For our readers: This is the first combined issue of the TB Wire and the TB-Related News and Journal Items Weekly Update. As there are over 8,000 persons on the combined mailing list, we have tried to simplify and streamline this new format to accommodate our readership’s diverse needs.

Changes to note are:
1) the combined format will now be sent every 2 weeks; 2) we are emphasizing abbreviated summaries and links for all materials, so that after this issue, you can expect to see a shorter version; and 3) for abstracts, journals will now be listed in alphabetical order and, rather than trying to summarize the abstract content (in order to avoid potential copyright issues), we are providing the link to follow for locating the abstracts and full text articles where available.

This is a work-in-progress and feedback to setkind@stoptbusa.org is welcome and encouraged.

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 Funding Update

The recent fiscal cliff deal between Congress and the President included a 2 month postponement of budget sequestration – the across-the-board 8.2% funding cuts for federal agencies including the CDC. Sequestration will thus be addressed in March as part of a larger package on the debt ceiling. So there is still the very real possibility of significant funding cuts being implemented in March 2013.

Additionally, the new Chair of the House Labor-Health and Human Services Appropriations subcommittee, which allocates House funding levels for CDC, is Jack Kingston (R-GA). Rep. Kingston represents the Savannah, GA area.

RESOURCES

FROM DAVID BRYDEN, TB ADVOCACY OFFICER FOR RESULTS:

- A piece written by Rep. Engel that was recently published in PSI's quarterly magazine and cross-posted to The Hill. http://thehill.com/blogs/congress-blog/healthcare/273307-bipartisan-action-
Interview with Dr. Jyoti Mathad, Infectious Disease Fellow at Cornell, about her research and why tuberculosis should matter to people concerned about maternal and child health. http://www.action.org/blog/post/screening-to-save-lives-finding-tb-in-pregnant-women


Recent article from South Africa on Dr. Dalene von Delft - A South African Doctor’s Battle with Drug-Resistant TB


FROM THE REGIONAL MEDICAL AND CONSULTATION TRAINING CENTERS (RTMCCs):

The Curry International Center (CITC)

New contact information: CITC is moving its offices from San Francisco to a new location in downtown Oakland. CITC will share its new East Bay home with the California STD/HIV Prevention Training Center. Bringing together our two training centers offers exciting possibilities for synergy, and we look forward to the creative potential. The facility features a large training room with advanced audio-visual technology, and close proximity to public transportation (< 15 minute ride from downtown San Francisco), hotels, and restaurants.

Address: Curry International Tuberculosis Center
University of California, San Francisco
300 Frank H. Ogawa Plaza, Suite 520
Oakland, CA 94612-2037

The following contact information remains unchanged: Warmline TB medical consultation services: 877-390-6682 (toll free) or 415-502-4700; Website: http://www.currytbcenter.ucsf.edu/; Email: currytbcenter@ucsf.edu; Facebook: http://www.facebook.com/CITC.UCSF; Twitter: http://www.twitter.com/CITC_TB

Telephone number: 1 (510) 238-5100

Courses

Urban TB, HIV & Social Determinants of Health
http://tinyurl.com/TBUrbanTB
Date: February 11, 2013
Time: 8:30 am – 12:45 pm
Location:
California Endowment, Redwood Room
1000 N Alameda St.
Los Angeles, CA 90012

Collaborative training with Charles Drew University, UCLA Pacific AIDS Education Training Center, CA STD/HIV Prevention Training Center and CITC/UCSF. Registration is now closed, but you can still be added to the waiting list.

