB/HIV, Treatment Action Group, New York, USA was almost unanimously elected as Chair-Elect for the organization. Colleen has had many years of experience as a Project Manager, Technical Officer and Consultant in HIV/AIDS, tuberculosis, health and conflict and fragile settings, working to deliver access to essential health services. She has successfully worked in a variety of settings, including her current work with the Treatment Action Group (TAG), and the World Health Organization (WHO), World Vision Australia and Health, Action International (HAI), the Tongan Government and the Australian Government (Departments of Immigration and AusAID). We welcome her and look forward to her participation in this new role.

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.

STOP TB PARTNERSHIP

ANNOUNCING THE CALL FOR THE 2014 KOCHON PRIZE NOMINATIONS

Stop TB Partnership is pleased to announce the call for 2014 Kochon Prize nominations. The theme for this year will focus on innovators working with TB communities to reach the three million people who are missed every year. The submission deadline is 27 June 2014. Funded by the Kochon Foundation, a non-profit foundation registered in the Republic of Korea, the USD $65,000 prize is awarded once a year to persons or organizations that have made a highly significant contribution to fighting TB. Stop TB partners, former recipients of the Kochon Prize or national health administrations (government body) of a WHO Member State may submit nominations. The Kochon Prize is open to individuals and/or organizations that work in an innovative manner to engage communities meaningfully in the fight against TB and especially in detecting the missed cases. A completed nomination form can be found by clicking here. Full details on submitting a nomination can be found by clicking here.

HIGHLIGHTED TB REPORTS/UPDATES

FROM STOP TB PARTNERSHIP

Global Drug Facility reaches a 58% price reduction for Rifabutin by adding a new supplier to its product catalogue

Rifabutin is from the rifamycin class and is used in treatment for drug sensitive TB. It was recently included in the HIV treatment guidelines in which it is recommended that all people with HIV and active TB start immediate treatment including a rifamycin, preferably rifabutin. The price reduction follows a competitive tendering process among eligible anti-TB drug manufacturers and ongoing efforts by GDF to broaden the supplier base for quality-assured anti-TB drugs.

"GDF is committed to improve access to quality assured treatments for people in need and constantly looking for strategies to reduce treatment costs," Dr Joel Keravec, Manager of GDF at Stop TB Partnership said.
GDF customers can place orders for a US-FDA approved quality Rifabutin manufacturer as of today at a price of 0.42 USD per tablet. Currently GDF has 2 quality assured suppliers for this product available to our customers world-wide. For more information consult GDF product catalogue. 
http://www.stoptb.org/gdf/drugsupply/drugs_available.asp

TB Alliance

FROM RESULTS

1. **A Strategic Approach to Global Tuberculosis**: A report by Center for Strategic and International Studies (CSIS) Washington D.C. / Geneva – A new report released by the Global Health Policy Center of the Washington-based Center for Strategic and International Studies, suggests a slew of recommendations for the U.S. government to beef up the fight against tuberculosis – including appointing a U.S. Global coordinator on TB, increasing resources for programs, and forging a high level diplomatic annual meet for TB.
Link to companion analysis papers - CSIS on TB – the shorter analysis papers are now online

http://csis.org/publication/strategic-us-leadership-essential-address-global-tuberculosis-pandemic

http://csis.org/node/50290/publication

**A Strategic Approach to Global Tuberculosis**: Audio/video from CSIS event on TB, plus infographic on TB

2. **Tuberculosis infection can spark pre-diabetes**, Colorado State University researchers find
http://www.news.colostate.edu/Release/7327

3. **Funding level for USAID**

**HOUSE**: Breaking News: House Subcommittee Funds PEPFAR and Global TB Higher than President’s Request

Here is a quick snapshot of global health funding in the House FY15 SFOPs appropriations bill:

**SENATE**: Senate Funding Bill Disappoints Global HIV and TB Advocates


For comparison, existing spending levels can be seen here:


Reconciling the two bills in a conference committee will be a major challenge.

4. **TAC in South Africa urges govt to declare public health emergency**


NATIONAL PREVENTION INFORMATION NETWORK (NPIN)
NOTICE: Due to a reduction in funding and competing government priorities the daily CDC HIV/AIDS, Viral Hepatitis, STD and TB Prevention News Update (PNU) service is being discontinued as of June 30, 2014. Between now and June 30, the PNU frequency will change to three times per week. This change will also impact those that subscribe to the PNU RSS feed as well as those that read PNU via our FlipBoard magazine. All PNU services - email, RSS, FlipBoard as well as the Twitter #NPINNews will end on June 30.

