For our readers: It has come to our attention that some of our readers may not have received the August edition of the TB Wire. For that reason we have abstracted and included in this TB Wire, a few items that we feel are still important to share. If you did not receive the August TB Wire and would like to receive the entire version, please email setkind@stoptbusa.org and I will be happy to forward it to you. We apologize for any inconvenience that this may have caused and we are investigating the reasons for the mailing problem.

Please feel free to forward the TB Wire to others who may be interested. If the file is too large to send, you can refer others to Stop TB USA SIGN UP where they can sign up to receive it (and other Stop TB USA communications) directly. The Stop TB USA Facebook link is now available on the header above and Stop TB USA is now on twitter as well. https://twitter.com/StopTBUSA. As always, suggestions and comments are welcome (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 Washington Office.

Domestic TB Funding Update

Congress returns to Washington on September 9. On the agenda is passage of a spending measure to fund government programs for the first quarter of FY2014, which must be approved before September 30. The House Labor-Health and Human Services Appropriations subcommittee, chaired by Rep. Kingston (R-GA), had been scheduled to vote on the FY2014 health research and services spending bill, which funds the NIH and CDC, on July 25, but the subcommittee announced a postponement of the vote. A reschedule date has not yet been announced. The Senate Labor-HHS Appropriations subcommittee approved its FY2014 health funding bill on July 9. The Senate bill provides CDC's Div. of TB Elimination with flat funding at the FY2013 funding level of $140 million.
Global TB Funding

The FY2014 State Department and foreign assistance bill progressed through both House and Senate subcommittee and full Appropriations Committee action, all in the same week. The House and Senate bills fund USAID’s global tuberculosis program at differing levels in contrast to previous years. Neither chamber adopted a 19 percent cut to the program proposed by the President’s 2014 budget, which would have reduced funding for the program from the FY2013 level of $236 million (prior to the 5 percent sequestration cut) down to $191 million. The House bill provides the higher funding level for the program, at $236 million, which is level with FY2013, while the Senate proposes to fund the program at $225 million, which is the final FY2013 following application of the 5 percent sequestration funding cut. Both the House and Senate bills fund the Global Fund to Fight Aids, Tuberculosis and Malaria at $1.65 billion, which is the President’s FY2014 budget recommendation. This bill now awaits House and Senate floor votes.

ANNOUNCEMENTS

FROM CDC

NCHHSTP Leadership Announcement

Dear Colleagues,

As we have previously announced, RADM Kenneth G. Castro, MD, Assistant Surgeon General, Director, Division of Tuberculosis Elimination (DTBE), has agreed to serve as Acting Director of the Division of HIV/AIDS Prevention (DHAP) beginning August 19, 2013. We plan to move forward rapidly to identify the next permanent Director of DHAP and hope to post the position very soon.

In the interim, we are pleased to announce that Dr. Philip LoBue has agreed to serve as Acting Director of DTBE. Dr. LoBue received his undergraduate and medical degrees from the University of Pennsylvania. He received postgraduate training in Internal Medicine and Pulmonary and Critical Care Medicine at the University of California San Diego Medical Center where he was subsequently a Clinical Instructor and Assistant Clinical Professor of Medicine from 1995 to 1999. In 1999, Dr. LoBue joined DTBE as a medical epidemiologist assigned to the Tuberculosis Control Program in San Diego County, CA. In 2004, he moved to CDC headquarters in Atlanta, GA, to become Chief of the Medical Consultation Team of DTBE. In 2006, Dr. LoBue was appointed to his current position as Associate Director for Science, DTBE. His primary duties include oversight of all scientific activities of DTBE, including two national and international research consortia conducting clinical trials and epidemiologic studies.

Dr. LoBue is a fellow in the American College of Physicians and American College of Chest Physicians. He is also a member of the American Thoracic Society (ATS), in which he has served on the Ethics and Conflict of Interest Committee and the Program (chair 2008-2009), Planning, and Executive Committees of the Microbiology, Tuberculosis, and Pulmonary Infections Assembly. Dr. LoBue has authored or co-authored more than 60 publications including peer-reviewed journal articles, book chapters, and
Morbidity and Mortality Weekly Report articles. He has chaired or served on more than 10 guidelines and recommendations committees and panels for multiple organizations including CDC, ATS, the US Federal Tuberculosis Task Force, and the World Health Organization. His scholarly interests include tuberculosis diagnosis, treatment, and transmission dynamics, evidence-based guideline development, and human subjects research ethics.

We thank Dr. LoBue for his willingness to serve as Acting Director of DTBE.

Sincerely,

/Jonathan Mermin/

Jonathan H. Mermin, M.D., M.P.H.
Director, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Centers for Disease Control and Prevention

FROM THE STOP TB PARTNERSHIP

Recognizing exceptional work on TB among refugee and conflict-affected populations: nominate for the Kochon Prize by 15 September.

Funded by the Kochon Foundation, a non-profit foundation registered in the Republic of Korea, the US$ 65 000 prize is awarded once a year to persons, institutions, or organizations that have made a highly significant contribution to combating tuberculosis (TB). In 2013, the Stop TB Partnership aims to recognize the exceptional lengths that people go to, sometimes risking their own lives, to provide TB care to refugee and conflict-affected populations. Nominations for the Kochon Prize are therefore invited from individuals or organizations that provide TB diagnosis, treatment or other services to refugee populations or in areas that are affected by conflict or natural disaster or are difficult to access. National health bodies and institutions of World Health Organization Member States, Stop TB partners or former recipients of the prize may submit nominations. The selection criteria will be: 1) Exceptional commitment to providing TB services to refugee populations or in areas that are affected by conflict or natural disaster or are difficult to access; 2) The extent of the impact of their work on the TB-affected communities that they serve; and 3) The extent to which a Stop TB Partnership/Kochon Foundation Award might contribute to furthering the nominee's work. To make a nomination please visit the Stop TB Partnership website. Please send any questions to stoptbprize@who.int

