For our readers: 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)

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

Congress reconvened on September 9th. On the agenda is passage of a spending measure to fund government programs for the first quarter of FY2014, which must be approved before September 30. The Senate Labor-HHS Appropriations subcommittee approved its FY2014 health funding bill on July 9. The Senate bill provides CDC's Div. of TB Elimination with flat funding at the FY2013 funding level of $140 million. The House Labor-HHS Subcommittee has not acted on the FY2014 health bill.

Global TB Funding

The FY2014 State Department and foreign assistance bill progressed through both House and Senate subcommittee and full Appropriations Committee action, all in the same week. The House and Senate bills fund USAID’s global tuberculosis program at differing levels in contrast to previous years. Neither chamber adopted a 19 percent cut to the program proposed by the President’s 2014 budget, which would have reduced funding for the program from the FY2013 level of $236 million (prior to the 5 percent sequestration cut) down to $191 million. The House bill provides the higher funding level for the program, at $236 million, which is level with FY2013,
while the Senate proposes to fund the program at $225 million, which is the final FY2013 following application of the 5 percent sequestration funding cut. Both the House and Senate bills fund the Global Fund to Fight Aids, Tuberculosis and Malaria at $1.65 billion, which is the President’s FY2014 budget recommendation. This bill now awaits House and Senate floor votes.

ANNOUNCEMENT

From RESULTS: The RESULTS DC office has moved! The new address is 1101 15th St., NW, Ste. 1200, Washington, DC, 20005

HIGHLIGHTED TB REPORTS

THE GLOBAL FUND

New Report developed by Dutch nongovernmental organization International Civil Society Support to support the Global Fund Advocates Network, in close consultation with the Global Fund Secretariat and partners including UNAIDS, the Stop TB Partnership and Roll Back Malaria.

The economic and human benefits that could be achieved by meeting funding targets set by the Global Fund to Fight AIDS, TB and Malaria dramatically outweigh the costs, according to a report released today. The Cost of Inaction report says that if the Global Fund receives the US $15 billion it requires over the next three years to implement AIDS, tuberculosis (TB) and Malaria programmes, the world can begin to bring the three diseases under control and relieve tremendous suffering around the world.

If the funding drive is unsuccessful, the world will fail to prevent millions of avoidable infections and deaths, and face lifetime treatment costs as high as US $47 billion, the report says. It also notes that a slowdown in efforts to tackle TB will result in uncontrollable future levels of multidrug-resistant TB, which is much more expensive to treat. “There are three compelling factors that make this a unique opportunity to fight and defeat these diseases,” said Mark Dybul, Executive Director of the Global Fund. “We have the experience to know how to fight them effectively, we have new scientific tools, and we understand the epidemiology of these diseases better than ever. We can make a transformative difference, and if we do not act now, the costs will be staggering.”

Joanne Carter, the Executive Director of RESULTS Educational Fund in the US, said that the world is at a tipping point in the fight against HIV, TB and malaria. “The ultimate goal we all share to defeat these three diseases is a very real possibility,” she said. “Besides the humanitarian and moral case for a fully replenished fund, this report makes the undeniable value for money and economic rationale for scale-up, now.”
UK contribution: UK Development Secretary Justine Greening has announced a UK contribution of US $1.6 billion to the Global Fund to Fight AIDS, Tuberculosis and Malaria for the next three years. This amount makes the UK the second largest donor to the Fund, after the United States, and provides a leap forward towards the Fund’s target of securing US $15 billion.

"This is great news for global efforts to scale up the fight against tuberculosis (TB)," said Dr Lucica Ditiu, Executive Secretary of the Stop TB Partnership. "Success in TB is closely linked to the success of the Fund’s resource replenishment."

The Global Fund has asked donors to contribute US $15 billion over the next three years to enable it to finance AIDS, TB and malaria programmes globally. The Fund says this amount is needed to ensure continued progress in the fight against the three diseases. The Global Fund finances more that three quarters of all international funding for TB programmes globally. Earlier this month, the Nordic countries collectively pledged US $750 million for the Fund, another large increase.


