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 President's budget for FY2015 proposes to fund CDC's DTBE at $135 million, which is flat with FY2014. This funding level reduced domestic TB funding to the FY2005 level. The congressional appropriations committees are now working to draft FY2015 spending bills. The Senate Labor-Health and Human Services Appropriations subcommittee, chaired by Sen. Harkin (D-IA), has scheduled a June
10 vote on the Senate FY2015 Labor-HHS bill, which funds CDC and NIH, including TB.

**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.

**IS YOUR REPRESENTATIVE ON THE HOUSE TB CAUCUS?**

The Tuberculosis Elimination Caucus in the U.S. House of Representatives was formed in March of 2012 by Representatives Engel (D-NY), Green (D-TX) and Young (R-AK). A caucus is an informal grouping of legislators which can help rally interest and enthusiasm on an issue of mutual concern, by sponsoring briefings, initiating letters and inquiries, and more. The TB Caucus has grown to 31 members. If your representative is not on the list below, you can send him/her a letter asking that they join this very important caucus. **IT'S EASY!** By clicking the link below and providing your address, a personal letter will be generated and sent to your Representatives on your behalf. [Click here to generate and send a letter today!](#)

**Current House TB Caucus members**

Alaska: Don Young (R-AL)

California: Barbara Lee (D-CA), Michael M. Honda (D-CA), Zoe Lofgren (D-CA),

Florida: Alcee L. Hastings (D-FL), Dennis A. Ross (R-FL), Kathy Castor (D-FL), Gus M. Bilirakis (R-FL)

Illinois: Jan Schakowsky (D-IL)

Indiana: Andre Carson (D-IN)

Maryland: Chris Van Hollen (D-MD), C.A. Dutch Ruppersburger (D-MD)

Massachusetts: Michael E. Capuano (D-MA)

Michigan: John Conyers, Jr. (D-MI)

New Hampshire: Ann McLane Kuster (D-NH), Carol Shea-Porter (D-NH)

New York: Eliot Engel (D-NY), Charles B. Rangel (D-NY)

Tennessee: Steve Cohen (D-TN)

Texas: Gene Green (D-TX), John Carter (R-TX), Lloyd Doggett (D-TX), Rubén Hinojosa (D-TX), Michael T. McCaul (R-TX), Bill Flores (R-TX), Ralph Hall (R-TX), Kenny Marchant (R-TX)

Virginia: James P. Moran (D-VA)
ANNOUNCEMENTS

NEW STOP TB USA PATIENTS’ COMMUNITY FORUM FACEBOOK PAGE

Jigna Rao posted in Stop TB USA Patients Community Forum

Health services alone cannot respond to all the needs of TB patients. Allies are needed. The Stop TB USA Patients Community Forum Facebook page is an online space for TB patients, caregivers and loved ones, TB survivors, activists, and healthcare providers to Support, Engage and Learn. The objectives of the STOPTB USA Patients Community Forum Facebook page are to:
- Increase the capacity of TB patients and survivors to help other TB patients to overcome difficulties in their journey to care.
- Improve the capacity of TB patients to take control of their own care and lives by successfully coping with problems resulting from the disease.
- Increase community awareness and participation in TB elimination efforts.

BURWELL CONFIRMED AS THE NEW SECRETARY OF HEALTH AND HUMAN SERVICES

The U.S. Senate voted 78-17 to confirm Sylvia Burwell as secretary of the U.S. Department of Health and Human Services. Burwell will replace former HHS leader Kathleen Sebelius, who announced her resignation on April 10. Burwell, is formerly the director of the White House Office of Management and Budget. In a statement released yesterday U.S. President Barack Obama added: “I’m confident Sylvia’s unparalleled experience will serve her well in her new role as she works to ensure the safety of our food and drug supply, protect our nation from outbreaks or bioterror attacks, keep America at the forefront of medical research, and make sure every American has access to quality, affordable health care.”

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

WORLD HEALTH ORGANIZATION (WHO)

World Health Assembly (WHA) approves Post-2015 Global Strategy and Targets for TB Prevention, Care and Control

The World Health Assembly, the WHO’s highest decision-making authority, approved the “Post-2015 Global Strategy and Targets For Tuberculosis Prevention, Care and Control”. This means the world has now agreed on a strategy to end TB as a global pandemic (an average less than 10 tuberculosis cases per 100 000 population) and to cut the number of deaths from TB by 95% by 2035.

With the new strategy in place, we can get to work. The challenge is huge: to increase the reduction in new cases from 2% per year today to more than 10% per year during the coming two decades. But with this strategy, the world’s nations have agreed to ambitious targets, and the strategy sets up new and innovative ways to fight the disease. The upcoming five-year Plan to Stop TB (2016-2020), which the Stop TB Partnership is preparing, will set the direction to achieve this strategy.

You can access here the latest version of the paper, as well as the factsheet on the post-2015 Global TB Strategy. See here for several highlights from the week.