The Kochon Prize was established in 2006 in honour of the late Chairman Chong-Kun Lee ("Kochon") who was committed throughout his career to improving access to low-cost lifesaving antibiotics and anti-TB drugs. The name of the 2013 winner will be announced at the 44th Union World Conference on Lung Health in October 2013.
FROM RESULTS

1) **MDR-TB survivor Oxana Rucsineanu**: Oxana describes the 3 years of tuberculosis treatment she took, one year first for regular TB then 2 years for multi-drug resistant TB as a “tough personal experience”. Although her body is now free from TB, it is still the focus of her life. With other TB patients, Oxana founded the Moldova Society against Tuberculosis (known as “SMIT”) which advocates for partnership and cooperation between TB patients, medical staff and authorities and develops activities to benefit people affected by tuberculosis and engage on issues of how TB is approached in Moldova. Oxana and SMIT focus on issues related to human rights, public awareness and care and support for people directly or indirectly affected by all forms of TB. Oxana and her husband Pavel – currently still a TB patient – make Balti their home and are the proud parents of baby David.


2. **"Five of our patients have attempted to take their own lives"**


3. **Article from front page of WSJ about TB in Pollsmoor Prison, South Africa**

[WSJ Aug 7 2013 Prisoner TB.pdf](WSJ Aug 7 2013 Prisoner TB.pdf)

4. **Course from John Hopkins University School of Nursing**: designed for Health Care Workers or Health Professional Students to prepare them to plan and deliver TB care in their communities by applying the latest clinical and research data to their setting.


5. **Article on impact of sequestration on research**

[http://www.huffingtonpost.com/2013/08/14/sequestration-cuts_n_3749432.html](http://www.huffingtonpost.com/2013/08/14/sequestration-cuts_n_3749432.html)

FROM MEDECINS SANS FRONTIERES (MSF)

1. A blog posting from Phumeza Tisile in South Africa who just completed treatment for XDRTB. She was a driving force behind the recent DRTB Manifesto signed by people living with DRTB and practitioners around the world. She is quite a powerful young woman and a reminder of where we all want to go...

In addition to the blog post below, there are tweets [https://twitter.com/MSF_access](https://twitter.com/MSF_access) and a Facebook story on MSF's Access Campaign [https://www.facebook.com/MSFAccess](https://www.facebook.com/MSFAccess).
FROM NPR  Myths And Stigma Stoke TB Epidemic In Tajikistan

Although TB is curable and relatively easy to prevent, it continues to be one of the most deadly infectious diseases in the developing world. It flourishes among the poorest of the poor. Tight living quarters, inadequate health care and lack of knowledge all help stoke TB epidemics. Left untreated, tuberculosis can consume a person's lungs, spread throughout the body and eventually be fatal. But ventilation and simple infection control measures can significantly cut the transmission of the airborne bacteria.  

FROM FIND TB Resources:  Highlight of the Month

This month's highlight is the TB Contact Investigation Interviewing Skills Course. The course was developed by the CDC Division of Tuberculosis Elimination (DTBE) and the TB Regional Training and Medical Consultation Centers. This course is designed as an interactive, skill-building training to improve the abilities of both new and experienced staff who are responsible for conducting TB contact investigation interviews. The course materials include a facilitator guide, slide sets, and exercises

Mycobacterium bovis (Bovine Tuberculosis) in Humans, from the CDC Division of Tuberculosis Elimination (also available in Spanish).

Partnering and Public Health Practice - Experience of National TB Partnerships, from the WHO Stop TB Partnership.

TB Educational Resources Pack, from the Truth About TB.

HIGHLIGHTED TB REPORTS

FROM RESULTS

Home treatment helps South African miners beat tuberculosis


FROM THE KAISER FOUNDATION

New Analyses Map Global Efforts To Address Malaria and Tuberculosis in Low- and Middle-Income Countries

Today's global health aid landscape has a proliferation of different donors providing aid to low- and middle-income countries. This crowded climate can create challenges for effectively negotiating,
coordinating and delivering programs -- challenges that are particularly important in light of the current emphasis on achieving cost-effectiveness and "value for money" in global health programs. Two new Kaiser Family Foundation reports released today map the existing international "donor landscape" for malaria and tuberculosis, shedding light on which donors support programs in which countries. While there are many donors to malaria and TB -- the reports found 27 different donors gave malaria assistance to a total of 86 recipient countries from 2009 to 2011, and 22 different donors provided TB assistance to a total of 109 countries over the same period -- a single donor, the Global Fund, provided the majority of assistance to both diseases. The U.S. accounted for the second highest share.

Mapping the Donor Landscape in Global Health: Malaria and Mapping the Donor Landscape in Global Health: Tuberculosis are part of a series of Foundation reports examining the donor nations and multilateral organizations involved in addressing different global health challenges in recipient countries worldwide. The reports seek to provide perspective on the geographic presence of global health donors, and to enable more effective coordination and delivery of services globally and within individual recipient nations. An analysis on HIV/AIDS was released in June, and a future analysis is planned for family planning and reproductive health assistance.

FROM TAG

The EMA has refused to approve delamanid (http://www.treatmentactiongroup.org/tb/press/2013/tag-criticizes-european-refusal-new-drug-fight-tuberculosis) and that bedaquiline is still not accessible in many parts of the world despite having FDA approval (http://www.treatmentactiongroup.org/tb/publications/2013/activist-guide-bedaquiline). At the very least, bedaquiline is available via compassionate use even where it is not yet approved. Delamanid, on the other hand, remains inaccessible outside of a clinical trial as Otsuka has still not initiated a compassionate use or expanded access program. Pharma, and both donor and high burden countries, need to invest more into research for new TB drugs, which are urgently needed.

