For our readers: Given vacations and the holidays, we will take a brief hiatus and publish the next TB Wire on January 6th. 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 and appreciated at setkind@stoptbusa.org.

In memoriam of Nelson Mandela from the Stop TB Partnership

The Stop TB Partnership today joins the many people and organizations from around the world honouring the life of Nelson Mandela, South Africa’s former President and anti-apartheid campaigner. Mr Mandela led South Africa’s transition from white-minority rule in the 1990s and was elected President in 1994. Despite being imprisoned for 27 years because of his political activities, during which time he became ill with tuberculosis (TB), he was a tireless advocate for reconciliation, insisting on forgiveness and humanity over bitterness and resentment.

Mr Mandela devoted much of his time to campaigning for people living with TB and HIV, urging world leaders to step up their responses to the two diseases. With his death, we lose a great champion for TB and HIV. In 2004 he told the International AIDS Conference: “We can’t fight AIDS unless we do much more to fight TB as well.” Our deepest sympathies and heartfelt condolences are with the Mandela family and friends at this time. As the TB community celebrates the life of a truly transformative leader, we remember him through his own inspiring words:

“What counts in life is not the mere fact that we have lived. It is what difference we have made to the lives of others that will determine the significance of the life we lead.”

WASHINGTON UPDATE

Domestic TB Funding Update
The bicameral House-Senate budget committee, chaired by Sen. Murray (D-WA) and Rep. Ryan (R-WI), is working to draft a plan on final FY2014 funding and other long-term budget issues, including sequestration, by December 15, 2013. It is reported that the committee co-chairs are making progress towards a deal that may provide sequestration relief. If a new plan is not produced by this committee by December 13, budget sequestration funding cuts of 5 - 7% will be implemented across the board to all federal agencies, including the NIH and CDC, on January 15, 2014, with the exception of the Veterans Dept. and some safety net programs such as food stamps. The fiscal year 2015 budget process will begin in February 2014, when the President releases his proposed budget for the year.

**House TB Caucus**

The House TB caucus is growing! Two more members recently joined, Reps. Jim Cooper (D-TN) and Ami Bera (D-CA), bringing the Caucus members to 17. Thanks to TN and CA advocates for their efforts! You too can help grow this caucus by clicking on the link below and sending a letter to your Representatives today! Or, by forwarding the link to others.

**Background:**

The **Tuberculosis Elimination Caucus** in the U.S. House of Representatives was formed in March of 2012 by Representatives Engel (D-NJ), Green (D-TX) and Young (R-AK). A caucus is an informal grouping of legislators which can help rally interest and enthusiasm on an issue of mutual concern, by sponsoring briefings, initiating letters and inquiries, and more. You can help to grow the membership of this caucus by sending a letter to your Representatives asking that they join this very important caucus. By clicking the link below and providing your address, a personal letter will be generated and sent to your Representatives on your behalf.

[Click here to generate and send a letter today!](#)

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**ANNOUNCEMENTS**

**FROM THE NATIONAL TB CONTROLLERS ASSOCIATION (NTCA)**

**NOW AVAILABLE: TB Drugs and Diagnostics Shortages Reporting Mechanism**

TB drugs and diagnostics are truly a lifeline for TB control. However, shortages and price increases periodically make these tools inaccessible to healthcare providers. A series of shortages and price increases in TB drugs and diagnostics started in the fall of 2012 and continues in 2013. To address these problems at a national level, federal agencies and advocacy organizations need real-time, non-anecdotal evidence indicating the scope and impact of these shortages. The TB community needs national data, collected in a systematic and consistent fashion, to provide to federal agencies to document the occurrence of the shortages and associated price increases; yet to date there has been no single place to report these issues. *In response, the NTCA Drug Shortages Workgroup has developed an online system to report shortages of and price increases in TB drugs and diagnostics.*
The TB Drugs and Diagnostics Reporting Form was developed and pilot tested by NTCA members. It is intended for use by state, regional, county, and city TB programs as well as by public and private sector organizations that perform TB screenings, such as universities, schools, correctional facilities, hospitals, and long-term-care facilities to report a shortage or price increase of a TB drug or diagnostic. The inclusion of reporting on interferon gamma release assay (IGRA) was done prior to release in recognition that some areas experienced interruptions in supply during the TB biologics shortage.

**Goals** for this reporting/tracking system are the following: 1) Provide an interim notification system for drug and diagnostic supply issues until a national system by FDA or CDC is in place; 2) Collect systematic/standardized information on challenges in the United States for accessing drugs and diagnostics over time; 3) Describe the frequency and distribution of shortages and cost escalations over time in the United States; 4) Describe the impact on patients, programs, and TB control efforts in the United States; 5) Describe the response/actions taken to mitigate/resolve access problem; 6) Provide summary data in periodic intervals to NTCA, CDC, policy makers, advocacy groups, and manufacturers working towards a continuous, affordable drug supply; and 7) Provide documented evidence of price escalations to the Department of Justice, or appropriate federal agency, for investigation into the reported cost increases for TB drugs and diagnostics.

**Attributes** of the reporting mechanism include: Feasibility: Simple, easy to use (not too lengthy or time-consuming); accessible to users; Relevance to users in different settings; Provision of actionable data; Ability to provide periodic reports and to be maintained by NTCA; and Definitions, terms, and categories that can accurately capture intended information.