MEDECINS SANS FRONTIERES (MSF)

MSF intervention on Global Strategy and targets on tuberculosis at 67th WHA

Speaker: Phumeza Tisile, TB activist, former MSF patient, survivor of XDR-TB World Health Assembly 67 – Agenda item 12.1, Global strategy and targets for tuberculosis prevention, care and control after 2015

Video highlight: Phumeza Tisile, a former XDR-TB patient takes TB petition to the World Health Assembly

http://www.msfaccess.org/content/msf-intervention-global-strategy-and-targets-tuberculosis-67th-wha


THE STOP TB PARTNERSHIP

1. Stop TB Partnership Newsletter News from our Partners

- Researchers embark on groundbreaking pediatric TB study at the Desmond Tutu TB Centre
- Queen Sofia of Spain opens symposium on TB vaccines
- TB case finding event for workers at Medupi Power Station, South Africa
- Pioneering improvements in TB data management in Senegal
Timing of ART for HIV positive adults with tuberculosis

Diagnosis of childhood TB could be improved by genetic discovery

Aeras strengthens and expands its efforts in Africa

TB Alert launches a community empowerment project in Malawi

Operational research course focused on MDR-TB held in Estonia

A feature success story: Changing lives by promoting and encouraging positive living habits at community level

Operation ASHA: Technology for better outcomes

TB in the Media

Return of the 'White Plague': Fears over the rise of 'incurable' TB

Tackling Drug-Resistant TB: the first new TB drug in 40 years brings hope to patients

2. 22 Civil Society Organizations to Receive Grants from the Stop TB Partnership

The Stop TB Partnership Challenge Facility for Civil Society will fund 22 civil society organizations across Africa, Asia, Eastern Europe and Latin America through its 6th round of grants. The mission of the Challenge Facility is to support community-based organizations engaged in Global Fund work and activities with key affected populations to empower them to become part of the solution in the fight against TB.

3. Stop TB Partnership and the Global Fund commit to support countries and TB communities

The Stop TB Partnership and the Global Fund to Fight AIDS, Tuberculosis and Malaria renewed their joint commitment to countries and TB communities this week through the recently signed agreement on technical assistance between WHO and the Global Fund this week. The Stop TB Partnership which is hosted by WHO and whose collaboration was therefore included under WHO’s agreement with the Global Fund, focuses mainly on engaging TB communities early in the Global Fund’s grant process. The Partnership’s assistance aims at helping countries to submit a much more robust application which will in turn increase their chances of receiving funding and ensuring that people suffering from TB are at the core of the work.

Dr Lucica Ditiu, Executive Secretary of the Stop TB Partnership said, "It is essential that we engage and empower TB communities, people affected by TB and HIV, local NGOs, marginalized and vulnerable groups and hard to reach populations to be part of the national programmes and the Global Fund dialogue and processes. In TB, we now need to translate our statements into real action and we in the Stop TB Partnership together with our partners from the Global Fund are ready for this." The Stop TB Partnership will fund a range of technical assistance activities that ensure countries and TB communities
meaningfully collaborate and engage throughout pre-technical review panel stages of the grant process under the Global Fund’s new funding model. A key implementing partner of the agreement will be the Global Coalition of TB Activists. GCTA is a new coalition that brings national, regional and sub-regional partners focused on TB communities under one umbrella to amplify the voice of TB communities.

TREATMENT ACTION GROUP (TAG)

This month's issue of the IJTLD includes an update to earlier mathematical modeling work estimating the cost-effectiveness of the 3HP regimen to treat TB infection. The update takes into account the new, lower price of rifapentine, which Sanofi reduced from $51/blister pack to $32/blister pack in December 2013 after a year-long advocacy campaign by patients, providers and activists. The authors note that under the lower rifapentine price, the 3HP regimen is even most cost-effective, representing substantial savings to patients and programs:

"We found that, over a 20-year period, the cost to the health system per TB case prevented by 3HP compared to 9H decreases to US$8861 (from US$21525 at the former RFP price), while the cost to the health system per quality-adjusted life year (QALY) gained by 3HP compared to 9H decreases to US$1879 (from US$4565 at the former RFP price). From the societal perspective, which includes costs to health system as well as direct costs to patients and the economic value of last patient productivity, 3HP is cost-saving compared to 9H at the new RFP price." The full update can be read in the IJTLD here: http://bit.ly/1gLoaKn More on the advocacy campaign behind the price reduction can be found here: http://bit.ly/Qil2sG

RESULTS

- **Everything You Need to Know About the Appropriations Process**
  Appropriations 101

- **India and World Bank Sign $100 Million Agreement on TB**

- When XDR-TB spread in Mumbai, “lots of togetherness” led to a path of solutions

In Mumbai, the challenges to controlling the spread of drug-resistant TB are as dense, diverse and sprawling as the place itself. A small dot on the map, it is a “mega city,” as Mumbai TB officer Dr. Minni Khetarpal notes. It is the economic capital of India, the most urbanized region, and an epicenter for […]

KAISER FAMILY FOUNDATION

**June 23 Event:** A Town Hall Forum with Ambassador Deborah L. Birx 10:30 a.m. ET (Registration and breakfast at 10:00 a.m. ET)

The Kaiser Family Foundation will host a [town hall](http://bit.ly/20140623t) forum with Amsterdam Ambassador Deborah L. Birx, M.D. the
new U.S. Global AIDS Coordinator, to lay out her vision for the next phase of the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) in supporting efforts to achieve an AIDS-free generation. The session will be moderated by Jen Kates, a Foundation vice president and director of global health and HIV policy, and provide an opportunity for interactive engagement with the new Ambassador.

WHERE: Barbara Jordan Conference Center, Kaiser Family Foundation Offices, 1330 G Street, NW Washington, D.C. (one block west of Metro Center)

RSVP: Please register online to attend this event in person.

OTHER MEDIA SOURCES

TB is a 'neglected disease' in Vietnam despite death toll | Al Jazeera America

Public health officials say tuberculosis doesn’t attract nearly as much funding as HIV or malaria

TB in China: a New Epidemic of an Old Disease - The Globalist

How China handles drug-resistant tuberculosis will have a big effect on the problem globally, by Ces..

