For our readers: The Government shut down has temporarily affected some of the news sources that we use to put together the TB Wire. We will access them and share their information as soon as they become available again.

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

FEDERAL GOVERNMENT SHUT DOWN: PUBLIC HEALTH

FROM THE APHA PUBLIC HEALTH NEWswire

“Public health leaders urge end to shutdown, warn against piecemeal approach” As the partial U.S. federal government shutdown brought many of the nation’s public health programs and services to a halt last week, public health leaders spoke out about its possible dire effects and warned against a piecemeal approach to ending it. “CDC had to furlough 8,754 people,” said Centers for Disease Control and Prevention Director Tom Frieden via Twitter on Oct. 1, the first day of the shutdown. “They protected you yesterday, can’t tomorrow. Microbes/other threats didn’t shut down. We are less safe.”

APHA Executive Director Georges Benjamin discussed public health implications of the federal government shutdown on MSNBC’s “All In with Chris Hayes” on Thursday. In the following days leaders of the House of Representatives brought to a vote separate bills to fund individual federal agencies. One measure would have funded the National Institutes of Health, but not other critical health agencies such as the Centers for Disease Control and Prevention, the Health Resources and Services Administration and others. This bill and others like it passed the House, but were immediately rejected by the Senate.

APHA Executive Director Georges Benjamin spoke out strongly against such an agency-by-agency approach during interviews with national news reporters, underscoring the vital interlocking roles and
responsibilities of public health agencies. “There are many, many, many other health agencies (in addition to NIH) that provide health services that are just as critical and just as important,” he told the Washington Post. “It’s a system,” he said during an interview with MSNBC.com, using investigations into recent foodborne disease outbreaks to make his case. “We’ve had all kinds of outbreaks around food over the last several years, and if you think about how complicated those investigations are, they involve the CDC, they involve the FDA, (and) they involve the Department of Agriculture,” he told the reporter. Allocating funding to one of those agencies and leaving the others shut down would leave the United States at greater risk.

Association of State and Territorial Health Officials Executive Director Paul Jarris warned against a continued shutdown. “This is the ticking time bomb scenario,” he said in a statement. “The public health enterprise needs all components — federal, state and local — to be functioning optimally to safeguard the American public.”

As problematic as the shutdown is, ongoing across-the-board funding cuts known as the sequester present even graver, longer-term challenges. “In order to best protect the health of the American people, we must prioritize and adequately fund all of our nation’s public health agencies and programs,” Benjamin said in a press statement. “Congress should instead focus its efforts on ending the government shutdown and putting an end to the senseless cuts to nondefense discretionary programs through sequestration to ensure all of our nation’s public health agencies and programs are adequately funded.”

To urge your member of Congress to stop the sequester and protect public health, take action here.


**Which public health services are suspended?** Notably, the U.S. Department of Health and Human Services sent home 52 percent of its employees. Numerous public health agencies have either wholly or significantly suspended certain activities, with highlights including: 1) Centers for Disease Control and Prevention, which halted its annual seasonal influenza and outbreak detection programs, updating of disease treatment and prevention recommendations for HIV, tuberculosis and sexually-transmitted diseases and minimized support to state and local partners for infectious disease surveillance; 2) Food and Drug Administration, which halted the majority of its laboratory research necessary to inform public health decision-making; 3) Health Resources and Services Administration, which halted the Children’s Hospital Graduate Medical Education Program and Vaccine Injury Compensation Claims, and lowered monitoring for comprehensive care and AIDS and emergency relief grants; 4) National Institutes of Health, which will not admit new patients, discontinues some veterinary services and will not take any actions on grant applications or awards; and 5) Centers for Medicare and Medicaid Services, which will complete fewer recertification and initial surveys for Medicare and Medicaid providers.

**Which public health services will continue?** Federal work considered “essential” to maintaining health and safety will continue during the shutdown, including the Supplemental Nutrition Assistance Program,
disability benefits, National Weather Service functions, meat and poultry inspection and most disaster recovery service provided by the Federal Emergency Management Agency, among others.

**The Health Insurance Marketplace was scheduled to open today. Does the shutdown change anything?** Not now, for the most part. Americans can still register for health insurance using the marketplace, which allows Americans and small businesses in every state to obtain health coverage to fit their individual, family or employees’ needs. They can do so online at [Healthcare.gov](http://Healthcare.gov) or [Cuidadodesalud.gov](http://Cuidadodesalud.gov), by phone at 1-800-318-2596 or in person at community enrollment locations, which are searchable.

---

**WASHINGTON UPDATE**

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

**Domestic TB Funding Update**

The federal government is currently shut down due to disagreement between the House, Senate and White House over final FY2014 funding and funding for the Affordable Care Act. Seventy percent of CDC’s staff are on furlough and many core functions are not in operation. There is as yet no word of an agreement between the House, Senate and President to reopen the government.

**Childhood TB Roadmap Launched**

This week, the first-ever targeted roadmap to pursue ending child deaths from tuberculosis (TB), the Roadmap for Childhood TB, Toward Zero TB Deaths, was launched in Washington, DC. The roadmap, developed by a workgroup of the World Health Organization (WHO), Stop TB Partnership, U.S. Agency for International Development (USAID), Centers for Disease Control and Prevention (CDC), the International Union Against Tuberculosis and Lung Disease (IUATLD), and other partners, outlines 10 action steps to address childhood TB. These steps include: 1) Prioritizing the needs of children and adolescents in research, policy development and clinical practice; 2) Collection of better data on childhood TB; 3) Development of training and reference materials for health workers; 4) Use critical intervention strategies, such as intensive case finding, implement policies enabling early diagnosis and ensure an uninterrupted supply of high-quality anti-TB medications for children; and 5) Close funding gaps for childhood TB.

