A REMINDER: The new “Friends of Stop TB USA” database will soon replace the old Newsletter mailing list. The change will not be abrupt; however you will need to sign up as a Friend of Stop TB USA to assure that you continue to receive the TB Wire and any or all of the other newsletters and email alerts. If you haven’t had a chance to complete the very short survey and sign up as a Friend of Stop TB USA, we ask that you please take a moment and complete it here...

Please feel free to forward the TB Wire to others who may be interested. If the email is too large to send, you can refer others to the Friends of Stop TB USA signup page where they can sign up to receive it (and other Stop TB USA communications) directly. Stop TB USA can be found on Facebook and Twitter! Links to our social media sites are on the header above. As always, suggestions and comments are welcome and appreciated at setkind@stoptbusa.org.

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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 (ATS) Washington Office.
DOMESTIC TB FUNDING AND LEGISLATIVE UPDATE

Before adjourning for the election, Congress passed a temporary spending measure to fund government programs past the expiration of the fiscal year on September 30. The measure funds government programs at current 2014 funding levels minus a 0.0554 percent across the board cut in all discretionary spending to fund CDC and Biomedical Advanced Research and Development Authority (BARDA) efforts to respond to the Ebola outbreak. The bill will fund government programs until December 11, 2014. Congress will return for a lame duck session in mid-November and will have to pass another measure to fund government programs for the rest of FY2015.

TB REAUTHORIZATION BILL

Legislation sponsored by Rep. Gene Green (D-TX) to renew the domestic TB program will be introduced within the next few months. The bill will authorize increased funding for the domestic TB program.

WHITE HOUSE ACTIONS ON ANTIBIOTIC RESISTANCE

Last week, the White House announced a series of new initiatives to combat antibiotic resistant infections and prioritize the issue as a key security and public health priority. The initiatives include: 1) Release of an Executive Order directing federal departments and agencies to take action to combat antibiotic resistance; 2) Release of a National Strategy on Antibiotic Resistance; 3) Release of the President’s Council of Advisors on Science and Technology (PCAST) report on Combating Antibiotic Resistance; and 4) NIH and Biomedical Advanced Research and Development Authority (BARDA) cosponsorship of a $20 million prize for the first company, organization or institution to develop a rapid point of care diagnostic test to identify antibiotic infections. The announcement for the prize will be within the next 2 weeks.

The Executive Order directs federal departments and agencies to implement the National Strategy on antibiotic resistance and address the PCAST report. It also does the following: 1) Creates a new interagency Task Force for Combating Antibiotic Resistant Bacteria to be co-chaired by the Secretary of Health and Human Services (HHS), the Secretary of Defense and the Secretary of Agriculture. The Task Force will develop an action plan to implement the national strategy by February 15, 2015; 2) Creates a new Presidential Advisory Council on Antibiotic Resistance, which will be comprised of non-governmental experts. The council will make recommendations to the President on federal programs and policies to preserve antibiotic effectiveness; strengthen surveillance of antibiotic-resistant infections; advance the development of new treatments and diagnostics for antibiotic resistant infections and improve coordination of international efforts to combat antibiotic resistance; 3) Directs the departments of HHS, Defense, and Veterans Affairs to review existing regulations governing antibiotic stewardship in hospitals and other inpatient healthcare delivery facilities and propose new regulations to improve antibiotic stewardship programs in accordance with the best practices, including those defined by CDC; and 4) Designates U.S. representatives to engage with the WHO on development of a Global Action Plan for Antimicrobial Resistance.

The National Strategy is a 5 year plan for addressing antibiotic resistant infections. The strategy lays out
the following targeted goals for federal agencies to achieve by 2020: 1) Slow the emergence and spread of resistant bacteria; 2) Strengthen national surveillance efforts; 3) Advance the development and use of rapid diagnostics; 4) Accelerating basic research into new antibiotics and vaccines; and 5) Improve international collaboration and capacities for prevention, surveillance, control and research and development.

PCAST Report on Combating Antibiotic Resistance The PCAST report issues the following steps that the government can take to combat antibiotic resistance in 3 targeted areas: 1) Improved surveillance of antibiotic-resistant bacteria; 2) Increased longevity of current and new antibiotics by promoting appropriate use, preventing the spread of antibiotic-resistant bacteria, and scaling up proven interventions to decrease the rate at which microbes develop resistance; 3) Increasing the discovery and development of new antibiotics. The PCAST report is available at: http://www.whitehouse.gov/sites/default/files/microsites/ostp/PCAST/pcast_carb_report_sept2014.pdf

Additionally, the House Energy and Commerce Health Subcommittee held a hearing antibiotic resistance and legislation to create a limited population approval pathway for conditions with small patient populations. The FDA, Infectious Disease Society of America and Janssen Global Services testified. Adrian Thomas, M.D., spoke about the lengthy development and approval process for the multi-drug resistant tuberculosis drug, bedaquiline. The ATS submitted a statement for the hearing record with a focus on antibiotic resistant pneumonia and drug resistant TB.

[TOP]

ANNOUNCEMENTS

MSF REQUEST

Doctors Without Borders/Medecins Sans Frontieres (MSF) is actively looking for medical personnel who can assist us with the Ebola crisis in West Africa. We are looking for physicians and nurses who would be able to work in our health structures, and for water and sanitation experts with experience working in health facilities and with isolation wards and infection control. Due to the risks associated with working in this outbreak we are looking for medical professionals that meet these criteria: 1) Professionals that have worked in an highly contagious ward with PPE (personal protective equipment) and know infection control and safety practices inside isolation areas while caring for patients; 2) Those with experience working with viral haemorrhagic fevers (Marburg, Ebola...) are most needed; 3) Availability of 6-8 weeks for a field assignment; and 4) Willingness to treat patients in West Africa

If you think you or anyone you know in your professional circles meet this criteria and are interested in working with MSF, please have them apply via our website. We will validate all individuals that apply and fast track those applications that meet the criteria above. Please ensure that you clearly detail your relevant experience in your application. To apply: http://www.doctorswithoutborders.org/work-
If you have further inquiries about the requirements or our needs please email us at: Field.HR@newyork.msf.org. Please note that we are responding to a high volume of emails at the moment and while we do our best to respond quickly, we may only be able to respond to the most urgent and relevant emails. If you are not from the US, you may need to apply to another office; contact details are available via the application weblink above.