Government of India and World Bank Sign $100 Million Agreement for Accelerating Universal Access...

The project will contribute to the care of about 3.1 million TB patients, increase treatment for MDR...

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.

United States


Amarillo Globe-News reported that Amarillo, Texas, Public Health Director Matt Richardson said TB skin tests continued this week at Fannin Middle School after 37 students, faculty, and staff tested positive for TB exposure. TB screenings began approximately eight weeks ago with the testing of 250 students and faculty. During this week, the health department screened an additional 230 individuals, and scheduled a third round of testing on May 27 for remaining students, faculty, and staff. Richardson said the 37 individuals testing positive are in the process of further testing. The school scheduled a parent meeting with public health and school officials for May 22 in its auditorium to give an update and answer parents’ questions. Parents who do not want their child tested should contact the health department. Read Full Article

ALASKA: “Alaska Again Leads Nation in Tuberculosis Infection Rate”, Sean Doogan, Alaska Dispatch (05.25.2014)
The Alaska Dispatch reported that for the third year in a row, Alaska had the highest rate of new TB infections in the United States. The Alaska Department of Health and Social Services (DHSS) reported a new-case TB infection rate of 9.6 per 100,000 people for 2013, compared with the nationwide rate of three per 100,000 people. The rates are highest in rural Alaska, and Alaska Natives have the greatest risk of contracting the disease. In Southwest Alaska, the Yukon-Kuskokwim (Y-K) region reported a TB infection rate 700 percent higher than the rest of the state. In 2013, Alaska reported 71 new TB infections; California reported 2,170, for the fourth highest rate of new TB infection. Alaska has approximately 731,000 residents, while California has more than 38 million. Since rates are calculated per 100,000 people, the high rates in Alaska can result from a few outbreaks. This means that the increase in Alaska’s TB rates may not indicate new problems. In 2013, 17 people were infected with TB in a Y-K Delta village with fewer than 1,000 people. Many people in Alaska may have acquired latent TB infection (LTBI) in previous outbreaks, such as the outbreak in rural Alaska in the early- to mid-20th century. Without treatment, LTBI can become an active disease, which can spread quickly in a village with crowded homes and few doctors and health facilities. TB is not confined to the rural areas. Anchorage reported 24 new cases in 2013, compared with 10 cases in 2012. The Anchorage DHSS supplies temporary housing at local motels for homeless TB patients to supervise their treatment under the direct observation program and to isolate patients during the contagious period. Last year, DHSS housed eight such patients at two motels. Health officials concluded that although the TB rate has increased since 2011, it is not in danger of reaching former epidemic levels. Read Full Article

NEW YORK: “TB Funding Cuts May Leave New York City Vulnerable to Tuberculosis”, Lisa De Bode, Aljazeera America (05.29.2014)

Aljazeera America reported that New York City has seen an increase in the number of confirmed TB cases for the first time in more than 10 years, and that budget cuts could leave the city unprepared to fight a future outbreak. The city’s last outbreak claimed thousands of lives in the 1980s and 1990s. Budget cuts have forced the closure of several clinics and compelled another to start charging for TB screenings, putting a burden on the highest risk groups, which are immigrants arriving with little cash and the homeless. Harlem’s African Services Committee (ASC) clinic has seen a dramatic decrease in patients since it started charging for TB screenings. ASC tested 4,500 people for TB in 2009, but that number dropped to 534 screenings last year, with most of those tests being required for employment. ASC Director Kim Nichols said the drop in funding comes at a time when cases actually have increased in the past year, and believes fewer screenings will prevent healthcare providers from finding TB before it becomes contagious. “There will be those few cases that we would have treated or screened in previous years who will not be picked up on until they have active TB, or have already infected other people in their households,” she said. “You lose the opportunity to intervene before a person develops active symptoms.” Read Full Article

Global:

INDIA: “Armed with 21-Point Agenda, District Readies to Tackle TB”, Ranjana Digikar, Times of India (05.14.2014)
The Times of India reported that India’s Aurangabad district is ready to put into place a Revised National Tuberculosis Control Program (RNTCP) that includes a 21-point agenda meant to ensure diagnosis and treatment of all TB cases. The district has advised health providers to collect sputum to test any patient who is HIV-positive or diabetic, using steroids, or is immuno-suppressed or malnourished, and has a severe cough even for a day. The agenda also requires directly observed treatment for every registered TB patient to ensure treatment adherence. "Workshop of private practitioners and [nongovernmental organizations] would be organized in every district for better involvement in the program and to ensure that maximum number of TB cases either diagnosed or put on treatment by private practitioners is notified," said Vivek Khatgaonkar, TB officer for Aurangabad district. According to Khatgaonkar, the district also will test all registered TB patients and anyone suspected of having TB for HIV. School health medical officers will implement plans for TB student awareness in schools, he added. To achieve treatment success with the program, medical officers must “counsel all TB patients even before the treatment starts, hold community meetings at primary health center level, and by regularly following up with all TB patients," Khatgaonkar said.  