Every day, more than 200 children under 15 die of TB, which amounts to 74,000 child TB deaths per year. The Roadmap recommends $120 million in funding to address childhood TB, including those infected with HIV/AIDS. Funding would go towards improved detection, developing new drugs for children, training healthcare workers on identifying and treating children with TB and integrating TB treatment into existing maternal and child health programs. The Childhood TB Roadmap can be found at:
ANNOUNCEMENTS

STOP TB USA COORDINATING BOARD VACANCY:

Stop TB USA currently has a vacancy on the Coordinating Board. The Board consists of the Officers of the Partnership, 10 or more additional members from the general Partnership membership, and ex officio members (a representative of the American Thoracic Society, the Director of the Division of Tuberculosis Elimination, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention, and the President of the National Tuberculosis Controllers Association).

The Board is responsible for overall policy and direction of the Partnership and approval, leadership, direction and monitoring of the implementation of the Partnership's Annual Work Plan.

The current vacancy is for a member who has policy, education and resource mobilization experience. Please email setkind@stoptbusa.org by October 21, 2013, if interested.

THE STOP TB PARTNERSHIP

Coordinating Board has appointed a new Vice-Chair, Dr. Joanne Carter: Dr Joanne Carter, Executive Director of RESULTS has been elected as Vice-Chair and will serve for a period of three years. Dr. Carter has almost two decades of experience engaging in and leading advocacy efforts to increase resources and political attention for tuberculosis. She has a long engagement with the TB Community, the Stop TB Partnership and recently, providing input to the Executive Committee on the new Operational Strategy. Furthermore, through long engagement with the Global Fund Board including as a Board member, Dr. Carter has extensive experience at the global level in different public health aspects.

In addition, the following Board members have been appointed to the Executive Committee: Mr Aaron Oxley (Executive Director, Results UK) Developed Country NGO representative, and Mr Austin Arinye Obiefuna (Executive Director, Afro Global Alliance) Developing Country NGO representative.

The Global Coalition of Tuberculosis Activists (GCTA) New Chair, Vice Chair and regional representatives: The Global Coalition of Tuberculosis Activists has selected a Chair, Vice-Chair and six regional representatives to sit on its Global Steering Committee, the governing body that will lead the GCTA and set its strategic direction. The chair of the Steering Committee is Blessina Kumar of India and the Vice-Chair is Mayowa Joel of Nigeria.

The six regional representatives are: African Region - Albert Makone (Zimbabwe); Region of the Americas - Alberto Colorado (USA); Eastern Mediterranean Region - Pervaiz Tufail (Pakistan); European Region - Marija Subataite (Lithuania); Western Pacific Region - Louie Zepeda (the Philippines); South East Asia Region - Majoj Pardeshi (India). More information on the members of the Steering Committee is...
available on the Stop TB Partnership website. The Steering Committee will hold its first meeting on 26 October 2013 in Paris, where it will set priorities for the GCTA and determine the way in which GCTA members will work and communicate with each other.

THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA SOLICITS NOMINATIONS: Nominations are being solicited for COMMUNITY Delegation Members for the Global Fund Board Delegation of the Communities Living with HIV, TB and affected by Malaria for years 2014 through 2016. CLOSING DATE of the first call for all nominations is MONDAY 18th November 2013 at 1200 GMT. The Communities Delegation is made up of individuals living with HIV, TB and affected by malaria, and its vision is one in which all communities living with, or affected by HIV, TB and malaria have equitable access to quality services and support needed to prevent, treat and/or live with these infections within a conducive environment that respects human rights.

The Delegation is looking for suitable candidates to join the current Communities Delegation, to ensure that the issues and voices heard at the Global Fund Board level are legitimate and continue to represent issues faced by communities living with HIV, TB and affected by malaria. The Communities Delegation will also be actively implementing its 5-year strategy (2011 – 2016) with its key strategic objectives in Human Rights; Access to Prevention, Treatment, Care and Support; Effectiveness and Efficiency; Replenishment and Resource mobilisation; and Internal Processes. For more information, please refer to the Global Fund Website and the Communities Delegation Website.

Application for Communities Delegation

TOR Delegation

Final – Communities Delegation

HIGHLIGHTED TB REPORTS

FROM THE CENTERS FOR DISEASE CONTROL:


Full Text

Antibiotic Resistance: CDC Report

http://www.washingtonpost.com/opinions/on-superbugs-the-cdc-sounds-an-alarm/2013/09/19/7a5651f6-200f-11e3-94a2-6c66b668ea55_story.html

Key Points for Partners
FROM TREATMENT ACTION GROUP (TAG):

TAGline Fall 2013

U.S. TB Control: From Confidence to Crisis
Funding cuts and shifting budgetary priorities threaten tuberculosis gains - By Coco Jervis
The United States is losing ground in its fight against the tuberculosis (TB) epidemic within its own borders. Sequestration and shifting priorities of Congress and the Obama administration have led to a waning of political support and resources for domestic and global TB programs...Perceived low prevalence, coupled with a lack of political vigilance and declining federal and state resources for TB control and elimination, has set the stage for a dangerous and costly resurgence of domestic TB.

An Obligatory Overhaul to Address Domestic TB Drug Shortages
Bold strategies are required to remedy frequent stock-outs and supply interruptions - By Lindsay McKenna
Drug shortages, especially of tuberculosis (TB) drugs, have become increasingly common in the United States. Over the past year alone, the U.S. Centers for Disease Control and Prevention (CDC) has reported shortages (also referred to as stock-outs or supply interruptions) of various TB products including second-line injectables (capreomycin and amikacin), required to fight drug-resistant TB (DR-TB), and tubersol and aplisol, important products for TB diagnosis.

