May 6, 2013

For our readers: The TB Wire will take a brief hiatus for a week. The next issue will be sent out on May 28th. We apologize for any inconvenience that this may cause.

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. Also, in late June the TB Wire and all other Newsletters will be made available for web viewing via the Stop TB USA Facebook page.

The Stop TB USA Facebook link is now available on the header above. As always, suggestions and comments are welcome (setkind@stoptbusa.org)

SPECIAL UPDATE: TB DRUG AND PPD SHORTAGE

This update is provided by Coco Jervis from the Treatment Action Group (TAG). TAG continues to collaborate with TB controllers, CDC, FDA, the National TB Controllers Association and Members of the Congressional TB Caucus to publicize and address these issues. Please contact Coco Jervis at Coco.Jervis@treatmentactiongroup.org for more information on this campaign.

Tubersol Shortage: Manufacturers of a purified protein derivative used in the tuberculin skin test are experiencing manufacturing problems with a factory in Canada, resulting in a nationwide shortage of Tubersol. The CDC reports that programs should expect the nationwide shortage of Tubersol to continue through May. As a consequence of the Tubersol shortage, Aplisol, the other, less preferred form of tuberculin, is now also in short supply in many areas as providers are scrambling for a replacement. A recent NPR article publicized the crisis [LINK] and the CDC released an MMWR detailing specific recommendations to providers to address the shortages. (National Shortage of Purified-Protein Derivative Tuberculin Products [full text])
**Isoniazid Shortage** : The nationwide shortage of Isoniazid 300 mg and 100 mg has abated in many parts of the country, but spot shortages are still occurring. The FDA maintains a drug shortage tracking website accessible ([HERE](#)) to monitor nationwide shortages or stockouts.

**Rifapentine Access/ NTCA drug shortage survey**

Access to rifapentine (Priftin) for many TB programs continues to be challenging due to high drug prices. The 340B or federally discounted price had temporarily increased in early 2013 to about $70 per box due to what Sanofi, the drug’s manufacturer, calls a "glitch." However, the current discounted price of about $53 per box is still a major burden on programs, especially in light of the isoniazid challenges described above. To read more, ([HERE](#))

**TB Drug Shortages FDA recommendations** : Treatment Action Group has continued our advocacy on TB drug shortage related issues on the local and federal level. In April, TAG submitted a set of written recommendations on TB drug shortages in the U.S for the FDA drug shortages task force, links to the letter along with Drug Shortage Consultation work can be found ([HERE](#)).

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**ANNOUNCEMENTS**

**FROM THE ASSOCIATION OF PUBLIC HEALTH LABORATORIES (APHL):**

**8th National Conference on Laboratory Aspects of Tuberculosis: August 19–21, 2013, San Diego, CA**

OVERVIEW: This conference will focus on discussion of ongoing shifts in the TB laboratory system in both diagnostic technology and service delivery. Other topics will include: new methods to test for drug resistant tuberculosis; new drugs to treat drug resistant tuberculosis; the latest data on using molecular methods to test for TB; trouble shooting common problems in the TB laboratory; and global implications and practice. As detailed information becomes available APHL will activate the appropriate links. Check back often to find out the latest information. [Call for Posters - Due April 16, 2013; Conference Highlights](#); Preliminary Program; [Online Registration](#) (credit card payment only); [Registration Form](#) (payment by check or complimentary) Exhibitor & Sponsorship Prospectus; List of Exhibitors; Conference Evaluations; [Hotel Information – Catamaran Resort Hotel](#) For registration questions, please contact Terry Reamer at terry.reamer@aphl.org or 240.485.2776.

Download the Conference Flyer ([HERE](#))

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**WASHINGTON UPDATE**

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

**DOMESTIC FUNDING UPDATE**
TB Caucus co-chairs Reps. Green (D-TX), Young (R-AK) and Engel (D-NY) sent letters to the House Labor-HHS and State-Foreign Ops Appropriations subcommittees this week in support of domestic and global TB funding.

The domestic letter was signed by 20 House members, a record show of support! The signors include Representatives from HI, TX, CA, NJ, WA, WI and FL. The letter requests $243 million for CDC's TB program, the authorized level from the Comprehensive TB Elimination Act, enacted in 2008. The global letter was signed by 30 House members and requests $400 million for USAID's TB program. Thanks to all who contacted your Representatives to support these letters. The list of signors to the domestic letter is at the end of this update.

2014 Budget

On April 10, the President released his proposed budget for FY2014. The budget proposes an 8%, or $432 million cut overall for CDC. Under the budget, the Div. of TB Elimination would receive a minor funding increase of $346,000, for total proposed funding of $140.3 million.

CDC's program budget lines for FY2014 include the Working Capital Fund and a salary adjustment for federal employees, which adds $7 million to the TB program budget line. USAID’s TB program is slated for a 19.1% funding cut under the proposed budget, which would reduce funding for global TB assistance to $191.1 million. The budget is the first step in the appropriations process and serves as a guideline for the congressional appropriations committees. Congress will now begin drafting bills and will begin subcommittee, followed by committee action, this summer.

TB Caucus

The TB caucus now has 16 members. We urge Stop TB USA members to ask their House Representatives to join the Caucus in order to expand support for TB funding in the House.

Reauthorization

Regarding reauthorization, a work group is drafting an update to the current TB authorizing legislation - the Comprehensive TB Elimination Act that will be expiring in 2013. They aim to draft a bill that addresses all the emerging and ongoing issues (drug resistance, foreign born TB, etc.) and present to potential sponsors in 2013.

