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

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

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WASHINGTON UPDATE

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

DOMESTIC TB FUNDING AND LEGISLATIVE UPDATE

The impending fall election is impacting the annual appropriations process, with the result that fiscal year (FY) 2015 spending bills are now stalled in the Senate. In July, Senate Appropriations Committee chair, Sen. Barbara Mikulski (D-MD), pulled the health spending bill, known as the Labor-Health and Human Services bill (Labor-HHS), from full Appropriations Committee action due to disagreements over Republican-backed amendments on funding for the Affordable Care Act (ACA).

The Senate Labor-Health and Human Services Appropriations subcommittee, chaired by Sen. Harkin (D-IA), passed the FY2015 health spending bill, which provides funding for CDC, including the TB program, on June 10. The bill provides flat funding for CDC’s domestic TB program, at $142.6 million, with actual program level at $135 million. For the CDC overall, the bill provides $7.054 billion, an increase of $170.9 million, or about 2.3 percent, from the FY2014 level. It is unclear when the bill will be considered by the full Senate Appropriations Committee and the full Senate.

It is likely that Congress will run out of time before the start of fiscal year 2015 on October 1 and will have to pass temporary spending measures extending current funding into fiscal year 2015.

GLOBAL FUNDING

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

TB REAUTHORIZATION BILL

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

ANNOUNCEMENTS

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

New Director of the Division of Tuberculosis Elimination (DTBE)

Dr. Jonathan H. Mermin, MD, MPH, Director, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB
Prevention (NCHHSTP) announced that beginning August 11, 2014, Philip LoBue, MD, will serve as the new Director of the Division of Tuberculosis Elimination (DTBE) where he has served as Acting Director for the last 11 months.

“Dr. LoBue’s years of working in TB control, his scientific acumen, and his management and leadership experience are invaluable assets for CDC and those working in the field of TB elimination. He began his CDC career in 1999 as a Field Medical Officer and Epidemiologist assigned to the San Diego County TB Control Program, moving in 2004 to Atlanta to become Chief of the Medical Consultation Team of DTBE. Since 2006, he has held the position of Associate Director for Science for the Division, prior to serving as the Acting Director of the Division. Dr. LoBue has been recognized for his leadership, receiving CDC’s Award for Excellence in Surveillance and Health Monitoring and the U.S. Food and Drug Administration’s Award for Outstanding Service.”

Dr. LoBue earned his undergraduate and medical degrees from the University of Pennsylvania and completed his pulmonary and critical care fellowship in 1995 at the University of California (UC) San Diego Medical Center. He also subsequently served as an Assistant Clinical Professor of Medicine at UC San Diego. He is board certified in pulmonary medicine and critical care medicine, and he has authored or co-authored over 70 scientific papers and book chapters, including many on the impact of new technologies and the changing epidemiology of tuberculosis. He is a member of the International Union Against Tuberculosis and Lung Disease, the American Thoracic Society, and several World Health Organization committees and working groups.

NATIONAL ASSOCIATION OF PEDIATRIC NURSE PRACTITIONERS (NAPNAP)

Live webinar: FLYER

NAPNAP is pleased to invite you to attend a continuing education webinar: Back to School TB Screening: What Practitioners and Families Need to Know. This live webinar will be offered on two dates, August 5 and August 19, allowing registrants to choose the date that will work best with their schedule.

Program Dates: August 5, 2014 12:00 PM Eastern, and August 19, 2014 3:00 PM Eastern

Description: The number of tuberculosis (TB) disease cases is a great concern. The occurrence of TB disease and infection in children provides important information about the spread of TB in homes and communities. TB disease in children under 15 years of age (also called pediatric tuberculosis) is a public health problem of special significance because it is a marker for recent transmission of TB. Also of special significance, infants and young children are more likely than older children and adults to develop life-threatening forms of TB disease (e.g., disseminated TB, TB meningitis). Among children, the greatest numbers of TB cases are seen in children less than 5 years of age, and in adolescents older than 10 years of age.

Learning Objectives: At the conclusion of this live webinar, participants will be able to: 1. Apply risk-based American Academy of Pediatrics (AAP) guidance when screening school children for Tuberculosis; 2. Review CDC and AAP recommendations on use of tuberculin skin test and interferon-Gamma Release
Assays (IGRA) in children; 3. Describe the pros and cons of using the tuberculin skin test (TST) or TB blood test in testing children going back to school.