FROM THE UNION E-NEWS:

1) The Union trains Yunnan physicians to manage TB-HIV: China’s Yunnan Province has the highest levels of HIV infection in the whole country, creating challenges for both the HIV/AIDS and TB programmes.

2) Workshop examines past TB operational research in India: TB experts reviewed two decades of operational research conducted in India with the goal of disseminating the data most relevant to current challenges.

3) IJTLD supplement on Achieving Patient-Centred Care for People Affected by TB

FROM FRIENDS OF THE GLOBAL FIGHT AGAINST AIDS, TUBERCULOSIS AND MALARIA:

Friends Applauds U.S. Government’s Decision to Host Global Fund Fourth Replenishment Conference
U.S. Secretary of State John F. Kerry announced the U.S. government will host a pledging conference for the Global Fund to Fight AIDS, Tuberculosis and Malaria in Washington, D.C., in early December 2013. The event will be held shortly after World AIDS Day and the one-year anniversary of the Obama
Administration's launch of a blueprint calling for an AIDS-free generation. "I'm delighted that the Administration has decided to host this event. It is entirely consistent with the leadership role that the United States has played in fighting AIDS, tuberculosis and malaria at home and abroad," said Deb Derrick, President of Friends of the Global Fight Against AIDS, Tuberculosis and Malaria. "This sends a powerful signal about the opportunities in front of us and the shared need for continued global health investments."

The Global Fund holds replenishment conferences every three years. The last conference was held in New York, N.Y. in 2010 and raised $9.2 billion. Global Fund officials aim to raise $15 billion at the upcoming pledging conference and over the next three years to finance more of these lifesaving programs. The money raised during the Global Fund's Fourth Replenishment effort will help to determine how much money will be invested globally to fight HIV/AIDS, tuberculosis and malaria for the next three years.

FROM THE CENTER FOR GLOBAL DEVELOPMENT (CGD):

CGD released a new working group report -- More Health for the Money: Putting Incentives to Work for the Global Fund at its Partners -- that offers a strategy for improving value for money throughout the Global Fund’s grant-making cycle. Check out the companion site www.MoreHealthfortheMoney.org for a quick and interactive way to read the report’s findings. The site features a short video and digital briefs with expert commentary to highlight key messages.

PEDIATRIC TB

FROM THE STOP TB PARTNERSHIP:

Read a news story on the roadmap on the Stop TB Partnership website and an opinion piece by Desmond Tutu on ending childhood TB in the Huffington Post. The Stop TB Partnership’s TB REACH initiative aims to find and treat people with TB in the most vulnerable groups in society. Recognizing that children are the most vulnerable of all, several projects have focused on childhood TB. Read more about how a TB REACH grant has kick-started a long-term effort to tackle childhood TB in The Gambia.

FROM RESULTS:

No clear treatment for kids with drug-resistant TB, say doctors Sumitra Deb Roy,TNN | Sep 24, 2013, 02.40AM IST

MUMBAI: A recent study by Andheri's Kokilaben Hospital has found that an overwhelming percentage of children referred to the hospital for tuberculosis had contracted its dreaded strain—multidrug resistant TB (MDRTB)—directly from the community and not from their immediate families. What makes the situation more alarming is the fact that there are negligible treatment options available for the paediatric population, say experts. Kokilaben Hospital, which works as a referral centre for paediatric TB
cases, has found a staggering 72% of the 21 referred children with the drug resistant form of the
disease. A teenager also tested positive for the extensively drug-resistant tuberculosis (XDRTB), which is
a rarity among kids and has only few documented cases in India.

Shockingly, during the process of contact tracing, the study found none of the kids had an adult relative
suffering from TB, leave alone its resistant form, suggesting they got the infection from outsiders.
Worse, all of them had MDRTB as the primary infection with no previous history of tuberculosis
whatsoever. Six of the patients had contracted TB in the lungs, five in the lungs as well nodes (glands),
two in lymph nodes, and one in the central nervous system.

(http://timesofindia.indiatimes.com/city/mumbai/No-clear-treatment-for-kids-with-drug-resistant-TB-
say-doctors/articleshow/22955119.cms)

FROM TAG:

A recently released poster with data from a small qualitative study we conducted that shows the
difficulties administering medicines to children. Note though, that though administration is difficult,
children actually do better than expected on treatment. So, we need better medicines and formulation,
but in the meantime, we also need to do a better job diagnosing kids and putting them on treatment.

Pediatric Formulation Poster

NEW RESOURCES

FROM THE INFECTIOUS DISEASES SOCIETY OF AMERICA (IDSA):

A link to our new global TB fact sheet;

http://www.idsaglobalhealth.org/uploadedFiles/GlobalHealth/News/IDSA%20CGHP%20Tuberculosis_HR.pdf

FROM AERAS:

EXPOSED: The Race Against Tuberculosis, Films Series Now Available In 7 Languages

EXPOSED: The Race Against Tuberculosis is a four-part series of short films that tells the story of the
deadly global epidemic of tuberculosis. The series focuses on current efforts to halt this airborne
disease, which is growing more difficult to address, as well as the urgent movement to develop new
tools to prevent it. By telling the stories of four inspiring individuals interspersed with expert
commentary from some of the world’s top TB physicians, scientists, advocates and policymakers,
EXPOSED brings viewers to the forefront of the race against tuberculosis.
Films Series Now Available In 7 Languages For the full series select: English; English - subtitled; Français;
Deutsch; Русский; Español; 日本人; Português View the film trailer in Chinese 中国的
At Aeras, we encourage wide use of the film series to support your TB communication and advocacy efforts. For a guide on hosting screenings for colleagues and friends, visit http://www.aeras.org/pdf/toolkit.pdf. To request a DVD copy of EXPOSED email film@aeras.org