The Southeast National TB Center (SNTC)
Comprehensive Clinical TB Course
Date: 3/4/2013 - 3/7/2013
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
Date: 3/8/2013 - 3/8/2013
Time: 8:00 AM - 5:00 PM Eastern
Location: SNTC
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

FROM NATIONAL JEWISH MEDICAL AND RESEARCH CENTER:

The 50th Annual Denver TB Course
April 10-13, 2013 and 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. The Denver TB Course - National Jewish Health

FROM ROBERT WOOD JOHNSON (RWJ):

The latest version of RWJ’s “Ready of Not” has a section on drug-resistant TB. Click Here

FROM THE INTERNATIONAL UNION AGAINST TB AND OTHER LUNG DISEASES (UNION):

Official statement of The Union on TB prevention and control of TB among inmates

The Union published its official statement on TB prevention and control measures that should be taken on behalf of the 9.8 million people in jails, prisons, remand and detention centres worldwide. Read the statement.

Screening all TB patients for diabetes mellitus: From pilot to policy change

There has been a growing epidemic of diabetes mellitus (DM) in India as a consequence of rapid urbanization and increasingly sedentary lifestyles associated with upward socio-economic mobility. There are now an estimated 61 million people with diabetes in India – and this population has a significantly increased risk of developing active TB (two or three times higher than in those without diabetes).

Evidence further suggests that diabetes also adversely affects TB treatment outcomes, leading to higher failure and relapse rates. In India, The Union has been implementing pilot projects on bidirectional screening of Tuberculosis (TB) and Diabetes Mellitus (DM). This landmark project was key to a new policy introducing screening TB patients for diabetes countrywide. The pilot project was implemented in 7 tertiary centres and more than 60 peripheral health facilities in 8 tuberculosis units (TU) to study the feasibility and impact of introducing screening of TB patients for DM in India.

Findings from a mid-term review carried out in August 2012 indicated that screening of TB patients for DM was important and feasible under the existing TB programme settings. It resulted in earlier identification of DM, better management of co-morbidity arising from the two conditions, and it was believed that linking patients to diabetic care could improve treatment outcomes. The findings effectively served as the basis for a policy decision as India’s Revised National Tuberculosis Programme (RNTCP) instituted the intervention of screening TB patients for DM countrywide.

Directives were issued in September 2012 to ensure that TB patients are routinely tested for DM and
hypertension, and linked to appropriate treatment services where necessary.

The Union’s SPARK-TB project in Uganda receives Year 2 funding
The Union Uganda Office has been awarded Wave 2 funding from TB-REACH to continue its successful project.

SPARK-TB (Slum Partnerships to Actively Respond to Tuberculosis in Kampala).
Read more . .

TB volunteer network established in Myanmar
In 2012, The Union collaborated with Myanmar’s National TB Programme on a TB REACH project called PICTS (Program to Increase Catchment of TB Suspects), which has made extensive use of volunteers, organized into networks in each of the seven townships served. Read more . .

FROM THE MIGRANT CLINICIAN’S NETWORK:
Clinician Orientation to Migration Health: A series of 7 webinars
Migrant Clinicians Network has designed a series of seven webinars for new as well as seasoned clinicians who are interested in understanding more about the migrant population. The orientation will cover a wide breadth of knowledge and skills to help clinicians provide quality care to one of the most difficult to reach populations in the United States. View more information on all seven webinars in the Clinician Orientation to Migration Health.

HIGHLIGHTED TB REPORTS
FROM NIH NEWS:
Dr. Veronique Dartois Receives Bill & Melinda Gates Foundation Award
The Bill & Melinda Gates Foundation has awarded a $2.52 million grant to new PHRI faculty member Dr. Veronique Dartois for a program entitled: "Integrated pharmacokinetics to rationally design new drug combinations for TB." This work is a partnership with Clifton Barry III (NIH-NIAID), Carl Nathan (Weill Cornell Medical College), and Tanya Parish (Infectious Disease Research Institute-University of Washington). In summary, effective drug discovery programs require real-time evaluation of pharmacokinetic (PK) properties, an activity which has not traditionally been pursued by academic researchers.