**AFRICA:** “Researchers Develop New Test to Detect TB in Children” SciDev.net (05.30.2014)  

SciDev.net reported on a new test to diagnose TB in children. Childhood TB is diagnosed using skin and sputum tests to detect the TB bacteria. However, these tests do not always work properly, particularly in undernourished and HIV-positive children. Andrew Brent of the London School of Hygiene and Tropical Medicine and researchers from Kenya, Malawi, and South Africa investigated whether genes would create a better test. Between February 17, 2008 and January 27, 2011, the researchers studied genes that provided clues to presence or absence of TB. The genes were from blood samples of 2,955 children with suspected TB from Kenya, Malawi, and South Africa. The researchers found 51 genes that were able to distinguish between 114 South African and Malawian children with TB from 175 with other diseases. They then used the genes to create a TB risk score that they used to diagnose 82.9 percent of Kenyan children with TB and identify 83.6 percent of children without TB. The researchers concluded that so far the test may be more useful for detecting children who were not infected with TB than for confirming TB. The researchers have filed a patent application for the test. The European Union and the Wellcome Trust funded the study. The full report, “Diagnosis of Childhood Tuberculosis and Host RNA Expression in Africa,” was published in the New England Journal of Medicine (2014; 370(18): 1712–1723). **Read Full Article**

**NEW RESOURCES**

**THE RTMCCs:**

**CURRY INTERNATIONAL TB CENTER**

Shelters and TB: What Staff Need to Know  
Second Edition Released May 2014 Now Available: Online or CD-ROM
The Curry International Tuberculosis Center is pleased to announce the release of our revised product: "Shelters and TB: What Staff Need to Know, Second Edition" which is now available online to view or order. The contents of the CD-Rom include an 18-minute video and viewer’s guide (PDF) that is designed to help homeless shelter staff create a healthy and safe environment. This fundamental TB infection control information can help you and your staff prevent the spread of TB.

To view the product in PDF and video format, please visit:  
http://www.currytbcenter.ucsf.edu/sheltertb/

To order the product, please visit:  

NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS (NACCHO)

Guidance: Billing for Services: NACCHO has developed a website that provides guidance for programs interested in billing  
http://www.naccho.org/topics/HPDP/billing/index.cfm

http://www.naccho.org/topics/HPDP/billing/billing-task-analysis.cfm

FIND TB RESOURCES

This month's highlight is La tuberculosis: ¡Proteja a su familia! from the CDC Division of Global Migration and Quarantine. This poster raises awareness about TB and encourages people to seek medical attention by calling a local number if they experience TB symptoms. It was developed for and tested with low-literacy Spanish-speaking populations to optimize linguistic and cultural appropriateness

Compendium of Tools and Strategies to Achieve Universal Access to TB Care for Vulnerable and At-Risk Groups, from TB CARE I.

Zero Deaths from TB video, from the United States Agency for International Development (USAID).

Preventing and Addressing Tuberculosis among People Experiencing Homelessness, from the United States Interagency Council on Homelessness.

TREATMENT ACTION GROUP (TAG)

Looking for up-to-date information on tuberculosis (TB) drugs? See An Activist’s Guide to Tuberculosis Drugs, a new guide from Treatment Action Group (TAG). The guide provides a summary of safety and efficacy data for drugs currently in use to treat TB. This resource also highlights research and access gaps for advocacy by activists, clinicians, and others working in TB

EXPLAIN TB

'Explain TB’ wins prestigious German health award : "We can only stop TB if we Explain TB to patients"

WHO
WHO's Global Laboratory Initiative (GLI) launch new laboratory manual

TB VOICES

TB in the developed world: TB Voices project of Snohomish and King County

VIMEO

Behind the Numbers: A conversation with former nurse Pat Bond

This is a short in the "Behind the Numbers" series on TB and MDR-TB. See more short films in the col...

JOURNAL ARTICLES

May 15 through June 3

Acta Radiol . 2014 May 15. pii: of print]

The imaging spectrum of pulmonary tuberculosis. Cardinale L, Parlatano D, Boccuzzi F, Onoscuri M, Volpicelli G, Velti A.


Cirrhosis as a Risk Factor for Tuberculosis Infection-A Nationwide Longitudinal Study in Taiwan. LIN YT, Wu PH, Lin CY, Lin MY, et al.


Legal and policy barriers to sharing data between public health programs in new york city: a case study. Gasner MR, Fuld J, Drobnik A, Varma JK.


Xpert MTB/RIF as a Measure of Sputum Bacillary Burden. Variation by HIV Status and Immunosuppression. Hanrahan CF, Theron G, Bassett J, Dheda K, Scott L, Stevens W, Sanne I, Van Rie A.

Mycobacterium tuberculosis Isolates from Single Outpatient Clinic in Panama City Exhibit Wide Genetic Diversity. Sambrano D, Correa R, Almengor P, Domínguez A, Vega S, Goodridge A.


In Vitro and In Vivo Activities of Three Oxazolidinones against Nonreplicating Mycobacterium tuberculosis. Zhang M, Sala C, Dhar N, Vocat A, Sambandamurthy VK, Sharma S, Marriner G, Balasubramanian V, Cole ST.

Comparative Study of the Effects of Antituberculosis Drugs and Antiretroviral Drugs on Cytochrome P450 3A4 and P-Glycoprotein. Horita Y, Doi N.

Pharmacokinetics of Rifampin and Isoniazid in Tuberculosis-HIV-Coinfected Patients Receiving Nevirapine- or Efavirenz-Based Antiretroviral Treatment. Bhatt NB, Barau C, Amin A, Baudin E, Meggi B, Silva C, Furlan V, Grinsztejn B, Barrail-Tran A, Bonnet M, Taburet AM; the ANRS 12146-CARINEMO Study

BMC Health Serv Res. 2014 May 27;14(1):238. [Epub ahead of print]

Health-service performance of TB treatment for indigenous and non-indigenous populations in Brazil: a cross-sectional study. Lemos EF, Alves AM, Oliveira Gd, Rodrigues MP, Martins ND, Croda J

http://www.biomedcentral.com/1472-6963/14/237/abstract

Collaboration between municipal and specialist public health care in tuberculosis screening in Norway. Harstad I, Henriksen AH, Sagvik E.