FROM TAG:

1) a collection of stories that was launched on World TB Day. Some of you might have already seen it, but it is very moving and worth another read. The collection is from the Sentinel Project on Drug-Resistant Tuberculosis, and highlights the issue of preventing, diagnosing and treating multi-drug resistant TB in children. (http://sentinelproject.files.wordpress.com/2013/03/sentinel_project_we_can_heal_20131.pdf)

2) a peer-reviewed article that documents an innovative way of formulating TB drugs to make them child-friendly (attached)

3) a field guide to managing drug-resistant TB in children that was launched last year and has very useful information on how to clinically address DR-TB (http://sentinelproject.files.wordpress.com/2012/11/sentinel_project_field_guide_2012.pdf)

FURIN Case Study

TAG – We Can Heal (FINAL)

_________________________

NEWS SOURCES

From NPIN:

UNITED STATES

UNITED STATES: “Antibacterial Activity of and Resistance to Small Molecule Inhibitors of the ClpP Peptidase,” was published online in the journal ACS Chemical Biology (2013; doi: 10.1021/cb400577b). Read Full Article

NPIN GLOBAL

INDIA

“TB Private Hospitals Not Reporting TB Cases” The Hindu (Chennai) (09.20.2013) R. Sairam

Lack of TB case reporting by private hospitals in parts of India could affect efficiency in fighting the disease, according to health officials. Hospitals must report all TB diagnoses, per a 2012 government order by the Union Ministry of Health and Family Welfare, but private institutions worried about data security and losing patients. The reluctance to report all TB cases affect data collection, which then
could alter the structure of policies to combat the disease, said M. Sakthivel, deputy director of medical services (TB).

The Government of India provided assistance to all patients with multi-drug resistant TB whether they received treatment at government or private hospital. A government-developed application collected diagnosis reports to provide immediate surveillance of TB cases. Private hospitals then could send case details through other channels of communications. The World Health Organization (WHO) estimated India’s TB rate at 203 out of 1,000,000 people. According to Indian officials, the major city of Cionbatore should report between 7,100 and 7,300 cases per year, but they were reporting only 2,430 cases annually. Of 400 district hospitals, fewer than 10 percent reported TB cases on a consistent basis, Sakthivel told a local news organization. Read Full Article

“Innovative Cambodia Method Could Curb TB Cases Mumbai” Mirror (09.17.2013) Jyoti Shelar

TB CDC and Harvard School of Public Health infection control experts shared a World Health Organization (WHO)-approved TB prevention model with workshop attendees at Sion Hospital in Mumbai, India. The experts also analyzed the impact of Sion Hospital’s ventilation system design on TB transmission within the hospital. Dr. Sujata Baweja, head of Sion Hospital’s microbiology department, stated that the WHO TB prevention model designated “cough officers” to “fast-track” patients who entered the hospital with a cough. The cough officers asked the patient how long the cough had lasted, and then requested that the patient take a TB sputum test (away from other patients) that would give immediate results.

Patients with positive sputum test results moved immediately to a separate area where they would not interact with other patients and spread TB. Cambodia, which recorded 1,500 TB cases per 100,000 people in 2002, reduced the number of new TB infections dramatically using this screening method. The number of new TB cases dropped by 45 percent in 2012 after Cambodian hospitals implemented the model. The US experts presented the infection control workshop to address recent increases in TB incidence and mortality among nurses, physicians, and class IV hospital workers in Mumbai hospitals. A 24-year-old Sion Hospital medical intern and a 21-year-old Nair Hospital nursing student recently died from TB. Thirteen Sion staff members and nine Nair Hospital staff members also were receiving TB treatment. State-run JJ Hospital had eight staff members in TB treatment. Read Full Article

“A New Strategy to Stop the TB Bacterium - Three-Fourths of Children with TB in City are Girls” Hindustan Times (New Delhi) (09.16.2013) Priyanka Vora

Data from India’s Revised National Tuberculosis Control Program demonstrated that throughout the past five years, girls accounted for three out of four TB diagnoses among children in the city of Mumbai. Between 2008 and March of 2013, the total of 1,344 Mumbai children diagnosed with the virus included 997 girls. Doctors blamed low body mass index and poor nutrition, as immunity was an important factor in resisting TB.

Public health experts said poor nutrition could be a result of discrimination against female children.
Some doctors called for a study on whether girls were genetically predisposed to contracting TB, given the statistics seen in the city. Dr. Om Shrivastav, director of infectious diseases for Jaslok Hospital, said, “Environmental and genetic factors need to be studied to understand why TB affects more girls.”

### JOURNAL ARTICLES

(Sept 21 – October 2, 2013)

**AIDS.** 2013 Sep 25. [Epub ahead of print]


**Am J Respir Crit Care Med.** 2013 Sep 18. [Epub ahead of print]

*S100A8/A9 Proteins Mediate Neutrophilic Inflammation and Lung Pathology during Tuberculosis.* GOPAL R, Monin L, Torres D, Slight S, et al.


**BMC Infect Dis.** 2013 Sep 23;13(1):442. [Epub ahead of print]

*High clustering rates of multidrug-resistant Mycobacterium tuberculosis genotypes in Panama.* Rosas S, Bravo J, Gonzalez F, de Moreno N, Sanchez J, Gavilan RG, Goodridge A.