United States

INDIANA: “Indiana Inmate Tests Positive for Tuberculosis”, WTHR-TV (Indianapolis) (06.08.2014)
WTHR.com reported that an inmate at the central Indiana Pendleton Correctional Facility has tested positive for active TB. According to the Indiana State Department of Health and Indiana Department of Corrections (IDOC), the individual has been transferred to the Miami Correctional Facility and has begun treatment. The facility will screen inmates and staff who came into contact with the individual during the infectious period. Those who test negative will be retested again in 10 weeks; those who test positive will receive follow-up testing to determine whether they have active or latent TB and begin treatment. Since there is an increased risk of communicable diseases in a correctional setting, IDOC follows an aggressive TB control plan for screening and treatment, with facility staff undergoing screening annually and inmates being screened for symptoms upon intake. Indiana reported 102 TB cases for 2012 and 94 cases in 2013. Read Full Article

GEORGIA: “Health Officials Report on TB Outbreak in Atlanta Homeless Shelters”, Andy Miller
Northwest Georgian News (06.11.2014)

According to Northwest Georgia News, Georgia health officials are reporting a major TB outbreak among Atlanta homeless shelters that is linked to cases from 2009. Dr. Patrick O’Neal, director of health protection for the Georgia Department of Public Health (DPH), said that officials have reported 14 cases of active TB this year that match the same genetics among the homeless from past years, including four cases from 2009, four from 2010, two in 2011, and three in both 2012 and 2013. O’Neal also reported that all cases in 2014 have shown to be resistant to the TB treatment isoniazid, and half of the patients are also infected with HIV. Health officials expect more homeless cases to surface this year because according to O’Neal, poor sanitation and lack of infection control in homeless shelters make them “an extremely vulnerable population.” The extremely cold winter this past year may have forced more homeless persons into shelters, increasing close contact among residents. CDC and the Fulton County Department of Health and Wellness are assisting the state agency to combat the TB outbreak diligently. DPH is paying for the cost of housing, as well as directly observed therapy, which is when a healthcare worker observes the patient swallowing each dose of medication to ensure completion of treatment.

TB is an airborne bacterium that can be spread between people of close contact. While the TB rate in Georgia is declining, it is still higher than the national average. Read Full Article

Global

SOUTH AFRICA: “TB Activist Group Calls on S. Africa to Declare TB a Public Health Emergency”, Joe
According to Voice of America, at South Africa’s fourth TB Conference in Durban, the Treatment Action Campaign (TAC), a group that came to prominence through advocating for HIV treatment and care called on the South African government to declare the TB epidemic a public health emergency. TAC noted that TB is South Africa’s leading cause of death in adults and children. Marcus Low, TAC’s head of policy, stated that South Africa has the highest TB infection rates on the planet, and that the rates are driven by the high HIV rates. Low noted TB is now a disease of poor countries; hence, there is little interest in TB drug research and development. He emphasized that South Africa is experiencing a crisis with 450,000 new infections every year. Low called for the same social mobilization around TB that existed for HIV. He recognized that the situation is even more complicated for TB, as many social factors are involved, such as overcrowded correctional facilities creating an ideal environment for TB transmission. Improving the situation in the jails would require the involvement of both the health department and the justice department as well as prison reform. Also, there is the problem of drug-resistant TB strains, including extensively drug-resistant TB (XDR TB), which was found in Tugela Ferry in KwaZulu-Natal Province in 2006. People with multidrug-resistant and XDR TB face lengthy treatment—up to two years—and a very high mortality rate.

Low acknowledged that the country’s National Strategic Plan for HIV, Sexually Transmitted Infections, and TB lists TB as a priority, but that implementing national strategy on the local level was difficult, as each of South Africa’s nine provinces has significant autonomy. Diagnosing and monitoring the TB epidemic was a problem even with the GeneXpert technology, which only diagnoses resistance to one drug. Also, with South Africa’s use of paper recordkeeping, Low surmised that the epidemic is probably worse than is generally known. TAC reiterated the call for a TB public health emergency to “act with urgency and determination to defeat” the disease rather than “continue to let people die of preventable TB.”