Faculty Information: Scott Lindquist, MD, MPH and Kimberly Willis Field, RN, PHN, MSN

HIGHLIGHTED TB REPORTS

STOP TB PARTNERSHIP

August Newsletter

AIDS 2014: AIDS leaders call on advocates to join together to fight AIDS and TB in Melbourne

Top Line News

- New drug treatment could dramatically speed up TB cure
- Latin American workshop on civil society’s fight against TB focuses on helping countries under Global Fund’s new funding model
- Stop TB Partnership Board meets to strengthen coordination, advocacy, scale up of the global TB efforts
- More news here

News from our Partners

- New hope for MDR-TB patients; WHO Pre-qualification Program prequalifies two second-line TB drugs, helping to improve quality, availability and affordability of medication for TB patients worldwide
- Global Coalition of TB Activists launches new website
- Tajikistan launches its national Stop TB Partnership
- Community wide active-case finding using GeneXpert MTB/RIF in Vietnam
- eCompliance technology gains new ground to help in patient identification
- Screening healthcare workers in Zambia
- Cameroon TB/HIV Country Dialogue: Prisoners, refugees and healthcare personnel take part in the process
- Vietnam on a path towards eliminating TB: KNCV
- From Rhetoric to Reality: An analysis of efforts to scale up the response to TB-HIV
- TB care for former prisoners in Azerbaijan
- Zimbabwe AIDS Network coordinates CSO participation in TB concept note writing process
- Kenya's Stop TB Partnership embarks on Strategic Plan Development
- TAG launches Pipeline Report: Updates on research for TB drugs, vaccines and diagnostics
- TB Europe Coalition highlights Voices in the Fight Against TB: Marina
- For patients waiting for XDR-TB treatment in Romania, someday never comes
- TB Europe Coalition highlights Voices in the Fight Against TB: Shamsiya
- Could the rollout of molecular diagnostic tests improve TB control in India?

Stop TB Advocacy

The Stop TB Partnership has launched a new advocacy newsletter. Read the latest issue here and subscribe to the Stop TB advocacy network here.

Dying for a cure: R&D for global health

A new report by the All-Party Parliamentary Group on Global TB suggests a slew of measures to address the failings of commercially driven research and development (R&D) to address poverty-related and neglected diseases. The report recommends increasing UK's funding for R&D in global health, to push for greater support for product development partnerships, reduce financial risk and encourage non-commercially driven R&D models that delink price and innovation. The report also notes how the lack of commercial incentives has led to a critical shortage of antibiotics even as we are fast approaching the post-antibiotic era. Full commentary here.

TB REACH Spotlight: Nomadic tribe in Nigeria makes significant gains in TB case detection

Adamawa is the only state in Nigeria where the nomadic Koma tribe lives and an estimated 90% of the state's population are nomadic pastoralists. These groups are at an increased risk of developing and dying from TB due to their poor living conditions, low knowledge and awareness of TB infection risks, belief in traditional and alternative medicine and limited access to government TB services. Additionally, the common practices of animal husbandry and consumption of unpasteurized milk further increase the risks of TB infection because there is also a high burden of bovine TB among livestock due to the lack of veterinary care in the state. These challenges have resulted in TB causing an estimated 48% of all deaths among nomadic pastoralists in this region. Full story here.

Stop TB Partnership Bulletin on Working Groups: January - June 2014

The Operational Strategy of the Stop TB Partnership 2013-2015 mandates the Secretariat to strengthen support to the Working Groups and facilitate collaboration among them. As part of this effort it
encourages the need to standardize the way that Working Groups report, interact and communicate with the Secretariat, the Coordinating Board and Board Committees, including the use of harmonized key performance indicators. The development of the Standard Operating Procedures for all Working Groups has been completed and approved by the Executive Committee on the 13th March and is being implemented by the Working groups. One of the tools for supportive communication is the semi-annual bulletin highlighting the progress of the WGs and informing on upcoming activities. In this issue we welcome the joining of new Chairs for the Global TB/HIV Working Group Ambassador Eric Goosby MD, Global Drug-resistant TB Initiative Professor Charles Daley MD and Working Group on New Vaccines Dr David Lewinsohn.