NEWS SOURCES

From Stop TB News

TB estimated to cost European Union Countries six billion Euros a year

African leaders pledge to eliminate AIDS, TB and malaria by 2030

Treatment Action Group laments anemic pipeline for new TB drugs, diagnostics and vaccines

Civil Society meeting charts course for increased Global Fund engagement

Stop TB Partnership issues request for proposals for monitoring and evaluation project

Call for governance positions on the Coordinating Board of the Stop TB Partnership

Médecins Sans Frontières: First group of MDR-TB patients in Swaziland celebrate end of treatment
Film by Ugandan Filmmaker Joel Isababi Nsahda documents the lives of two TB patients as they fight the disease.

Meaghan Derynck, RESULTS Canada: The global fight against TB: don’t put all of Canada’s eggs in one basket

South African health minister Aaron Motsoaledi: Canada should join us to fight TB in mines

Video: Myanmar drug-resistant TB symposium: Turning the tide on TB

TB Europe Coalition participates in World Health Organization Review of Tajikistan TB Programme

ACTION guest blogger Robert Nakibumba: Lack of awareness of BCG’s limitations hampers support for TB vaccines development

Riders for Health expands partnership with The Union on TB test sample transport

ARCHIVE works to stop TB in Haiti through housing design project

New ARASA toolkit on integrated TB/HIV activities in the works

International Community Of Women Living with HIV Eastern Africa conducts capacity building workshop on TB and TB/HIV

Calcutta Rescue begins awareness raising activities

USAID South Africa TB programme recognizes patients completing treatment for MDR-TB

Global Fund launches new video to boost replenishment efforts

Dutch Parliament supports motion to include TB in government policy on sexual and reproductive health and rights and HIV/AIDS

Meeting of TB coordinators in Brazil provides opportunity to review national progress

Treatment Action Group criticizes European regulator’s decision to deny marketing approval for new TB drug

WHO reviews the national TB control programme in Tajikistan

Sequella acquires worldwide rights for TB drug in development

Workshop seeks to improve management of drug-resistant TB among children in Bangladesh

Uganda’s Supra-National Reference Laboratory inaugurated

From ProMED

TUBERCULOSIS - FRANCE (02): ex FORMER SOVIET UNION, MULTIDRUG RESISTANT

A marked increase in the number of multidrug-resistant (MDR) tuberculosis (TB) cases entirely related to patients born in the former Soviet Union was observed in France in the last 2 years. Very few cases were clustered, suggesting it is a consequence of recent immigration of patients already infected in their country of origin. This major increase challenges the existing structures for management of MDR and extensively drug-resistant TB (XDR-TB). We report herein a drastic surge in the number of multidrug-resistant tuberculosis (MDR-TB) cases diagnosed in France in the last 2 years. MDR-TB, defined as TB with Mycobacterium tuberculosis strains resistant to isoniazid (INH) and rifampicin (RMP), is a threat to public health in some parts of the world, notably in Eastern Europe and Central Asia [1-4]. In these regions, and particularly in former Soviet Union (FSU) countries, nearly 1/3rd of new cases and 2/3rds of previously treated cases are MDR-TB cases. In France, which is a low TB incidence country, MDR-TB represented 0.7 per cent of new cases and 6.9 per cent of previously treated cases up to 2004.

From the UNION E News

ACHIEVERS: “Armand Van Deun: Building laboratory networks that deliver quality results and save lives”

A decade ago, when Dr Armand Van Deun began to work with Uganda’s tuberculosis laboratory network, it was rated very poorly. “Since then,” he says, “they have worked very hard and their national reference laboratory has become a centre of excellence in the Africa Region”.

In July 2013, the efforts of the Ministry of Health, technical advisors such as The Union and international donors came to fruition. The Uganda National TB Reference Laboratory (NRL) became East Africa’s first Supranational Reference Laboratory (SRL), one of a network of 29 SRLs worldwide. Read more

IMDP to collaborate with WHO’s TBTEAM by delivering health management training
The Union’s International Management Development Programme (IMDP) is joining the WHO TBTEAM network to support health systems strengthening by delivering accredited health management training courses. Read more

From NPIN: UNITED STATES

“Microneedle Patch Could Replace Standard Tuberculosis Skin Test” University of Washington, Seattle (08.26.2013) Michelle Ma
The standard tuberculin skin test (TST) is done by inserting a needle at a specific angle and depth in the arm to deposit a small amount of solution under the skin. Engineers from the University of Washington and researchers from Seattle’s Infectious Disease Research Institute designed a patch with minute biodegradable needles that pierce the skin and deliver the TB test.

When the researchers tested the patch on guinea pigs, they found skin reactions were similar to those with the standard TST. Marco Rolandi, senior author, considered the microneedle patch test to be simpler and more reliable than the traditional TST, particularly for children who might be afraid of needles or developing countries with limited medical help. He compared using the patch to applying a bandage. Other advantages included: little room for error, as the microneedle length determined depth of delivery rather than needle angle; less painful; and more successful, as the solution would not be given too deep or too shallow into the skin for the test to fail. The researchers made the microneedles from chitin, a biodegradable material. Each microneedle is 750 micrometers long, or approximately one-fortieth of an inch. Each needle tip is coated with purified protein derivative, which is used in TB testing. The researchers will continue developing the microneedle TB test and plan to test it on humans next. They also plan to develop additional diagnostic tests using microneedles.