This program will bridge this gap by providing PK support to the BMGF-funded TB Drug Accelerator (TBDA) screening centers, to ensure better quality hits and leads, and reduce PK-related attrition rates. Dr. Dartois will conduct studies of lesion-centric PK to image and quantify new and existing TB drugs in various lesion types and discrete granuloma compartments, by mass spectrometry and high resolution
MALDI imaging. The results will inform the selection of drug combinations with complementary
distribution in the different TB lesions and lesion compartments, to be endorsed by the Critical Path to
TB Drug Regimens and relevant expert panels, and tested in upcoming clinical trials.

FROM NPIN:

SOUTH AFRICA: "Diospyrin Inactivates a Drug Target for Tuberculosis in New Way"
News-Medical.net (01.18.13)

Professor Tony Maxwell, a researcher at the John Innes Centre, reported that diospyrin, a compound
from the South African toothbrush tree, is effective in treating drug-sensitive and drug-resistant TB.
Maxwell stated that diospyrin binds to an enzyme known as DNA gyrase and inactivates the enzyme,
which is essential for bacteria.
Traditional medicine has used the toothbrush tree’s antibiotic properties to treat bronchitis, pleurisy,
and STDs. People also use the tree’s twigs as toothbrushes.

Most antibiotics come from natural sources like the soil bacteria Streptomyces, but naturally occurring
compounds in plants are another potential source for new antibiotics. It may be possible to learn of
other cures from the field of ethnobotany, according to Maxwell, which underscores the importance of
preserving biodiversity.

[Editor's Note: The full report, “The Naphthoquinone Diospyrin is an Inhibitor of DNA Gyrase with a
Novel Mechanism of Action,” was published in the Journal of Biological Chemistry and is available at
www.jbc.org/cgi/doi/10.1074/jbc.M112.419069

UNITED STATES: "U.S. Faces Drug Shortages in Treating Multidrug-Resistant TB"
Chicago Tribune (01.17.13)
David Beasley, Reuters

More than 80 percent of US health departments that treat multidrug-resistant tuberculosis (MDR TB)
have difficulty obtaining treatment drugs. Based on the results of the National Tuberculosis Controllers
Association’s 2010 survey, the difficulty is blamed on shortages, shipping delays, and a complicated new
drug acquisition process. Of the 33 health departments that responded to the survey, 26 had patients
with MDR TB in the five years the survey covered and 21 of them had difficulty finding the second-line
drugs needed. More than half of the 26 health departments that treated a drug-resistant strain of TB (81
percent) complained of difficulty finding drugs for the disease, and more than half said problems finding
the proper drugs for MDR TB delayed patient treatment.

According to CDC statistics, the United States reported 10,258 TB cases in 2011, and 529 deaths from TB
in 2009.

CDC noted that because only 54 percent of 61 health jurisdictions approached responded to the survey,
the results might not accurately represent the national drug shortage problem.
The Department of Health in New Brunswick, Canada, has recently asked local childcare operators to temporarily suspend the tuberculosis (TB) test requirement for new employees due to a test supply shortage. Normally, new workers must be tested for TB within a month of starting a job at a childcare facility. The New Brunswick government now needs to ration its supply because of the test shortage.

Dr. Denis Allard, New Brunswick deputy chief medical officer of health, stated that the problem began with the test’s manufacturer, who notified the province a few months ago that tests could be in possible short supply through May 2013. Thus, the health department will set aside tests, prioritizing them for follow-up on potential TB outbreaks and for hospital patients. The Department of Health says that in the past five years, New Brunswick has had approximately five to 10 TB cases per year.

NEWS/JOURNAL ARTICLES


Resolution of Hypercalcemia and Acute Kidney Injury After Treatment for Pulmonary Tuberculosis Without the Use of Corticosteroids. Araujo CA, Araujo NA, Oliveira JD, Kubrusly M, Duarte PM, Silva SL, Daher EF, Araujo SM.