[HIGHLIGHTED TB REPORTS/UPDATES]

STOP TB PARTNERSHIP

**New Identity Survey**: To raise the public profile of tuberculosis and inspire policy makers and high-level stakeholders, donors and decision-makers to get involved and take action to help eliminate TB as a public health problem, we are working towards creating a new identity that transforms the way we communicate and present the fight against TB. We want it to be an identity that everyone recognizes and wants to be part of. In doing so, we want to better understand how important stakeholders such as yourself feel about some of the potential approaches we are considering. The link below will take you to a short survey about some potential approaches to the new identity for the fight against TB. By providing your feedback, you can help shape the future of the cause. [Click here to begin the survey].

**Meetings of Minister Motsoaledi, Chair of the Stop TB Coordinating Board Advocates for TB and TB-HIV Investment and Political Priority, in Washington and New York**

The Chair of the Stop TB Partnership Coordinating Board and South Africa Minister of Health, Dr. Aaron Motsoaledi, concluded a series of high-level meetings in Washington and New York on the margins of the opening of the UN General Assembly this week. On Thursday, 17 September, the Minister met with senior members of Congress including Congressman Elliot Engel, ranking member of the Foreign Relations Committee and co-chair of the congressional TB Elimination Caucus, Senator Sherrod Brown, longtime TB champion, and key Senate Foreign Relations Committee staff. The U.S. Congress has played a critical role in prioritizing the funding for global TB programs. The Minister was accompanied by Dr. Joanne Carter, Vice-Chair of the Stop TB Board and Executive Director of RESULTS. In his meeting with Congressman Engel, co-chair of the US House of Representatives TB Elimination Caucus, the Minister emphasized the critical role of US support for global TB programs and highlighted the strong progress that has been made in Africa in part due to US government support.

**THE INFECTIOUS DISEASE SOCIETY OF AMERICA (IDSA) launches the U.S. Stakeholder Forum on Antimicrobial Resistance (S-FAR): Inaugural meeting draft agenda available**

Stop TB USA joins IDSA as well over 75 other national organizations representing medical and allied
health professionals, hospitals and other healthcare facilities, patients and consumers, public health, research and advocacy, industry, and international health organizations in this important partnership. Partners will convene for the inaugural S-FAR meeting in Philadelphia, Pennsylvania on October 9, 2014. Stop TB USA believes that a diverse set of stakeholders must work collaboratively in order to effectively address the global public health crisis of antimicrobial resistance. "We are excited to join this important group and look forward to working with S-FAR partners engage with federal officials and inform policy,” said Dr. Randall Reves, S-FAR Stop TB USA representative.

This will be the first opportunity for S-FAR partners to offer the U.S. government a collective response to the new Executive Order and National Strategy, as well as the PCAST Report. A draft agenda for the meeting is now available on here in the S-FAR Box for your review. We already have nearly 20 federal government representatives confirmed to participate. A preliminary list of confirmed and invited federal participants is available here in the Box.

RESULTS

New publication about pediatric drug-resistant TB


A targets framework: Dismantling the invisibility trap for children with drug-resistant tuberculosis, Becerra MC, Swaminathan S.

PATH

TB and gender experts meeting invitation - November 17

AMERICAN PUBLIC HEALTH ASSOCIATION (APHA)

Experts: Public health delivers the best return

Pfizer Inc. Vice President of Medical External Affairs Jack Watters spoke at the National Health Research Forum in Washington, D.C., yesterday with a private-sector approach unlike his peers.

GLOBAL FUND ADVOCATES NETWORK

Community Corner at the Union Conference - Call for Input!

ACTION and the Stop TB Partnership are proud to announce Community Corner at the upcoming Union Conference in Barcelona! We’re changing things up a bit this year and are looking for input from as many partners and other conference attendees as possible. We will be hosting Oxford-style debates as well as roundtable discussions and are looking for partners to facilitate, moderate, and take part in each. Please see the attached one-pager for more information on our new format and how you can be involved!

OTHER NEWS/General
Researchers working in the UK and The Gambia, have developed a new approach to the diagnosis of tuberculosis (TB) that relies on direct sequencing of DNA extracted from sputum (a technique called metagenomics) to detect and characterize the bacteria that cause TB without the need for time-consuming culture of bacteria in the laboratory. The research, reported today in the peer-reviewed journal PeerJ, was directed by Professor Mark Pallen, Professor of Microbial Genomics at Warwick Medical School and Dr Martin Antonio, head of the TB diagnostics laboratory at UK Medical Research Council (MRC) Unit in The Gambia.

"Laboratory diagnosis of TB using conventional approaches is a long drawn-out process, which takes weeks or months," says Pallen. "Plus, relying on laboratory culture means using techniques that date back to the 1880s! Metagenomics using the latest high-throughput sequencing technologies and some smart bioinformatics, allows us to detect and characterize the bacteria that cause TB in a matter of a day or two, without having to grow the bacteria, while also giving us key insights into their genome sequences and the lineages that they belong to."