BMC Public Health 2014, 14 :467 (17 May 2014)

Tuberculosis patients’ knowledge and beliefs about tuberculosis: a mixed methods study from the Pacific Island nation of Vanuatu. Viney KA, Johnson P, Tagaro M, Fanai S, Linh NN, Kelly P, Harley D, Sleigh A

http://www.biomedcentral.com/1471-2458/14/467/abstract


Breast tuberculosis in Northeast Iran: review of 22 cases. Khodabakhshi B, Mehravar F.

BMJ 2014 16 May 2014

Manufacturer stands by Xpert tuberculosis test after India study questions its reliability

http://www.bmj.com/content/348/bmj.g3338?etoc =

Novel drug combination for tuberculosis to be tested across 50 sites

http://www.bmj.com/content/348/bmj.g3535?etoc =


A rare presentation of a huge mature mediastinal teratoma with right lung cavitation. Pattnaik MK, Majhi PC, Nayak AK, Senapati D.

False-positive tuberculous meningitis due to laboratory contamination: importance of a holistic clinical evaluation. Vallabhajosyula S, Vivekanandan R, Horowitz EA.


A 5-year-old boy with miliary and osteoarticular tuberculosis. Washington CH, Oberdorfer P.


Care seeking in tuberculosis: results from a countrywide cluster randomised survey in Bangladesh. Hossain S, Zaman K, Quaiyum A, Banu S, Husain A, Islam A, Borgdorff M, van Leth F.


Optimal Tuberculosis Prevention and Control Strategy from a Mathematical Model Based on Real Data. Choi S, Jung E.


PubMed: www.amedeo.com/p2.php?id=24846639&s=tb&pm=2


Interferon-Gamma Release Assays. Belknap R, Daley CL.

Molecular Diagnosis of Tuberculosis and Drug Resistance. Lin SY, Desmond EP.

Nontuberculous Mycobacteria in Respiratory Infections: Advances in Diagnosis and Identification. Somoskovi A, Salfinger M.

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Science with Societal Implications: Detecting Mycobacterium tuberculosis in Africa. Aubri S. Carman, Arpita G. Patel


Treatment Optimization in Patients Co-Infected with HIV and Mycobacterium tuberculosis Infections: Focus on Drug-Drug Interactions with Rifamycins. Regazzi M, Carvalho AC, Villani P, Matteelli A.

Pulmonary tuberculosis combined with hepatic tuberculosis: a case report and literature review, Liao JR, Zhang D, Wu XL.

Clin Rheumatol. 2014 May 15. [Epub ahead of print]

The role of interferon-gamma release assays in predicting the emergence of active tuberculosis in the setting of biological treatment: a case report and review of the literature, Scrivo R, Sauzullo I, Mengoni F, Riccieri V, Altieri AM, Cantoro L, Vullo V, Mastroianni CM, Valesini G.

Clinics in Laboratory Medicine, Volume 34, Issue 2, June 2014

Molecular Diagnosis of Tuberculosis and Drug Resistance, Shou-Yean Grace Lin, Edward P. Desmond


Managing multidrug-resistant tuberculosis in children: review of recent developments, Schaaf HS, Garcia-Prats AJ, Hesseling AC, Seddon JA.

Detecting specific infections in children through host responses: a paradigm shift, Mejias A, Suarez NM, Ramilo O.


Drugs. 2014 May 21. [Epub ahead of print]

Therapeutic Drug Monitoring in the Treatment of Tuberculosis: An Update, Alsultan A, Peloquin CA.


Emerging Infectious Diseases, 2014

Chapter 19 - Multidrug-Resistant Tuberculosis; Jan Heyckendorf, Christoph Lange, Julia Martensen

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Characterization of multi-drug resistant Mycobacterium tuberculosis from immigrants residing in the USA using Ion Torrent full-gene sequencing, Daum LT, Fischer GW, Sromek J, Khubbar M, Hunter P, Gradus MS, Bhattacharyya S.


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second-line drug-resistant tuberculosis in Taiwan. Chien JY, Tsou CC, Chien ST, Yu CJ, Hsueh PR.

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Financial burden for tuberculosis patients in low- and middle-income countries: a systematic review. Tanimura T, Jaramillo E, Weil D, Raviglione M, Lönnroth K.


Microbiology devices; reclassification of nucleic acid-based systems for mycobacterium tuberculosis complex in respiratory specimens. Final rule. Food and Drug Administration, HHS.


IGRA-positive patients and interferon-gamma/interleukin-2 signatures: Can the Fluorospot assay provide further information? Bittel P, Mayor D, Iseli P, Bodmer T, Suter-Riniker F.

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Weight variation over time and its relevance among multidrug-resistant tuberculosis patients. Chung-Delgado K, Revilla-Montag A, Guillén-Bravo S, Bernabe-Ortiz A.