Test Variability of the QuantiFERON-TB Gold In-Tube Assay in Clinical Practice. Metcalfe JZ, Cattamanchi A, McCulloch CE, Lew JD, Ha NP, Graviss EA.


The Elusive "Gold" Standard for Detecting Mycobacterium tuberculosis Infection. Mancuso JD, Bernardo J, Mazurek GH.


Asymptomatic primary tuberculous pleurisy with intense 18-fluorodeoxyglucose uptake mimicking malignant mesothelioma. Shinohara T, Shiota N, Kume M, Hamada N, Naruse K, Ogushi F.

Molybdenum cofactor: A key component of Mycobacterium tuberculosis pathogenesis? Williams M, Mizrahi V, Kana BD.

Fixed dose combination anti-tuberculosis therapy: a systematic review and meta-analysis. Albanna AS, Smith BM, Cowan D, Menzies D.


Systematic review and meta-analysis of prophylactic antibiotics in COPD and/or chronic bronchitis [Review article] Lee, J. S.; Park, D-A.; Hong, Y.; Jo, K. W.; Lee, S. W.; Huh, J. W.; Oh, Y-M.

Improving screening and chemoprophylaxis among child contacts in India's RNTCP: a pilot study Rekha, B.; Jagarajamma, K.; Chandrasekaran, V.; Wares, F.; Sivanandham, R.; Swaminathan, S.

Twice-weekly therapy for children with tuberculosis infection or exposure Cruz, A. T.; Starke, J. R.

Pasting together the preventive therapy puzzle [Short communication] Skinner, D.; Mandalakas, A. M.
Anti-tuberculosis treatment outcomes in HIV-infected adults exposed to isoniazid preventive therapy in Botswana


Completeness and concordance of TB and HIV surveillance systems for TB-HIV co-infected patients in South Africa


Safety and effectiveness of HAART in tuberculosis-HIV co-infected patients in Brazil:

dos Santos, A. P. G.; Pacheco, A. G.; Staviack, A.; Golub, J. E.; Chaisson, R. E.; Rolla, V. C.; Kritski, A. L.; Passos, S. R. L.; de Queiroz Mello, F. C.

Health care index score and risk of death following tuberculosis diagnosis in HIV-positive patients


Effectiveness of active case-finding strategies in tuberculosis control in Kampala, Uganda

Mupere, E.; Schiltz, N. K.; Mulogo, E.; Katamba, A.; Nabbuye-Sekandi, J.; Singer, M. E.

Prescribed and self-medication use increase delays in diagnosis of tuberculosis in the country of Georgia

Rabin, A. S.; Kuchukhidze, G.; Sanikidze, E.; Kempker, R. R.; Blumberg, H. M.

Therapeutic drug monitoring in the treatment of tuberculosis: a retrospective analysis

Van Tongeren, L.; Nolan, S.; Cook, V. J.; FitzGerald, J. M.; Johnston, J. C.

Smoking and 2-month culture conversion during anti-tuberculosis treatment


Epidemiology of extra-pulmonary tuberculosis in Israel, 1999-2010

Mor, Z.; Pinsker, G.; Cedar, N.; Lidji, M.; Grotto, I.

Tuberculous lymphadenopathy: a multicentre operational study of 6-month thrice weekly directly observed treatment


Assessment of serum KL-6 as a prognostic marker in pulmonary tuberculosis patients [Short communication]


Genotyping of clinical Mycobacterium tuberculosis isolates based on eight loci of MIRU-VNTR [Notes from the field]

Liu, R. X.; Li, Q. Z.; Xing, L. L.; Peng, Z.; Zhu, C. M.; Yang, Z. H.

Spoligotyping of multidrug-resistant Mycobacterium tuberculosis isolates in Ethiopia

Diriba, B.; Berkessa, T.; Mamo, G.; Tedla, Y.; Ameni, G.


Spectrum of non-tuberculous mycobacteria identified using standard biochemical testing vs. 16S sequencing [Short communication] Chihota, V. N.; van Halsema, C. L.; Grant, A. D.; Fielding, K. L.; van Helden, P.