FROM FORBES.COM: an op-ed by Dr. John Lechleiter, Chairman and CEO of Eli Lilly, with a strong endorsement for the Global Fund and call for full funding in the 4th replenishment.

While visiting the Fort Grey Hospital in East London, South Africa, several of my Lilly colleagues recently spoke with a brave young woman named Phumla as she was undergoing treatment for drug-resistant TB. She contracted the deadly disease from her sister, who had passed away just a few days prior. Phumla was devastated, but she refused to give up hope. “I want to be cured. I want to go home,” she said. Her resolve was deeply moving and underscored the urgency of the fight against drug-resistant TB. Sadly, Phumla’s story is becoming more common as new cases of deadly drug-resistant TB are reported – and not only in the developing world. Earlier this year, one of the most severe cases of drug-resistant TB in U.S. history emerged in Texas. The World Health Organization projects that as many as two million people may develop drug-resistant strains of TB worldwide by 2015 – despite everyone’s efforts to achieve the 2015 Millennium Development Goals related to TB.

The fact is, every time we fail to treat TB completely – everywhere we find it– drug resistance can take hold, dramatically increasing the threat to patient health and the cost of controlling the disease. Neither governments nor market forces alone can solve this urgent global health problem, but working together in partnership, progress is indeed possible. Strong investments today – starting with the Global Fund to Fight AIDS, Tuberculosis and Malaria – will diminish the threat posed by drug-resistant TB, and enable us to stop the scourge of all three of these diseases.

The Global Fund’s powerful impact: Around the turn of the century, HIV/AIDS, TB and malaria
killed more than six million people each year. Virtually no one in low- and middle-income countries had access to the life-saving antiretroviral therapies that have proven effective in treating HIV. Public health budgets for TB and malaria control were practically non-existent. The Global Fund was founded in 2002 to change all that. This public-private partnership set out to dramatically increase the resources available to control these diseases by moving them to the top of the world’s agenda. Few organizations have had such a tremendous impact in such a short time. To date, the Global Fund has raised and committed more than $23 billion dollars in more than 150 countries. And it has set the standard for development financing by operating in a transparent, demand-driven, and results-oriented way, with robust monitoring and evaluation.

As of December 2012, with financing from the Global Fund: 1) 9.7 million cases of TB have been detected and treated; 2) 4.2 million people are receiving antiretroviral therapies – nearly half of the total patients now on treatment in low- and middle-income countries; and 3) 310 million mosquito nets and 181 million cutting-edge anti-malarial treatments have been distributed. These efforts have helped effectively change the trajectory of HIV/AIDS, TB and malaria, capping – and now shrinking – the total number of cases worldwide for each of the diseases.

The Global Fund just announced its fourth major fundraising effort, targeting $15 billion over the next three years to satisfy proposals and projections from Ministries of Health and technical partners indisease-burdened countries around the world. That level of funding would pave the way to covering up to 85 percent of people in need with key interventions, and save as many as 5.8 million lives through access to treatment alone. It is absolutely critical to ensure that the Global Fund is fully funded in order to prevent drug resistance from undermining the gains we’ve made against TB, and to keep us on track to get all three of these diseases under control. Taking our eye off the ball now would imperil future generations and result in significantly higher health care costs for governments around the world...Read more:

FROM MANAGEMENT SCIENCES FOR HEALTH (MSH)


Read HERE

FROM RESULTS AND THE UNION

Workshop Agenda - childhood TB roadmap launch on October 1, 2013

Dear colleagues, please find the agenda for the workshop 'Beyond the roadmap - towards zero
deaths from childhood TB' below. This event will take place at PATH, 455 Massachusetts Ave, NW, Suite 1000, Washington, DC 20001 on October 1, 2013 from at 2 p.m. to 5:30, following the press conference launching the childhood TB roadmap (11 a.m.). Please RSVP if you want to attend the workshop. Who should attend the workshop: Advocates, policy-makers, implementers of tuberculosis and child health programs, researchers

Objectives: 1) To give examples of existing efforts to integrate childhood tuberculosis into maternal and child health (MCH) services; 2) To discuss how to implement the childhood TB roadmap; 3) To define next steps for different stakeholders; and 4) To define areas for pilot work and operational research.