The web-based reporting mechanism is now on the NTCA website’s home page, [http://www.tbcontrollers.org](http://www.tbcontrollers.org). Please use this new tool to report the shortages and price escalations you have experienced. We ask that you also inform your community partners about this new reporting mechanism so the database will have input from public and private health providers engaged in TB control, identification and treatment activities.

**FROM THE NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS (NACCHO)**

**WEBINAR: Affordable Care Act: Local Approaches to Outreach and Enrollment**

Join the National Association of County and City Health Officials (NACCHO) on Wednesday, December 18th 2:00 p.m. – 3:00 p.m. (ET) for a webinar featuring three local health departments discussing their diverse experiences around Affordable Care Act (ACA) outreach and enrollment. Bruce Dart, Health Director, Tulsa Oklahoma will provide the perspective from a state that is not participating in Medicaid Expansion. Dr. Karen DeSalvo, Health Officer, New Orleans, LA will provide insights to her city's comprehensive plan for outreach and enrollment. Janice Koch, Chief Performance Officer, Clark County, WA will highlight her work as the grant manager for the Navigator program within the state-based marketplace program made possible through the Washington’s Medicaid expansion. Each community will share how their health department has developed creative strategies for outreach and enrollment within the context of their governmental structure. This webinar is second of a series of webinars developed in partnership with the Health Resources and Services Administration (HRSA) and
the Centers for Disease Control (CDC). Please use the link below to register:
https://cc.readytalk.com/r/8q8rnexwk8l&em

FROM ENGAGE-TB

Call for applicants: WHO and AMREF consultants’ training on integrated community-based TB activities (the ENGAGE-TB approach)

World Health Organization and African Medical and Research Foundation are launching a call for applicants for training of consultants on integrated community-based TB activities. The training will take place on 10-14 February 2014 in Nairobi, Kenya. More information can be found here: http://www.stoptb.who.int/countries/tbteam/viewMission.asp?MID=5536 Interested applicants should send their CV and a one-page motivation letter to josephth@who.int and Anastasiah.kimeu@amref.org no later than 15 December 2013.

FROM TREATMENT ACTION GROUP (TAG)

The Community Research Advisors Group (CRAG) is seeking nominations for new members.

The CRAG is an international, community-based advisory body that works to ensure the meaningful representation and engagement of affected communities in research conducted by the U.S. CDC's Tuberculosis Trials Consortium (TBTC). This group of research-literate activists supports a robust, comprehensive and innovative TBTC research agenda that is responsive to community needs as well as scientific priorities. The TBTC is an international consortium that conducts research to develop shorter, better drug regimens for both TB infection and TB disease. CRAG members must be based in communities where the TBTC has clinical trials sites. The TBTC currently has research sites in the following cities in the U.S. and around the world. If you do not reside near one of these locations, you cannot apply to join the CRAG.

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We especially encourage applications from persons who have undergone treatment for tuberculosis, participated in TB research and/or who are personally infected/affected by TB. TBTC study staff cannot apply to CRAG. For more information on the CRAG, please see the attached Terms of Reference document. To apply to join the CRAG, please complete the attached application form. All applications and supporting materials must be returned to Mike Frick (mike.frick@treatmentactiongroup.org) by Thursday, December 12 at 18:00 U.S. East Coast Time.

CRAG Application

CRAG Terms

FROM THE GLOBAL TB PROGRAMME, WHO

Call for applications for membership to the Core Group (CG) of the Global Drug-resistant TB Initiative (GDI). The Global Drug-resistant TB Initiative (GDI) secretariat is pleased to announce a "Call for applications" for membership to the Core Group (CG) of the GDI. The call is open for up to 10 members with relevant experience and interest, together with the 6 chairs of the regional Green Light Committees (rGLCs). Further details on the requirements for application are included in the attached document. Applications will be accepted until 5pm 15 January 2014 (Geneva time). Results of the selection process will be notified on 15 February 2014, and the selected candidates will be contacted.

CDI – CG Call for Applications

HIGHLIGHTED TB REPORTS

FROM TAG

Treatment Action Group Applauds European Approval of New Drug to Fight Tuberculosis, Demands Expanded Access and Affordable Pricing
— Approval of and access to delamanid are crucial while further research is pending —

NEW YORK, NY, USA – Treatment Action Group (TAG) congratulates the Committee for Medicinal Products for Human Use (CHMP) for its recommendation to the European Medicines Agency (EMA) to grant marketing approval to delamanid, a new drug for multidrug-resistant tuberculosis (MDR-TB) now in phase III clinical trials. MDR-TB treatment options that do not include new drugs are long, toxic, difficult to tolerate, and often ineffective. Delamanid, which will be marketed under the name Deltyba, is just the second TB drug from a new drug class to receive approval from a stringent regulatory authority in four decades. In its opinion and accompanying fact sheet, issued November 21, the CHMP stated that it “considers there to be a favourable benefit to risk balance for Deltyba,” but does “recommended that an additional study should be carried out to confirm that the current recommended dose is the most appropriate dose.” A phase II study showed that those who took delamanid for six months (in addition to a background regimen) were 35 percent more likely to be cured than those who took a background regimen and delamanid for two months or less. Moreover, after two
years of follow-up, those who took delamanid for six months were seven times more likely to survive.