**BMC Infect Dis.** 2013 Sep 28;13(1):448. [Epub ahead of print]


**BMC Public Health.** 2013 Sep 22;13(1) [Epub ahead of print]


*Problem drinking as a risk factor for tuberculosis: a propensity score matched analysis of a national survey.* Cois A, Ehrlich R.

**BMC Public Health.** 2013 Sep 28;13(1):894. [Epub ahead of print]
House calls by community health workers and public health nurses to improve adherence to isoniazid monotherapy for latent tuberculosis infection: a retrospective study. Chang AH, Polesky A, Bhatia G.


Tuberculous gumma: a forgotten entity in the UK. Parker L, Babu S.


Tubercular thyroiditis with multinodular goitre with adenomatous hyperplasia: a rare coexistence. Chaurasia JK, Garg C, Agarwal A, Naim M.

Clin Infect Dis. 2013 Sep 27. [Epub ahead of print]


Clin Infect Dis. 2013 Sep 24. [Epub ahead of print]

Yield of Contact Investigations in Households of Drug-Resistant Tuberculosis Patients: Systematic Review and Meta-Analysis. Shah NS, Yuen CM, Heo M, Tolman AW, Becerra MC.


Clin Infect Dis. 2013 Oct;57(8)

Epidemiology of pyrazinamide-resistant tuberculosis in the United States, 1999-2009. Kurbatova EV, Cavanaugh JS, Dalton T, S Click E, Cegielski JP.


Challenges in Evaluating the Cost-effectiveness of New Diagnostic Tests for HIV-Associated Tuberculosis. Andrews J, Lawn SD, Dowdy DW, Walensky RP.

Clin Rheumatol. 2013 Sep 22. [Epub ahead of print]

Comparison of tuberculosis incidence in ankylosing spondylitis and rheumatoid arthritis during tumor
necrosis factor inhibitor treatment in an intermediate burden area. Kim HW, Park JK, Yang JA, Yoon YI, Lee EY, Song YW, Kim HR, Lee EB.


Drug-resistant tuberculosis: pediatric guidelines. Poorana Ganga Devi NP, Swaminathan S.


Selected insights from application of whole-genome sequencing for outbreak investigations. Le VT, Diep BA.


Epidemiol Infect. 2013 Sep 27:1-6. [Epub ahead of print]

Characterization of multi-drug resistant Mycobacterium tuberculosis from immigrants residing in the USA using Ion Torrent full-gene sequencing. Daum LT, Fischer GW, Sromek J, Khubbar M, Hunter P, Gradus MS, Bhattacharyya S.


Characterization of hepatitis C infection in tuberculosis patients in an urban city in the USA. Campo M, Shrestha A, Oren E, Thiede H, Dучhin J, Narita M, Crothers K.


HIV testing of patients diagnosed with tuberculosis increased in Denmark during the period from 2007 to 2009. Perch M, Andersen P, Kok-Jensen A.

Hum Mol Genet. 2013 Sep 20. [Epub ahead of print]


Infection Control Today (September 18, 2013)

A New Strategy to Stop the TB Bacterium


Int J Tuberc Lung Dis. 2013 Oct;17(10)


Community-based intervention to enhance provision of integrated TB-HIV and PMTCT services in South Africa. Uwimana J, Zarowsky C, Hausler H, Swanevelder S, Tabana H, Jackson D.

Tuberculosis diagnostic pathway in a municipality in south-eastern Brazil. Brunello ME, de Paula Andrade RL, Monroe AA, Arakawa T, Magnabosco GT, Orfão NH, Scatena LM, Villa TC.

Tuberculosis peer educators: personal experiences of working with socially excluded communities in London. Croft LA, Hayward AC, Story A.

The contribution of nurses to a multi-disciplinary approach to patient care in Tomsk, Russia. Fedotkina TY, Williams V.

Health care workers' fears associated with working in multidrug- and or extensively-resistant tuberculosis wards in South Africa. Tudor C, Mphahlele M, Van der Walt M, Farley JE.

Evaluating the output of transformational patient-centred nurse training in Ethiopia. Tadesse Y, Yesuf M, Williams V.

Barriers to tuberculosis care for drug users in two provinces of China: a qualitative study. Li SP, Zheng ZY, Meng QY, Yuan CH.

Evaluating the clinical significance of serum HE4 levels in lung cancer and pulmonary tuberculosis. Liu W,
Yang J, Chi PD, Zheng X, Dai SQ, Chen H, Xu BL, Liu WL.

Mycobacterium tuberculosis detection in blood using multiplex nested polymerase chain reaction. Dubey A, Gwal R, Agrawal S.

Cost-effectiveness of routine diagnostic evaluation of pulmonary tuberculosis in a primary care unit in Brazil. Guerra RL, Dorman SE, Luiz RR, Conde MB.


Epidemiological evaluation of spatiotemporal and genotypic clustering of Mycobacterium tuberculosis in Ontario, Canada. Tuite AR, Guthrie JL, Alexander DC, Whelan MS, Lee B, Lam K, Ma J, Fisman DN, Jamieson FB.

Validation of sputum smear results in the Electronic TB Register for the management of tuberculosis, South Africa. Dilraj A, Bristow CC, Connolly C, Margot B, Dlamini S, Podewils LJ.

Prognostic factors associated with mortality before and during anti-tuberculosis treatment. Yen YF, Yen MY, Shih HC, Hu BS, Ho BL, Li LH, Hsiao JC, Deng CY.

Risk factors for treatment default among adult tuberculosis patients in Indonesia. Rutherford ME, Hill PC, Maharani W, Sampurno H, Ruslami R.