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Mycobacterium tuberculosis Central Asian Strain (CAS) lineage strains in Pakistan reveal lower diversity of MIRU loci than other strains Asho Ali, Zahra Hasan, Sana Jafri, Raunaq Inayat, Rumina Hasan

Int J Tuberc Lung Dis Volume 18, Number 6


Distinguishing between pulmonary tuberculosis and non-tuberculous mycobacterial lung disease Y-S. Kwon, W-J. Koh


Predictors of contact tracing completion and outcomes in tuberculosis: a 21-year retrospective cohort
study M. J. Saunders, G. Koh, A. D. Small, M. Dedicoat

Cost-effectiveness of rapid susceptibility testing against second-line drugs for tuberculosis D. W. Dowdy, A. van’t Hoog, M. Shah, F. Cobelens


Multidrug-resistant tuberculosis in the United Kingdom and Lithuania X. Gonzalo, D. C. S. Hutchison, F. A. Drobniewski, E. Pimkina, E. Davidaviciene

Same-day light-emitting diode fluorescence microscopy for the diagnosis of tuberculosis in Chhattisgarh, India P. Nayak, A. M. V. Kumar, T. K. Agrawal, S. Chandraker, S. A. Nair


Microbiological investigation for tuberculosis among HIV-infected children in Soweto, South Africa L. Fairlie, E. Muchiri, C. N. Beylis, T. Meyers, H. Moultrie


Double-dose lopinavir/ritonavir in combination with rifampicin-based tuberculosis treatment in South Africa H. Sunpath, P. Wintergeimer, S. Cohen, I. Tennant, N. Chelin, R. T. Gandhi, R. A. Murphy

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**Concordance between Molecular and Phenotypic Testing of Mycobacterium tuberculosis Complex Isolates for Resistance to Rifampin and Isoniazid in the United States.** Yakrus MA, Driscoll J, Lentz AJ, Sikes D, Hartline D, Metchock B, Starks AM.


**Diagnostic Accuracy of Xpert MTB/RIF for Extrapulmonary Tuberculosis Specimens: Establishing a Laboratory Testing Algorithm for South Africa.** Scott LE, Beylis N, Nicol M, Nkuna G, Molapo S, Berrie L, Duse A, Stevens WS.


**HIV testing of tuberculosis patients by public and private providers in New York City.** Klein PW, Harris TG, Leone PA, Pettifor AE.


**Application of the QuantiFERON®-TB Gold test in erythema induratum.** Sim JH, Whang KU.


**Assessment of knowledge, attitudes and practices regarding tuberculosis among final year students in Yazd, central Iran.** Behnaz F, Mohammadzade G, Mousavi-E-Roknabadi RS, Mohammadzadeh M.


**Doctors’ compliance with national guidelines and clinical pathway on the treatment of tuberculosis inpatients in Hubei, China.** Zheng X, Zhong F, Zhang X.


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*Manal I. Hassan, Asim E. Diab*


**Clinical Outcomes Among Persons With Pulmonary Tuberculosis Caused by Mycobacterium tuberculosis Isolates With Phenotypic Heterogeneity in Results of Drug-Susceptibility Tests**
*Zetola NM, Modongo C, Moonan PK, Ncube R, Matlhagela K, Sepako E, Collman RG, Bisson GP.*

**Journal of Internal Medicine** online: 8 MAY 2014 doi: 10.1111/joim.12264

**Totally-drug resistant tuberculosis and adjunct therapies**
*Shreemanta K. Parida, Rebecca Axelsson-Robertson, Martin V. Rao, Nalini Singh, Iqbal Master, Anton Lutckii, Salmaan Keshavjee, Jan Andersson, Alimuddin Zumla and Markus Maeurer*


**Medication-adherence predictors among patients with tuberculosis or human immunodeficiency virus infection in Burkina Faso**
*Méda ZC, Lin YT, Sombié I, Maré D, Morisky DE, Chen YM.*


**Optimization of the microscopic observation drug susceptibility assay for four first-line drugs using Mycobacterium tuberculosis reference strains and clinical isolates**
*Nishiyama H, Aono A, Sugamoto T, Mizuno K, Chikamatsu K, Yamada H, Mitarai S.*

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**Paradoxical reaction in HIV negative tuberculous meningitis**
*Garg RK, Malhotra HS, Kumar N.*

**Clinical and Magnetic Resonance Imaging Characteristics of Tubercular Ventriculitis: An Under-Recognized Complication of Tubercular Meningitis**
*Prabhat Singh, Vimal K. Paliwal, Zafar Neyaz, Arun K. Srivastava, Ritu Verma, Suyash Mohan*


**Evaluation of exposure to tuberculosis among employees at a medical center**
*de Perio MA, Niemeier RT.*


**Rifapentine Pharmacokinetics and Tolerability in Children and Adults Treated Once Weekly With Rifapentine and Isoniazid for Latent Tuberculosis Infection**
*Marc Weiner, Radojka M. Savic, William R.*

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Cost-Effectiveness Analysis of Interventions for Tuberculosis Control: DALYs Versus QALYs. Diel R, Lampenius N.


Evaluation of a prednisolone acetate-loaded subconjunctival implant for the treatment of recurrent uveitis in a rabbit model. Ang M, Ng X, Wong C, Yan P, Chee SP, Venkatraman SS, Wong TT.


Use of Endo-Ovarian Tissue Biopsy and Pelvic Aspirated Fluid for the Diagnosis of Female Genital Tuberculosis by Conventional versus Molecular Methods. Bhanothu V, Theophilus JP, Rozati R.


Factors associated with health-related quality of life among pulmonary tuberculosis patients in Manila, the Philippines. Masumoto S, Yamamoto T, Ohkado A, Yoshimatsu S, Querri AG, Kamiya Y.

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Tuberculosis vaccines - rethinking the current paradigm. Andersen P, Woodworth JS.