“Adding Blood Pressure Drug to Standard Antibiotics Speeds up TB Treatment” Medical Xpress (08.29.2013)

Johns Hopkins University School of Medicine Researchers at Johns Hopkins University, Md., have discovered that verapamil, a drug normally used to treat high blood pressure, accelerates TB treatment time when added to the antibiotic regimen. Since treatment interruption creates drug resistance, the researchers believe a shorter treatment time will improve treatment adherence and prevent resistant strains. According to Shasank Gupta, Ph.D., lead study investigator and immunologist, verapamil, a calcium channel blocker, functions as an efflux pump inhibitor, making bacteria more susceptible to antibiotics and destruction by immune cell macrophages. It is not known exactly how the drug works but another study showed that increased efflux pump action helped TB drug tolerance and reduced the effectiveness of antibiotics. From January to November 2012, the researchers conducted a study in which TB-infected mice were treated with daily doses of isoniazid, rifampin, and pyrazinamide for two months followed by daily isoniazid and rifampin for four months. For six months, half of the mice received daily doses of verapamil, equivalent to the minimum dose for humans. The mice receiving verapamil were cured in four months compared to the normal six months. Verapamil increased the destruction of TB bacteria 10-fold after two months. After four months, half of the lung tissue samples from the mice receiving verapamil had zero bacteria, while samples from those mice treated with the standard antibiotics only were still positive for TB. Clinical trials will begin in India later this year for a safety study to determine the minimum effective dose of verapamil necessary as add-on therapy for TB.

The full report, “Acceleration of Tuberculosis Treatment by Adjunctive Therapy with Verapamil as an
“Efflux Inhibitor,” was published online in the American Journal of Respiratory and Critical Care Medicine (doi:10.1164/rccm.201304-0650OC). Read Full Article

“BMC, BUSM and JIPMER to Jointly Research on Tuberculosis” News Medical (08.02.2013)

Boston Medical Center (BMC), Boston University School of Medicine (BUSM), and India’s Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER) will participate in a joint TB research program funded by a five-year, $2.5 million grant from the Indo-US Vaccine Action Program. The program will be based in Pondicherry, India, where it will identify groups of TB patients and those within their households who also were exposed to the disease. Researchers will use these populations to investigate the impact of comorbidities, including smoking, alcoholism, worm infections, diabetes mellitus, and malnutrition, on TB risk and patient’s treatment response. According to Jerrold Ellner, MD—chief of BMC’s section of infectious diseases, professor of medicine at BUSM, and the US principal investigator—the study will provide new diagnostic biomarkers to help determine which of the persons with heavy TB exposure had the highest risk of infection as well as targets for testing treatment interventions. After the researchers select participants, they will administer questionnaires, surveys, and physical examinations and collect specimens. They then will store these specimens and compare them with control specimens from the same cohort before sending them to a specialized laboratory at the University of Medicine and Dentistry of New Jersey for analysis. Read Full Article

OKLAHOMA “Students, Staff Tested for Tuberculosis at Ada High School” KXII.com (Sherman, Tx.) (09.03.2013) Ashley Park

After an Ada High School student in Ada, Okla., recently tested positive for TB, State and Pontotoc County Health Department officials went to the school to screen 200 students, staff, and family members for TB as a precautionary measure, according to Amy Hill, administrative program manager for the Oklahoma State Department of Health. Officials also planned to follow up with more screening in three months since it could sometimes take that long for the immune system to respond to the virus. Ada City Schools Superintendent Pat Harrison said the September 3 testing went smoothly and health department officials addressed many of the parents’ and students’ concerns. Harrison also noted that the school would not allow the originally diagnosed student to return to class until the school received doctor’s clearance. Read Full Article

NPIN GLOBAL

EUROPE : “Tuberculosis “Time Bomb” Costs Europe Billions Annually” Voice of America News (08.15.2013)

German health economists reported that the projected costs of emerging drug-resistant TB strains in European Union (EU) countries would justify immediate investment in the expensive process required to develop new anti-TB drugs. The report estimated that the annual direct cost of TB to EU countries exceeded 500 million euros. Productivity losses, which are based on disability-adjusted life years (DALYs), could reach approximately 5.3 billion euros. DALYs measure disease burden in terms of years.
lost to poor health, disability, or early death. The World Health Organization estimated that 8.7 million people worldwide had TB in 2011, and as many as 2 million people could have drug-resistant strains by 2015. Typical TB patients must take anti-TB drugs for six months, although many fail to complete treatment. Stopping treatment early and misusing or overusing antibiotics has led to development of multidrug-resistant TB (MDR TB) and extensively drug-resistant TB (XDR TB) strains. The emergence of drug-resistant strains has turned TB into a “time bomb of rising costs” in Europe, according to study authors. The report summarized TB treatment costs for two groups of EU countries. The direct cost per typical TB case for 15 old EU countries, Cyprus, Malta, and Slovenia was 10,282 euros; the cost to treat MDR TB rose to 57,200 euros; and the cost to treat XDR TB was 170,700 euros. For the remaining EU nations, treating typical TB cases cost 3,427 euros, and treating drug-resistant cases cost approximately 24,100 euros.


A new TB screening method to diagnose active TB was introduced to screen more than 20,000 people in Pakistan. The test looks for antibodies that are present in the blood of individuals fighting active TB. Currently, TB is diagnosed by examining a sputum sample under a microscope to identify the TB bacterium, which only detects approximately 50 percent of cases of active TB. The new test is expected to find almost 80 percent of cases and uses a few drops of blood. Results are available in two hours compared to the sputum test, which requires three sputum samples collected over three days. Peoples’ immune systems do not always produce the same kind of antibodies in reaction to the TB bacterium; hence, the system screens for eight to 10 key antibodies. The new test is based on a diagnostic instrument approved by the US Food and Drug Administration and developed by the University of California Davis Medical Center in collaboration with colleagues in Pakistan. The preliminary trials funded by the US Agency for International Development (USAID) were published in the journal Clinical and Vaccine Immunology. A grant from the US State Department and USAID will be used to develop and commercialize the test in collaboration with the Forman Christian College in Pakistan. Since children have difficulty providing sputum samples, they are often not screened. Also, an individual can have extrapulmonary TB, which is not detected with sputum screening. These two groups represent 20 percent of cases that are usually not diagnosed, but now their disease can be detected with the new test. Another technique used in some clinics is growing a culture from a sputum sample before the sample is examined. The culture test can take two months compared to the new technique that can analyze approximately 100 samples in two hours. As a result, a large number of people can be tested and begin early treatment. The initial cost of the antibody testing machines is high, but because more people can be tested, the cost per patient is similar to that of the microscopy test. Three hospitals in different regions of Pakistan will share the machine. The machine can also test blood samples that were dried on filter paper and sent from rural clinics to a major urban hospital. Imran Khan, assistant professor in the Department of Pathology and Laboratory Medicine and Center for Comparative
Medicine at UC Davis Medical Center, and colleagues are working on a second method that screens for certain immunomodulators. Testing for antibodies and immunomodulators can improve the new strategy’s rate of TB diagnosis to 90 percent. The team is also developing a third test using the same diagnostic screening platform to detect drug-resistant TB strains. Read Full Article