TANZANIA: BANGLADESH: “Shorter TB Treatment Regimens Will Reduce Cost for Patients and Their Families”, Medical Xpress (06.05.2014)

Medical Xpress reported on a study of out-of-pocket costs experienced by TB patients from Tanzania and Bangladesh. The study aimed to determine the savings of a four-month treatment regimen compared to a six-month regimen. A number of new drugs being tested may shorten treatment time to four months. The researchers noted that when these drugs become available, treatment programs will need to make decisions about whether to use them. Bertie Squire of the Liverpool School of Tropical Medicine and colleagues from six different organizations examined costs for 94 TB patients from Tanzania and 96 from Bangladesh. The researchers interviewed patients at four and six months of treatment concerning expenses in the first two months of treatment (the intensive phase) and the two months before the interview (the continuation phase). Lost productivity was considered income lost due to TB for those who were not at work because of the disease, including family members taking care of the patient. Patients also reported on cost of travel to appointments and to pick up drugs.
hospitalization, and food supplements. Results show that total costs in the continuation phase were half that of the initiation phase, but were 77 percent of the two-month national income per capita in Tanzania and 89 percent of the two-month national income per capita in Bangladesh. According to the researchers, decisions on the drug regimen usually are made to benefit the health system. The researchers contend that in the decision-making process, any savings that could reduce TB patients’ huge expenses are very important.


Health-e reported that a lawsuit may force the South African government to provide access to a more inexpensive form of linezolid, a medication that treats drug-resistant TB (DR TB). Most South Africans cannot afford the drug’s current costs of R700 per day; Medicines Sans Frontières (MSF), an international medical humanitarian group, began litigation against the government to allow the country’s TB patients to purchase their cheaper version of the drug, which only costs R80 per day. According to Julia Hill, advocacy officer for the MSF Access Campaign, they hope that discussions taking place outside of the courtroom will lead to a successful resolution. MSF applied to the country’s Medicines Control Council (MCC) last December to grant a Section 21, which allows for distribution of an unregistered medication for a short period of time. MCC has allowed MSF approvals in the past for other generic medications, but the council denied the linezolid application under the basis that affordability was not an issue. MSF appealed in March, but was forced into litigation when MCC did not set up a review committee.

“We strongly disagree with the MCC’s reason for rejecting our application,” said Hill. “The high price of linezolid is the main barrier to MSF providing greater access for our patients.” Hill hopes current negotiations will have a resolution by the end of the week. Approximately 1,500 South Africans were diagnosed with extremely drug-resistant TB in 2012 and fewer than half of them ever started treatment. Read Full Article

NEW RESOURCES FROM THE GEORGIA HEALTH POLICY CENTER AND THE NATIONAL NETWORK OF PUBLIC HEALTH INSTITUTES

Planning tool helps health departments evolve with Affordable Care Act To help health departments cater to Affordable Care Act provisions, the Georgia Health Policy Center and the National Network of Public Health Institutes created, “Leading Through Health System Change: A Public Health Opportunity."
FROM THE NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS (NACCHO)

NACCHO has just released the 2014 Forces of Change survey. This study contains new findings on the forces that affect change in our nation’s local health departments. Economic forces, health reform, and health department accreditation are among the greatest contributors to change. Findings from the survey are presented in five categories: Budget cuts and job losses, Changes in local health department services, The role of local health departments as health insurance “navigators”, Billing for clinical services and Accreditation.

Survey Highlights

- Almost one-third of local health departments (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.

- Since 2008, local health departments have collectively lost 48,300 jobs due to layoffs and attrition.

- Most local health departments (81%) are increasingly billing public and private third-party payers for the clinical services they provide.

- 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.

FROM AERAS

Aeras launching video on TB and mining

We’re excited to announce the release of our latest film, Undermined. From the award-winning director of our EXPOSED series, Undermined explores the TB crisis in the mines of southern Africa. The film talks about the river of TB flowing out from the mines, and why a vaccine is critical to the global fight against this disease. We need your help in sharing it far and wide. Our goal is to reach 5000 signatures on our petition, which asks the Southern African Development Community of nations to prioritize TB R&D and stop this epidemic.

FROM THE ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICERS (ASTHO)

ASTHO Profile of State Public Health Infographics

ASTHO has created a set of five infographics to provide an advance look at key data from the forthcoming third edition of the ASTHO Profile of State Public Health (Profile). Each infographic focuses on an important aspect of the third edition’s findings: the state public health workforce, state health agency activities, accreditation and quality improvement in the states, and trends in health information exchange. The final infographic provides a high-level overview of state public health. The third edition of the ASTHO Profile will be available this month. Find more information and view the infographics.
**JOURNAL ARTICLES**

June 4 through June 18

**Advanced Drug Delivery Reviews**, Available online 1 June 2014

Emerging Technologies for Monitoring Drug-Resistant Tuberculosis at the Point-of-Care. Vigneshwaran Mani, ShuQi Wang, Fatih Inci, Gennaro De Libero, Amit Singhal, Utkan Demirci

**AIDS**. 2014 May 23. [Epub ahead of print]

Biomarkers of CD4+ T cell activation as risk factors for tuberculosis-associated immune reconstitution inflammatory syndrome. CHAKRABARTI LA, Boucherie C, Bugault F, Cumont MC, et al.