The timing of food intake in the early phase of tuberculosis treatment could have a negative impact on the effectiveness of TB treatment. A new study, presented at the European Respiratory Society (ERS) International Congress in Munich, suggests that eating food just before taking a TB drug could reduce the effectiveness of the medicine. Researchers conducted a small study looking at 20 patients who were about to begin treatment for TB for the first time. They were given the usual course of TB drugs, including isoniazid, rifampicin, pyrazinamide and ethambutol. The drugs were administered by injection on day one and given orally on day two and three, either while fasting or with a high carbohydrate meal. Blood samples were taken from each participant and an analytical chemistry technique, called liquid chromatography tandem-mass spectrometry, was used to separate the sample and give information about the chemicals present. This technique allows the researchers to assess concentration levels of the drug and fraction of the unchanged drug that reaches the circulation. Blood samples were taken from the same individual and in the same environment while changing the food intake. The results showed that when the drugs were given with a high-carbohydrate meal, there was a lower concentration of isoniazid, rifampicin, and pyrazinamide in the blood compared with when they were given in a fasting state. This suggests that eating a high carbohydrate meal, before taking the drugs can make the drugs less effective.

Dr Antonia Morita Iswari, lead author from the Universitas Gadjah Mada in Indonesia and currently completing her PhD program at the University of Groningen, said: "As the research was conducted in the same people and the same environment, the only variable was the meals and we therefore know that food can have an impact on the concentration of the drugs in the blood. The findings may have significant implications for clinical practice as we must ensure that patients are taking the drugs in the
A common medicine against tuberculosis, being used in the standard therapy for years can actually make a patient more vulnerable to the disease causing bacteria, scientists have claimed. Isoniazid is one of the medicines, used in the TB therapy called directly observed treatment short-course (DOTS). Although the therapy is effective, there are several known disadvantages including prolonged and complicated drug regimen and toxicity of some of the drugs. Armmed with animal experiment results, a group of Indian researchers now showed isoniazid treatment also severely dampen the immune response to the tuberculosis causing bacteria, rendering the animals vulnerable to re-infection. India has the highest TB burden, accounting for a quarter of all new TB cases.

More than 370,000 people die of TB in India every year, which translates to 1,000 TB deaths per day. “In spite of DOTS and effective drugs, TB remains a public health problem in India as the incidence of TB has remained unchanged. The MDR TB cases are rising in the country” said Rajesh Chawla, senior consultant on respiratory medicine at Indraprastha Apollo Hospital, Delhi. The new research opens up yet another window to understand the complexity of controlling TB in India, which spends crores on the government backed revised national TB control programme.

“The drug is used for entire period of the treatment time, because it is considered to be safe. It’s a surprise that it silently does harm in addition to bacterial clearance,” Gobardhan Das, a professor at Jawaharlal Nehru University told Deccan Herald. Das and his colleagues from the University of Kwazulu-Natal, Durban; International Centre for Genetic Engineering and Biotechnology, Delhi, University of Calcutta and Vanderbilt University in the USA demonstrated the mechanism through which the medicine triggers the harmful effects. The drug induces automatic suicides – known as apoptosis – in a key class of immune cells that fight against the dreaded bug. “Animals that are previously treated with isoniazid exhibit increased susceptibility to TB reactivation and re-infection. In light of these findings, current therapeutic regimens for TB may need to be revised,” the researchers reported in a recent issue of the Journal of Biological Chemistry.

Other scientists, however, wanted more proof. “It is an interesting observation though it is pertinent to note that TB infection at the first place is perceived to be a consequence of weak immune system,” said Rajesh Gokhale, who heads the Institute of Genomics and Integrative Biology, Delhi and is not connected to the research. “As it is becoming clear that a balance of immune activation is the key to pathogen clearance as well future immunity, this research is significant and requires careful further introspection,” Gokhale added.
There have been 17 cases of tuberculosis reported so far this year in Pima County. There were 24 cases reported in 2013. A classroom of 16 students at Cragin Elementary School is being urged to get tested after possibly being exposed to a person with tuberculosis. The Pima County Health Department notified parents about the repeated exposure since the beginning of the school year on Tuesday, but noted that students are no longer in contact with the infected person.

“While the chance of any of these children being infected with tuberculosis is low, it is very important for us to take this extra step to ensure their continued health and safety,” said County Health Director Dr. Francisco Garcia.

GEORGIA

“Students to be tested for tuberculosis”, WDEF Chattanooga, September 05, 2014

MARIETTA, Ga. (AP) — Officials say students at two suburban Atlanta high schools will be tested for tuberculosis after one student tested positive for the disease. Cobb County school officials announced the testing Thursday. They said the student is believed to have contracted the disease over the summer. School system spokesman Jay Dillon said the student attends Hillgrove High School this year, but attended McEachern High in the spring. Dillon tells The Atlanta Journal-Constitution (http://on-ajc.com/1AdOws4) that no other students have shown symptoms, but testing will done at both schools as a precaution.

INDIANA

“Indy officials battle TB in homeless population”, Jack Rinehart, WRTV Indianapolis, September 18, 2014

INDIANAPOLIS - Indianapolis health officials have ramped up their efforts to battle an illness targeting one of the city’s most vulnerable populations. At the Wheeler Mission, the state’s largest service provider for homeless men, the Health Department is on call with free tuberculosis (TB) screenings at least twice a week. Homeless shelters offer one of the most dynamic environments for the spread of tuberculosis. At the Wheeler Mission, 12 homeless men are being treated for latent tuberculosis, a non-contagious form of the disease.

"It's definitely a big scare for us in terms of the number of guys that we service, trying to contain it, to make sure our population is tested and treated for it," said William Bumphus, assistant director at Wheeler Mission.

Nearly 10,000 Indianapolis residents will experience homelessness at least once a year. Horizon House, the state’s largest daytime homeless shelter, partners with the Marion County Health Department to offer free TB screenings to its clients. Health officials, who closely monitor the disease, reported more than 1,500 latent cases of TB, and 36 individuals with contagious TB.

"It's something that we need to keep a close eye on," said Monica Heltz, a registered nurse with the Marion County Health Department. "It's something that we want to pay close attention to, because any
increase could create potential problems for us."