Working Groups updates on recent and upcoming events are as follows: View this email in your browser

UNION E-News

With 75% of patients enrolled in the STREAM MDR-TB trial, investigators meet to discuss progress
With close to 75% of the expected patients now enrolled in the STREAM clinical trial of a shortened MDR-TB regimen, investigators and partners working on the trial met in Johannesburg, South Africa on 8-9 July to discuss progress and next steps. Read more...

OTHER NEWS

GLOBAL

- Global, regional, and national incidence and mortality for HIV, tuberculosis, and malaria during...
  Global, regional, and national incidence and mortality for HIV, tuberculosis, and malaria during 199...

- “How to fix a broken market in antibiotics”, Reuters, Jul 06, 2014
  http://mobile.reuters.com/article/idUSKBN0FB0A220140706?irpc=932 The drugs don’t work - and neither does the market, when it comes to antibiotics. When sophisticated bugs that medicines used to kill within days start to fight back and win, all of healthcare, and the people it keeps alive, is in trouble........

- “ Treating MDR-TB increased risk of acquired resistance to second-line drugs ”, HEALIO, August 4, 2014 The treatment of multidrug-resistant tuberculosis significantly increases the risk of acquired resistance to second-line drugs and upgrading the condition... More »

- ‘EPFL joins forces with pharmaceutical company to fight tuberculosis” , Medical Xpress, Jul 28, 2014 The pharmaceutical company Nearmedic is collaborating with EPFL to participate in the development of a treatment against tuberculosis. The company bought a license covering the use of the molecule in most ...

- “ Experts to combat the potential 'health catastrophe' of deadly tuberculosis among people with diabetes ”, Medical Xpress, Jul 24, 2014 New research aims to estimate the benefits of different
ways to carry out screening both patients with tuberculosis (TB) for diabetes and the other way around in parts of the world where both diseases are ...

NIGERIA: Nigeria and TB crisis - The powerpoint with the survey results is here:

http://www.who.int/tb/advisory_bodies/impact_measurement_taskforce/meetings/accra2013_6_tbps_nigeria_chukwueme.pdf?ua=1

DUBAI: “Sick and dying mother of five pleads for mercy”, Gulf News, July 22, 2014

The tears stream down her face. A Type II diabetes patient with chronic hepatitis C, her body has been ravaged with a variety of cancers — breast cancer that metastasized into the bones and brain. Since 2009 she has been undergoing phases of chemo- and radiotherapy at Tawam Hospital, Al Ain, that leaves her drained and dazed. However, that is the least of her worries right now. Having contracted pulmonary tuberculosis in 2013, aggressively treated for it and declared free of TB, the woman, 41, faces the threat of being deported and separated from her five children and husband. “I am dying, please don’t take away these few moments I can have with my children, I weep for their fate. They are going to be separated from me anyway as my disease progresses. But, until I am alive, I need to be near them. How can anyone expect me to be exiled from my family?” she asks. The woman has two daughters and two sons — the oldest daughter is 17, the two sons are aged 14 and 12 and the youngest child is only six years old.

UNITED KINGDOM


Up to 300 factory workers who make Mulberry handbags are awaiting the results of tests for tuberculosis, after two workers were diagnosed with the potentially fatal condition. Mulberry said the two staff members who came down with the illness had recovered and were back working at the brand's plant in Shepton Mallet in Somerset, according to the Sun. It is believed one worker was diagnosed in May and the other in January. In a statement the firm said: "Mulberry has fully complied with Public Health England (PHE) advice." But the company and the PHE refused to comment on claims the factory outbreak came from a Polish worker.

TB in the UK was almost wiped out by the 1970s thanks to the introduction of the BCG vaccination and antibiotics. But in the last 20 years there has been a rise in the number of cases, which is being blamed on immigration from Eastern Europe where TB is more common. In 2012, migrants accounted for 73% of 8,751 cases in the UK.


