For our readers: Due to staff attending the UNION meeting in Paris, there will be a one week delay in the release of the next TB Wire, on November 11th.

The US Government shut down affected some of the news sources that we use to put together this TB Wire. As the shutdown has ended, we will be able to resume including that information in the future.

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

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

On October 16, a deal was finalized between the House, Senate and President Obama that reopened federal government agencies and increased the debt ceiling. The agreement funds government programs at current funding levels through January 15, 2014 and raises the debt ceiling until February 7, 2014. The measure also requires additional income verification for individuals receiving health insurance subsidies provided through the Affordable Care Act's health insurance exchanges and back pay for federal employees furloughed during the two week government shutdown.

The agreement also created a bicameral conference committee to determine final FY2014 spending and other budget issues by a new deadline of December 13, 2013. This committee, co-chaired by the House and Senate
Budget committee chairs, Sen. Murray (D-WA) and Rep. Ryan (R-WI), is tasked with determining whether budget sequestration funding cuts will be implemented in FY2014. If a new plan is not produced by this committee by December 13, budget sequestration funding cuts of 5 - 7% will be implemented across the board to all federal agencies, including the NIH and CDC, on January 15, 2014, with the exception of the Veterans Dept. and some safety net programs such as food stamps.

ANNOUNCEMENTS

FROM THE CDC


The David J. Sencer CDC Museum in Atlanta, with support from the Centers for Disease Control and Prevention and the California Endowment, is hosting an important exhibit that looks at race and place in America and its links to health disparities. You can visit the exhibit any week day throughout its duration. It will be open until January 17, 2014.

The AAAS Science & Technology Policy Fellowship opportunity:

The AAAS Science & Technology Policy Fellowships® is a public service and professional development opportunity to learn first-hand about the intersection of science and policy. Fellows serve yearlong assignments in congressional offices and federal agencies (NIH, USAID, DoE, etc) in the Washington, D.C. region. To view a list of all six program areas click here.

The deadline to apply to the 2014-2015 AAAS Science & Technology Policy Fellowship class is less than a month away. Join a network of more than 2,800 current and alumni fellows impacting policy and forging new careers! Stipends range from approximately $74,000 to $99,000. Other benefits include health insurance, travel/training allowance and relocation allocation. For more information about benefits, visit http://fellowships.aaas.org/05_Support/05_index.shtml. The deadline for applications is November 1, 2013, 5:00 p.m. Eastern Standard Time. Apply at https://fellowshipapp.aaas.org/. Applicants must hold a doctoral level degree (PhD, MD, DVM, etc.), in any of the following: Social/Behavioral sciences;- Medical/Health disciplines;- Biological, Physical or Earth sciences;- Computational sciences and Mathematics;- Engineering disciplines (applicants with a master's degree and three years of experience also qualify). All degree requirements must be completed by the application deadline.

Visit http://fellowships.aaas.org/04_Become/04_Eligibility.shtml to learn more about eligibility and selection criteria.

HIGHLIGHTED TB REPORTS

FROM APHA: Shut Down of US Government Over, but Effects Remain
POLITICO with APHA Executive Director Georges Benjamin — Shutdown’s science fallout could last for years

The government is reopening, but the shutdown’s effects will linger for scientists studying everything from climate change to cancer. Antarctica-bound field researchers stuck in budget limbo over the past three weeks fret that decades of data on penguins and ice sheets will end up with a glaring gap, undercutting their documentation of global warming. Doctors operating federal-funded clinical studies on Alzheimer’s, cocaine addiction and heart disease worry they’ve lost the trust of patients. Public health officials warn the country is still “flying blind” for the start of the flu season. “Even if the government opens tomorrow, a significant amount of damage has been done,” said Mary Woolley, president of Research!America, a nonprofit advocating for science-minded agencies. “This isn’t about a few people who can’t go to the labs like they’re on vacation or something. The whole research enterprise depends on operating 24/7.” Thinking more of the big picture, there’s also the little matter of keeping the best and brightest researchers working in, and for, the United States or seeing them flee to the private sector. It’s a realistic expectation after nearly three years of stop-and-go budget battles resulting in sequestration and now the cruel reality of laboratories ordered to keep the lights out. “Would you go work for someone where the funding is squishy?” said Georges Benjamin, executive director at the American Public Health Association.