**MASSACHUSETTS**

“Hundreds in Lynn Tested for Tuberculosis”, *The (Lynn, Mass.) Daily Item*, September 9, 2014

LYNN, Mass. (AP) — More than 30 Lynn Community Health Center employees and 800 patients are being tested to determine if they were exposed to tuberculosis after center doctors confirmed a case. Center Director Lori Berry says after confirming the single positive test for tuberculosis in a male health care worker around Labor Day, center medical workers contacted and tested employees as well as patients “having sufficient exposure to warrant testing.”

City Health Director MaryAnn O'Connor tells *The Daily Item* the identified case at the center is “not a reason to panic” and said people should not stay away from clinic

**NEVADA**

“ Baby exposed at Summerlin Hospital tests positive for TB ”, Jacqui Heinrich, *KTNV Las Vegas*, September 12, 2014

Las Vegas, NV (KTNV) -- A tuberculosis outbreak at Summerlin Hospital last year is still making waves after several hundred people were exposed to the disease at the hospitals NICU Level 3 Unit. Now, one of those babies has tested positive for the disease and others are being encouraged to get tested.

The Southern Nevada Health District identified 140 babies who were potentially exposed last summer. They required immediate testing, but since their immune systems weren't fully developed the results were not accurate. Now, one baby is confirmed to be infected and it has other families worried they could get the same news on their one-year test. Health authorities say the infection spread when a 25-year-old mother, infected with TB, was never tested for the disease and exposed hundreds of employees, patients, and staff, along with the 140 babies. The mother and her twins later died, and at least 61 people became infected. Now, there's one more.

"We did unfortunately have one child convert from a negative test to a positive test on their 12-month screening," said Richard Cichy of the Southern Nevada Health District. Since the outbreak, the Health District has been testing those children but because their immune systems aren't fully developed the results are not accurate until they are at least a year old. They say that's why they sent a letter alerting parents to a "situation of critical importance to your child's health."

**CALIFORNIA**

“ Santa Maria Man Infected With Tuberculosis On The Lam For Five Weeks ”, Beth Farnsworth, *KEYT 3 Santa Barbara*, September 11, 2014

Santa Barbara County Public Health officials fear a Santa Maria man with a highly dangerous and contagious form of tuberculosis is infecting hundreds of people in the five weeks he's been on the run. The Santa Maria man was being treated by county health officials for a highly contagious form of drug-
resistant TB when he cut off a monitoring bracelet and left the area.

"He absolutely knows how dangerous he is," said Dr. Charity Thoman, County Health Officer. "We've worked closely with this individual for over a year now. And the sheriff's department has been doing a great job trying to find him at known locations throughout Santa Maria. They have not found him. We believe if he's not in the area, he'll be coming back soon." Thoman said anyone who shares air space with Zeferino for at least an hour, say in a car or a bedroom, is at risk of contracting this form of TB.

A felony warrant was issued for the patient and he is on a federal "No Board/Look-Out" list for travel.

NEW MEXICO

“New Mexico health officials seek to screen 50 infants for tuberculosis”, Las Cruces Sun-News, September 22, 2014

LAS CRUCES: The state health department on Monday launched its first screening of a baby possibly exposed to tuberculosis at an El Paso hospital over the past year. The screenings continue Tuesday with the first of two special clinics that will be hosted by the New Mexico Department of Health. In all, 50 babies from New Mexico may have been exposed to tuberculosis, also called "TB," because of an infected employee who worked in the postpartum and newborn nursery area of Providence Memorial Hospital in El Paso. News broke Friday about the possible exposure of more than 700 newborns to the disease between September 2013 and August 2014, most of whom are from Texas.

Many of the 50 children from New Mexico who were known to be at the hospital during the work shift of the infected employee are from southern Doña Ana County, said Benita Cook, TB nurse coordinator for the New Mexico Department of Health. Letters have been sent to the families, and they're being invited to screening clinics.

TEXAS


“700 Infants Exposed To TB”, Aaron Pero, KRON4, September 22, 2014

(CNN) – More than 700 infants and 40 health care workers have been exposed to tuberculosis, commonly called TB, at a hospital in El Paso, Texas, according to the city’s Department of Public Health. Health officials are not yet saying if any of the people exposed have tested positive for the disease. An employee at Providence Memorial Hospital in El Paso came to work with an active case of TB some time between September 2013 and August 2014. He or she worked with infants in the nursery and in the post-partum unit at the hospital, the health department says.

The hospital has identified 706 infants and 43 workers who were exposed to the disease during that time period. The family of each patient was sent a certified letter and is being contacted via telephone with instructions on how to get tested for TB. Any necessary follow-up care will be provided free of charge by the health department and the hospital. The infected health care worker is no longer working
and is receiving treatment, the owner of the hospital, Sierra Providence Health Network, said in a statement.

The Texas Department of State Health Services conducted an on-site investigation at Providence Memorial Hospital last week and cited the hospital “for deficiencies that represent immediate jeopardy to patient health and safety,” said Carrie Williams, the department’s director of media relations. Investigators “found serious deficiencies in the areas of infection control, patient rights and governing body.” The Center for Medicare Services has placed the hospital on a termination track, said David Wright, deputy regional administrator for CMS in Dallas. He said CMS is giving the hospital until October 11 to identify policy changes that need to happen to ensure something like this won’t happen again. If the hospital fails to do so, its Medicaid and Medicare funding will be cut off.

“This is one of the largest TB exposure investigations we’ve ever been involved in, and it involves infants, so it is particularly sensitive,” Williams said. “Babies are more likely than older children and adults to develop life-threatening forms of TB.” There were 9,582 recorded cases of TB in the United States last year. In October, health officials identified 140 infants who may have been exposed to tuberculosis in a similar incident at a hospital in Nevada.