The U.K. has too big a problem with tuberculosis to participate in a World Health Organization plan to eliminate the world’s second-deadliest disease from more than 30 countries. Nations such as the U.S., Switzerland and Australia, will aim to reduce the number of new TB cases to less than 1 per million
people annually by 2050 from less than 100 per million now, the Geneva-based WHO said in a statement today. The U.K., with about 150 new cases per million in 2012, is ineligible for the plan, as are Spain and Portugal, the other countries in western Europe with the highest levels of the disease. The 33 countries and territories involved in the agreement have the lowest rates of tuberculosis, making them well-placed to aim for elimination, the WHO said. The disease killed 1.3 million people in 2012, according to the United Nations agency. Countries with low levels of TB “can serve as global trailblazers,” Mario Raviglione, director of the WHO’s Global TB Program, said in the statement.

The most vulnerable groups include the poor, people who use drugs, smokers, heavy drinkers and people with HIV or diabetes, according to the statement. As TB rates have fallen in many of these countries, attention to the threat from the disease has waned and capacity to respond could be weakened, WHO said. “Powerful antibiotics and better living standards have almost pushed the disease out of many high-income countries,” Giovanni Battista Migliori, Secretary General of the European Respiratory Society, said in the statement. “If we do the wrong things now, TB could rebound, including with more drug-resistant forms.”

The 33 countries and territories are Australia, Austria, Bahamas, Belgium, Canada, Costa Rica, Cuba, Cyprus, Czech Republic, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Israel, Italy, Jamaica, Jordan, Luxembourg, Malta, Netherlands, New Zealand, Norway, Puerto Rico, Slovakia, Slovenia, Sweden, Switzerland, United Arab Emirates, the U.S. and the West Bank and Gaza Strip. The plan is also “relevant” to countries that are moving closer to less than 100 new cases per 1 million a year, according to the WHO.


UNITED STATES

- TB Programs Need Money NYTimes.com
  The National TB Controllers Association responds to an Op-Ed article.

- Washington Post, “There is no health crisis from immigrant children at the border”
  http://wapo.st/1sb9Bl1

CALIFORNIA

“TB outbreak near Sacramento: 9 active cases, including 5 students”
http://www.mercedsunstar.com/2014/07/21/3756738/fear-festers-following-outbreak.html

“California Tuberculosis Patient Found, Arrested” abcnews.go.com A California man who was charged
after refusing treatment for his tuberculosis was found and arrested...

**GEORGIA**

**TB case reported, another possible at Macon daycare** .... 41NBC/WMGT - Health Officials confirm a 9 month old has the disease...

**NEWS RESOURCES**

Find TB Resources Newsletter: Highlight of the Month

**Imaging of Tuberculosis**, from the International Society of Radiology's International Commission on Radiology Education.

**Understanding Tuberculosis**, from ACTION.

**USAID**

USAID supported work to finalize several TB success stories and project briefs that might be helpful. A few are listed below.


**JOURNAL ARTICLES**

**July 18 through August 7**

**Acta Clin Belg.** 2014 Jul 24:2295333714Y0000000048. [Epub ahead of print]


Treatment Outcomes for Patients with Multidrug-Resistant Tuberculosis in Post-Earthquake Port-au-Prince, Haiti. Charles M, Vilbrun SC, Koenig SP, Hashiguchi LM, Mabou MM, Ocheretina O, Pape JW.


Statins increase rifampin mycobactericidal effect. Lobato LS, Rosa PS, Ferreira JD, Neumann AD, Silva MG, Nascimento DC, Soares CT, Pedrini SC, Oliveira DS, Monteiro CP, Pereira GM, Ribeiro-Alves M, Hacker MA, Moraes MO, Pessolani MC, Duarte RS, Lara FA.


Re-defining Multidrug Resistant Tuberculosis Based on Clinical Response to Combination Therapy. Gumbo T, Pasipanodya JG, Wash P, Burger A, McIlerson H.


Association of serum levels of iron, copper, and zinc, and inflammatory markers with bacteriological sputum conversion during tuberculosis treatment. Moraes ML, Ramalho DM, Delogo KN, Miranda PF,
Mesquita ED, de Melo Guedes de Oliveira HM, Netto AR, Dos Anjos MJ, Kritski AL, de Oliveira MM.

BMC Infect Dis. 2014 Jul 19;14(1) [Epub ahead of print]


Factors associated with tuberculosis by HIV status in the Brazilian national surveillance system: a cross sectional study. do Prado TN, Miranda AE, de Souza FM, Dos Santos Dias E, Sousa LK, Arakaki-Sanchez D, Sanchez MN, Golub JE, Maciel EL.