FROM RESULTS:

- Two recent important articles on TB in children:
  - More Evidence to Support Screening of Child Contacts of Tuberculosis Cases: If Not Now, Then When?
  - High incidence of pulmonary tuberculosis in children admitted with severe pneumonia in Uganda

[Read: Screening of Child Contacts of Tuberculosis Cases]

[Read: Pulmonary TB]

Houston Chronicle Op-Ed by Dr. Jeffrey Starke. October 11, 2013

Road map for Childhood Tuberculosis

"... we need to create a sense of urgency beyond the TB community"

Landon is a 3-year-old boy who, two years ago, became fussy and had a seizure. He had drug-resistant tuberculosis (TB) meningitis. After 21 months of taking difficult drugs and almost three months in the hospital, he is doing surprisingly well.

Jon is a 16-year-old with diabetes who developed TB in his lungs that almost killed him. Several friends and healthcare workers caught the germ from him.

These are not children in Africa or Asia. They are children in Texas.

Over the past 30 years, I have cared for 1,000 children with TB and am considered an expert regarding the disease. The bad news is that I became an expert right here in Houston. Today, the tuberculosis clinic at Texas
Children’s Hospital is as busy as it ever has been. Tuberculosis remains one of the major global scourges of humans. Every year, more than one million people around the world die from it. Well over 75,000 deaths are in children. Children who breathe in TB germs can become ill within weeks or a few months. Children often do not show signs of illness until the disease is advanced and difficult to treat. The true tragedy is that TB is both curable and preventable if the available tools are applied properly.

Childhood TB has been neglected for many reasons. Children with TB are often poor and live in vulnerable communities where there is poor access to health care. Making the diagnosis can be difficult, so TB is often missed or overlooked. Most young children with TB are not contagious. As such they are ignored in places where the disease is common among adults. And no one has been speaking out for children. Fortunately, the tide is turning. On Oct. 1, in conjunction with the US Centers for Disease Control and Prevention and USAID, the World Health Organization, the International Union Against Tuberculosis and Lung Disease and several other organizations launched the Roadmap for Childhood Tuberculosis. This landmark document outlines the 10 essential steps that, if followed, will ensure that no child, from Houston to Hong Kong, dies from TB.

Achieving this goal requires sustained advocacy, greater commitment, mobilization of increased resources, enhanced research and a joint effort by everyone involved in providing health care for children. Implementing this roadmap requires better use of the available tools. It also will require research to develop better diagnostic tests and child-friendly drugs. While much of this research will be done in Africa and Asia, Houston also has a rich history of childhood TB research that dates back 65 years. Many of the techniques of modern TB control were developed in Houston. Of course, all of this requires money, but not as much as you might think. For $80 million a year for prevention and treatment, and $40 million for research, childhood TB can be eliminated as one of the 10 leading causes of death in children.

However, money is not enough.

Two major actions are required. First, we need to create a sense of urgency beyond the TB community. Rather than waiting for children to become seriously ill before we find and treat them, the broader child health community must get involved to find and prevent childhood TB.

Second, we must include the needs of children in research and policy development. This will benefit both adults and children. A large proportion of adults who develop TB actually acquired the infection when they were children. The treatment of these children will prevent future cases of contagious adult TB and the cycle of transmission will be broken.

The common wisdom among folks who care for children with TB is that every case is preventable, and is a failure of TB control. We must ask ourselves how much longer we will allow this preventable disease to hurt and kill children all over the world. It is too late to prevent the disease that Landon and Jon had to battle, but it is not too late for millions of other kids just like them, here and around the world.