Signors to Domestic TB Funding Letter : Engel, Young, Corinne Brown, Jim Moran, Hanabusa, Carson, Gwen Moore, Hinojosa, Eshoo, Pascrell, Schakowsky, O'Rourke, Young, Conyers, McDermott, Payne, Bera, Deutch, DeFazio and Cummings.

NEW RESOURCES

FROM FIND TB Resources: Highlight of the Month

This month's highlight is the Guide to Monitoring and Evaluation of Advocacy.
Communication, and Social Mobilization to Support Tuberculosis Prevention and Care from PATH, the Stop TB Partnership, and USAID. This practical, field-level guide was developed to help advocacy, communication, and social mobilization (ACSM) programs at national and subnational levels strengthen routine monitoring and evaluation of tuberculosis ACSM activities. An accompanying training curriculum is also available.

You Can Prevent Tuberculosis: A Patient Educational Handout (also available in Spanish), from the Southeastern National TB Center (SNTC).


Definitions and Reporting Framework for Tuberculosis - 2013 Revision from the World Health Organization (WHO).

FROM RESULTS:

Interview with Jigna Rao, TB Survivor, TB Advocate and Stop TB USA Coordinating Board member http://www.action.org/blog/post/video-interview-with-a-tb-advocate

FROM HHS:

Health and Human Services released enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care – a blueprint to help organizations improve health care quality in serving our nation’s diverse communities.

HHS releases blueprint to advance culturally and linguistically appropriate services in health and health care

HIGHLIGHTED TB REPORTS

FROM THE HEALTH AFFAIRS BLOG:

Substandard Drugs And The Fight Against TB: The Challenge And The Opportunity

FROM NEWS SOURCES:

NPIN: UNITED STATES

CALIFORNIA: "Art Students in Silicon Valley Encouraged to Design Poster to Stop the Spread of TB in Valley " MercuryNews.com (04.25.13):: Mary Gottschalk

In a bid to increase TB awareness and help stop the spread of the disease, the Santa Clara County Tuberculosis Prevention Partnership in California is promoting a contest that encourages local artists in area schools to design posters around the theme "Stop Tuberculosis in My Lifetime" in a way that is "positive, encouraging, and original." A $300 grand prize will be offered to students in grades 1–8 and to students in high school and community college. An additional $300 award will go to the winning students' school art
departments. Second place prizes of $200 also will be awarded to each of these groups of students, with $200 going to those students' school art departments as well. Breathe California, RESULTS Educational Foundation, and Qiagen Pharmaceuticals are sponsoring the contest, which has an April 30 deadline. Winning entries will be on display in various locations around Silicon Valley. For an entry form and rules, please visit www.lungsrus.org/BreatheCA/.

ILLINOIS: Ocular Tuberculosis Presents a Diagnostic Challenge
News—Researchers led by Debra Goldstein of the University of Illinois at Chicago advise that mycobacterial ocular inflammation can arise without systemic or pulmonary disease and should be suspected if a patient does not respond to treatment with anti-inflammatory medication. The researchers analyzed presentations and outcomes of 17 patients (26 affected eyes) with suspected ocular mycobacterial disease, who were treated at a university uveitis clinic between 1995 and 2010. Of the 17 patients, 14 had ocular TB and 3 had nontuberculous mycobacterial infection. Mean age of patients at presentation was 47.1 years, 11 were female, 8 were born in the United States, and 12 had possible exposure to TB. Four of 15 patients who had chest X-rays had TB disease while 5 of 9 who had chest computed tomography (CT) imaging tested positive. Chest imaging showed granulomatous disease in 46.7 of patients.

The researchers report that there was a long delay in diagnosing and treating the condition. Patients were referred to the uveitis clinic approximately 755.3 days after symptom onset and treatment was initiated 802.3 days after symptom onset. Patients’ race was associated with the delay in that Asians were referred much more rapidly than non-Hispanic patients. Posterior uveitis and a negative CT result also were associated with longer delays in referral. Patients diagnosed and treated more than 500 days after symptom onset were 20 times as likely to suffer vision loss as those diagnosed earlier. Patients more than 50 years of age also had worse outcomes. The researchers concluded that TB must be considered as a diagnosis for ocular inflammation regardless of patient ethnicity, country of origin, or results of chest imaging; longer periods of multidrug therapy may be required to control the infection; systemic corticosteroids should be used judiciously; and a reduction in delay in diagnosis could improve the clinical outcome.

The full report, "Mycobacterial Ocular Inflammation Delay in Diagnosis and Other Factors Impacting Morbidity," was published online in the journal JAMA Ophthalmology (2013; doi:10.1001/jamaophthalmol.2013.71). Read Full Article

NPIN GLOBAL

INDIA: "Mumbai Tuberculosis: Deaths Soar at Sewri Hospital, BMC Claims There’s No XXDR-TB in the City" HealthIndia.com (04.17.13)

In spite of high admission and TB mortality rates, there have been no surgeries during the last three months at Sewri, Asia’s largest TB hospital. The facility admits approximately 50 new TB patients daily and reports 10 to 20 TB deaths per day. Removing the TB-infected part of the lungs can help some TB patients recover from the disease. The operating rooms at Sewri, a 1,000-bed facility, were closed for six years, but reopened after a 2012 multi-drug resistant TB (MDR TB) scare in Mumbai. However, after only 40 operations—12 of which involved MDR TB cases—the operating theater closed again. Sewri doctors report that an anesthesia machine was broken for a month, and surgeons from other hospitals in Mumbai have refused to operate at Sewri.
In 2012, another Mumbai hospital, PD Hinduja Hospital, reported 12 cases of extra extensively drug-resistant TB (XXDR-TB), which does not respond to any TB drugs. Six of the patients have died, and the city’s TB officer Dr. Khetarpal downgraded the status of the remaining six patients to extensively drug-resistant TB (XDR TB), claiming they have responded to treatment. Brihanmumbai Municipal Corporation (BMC) executive health officer Dr. Arun Bamne stated that Mumbai now has 44 XDR TB patients. BMC reported 3,003 new MDR TB cases in Mumbai in 2012. Italy, Iran, and India are the only countries that have reported XXDR-TB cases.