AGENDA : Chairs: Dr. Lucica Ditiu (Executive Secretary, Stop TB Partnership), Dr. John Borrazzo (MCH Division Chief, USAID), Dr. Joshua Obasanya (NTP manager, Nigeria)

Aims of the workshop : How can we use this roadmap to move ahead?: Dr. Lucica Ditiu, Executive Secretary, Stop TB Partnership

Child TB and the NTP: Dr. Joshua Obasanya, National TB Programme Manager, Nigeria

A call to action: London Nguyen and Myra Arzate, MDR-TB patient and his mother

Step 1: Know your epidemic: Prof. Steve Graham, Chair, Stop TB Partnership Childhood TB Subgroup; Consultant in child lung health, The Union

Perspective from child health implementing organizations: Opportunities for intervention

- Childhood TB and community health care modules: Dr. Troy Jacobs, USAID
- A framework for integrating childhood TB into community-based health care (CORE group) :Dr. Alan Talens, MPH, World Renew, Chair Community Child Health Working Group, CORE Group

Integrated care: examples from the field:

- Managing childhood TB in the context of pneumonia, malnutrition and other common illnesses: Operational research needs Steve Graham
- TB-HIV: Dr. Pilar Ustero, Baylor College of Medicine Children’s Foundation-Swaziland, Baylor International Pediatric AIDS Initiative
- Integrating childhood TB within MCH programs – experiences from the field: Dr. Fozo Alombah, PATH

Roundtable discussions (Dr Anne Detjen, The Union) Topics include: Childhood TB and community health care; Childhood TB and HIV; Childhood TB and malnutrition/pneumonia; Collaborations to improve contact tracing, preventive therapy and treatment support; Advocacy; Recording and reporting to improve data-driven decision making
To register for the workshop:  childhood-tb-rsvp@theunion.org If you have questions:  childhood-tb-rsvp@theunion.org How to get there:  http://www.path.org/about/contact-dc.php Places to stay:  PATH hotel list

FROM OXFAM

The Civil Society delegations’ to UNITAID are seeking new members for their Contact Group. Full terms of reference are available by emailing LZadeh@oxfam.org.uk. Please email all expressions of interest to UNITAID Civil Society Delegations Liaison Officer, Leila Zadeh: LZadeh@oxfam.org.uk.

UNITAID is an innovative global health initiative that uses its long-term sustainable funding to support projects that positively impact the market for medicines, diagnostics and other health products for HIV/AIDS, TB and Malaria. UNITAID also encourages innovation to ensure medicines are available in formulations and combinations that are best suited to the target populations and treatment conditions in developing countries. For more information on unitaid, please see www.unitaid.eu

The Civil Society Delegations to the UNITAID Board are the two seats representing Communities affected by HIV/AIDS, TB or malaria, and NGOs involved in the global fight against these diseases on the executive Board of UNITAID. The Communities and NGOs board members choose to work together a great deal, but constitute two distinct delegations, each with its own voice and strengths. The Civil Society Delegations’ Contact Group is the for civil society representatives interested in following key issues at UNITAID and the activities of the civil society board members.

Members of the Contact Group receive regular updates on the activities of the Civil Society Delegations, are invited to attend teleconferences discussing key UNITAID issues, and have the opportunity to participate in document review processes and attend pre-Board meetings. If you are interested in joining the Contact Group, please email the Liaison Officer, Leila Zadeh at LZadeh@oxfam.org.uk. Please state in your email: 1) If you are an NGOs or Communities representative; 2) Your country of residence; 3) Name of the organisation you work for (where applicable); 4) Your areas of interest and expertise in the field of HIV/AIDS, TB and malaria; 5) Confirmation that you have read the terms of reference; and 6) Commitment to maintaining confidentiality around all Board and Committee meeting documents.