Sterilizing activity of thioridazine in combination with the first-line regimen against acute murine TB. Dutta NK, Pinn ML, Karakousis PC.

**BMC Infect Dis**. 2014 Jun 5;14(1) [Epub ahead of print]


**BMC Public Health**. 2014 Jun 11;14(1) [Epub ahead of print]
Delays in diagnosis and treatment of pulmonary *tuberculosis* in Wakiso and Mukono districts, Uganda. Buregyeya E, Criel B, Nuwaha F, Colebunders R.

Chronic diseases and multi-morbidity - a conceptual modification to the WHO ICCC model for countries in health transition. Oni T, McGrath N, BeLue R, Roderick P, Colagiuri S, May CR, Levitt NS.


*Identification of the translational start site of codon-optimized mCherry in Mycobacterium tuberculosis*. Carroll P, Muwanguzi-Karugaba J, Melief E, Files M, Parish T.


*Primary tuberculosi* of the palate. Rosado P, Fuente E, Gallego L, Calvo N.


*Br Med Bull* 2014 110: 129-140

*Novel diagnostics and therapeutics for drug-resistant tuberculosis* Melody Toosky and Babak Javid

[http://bmb.oxfordjournals.org/content/110/1/129.abstract.html?etoc](http://bmb.oxfordjournals.org/content/110/1/129.abstract.html?etoc)

*Clinical Epidemiology and Global Health*, Available online 27 May 2014

*Intermittent versus daily therapy for treating tuberculosis in children: Summary of the evidence and implications for public health programmes*; Thambu David Sudarsanam, Prathap Tharyan


*Clin Infect Dis*. 2014 Jun 15;58(12)


Drugs. 2014 Jun 13. [Epub ahead of print]

Delamanid: First Global Approval. Ryan NJ, Lo JH.


A user-friendly, open-source tool to project impact and cost of diagnostic tests for tuberculosis. Dowdy DW, Andrews JR, Dodd PJ, Gilman RH.


Occurrence of female genital tuberculosis among infertile women: a study from a tertiary maternal health care research centre in South India. Bhanothu V, Theophilus JP, Reddy PK, Rozati R.


Human type 5 adenovirus-based tuberculosis vaccine: is the respiratory route of delivery the future? Smaill F, Xing Z.

Indian J Gastroenterol. 2014 Jun 15. [Epub ahead of print]

Acid-fast bacilli culture positivity and drug resistance in abdominal tuberculosis in Mumbai, India. Samant H, Desai D, Abraham P, Joshi A, Gupta T, Rodrigues C, George S.

Infection. 2014 Jun 6. [Epub ahead of print]


Infection, Genetics and Evolution Available online 5 June 2014

Insights into the population structure of Mycobacterium tuberculosis using spoligotyping and RDRio in a southeastern Brazilian prison unit; Fé Dagmar Huber, Alexandra Sánchez, Harrison Magdinier Gomes, Sidra Vasconcellos, Véronique Massari, Angela Barreto, Vanderci Cesconi, Silvia Maria de Almeida Machado, Michel K. Gomgnimbou, Christophe Sola, Bernard Larouzé, Philip Noel Suffys, Maria Helena Féres Saad

Characteristics of Tuberculosis in Patients with Rheumatoid Arthritis: A Retrospective Single-center Study. Ishiguro T, Takayanagi N, Kagiyama N, Yanagisawa T, Sugita Y.

Int. Health 2014 6: 112-117

Self-administered treatment for tuberculosis among pastoralists in rural Ethiopia: how well does it work?; Mohammed Khogali, Rony Zachariah, Tony Reid, Sweet C. Alipon, Stuart Zimble, Gbane Mahama, William Etienne, Richard Veerman, Amine Dahmane, Tadiwos Weyeyso, Abdu Hassan, and Anthony Harries,

http://inthehealth.oxfordjournals.org/content/6/2/112.abstract.html?etoc

International Journal of Africa Nursing Sciences; Available online 2 June 2014

Challenges in tuberculosis care in Western Uganda: Health care worker and patient perspectives Ashley Wynnea et al

Int J Tuberc Lung Dis vol 18 (7) - July 2014

Fast Track . e-publication before print New fast track articles available here.