Jeffrey R. Starke, a physician, is a professor of pediatrics at Baylor College of Medicine and is one of the authors of the Roadmap for Childhood Tuberculosis.
NEW RESOURCES

FROM MCN:

You now have access to the complete series of recorded webinars on Clinician Orientation to Migration Health to view at your convenience! Each module is accredited for an hour of Continuing Nursing or Continuing Medical Education. Complete all 7 modules and you will receive a Certificate of Expertise in Migration Health.

Click here to access this series and find out more information.

JOURNAL ARTICLES

(October 3 – October 17, 2013)

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


PubMed: www.amedeo.com/p2.php?id=24072197&s=tb&pm=2


PubMed: www.amedeo.com/p2.php?id=24096631&s=tb&pm=2


Modeling the Impact of Alternative Strategies for Rapid Molecular Diagnosis of Tuberculosis in Southeast Asia. Sun AY, Pai M, Salje H, Satyanarayana S, Deo S, Dowdy DW.

Am. J. Epidemiol. 2013 178: 1281-1288

Contribution of Seasonality in Transmission of Mycobacterium tuberculosis to Seasonality in Tuberculosis Disease: A Simulation Study Lucia C. Soetens, Hendriek C. Boshuizen, and Hester Korthals Altes

http://aje.oxfordjournals.org/content/178/8/1281.abstract.html?etoc


Abdominopelvic tuberculosis mimicking advanced ovarian cancer and pelvic inflammatory disease: a series of 28 female cases. Liu Q, Zhang Q, Guan Q, Xu JF, Shi QL.


The role of AFB microscopy training in improving the performance of laboratory professionals: analysis of pre and post training evaluation scores. Reji P, Aga G, Abebe G.


Subcutaneous emphysema as the first relevant clinical sign of complicated tubercular lymph node disease in a child. Esposito S, Giannini A, Biondetti P, Bonelli N, Nosotti M, Bosis S, Calderini E, Principi N.

Association between tuberculin skin test result and clinical presentation of tuberculosis disease. Auld SC, Click ES, Heilig CM, Miramontes R, Cain KP, Bisson GP, Mac Kenzie WR.


PubMed: www.amedeo.com/p2.php?id=24077055&s=tb&pm=2

Central Nervous System Tuberculosis: Challenges and Advances in Diagnosis and Treatment. Chin JH, Mateen FJ.
Pipeline of drugs for related diseases: tuberculosis. Dooley KE, Nuermberger EL, Diacon AH.

Epidemiol Infect. 2013 Oct 7:1-5. [Epub ahead of print]


PCR to detect Mycobacterium tuberculosis in respiratory tract samples: evaluation of clinical data. Rozales FP, Machado AB, DE Paris F, Zavascki AP, Barth AL.

Eur Respir J. 2013 Oct 10. [Epub ahead of print]


Association between South African high-school learners' knowledge about tuberculosis and their intention to seek healthcare. Naidoo S, Taylor M.


IJTLD Volume 17, Number 11 - November 2013

TIMEBOMB revisited 10 years later: can we sustain progress or are we losing the war? L. B. Reichman


Integrating HIV testing and care into tuberculosis services in Benin: programmatic aspects. O. Ferroussier, R. A. Dlodlo, D. Capo-Chichi, F. Boillot, M. Gninafon, A. Trébuca, P. I. Fujiwara

Results of rapid and successful integration of HIV diagnosis and care into tuberculosis services in Benin. O. Ferroussier, R. A. Dlodlo, D. Capo-Chichi, F. Boillot, M. Gninafon, A. Trébuca, P. I. Fujiwara

Impact of HIV on clinical presentation and outcomes of tuberculosis treatment at primary care level. C. Henegar, F. Behets, K. Vanden Driessche, M. Tabala, A. Van Rie


Treatment outcomes of tuberculosis patients in Brazilian prisons: a polytomous regression analysis. L. Ribeiro Macedo, B. Reis-Santos, L. W. Riley, E. L. Maciel


Pharmacokinetics and serum concentrations of antimycobacterial drugs in adult Turkish patients. A. Babalık, I. H. Ulus, N. Bakirci, T. Kuyucu, H. Arpag, L. Dagyildiz, E. Çarpaner