**VIRGINIA**

“*It's in Virginia's budget: $1.96 million for tuberculosis prevention and control*”, Travis Fain, *Daily Press*, September 6, 2014

RICHMOND – Rarely is potentially frightening phraseology found in the state budget. But the $40,000 set aside each year "for the purchase of medications and supplies for individuals who have drug-resistant tuberculosis" is kind of a show stopper. The Virginia Department of Health tracks tuberculosis cases statewide and monitors treatment. It logged about 180 cases of non-resistant TB last year, the lowest annual number it had ever seen, according to Jane Moore, the program director. Resistant strains, which are resistant to at least two of the four drugs used for treatment, are much more rare. The program saw one new case in 2013, Moore said, though patients in other, older cases were still undergoing treatment. These strains can take more than 18 months to treat, Moore said. Even non-resistant TB requires a lengthy course of drugs. Usually a minimum of six months, Moore said. State health workers monitor the course closely because TB is contagious, potentially very serious, and a public health concern.

"We actually watch people take their medicine," Moore said. That's for several reasons. One, "it's hard to take medicine for that long," Moore said. Taking it incorrectly or incompletely can create drug resistance, she said.

Tuberculosis in Virginia is on the downswing now. Ten years ago the state saw about 350 cases a year, Moore said. Overall, Virginia's TB prevention and control program costs about $1.96 million a year.

**Global**

**MALAYSIA**
KOTA KINABALU: Sabah recorded an increase in tuberculosis cases last year, with most of the cases in Kota Kinabalu, Sandakan and Tawau. "In 2013, there were a total of 720 cases reported in Kota Kinabalu, 561 cases in Sandakan as well as 492 cases in Tawau," said Community Development and Consumer Affairs Minister Datuk Jainab Ahmad. "Based on the Health Ministry, there were a total of 24,071 TB cases reported in Malaysia compared to 18,102 in 2009. In Sabah, however, there were a total of 4,515 cases reported compared to 3,515 in 2009," she said, adding that the World Health Organization (WHO) had categorized Malaysia as an intermediate TB burden country whereas China, India, Vietnam, Laos, Cambodia, Philippines and Indonesia are categorized as high TB burden countries. "WHO had categorized the countries in the world, including the Pacific regions into three categories based on their TB burden," she said. In relation to this, WHO had set several aims to reduce the disease in Malaysia by tracking 70 per cent of tuberculosis cases and to ensure that 100 per cent of its patients received the Directly Observed Therapy (DOT) besides curing 85 per cent of those who had been tracked. Therefore, Jainab said the Government is committed to tracking down TB patients as well as treating them. "I understand that the State Health Department had drafted the Tuberculosis Control Strategic Plan 2011-2015 in line with the recommendations set by WHO to stop the spread of the disease," she said. Among them is to strengthen the health service component system by increasing the tracking system of tuberculosis. Besides that, they must also prepare a high quality of tuberculosis treatment management, creating awareness among the community in preventing the disease, to decrease the spread of the disease as well as to promote research on the disease.

"The health facility system in Malaysia is considered to be capable of offering the best service in the region. Health staff were also sent to hold medical visits, especially to rural areas that have poor transportation system. Most of the government clinics now are equipped with the microscope facility to diagnose tuberculosis," she explained. The Ministry, Jainab said, recognized the role played by private medical practitioners in terms of detecting the disease through chest x-rays and sputum tests, besides informing the patients about their treatments and medication side effects based on the guidelines set by the Health Ministry. Towards this end, Jainab hoped the cooperation between all parties will help stop the spread of the disease in the country and achieve the aim of WHO to eliminate the disease throughout the world by year 2050.

CANADA

“Tuberculosis exposure at Orleans school prompts health warning”, CBC via Yahoo Canada

OTTAWA: Ottawa Public Health has sent a letter to parents with children at Gisèle-Lalonde High School in Orleans warning them of possible exposure last year to two people who had tuberculosis. "It's a little bit uncommon to have two in the same school, which is why additional precautions are being taken to see if any other student may have been exposed," said Dr. Rosamund Lewis, an associate medical officer of health at OPH. The city's public health agency sent out letters on Friday saying anyone who attended the French public school between Sept. 15, 2013 and Dec. 24, 2013 may have been exposed. The
persons with TB did not know they had it at the time they attended school, but may have spread the tuberculosis bacteria.

There are generally about 50 cases of active TB in Ottawa each year. "It is strongly recommended that you have a TB skin test now to show if you breathed in the TB bacteria," wrote MacLean.

"We're at a prevention stage right now and it's pretty low risk," said Stephane Vachon, a wellness superintendent with the French public board. "The first step is to find out and inform parents and then from there on offer follow ups."

KYRGYZSTAN

“New Project Aims to Reduce Burden of Tuberculosis in the Kyrgyz Republic”, PRWeb, September 19, 2014

To reduce the burden of tuberculosis and address the issue of drug-resistant TB in the Kyrgyz Republic, Abt Associates has been awarded the U.S. Agency for International Development (USAID)-funded Kyrgyzstan TB Program under a five-year cooperative agreement with total funding of $12.7 million. (PRWeb September 19, 2014) Read the full story at http://www.prweb.com/releases/2014/09/prweb12182046

JOURNAL ARTICLES

September 9th through 24th

AIDS . 2014 Sep 10. [Epub ahead of print]

**Tuberculosis** distorts the inhibitory impact of interleukin-10 in HIV infection.


Am J Respir Crit Care Med . 2014 Sep 16. [Epub ahead of print]


Successful use of blood pleurodesis to resolve an iatrogenic persistent pneumothorax in a patient with pulmonary tuberculosis. Shaukat M, Hyams C, Macavei VM, O'Shaughnessy TC.


Internal jugular vein thrombosis complicating disseminated tuberculosis in a 2-year-old child. Das S, Srinivasaraghavan R, Krishnamurthy S, Mahadevan S.

Bull Math Biol. 2014 Sep 23. [Epub ahead of print]


Cold Spring Harb Perspect Med. 2014 Sep 18. [Epub ahead of print]

Pharmacologic Considerations in Use and Development of Antituberculosis Drugs. Davies G.


Modelling the cost-effectiveness of a new infant vaccine to prevent tuberculosis disease in children in South Africa. Channing L, Sinanovic E.

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Treating tuberculosis in solid organ transplant recipients. Sun HY.