NEWS SOURCES

From NPIN: UNITED STATES

“Tuberculosis and Parkinson's Disease Linked by Unique Protein”  University of California, San Francisco (09.04.2013) Jeffrey Norris
Researchers at the University of California, San Francisco (UCSF) are investigating the function of a protein called Parkin in TB. Kevan Shokat, PhD, of UCSF and colleagues already were investigating Parkin’s role in Parkinson’s disease and found that its malfunction was associated with the loss of nerve cells in Parkinson’s. Jeffery Cox, PhD, UCSF microbiologist and TB expert, focused on the enzyme Parkin as a common element in Parkinson’s and TB while investigating how macrophages (immune cells) surround and destroy bacteria. Cox found that mitophagy, the process of disposing of worn-out cell mitochondria, depended on Parkin. He then speculated that Parkin might be useful with TB and the process of xenophagy (the process by which the macrophage destroys foreign bacteria). Also, he learned that specific naturally occurring variations (polymorphisms) in the Parkin gene were associated with increased susceptibility to TB infection.

Cox and colleagues reported that Parkin triggered destruction of TB bacteria by macrophages. In both mouse and human macrophages infected with TB in the lab, Parkin had an important role in fighting the bacteria. The researchers noticed that genetically engineered mice that lacked Parkin died when infected with TB while those with normal Parkin levels survived. Cox is studying ways to increase Parkin activity in TB-infected mice using a method similar to that being used by Shokat to prevent neurodegeneration in Parkinson’s. Cox is working with Shokat to improve Parkin activity against cell-invading bacteria.

The full report, “The Ubiquitin Ligase Parkin Mediates Resistance to Intracellular Pathogens,” was published online in the journal Nature (2013; doi:10.1038/nature12566). Read Full Article

“TB Skin Test Antigens in Short Supply Again, CDC Says” Medscape Medical News (09.05.2013) Robert Lowes

A CDC Health Alert Network advisory reported shortages of two tuberculin skin test (TST) antigens, Tubersol (Sanofi Pasteur) and Aplisol (JHP Pharmaceuticals). Both of the US Food and Drug Administration (FDA)-approved TSTs are purified-protein derivative tuberculin products. Fifty-dose Tubersol vials were completely unavailable, and there was a limited supply of 10-dose Tubersol vials. CDC expected Sanofi Pasteur would not replenish the Tubersol supply until mid-October at the earliest.

As a result of the Tubersol shortage, Aplisol, which gives results similar to Tubersol, was also in short supply in some US regions. JHP Pharmaceuticals was giving precedence to established Aplisol customers, but limiting the amount they could buy. CDC announced a similar TST scarcity in April; Sanofi Pasteur resolved the shortage in early June. CDC recommended that public health agencies and private healthcare providers work around the TST shortages by substituting interferon-gamma release assay tests or Aplisol and by prioritizing the use of TSTs for direct contact investigations. Interferon-gamma release assay tests could be more expensive than TSTs and could yield “indeterminate or borderline results.”

The full advisory, “Recurrent Nationwide Shortage of Tuberculin Skin Test Antigen Solutions: CDC
Recommendations for Patient Care and Public Health Practice,” was published online by CDC’s Emergency Preparedness and Response: Health Alert Network at http://emergency.cdc.gov/HAN/han00355.asp.