After a nurse working in the neonatal intensive care unit at the Royal Brisbane and Women’s Hospital in Queensland, Australia, tested positive for TB, the hospital offered parents of 39 newborns who might have come into contact with the nurse between June 17 and July 29 TB screening for their infants. Doctors said that the risk to the newborns was negligible, but the screening would help to reassure the parents. The families must wait until the infants reached the point three months past their due dates before testing would be reliable enough to be performed. Read Full Article

UNITED KINGDOM “British Tuberculosis Rates Highest in Western Europe” World Bulletin (08.21.2013)

On August 21, Public Health England (PHE) reported that Britain’s TB incidence was among the highest in Western European countries and acknowledged that London was the “TB capital” of the region. Director of Health Protection Services Dr. Paul Cosford stated that London’s TB incidence totaled approximately 40 percent of Britain’s 8,750 cases in 2012. Immigrants from high-incidence regions such as South Asia and sub-Saharan Africa accounted for approximately 75 percent of London’s 3,426 TB diagnoses in 2012. PHE reported that fewer than 2 percent of Britain’s TB cases were resistant to one or more anti-TB drugs. If the current TB infection trend continued, Britain’s TB incidence would exceed US incidence in two years, according to PHE. Cosford stated that a sustained TB reduction was a primary PHE goal, and the agency would work “tirelessly” to support local partners in reducing TB in high-morbidity areas. Lucy Thomas, PHE’s head of TB surveillance, recommended enhanced access to TB screening and diagnostic services for new immigrants to prevent high TB transmission rates. Once considered a “disease of the past” or a disease limited to marginalized communities, TB resulted in approximately 500 million euros of annual direct health costs for European governments and an additional 5.3 billion euros in lost productivity. Read Full Article

BRAZIL “TB Screening, Preventive Antibiotics Lowered TB, Mortality Risk in Patients with HIV” Healio (08.19.2013)

According to Richard Chaisson, MD, study researcher and director of the Center for Tuberculosis Research at Johns Hopkins University, routine TB testing in HIV-infected individuals and use of preventive isoniazid worked at the community level in stopping TB transmission and reducing mortality. Chaisson and colleagues conducted a cluster-randomized trial with 12,816 patients ages 16–84 years at 29 HIV clinics in Brazil. The researchers selected the clinics at random times to use an intervention that included training staff to screen HIV-infected patients for TB, administer TB skin tests, and treat latent TB infection. During the study, 475 patients developed TB and 838 patients died. Due to the
intervention, more patients received skin tests, 19 per 100 person-years to 59 per 100 person-years. In participants eligible for isoniazid therapy, the rate increased from 36 per 100 person-years to 144 per 100 person-years. After the intervention, researchers noted a 24-percent decrease in TB or death and a 13-percent decrease in new TB cases. When researchers controlled for characteristics such as age, sex, CD4 count, and use of antiretroviral therapy, they found a 31-percent decrease in TB or death and a 27-percent decrease in new TB cases. Analysis of patients who remained in contact with a clinic showed a 55-percent decrease in TB or death and a 58-percent decrease in active TB. According to researchers, initial TB screening as part of the intervention diagnosed TB in 250 of 725 participants. They were excluded from analyses. Johns Hopkins Epidemiologist Jonathan Golub, PhD, MPH stated that the results emphasized the effectiveness of TB screening in community health programs similar to the program used in the study and that the findings showed that HIV-infected patients benefited if healthcare providers screened them for active and latent TB and treated, and those benefits affected disease and mortality in the HIV population.

The full report, “Effect of Improved Tuberculosis Screening and Isoniazid Preventive Therapy on Incidence of Tuberculosis and Death in Patients with HIV in Clinics in Rio de Janeiro, Brazil: A Stepped Wedge, Cluster-Randomised Trial,” was published online in the journal Lancet Infectious Diseases (2013; doi: 10.1016/S1473-3099(13)70187-7).

Read Full Article

INDIA “ TB Genital TB in Women Can Cause Devastating Damage” Times of India (08.18.2013) Manish Umbrajkar

The Conference on Genital TB and Infertility Management in Pune, India, was organized by the Pune Obstetrics and Gynecological Society (POGS) and the Association of Maharashtra Obstetric and Gynecological Societies (AMOGS) to share current knowledge of genital TB with Indian healthcare providers. Conference experts attributed 5 to 20 percent of infertility among Indian couples to genital TB, which could permanently damage reproductive organs before showing any symptoms. Infertility expert Sanjeev Khurd noted that genital TB was especially damaging to a woman’s fallopian tubes and uterine cavity. More than 350 gynecologists, physicians, and family doctors attended the Pune conference. Topics included clinical and laboratory tools for early diagnosis and proper treatment protocols. The World Health Organization (WHO) strongly recommended against using the blood tests currently used for TB diagnosis to identify genital TB. Other than streptomycin, anti-TB drugs were safe for pregnant women and their unborn children. H. H. Clavan, joint director (TB), State Public Health Services, urged government and private practitioners to comply with notification requirements for all TB cases. TB has been a notifiable disease in India since May 2012. WHO declared TB a global emergency in 1993. Read Full Article

SOUTH AFRICA; UNITED KINGDOM “New Hope for Improved TB Treatments” Medical Xpress (08.09.2013)