“We applaud the EMA’s approval of delamanid given its evidence of safety and efficacy to date, and congratulate Otsuka on its research achievements so far,” said Mark Harrington, executive director of TAG. “However, we advise Otsuka that unless it provides rapid, affordable access to the drug, activists will take action.” Otsuka has advanced delamanid rapidly through clinical trials, including critical pediatric trials. In contrast, Johnson & Johnson, the sponsor of the other new MDR-TB drug, bedaquiline, has yet to initiate its phase III or pediatric trial nearly a year after U.S. Food and Drug Administration approval. Still, Otsuka has failed to provide pre-approval access to its compound or commit to an affordable pricing plan for delamanid where it is approved. “Otsuka’s refusal to allow pre-approval access to delamanid for patients in urgent need is a gross ethical and human rights violation, and does not bode well for its long-term access strategy,” said Wim Vandevelde, chair of the Global TB Community Advisory Board and member of the European AIDS Treatment Group. “The company needs to initiate a global compassionate use program immediately and commit to affordable pricing of delamanid.” As EMA marketing approval does not translate into access in most countries where people with MDR-TB live, TAG urges Otsuka to institute compassionate use programs and expanded access studies immediately to ensure that treatment options are available to those in dire need. TAG also encourages the U.S. National Institutes of Health to expedite its work to determine whether bedaquiline and delamanid can be used together safely and effectively, as patients and doctors need combinations of new drugs to prevent the development of resistance.

FROM HRSA

World AIDS Day

FROM AERAS

Philippines Second Wave: Typhoon TB | Kari Stoever - Huffington Post

FROM ENGAGE-TB

The meeting report and presentations from the ENGAGE-TB meeting of implementing countries held in Paris on 2 November 2013 are available here. You can find out more about the first ever collection of standardized data on contributions of community-based activities to TB outcomes published in the Global TB Report 2013 here.

FROM RESULTS

1. U.S. will match contributions to the Global Fund, up to $5 billion over three years, announces President Obama

Statement from Joanne Carter, Executive Director of RESULTS and RESULTS Educational Fund, lauding the President’s commitment

Washington, DC, December 2, 2013 —“Today, President Obama announced an enormously important commitment by the U.S. to contribute $1 to the Global Fund to Fight AIDS, Tuberculosis and Malaria for every $2 contributed by other donors, up to $5 billion over the next three years. We applaud the
President’s announcement and the strong leadership of the Obama Administration in the lead-up to this Global Fund replenishment. This matching commitment puts the Global Fund on track toward its $15 billion target for the next three years. Today’s announcement comes as world leaders gather in Washington to make their own pledges toward that goal, which will finance lifesaving treatment, prevention, and care for millions. President Obama is not only investing critical U.S. resources, but also powerfully leveraging them, challenging the international community not to leave U.S. dollars on the table. Today’s Global Fund announcement reflects the Administration’s global leadership – and the longstanding bipartisan support for these issues. With the latest science and epidemiology, building on the efforts of the last decade, we are no longer just talking about fighting these three disease – we are talking about defeating them. The investments made by the U.S. and others this week and over the next three years will pave the way toward that possibility. Achieving it will require not only other donors fulfilling the challenge set today, but continuing our dedication to fighting these diseases financially, scientifically, and politically in the years ahead. This week’s pledging conference is not the end of our work, but it is a crucial step in accelerating efforts toward the end of these diseases.”

2. Secretary Kerry's Remarks at the Partnership Symposium of The Global Fund's Fourth Replenishment Conference

http://www.state.gov/secretary/remarks/2013/12/218209.htm

TB is curable, and make no mistake: With the right effort and the right focus, the right energy, we can eliminate it. But for that to happen, we need an innovative plan, a plan of attack for addressing the alarming increase in multidrug-resistant TB. We also need to develop new and more effective drugs and diagnostics. And we need to work together in order to prevent tuberculosis-related deaths by focusing on HIV/TB co-infections. Happily, the Global Fund is the largest funder of TB programs in developing countries, and it is an absolutely vital pillar in the global plan to be able to stop TB in its tracks.


FROM FIND TB

News: The Future of TBDx and Computer Vision Microscopy has arrived Applied Visual Sciences Blog

The Global Fund New Funding Model The Global Fund has developed a new funding model that will allow it to invest more strategically, maximize its resources and achieve greater global impact.

TB challenge over 'missing' millions BBC

Tuberculosis: a war that must be won on the ground and in the field The Lancet Global Health Blog

Dramatic scale-up of programmatic management of drug-resistant TB in India CNS

Shortage of #TB drugs is a reality R. Alagna. Blog TBInnovation. 2013 Sept.