Updates from the FDA’s Center for Biologics Evaluations and Research are available at http://www.fda.gov/BiologicsBloodVaccines/SafetyAvailability/Shortages/ucm351921.htm

“Certara, C-Path Partner on Lung Model for TB Drugs” Drug Discovery & Development Magazine (09.11.2013)

Certara, which provides software and scientific consulting services to improve productivity and decision-making from drug discovery through drug development, recently announced a partnership with the Critical Path Institute (C-Path) to develop a physiologically based pharmacokinetic model of the human lung. The model would work in combination with Certara’s Simcyp Population-Based Simulator to determine the disposition of drugs in the lungs and the potential impact of disease-progression on drug kinetics at different stages of TB infection. According to C-Path President and CEO Dr. Martha Brumfield, drug developers could use the model to define dose regimens that would produce clinical concentrations of drugs at specific sites in the lungs and help accelerate development of new TB drugs. The Critical Path to TB Drug Regimens Initiative supports this project. Read Full Article

CALIFORNIA: “TB Shortage May Prevent School Employees, Volunteers from Getting TB Skin Tests “ El Cerrito (09.05.2013) David Mills

A national shortage of Tubersol and limited availability of Aplisol, solutions needed for TB skin tests, have made it difficult for California school systems to comply with a state law that required all school employees and classroom volunteers to have TB tests before school started. Manufacturers expected supplies of Tubersol and Aplisol to arrive by mid-October, after the state deadline for TB testing of school employees and volunteers. Peggy Marshburn, spokesperson for the Contra Costa Office of Education, noted that employees and volunteers could opt for a TB blood test, which could be more costly and inconvenient. Marshburn learned of the shortages from West Contra Costa Unified School District earlier in the week.

The Contra Costa Office of Education requested that the California Department of Education delay the deadline. Erika Jenssen, communicable disease programs chief for the Public Health Division of Contra Costa Health Services, and Erica Pan, director of the Division of Communicable Disease Control and Prevention in the Alameda County Public Health Department, reported they had alerted schools and medical facilities about the shortage. Pan and Jenssen recommended that medical facilities prioritize skin tests and use blood tests when possible. Tubersol and Aplisol shortages are thought to be due to manufacturers producing an insufficient supply of the solutions. Read Full Article

NPIN GLOBAL
Crystal Phend

A British pilot study suggested that video-taping a TB patient taking medication might be a cost-effective way of monitoring compliance to cut down on drug resistance. The World Health Organization recommended a trained person directly observe TB patients swallow their medication either at a clinic or at the patient’s home. Dr. Marc Lipman of University College London and colleagues found this “virtual observation” strategy might be an effective tool when a patient could not or would not participate in direct observance because of complicating factors such as homelessness, drug abuse, or transportation issues.

The researchers gave patients laptops or smartphones to video themselves holding the medication, swallowing the medication, and then showing an open mouth with no medication remaining for every dose. The patients then sent the video clip to their healthcare provider. Lipman said seven of the 17 patients chosen for the pilot complied with the requirements and finished treatments or were close to completion. “Something like one in three individuals who would require directly observed treatment, I think would succeed with virtually observed treatment,” Lipman said at a press conference. “It’s not perfect for everyone but it does seem to be effective.” The remaining 10 patients did not participate for various reasons.

The main advantage of virtually observing medication adherence would be the money to be saved, Lipman stated. “If you’ve got a complex patient, by and large you get them through treatment, but the cost associated with it we estimate is something like 25 to 50 times the standard TB treatment cost, just because they are so resource intensive,” he said and added that Britain was planning a national trial, with cost-effectiveness being an important issue.

The full report, "Using Virtually Observed Treatment (VOT) for Hard to Manage Tuberculosis: A Pilot Study," was presented at a conference of the European Respiratory Society (ERS 2013; Abstract P1601). Read Full Article

SPAIN: “Rapid Diagnostic Tests Decrease Waiting Time for Drug-Resistant TB Patients” Medical Xpress (09.08.2013)

A study, presented this week at the European Respiratory Society’s Annual Congress in Barcelona, Spain, unveiled three new tests that could diagnose drug-resistant TB in a much shorter timeframe than the current standard test, but with the same precision. Early and accurate identification of drugs to which TB bacteria are sensitive or resistant is critical in providing the quickest cure to the patient as well as in warding off developing more drug-resistant TB, especially for patients with extremely drug-resistant TB, who might have a short life expectancy if not treated properly.