Longer hospital stay is associated with higher rates of tuberculosis-related morbidity and mortality within 12 months after discharge in a referral hospital in Sub-Saharan Africa. Zetola NM, Macesic N, Modongo C, Shin S, Ncube R, Collman RG.

BMC Infect Dis. 2014 Aug 1;14(1):426. [Epub ahead of print]


BMC Public Health 2014, 14:713 (11 July 2014)

A household survey on screening practices of household contacts of smear positive tuberculosis patients in Vietnam; Hoang TT, Dinh SN, Nguyen NV, Van Nguyen H, Horby P, Cobelens F, Wertheim HF.

;http://www.biomedcentral.com/1471-2458/14/713/abstract


Maxillary sinusitis with pulmonary tuberculosis. Upadhyay R, Prakash V, Singh AB, Saheer S.


Clinical significance of low forced expiratory flow between 25% and 75% of vital capacity following treated pulmonary tuberculosis: a cross-sectional study. Pefura-Yone EW, Kengne AP, Tagne-Kamdem PE, Afane-Ze E.

BMJ. 2014 Aug 5;349:g4643. doi: 10.1136/bmj.g4643.

Effect of BCG vaccination against Mycobacterium tuberculosis infection in children: systematic review


The utility of routine tuberculosis screening in county hospital patients with uveitis. Hong BK, Khanamiri HN, Bababeygy SR, Rao NA.


Sputum Culture Conversion with Moxifloxacin Containing Regimens in the Treatment of New Sputum Positive Pulmonary Tuberculosis Patients in South India. VELAYUTHAM BV, Allaudeen IS, Sivaramakrishnan GN, Perumal V, et al.

PubMed: www.amedeo.com/p2.php?id=25028463&s=tb&pm=2


Significant Clinical Impact of a Rapid Molecular Diagnostic Test (Genotype MTBDRplus Assay) to detect Multidrug-Resistant Tuberculosis. Kipiani M, Mirtskhalava V, Tukvadze N, Magee M, Blumberg HM, Kempker RR.

Impact of GeneXpert MTB/RIF on Triage of Respiratory Isolation Rooms for Inpatients with Presumed

**Increased incidence of liver enzymes abnormalities in patients treated with isoniazid in combination with disease modifying and/or biologic agents.** Bourré-Tessier J, Arino-Torregrosa M, Choquette D.


**Tuberculosis in Children.** Marais BJ, Schaaf HS.


**Tuberculosis in solid organ transplant candidates and recipients: current and future challenges.** Subramanian AK.


**Eur J Clin Microbiol Infect Dis.** 2014 Jul 20. [Epub ahead of print]

**A close-up on the epidemiology and transmission of multidrug-resistant tuberculosis in Poland.** Jagielski T, Brzostek A, van Belkum A, Dziadek J, Augustynowicz-Kopeć E, Zwolska Z.

**Eur Respir J.** 2014 Jul 25. [Epub ahead of print]

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


**Xpert MTB/RIF assay for the diagnosis of extrapulmonary tuberculosis: a systematic review and meta-analysis.** Denkinger CM, Schumacher SG, Boehme CC, Dendukuri N, Pai M, Steingart KR.


**Economic challenges associated with tuberculosis diagnostic development.** Hanrahan CF, Shah M.


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

**Glob Public Health.** 2014 Jul 18:1-10. [Epub ahead of print]

**Preferential adherence to antiretroviral therapy over tuberculosis treatment: A qualitative study of**
drug-resistant TB/HIV co-infected patients in South Africa. Daftary A, Padayatchi N, O'Donnell M.

Infection. 2014 Aug;42(4)


Comparison of the incidence between tuberculosis and nontuberculous mycobacterial disease after gastrectomy. Kim CH, Im KH, Yoo SS, Lee SY, Cha SI, Jung HY, Park JY, Yu W, Lee J.


Nevirapine versus efavirenz for patients co-infected with HIV and tuberculosis: a systematic review and meta-analysis. Jiang HY, Zhang MN, Chen HJ, Yang Y, Deng M, Ruan B.


From milk to rifampicin and back again: history of failures and successes in the treatment for tuberculosis. Riva MA.