Chest radiography for diagnosis of tuberculosis in children: a problem of interpretation S. M. Graham

Tuberculosis preventions and control in prisons: do we know enough? M. Dara, C. D. Acosta

Ninety years after The Magic Mountain: world literature inspired by a misdiagnosis, a tribute to Christian Virchow H. L. Rieder


Trends in childhood drug-resistant tuberculosis in South Africa a window into the wider epidemic? H. S. Schaaf, A. C. Hesseling, C. Rautenbach, J. A. Seddon


Tuberculosis incidence and treatment completion among Ugandan prison inmates A. Schwitters, M. Kaggwa, P. Omiel, G. Nagadya, N. Kisa, S. Dalal


Active case finding for tuberculosis among people who inject drugs on methadone treatment in Dar es Salaam, Tanzania A. Gupta, J. Mbwambo, I. Mteza, S. Shenoi, B. Lambdin, C. Nyandindi, B. I. Doula, S.
Adherence to treatment and supervision for tuberculosis in a DOTS programme among pastoralists in Uganda. Kisambu, F. Nuwaha, J. N. Sekandi

Validation of indirect tuberculosis treatment adherence measures in a resource-constrained setting. Mkopi, N. Range, F. Lwilla, S. Egwaga, A. Schulze, E. Geubbels, F. van Leth


Mortality of tuberculosis patients during treatment in Israel, 2000–2010. Shuldiner, A. Leventhal, D. Chemtob, Z. Mor

Tuberculosis in the intensive care unit: a prospective observational study

A new predictive model for an improved respiratory isolation strategy in HIV-infected patients with PTB. Carugati, C. Schirol, F. Zanini, N. Vanoni, M. Galli, F. Adorni, F. Franzetti

Changes of FASH ultrasound findings in TB-HIV patients during anti-tuberculosis treatment. Heller, E. Brunetti, M. T. Giordani


Impact of changing diagnostic criteria for smear-positive tuberculosis: a cohort study in Malawi. Koole, O. Koole, L. Munthali, B. Mhango, J. Mpunga, J. R. Glynn, A. C. Crampin

A molecular transport medium for collection, inactivation, transport, and detection of Mycobacterium tuberculosis. Daum, Y. Choi, S. A. Worthy, J. D. Rodriguez, J. P. Chambers, G. W. Fischer


False-positive Xpert® MTB/RIF assays in previously treated patients: need for caution in interpreting results. T. H. Boyles, J. Hughes, V. Cox, R. Burton, G. Meintjes, M. Mendelson

ECMO: an alternative support for acute respiratory failure caused by tuberculosis? Cogliandro, G. Lapadula, A. Bandera, A. Muscatello, R. Marcolin, C. Abbuzzese, R. Rona, A. Gori


Respirable nanocarriers as a promising strategy for antitubercular drug delivery. Mohammed M. Mehanna, Salma M. Mohyeldin, Nazik Elgindy

Emotional representation of tuberculosis with stigma, treatment delay, and medication adherence in Russia. Woith WM, Rappleyea ML.

Diminished systemic and antigen-specific Type 1, Type 17 and other pro-inflammatory cytokines in diabetic and pre-diabetic individuals with latent tuberculosis. PAVAN KUMAR N, George PJ, Kumaran P, Dolla CK, et al.

PubMed: www.amedeo.com/p2.php?id=24907382&s=tb&pm=2


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Childhood tuberculosis: A roadmap towards zero deaths. Marais BJ, Graham SM.

Clonal Analysis of the T-Cell Response to In Vivo Expressed Mycobacterium tuberculosis Protein Rv2034.

Strong Decrease in Streptomycin-Resistance and Absence of XDR 12 Years after the Reorganization of the National Tuberculosis Control Program in the Central Region of Cameroon. Sidze LK, Mouafo Tekwu E, Kuaban C, Assam Assam JP, Tedom JC, Eyangoh S, Fouda FX, Nolna D, Ntoumi F, Frank M, Penlap Beng VN.


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Common Mental Disorders Associated with Tuberculosis: A Matched Case-Control Study. Araújo GS, Pereira SM, Santos DN, Marinho JM, Rodrigues LC, Barreto ML.