FROM MANAGEMENT SCIENCES FOR HEALTH: (MSH)
Blog by Mildred Fernado, XDR-TB Survivor and Advocate

I never thought that being sick with tuberculosis (TB) for a decade would lead me to this purpose: being an advocate to fight and eliminate this disease—not just in my country, the Philippines, but all over the world. I was recently invited by RESULTS Japan to represent TB patients’ perspectives in the call for continuous funding from the Japanese government to the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). The advocacy activities, led by Results Japan, were in support to the Global Fund Fourth Replenishment which aims to secure financing for the years 2014-2016.

https://www.msh.org/blog/2013/12/02/pledge-continuous-funding-for-the-global-fund-says-xdr-tb-survivor-and-advocate

FROM NEWS SOURCES

United States


The Las Vegas Review Journal recently reported that Clark County, Nev., public health officials recommended screening for students and teachers potentially exposed to TB at Coronado High School, just weeks after the Clark County School District dropped required TB screening for all employees. The previous policy, which applied to all 39,000 district employees, called for all new employees to have a TB test and existing employees to repeat TB screening every five years. The district paid for the tests, which cost between $10 and $20 each. School district spokesperson Melinda Malone stated that the school board voted on October 10 to eliminate mandatory testing based on the health district’s advice. Health district spokesperson Jennifer Sizemore noted that mandatory TB screening for school employees was not cost effective because it identified few active TB cases. Although screening identified some latent TB cases, Sizemore explained that only people who were actively sick with TB could transmit the infection.

Health district investigators arrived at Coronado High School November 20 to determine which of the school’s students and staff had “close and prolonged contact” with the TB-infected individual and should have TB screening. Although health district officials have not identified the TB-infected individual, students surmised that it was a student who was visibly ill and had missed school for over three weeks. Students who shared classes with the individual had received letters advising them to have free TB testing, which was available at Coronado High School from November 19–21. Others who did not receive a notification also chose to have private TB testing. The Nevada Division of Public and Behavioral Health stated that Nevada, one of the 20 states with the highest TB incidence, reported approximately 100 new diagnoses each year. More than 80 percent of Nevada’s TB cases occurred in Clark County.

Read Full Article

BLOOMBERG: TB Vaccine May Work Against Multiple Sclerosis, Elizabeth Lopatto, Dec 4, 2013 People with early signs of multiple sclerosis who were treated with a vaccine used to prevent tuberculosis were less likely to get sick than patients who weren’t vaccinated, according to an early study........
Global

INDIA: Drug Resistant TB Flourishes in Govandi, Dharavi; Cases Spiral to 2,500 Across Mumbai Times of India (11.19.2013)

The Times of India recently reported that the Govandi and Dharavi wards had the highest multidrug-resistant TB (MDR TB) prevalence in Mumbai, India. Govandi’s Shatabdi Hospital reported that approximately 43 percent of people tested for TB since March had MDR TB, and 35 percent of those tested in Dharavi had MDR TB. The number of MDR TB diagnoses in Mumbai increased from 53 in 2010 to 2,502 in 2013. The Brihanmumbai Municipal Corporation (BMC) identified 10 Mumbai wards that were “critical” for TB. Municipal commissioner Manisha Mhaiskar noted that the government designated TB a notifiable disease a year ago, requiring private physicians to report TB diagnoses. The government-run National Tuberculosis Control Program reported 30,000 TB cases that responded to first-line TB medications. For the first time, BMC also reported 10,000 TB patients from the private sector. Government officials had expected to identify 30,000 private TB patients. Since use of the Nikschay computer program only began in May 2013, the number of cases reported by private physicians could increase next year. In response to the drastic rise in MDR TB cases, BMC planned to increase the number of GeneXpert machines across the city. Municipal Commissioner Manisha Mhaiskar attributed more than 50 percent of MDR TB diagnoses to the use of GeneXpert machines, which could detect drug-resistant strains within two hours. Both Shatabdi Hospital and Dharavi’s civic urban health center had GeneXpert machines. Under Mumbai’s special TB control plan, the city would get three additional GeneXpert machines next week, according to Mhaiskar.

In another high-incidence Mumbai ward, Sewri’s TB Hospital planned to inaugurate a 100-bed dedicated TB wing. Future plans called for an additional diagnostic lab and a 10-bed intensive respiratory care unit.

Read Full Article

SOUTH AFRICA: Third XDR TB Patient Beats the Odds Health24 (11.20.2013)

A recent article in health24 reported that a patient from the township of Khayelitsha, in Cape Town, South Africa, who was diagnosed with extensively drug-resistant (XDR) TB and enrolled in a pilot study conducted by the City of Cape Town with the Western Cape Department of Health and Doctors Without Borders, has just been declared cured of the disease. The patient completed a two-year period of treatment and on November 15 became the third Khayelitsha resident enrolled in the pilot study to be declared cured of XDR TB after extensive treatment. The study results are being combined with other similar studies globally.

Read Full Article


Africa recently reported the opening of two Liberian TB clinics to help combat the disease’s increase in the region. The clinics, run by Liberia’s National Leprosy and Tuberculosis Control Program, also can test for drug-resistant TB. According to Program Manager Dr. Catherine Cooper, patients with drug-resistant
TB were not responding to regular TB treatment. Cooper said the program has recorded 2,969 TB cases thus far in 2013, 4 percent of whom have died from the disease. She attributes these deaths to patients not going to a clinic to get tested due to fear of being stigmatized by family and community members. Cooper urges people who have had a persistent cough for more than a couple weeks to go to any nearby clinic for a physical. She also encourages communities to abstain from stigmatizing people who suffer from TB. The clinics provide TB treatment at no cost. 