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How do we manage and treat a patient with multiple sclerosis at risk of tuberculosis? Fragoso YD, Adoni
Fifteen-year trend in treatment outcomes among patients with pulmonary smear-Positive tuberculosis and its determinants in Arsi Zone, Central Ethiopia. Hamusse SD, Demissie M, Teshome D, Lindtjørn B.

Socio-cultural influences on adherence to tuberculosis treatment in rural India. Shiotani R, Hennink M.


Short-course Bangladesh regimen for multidrug-resistant tuberculosis: a step in the right direction? U. G. Laloo

Review of policy and status of implementation of collaborative HIV-TB activities in 23 high-burden countries. S. Gupta, R. Granich, A. Date, P. Lepere, B. Hersh, E. Gouws, B. Samb

Cost-effectiveness of the Three I’s for HIV/TB and ART to prevent TB among people living with HIV. S. Gupta, T. Abimbola, A. Date, A. B. Suthar, R. Bennett, N. Sangrujee, R. Granich


High cure rate with standardised short-course multidrug-resistant tuberculosis treatment in Niger: no relapses
A. Piubello, S. Hassane Harouna, M. B. Souleymane, I. Boukary, S. Morou, M. Daouda, Y. Hanki, A. Van Deun

Drug-resistant tuberculosis in Israel: risk factors and treatment outcomes
Z. Mor, D. Goldblatt, H. Kaidar-Shwartz, N. Cedar, E. Rorman, D. Chemtob

Trends, seasonality and forecasts of pulmonary tuberculosis in Portugal

Tuberculosis and risk of cancer: a Danish nationwide cohort study

Tuberculosis in older adults in Soweto, South Africa
A. S. Karstaedt, M. Bolhaar

Sputum induction for tuberculosis diagnosis in an Arctic setting: a cost comparison
J. Sugarman, G. G. Alvarez, K. Schwartzman, O. Oxlade

Chest radiography for active tuberculosis case finding in the homeless: a systematic review and meta-analysis

Implementation efficiency of a diagnostic algorithm in sputum smear-negative presumptive tuberculosis patients

Role of pre-Xpert® screening using chest X-ray in early diagnosis of smear-negative pulmonary tuberculosis
N. Somashekar, V. K. Chadha, P. Praseejja, M. A. Sharada, G. R. Chandrakala, R. Srivastava, P. Kumar, S. Japananda

Monitoring liver function among patients who initiated anti-tuberculosis drugs in Taiwan, 2000 – 2011
H-C. Chou, S-W. Lin, W-W. Chen, W-M. Ke, P-H. Chao, F-Y. Hsiao

Results at 30 months of a randomised trial of FDCs and separate drugs for the treatment of tuberculosis

False-positive rifampicin resistance on Xpert® MTB/RIF caused by a silent mutation in the rpoB gene
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Mycobacterium *tuberculosis* DosR is Required for Activity of the PmbtB and Pmbtl Promoters under Hypoxia. Schreuder LJ, Parish T.

**Active Case Finding of Tuberculosis (TB) in an Emergency Room in a Region with High Prevalence of TB in Brazil.** Silva DR, Müller AM, Tomasini KD, Dalcin PD, Golub JE, Conde MB.

A first insight into high prevalence of undiagnosed smear-negative pulmonary tuberculosis in northern ethiopian prisons: implications for greater investment and quality control. Biadglegne F, Rodloff AC, Sack U.

**First Baseline of Circulating Genotypic Lineages of Mycobacterium tuberculosis in Patients from the Brazilian Borders with Argentina and Paraguay.** Machado LN, Marcondes NR, Leite CQ, Santos AC, Pavan FR, Baldin VP, Castilho AL, Siqueira VL, Baeza LC, Berghs H, Cardoso RF.

**Barriers to Completing TB Diagnosis in Yemen: Services Should Respond to Patients' Needs.** Anderson de Cuevas RM, Al-Sonboli N, Al-Aghbari N, Yassin MA, Cuevas LE, Theobald SJ.


Helminth Infections Coincident with Active Pulmonary Tuberculosis Inhibit Mono- and Multifunctional CD4+ and CD8+ T Cell Responses in a Process Dependent on IL-10. George PJ, Anuradha R, Kumar NP, Sridhar R, Banurekha VV, Nutman TB, Babu S.


The relationship between perceived discrimination and psychological distress among Chinese pulmonary tuberculosis patients: The moderating role of self-esteem. Feng D, Xu L.


Tuberculosis. Screening of New Hospital Employees: Compliance, Clearance to Work Time, and Cost Using Tuberculin Skin Test and Interferon-Gamma Release Assays. Foster-Chang SA, Manning ML, Chandler L.

[TOP]
COURSES/WORKSHOPS

FROM THE RTMCCs:

THE SOUTHEAST NATIONAL TB CENTER (SNTC)
http://sntc.medicine.ufl.edu/

Comprehensive Clinical TB Course
32.5 credit(s) 32.5 credit(s)
Date: 10/6/2014 - 10/9/2014
Time: 8:00 AM - 5:30 PM Eastern Location: SNTC Cost: No Charge 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: 10/10/2014 - 10/10/2014
Time: 8:00 AM - 5:00 PM Eastern Location: SNTC Instructor/speaker: Ellen R Murray, BSN, RN
Cost: No Charge 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.

THE RUTGERS GLOBAL TUBERCULOSIS INSTITUTE (GTBI)

Additional information for these and other upcoming trainings that are offered by the NJMS Global Tuberculosis Institute can be found at: http://globaltb.njms.rutgers.edu/

TB Program Management Course October 1, 2014 – Annapolis, MD

Contact DJ McCabe at mccabedj@njms.rutgers.edu

This one-day training is for individuals who are responsible for managing a TB Control Program at the state or local level. Topics will include the role of the TB Program Manager, guiding clinical practices in TB prevention and control, using epidemiology for TB program planning and evaluation, effective treatment completion strategies, and utilization of available TB educational resources.
Pennsylvania TB Clinician’s Meeting October 2, 2014 – Harrisburg, PA

Contact Anita Khilall at anita.khilall@rutgers.edu

This conference will provide updates on current diagnostic and treatment modalities for tuberculosis, including testing and treatment for TB infection, laboratory methods for detection of *M. tb*, TB in children, and management strategies for drug resistant TB.