PAKISTAN: "Pakistan Sixth among High TB Risk Countries" Pakistan Today (04.17.13)

Pakistan is number six among the 22 high TB-risk countries, and contributes 43 percent of TB cases in the World Health Organization’s Eastern-Mediterranean region. Data reveal that the country’s TB incidence per 100,000 population is 181 cases, and the case notification rate per 100,000 population per year is 150 cases. Pakistan’s treatment success rate is 85 percent. Official sources note that the country has treated more than 700,000 TB patients free of charge, with the patients receiving all of the latest DOTS treatment methodology. The country has developed health education and training materials, and has trained all health care providers. Pakistan has implemented external quality assurance for sputum microscopy in 40 districts of the country, and has established five reference laboratories, including one at the federal level and one at the provincial level.


Accounting for 25 percent of global multidrug-resistant TB (MDR TB), China currently has nearly 120,000 new cases on the mainland each year, according to the Chinese Center for Disease Control and Prevention. MDR TB is defined as TB that is resistant to first-line drugs isoniazid and rifampicin and requires much more expensive treatment compared with common TB. According to Chen Mingting, deputy director of the National Center for Tuberculosis of China CDC, MDR TB causes substantial economic and human resource losses. Citing previous studies conducted by China CDC, without effective intervention, the number of MDR TB cases in China is expected to reach 710,000 by the year 2020. Currently, the government provides free treatment for common TB but not for MDR TB, which is much more costly to treat. According to the World Health Organization, nearly 4 percent of newly-infected individuals are initially resistant to multiple drugs, meaning that MDR TB is being transmitted directly from person to person. China’s State Food and Drug Administration has approved the new drug Sirturo, manufactured by Xi’an Janssen Pharmaceutical Ltd., to provide additional drug choices for treating MDR TB.

CANADA: "Lung Health Conference Urges Nunavut Health Workers to Focus on TB-Tobacco Link" Nunatsiaq Online (04.23.13): Samantha Dawson

Speakers at a 3.5 day conference from April 15 to April 18 advised 30 nurses from 13 Nunavut communities to start treating TB and tobacco use together. According to Taha Tabish, who helped organize the conference, the Government of Nunavut’s Health Department organized the conference to provide training for the nurses so they could bring clinical best practices to the communities where they work. Tabish noted that for the first time the leadership in lung health brought together TB experts and people working in tobacco reduction. The goal was to train nurses to look for TB symptoms and signs of tobacco use.
when examining TB patients or when giving out medication. The nurses learned about different interviewing techniques to help them determine whether TB patients are smoking.

The "Inuit-Specific Tuberculosis Strategy," which Inuit Tapiriit Kanatami released recently to coincide with World TB Day, recommended making sure that more Inuit are knowledgeable of the links between smoking and TB. The smoking rates in Nunavut are more than double the national average, with more than 50 percent of Nunavummiut older than age 12 years and 80 percent of pregnant women in the Baffin region smoking daily. Also, the TB rates are high. In 2011, the TB rate for Inuit was nearly 254 times the rate for Canadian-born non-aboriginals and 38 times the rate for Canada overall.

KYRGYZSTAN : At Least 3,377 Drug-Resistant TB Cases Registered in Kyrgyzstan
24.Kg (Kyrgyzstan) (04.29.2013) :: By Darya Sytenkova

According to the National Phthisiology Center in Kyrgyzstan, the country reported 904 cases of drug-resistant TB for 2012 and a total of 3,377 since 2005. With support from the United Nations Development Program as part of the implementation of the Global Fund to Fight AIDS, Tuberculosis, and Malaria and UNITAID grants, Kyrgyzstan currently is treating approximately 1,740 patients with drug-resistant TB, but at least 380 others remain on a waiting list. Read Full Article

JOURNAL ARTICLES

(April 20 – May 3, 2013)


Workplace programmes for HIV and tuberculosis: A systematic review to support development of international guidelines for the health workforce. Yassi A, O'Hara LM, Lockhart K, Spiegel JM.


Counting the homeless: a previously incalculable tuberculosis risk and its social determinants. Feske ML, Teeter LD, Musser JM, Graviss EA.


Contribution of Moxifloxacin or Levofloxacin in Second-line Regimens with or without Continuation of Pyrazinamide in Murine Tuberculosis. AHMAD Z, Tyagi S, Minkowski A, Peloquin CA, et al.

PubMed: www.amedeo.com/p2.php?id=23593945&s=tb&pm=2


**Antimicrob Agents Chemother** . 2013 Apr 29. [Epub ahead of print]

Pharmacokinetics of first line tuberculosis drugs in Tanzanian patients. Tostmann A, Mtabho CM, Semvua HH, van den Boogaard J, Kibiki GS, Boeree MJ, Aarnoutse RE.

**Antimicrob Agents Chemother** . 2013 May;57(5)


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Forecast analysis of the incidence of tuberculosis in the province of Quebec. Klotz A, Harouna A, Smith A.


Right-sided colonic tuberculosis: a rare cause of ilio-psoas abscess. Demetriou GA, Nair MS, Navaratnam R.