Shortening the 'short-course' therapy: insights into host immunity may contribute to new treatment strategies for tuberculosis Schön T, Lerm M, Stendahl O.


Disseminated congenital tuberculosis presenting as peritonitis in an infant. Lee MH, Lim GY, Chung JH, Kim SY.


Neurology: 2013 Jan 22;80(4):

**Pearls and Oy-sters: Tuberculous meningitis: Not a diagnosis of exclusion.** Jongeling AC, Pisapia D.

From Plos one:


What is the Cost of Diagnosis and Management of Drug Resistant Tuberculosis in South Africa? A Pooran, E Pieterson, M Davids, G Theron, K Dheda


Respirology: 2013 Jan 22. [Epub ahead of print]

**Tuberculosis screening in immigrants from high prevalence countries: Interview first or chest radiograph first?** Mor Z, Leventhal A, Diacon A, Finger R, Schoch O.

Respirology. 2013 Jan 18. [Epub ahead of print]

**Systems Approach to Tuberculosis Vaccine Development.** Wang CC, Zhu B, Fan X, Gicquel B, Zhang Y.


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

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**GRANTS**

From CDC National Prevention Information Network's (NPIN) Funding Database

Fund Number: 4616 - Fund Title: Research In Latent Tuberculosis Infection (LTBI) in the Setting of HIV Co-Infection (R01)

The purpose of this FOA is to stimulate research about the role of microbiologic adaptive mechanisms, host immunologic factors, and their interactions in the development, maintenance, and re-activation of latent tuberculosis infections (LTBI) with a focus on HIV co-infection. Mechanisms of TB latency are poorly understood. LTBI occurs when Mycobacterium tuberculosis (MTB) persists in the host without signs of active disease, yet maintains the potential to cause active tuberculosis.

HIV co-infection in people with latent MTB increases the risk of developing active disease from ten percent over a lifetime to ten percent per year. While ART reduces the increased risk for developing active TB, the risk remains elevated after a good response to antiretroviral therapy. While six to nine
months of isoniazid (INH) therapy can significantly lower, and in some cases, eliminate the risk of reactivation disease, compliance with this prolonged regimen is often poor and usually cannot be effectively targeted to individuals at very high risk of reactivation.

In addition, the use of the standard, nine-month course of INH for prevention of active TB in HIV-infected populations is effective only during therapy. TB risk increases soon after discontinuation, because of both reactivation of latent disease and re-infection.


Application Due Date: 07/25/2013

MEETINGS, CONFERENCES AND EVENTS

EVENTS:

World TB Day, March 24th, 2013:

FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC):

Each year, we recognize World TB Day on March 24, often with a variety of activities leading up to the official day. This annual event commemorates the date when Robert Koch announced his discovery of the bacillus that causes tuberculosis (TB). Around the world, TB programs, non-governmental organizations, and others take advantage of the increased interest World TB Day generates to describe their own TB-related problems and solutions, and to support worldwide TB control efforts.

For the second year, CDC has adopted the global Stop TB Partnership’s World TB slogan, Stop TB in my lifetime. This slogan goes with the theme of calling for a world free of TB. The slogan and theme encourage people all over the world to make an individual call for the elimination of TB, and say what changes they expect in their lifetimes. This two-year campaign also allows us to build upon the messages and resources developed during the last World TB Day.