8th Annual TB Medical Consultant’s Meeting October 15-16, 2014 – Newark, NJ

Contact Anita Khilall at anita.khilall@rutgers.edu

This meeting for physicians who are TB medical consultants for TB programs in the northeast will provide an opportunity to discuss current and emerging TB issues, including the role of research in TB, advances in new anti-TB drugs and regimens, accuracy and variability of IGRAs, and practical applications of Xpert MTB/RIF. A case-based format will be used to discuss challenges in the diagnosis and management of TB.

Tuberculosis at a Crossroads: Staying on Track Towards Elimination November 6, 2014 – Hartford, CT

Contact Jennnifer K. Campbell at jennifer.k.campbell@rutgers.edu

This conference will provide updates in TB, including an overview of current TB control practices, TB/HIV, case management strategies and case presentations. This forum will provide an opportunity to network with colleagues conducting TB control activities. The format includes lectures, discussions and case studies.

Management of Contacts to TB Cases November 13, 2014 – Burlington, VT

Contact Nisha Ahamed at ahamedni@rutgers.edu

This training will cover public health and clinical approaches for assessing and managing contacts to persons with suspected or confirmed pulmonary TB. Topics will include transmission and pathogenesis, contact investigation procedures and protocols, interviewing contacts, and clinical assessment of contacts.

THE HEARTLAND TB CENTER

For more details and to check for open courses visit http://www.heartlandntbc.org/training.asp

The Impact of Substance Abuse and Mental Illness in Developing HIV and TB (An Online Course)

Contact: jessica.quintero@uthct.edu

TB Nurse Case Management Oct 14-16, 2014 San Antonio, TX

Contact: delfina.sanchez@uthct.edu
Tuberculin Skin Test (TST) Practicum Oct 16, 2014 San Antonio, TX
Contact: delfina.sanchez@uthct.edu

TB Intensive Nov 11-14, 2014 San Antonio, TX
Contact: jessica.quintero@uthct.edu

THE CURRY INTERNATIONAL TUBERCULOSIS CENTER (CITC)

The 2014 training schedule is available online, for additional information or to apply for upcoming trainings please visit: http://www.currytbcenter.ucsf.edu/training/schedule_2014.cfm

For additional information or to apply for upcoming trainings please visit: http://www.currytbcenter.ucsf.edu/training/schedule_2014.cfm

Pediatric Tuberculosis: The Essentials with Dr. Ann Loeffler October 8, 2014 Webinar
45-minute presentation followed by a 15-minute Q and A session for public and private clinicians and allied health personnel who work with pediatric tuberculosis.

Staying Safe: Preventing TB Transmission in Health Care Facilities with Dr. Kevin Fennelly October 20, 2014 Webinar
30-minute presentation followed by a 15-minute Q and A session for nurses and other health care workers who interact with TB patients or who supervise staff working with TB patients in a health care facility.

Mycobacterium Bovis: Epidemiology, Diagnosis, and Treatment November 7, 2014 Webinar
75-minute presentation followed by a 15-minute Q and A session for physicians, other licensed medical professionals, and public health professionals involved in M. Bovis community prevention strategies and M. Bovis case contact investigations.

Tuberculosis Case Management and Contact Investigation Intensive November 18-21, 2014 Oakland, CA
Four-day training for physicians, nurses, and other licensed medical care providers who manage patients with tuberculosis or who are at risk for TB.

Requesting an “On-Demand” Webinar for your program in 2015:
The “On-Demand” Webinar program is an effort to target timely TB in-service training to providers working in TB control programs or in other medical settings where TB or LTBI is diagnosed and treated. Each live webinar will be approximately 30 minutes to 1 hour in length. The topic area and date/time for training will be suggested by the jurisdiction submitting the application and, once approved, the faculty, final date/time, and learning objectives, etc., will be determined by CITC’s Curriculum Advisory Committee. “On-Demand” topics requested on this application should reflect current, specific challenges that the program is facing which can be addressed by an expert(s) in the field
during a brief lecture. There will be time for questions and answers at the end of the live webinar. If your jurisdiction is in the western region of the U.S. and interested in suggesting topic areas for your own "On-Demand" Webinar in 2015, please submit an application.

THE MAYO CLINIC CENTER FOR TUBERCULOSIS (MCCT)

Mayo Clinic Center for Tuberculosis - Home

Tuberculosis Clinical Intensive, September 30 – October 2, 2014 in Ft. Wayne, IN

This 2 ½ day intensive course will familiarize the clinician and other health care professionals with all the aspects of tuberculosis infection, disease and clinical care using an interdisciplinary and interactive approach. The curriculum is provided through lecture and interactive case management sessions.

The faculty is selected for their unique skill in encouraging interaction and building rapport with participants. Mayo Clinic College of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians and has designated this live activity for a maximum of 14.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Mayo Continuing Nursing Education is accredited as a provider of Continuing Nursing Education by the American Nurses Credentialing Center’s Commission on Accreditation. The Continuing Nursing Education (CNE) designates a maximum of 13.5 nursing contact credit hours will be offered credit commensurate with the extent of their participation in the activity.

The atmosphere is relaxed with an expectation that a free exchange of questions, comments and information will occur. Still can register, but we are nearing our limit of 150! Get more information and register today (live course, no registration fee) on our website at:

http://centerfortuberculosis.mayo.edu/courses.html

Tuberculosis & Diabetes REGISTER NOW! For our next WEBINAR -- 12-1pm CST, on Thursday October 9, 2014

This Mayo Clinic TB Center Webinar is on Tuberculosis & Diabetes, presented by Shea Rabley, RN, MN. For more information visit our website, or Click this link to register.