Disseminated cerebral and spinal tuberculomas: rare cause of triparesis. Verma R, Bhandari A.

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Genotyping and drug resistance patterns of Mycobacterium tuberculosis strains observed in a tuberculosis high-burden municipality in Northeast, Brazil. Luiz RD, Suffys P, Barroso EC, Kerr LR, Duarte CR, Freitas MV, Mota RM, Frota CC.

Childs Nerv Syst. 2013 Apr 25. [Epub ahead of print]

Extensive calvarial tuberculosis presenting as exophytic ulcerated growth on scalp in an infant: an interesting case report with review of literature. Dawar P, Gupta DK, Sharma BS, Jyakumar A, Gamanagatti S.


Unmodified gold nanoparticles for direct and rapid detection of Mycobacterium tuberculosis complex. Hussain MM, Samir TM, Azzazy HM.

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Drug-resistant tuberculosis. Pontali E, Matteelli A, Migliori GB.

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A sign of superspreading in tuberculosis: highly skewed distribution of genotypic cluster sizes. Ypma RJ, Altes HK, van Soolingen D, Wallinga J, van Ballegooijen WM.


Cost-effectiveness of rifampin for 4 months and isoniazid for 9 months in the treatment of tuberculosis infection. Pina JM, Clotet L, Ferrer A, Sala MR, Garrido P, Salleras L, Dominguez A.

Eur Spine J. 2013 Apr 20. [Epub ahead of print]

A large tuberculosis abscess causing spinal cord compression of the cervico-thoracic region in a young child. Manoharan SR, Leitao J, Emberton P, Quraishi NA.

Indian J Pediatr. 2013 Apr 30. [Epub ahead of print]

Tubercular Ventriculitis: An Uncommon Entity. Kumar S, Kumar R, Radotra BD, Singh M.

Int J Infect Dis. 2013 Apr 25. [Epub ahead of print]

Enzyme-linked immunospot assay response to recombinant CFP-10/ESAT-6 fusion protein among patients with spinal tuberculosis: implications for diagnosis and monitoring of surgical therapy. Yuan K, Wu X, Zhang Q, Zhong Z, Chen J.

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Tuberculosis is associated with increased lung cancer mortality. Leung CC, Hui L, Lee RS, Lam TH, Yew WW, Hui DS, Chan RC, Mok TY, Law WS, Chang KC, Leung EC, Tam CM.

Artificial neural network models to support the diagnosis of pleural tuberculosis in adult patients. Seixas JM, Fana J, Souza Filho JB, Vieira AF, Kritski A, Trajman A.

Isolation of non-tuberculous mycobacteria among patients with pulmonary tuberculosis in
Ontario, Canada. Damaraju D, Jamieson F, Chedore P, Marras TK.

Cytokine gene expression in intestinal tuberculosis and Crohn's disease. Pugazhendhi S, Jayakanthan K, Pulimood AB, Ramakrishna BS.


Human toll-like receptor 1 T1805G polymorphism and susceptibility to pulmonary tuberculosis in northern Spain [Short communication]. Ocejo-Vinyals JG, Puente de Mateo E, Ausín F, Agüero R, Arroyo JL, Gutiérrez-Cuadra M, Fariñas MC.

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Incidences of smear-positive tuberculosis in Dabat, northern Ethiopia. Tadesse T, Demissie M, Berhane Y, Kebede Y, Abebe M.


Sputum collection and disposal among pulmonary tuberculosis patients in coastal South India [Short communication]. Rekha T, Singh P, Unnikrishnan B, Prasanna Mithra P, Kumar N, Prasad KD, Raina V, Kumar Pappana M, Kulkarni V.

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Tuberculosis cases missed in primary health care facilities: should we redefine case finding? Claassens MM, Jacobs E, Cyster E, Jennings K, James A, Dunbar R, Enarson DA, Borgdorff MW, Beyers N.


Cost-effectiveness of novel first-line treatment regimens for tuberculosis. Owens JP, Fofana MO, Dowdy DW.


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Validation of Mycobacterium tuberculosis Rv1681 Protein as a Diagnostic Marker of Active Pulmonary Tuberculosis. Pollock NR, Macovei L, Kanunfre K, Dhiman R, Restrepo BI, Zarate I, Pino PA, Mora-Guzman F, Fujiwara RT, Michel G, Kashino SS, Campos-Neto A.

Evaluation of COBAS(R) TaqMan MTB for direct detection of Mycobacterium tuberculosis complex in comparison with the COBAS(R) Amplicor MTB. BLOEMBERG GV, Voit A, Ritter C, Deggim V, et al.

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Pulmonary nodules with central cavitation in a young child. Gupta K, Bansal A, Mathew JL, Saxena AK, Sharma K, Das A, Singh M.

Using QuantiFERON-TB Gold In-Tube for Field-Based Tuberculosis Contact Investigations in Congregate Settings. Trieu L, Proops DC, Ahuja SD.


Tuberculosis comorbidity with communicable and non-communicable diseases: integrating


**Vaccination against tuberculosis: How can we better BCG?** Pitt JM, Blankley S, McShane H, O’Garra A.


**Advances in the development of new tuberculosis drugs and treatment regimens**. Zumla A, Nahid P, Cole ST.


**Unusual locations of osteoarticular tuberculosis in children: A report of 12 cases**. Rafiqi K, Yousri B, Arihi M, Bjitto C, Aboumaarouf M, El Andaloussi M.


**Multifocal childhood cutaneous tuberculosis: report of two interesting cases from sikkim, India**. Verma S, Thakur BK, Gupta A.