Read Full Article


An article in the Wall Street Journal reported that a European Union panel recommended regulatory approval of a new TB drug. The European Medicines Agency’s Committee for Medicinal Products for Human Use recently announced its conditional approval of the drug delamanid, manufactured by Otsuka Pharmaceutical Company of Japan. The committee withheld its approval in July and requested further study, as it did not consider the two-month study with 481 drug-resistant patients sufficient to determine the drug’s efficacy in the usual six-month treatment course. The committee has reversed its decision, allowing conditional approval of delamanid to treat drug-resistant pulmonary TB, but kept its requirement that the pharmaceutical company conduct additional studies on long-term benefits and safety. After reviewing the data and consulting with infectious disease experts, the committee believed that the drug would be effective throughout six months similar to its results in the two-month study. If delamanid is approved eventually, it would be the second major new TB treatment developed since the 1970s. The first new drug was Johnson & Johnson’s bedaquiline, which the US Food and Drug Administration approved in 2012. Bedaquiline is used with other drugs to treat multidrug-resistant TB (MDR TB), which infects approximately 450,000 people a year and kills 170,000. Delamanid also would be used in combination with other drugs to treat MDR TB. European approval of delamanid would be very important, as Eastern Europe has some of the highest rates of MDR TB in the world. 

Read Full Article

NEW RESOURCES

FROM FIND TB RESOURCES

Highlight of the Month: This month’s highlight is the Roadmap for Childhood TB: Toward Zero Deaths from the World Health Organization (WHO) Global TB Programme. The writing and overall coordination of this document was led by members of the Childhood TB Subgroup of the Stop TB Partnership. This roadmap indicates the enhanced investment urgently needed to tackle childhood TB. It also outlines 10 key actions to be taken at both the global and national levels.

Good Practice Guide: Community-Based TB and HIV Integration, from the International HIV/AIDS Alliance and PATH.

**HIV and Tuberculosis**, from the CDC Division of HIV/AIDS Prevention.

**FROM THE CDC**

**Tuberculosis in Hispanics/Latinos**

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**JOURNAL ARTICLES**

*(November 20 –December 4, 2013)*

**Acta Otolaryngol**. 2013 Nov 21. [Epub ahead of print]


*Tuberculosis reactivation in referrals to public health clinics in Texas*. Mojazi-Amiri H, Larppanichpoonphol P, Nugent K.

**Am J Ther**. 2013 Nov 26. [Epub ahead of print]


*Results of implementation of preventive recommendations for tuberculosis after renal transplantation in an endemic area*. de Lemos AS, Vieira MA, Halpern M, Quaresma RG, Borchardt AC, Santos MA, Gonçalves RT, Santoro-Lopes G.


*Evaluation of directly observed treatment short courses at a secondary health institution in Ibadan, Oyo State, Southwestern Nigeria*. Adegoke OA, Orokotan OA.

**BMC Infect Dis**. 2013 Dec 2;13(1):566. [Epub ahead of print]

*Mobile phone text messaging for promoting adherence to anti-tuberculosis treatment: a systematic review*. Nglazi MD, Bekker LG, Wood R, Hussey GD, Wiysonge CS.


Active tuberculosis and venous thromboembolism: association according to ICD-9 hospital discharge diagnosis codes. Dentan C, Epaulard O, Seynaeve D, Genty C, Bosson JL.

Clin Infect Dis . 2013 Dec;57


Eur J Public Health . 2013 Dec;23(6)


Recent developments in tuberculosis vaccines. Marinova D, Gonzalo-Asensio J, Aguilo N, Martin C.


Phenotypically occult multidrug-resistant Mycobacterium tuberculosis: dilemmas in diagnosis and treatment. Ho J, Jelfs P, Sintchencko V.

J Clin Microbiol. 2013 Nov 27. [Epub ahead of print]


PubMed: www.amedeo.com/p2.php?id=24285736&s=tb&pm=2


PubMed: www.amedeo.com/p2.php?id=24285731&s=tb&pm=2

J Clin Microbiol . 2013 Dec;51

Evaluation of Agar-Based Medium with Sheep Sera for Testing of Drug Susceptibility of Mycobacterium tuberculosis to Isoniazid, Rifampin, Ethambutol, and Streptomycin. Coban AY, Uzun M, Bozdogan B.


Qualitative Analysis To Ascertain Genotypic Identity of or Differences between Mycobacterium tuberculosis Isolates in Laboratories with Limited Resources. Sislema-Egas F, Ruiz-Serrano MJ, Bouza E, Garcia-de-Viedma D.


Performance Monitoring of Mycobacterium tuberculosis Dried Culture Spots for Use with the GeneXpert System within a National Program in South Africa. Gous N, Cunningham B, Kana B, Stevens W, Scott LE.

Detection of Heteroresistant Mycobacterium tuberculosis by Pyrosequencing. Engström A, Hoffner S, Jurén P.


Providing detailed information about latent tuberculosis and compliance with the PPD test among healthcare workers in Israel: A randomized controlled study. Taubman D, Titler N, Edelstein H, Elias M,
Saliba W.