The current test collects and cultures a sputum specimen and could take between 21 days to three months for results. The three new tests took between five to 15 days. The testing
timeframe showed: the microscopic observation drug susceptibility (MODS) test took 15 days to complete; pyrosequencing, a DNA sequencing technique, took eight days to complete; and the HAIN line probe assay took five days. All three tests produced the same results as the standard testing 95–98 percent of the time for almost all the drugs. "Our findings suggest these three tests could provide a quicker way to identify patients who need alternative treatment regimens. This is very important and could potentially save lives as well as help to curb the rise of drug-resistant TB," said Antonino Catanzaro, a professor at the University California, San Diego. He added that each new test had benefits and disadvantages. For example, the MODS test, which was the slowest of the three tests, cost much less. “It is important to have this range of options available so that TB treatment programs across the world can assess which method is right for them, including consideration of the financial restrictions they work within," he said.

Researchers selected more than 1,000 patients in India, Moldova, and South Africa to investigate effectiveness of the new tests. For each participant, researchers used the three new tests as well as the standard test to evaluate drug resistance to five drugs: isoniazid, rifampin, moxifloxacin, ofloxacin, amikacin, capreomycin, and kanamycin.

INDONESIA: “UNITAID Provides TB Test Machines for Indonesia ” Bernama (09.12.2013)

UNITAID, the International Drug Purchasing Facility, has purchased more than 220 GeneXpert machines and 1.4 million test cartridges for the TBXpert project, an anti-TB effort coordinated by the World Health Organization (WHO) and the Stop TB Partnership. The GeneXpert machines and test cartridges, which would go to 21 TBXpert project countries in Africa, Eastern Europe, and Asia, would cut the time required to diagnose drug-resistant TB strains from weeks to two hours. Recipients included Bangladesh, Belarus, Cambodia, Congo, Ethiopia, India, Indonesia, Kenya, Kyrgyzstan, Malawi, Mozambique, Myanmar, Nepal, Pakistan, Philippines, Moldova, Swaziland, Uganda, United Republic of Tanzania, Uzbekistan, and Vietnam. On-the-spot diagnosis would allow health workers to engage patients in treatment immediately. WHO has recommended GeneXpert TB testing for people with suspected multidrug-resistant TB (MDR TB) and HIV-infected people who also might have TB.

Training required to operate the GeneXpert machine was minimal, and test results were highly accurate. Developing countries previously relied on century-old technology that required laboratory infrastructure and microscope use. MDR TB diagnosis depended on weeks of growing laboratory cultures. In 2012, the US President’s Emergency Plan for AIDS Relief, US Agency for International Development, the Bill and Melinda Gates Foundation, and UNITAID successfully negotiated a 40-percent global reduction in the cost of test cartridges with GeneXpert’s manufacturer, Cepheid.

The reduction, which allowed 145 countries to purchase reduced-cost test cartridges, saved approximately $15 million globally and also allowed countries not supported by the TBXpert project to increase TB testing. Approximately two-thirds of UNITAID’s funding ($1.3 billion of $2
billion) originated from a tax on airline tickets. Read Full Article

INDIA

“CMCH to Get Multidrug-Resistant TB Detection System” The Hindu (Chennai) (09.13.2013) R. Sairam

Coimbatore Medical College Hospital (CMCH) in Tamil Nadu, India, announced that in a “couple of weeks” the hospital would have advanced equipment that could produce multidrug-resistant TB (MDR TB) test results in approximately two hours. The Union Government’s Revised National Tuberculosis Control Program (RNTCP) purchased the hospital’s new equipment with World Health Organization (WHO) assistance. CMCH would use the machine to provide free TB testing for all TB patients and HIV-infected people in Nilgiris, Coimbatore, Tirupur, Erode, Salem, Namakkal, and Karur districts. Patients receiving private care could also use the free service. At present, MDR TB testing required that sputum samples go through a three-month culture process, and then go to the Intermediate Reference Laboratories at Chetpet, Chennai. CMCH’s advanced equipment would use cartridge-based nucleic acid amplification testing that detected the drug-resistant gene in cell nuclei and eliminated the need for the culture process. Coimbatore reported 1,255 new TB diagnoses in the last six months.