In the next few months, DTBE will be developing communication products for use in your own 2013 World TB Day activities. As March 24 falls on a Sunday in 2013, this provides an opportunity for a full week of activities leading up to the official day. For examples of past World TB Day events, links to planning resources, fact sheets, posters, and other materials that may be of assistance to you in your World TB Day activities, please visit the World TB Day section on the DTBE Website at http://www.cdc.gov/tb/events/WorldTBDay/default.htm

This webpage will continue to be updated with 2013 World TB Day information. World TB Day — Activities World TB Day — Resources History of World TB Day
FROM THE WHO STOP TB PARTNERSHIP

Stop TB Partnership website launch

In 2013 we enter the second year of the 2-year Stop TB in my lifetime World TB Day campaign. The website for World TB Day 2013 is now live at www.stoptb.org/events/world_tb_day/2013/. On this site you will find a helpful guide for planning your World TB Day events, printable posters, slogan artwork and T-shirt designs. At a time when we are all calling for zero TB deaths, we need to make a stronger statement that having people dying from TB is an outrage.

We all have personal hopes and dreams about a world free of TB. Many of us feel it is not right that this terrible scourge has not gotten enough visibility and has not been taken on as a cause by champions whose voices have broad reach and who can easily make themselves heard. We will soon be launching a new feature on our interactive site, www.mystoptb.org where you can post your individual message of action. We will let you know when it is live.

NATIONAL PUBLIC HEALTH WEEK: April 1st, 2013 http://www.nphw.org/nphw09/default.htm

MEETINGS/CONFERENCES:

FROM THE HEALTH CARE FOR THE HOMELESS CLINICIANS NETWORK:

2013 National Health Care for the Homeless Conference & Policy Symposium
Washington, D.C., March 14-16, 2013

Registration Conference Schedule and Workshop Descriptions

FROM THE STOP TB PARTNERSHIP:

WHO to convene expert meeting on the use of bedaquiline for MDR-TB treatment

On January 29TH - 30TH, the World Health Organization (WHO) will convene an expert group meeting on the use of bedaquiline for treatment of multidrug-resistant tuberculosis (MDR-TB). The meeting follows the approval of the new TB drug on 28 December by the United States Food and Drug Administration (FDA) as part of combination therapy to treat adults in the US with MDR-TB when other alternatives are not available. Experts at the WHO meeting will review the available evidence on the safety and effectiveness of bedaquiline, provide advice on its potential contribution to MDR-TB treatment and recommend whether WHO should produce provisional guidance on the use of the drug to supplement its existing guidance on the MDR-TB treatment.

FROM THE UNION:

NORTH AMERICAN REGION OF THE IUATLD
“TB: the Air We Share”, the 17th Annual Conference of the Union–North America Region is pleased to announce that registration is now open. The conference is taking place on February 28 - March 2, 2013 at the Sheraton Vancouver Wall Centre Hotel in Vancouver, BC, Canada. There will be a timely Stop TB morning session co-sponsored by Stop TB Canada and Stop TB USA titled “International initiatives: Childhood TB and Other Control Interventions” followed immediately by the Stop TB USA Advocacy and TB funding update session. TB control program directors and managers should be interested in attending both of these sessions.

Download forms below by clicking on the links: Conference Brochure Preliminary Program) Venue Registration Form

44th WORLD CONFERENCE ON LUNG HEALTH

Submission deadlines for 2013 conference on 30 October–3 November in Paris
Abstracts: Online abstract submission for oral and poster presentations will open at the end of February 2013. The Union welcomes all authors to submit their abstracts. The 2013 theme is “Shared air, safe air?”

FROM THE AMERICAN THORACIC SOCIETY (ATS):

American Thoracic Society International Conference
May 17-22, 2013 in Philadelphia, PA

This conference provides that will offer the latest information on clinical, basic and translational science in pulmonary, critical care and sleep medicine. With more than 500 sessions, 800 speakers, and 5,300 original research abstracts and case reports, ATS 2013 invites attendees to learn about an exciting array of topics in adult and pediatric pulmonary, critical care, and sleep medicine, or to concentrate on a specific clinical or scientific interest. Philadelphia is the birthplace of American medicine and a city that continues to expand the frontiers of science and health through its world-renowned biomedical institutions.