Outcomes in HIV-infected adults with tuberculosis at clinics with and without co-located HIV clinics in Botswana. Schwartz AB, Tamhla N, Steenhoop AP, Nkakana K, Letlhogile R, Chadborn TR, Kestler M, Zetola NM, Ravimohan S, Bisson GP.


Integration of tuberculosis and prevention of mother-to-child transmission of HIV programmes in South Africa. Uwimana J, Jackson D.


Experiences of the diagnosis and management of tuberculosis: a focused ethnography of Somali patients and healthcare professionals in the UK. Gerrish K, Naisby A, Ismail M.

J Antimicrob Chemother. 2013 Sep 20. [Epub ahead of print]


Persistor populations of Mycobacterium tuberculosis in sputum that grow in liquid but not on solid culture media. Dhillon J, Fourie PB, Mitchison DA.


J Clin Microbiol. 2013 Sep 25. [Epub ahead of print]


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

J Clin Microbiol. 2013 Oct;51(10)

Multidrug-Resistant Tuberculosis in Panama Is Driven by Clonal Expansion of a Multidrug-Resistant Mycobacterium tuberculosis Strain Related to the KZN Extensively Drug-Resistant M. tuberculosis Strain from South Africa. Lanzas F, Karakousis PC, Sacchettini JC, Ioerger TR.


Detection of heteroresistant Mycobacterium tuberculosis by pyrosequencing. ENGSTROM A, Hoffner S, Jureen P.

PubMed: www.amedeo.com/p2.php?id=24048543&s=tb&pm=2


Factors influencing discordant results of the QuantiFERON-TB Gold In-tube test in patients with active TB. Jeon YL, Nam YS, You E, Yang JJ, Kim MJ, Cho SY, Park TS, Lee HJ.

J Infect Dis. 2013 Sep 30. [Epub ahead of print]


PubMed: www.amedeo.com/p2.php?id=24041796&s=tb&pm=2


PubMed: www.amedeo.com/p2.php?id=24041785&s=tb&pm=2

Prevalence of HIV infection among tuberculosis patients in Eastern India. Manjareeka M, Nanda S.

**J R Army Med Corps** 2013;159:3 190-199 Published Online First: 2 July 2013 doi:10.1136/jramc-2013-000115

Tuberculosis and the military. Matthew K O'Shea, D Wilson [Abstract]

**J Subst Abuse Treat.** 2013 Sep 24. [Epub ahead of print]


Redefining global health-care delivery. Kim JY, Farmer P, Porter ME.

**Lancet Infectious Diseases**, Volume 13, (10) October 2013

Tuberculosis rates unacceptably high in UK cities: T Kirby


Tuberculous meningitis: more questions, still too few answers. Thwaites GE, van Toorn R, Schoeman J.


**Public Health Action.** September 20133 (3)

Childhood tuberculosis: no longer an orphan disease? [Editorial] Beyers, Nulda; Gie, Robert

It's hard work, but it's worth it: the task of keeping children adherent to isoniazid preventive therapy Skinner, D.; Hesseling, A. C.; Francis, C.; Mandalakas, A. M.

Routine programmatic delivery of isoniazid preventive therapy to children in Cape Town, South Africa

Outcomes of isoniazid prophylaxis among HIV-infected children attending routine HIV care in Kenya
Masini, E. O.; Sitienei, J.; Weyeinga, H.

Implementing a tuberculosis child contact register to quantify children at risk for tuberculosis and HIV in Eldoret, Kenya Szkwarcko, D.; Ogaro, F.; Owiti, P.; Carter, E. J.


Effectiveness of a community-based observation of anti-tuberculosis treatment in Bangalore City, India, 2010–2011 Tripathy, S. K.; Kumar, P.; Sagili, K. D.; Enarson, D. A.

Is physical access an impediment to tuberculosis diagnosis and treatment? A study from a rural district in North India Tripathy, J. P.; Srinath, S.; Naidoo, P.; Ananthakrishnan, R.; Bhaskar, R.

LED fluorescence microscopy increases the detection of smear-positive pulmonary tuberculosis in medical colleges of India [Short communication] Reza, L. W.; Satyanarayana, S.; Pandey, A.; Kumar, S.; Devendrappa, N. M.; Anand, L.; Singh, G.; Kumar, A. M. V.; Chadha, S. S.; Wilson, N.; Sachdeva, K. S.; Nair, S. A.


Culture confirmation of tuberculosis cases in Birmingham, UK, Hayer KS, Sitch AJ, Dedicoat M, Wood AL.


Ther Adv Respir Dis . 2013 Sep 20. [Epub ahead of print]

Treatment of latent tuberculosis infection, Parekh M, Schluger N.


High treatment success in children treated for multidrug-resistant tuberculosis: an observational cohort study, Seddon JA, Hesseling AC, Godfrey-Faussett P, Schaaf HS.

Evaluation of screening methods for identification of patients with chronic rheumatological disease requiring tuberculosis chemoprophylaxis prior to commencement of TNF-α antagonist therapy. Singanayagam A, Manalan K, Sridhar S, Molyneaux PL, Connell DW, George PM, Kindelerer A, Seneviratne S, Lalvani A, Wickremasinghe M, Kon OM.


Trop Doct. 2013 Sep 24. [Epub ahead of print]

Tuberculosis presenting as mediastinal and lung mass radiologically: a case report. Kasilingam SK.


FUNDING OPPORTUNITIES

FROM THE STOP TB PARTNERSHIP

TB REACH, an initiative of the Stop TB Partnership that aims to increase the number of people with tuberculosis (TB) who are found and provided with quality care, has launched a call for applications for its fourth wave of funding. Partners of the Stop TB Partnership, national TB programmes, HIV programmes, local and international nongovernmental organizations, civil society and community-based organizations can apply for this fast-track funding which encourages the use of innovative approaches among poor, vulnerable and at-risk populations.