**Trop Med Int Health** . 2014 Jun;19(6)


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Real time PCR quantification of viable Mycobacterium tuberculosis from sputum samples treated with propidium monoazide. Thiago Milech de Assunção, Eraldo L. Batista Jr., Candida Deves, Anne Drumond Villela, Vany Elisa Pagnussatti, Ana Christina de Oliveira Dias, Afrânio Kritski, Valnês Rodrigues-Junior, Luiz Augusto Basso, Diógenes Santigo Santos


**Vaccine**, Available online 9 May 2014


Causes of variation in BCG vaccine efficacy: Examining evidence from the BCG REVAC cluster randomized
trial to explore the masking and the blocking hypotheses Mauricio L. Barreto, Daniel Pilger, Susan M. Pereira, Bernd Genser, Alvaro A. Cruz, Sergio S. Cunha, Clemax Sant’Anna, Miguel A. Hijjar, Maria Y. Ichihara, Laura C. Rodrigues


Therapeutic vaccines for tuberculosis - A systematic review. Gröschel MI, Prabowo SA, Cardona PJ, Stanford JL, Werf TS.

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GRANT OPPORTUNITIES

Fund Number: 4844
Fund Title: Economic Modeling for HIV, Viral Hepatitis, Sexually Transmitted Diseases, Tuberculosis and School Health
Fund Category: HIV/AIDS
Description: Grant Amount: Approximate Total Fiscal Year Funding: approximately $4,000,000; Approximate Total Project Period Funding: approximately $15,000,000.

Fund Duration: 5 years. Number of Awards: Up to 3 awards

CDC seeks to support state and local public health efforts to increase the prevention effectiveness of public health interventions. Timely models and economic analyses support both of these goals. The activities described in this FOA will provide models and analytic results that will enable NCHHSTP to better assess policy options, address questions of resource allocation, estimate impact, and characterize the cost-effectiveness of interventions used or potentially used in public health. It is anticipated that these activities will at times require analyses of the types described in Table 1. At times CDC is called upon to assess any of the following types of economic issues:

1. The change in disease incidence or prevalence as a result of changes in factors such as (a) sexual behaviors (e.g., condom use, pre-exposure prophylaxis, anti-retroviral therapy), (b) health-seeking behaviors (e.g., increased HIV and HCV testing), (c) provision or cessation of specific interventions, and (d) changes in prevention resources;
2. The cost of illness of HIV, STDs, viral hepatitis, tuberculosis, and school health issues;
3. The cost of various intervention strategies or health programs;
4. The cost-effectiveness of interventions addressing different public health problems using health outcome measures such as quality-adjusted life years (QALYs): these may include analyses of single interventions or multiple interventions;
5. The cost-effectiveness of alternative interventions addressing the same public health problem using either QALYs or natural health units, such as cases of disease detected or treated;
6. Optimal allocation of resources across diseases, intervention strategies, risk and population groups, etc.;
7. Estimating the overall population-level impact and cost-effectiveness of prevention activities supported by NCHHSTP;
(8) The net benefit or return on investment of interventions, clinical practice, recommendations, programs, and policies to reduce HIV, sexually transmitted diseases, viral hepatitis, and tuberculosis, or to improve school health.

It is expected that to be able to perform these types of analyses, applicants will have demonstrated capability in at least two of the five areas (HIV, viral hepatitis, tuberculosis, sexually transmitted diseases, and school health), as demonstrated by reports of previous economic analyses or modeling studies that have been published following peer review in journals indexed in PubMed or EconLit. Applicants should have epidemiologic, clinical, modeling, and economic expertise sufficient to define modeling questions, generate hypotheses, conduct literature searches, determine needed data inputs, and construct models to address at least four of the five areas.


Letter of Intent Date: 06/16/2014 Application Due Date: 07/17/2014 Award Date: 09/23/2014

Eligibility Notes:
Eligible applicants include:
(1) Private and public colleges and universities; (2) Government Organizations: State or their bona fide agents; (includes the District of Columbia); Local governments or their bona fide agents; Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau); State controlled institutions of higher education; American Indian or Alaska Native tribal governments (federally recognized or state-recognized); Public Housing Authorities/Indian Housing Authorities; (3) Non-government Organizations: American Indian or Alaska native tribally designated organizations, Nonprofit with 501C3 IRS status (other than institution of higher education), Nonprofit without 501C3 IRS status (other than institution of higher education); (4) Community-based organizations; (5) Faith-based organizations; (6) For-profit organizations (other than small business); (7) Small businesses.

COURSES/WORKSHOPS

Management of TB, STDs, HIV, Substance Abuse and Hepatitis C on the Border: Focus on Testing

June 20, 2014, 3:30 pm -8:30 pm (includes dinner) June 21, 2014 8:00 am -5:30 pm (includes breakfast and lunch) El Centro, California

Sponsored by: Pacific AIDS Education & Training Center; California STD/HIV Prevention Training Center; Curry International Tuberculosis Center; Pacific Southwest Addiction Technology Transfer Center; Cardea-East Bay PAETC; US/Mexico Border Health Commission; Imperial County Public Health Department; and Clinicas de Salud del Pueblo, Inc.

This free, two-day continuing education workshop is available to physicians, physician assistants, nurse
practitioners, nurses, and other providers serving impacted patient populations in the region.