J Infect Dis 2013 208: 2075-2084

Potential Impact of the US President's Emergency Plan for AIDS Relief on the Tuberculosis/HIV Coepidemic in Selected Sub-Saharan African Countries Viviane D. Lima, Reuben Granich, Peter Phillips, Brian Williams, and Julio S. G. Montaner

http://jid.oxfordjournals.org/content/208/12/2075.abstract.html?etoc


N-glycolylated peptidoglycan contributes to the immunogenicity but not pathogenicity of Mycobacterium tuberculosis. Hansen JM, Golchin SA, Veyrier FJ, Domenech P, Boneca IG, Azad AK, Rajaram MV, Schlesinger LS, Divangah M, Reed MB, Behr MA.


J Infect Dis . 2013 Nov 27. [Epub ahead of print]


J Infect Dis . 2013 Dec;208(12)


Early Immunologic Failure is Associated With Early Mortality Among Advanced HIV-Infected Adults Initiating Antiretroviral Therapy With Active Tuberculosis. Ravimohan S, Tamuhla N, Steenhoff AP,

Noninvasive Molecular Imaging of Tuberculosis-Associated Inflammation With Radioiodinated DPA-713. Foss CA, Harper JS, Wang H, Pomper MG, Jain SK.


J Public Health (Oxf) . 2013 Nov 25. [Epub ahead of print]


Antituberculosis therapy-associated cutaneous leukocytoclastic vasculitis. Bhatia V, Sibal A, Rajgarhia S.


Sanitoriums and the canadian colonial legacy: the untold experiences of tuberculosis treatment. Moffatt J, Mayan M, Long R.

Qual Life Res . 2013 Nov 22. [Epub ahead of print]

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


First insights into the molecular epidemiology of tuberculosis in Croatia during a three-year period, 2009 to 2011. Zmak L, Obrovac M, Katalinic Jankovic V.


Late onset Mycobacterium tuberculosis infection after total knee arthroplasty: A systematic review and pooled analysis. Kim SJ, Kim JH.

TB or Not TB: That Is No Longer the Question. Modlin RL, Bloom BR.


Treatment of latent tuberculosis infection. Parekh MJ, Schluger NW.


Thorax. 2013 Dec;68(12)

Migration and tuberculosis in the UK: targeting screening for latent infection to those at greatest risk of disease. Kruijshaar ME, Abubakar I, Stagg HR, Pedrazzoli D, Lipman M.

Use of inhaled corticosteroids and the risk of tuberculosis. Lee CH, Kim K, Hyun MK, Jang EJ, Lee NR, Yim JJ.


Profile and treatment outcomes of elderly patients with tuberculosis in Delhi, India: implications for their management. Patra S, Lukhmana S, Tayler Smith K, Kannan AT, Satyanarayana S, Enarson DA, Nagar RK, Marcel M, Reid T.


Obesity, diabetes and pneumonia: the menacing interface of non-communicable and infectious diseases. Fisher-Hoch SP, Mathews CE, McCormick JB.

JOB OPPORTUNITIES

FROM FRIENDS OF THE GLOBAL FIGHT

Friends of the Global Fight is hiring a Policy Associate, and the job description is attached. Please do kindly share with your networks.

Policy Associate

GRANTS
Fund Title: Enhancing the Capacity for Biomedical Research on Tuberculosis for HIV-infected Mothers and Children in India (R01)
Fund Number: 4759
Fund Category: HIV/AIDS
Description: Grant Amount: NICHD intends to commit a total of $1,000,000 in FY 2014 to fund two to three awards.

Cohort Research Units have been newly established in India through collaborations between the U.S. and Indian governments, investigators, and institutions in order to develop longitudinal cohorts of TB patients and their contacts (including patients with HIV and TB co-infection) and fundamental research laboratories. This Funding Opportunity Announcement (FOA) invites Research Project Grant (R01) applications from institutions/organizations that propose to include HIV-infected and uninfected children and pregnant women with TB exposure, infection, or disease within these recently established programs in India. These cohorts are an integral part of an effort to enhance biomedical and clinical research capacity in the field of TB and are designed to form the basis for studies employing state of the art research tools. The NICHD mission encompasses research targeted toward pediatric and maternal health, and NICHD is specifically interested in supporting research related to TB infection, with and without HIV co-infection, in pregnant women and children, which are often neglected populations in TB research. The NICHD invites new and experienced investigators to submit research grant applications in collaboration with existing India Cohort Research Units that will create and/or enhance the ability of these research units to achieve scientific aims specific to HIV-infected and uninfected children and pregnant women with TB. This FOA is intended to stimulate and strengthen efforts to address a complex, under-researched area in order to form a basis for future research and clinical care.

Letter of Intent Date: 11/27/2013
Application Due Date: 12/27/2013
Project Start Date: 07/01/2014
Fund Duration: Up to 4 years.

Application Process:
Applicants must download the SF424 (R&R) application package associated with this funding opportunity using the “Apply for Grant Electronically” button in this FOA or following the directions provided at Grants.gov.