**Pediatr Infect Dis J**. 2013 Apr 25. [Epub ahead of print]

**Tuberculous Radiculomyelitis Presenting in a Toddler with Lower Extremity Weakness and Seizure**. Ramachandran V, Barry J, Abughali N, Friedman NR, Staugaitis SM, Goldfarb J.


**Detection of Rifampicin Resistance in Mycobacterium tuberculosis by Padlock Probes and Magnetic Nanobead-Based Readout**. Engström A, Zardán Gómez de la Torre T, Strømme M, Nilsson M, Hertneke D.


**Implementation of LED Fluorescence Microscopy for Diagnosis of Pulmonary and HIV-Associated Tuberculosis in a Hospital Setting in Indonesia**. Chaidir L, Parwati I, Annisa J, Muhsinin S, Meilana I, Alisjahbana B, van Crevel R.

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Tumor Necrosis Factor Antagonist and **Tuberculosis** in Patients with Rheumatoid Arthritis: An Asian Perspective. To KW, Reino JJ, Yoo DH, Tam LS.


**Challenges to the global control of tuberculosis.** Chiang CY, Van Weezenbeek C, Mori T, Enarson DA.


**Cost-effectiveness of rifampin for 4 months and isoniazid for 6 months in the treatment of tuberculosis infection.** Pina JM, Clotet L, Ferrer A, Sala MR, Garrido P, Salleras L, Dominguez A.

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**Screening of patients with tuberculosis for diabetes mellitus in India.** India Tuberculosis-Diabetes Study Group.

**Diagnosis of pulmonary tuberculosis in a pastoralist population in Ethiopia: are three sputum specimens needed?** Khogali M, Tayler-Smith K, Zachariah R, Gbane M, Zimble S, Weyeyso T, Harries AD.

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**Fitness of acquired drug resistant Mycobacterium tuberculosis isolates from DOTS compliant patients.** Bhattar P, Mistry N.

**Tuberculosis** (Edinb). 2013 May;93(3)

**Assessment of potential causes of falsely positive Mycobacterium tuberculosis breath test.** Scott-Thomas A, Syhre M, Epton M, Murdoch DR, Chambers ST.

**Characterization of multiple and extensively drug resistant Mycobacterium tuberculosis isolates with different ofloxacin-resistance levels.** Chernyaeva E, Fedorova E, Zhemkova G, Korneev Y, Kozlov A.


**Tuberculosis: experience in a low endemic area Australian tertiary hospital.** Gill P, Coatsworth NR, Gundara JS, Hugh TJ, Samra JS.
FROM PIH: The DR TB Training Network https://drtbnetwork.org/ is pleased to announce and invite you to the web-based training course in Russian language: "Basics of MDR-TB Program Management", 14 – 30 May 2013, the aim of which is to give participants basic information on MDR/XDR-TB program management, so they can organize a simple but comprehensive DR-TB program at their local setting. To participate visit the DR TB Training Network https://drtbnetwork.org/webinars and register for as many of the webinars as you would like.

FROM THE CDC: RAPID HIV TESTING ON-LINE TRAINING COURSE

The CDC on-line "Rapid HIV Testing Training Course" will offer an opportunity for HIV Prevention Providers working in non-clinical settings to gain knowledge and skills on administering rapid HIV testing. Rapid HIV Testing will allow providers greater reach into places where HIV testing has not been available. The on-line course has four modules: Overview and Introduction to Rapid HIV Testing; Safe Work Practices and Specimen Collection for Rapid HIV Testing; Quality Assurance and Quality Control in a Rapid HIV Testing Environment HIV Prevention Counseling and Providing Rapid HIV Test Results. The Rapid Testing Training course can be accessed at https://www.effectiveinterventions.org/elearning/course/view.php?id=11 through the HIP eLearning Center Website. The link will take participants to the login page for the HIP Learning Center. Once participants enter their login or create a new login, they will complete the PIF and enter the course. For additional questions contact: Dwayne Banks at Ebanks@cdc.gov or 404 639-3873 Chezia Carraway at Gcarraway@cdc.gov or 404 639-8057

FROM MULTIPLE SPONSORS: Affordable Care Act (ACA) Implementation on the U.S./Mexico Border: Focus on HIV, STDs, TB, Addiction & Family Planning Concerns

May 30th, 2013

This webinar is offered at two different times. Each webinar is the same and will be 1.5 hours long. Webinar 1: 9 a.m. Pacific / 10 a.m. Mountain / 11 a.m. Central / 12 p.m. Eastern Webinar 2: 12 p.m. Pacific / 1 p.m. Mountain / 2 p.m. Central / 3 p.m. Eastern

Registration is required. To receive registration materials email Joel Peisinger at jpeisinger@mednet.ucla.edu . Please indicate Webinar 1 or Webinar 2 in the subject line.