Molecular Approaches for Detection of the Multi-Drug Resistant Tuberculosis (MDR-TB) in
**Bangladesh.** Aurin TH, Munshi SK, Kamal SM, Rahman MM, Hosain MS, Marma T, Rahman F, Noor R.

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*Public Health,* Volume 127, Issue 12, December 2013, Pages 1063-1073

**Assessing the effects of HIV/AIDS and TB disease control programmes on health systems in low- and middle-income countries of Southeast Asia: a semi-systematic review of the literature** Conseil, S. Mounier-Jack, J.W. Rudge, R. Coker


**Storage in ultra-low-temperature decreases the levels of IgM anticardiolipin antibody in serum samples from tuberculosis patients.** Ng A, Weeks-Galindo C, Goodridge A.


**A UK-based resource to support the monitoring and safe use of anti-TB drugs and second-line treatment of multidrug-resistant TB.** Potter JL, Capstick T, Ricketts WM, Whitehead N, Kon OM.


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

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**GRANT OPPORTUNITIES**

**Antropologos sem Fronteiras (Anthropologists without Borders)** is seeking projects. If you are part of or know of any community groups that could benefit from the following (no cost) services, please contact us. (((ASF))) is an independent non-profit organisation and global network of anthropologists established in 2013 with its main base in Brazil. It consists of a network of critical readers which aims to (1) develop a forum on the Internet that would allow for the collaboration of anthropologists in different parts of the world and/or subfields; (2) create a system of information and communication to promote participation opportunities for anthropologists (students, active scholars, retired anthropologists); and (3) create a reference database of "experts" who can be mobilized and are available to offer anthropological expertise. (((ASF))) connects groups seeking anthropological expertise with specialist anthropologists able to serve as critical readers, examiners, and reviewers of reports, documents and policies about which they may have substantial doubt. The organization/network draws on knowledge and experience acquired by anthropologists around the world.
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)
- 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)

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

Contact Anita Khilall at [anita.khilall@rutgers.edu](mailto: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](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, Springfield, IL._ Registration open soon.

**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 Annual Denver TB Course - National Jewish Health](http://www.njhealth.org) or call 800.844.2305

**FROM JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH**

_32nd Graduate Summer Institute of Epidemiology and Biostatistics_ Baltimore, MD Online Registration at [www.jhsph.edu/summerepi](http://www.jhsph.edu/summerepi)

**On-site course:** [Advanced Issues in Global Tuberculosis Control: Achieving Impact](http://www.jhsph.edu/summerepi), June 30-July 3, 2014. Taught by Dr. Jaap Broekmans, Chair, WHO Global Task Force on TB Impact Measurement, these two high level courses examine the role of new TB tools and evidence-based interventions, and their epidemiological impact on TB control efforts in both TB high burden and industrialized countries.

Contact: Ayesha Khan, Coordinator, Department of Epidemiology, Tel: 410-955-7158; Fax: 443-287-8757; Email: summerepi@jhsph.edu

**FROM THE UNION**

The Union’s International Management Development Programme 2013 Courses: To register for any of these courses, visit [www.union-imdp.org](http://www.union-imdp.org) or email [imdp@theunion.org](mailto:imdp@theunion.org) to receive more information. Course fee for all courses includes lodging, breakfast, lunch, coffee and tea breaks, and course materials.

**FROM Mcgill University**

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

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

CALL FOR INPUT You are invited to submit your proposals for the program!
Proposals are now being accepted for the following: Postgraduate Courses (Didactic Only), Postgraduate Courses (Hands On Demonstrations), Scientific Symposia, Workshops, Sunrise Seminars, and Meet the Professor Seminars. The deadline to submit your proposal is Tuesday, July 1, 2014.
To submit a proposal, please click here and follow the instructions for creating, editing, and submitting your proposal. If you were a speaker at ATS 2014, you may use the same username and password you used to upload your PowerPoint slides. Proposals should be directed to the appropriate ATS Assembly for review. Assembly descriptions are available on the website. Only proposals submitted electronically by July 1 can be considered.

ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICERS (ASTHO)
September 9-11 Albuquerque, New Mexico Learn More »
NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICERS (NACCHO)

Annual Meeting, July 9-11 Atlanta, Georgia www.nacchoannual.org

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

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 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. Abstracts geared towards the following themes may be selected for oral presentation: 1) Tuberculosis and Diabetes; 2) Public Health Policy and Tuberculosis; 3) Tuberculosis disease in Special Populations; and 4) Tuberculosis Pharmacology

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