COURSES/WORKSHOPS
FROM NPIN

Our live webcast series got you In the Know about Social Media and Public Health! Now it’s time to start
- **Using What You Know!**

Registration is now open for the newest training opportunity for our public health partners: *Using What You Know About Social Media!* These online one-hour "lab" sessions will focus on increasing knowledge of specific social media channels. Limited to only 25 participants each session, this series will provide public health professionals with hands on technical assistance. You'll not only increase your capability and comfort but will also learn how you can expand your messaging and outreach options with several popular social media channels. The first session: *Using What You Know About Social Media: How to Conduct a Successful Twitter Chat* is Thursday, December 12, 2013 from 2 - 3 pm EST. [Register for this online lab today!](#) Don’t Forget! *In the Know* and *In the Know II* webcast archives are available for viewing on the [CDC NPIN site](http://www.cdc.gov/npin) and presentations are available on [SlideShare](http://www.slideshare.net).

**FROM THE RTMCCs**

**Clinical Update: Meeting the Challenges of Managing TB with New Tools of the Trade**, Boston, MA February 26

This ½ day training is being offered by the TB Regional Training and Medical Consultation Centers and National Society of Tuberculosis Clinicians and will be held in conjunction The Union-North American Region annual conference. For more information: [http://globaltb.njms.rutgers.edu/courses/toolsofthetrade2014](http://globaltb.njms.rutgers.edu/courses/toolsofthetrade2014)

To register: [http://bc.lung.ca/association_and_services/union.html](http://bc.lung.ca/association_and_services/union.html)

**THE SOUTHEAST NATIONAL TB CENTER (SNTC)**

**Tuberculin Skin Test Train-the-Trainer Course** 7 credit(s) Date: 12/13/2013 Time: 8:00 AM - 5:00 PM Eastern Location: SNTC/Gainesville, FL Instructor/speaker: Karen Farrell, BSN, RN

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)**

GTBI is pleased to announce that our preliminary 2014 Training Calendar is now available at: [http://globaltb.njms.rutgers.edu/training/trainingcalendar.html](http://globaltb.njms.rutgers.edu/training/trainingcalendar.html) The calendar will be updated as additional 2014 trainings and dates are confirmed, so please check back frequently for the most up to date information.

Best Practices in TB Control. Spring Web-Based

TB Intensive Workshop April Newark, NJ

TB Update May Philadelphia, PA

THE HEARTLAND TB CENTER

Course Schedule Click Here for Class Information

TST Practicum - January 28, 2014 - Harlingen, TX.

This training targets nurses and other allied health care workers responsible for the administration and interpretation of the tuberculin skin test (TST). Registration opens November 13, 2013. For more information contact samuel.caballero@uthct.edu

The Impact of Substance Abuse and Mental Illness in Developing HIV and TB April 22, 2013 - April 22, 2014. Online apply » contact samuel.caballero@uthct.edu

THE CURRY INTERNATIONAL TUBERCULOSIS CENTER

The Curry International Tuberculosis Center is pleased to announce that our 2014 Training Schedule is now available, please visit: http://www.currytbcenter.ucsf.edu/training/schedule_2014.cfm.

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

TB/HIV Training (title TBD) February 25, 2014 Los Angeles, CA

Training planned and delivered in collaboration with Charles Drew University, UCLA Pacific AIDS Education and Training Centers and the CA STD/HIV Prevention Training Center.

California Department of Public Health TB Control Branch, California TB Controllers Association, and Curry International Tuberculosis Center/UCSF invite you to attend this special event:

Tuberculosis Program Managers Intensive April 1-4, 2014 Oakland, CA

Four-day intensive for nurses, physicians, and other health professionals working as tuberculosis program managers.

TB Case Study Session (in association with CTCA) April 24, 2014 Los Angeles, CA

Using challenging TB cases, expert faculty will discuss strategies to fight TB as cases become more and more complicated.

TB Update (in association with CTCA) April 25, 2014 Los Angeles, CA
FROM NATIONAL JEWISH MEDICAL AND RESEARCH CENTER

The 51st Annual Denver TB Course April 9-12, 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 www.njhealth.org/TBCourse April 9-12, 2014 Register online for the April 9-12, 2014 session or call 800.844.2305

FROM THE UNION

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

FROM McGILL UNIVERSITY


EVENTS, MEETINGS & CONFERENCES

Alphabetically listed by sponsoring organization

EVENTS

NATIONAL PUBLIC HEALTH WEEK April 7-14, 2014 National Public Health Week

2014 NPHW Daily Themes. This year's event will focus on the following daily themes: Be healthy from the start.

CONFERENCES

AMERICAN COLLEGE HEALTH ASSOCIATION (ACHA)

May 27-31, San Antonio, Texas ACHA 2014 Annual Meeting

AMERICAN PUBLIC HEALTH ASSOCIATION (APHA)
November 15-19 New Orleans, LA  

**AMERICAN THORACIC SOCIETY (ATS)**

May 16-21, San Diego  

As the multiple disciplines that make up pulmonary, critical care, and sleep medicine gather for ATS 2014, the International Conference will have a “big tent” atmosphere devoted to the needs of both clinicians and basic science, translational, and clinical researchers. ATS 2014 will feature more than 500 sessions, 800 speakers, and 5000 original abstracts and case reports. Many of the presentations will come from experts in disciplines that intersect with the ATS’s focus on adult and pediatric pulmonary, critical care, and sleep medicine. There will be talks and research presented on infectious diseases, allergy and immunology, thoracic surgery and transplantation, heart disease, environmental and occupational health, and quality improvement.