Dose-response association between salivary cotinine levels and Mycobacterium tuberculosis infection. S. S. Shin, R. Laniado-Laborin, P. G. Moreno, T. E. Novotny, S. A. Strathdee, R. S. Garfein

Comparison of molecular and immunological methods for the rapid diagnosis of smear-negative tuberculosis. C.
Jafari, M. Ernst, B. Kalsdorf, C. Lange

Similar seasonal peak in clustered and unique extra-pulmonary tuberculosis notifications: winter crowding hypothesis ruled out? R. Top, H. Boshuizen, A. Dekkers, H. Korthals Altes

Contribution of \( CD14 \) -159C/T polymorphism to tuberculosis susceptibility: a meta-analysis J. Zhao, G. Lin, W-H. Zhang, M. Ge, Y. Zhang


First proficiency testing of second-line anti-tuberculosis drug susceptibility testing in 12 provinces of China G-L. Jiang, X. Chen, Y. Song, Y. Zhao, H. Huang, K. M. Kam

Changes in vitamin C and oxidative stress status during the treatment of tuberculous meningitis D. Miric, R. Katanic, B. Miric, B. Kisin, N. Popovic, V. Nestorovic


Smoking and tuberculous infection: chasing associations with imperfect exposure and outcome measures R. N. van Zyl-Smit, M. Pai


Risk based approach for design and optimization of stomach specific delivery of rifampicin Vora C, Patadia R, Mittal K, Mashru R.

J Acquir Immune Defic Syndr. 2013 Oct 2. [Epub ahead of print]

Integration and task-shifting for TB/HIV care and treatment in highly resource-scarce settings: one size may not fit all Van Rie A, Patel MR, Nana M, Driessche KV, Tabala M, Yotebieng M, Behets F.


LESSONS FROM HISTORY OF SOCIOECONOMIC IMPROVEMENTS: A NEW APPROACH TO TREATING MULTI-DRUG-RESISTANT TUBERCULOSIS Holloway KL, Staub K, Rühl F, Henneberg M.

J Clin Microbiol. 2013 Oct 2. [Epub ahead of print]

Qualitative analysis to ascertain the genotypic identity of or differences between Mycobacterium tuberculosis isolates in laboratories with low resources Sislema-Egas F, Ruiz-Serrano MJ, Bouza E, García-de-Viedma D.


PubMed: www.amedeo.com/p2.php?id=24108610&s=tb&pm=2


Occup Med (Lond) 2013 63: 458-460

Occupational screening of health care workers for tuberculosis infection: tuberculin skin testing or interferon-γ release assays? Madhukar Pai and Niaz Banaei

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Pediatr Infect Dis J. 2013 Oct 7. [Epub ahead of print]

Intracellular Cytokine and Cathelicidin Secretion from Monocytes and Neutrophils in Childhood Tuberculosis. Torun E, Cakir E, Aktas EC, Gedik AH, Deniz G.

PLoS One. 2013 Oct 3;8(10)


**Extrapulmonary Tuberculosis: Mycobacterium tuberculosis Strains and Host Risk Factors in a Large Urban Setting in Brazil.** Gomes T, Vinhas SA, Reis-Santos B, Palaci M, Peres RL, Aguiar PP, Ribeiro FK, Marques HS, Dettoni VD, Johnson JL, Riley LW, Maciel EL.


**Scand J Infect Dis.** 2013 Oct 10. [Epub ahead of print]

**Impact of cytotoxic and targeted antineoplastic drugs on the validity of the mitogen-induced interferon-gamma release assay for latent tuberculosis infection: Results of a prospective trial at a comprehensive cancer center.** Rodriguez GH, Safdar A.


**Travel Medicine and Infectious Disease,** Available online 8 October 2013

**Flight related tuberculosis contact investigations in the United States: Comparative risk and economic analysis of alternate protocols**

**Trop Doct.** 2013 Oct 4. [Epub ahead of print]

**Initial combination of injectable and oral anti-tuberculosis agents for the treatment of severe disseminated tuberculosis.** Boff DF, Goldani LZ.