Researchers at the University of Southampton in the United Kingdom investigated proteins released by lung breakdown in TB patients. According to Dr. Paul Elkington, lead researcher of the study, products
resulting from lung breakdown had not been identified before and could be useful as new markers to identify TB patients and monitor the effects of new treatments on lung damage. The researchers found that TB patients’ sputum contained an increased presence of the fragments released during breakdown of the lung's collagen and elastin. One specific collagen fragment called PIIINP was even higher in TB patients’ blood samples. Elkington contended that these markers might provide a method of screening to find and treat individuals with active TB, thus preventing further transmission of the disease, particularly in areas with high TB prevalence. The Southampton researchers conducted the study in collaboration with Imperial College London and South Africa’s University of Cape Town and KwaZulu-Natal Research Institute for Tuberculosis and HIV in Durban. The team was investigating all fragments released during lung breakdown to create new test kits that would enable testing at a patient’s bedside.

The full report, “Procollagen III N-terminal Propeptide and Desmosine are Released by Matrix Destruction in Pulmonary Tuberculosis,” was published online in the Journal of Infectious Diseases (2013; doi: 10.1093/infdis/jit343).

AUSTRALIA “ TB Asylum Seekers from PNG Could Bring TB to Australia, Warns Medical Expert”

Courier Mail (Australia (08.19.2013) Daniel Bateman

Professor Ian Wronski, James Cook University (JCU) pro-vice-chancellor for medicine, urged both of Australia’s primary political parties to commit funding to JCU’s Australian Institute of Tropical Health and Medicine in support of enhanced response to an influx of TB and other tropical diseases from Papua New Guinea (PNG). According to Wronski, thousands of political asylum seekers have been travelling illegally across the four-kilometer Torres Strait that separated PNG from Australia’s northernmost territories. AusAID estimated 14,749 new TB diagnoses in PNG annually and reported that PNG had the highest TB burden in the Pacific region. Wronski recommended a “massive escalation” in disease surveillance in the coastal area to prevent TB from becoming established in the Torres Strait and mainland Australia. The Queensland government already has committed $42 million to infrastructure and projects of the Australian Institute of Tropical Health and Medicine, which will be based in Townsville and will have offices in Cairns and Thursday Island. Total cost for the institute would be $116 million. Plans called for the institute’s scientists to study the prevention and cure of TB, dengue fever, rabies, and other emerging diseases.

JOURNAL ARTICLES

(August 21– Sept 3, 2013)


Clinical analysis of 21 cases of cervical tuberculous lymphadenitis without active pulmonary lesion. *Iguchi H, Wada T, Matsushita N, Teranishi Y, Yamane H.*

**Am J Respir Crit Care Med.** 2013 Aug 26. [Epub ahead of print]

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COURSES/WORKSHOPS

CDC TB Contact Investigation Interviewing Skills Course

The Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination (DTBE), is pleased to announce the release of the TB Contact Investigation Interviewing Skills Course. The course was developed as a collaborative effort between DTBE and the TB Regional Training and Medical Consultation Centers (RTMCCs). The course is designed as an interactive, skill-building training to improve the abilities of both new and experienced staff who are responsible for conducting TB contact investigation interviews. The course provides an overview of the contact investigation process, basic communication and interviewing skills, and opportunities to apply those skills in role play activities.

To access course materials, please visit: www.cdc.gov/tb/education/skillscourse/default.htm
FROM THE RTMCCs

THE SOUTHEAST NATIONAL TB CENTER (SNTC)

TB & Diabetes  Date: 9/25/2013 - 9/25/2013  Time: 1:00 PM - 3:30 PM Eastern  Location: SNTC
Instructor/speaker: Robert Brostrom, MD, MSPH and Eric Houpt, MD
Cost: No Charge  Format: Webinar
Diabetes has been linked to a higher risk of progression of latent TB infection to active disease. As the control of these diseases are essential public health priorities, in this webinar we look at the epidemiology of TB and Diabetes, explore the need for early detection practices for both diseases and discuss the importance of management to improve care and ultimately TB outcomes.

Comprehensive Clinical TB Course
Date: 10/7/2013 - 10/10/2013  Location: SNTC
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.
Additional information: Driving and Lodging, October Flyer

Tuberculin Skin Test Train-the-Trainer Course
Date: 10/11/2013 - 10/11/2013  Time: 8:00 AM - 5:00 PM Eastern
Location: SNTC  Instructor/speaker: Ellen R Murray, BSN, RN
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.
Additional information: Flyer, Agenda

Comprehensive Clinical TB Course
Date: 12/9/2013 - 12/12/2013  Time: 8:00 AM - 5:00 PM Eastern
Location: SNTC  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: 12/13/2013 - 12/13/2013  Time: 8:00 AM - 5:00 PM Eastern  
Location: SNPC Instructor/speaker: Ellen R Murray, BSN, RN  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.

Additional information: [Agenda](#), [Flyer](#)

**THE NEW JERSEY MEDICAL SCHOOL GLOBAL TB INSTITUTE**

**Upcoming Trainings:**

**Maryland TB Today Course, September 17-19, 2013, Marriottsville, MD**

This multi-day comprehensive TB course for health care providers covers TB epidemiology, diagnosis, treatment, laboratory methods, genotyping, contact investigation, case management, and various special topics. Lectures will be combined with interactive discussions as well as ample opportunity for networking. For additional information, please contact Rajita Bhavaraju at bhavarrr@umdnj.edu

**TB Intensive Workshop, September 24-27, 2013, Newark, NJ**

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, infection control, drug resistance, TB-HIV co-infection, TB in children and adolescents, and key aspects of patient management. The four-day course utilizes a variety of teaching methods, including lectures, interactive discussions, small group work and case studies to enhance TB knowledge and clinical practice. For more information, please contact Anita Khilall at khilalan@umdnj.edu. 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)
THE HEARTLAND TB CENTER