**Whole genome sequencing of the Mycobacterium tuberculosis Manila sub-lineage results in better resolution than MIRU-VNTR and Spoligotype.** 


**Multidrug-resistant nontuberculous mycobacteria isolated from cystic fibrosis patients.** 

Cândido PH, Nunes Lde S, Marques EA, Folescu TW, Coelho FS, de Moura VC, da Silva MG, Gomes KM, Lourenço MC, Aguiar FS, Chitolina F, Armstrong DT, Leão SC, Neves FP, Mello FC, Duarte RS.

**Diagnostic accuracy of a molecular drug susceptibility testing method for the antituberculosis drug ethambutol: a systematic review and meta-analysis.** 

Cheng S, Cui Z, Li Y, Hu Z.

**Pseudo-Outbreak of Pre-Extensively Drug-Resistant (Pre-XDR) Tuberculosis in Kinshasa: Collateral Damage Caused by False Detection of Fluoroquinolone Resistance by GenoType MTBDRsl.** 


**The molecular bacterial load assay replaces solid culture for measuring early bactericidal response to antituberculosis treatment.** 


**Comparative Mycobacterium tuberculosis Spoligotype Distribution in Mexico.** 


**Tuberculosis infection causing intestinal perforations in 2 patients with systemic lupus erythematosus.** 

González LA, Muñoz C, Restrepo M, Vanegas AL, Vásquez G.

**Tuberculosis risk from exposure to solid fuel smoke: a systematic review and meta-analysis.** 

Kurmi OP, Sadhra CS, Ayres JG, Sadhra SS.

**A prospective longitudinal study evaluating the usefulness of the interferon-gamma releasing assay for predicting active tuberculosis in allogeneic hematopoietic stem cell transplant recipients.** 

Advanced immune suppression is associated with increased prevalence of mixed-strain Mycobacterium tuberculosis infections among persons at high risk for drug-resistant TB in Botswana. Shin SS, Modongo C, Ncube R, Sepako E, Klausner JD, Zetola NM.


Verapamil, and Its Metabolite Norverapamil, Inhibit Macrophage-induced, Bacterial Efflux Pump-mediated Tolerance to Multiple Anti-tubercular Drugs. Adams KN, Szumowski JD, Ramakrishnan L.

Completion of primary care referrals among new york state refugees. Alarcón J, Cleighorn EJ, Rodriguez EM, Hughes SE, Oxtoby MJ.


Challenges of infectious diseases in the USA. KHABBAZ RF, Moseley RR, Steiner RJ, Levitt AM, et al.


Lancet Global Health, Available online 8 July 2014; 

Burden of childhood tuberculosis in 22 high-burden countries: a mathematical modelling study; Peter J Dodd, Elizabeth Gardiner, Renia Coghlan, James A Seddon. 


Tuberculosis in liver transplant recipients: Experience of a South Indian liver transplant center. Olithselvan A, Rajagopala S, Vij M, Shanmugam V, Shanmugam N, Rela M. 

Microbes and Infection Available online 12 July 2014 

Tuberculosis in Papua New Guinea: from yesterday until today; Serej D. Ley, Ian Riley, Hans-Peter Beck. 


Assessment of children exposed to adult pulmonary tuberculosis in Cali, Colombia. Villegas SL, Ferro BE, Rojas CM, Perez-Velez CM. 


Tuberculosis in pediatric oncology and bone marrow transplantation patients. Cruz AT, Airewele G, Starke JR. 


The Importance of Implementation Strategy in Scaling Up Xpert MTB/RIF for Diagnosis of Tuberculosis in the Indian Health-Care System: A Transmission Model; Henrik Salje, Jason R. Andrews, Sarang Deo, Srinath Satyanarayana, Amanda Y. Sun, Madhukar Pai, David W. Dowdy

Defining Catastrophic Costs and Comparing Their Importance for Adverse Tuberculosis Outcome with Multi-Drug Resistance: A Prospective Cohort Study, Peru; Tom Wingfield, Delia Boccia, Marco Tover, Arquímedes Gavino, Karine Zevallos, Rosario Montoya, Knut Lönnroth, Carlton A. Evans

The Association between Quality of HIV Care, Loss to Follow-Up and Mortality in Pediatric and Adolescent Patients Receiving Antiretroviral Therapy in Nigeria; Ojikutu B, Higgins-Biddle M, Greeson D, Phelps BR, Amzel A, Okechukwu E, Kolapo U, Cabral H, Cooper E, Hirschhorn LR.