Sponsored by: The U.S./Mexico Border AETC Steering Team (UMBAST) * The Texas/Oklahoma AIDS Education & Training Center * Pacific AIDS Education & Training Center * Mountain Plains AIDS Education & Training Center * Pacific Southwest Addiction Technology Transfer Center * South Southwest Addiction Technology Transfer Center * California & Dallas HIV/STD Prevention Training Centers * Cardea Services * Curry International Tuberculosis Center * Heartland National TB Center * U.S./Mexico Border Health Commission * Migrant Clinicians Network

FROM TAG:

The International Childhood TB Training Course in South Africa, 30 September - 4 October,
FROM THE RTMCCs:

THE SOUTHEAST NATIONAL TB CENTER (SNTC)

**Tuberculin Skin Test Train the Trainer** 6/26/2013 Location: Mobile, Alabama

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. For more information: [http://sntc.medicine.ufl.edu/Training.aspx](http://sntc.medicine.ufl.edu/Training.aspx)

**Tuberculosis and Respiratory Disease Institute (TBRD): Detours on the Road to TB Elimination**

6/25 - 26/2013 Location: Raleigh, North Carolina

The purpose of this regional training event is to provide continuing education to TB health care professionals in the form of current diagnostic, management and research concepts as presented by local and regional experts. For more information click: [http://sntc.medicine.ufl.edu/TrainingOther.aspx](http://sntc.medicine.ufl.edu/TrainingOther.aspx)

THE NEW JERSEY MEDICAL SCHOOL GLOBAL TB INSTITUTE

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)

**Breaking the TB Cycle: Innovations for Diagnosis & Treatment** 5/15/13 Shrewsbury, MA

The purpose of this training is to strengthen provider’s knowledge of TB diagnosis and treatment. The conference will provide an opportunity to discuss current and emerging issues in TB, as well as the management of routine and complicated TB cases. The format includes lectures, discussions, and interactive case studies.

**Best Practices in TB Control: Behavioral and Social Science – Implications for TB Prevention & Control** 5/16/13 Webinar

This webinar will explore issues around the social and behavioral aspects of tuberculosis (TB), including an overview of key theories and their application to TB prevention and control. Specific examples will be shared to emphasize how behavioral and social science interventions can help address knowledge, attitudes, and beliefs about TB, including acceptance and completion of treatment.

THE HEARTLAND TB CENTER
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.

Archived webinar: Ask the Experts Webinar: Clinical Conundrums in LTBI Treatment

http://www.currytbcenter.ucsf.edu/training/webarchive/conundrum/arch_ltbiconundrum.cfm

This two-hour webinar covered some common questions around LTBI treatment that may not be addressed in national guidelines, but represent a sample of everyday challenges shared by providers of LTBI care. The webinar was presented live on December 18, 2012. Topics include: Chest X-Rays, Choosing a Regimen for Treatment of Latent Tuberculosis Infection (LTBI), Challenges During LTBI Treatment, LTBI Treatment and Anti-TBF Alpha Therapy. Webpage includes audio-video recording and 3-to-a-page print-outs of slides.

Perspectives on Partnerships in TB Control (in association with CTCA) May 31, 2013 San Jose, CA One-day training on topics geared to TB providers in California. More Information

Tuberculosis Nursing Workshop – Seattle June 21, 2013

The Curry International Tuberculosis Center in Oakland is pleased to announce our upcoming Tuberculosis Nursing Workshop - Seattle scheduled for June 21, 2013 in Seattle, WA. This one-day course is designed for nurses, communicable disease investigators, and other licensed medical care providers who work with tuberculosis (TB) patients. This course is approved for up to 6.00 Category 1 ACCME continuing education hours/nursing continuing education hours.

For a complete course description and application information, please visit: http://www.currytbcenter.ucsf.edu/training/TBNWSeattle13.cfm

Tuberculosis Clinical Intensive – Seattle June 19-20, 2013

The Curry International Tuberculosis Center in Oakland is pleased to announce our upcoming Tuberculosis Clinical Intensive – Seattle. This marks the tenth year that Public Health–Seattle & King County, Harborview Medical Center, and Curry International TB Center have collaborated on this clinical update, featuring some of the top TB experts in the region. This two-day course is designed for clinicians and other medical care providers who manage patients with or at risk for tuberculosis (TB). Topics include: epidemiology, pathogenesis of TB and infection control, TB radiology, diagnosis and management of TB disease and latent TB infection, legal and ethical issues in TB control, and more. This course is approved for up to 11.00 Category 1 ACCME continuing education hours/nursing continuing education hours. For a complete course description and application information, please visit: http://www.currytbcenter.ucsf.edu/training/TBCISeattle13.cfm

PLEASE NOTE: As a designated Regional Tuberculosis Training and Medical Consultation Center (RTMCC) for the coverage of the western region of the United States, we are obligated to prioritize healthcare professionals from within the western region. Please see our website for a list of the western region jurisdictions.
NOTE: Some TBClinical Intensive - Seattle applicants may be interested in/eligible to attend the June 21, 2013 Tuberculosis Nursing Workshop - Seattle course. If you are, please apply for the June 21 offering by clicking here: TB Nursing Workshop application. Each course has its own separate application. Course status for both trainings will be sent to applicants after the May 13, 2013 deadline.

2013 Clinical/Programmatic Mini-fellowship Program

The Curry International Tuberculosis Center in San Francisco offers mini-fellowship trainings to TB care providers--physicians, nurses, educators, and support staff--from the western region of the United States. These mini-fellowships give learners a hands-on experience in carrying out a variety of TB control activities. The goal is to share TB expertise and knowledge with US-based healthcare providers from different settings. The fellowship may include visits to facilities such as laboratory facilities, correctional facilities, HIV treatment centers, etc. One area that we focus on is "leadership development" for new TB Controllers, Health Officers, Program Managers, Nursing Supervisors, Outbreak Investigators, etc.

Fellowships are often based in San Francisco but could be conducted in another center of expertise within the western region of the US. With ample notice, the opportunity to couple a mini-fellowship with attending a CITC training can also be arranged. Our Center tries to meet the individual needs of those who attend by assessing areas of practice and communities served, and matching your objectives with appropriate activities. We ask you to identify your interests and objectives in our application form, which can be found at http://www.currytbcenter.ucsf.edu/training/minifellowships.cfm. If you feel this opportunity would be beneficial to you, please complete the application and indicate those areas of TB control you think will best meet your needs. We will contact you within 3 weeks of receiving your completed application regarding your acceptance into the program. Candidates are expected to cover their expenses. If you have a colleague who may be interested, please pass this on to them.