Enrollment is limited! Confirmation is required. For more information, please contact Alyssa Bittenbender at (520) 626-0723 or alyssa1@email.arizona.edu

Apply at: http://tinyurl.com/BorderTesting2014

FROM THE RTMCCs:

THE SOUTHEAST NATIONAL TB CENTER (SNTC)

http://sntc.medicine.ufl.edu/

**Arresting TB: Best Practices in Controlling TB in Corrections - RMC, Lake Butler, FL**
Date: 6/17/2014 - 6/17/2014 Time: 8:00 AM - 5:00 PM Eastern Location: Reception and Medical Center (RMC)
Instructor/speaker: Ellen Murray, BSN, RN & B. Sue Lane, RN, CCHP
Cost: No Charge Format: Workshop
This course highlights best practices for recognizing and controlling tuberculosis (TB) in correctional settings and is designed to enhance communication and collaboration between the local health department and correctional facility staff, both medical and custody. Attendees join in group discussion and actively participate in exercises designed to foster skills for managing TB in correctional settings. **This course is also located at other locations – please check the website**

**Comprehensive Clinical TB Course**
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**
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://www.umdnj.edu/globaltb/training/trainingcalendar.html](http://www.umdnj.edu/globaltb/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)

**Effect of Substance Abuse on the Treatment of TB Along the Border (Webinar)**

Date: June 19, 2014 Contact: jessica.quintero@uthct.edu

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

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.currytbccenter.ucsf.edu/training/schedule_2014.cfm](http://www.currytbccenter.ucsf.edu/training/schedule_2014.cfm)
Seattle LTBI Workshop Pilot (in association with Seattle-King County HD, University of Washington Harborview Hospital), June 25

Seattle TB Intensive (in association with Seattle-King County HD, University of Washington Harborview Hospital), June 26-27

Tuberculosis Clinical Intensive – Seattle June 25-27, 2014

(New 2-Part Course format) The Curry International Tuberculosis Center is pleased to announce the 11th upcoming Tuberculosis Clinical Intensive – Seattle, scheduled for June 25-27, 2014 in Seattle, WA. This two- or three-day training is designed for clinicians and other medical care providers who manage patients with or at risk for tuberculosis (TB). Topics include: epidemiology, pathogenesis of TB, infection control, TB radiology, diagnosis and management of TB disease and latent TB infection, legal and ethical issues in TB control, and more. This training is approved for up to 10.50 (two-day training)/16.25 (three-day training) Category 1 ACCME continuing education hours/nursing continuing education hours.

For a complete training description and application information, please visit:
http://www.currytbcenter.ucsf.edu/training/TBCISeattle14.cfm You can submit your application online by using the following website

Tuberculosis Nursing Workshop – Seattle June 24, 2014

The Curry International Tuberculosis Center is pleased to announce our upcoming Tuberculosis Nursing Workshop – Seattle scheduled for June 24, 2014 in Seattle, WA. This one-day training is designed for nurses, communicable disease investigators, and other licensed medical care providers who work with tuberculosis (TB) patients. This training is approved for up to 4.80 Category 1 ACCME continuing education hours/nursing continuing education hours. For a complete training description and application information, please visit: http://www.currytbcenter.ucsf.edu/training/TBNWSeattle14.cfm

THE MAYO CLINIC CENTER FOR TUBERCULOSIS

Mayo Clinic Center for Tuberculosis – Home

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 Semi-Annual Denver TB Course – National Jewish Health or call 800.844.2305

FROM JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH
32nd Graduate Summer Institute of Epidemiology and Biostatistics June 16 – July 3, 2014
Baltimore, MD Online Registration at [www.jhsph.edu/summerepi](http://www.jhsph.edu/summerepi)

**Online Course: Epidemiologic Basis for Tuberculosis Control, June 2 – June 20, 2014.**
Originally developed by Dr. George Comstock, this course covers the history of the TB epidemic, the devastating consequences of high HIV prevalence in areas with endemic TB infection, and the emergence of new forms of drug-resistant TB.

**On-site courses:** Public Health Dimensions of Global Tuberculosis Control: New Tools and Interventions June 23 - June 27, 2014 and Advanced Issues in Global Tuberculosis Control: Achieving Impact, 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 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

**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

**ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICERS (ASTHO)**

September 9-11 Albuquerque, New Mexico [Learn More »](#)

**COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS (CSTE)**

Nashville, Tennessee June 22-26 [CSTE — Annual Conference](#)

**NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICERS (NACCHO)**

Annual Meeting, July 9-11 Atlanta, Georgia [www.nacchoannual.org](http://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](#)

**RESULTS**


Ready to join a movement fighting for the end of poverty? Now’s your chance. Join us June 21-24 at the Doubletree Hotel in Crystal City for the RESULTS/RESULTS Educational Fund 2014 International Conference. You’ll be joined by over 400 of RESULTS grassroots advocates and international partners to hear from leading experts on issues of global and domestic poverty, grow your advocacy and media skills, and take your message straight to decision makers on Capitol Hill during RESULTS’ advocacy day. This is a great advocacy “boot-camp” opportunity for young professionals and summer interns alike to develop professional skills in hone their skills. The 2014 conference will bring together an amazing array
of practical visionaries including: Dr. Jim Yong Kim, World Bank President, Dr. Rajiv Shah, Administrator for USAID, Michael Gerson, Washington Post Columnist, Tavis Smiley, Author and host of PBS’s Tavis Smiley show, Marian Wright Edelman, Founder and Executive Director of Children’s Defense Fund, Sean Astin, Actor and host of Vox Populi podcast on citizen activism, Julia Gillard, Former Australian Prime Minister and Chair of the Global Partnership for Education and many others!

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