Tuberculosis Clinical Intensive, November 19 - 21, 2014 at Mayo Clinic in Rochester, MN

This 2 day intensive course designed to familiarize physicians, nurses, pharmacists and other health care professionals with all aspects of tuberculosis infection, disease and clinical care using an interdisciplinary and interactive approach. Registration and program agenda will be available in October. Additional information is available on our website at: http://centerfortuberculosis.mayo.edu/

FROM NATIONAL JEWISH MEDICAL AND RESEARCH CENTER

The 51st Annual Denver TB Course October 15-18, 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 The 51st Semi-Annual Denver TB Course - National Jewish Health or call 800.844.2305

FROM THE UNION

The Union’s International Management Development Programme 2014 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.

EVENTS, MEETINGS & CONFERENCES

Alphabetically listed by sponsoring organization

AMERICAN PUBLIC HEALTH ASSOCIATION (APHA)

November 15-19 New Orleans, LA

2014 Annual Meeting registration now open as APHA heads to New Orleans

The theme of the meeting is Healthography: How Where you Live Affects Your Health and Well-being.

AMERICAN THORACIC SOCIETY (ATS)

Save the Dates: May 15-May 20, 2015 Denver, Colorado

The American Thoracic Society will celebrate 110 years of disseminating scientific discoveries and clinical advances during the ATS 2015 International Conference. ATS 2015 will cover all aspects of pulmonary, critical care, and sleep medicine, and its sessions, workshops, and more will highlight new findings that are transforming the practice of medicine.

Researchers and clinicians get the first look at the most exciting research in pulmonary, critical care, and sleep medicine each year at the American Thoracic Society International Conference. You are invited to submit an abstract on your research or a unique case report to be considered for ATS 2015, which will be held May 15 to 20 in beautiful Denver, a mountainous metropolis celebrated for groundbreaking discoveries in respiratory medicine and care. The ATS is now accepting the submission of:

- **Scientific Abstracts**, which can report on basic, translational, and clinical science research; epidemiologic, social, biobehavioral, and psychosocial investigations; or educational and quality improvement projects.

- **Case Reports**, which must describe a single, unique case.
The contribution of nearly 6,000 abstracts and case reports each year is what makes the ATS International Conference the preeminent meeting in respiratory medicine. Submission fees for case reports have been cut in half for ATS 2015. Submission fees for both scientific abstracts and case reports from authors from low-income countries have been reduced to $20. Membership in the ATS is not a prerequisite for submission.

The submission deadline is 5 p.m. (EST) Nov. 5. Learn more about submitting scientific abstracts and case reports for ATS 2015.

NATIONAL COUNCIL ON CORRECTIONAL HEALTH CARE (NCCHC)

National Conference on Correctional Health Care, October 20-22, 2014, Pre-conference Seminars October 18-19, Las Vegas


NATIONAL MINORITY AIDS COUNCIL

18th Annual United States Conference on AIDS (USCA) October 2-5, 2014, San Diego, California

PUBLIC HEALTH LAW CONFERENCE
October 16–17, 2014, in Atlanta, Georgia.

The conference will gather public health and legal experts from across the country to examine and discuss today’s critical challenges in public health law. Find more information about the conference and learn how to get the early bird registration rate

THE UNION

45th UNION WORLD CONFERENCE ON LUNG HEALTH 28 October - 1 November 2014 Barcelona, Spain

Theme: Community-driven solutions for the next generation Click here to download the Barcelona 2014 Brochure
Website: http://barcelona.worldlunghealth.org
Email: barcelona2014@theunion.org

Registration is now open for the year’s most important tuberculosis conference – and the largest lung health conference to focus on the issues as they affect low- and middle-income countries. Delegates from 120 countries will gather in Barcelona, Spain for the 45th Union World Conference on Lung Health on 28 October-1 November 2014. Read more.

Symposium: Zero Accountability: when action doesn't match the numbers

The response to the declared MDR-TB emergency has been inadequate. According to the World Health Organization, in 2012 an estimated 450,000 people developed MDR-TB and yet less than 1 in 5 were diagnosed and treated. This symposium will focus on the current state of research and development for
MDR-TB, including the complexity and duration of existing treatments, and key access issues, including pricing and the uptake of new drugs and regimens.

Keynote speaker, Mark Dybul, Executive Director, Global Fund to Fight AIDS, Tuberculosis and Malaria, will talk about financing the emergency response. Date: Thursday, October 30, 2014 Time: 18h00–20h00

Location: Hotel Diagonal Zero Barcelona Plaça de Llevant, s/n - 08019 Barcelona
www.hoteldiagonalzero.com Conference registration NOT required for attendance

Organized by Treatment Action Group Co-sponsored by the Stop TB Partnership, Partners In Health, and Harvard Medical School Department of Global Health and Social Medicine

NORTH AMERICAN REGION: 19th ANNUAL CONFERENCE February 26-28, 2015 Vancouver, Canada

Click here to view the conference webpage

Deadline for abstract submission: Monday, October 6, 2014 We welcome the submission of abstracts for poster and oral presentations of research on all aspects of tuberculosis control, including epidemiologic, clinical, basic science, nursing, social, behavioural, psychosocial and educational studies, as well as outcomes of program initiatives. Abstracts must be submitted in accordance with these guidelines.

We are pleased to offer travel grants to selected individuals within the Americas and the Caribbean who would otherwise be unable to attend the 19th Annual Conference of the Union - North America Region without financial assistance. It is highly recommended that you seek additional sources of funding.

Deadline for Travel Grant Award submission: Monday, October 6, 2014

ASIA PACIFIC REGION: In 2015 Australia will be hosting the 5th Conference of The Union Asia Pacific Region. The conference will be held in Sydney from the 31st August to the 2nd September, 2015. The link to the conference website is as follows: http://www.aprunion2015.com/

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.