With sessions and topics touching on this wide range of disciplines, the conference will blend new and novel educational opportunities with traditionally high-demand programs. The ATS again plans to offer American Board of Internal Medicine Maintenance of Certification Knowledge Points and American Board of Pediatric Maintenance of Certification credits. Internationally known scientists will participate in the Science Core, a thematically linked set of symposia and abstract-based sessions, and will also participate in other sessions where they will interact with clinicians as well as scientists.

The learning that takes place at ATS 2014 will not be confined to the educational sessions. The Exhibit Hall is an integral part of the International Conference for clinicians and scientists. Those interested in basic science will have a section of the hall dedicated to their interests, where they can learn more about products and services designed to aid research.

**ASSOCIATION OF PRACTITIONERS IN INFECTION CONTROL (APIC)**

June 7-9 Anaheim, California  

**ASSOCIATION OF PUBLIC HEALTH LABORATORIES (APHL)**

June 1-4, 2014, Little Rock, Arkansas  

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

September 9-11 Albuquerque, New Mexico  

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

Nashville, Tennessee June 22-26  

**HEALTH CARE FOR THE HOMELESS CLINICIANS NETWORK**

2014 National Health Care for the Homeless Conference & Policy Symposium, May 28 – 30 New Orleans,
Louisiana 2014 National Health Care for the Homeless Conference & Policy ...

NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICERS (NACCHO)

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

NATIONAL TB CONTROLLERS ASSOCIATION (NTCA)


2014 National TB Conference "Sharing the Vision of TB Elimination"
Conference agenda and hotel information will be released by early March. For questions regarding the conference, please contact: Donna Wegener dhwegener@tbcontrollers.org Eva Forest eforest@tbcontrollers.org 678 503-0503 or Sherry Brown sbrown@tbcontrollers.org

RESULTS

Washington D.C. June

Join World Bank President Jim Yong Kim and advocates from across the U.S. and more than a dozen countries at the 2014 RESULTS/RESULTS Educational Fund International Conference! Our 2014 conference will bring together an amazing array of practical visionaries - including World Bank President Dr. Jim Yong Kim - and you! We are designing this year's conference to be bigger and more powerful than ever so that, together, we can grow our influence and hasten efforts to end poverty and create a more humane and just nation and world. Join us in Washington, DC next June to accelerate action now

THE UNION

45th Union World Conference on Lung Health 28 October - 1 November 2014, Barcelona, Spain Website : Barcelona.worldlunghealth.org The conference theme is 'Community-driven solutions for the next generation'. The deadline for submitting your proposals is 15 January 2014. We look forward to greeting you in Barcelona! Please visit our website for further information: http://barcelona.worldlunghealth.org/

Online submissions of sessions now open! Submissions are now open for sessions to be included in the scientific programme of the 45th Union World Conference on Lung Health, which will be held in Barcelona, Spain on 28 October- 1 November 2014. We welcome your ideas for sessions relating to TB, HIV, tobacco, and adult and child lung health. We also highly encourage submissions from members of civil society as well as sessions about community-driven interventions.

WHO: Any interested person may propose a session; Union membership is not required.

WHAT: All sessions should relate to lung health issues and in most cases, should be applicable to low-resource, high-burden countries.
**HOW:** Online submission is required. You are advised to carefully read the guidelines as well as the descriptions of each type of session before submitting your proposals. Should you wish to receive specific guidance from the Scientific Section (TB, HIV, Adult & Child Lung Health or Tobacco Control) for which you are considering a submission, please send an email to scientific@theunion.org.

**WHEN:** The final deadline for submissions is **15 January 2014**

**The selection process:**
All the proposals will be submitted to the Scientific Programme Committee in January 2014. You will be notified if your proposal has been accepted the end of March. If you have questions, please contact scientific@theunion.org. Click here to be directed to the online session submission To access the Submission guidelines, click here To access the Session tracks, click here To access the Session descriptions, click here

**THE UNION, NORTH AMERICAN REGION**

February 27 – March 1, 2014, Boston, MA

**18th Annual Conference of The Union, North America Region Stronger Together: Stopping TB, From Laboratory to Clinic**

The Union, NAR Conference Brochure

The Union, NAR Conference Program

This year's conference will focus on global TB epidemiology and control, support and management of patients with complex medical and/or behavioral conditions, multi-drug resistance, latency, and key developments in laboratory tools and science.

**EARLY BIRD DEADLINE:** Register now to benefit from early registration rates. Deadline for early registration is on December 31, 2013. Registration Form

Please be advised that cut-off date for room block is on January 27, 2014. Hotel rooms can be booked directly www.sheratonbostonhotel.com P: 617.236.2000 l Central Reservations: 888.627.7058 Rate: $147.00 + taxes/night

Participants at the **18th Annual Conference of The Union North America Region** in Boston, Massachusetts have a special opportunity to attend the half-day workshop on

"Maximizing the Impact of Public Health Messages".* Attendees will acquire evidence-based approaches to strategic communications in public health and learn to use appropriate media and health promotional tools to implement effective communication campaigns. *Pre-registration required by applying at [http://www.bc.lung.ca/association_and_services/union.html](http://www.bc.lung.ca/association_and_services/union.html)