Course Schedule  Click Here for Class Information

**Contact Investigation: Interviewing Skills Course** - October 19-22, 2013:

The target audience for the TB Contact Investigation Interviewing Skills Course is health care professionals responsible for conducting TB contact investigation interviews. **Deadline** - November 1, 2013  **Contact** - Jessica.Quintero@uthct.edu

**Pediatric Intensive** - October 14, 2013

Course intended for physician, nurses and public health staff who are actively engaged in the identification, case management, and treatment of pediatric and adolescent patients with tuberculosis infection or disease. **Deadline** - September 30, 2013  **Contact** - Samuel.Caballero@uthct.edu

**TB Intensive** - October 15-17, 2013

This course is intended for physicians, nurse practitioners and registered nurses with direct experience in the management of patients with, or at risk of, tuberculosis. This is not an introductory course. It is recommended that nursing participants attend a Nurse Case Management course prior to attending TB Intensive. **Deadline** - September 30, 2013  **Contact** - Jessica.Quintero@uthct.edu

For more information visit [http://www.heartlandntbc.org/training.asp](http://www.heartlandntbc.org/training.asp)

THE CURRY INTERNATIONAL TUBERCULOSIS CENTER

The Curry International Tuberculosis Center is pleased to announce that our 2013 Training Schedule is now available, please visit: [http://www.currytbcenter.ucsf.edu/training/schedule_2013.cfm](http://www.currytbcenter.ucsf.edu/training/schedule_2013.cfm).

**Tuberculosis Clinical Intensive**  Date: October 1-3, 2013  Location: Oakland, CA

Description: This three-day training is designed for physicians and other licensed medical professionals who diagnose and treat tuberculosis (TB). Topics include: diagnosis, management, and treatment of active TB and latent TB infection, TB transmission and pathogenesis, pediatric TB, drug-resistant TB, and more. This training is approved for 19.50 Category 1 ACCME continuing education hours/nursing continuing education hours. For a complete training description, please visit: [http://www.currytbcenter.ucsf.edu/training/tb_clinical_intensive.cfm](http://www.currytbcenter.ucsf.edu/training/tb_clinical_intensive.cfm)

**Tuberculosis Drug-Induced Liver Injury Webinar**  Date: October 16, 2013  Time: 10:00 am to 11:00 am Pacific Time

Curry International Tuberculosis Center/UCSF is pleased to announce the pilot offering of a new training opportunity: The “On-Demand” Webinar series. We asked TB personnel from across the western region to submit "On-Demand" training topics for webinar sessions that directly target
issues faced by programs and providers. The requested topic we chose to present on for the first one is “Tuberculosis Drug-Induced Liver Injury.” The webinar is scheduled for October 16 and will begin at 10 am (pacific time). The training will last approximately 45 minutes followed by 15 minutes for questions. While the curriculum was developed for the requesting county health department, this is a topic that is widely requested in our needs assessments/evaluation activities and we are inviting all interested learners to join us.

If you would like to register, please go to http://www.currytbcenter.ucsf.edu/training/odweboct2013.cfm, fill out the registration form, and submit. You will receive an automatic email that contains information on how to access the live presentation.

Washington State Educational Conference  Date: October 23, 2013

Tuberculosis Case Management and Contact Investigation Intensive  Date: November 12-14, 2013

Location: Oakland, CA

The Curry International TB Center in Oakland is pleased to announce an upcoming tuberculosis (TB) case management and contact investigation training which will be conducted in Oakland on November 12-14, 2013. This 3-day course covers many aspects of TB case management and contact investigation, including current contact investigation guidelines, managing the care of TB patients, promoting adherence to treatment, and more. For a complete training description and application information, please visit: http://www.currytbcenter.ucsf.edu/training/tbmcinov13.cfm  Application deadline is September 23rd.

Nurse-to-Nurse Training  Date: December 2013  Location: San Francisco, CA

FROM NATIONAL JEWISH MEDICAL AND RESEARCH CENTER

The 50th Annual Denver TB Course  October 9-12, 2013 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 www.njhealth.org/TBCourse

FROM THE UNION

The Union’s International Management Development Programme 2013 Courses  To register for any of these courses, visit www.union-imdp.org or email imdp@theunion.org to receive more information. Course fee for all courses includes lodging, breakfast, lunch, coffee and tea breaks, and
Influencing, Networking and Partnership 23 – 27 September, 2013 Chicago

Creating partnerships and networks is an important element to the success of a TB program. Participants in this course will learn how relationship building and developing strong partnerships can boost health program results. Key topics the course addresses: Developing useful networks among health organizations; Creating partnerships to expand a project’s reach; Building group consensus to achieve greater results Balancing relationships to create high-performing teams.

MEETINGS & CONFERENCES

Alphabetically listed by sponsoring organization

AMERICAN EVALUATION ASSOCIATION: October 16-19, Washington, D.C.

Evaluators from around the world are invited to share their knowledge and expertise at Evaluation 2013. Professional development workshops will be held October 14-16 and 20. AEA welcomes proposals on topics that span the breadth and depth of the field and in particular on those focusing on the conference theme of Evaluation Practice in the Early 21st Century.

AMERICAN PUBLIC HEALTH ASSOCIATION (APHA): 141st APHA Annual Meeting: November 2 - November 6, 2013, Boston, Ma

The APHA 141st Annual Meeting and Exposition will take place November 2–6 in Boston. Registration and housing for the Annual Meeting opened June 3. Discounted registration fees will be available until August 22. Opening General Session speakers include attorney and spokesperson on leadership and public issues, Sarah Weddington, internationally acclaimed epidemiologist, Michael Marmot, and Boston Mayor, Thomas Menino. The Closing General Session will focus on the health of native people. Keynote speaker Evan Tlesia Adams will share his experience as British Columbia’s first-ever aboriginal health physician advisor. The meeting will include more than 1,000 scientific sessions and countless networking opportunities. Find more information and register for the APHA Annual Meeting and Expo


THE UNION:

44th World Conference on Lung Health: October 30 - November 3, 2013,Paris, France

The 2013 theme is "Shared air, safe air?” Paris 2013 - Download Brochure The 44th Union World Conference on Lung Health is a 5 day conference covering the latest developments, opportunities and
challenges in tuberculosis, HIV, tobacco control, lung health and non-communicable diseases. Registration can be accessed from the website at www.worldlunghealth.org. For more information, consult the registration guidelines and the registration fees. When registering, do not forget to select from the list your workshop or postgraduate course preference. Registration for these sessions is on a first come, first-served basis. The full list of workshops and post-graduate courses is accessible from the Programme menu on the website.