Full ATS 2013 program information and registration for Postgraduate Courses, Sunrise and Meet the Professor seminars, the Thematic Seminar Series, and workshops is available at conference.thoracic.org/2013 . For more information about the International Conference, please click here . You may also email conference@thoracic.org . If you experience a technical problem while registering, please call 866-635-3585 or email thoracic@xpressreg.net .

FROM THE ASSOCIATION OF PUBLIC HEALTH LABORATORIES (APHL):

APHL 8th National Conference on Laboratory Aspects of Tuberculosis - San Diego, CA August 19-21, 2013 www.aphl.org/conferences/pages/default.aspx

MULTIPLE SPONSORS (W.K. Kellogg Foundation, The California Endowment, The California HealthCare

The Eighth National Conference on Quality Health Care for Culturally Diverse Populations: Achieving Equity in an Era of Innovation and Health System Transformation March 11 - 14, 2013, Oakland, CA 94607

Health reform and systems change have the potential to greatly improve the health and lives of diverse patients and communities. This conference will explore how changes in policy, financing, information technology, clinical practice and systems design can improve health care delivery -- and how these transformations must accommodate the unique needs posed by cultural and linguistic diversity. Descriptions of preconference sessions and a draft conference agenda are available now on the conference website: [www.diversityrx.org/2013-conference-agenda](http://www.diversityrx.org/2013-conference-agenda)

FROM RESULTS:

International Conference 2013
July 20-23, 2013, Crystal City, Arlington, Virginia
Professor Muhammad Yunus to be Keynote Speaker. [http://www.results.org/events/IC_2013/](http://www.results.org/events/IC_2013/)

FROM AIDS UNITED:

AIDSWatch 2013

Join the National Association of People with AIDS (NAPWA), the Treatment Access Expansion Project (TAEP), AIDS United, and hundreds of your fellow advocates for AIDSWatch 2013. [Click here](http://www.results.org/events/IC_2013/) for more information and/or to register.

February 25 and 26, 2013, Washington, D.C.

FROM THE AMERICAN COLLEGE HEALTH ASSOCIATION:

Mark your calendar for Tuesday, May 28 through Saturday, June 1, for the ACHA 2013 Annual Meeting in Boston, MA for five days of networking, collaboration, and continuing education! This year we honor the spirit of service and compassion that college health professionals have shown in their dedication to serving college students and their campus communities.

FROM THE AMERICAN PUBLIC HEALTH ASSOCIATION (APHA):

141st APHA Annual Meeting
(November 2 - November 6, 2013), Boston MA

Abstracts now being accepted: The American Public Health Association is now accepting abstracts for the 141st APHA Annual Meeting. The theme of the meeting is: Think Global, Act Local: Best Practices Around the World.
Abstract Submission Deadline — Abstracts are due the week of February 4-8. Click here to review the 2013 Meeting Purpose, Learning Objectives and Target Audience before submitting your abstract. For more information about each session type visit www.apha.org/meetings/sessions/. Abstracts must be submitted to a specific Section, Special Primary Interest Group (SPIG), Caucus or Forum. You may NOT submit the same abstract to more than one Section, SPIG, Caucus or Forum. Detailed Instruction for the Abstract Submission Process

FROM THE ASSOCIATION OF PRACTITIONERS IN INFECTION CONTROL (APIC):

40th Advancing infection prevention education Annual conference
June 7-10, 2013 Fort Lauderdale, Florida annual@apic.org

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


FROM THE NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICERS (NACCHO):

NACCHO Annual 2013, July 1-12 th 2013, Dallas, TX. REGISTER NOW! or Download Individual Registration Form

FROM THE CALIFORNIA TB CONTROLLERS ASSOCIATION (CTCA):

2013 CTCA Conference ; May 29-31, 2013, San Jose, California

StopTBUSA was formerly known as the U.S. National Coalition for Elimination of Tuberculosis (NCET). Please pass this information on to your colleagues who are interested in TB elimination.

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