FROM THE MIGRANT CLINICIANS NETWORK:

Up next in our 7-part series of free webinars in the Clinician Orientation to Migration Health we will be covering Workers and Health: How Frontline Providers Make a Difference in the Protection of Migrant Workers and Their Families Health on May 15th (Wednesday). Register now if you haven't already! The orientation is divided into a series of seven webinars which cover a wide breadth of knowledge and skills to help clinicians and others provide quality care to one of the most difficult to reach populations in the United States. Each webinar is accredited for 1 hour of continuing nursing education or 1 hour of medical education. Complete all seven modules and you will receive an additional Certificate of Expertise in Migration Health.

REGISTER FOR ALL 7 WEBINARS HERE

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 course materials.

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.

GRANTS

From the NPIN Funding Database:

1) Fund Number: Tuberculosis Outbreak Prevention Feasibility Project
   Number of Awards: 1 award $100,000.00 Eligible Locations: California and Texas

   Sponsor(s): US Department of Health and Human Services Public Health Service Centers for Disease Control and Prevention Funder's Fund ID: CDC-RFA-PS13-1314 Web Page: HERE
   Application Due Date: 05/15/2013 Award Date: 07/02/2013 Fund Duration: 1 year.

2) Fund Number: 4616 - 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.
   Application Due Date: 07/25/2013

JOB/POSITION OPPORTUNITIES

FROM THE STOP TB PARTNERSHIP:

The Stop TB Partnership Secretariat is inviting nominations from individuals who are interested in serving as country or constituency representatives on the Coordinating Board. The Secretariat is recruiting for a total of nine Board seats that are currently vacant: four
seats for country representatives; two seats for community representatives; one seat for a representative of NGOs in developing countries; one seat for a representative of NGOs in developed countries; one seat for a private sector representative.

The call for nominations is part of the package of governance reforms approved by the Coordinating Board at its 22nd meeting in Kuala Lumpur, Malaysia, in November 2012. The reforms are designed to broaden the base of partners represented on the board. All nominations should be submitted by Monday 13 May 2013 to stoptbboard@who.int. Nomination guidelines, eligibility criteria, and application forms are available on the Stop TB Partnership website at http://www.stoptb.org/about/cb/comms.asp. For more information on Coordinating Board reform, please read an update from the Executive Committee.

FROM USAID: Global Health Fellows Program II; Technical Advisor II: HIV/AIDS and Tuberculosis Technical Advisor - Tajikistan Country Office, Central Asia Regional Mission, United States Agency for International Development

Location: Dushanbe, Tajikistan Assignment: Two Year Fellowship

the Global Health Fellows Program (GHFP-II) is a five year cooperative agreement implemented and managed by the Public Health Institute in partnership with CDC Development Solutions and Management Systems International. GHFP-II is supported by the US Agency for International Development (USAID). GHFP-II’s goal is to improve the effectiveness of USAID health programs by addressing the Agency’s immediate and emerging human capacity needs. The program seeks to accomplish this goal first through the recruitment, placement and support of diverse health professionals at the junior, mid and senior levels. These program participants include fellows, interns, corporate volunteers and Foreign Service National professionals. The program then provides substantial performance management and career development support to participants, including annual working planning assistance, and ensures that professional development opportunities are available. Looking to the future, GHFP-II also seeks to establish a pool of highly-qualified global health professionals that will ensure the Agency’s ongoing technical leadership and effectiveness. This objective is supported by an extensive outreach program that brings global health opportunities and specialized career advice to a diverse range of interested individuals, with a particular focus on those underrepresented in the field of global health.

The HIV/AIDS and Tuberculosis Technical Advisor (Technical Advisor) will serve as an advisor to the TCO Health Team and will use his or her skills and experience to enhance engagement with government counterparts, donors and other partners in Tajikistan. The Technical Advisor will work closely with TCO staff and interact with US and foreign government officials and members of the medical, academic and NGO communities. The Technical Advisor may also develop and provide technical advice to specific projects to further the Office’s programmatic goals. S/he will receive day to day guidance from the Team Leader for Democracy & Governance, Health and Education. The Technical Advisor will be encouraged to travel in Tajikistan (approximately 15%) to monitor Mission program, and present ideas to guide locally employed staff and may attend regional events related to health and infectious disease.

TO APPLY:

All applicants are required to apply for this position through GHFP-II’s online recruitment system at https://www.ghfp.net/recruitment/, which allows you to store your CV, profile and
MEETINGS & CONFERENCES

Alphabetically listed by sponsoring organization

**AMERICAN COLLEGE HEALTH ASSOCIATION (ACHA):** ACHA 2013 Annual Meeting: May 28 - June 1, 2013, Boston, Ma

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.

**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 Annual Meeting & Exposition is the oldest and largest gathering of public health professionals in the world, attracting more than 13,000 national and international physicians, administrators, nurses, educators, researchers, epidemiologists, and related health specialists. APHA's meeting program addresses current and emerging health science, policy, and practice issues in an effort to prevent disease and promote health. APHA has a world of public health in store for you. Review the [Program-at-a-Glance](#) (PDF) to get a quick visual image of the APHA 2013 Annual Meeting Schedule. The theme of the meeting is: Think Global, Act Local: Best Practices Around the World. For more information about each session type visit www.apha.org/meetings/sessions/.