The abstract scientific programme is now available on the website! 940 abstracts have been accepted for presentation at the 44th Union World Conference on Lung Health. These abstracts have been allocated into 67 Poster Discussion sessions and 27 Oral presentation sessions. The Oral abstract sessions and Poster discussion sessions, which will take place on 1 - 2 - 3 November 2013, are now available for viewing on the website.

Exhibition and sponsorship opportunities still available! The Union offers a unique opportunity for exhibitors to showcase their products and services to around 3000 delegates coming from all over the world, interested in all areas of lung health. Booths are limited and please click here for more information. Advertising space is also available, and click here for information.

Sponsored satellite symposia sessions Sponsored satellite symposia organised by the National Phthisiology Association, Janssen-Cilag Ltd, American Thoracic Society (ATS), Lilly MDR-TB Partnership, BD Diagnostics and UNITAID, will be offered at this year's conference.

The sponsored satellite symposia will be held on Friday, 1 November 2013: 17:00 - 18:30 and Saturday, 2 November 2013: 17:00 - 18:30, and are open to all registered delegates. For further information on the satellite symposia programme, please click here.

SAVE THE DATE New opportunities for funding and engagement – Your role in the future of the Stop TB Partnership Thursday 31st October, 11am – 5pm (10.30am coffee and registration) Hotel Le Meridien Etoile, Paris (opposite the conference center)

Following the approval of the Stop TB Partnership Secretariat’s Operational Strategy 2013-2015 and a series of governance reforms, the Stop TB Partnership has recently undergone a period of change and evolution. This meeting, which is open to all people visiting Paris for the World Conference on Lung Health, presents a unique opportunity to discuss Secretariat priorities, governance reform and resources and funding opportunities. The meeting is open to all those in Paris for the World Conference on Lung Health. Conference passes are not required to attend this meeting. RSVP: Please send an email to stoptbpartnerships@stoptb.who.int including your name, job title and organization.

Advocacy Corner: We are excited to share news of Advocacy Corner at this year’s Union World Conference on Lung Health, held from 30th October - 3rd November, Paris, France. A popular space for exchanging knowledge and networking at past conferences, this year’s Advocacy Corner will be hosted
by the Stop TB Partnership and Action at the Stop TB Partnership booth. We hope this space will be a place for advocates, researchers, implementers, community members, and decision-makers to discuss, strategize, and learn more about advocacy, and we plan to have an exciting programme of sessions running from 31 October to 3 November. However, we need your input! If you would like to host a session please fill out the application form attached and submit it to Mandy Slutsker (mslutsker@results.org) by Monday 23rd September, 2013. If you have any questions about this application, or Advocacy Corner in general, feel free to email Mandy (mslutsker@results.org) or Simon Logan (Logans@who.int).

Book your hotel now! The Union has appointed Congrex Travel to deal with all accommodation requests for The Union World Conference, offering a secure and uncomplicated hotel booking procedure. An easy online reservation system makes attendance to the conference efficient and stress-free. Pre-negotiated hotel rates in various price categories have been reserved exclusively for delegates attending the conference, suiting all budgets. Please click here to see the full list of available hotels to select from, with detailed descriptions and access plans. For further information on booking your hotel room in the heart of Paris please click here.

2nd PRESIDENT’S CENTENNIAL DINNER

This year, kick off your week in Paris by attending the 2nd President's Centennial Dinner on Wednesday, 30 October at 7 pm. This gala event supports The Union Centennial Campaign (1920-2020) by raising funds for research and education. To attend, please provide the requested information on your registration form. Learn more about The Union Centennial Campaign here.

From TAG:

Cascades: Improving TB Care, Friday, November 1, 2013, 18h00 - 22h00 Location: Hôtel Concorde La Fayette Batignolles/ Longchamp Room 3, Place du Général Koenig 75850 Paris Cedex 17 – France (within walking distance of Le Palais des Congrès de Paris)

Conference registration NOT required for attendance. Refreshments and snacks will be served. For more information: Lindsay.Mckenna@treatmentactiongroup.org

THE UNION, NORTH AMERICAN REGION:

18th Annual Conference of The Union, North America Region, February 27 – March 1, 2014, Boston, MA

Stronger Together: Stopping TB, From Laboratory to Clinic

REGISTRATION COMING SOON!

CALL FOR ABSTRACTS

We welcome the submission of abstracts for poster and oral presentations of research on all aspects of tuberculosis control, including epidemiologic, clinical, basic science, nursing, social, behavioural, psychosocial and educational studies, as well as outcomes of program initiatives. Abstracts must be submitted in accordance with these guidelines. Deadline for abstract submission: October 7, 2013.
To download the forms: [click here](#)

**TRAVEL GRANT AWARDS**

We are pleased to offer travel grants to selected individuals within the Americas and the Caribbean who would otherwise be unable to attend the 18th Annual Conference of the Union – North American Region without financial assistance. It is highly recommended that you seek additional sources of funding. Additional mentoring opportunities in the field of TB will be available for selected travel grant recipients.

Deadline for Travel Grant Award submission: October 7, 2013  To download the forms: [click here](#)

For questions, please contact: Menn Biagtan at biagtan@bc.lung.ca