Seventy-eight countries are eligible for wave four funding. Applicants can propose all types of innovative TB case finding interventions, however they are encouraged to focus on detecting TB in the following populations: mining-affected communities, migrants, children, incarcerated persons and indigenous populations and ethnic minorities. TB REACH will prioritize funding for applicants who can provide co-funding as well as those that propose scaling up interventions to a provincial or national level. There will be a separate funding track limited to civil society and small domestic NGOs.
This funding will be limited in scope but will provide small organizations with a chance to access TB REACH funds to support early and increased TB case detection and improved treatment outcomes in the communities they serve. Due to overwhelming demand in previous waves, TB REACH has instituted a two-stage process to review proposals. Applicants must first submit a letter of intent (LOI) to TB REACH that will be reviewed by the Proposal Review Committee in December 2013.

Organizations that are shortlisted following the review of LOIs will be invited to submit a full application later in December. Detailed information about wave four, the LOI, the proposal review process, eligible countries, some of the different types of interventions that would be appropriate and other requirements for submission are available on the Stop TB Partnership website. The deadline for submitting LOIs for Wave 4 is 8 November 2013.

COURSES/WORKSHOPS
FROM THE RTMCCs:
THE SOUTHEAST NATIONAL TB CENTER (SNCTC)

Tuberculin Skin Test Train-the-Trainer Course
Date: 10/11/2013 - 10/11/2013 Time: 8:00 AM - 5:00 PM Eastern
Location: SNCT Instructor/speaker: Ellen R Murray, BSN, RN
Format: Lecture/didactic

This one-day skill-building course provides the knowledge needed to plan, teach, and evaluate a Mantoux Tuberculin Skin Test (TST) course. The course content includes skills for planning and conducting a TST training, including adult learning principles and teaching strategies. The curriculum is provided through lecture and participatory activities, including practicum in TST administration and reading and instructional skills demonstration.

Each participant must demonstrate proficiency in delivering course content plus administering and reading the TST. Participants will receive feedback from experienced trainers as they practice their skills. Topics include: adult learning principles for instructors, tips and tools to plan and conduct a successful TST training, and TST course curriculum review and demonstration. Additional information: Flyer, Agenda

Comprehensive Clinical TB Course
Date: 12/9/2013 - 12/12/2013 Time: 8:00 AM - 5:00 PM Eastern
Location: SNCT Format: Clinical course
This four-day intensive course will familiarize the clinician with all the aspects of tuberculosis infection, disease and clinical care using an interdisciplinary and interactive approach. The curriculum is provided through lecture, interactive case management sessions. The faculty is selected for their unique skill in encouraging interaction and building rapport with participants. The atmosphere is relaxed with an expectation that a free exchange of questions, comments and information will occur.

**Tuberculin Skin Test Train-the-Trainer Course**  
7 credit(s) Date: 12/13/2013 - 12/13/2013 Time: 8:00 AM - 5:00 PM Eastern  
Location: SNTC Instructor/speaker: Ellen R Murray, BSN, RN Format: Lecture/didactic

This one-day skill-building course provides the knowledge needed to plan, teach, and evaluate a Mantoux Tuberculin Skin Test (TST) course. The course content includes skills for planning and conducting a TST training, including adult learning principles and teaching strategies. The curriculum is provided through lecture and participatory activities, including practicum in TST administration and reading and instructional skills demonstration.

Each participant must demonstrate proficiency in delivering course content plus administering and reading the TST. Participants will receive feedback from experienced trainers as they practice their skills. Topics include: adult learning principles for instructors, tips and tools to plan and conduct a successful TST training, and TST course curriculum review and demonstration. Additional information: [Agenda](#), [Flyer](#)

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

**Upcoming Trainings:**

**New York State TB Update** October 24

This training will provide updates on current topics in tuberculosis to increase provider awareness and knowledge of TB. The format will include lectures and case-based presentations as well as the opportunity to network with colleagues. [Brochure](#), [Register](#)

**TB Today: Integrating knowledge and Practice** November 14, Sturbridge, MA

The purpose of this training is to strengthen providers' knowledge of tuberculosis. Format will include lectures, discussions and interactive breakout sessions. Please check back for additional information. [Brochure](#), [Register](#)

**Medical Update #2: Pitfalls in the Diagnosis and Management of TB** November 20 Web-based

This web-based seminar for physicians and nurses will cover atypical presentations of tuberculosis which may complicate, and at times, delay the diagnosis and medical management of tuberculosis.
disease. Case examples will be included to illustrate examples of challenges in diagnosis and management of complex TB cases. In addition, speakers will share experiences on how to manage such cases using existing resources.

THE HEARTLAND TB CENTER

Course Schedule Click Here for Class Information

Contact Investigation: Interviewing Skills Course - October 19-22, 2013:
The target audience for the TB Contact Investigation Interviewing Skills Course is health care professionals responsible for conducting TB contact investigation interviews. Deadline - November 1, 2013 Contact - Jessica.Quintero@uthct.edu

Pediatric Intensive - October 14, 2013
Course intended for physician, nurses and public health staff who are actively engaged in the identification, case management, and treatment of pediatric and adolescent patients with tuberculosis infection or disease. Deadline - September 30, 2013 Contact - Samuel.Caballero@uthct.edu

TB Intensive - October 15-17, 2013
This course is intended for physicians, nurse practitioners and registered nurses with direct experience in the management of patients with, or at risk of, tuberculosis. This is not an introductory course. It is recommended that nursing participants attend a Nurse Case Management course prior to attending TB Intensive. Deadline - September 30, 2013 Contact - Jessica.Quintero@uthct.edu

For more information visit http://www.heartlandntbc.org/training.asp

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.