The 2013 International Conference of the American Thoracic Society (ATS) will be held in Philadelphia, Pennsylvania May 17-22, 2013. For general information regarding the conference, please refer to the following website: [http://conference.thoracic.org/2013/](http://conference.thoracic.org/2013/) 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.
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. If you experience a technical problem while registering, please call 866-635-3585 or email thoracic@xpressreg.net.

As in past years, the conference features a CDC/Stop TB USA- sponsored Public Health Poster Forum on Sunday, May 19th from 7 p.m. to 9 p.m. The poster session will focus on innovative techniques that help meet the challenges of TB prevention, control, and elimination in the United States. This two-hour public health poster forum will focus on innovative techniques which are helping to meet the challenges of TB control, prevention, and elimination in the United States. Specific topics include: targeted TB testing and treatment of latent TB infection (LTBI); conducting/expanding contact investigations; performing outbreak investigations; improving treatment adherence; addressing multidrug-resistant TB; managing HIV/AIDS associated TB; providing TB education; and building TB-related coalitions. Target Audience: National, State and Local TB Program Staff, Public Health Professionals (nurses, physicians, epidemiologists), Pulmonary specialists, Infectious Disease specialists, TB & HIV Clinicians, Epidemiologists, TB consultants, Laboratory scientists, Microbiologists.

ASSOCIATION OF PRACTITIONERS IN INFECTION CONTROL (APIC): 40th Advancing infection prevention education Annual conference June 7-10, 2013 Fort Lauderdale, Florida


CALIFORNIA TB CONTROLLERS ASSOCIATION (CTCA): 2013 CTCA Conference: May 29-31, 2013, San Jose, California

Our 47th CTCA Educational Conference, Blazing New Trails in TB Control: Combatting Drug Resistance and Putting Molecular Diagnostics into Practice will be held at the DoubleTree by Hilton in San Jose. A Curry International Tuberculosis Resource Center Training will follow on May 31st. Registration will open soon on ctca.org. 47th CTCA Conference

NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICERS (NACCHO): NACCHO Annual 2013, July 1-12th 2013, Dallas, TX. Download Individual Registration Form


This conference is an annual forum that brings state, local, territorial, and other TB control professionals together with colleagues from the CDC to discuss a wide array of medical, technical, and programmatic TB issues. As in the past, the conference will be preceded with special meetings on Monday, June 10, and post meetings on Thursday, June 13 and Friday, June 14.

Invited participants for the conference include State and Big City TB Controllers, TB Medical
Consultants, TB Nurse Consultants, TB Program Managers, other front-line TB program staff, Division of Tuberculosis Elimination (DTBE) field staff, Regional Training and Medical Consultation Centers (RTMCC) leadership, and other partners engaged in the critical work of protecting the public’s health from tuberculosis. Please go to the NTCA website www.tbcontrollers.org to access the conference-related information, including current agendas, conference registration, hotel reservations, etc. The deadline to register for the conference is Friday, May 31, 2013. Please share this information with those in your area who will be attending and invite colleagues in other areas of disease control whom you think would enjoy the conference. For questions regarding the conference, please contact: Donna Wegener, NTCA Executive Director at dhwegener@tbcontrollers.org or Eva Forest eforest@tbcontrollers.org or Sherry Brown sbrown@tbcontrollers.org.

RESULTS: International Conference 2013: July 20-23, 2013, Crystal City, Arlington, Virginia
Professor Muhammad Yunus to be Keynote Speaker REGISTRATION FOR THE 2013 RESULTS INTERNATIONAL CONFERENCE IS OPEN! Learn more on our website. Our 2013 conference will be our largest conference ever, with attendees from across the U.S. and from at least 10 other countries, with an amazing group of young leaders, and with new allies from partner organizations who want to team up with us to shape political priorities. This year, we are honored that Nobel Peace Prize winner, Grameen Bank founder, and RESULTS board member Muhammad Yunus will be joining us as a keynote speaker on Monday the 22nd and at a Congressional reception the following day. Professor Yunus pioneered the microfinance movement, which has helped nearly 130 million very poor women have access to small loans and other critical services to help them move out of poverty. We’re also thrilled that author, lecturer, and RESULTS board member Marianne Williamson will do a full day workshop on Saturday the 20th including a special luncheon session. And, we also just confirmed that UNICEF Executive Director Tony Lake will be joining us as well! Tony Lake has been driving UNICEF’s agenda to end preventable child deaths, end stunting due to malnutrition, and ensure that equity is a driving principle in development.

THE UNION: 44th World Conference on Lung Health: October 30 - November 3, 2013, Paris, France
The Union welcomes all authors to submit their abstracts. 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. Go to the website for details. The deadline is 25 April 2013. www.worldlunghealth.org

VIROLOGY EDUCATION: 6th International workshop on Clinical Pharmacology of TB Drugs 9 September 2013, Denver CO, USA

The aim of this abstract driven workshop is to make a significant contribution to the optimization of TB treatment by bringing experts together to present and discuss the latest important scientific findings in the TB clinical Pharmacology field. Ample time is reserved to discuss and translate scientific and regulatory issues to further optimize TB treatment. The format will be a one-day workshop with invited lectures, abstract presentations and sufficient Q&A time to guarantee an intimate and highly interactive event.

We encourage you to submit your data for an oral or poster presentation on the following topics: Pharmacokinetics and Pharmacodynamics of Approved TB Drugs; Pharmacokinetics
and Pharmacodynamics of New TB Drugs; Pharmacokinetic- & Pharmacodynamics modeling; Drug-drug and drug-disease state interactions; TB treatment in special populations; New Drug Development Methods

The **Workshop Materials** from the edition of this workshop are available on [our website](#).

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*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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