**Patient care pathways under the model of integrating tuberculosis service with general hospitals in China.** WEI X, Yin J, Zou G, Walley J, et al.

**Vaccine.** 2013 Oct 10. [Epub ahead of print]

Family history of immigration from a tuberculosis endemic country and low family income are associated with a higher BCG vaccination coverage in Ile-de-France region, France. Guthmann JP, Chauvin P, Le Strat Y, Soler M, Fonteneau L, Lévy-Bruhl D.

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**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**.

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**COURSES/WORKSHOPS**

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

Motivational Interviewing: Guiding Positive Change in Patient Behaviors
Date: 11/6/2013 - 11/6/2013 Time: 1:00 PM - 2:30 PM Eastern Location: SNTC
Instructor/speaker: Ann Landes, PhD
Cost: No Charge
Format: Webinar

Providing caring and effective services for our patients with TB can be emotionally and psychologically demanding. This is especially true as we reflect upon the link between a patient’s biopsychosocial well-being and the choices they make which can directly impact their current and future health status. This interactive webinar will focus on the critical issue of healthy decision-making and change, specifically through the employment of an evidence-based practice: Motivational Interviewing (MI). Attendees of this webinar will be introduced to the foundational concepts of MI, as well as the benefits of its employment; taught skills that promote collaborative working relationships with the most challenging of patients; and provided tools that guide patients toward more positive health behavior changes. The class is designed to encourage engaged learning through the use of vignettes and real-time, online “knowledge checks”.

Comprehensive Clinical TB Course
Date: 12/9/2013 - 12/12/2013 Time: 8:00 AM - 5:00 PM Eastern
Location: SNTC Format: Clinical course

This four-day intensive course will familiarize the clinician with all the aspects of tuberculosis infection, disease and clinical care using an interdisciplinary and interactive approach. The curriculum is provided through lecture, interactive case management sessions. The faculty is selected for their unique skill in encouraging interaction and building rapport with participants. The atmosphere is relaxed with an expectation that a free exchange of questions, comments and information will occur.

Tuberculin Skin Test Train-the-Trainer Course
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:

**TB Today-Integrating Knowledge with 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** Nov 19-22, 2013 Houston, TX

[Visit the Event Page » apply »]

Contact: jessica.quintero@uthct.edu Deadline November 1, 2013

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](http://www.currytbcenter.ucsf.edu/training/schedule_2013.cfm).

**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](http://www.currytbcenter.ucsf.edu/training/tbcmcinov13.cfm) Application deadline is September 23rd.

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

**Archived Webinar Now Available: The Affordable Care Act and Tuberculosis Control: Navigating New Territory** [http://www.currytbcenter.ucsf.edu/training/webarchive/acatbc/arch_acatbc.cfm](http://www.currytbcenter.ucsf.edu/training/webarchive/acatbc/arch_acatbc.cfm)

This 90-minute webinar was created for public and private clinicians and allied health personnel who work with tuberculosis (TB). It clarified key information that TB Programs need to know related to the
implementation of the Affordable Care Act (ACA). The webinar was presented live on August 23, 2013. Faculty and Panelists: Christine Ho, MD, MPH, Medical Officer, CDC; Julie Higashi, MD, PhD, Tuberculosis Controller, San Francisco Department of Public Health; Tom Donohoe, MBA, Principal Investigator/Director, UCLA Pacific AIDS Education Training Center, University of California, Los Angeles; Lisa Chen, MD, Principal Investigator, Curry International Tuberculosis Center, Professor of Medicine, Division of Pulmonary and Critical Care Medicine, University of California, San Francisco; John Bernardo, MD, Professor of Medicine and Biochemistry, Boston University School of Medicine, Tuberculosis Control Officer, Massachusetts Department of Public Health; and Naomi Seiler, JD, Associate Research Professor, Department of Health Policy, George Washington University School of Public Health and Health Services

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 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.

Through a collective effort, we have developed a roadmap of meetings, workshops and other events organized by partners during and before the World Conference on Lung Health in Paris.

The roadmap is available on the Stop TB Partnership website.

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.

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.

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

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

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