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

Curry International Tuberculosis Center/UCSF is pleased to announce the pilot offering of a new training opportunity: The “On–Demand” Webinar series. We asked TB personnel from across the western region to submit "On-Demand" training topics for webinar sessions that directly target issues faced by programs and providers. The requested topic we chose to present on for the first one is “Tuberculosis Drug-Induced Liver Injury.” The webinar is scheduled for October 16 and will begin at 10 am (pacific time).

The training will last approximately 45 minutes followed by 15 minutes for questions. While the curriculum was developed for the requesting county health department, this is a topic that is widely
requested in our needs assessments/evaluation activities and we are inviting all interested learners to join us.

If you would like to register, please go to http://www.currytbcenter.ucsf.edu/training/odweoct2013.cfm, fill out the registration form, and submit. You will receive an automatic email that contains information on how to access the live presentation.

**Washington State Educational Conference** Date: October 23, 2013

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

Location: Oakland, CA

The Curry International TB Center in Oakland is pleased to announce an upcoming tuberculosis (TB) case management and contact investigation training which will be conducted in Oakland on November 12-14, 2013. This 3-day course covers many aspects of TB case management and contact investigation, including current contact investigation guidelines, managing the care of TB patients, promoting adherence to treatment, and more. For a complete training description and application information, please visit: http://www.currytbcenter.ucsf.edu/training/tbcmcinov13.cfm Application deadline is September 23rd.

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

**FROM NATIONAL JEWISH MEDICAL AND RESEARCH CENTER**

**The 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/TBCourseApril 9-12, 2014Register 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.

**MEETINGS & CONFERENCES**

_Alphabetically listed by sponsoring organization_
AMERICAN EVALUATION ASSOCIATION: October 16-19, Washington, D.C.

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

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

The APHA 141st Annual Meeting and Exposition will take place November 2–6 in Boston. Registration and housing for the Annual Meeting opened June 3. Discounted registration fees will be available until August 22. Opening General Session speakers include attorney and spokesperson on leadership and public issues, Sarah Weddington, internationally acclaimed epidemiologist, Michael Marmot, and Boston Mayor, Thomas Menino.

The Closing General Session will focus on the health of native people. Keynote speaker Evan Tlesla Adams will share his experience as British Columbia’s first-ever aboriginal health physician advisor. The meeting will include more than 1,000 scientific sessions and countless networking opportunities. Find more information and register for the APHA Annual Meeting and Expo

THE UNION:

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

The 2013 theme is "Shared air, safe air?" Paris 2013 - Download Brochure The 44th Union World Conference on Lung Health is a 5 day conference covering the latest developments, opportunities and challenges in tuberculosis, HIV, tobacco control, lung health and non-communicable diseases. Registration can be accessed from the website at www.worldlunghealth.org.

For more information, consult the registration guidelines and the registration fees. When registering, do not forget to select from the list your workshop or postgraduate course preference. Registration for these sessions is on a first come, first-served basis. The full list of workshops and post-graduate courses is accessible from the Programme menu on the website.

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

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

**Sponsored satellite symposia sessions**  Sponsored satellite symposia organised by the National Phthisiology Association, Janssen-Cilag Ltd, American Thoracic Society (ATS), Lilly MDR-TB Partnership, BD Diagnostics and UNITAID, will be offered at this year's conference. The sponsored satellite symposia will be held on **Friday, 1 November 2013: 17:00 - 18:30** and **Saturday, 2 November 2013: 17:00 - 18:30**, and are open to all registered delegates. For further information on the satellite symposia programme, please click here.

**SAVE THE DATE** New opportunities for funding and engagement – Your role in the future of the Stop TB Partnership  Thursday 31st October, 11am – 5pm (10.30am coffee and registration) Hotel Le Meridien Etoile, Paris (opposite the conference center) **Conference registration is not required to attend**

Following the approval of the Stop TB Partnership Secretariat’s Operational Strategy 2013-2015 and a series of governance reforms, the Stop TB Partnership has recently undergone a period of change and evolution. This meeting, which is open to all people visiting Paris for the World Conference on Lung Health, presents a unique opportunity to discuss Secretariat priorities, governance reform and resources and funding opportunities.

The meeting is open to all those in Paris for the World Conference on Lung Health. Conference passes are not required to attend this meeting. **RSVP:** Please send an email to stoptbpartnerships@stoptb.who.int including your name, job title and organization.

**Advocacy Corner:** We are excited to share news of Advocacy Corner at this year’s Union World Conference on Lung Health, held from 30th October - 3rd November, Paris, France. A popular space for exchanging knowledge and networking at past conferences, this year’s Advocacy Corner will be hosted by the Stop TB Partnership and Action at the Stop TB Partnership booth. We hope this space will be a place for advocates, researchers, implementers, community members, and decision-makers to discuss, strategize, and learn more about advocacy, and we plan to have an exciting programme of sessions running from 31 October to 3 November. If you have any questions about the Advocacy Corner, feel free to email Mandy (mslutsker@results.org) or Simon Logan (Logans@who.int).

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

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

From TAG:

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

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

**THE UNION, NORTH AMERICAN REGION:**

**18th Annual Conference of The Union, North America Region**, February 27 – March 1, 2014, Boston, MA Stronger Together: Stopping TB, From Laboratory to Clinic

REGISTRATION COMING SOON! For questions, please contact: Menn Biagtan at biagtan@bc.lung.ca