Impact of Introducing the Line Probe Assay on Time to Treatment Initiation of MDR-TB in Delhi, India; Singla N, Satyanarayana S, Sachdeva KS, Van den Bergh R, Reid T, Tayler-Smith K, Myneedu VP, Ali E, Enarson DA, Behera D, Sarin R.


Total Delay in Treatment among Smear Positive Pulmonary Tuberculosis Patients in Five Primary Health Centers, Southern Ethiopia: A Cross Sectional Study; Asefa A, Teshome W.

Does non-central nervous system tuberculosis increase the risk of ischemic stroke? A population-based propensity score-matched follow-up study; Wu CH, Chen LS, Yen MF, Chiu YH, Fann CY, Chen HH, Pan SL.


Safety of resuming tumour necrosis factor inhibitors in patients who developed tuberculosis as a complication of previous TNF inhibitors. Kim YJ, Kim YG, Shim TS, Koo BS, Hong S, Lee CK, Yoo B.


Comparison of IGRA tests and TST in the diagnosis of latent tuberculosis infection and predicting tuberculosis in risk groups in Krakow, Poland. Kruczak K, Duplaga M, Sanak M, Cmiel A, Mastalerz L, Sladek K, Nizankowska-Mogilnicka E.

Scand J Infect Dis. 2014 Aug;46(8)


Scientific Reports; Volume: 4, Article number: 5658; Published: 11 July

Determinants of PCR performance (Xpert MTB/RIF), including bacterial load and inhibition, for TB diagnosis using specimens from different body compartments: Grant Theron, et al;


Diagnosis and therapy for prostate tuberculosis. Kulchavenya E, Brizhatyuk E, Khomyakov V.


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


Tobacco smoking: a major risk factor for pulmonary tuberculosis - evidence from a cross-sectional study in central India. Rao VG, Bhat J, Yadav R, Muniyandi M, Bhondeley MK, Sharada MA, Chadha VK, Wares DF.


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

PubMed: www.amedeo.com/p2.php?id=25040399&s=tb&pm=2


PubMed: www.amedeo.com/p2.php?id=25040060&s=tb&pm=2


TRANSVAC workshop on standardisation and harmonisation of analytical platforms for HIV, TB and malaria vaccines: 'How can big data help?'. Dutruel C, Thole J, Geels M, Mollenkopf HJ, Ottenhoff T

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**JOB OPPORTUNITIES**

Friends of the Global Fight Against AIDS, Tuberculosis and Malaria

**Deputy Director and a Policy Director:**

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

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

You can find the job postings on the following link: [http://theglobalfight.org/careers/](http://theglobalfight.org/careers/).
COURSES/WORKSHOPS

FROM THE RTMCCs:

THE SOUTHEAST NATIONAL TB CENTER (SN TC)
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

TB Contact Investigation Interviewing Workshop July 24 th 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

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’s 2014 Training Schedule is available online, please visit: http://www.currytbcenter.ucsf.edu/training/schedule_2014.cfm
Latent Tuberculosis Infection September 24, 2014 Webinar

Focus on LTBI Pilot, September 30, 2014 Oakland, CA. One-day pilot curriculum for physicians, nurses, communicable disease investigators, and other licensed medical professionals who diagnose and treat infection. http://www.currytbcenter.ucsf.edu/training/ltbip14.cfm

Tuberculosis Clinical Intensive + Focus on LTBI Pilot, September 30-October 3, 2014 Oakland, CA. Four-day intensive for physicians and other licensed medical professionals who manage patients with or at risk for tuberculosis. http://www.currytbcenter.ucsf.edu/training/tbcoct14.cfm

Pediatric Tuberculosis: October 8, 2014 Webinar

M. Bovis: November 7, 2014 Webinar

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 (MCCT)

Mayo Clinic Center for Tuberculosis - Home

TUBERCULOSIS CLINICAL INTENSIVE, September 30 - October 2, 2014 in Ft. Wayne, Indiana This two and one-half day intensive course will familiarize the clinician and other health care professionals with all the aspects of tuberculous infection, disease and clinical care using an interdisciplinary and interactive approach. The curriculum is provided through lecture and interactive case management sessions. The faculty is selected for their unique skill in encouraging interaction and building rapport with participants. The atmosphere is relaxed with an expectation that a free exchange of questions, comments and information will occur. REGISTRATION NOW OPEN! Get more information and register today (live course, no registration fee) on our website at: http://centerfortuberculosis.mayo.edu/

TUBERCULOSIS CLINICAL INTENSIVE, November 19-21, 2014 at Mayo Clinic in Rochester, Minn.

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

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
THE UNION

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

ENGAGE-TB: Integrating Community-Based TB Services into the Work of NGOs and other CSOs

Brought to you by the CORE Group HIV/AIDS & Tuberculosis Working Groups

Tuesday, August 26, 2014, 9:00am Eastern Location FUZE Webinar

Presenter Dr. Thomas Joseph, TB/HIV and Community Engagement, World Health Organization

In high HIV and TB burden settings, 6% - 15% of maternal mortality is attributed to TB. In Africa, three times as many women as men are dying from HIV-associated TB. Globally, only 66% of all TB cases are detected or reported. These challenges call for refined sustainable approaches to find missing persons with TB and ensure quality care. WHO’s ENGAGE-TB approach seeks to integrate TB prevention and care into the community-based work of NGOs and other CSOs. These include organizations working in health care in areas such as MCH, HIV and NCD as well as in other development areas. Integration of community-based TB activities into existing MCH programs can have significant impact on maternal and child mortality and morbidity. In this webinar, WHO’s ENGAGE-TB approach will be presented and methodology for integrating community-based TB activities into the existing portfolio of work of NGOs discussed.

http://www.coregroup.org/component/events/event/123

All webinar access details will be sent in the registration confirmation email.

EVENTS, MEETINGS & CONFERENCES

Alphabetically listed by sponsoring organization

7th INTERNATIONAL WORKSHOP ON CLINICAL PHARMACOLOGY OF TUBERCULOSIS DRUGS

September 5, 2014: Washington, DC
Registration for the 7th International Workshop on Clinical Pharmacology of Tuberculosis Drugs is open! Do not miss this opportunity! Register Now and Call for Abstracts. Call for Abstracts

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*

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

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

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

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

The submission deadline is 5 p.m. (EST) Nov. 5. [Learn more about submitting scientific abstracts and case reports for ATS 2015.](#)

ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICERS (ASTHO)

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

CENTERS FOR DISEASE CONTROL AND PREVENTION: Division of TB Elimination

TB Education and Training Network (TB ETN) and TB Program Evaluation Network (TB PEN) Conference, September 16-18, 2014, Centers for Disease and Control and Prevention (CDC)

Conference Registration: Everyone attending the TB ETN PEN Conference must complete and return a registration form to Teresa Goss by email tbetn@cdc.gov or fax 404-639-8960. The conference registration deadline is August 16, 2014. There is no registration fee.
Preliminary Agenda

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

http://www.ncchc.org/education-conferences-nationalconference-cfp

NATIONAL MINORITY AIDS COUNCIL

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

PUBLIC HEALTH LAW CONFERENCE

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

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

THE UNION

45th UNION WORLD CONFERENCE ON LUNG HEALTH

28 October - 1 November 2014 Barcelona, Spain

Theme: Community-driven solutions for the next generation

Click here to download the Barcelona 2014 Brochure

Website: http://barcelona.worldlunghealth.org

Email: barcelona2014@theunion.org

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

NORTH AMERICAN REGION

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

Click here to view the conference webpage

Deadline for abstract submission: Monday, October 6, 2014 We welcome the submission of abstracts for poster and oral presentations of research on all aspects of tuberculosis control, including epidemiologic, clinical, basic science, nursing, social, behavioral, psychosocial and educational studies, as well as outcomes of program initiatives. Abstracts must be submitted in accordance with these guidelines.
We are pleased to offer travel grants to selected individuals within the Americas and the Caribbean who would otherwise be unable to attend the 19th Annual Conference of the Union - North America Region without financial assistance. It is highly recommended that you seek additional sources of funding.

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