Three other Tamil Nadu facilities—IRL in Chennai, Government Rajaji Hospital in Madurai, and Christian Medical College in Vellore—had the advanced equipment. The Central TB Division of Directorate General of Health Services, Union Ministry of Health, and Family Welfare partnered with WHO to develop the RNTCP, which was the second largest TB control program in the world Read Full Article

“47 Public Hospital Staffers, 7 Doctors Catch TB in Mumbai “ Times of India (09.17.2013) Sumitra Deb Roy

Brihanmumbai Municipal Corporation (BMC) reported that approximately 54 healthcare providers from Mumbai’s public hospitals were receiving TB treatment under India’s Revised National TB Control Programme. A “miniscule” number of these TB-infected healthcare workers had multidrug-resistant TB (MDR TB), according to BMC officials. Most of the TB diagnoses occurred among Grade IV staffers who did not have patient contact, or among nursing and Bachelor of Medicine, Bachelor of Surgery (MBBS) students. However, seven TB patients were doctors in post-graduate training in tertiary hospitals. Mumbai reported more than 30,000 TB cases annually. Although veteran healthcare providers asserted that TB was the “commonest” occupational hazard, recent MDR TB deaths have drawn fresh attention to the disease. A Sion Hospital MBBS student died of MDR TB in June 2013, and 13 other Sion healthcare workers currently were receiving TB treatment. A Nair Hospital nursing student also died of MDR TB in June, and a nursing college hostel has reported three TB cases among 400 students in 2013. Mumbai TB Officer Dr. Minni Khetarpal attributed TB incidence among nursing students primarily to nutrition, work stress, and climatic conditions.
Dr. Sujata Baweja, head of Sion Hospital’s microbiology department, noted that some patients who arrived with TB left the hospital with drug-resistant TB. CDC and Harvard School of Public Health infection control experts recently arrived in Mumbai to consult with BMC architects, engineers, and specialists. According to CDC Expert Paul Jensen, ventilation control issues, including design, operation, and sustainability, could assist with infection control. Read Full Article

FROM THE STOP TB PARTNERSHIP

The largest ever roll-out of Xpert MTB/RIF, a rapid tuberculosis (TB) diagnostic, began today, aiming to save 62,000 lives and prevent the spread of drug-resistant strains of the disease. The TBXpert project, funded by UNITAID and coordinated by the World Health Organization (WHO) and the Stop TB Partnership, is worth US $25.9 million and will see more than 220 Xpert machines and 1.4 million test cartridges delivered to 21 countries in Africa, Eastern Europe and Asia. The Stop TB Partnership’s TB REACH programme is supporting 14 of these countries through grants that promote innovative ways to increase access to diagnosis and treatment for people with TB, including the deployment of the Xpert diagnostic. TB REACH and the Stop TB Partnership’s Global Drug Facility are responsible for procuring all the Xpert machines and test cartridges that will be delivered through the TBXpert project. The Xpert diagnostic, endorsed by WHO in 2010, can deliver a TB test result within two hours.

Older tests can take weeks or months to complete. The Xpert test can also detect resistance to rifampicin, one of the first-line drugs most commonly used to treat TB, and detect TB among people living with HIV. Thanks to an agreement reached by UNITAID with the Xpert manufacturer Cepheid, 145 countries—including all 21 in the TBXpert Project—are now benefitting from a 40% price reduction on cartridges. Results now show that the reduced prices have helped to achieve cost savings of more than US$ 15 million globally. This global price reduction has allowed other countries who are not directly supported by UNITAID, such as South Africa, to test more people with the funds that they have available. The US President’s Emergency Plan for AIDS Relief, the United States Agency for International Development, and the Bill & Melinda Gates Foundation joined UNITAID in negotiating this price reduction. "The roll-out of this innovative test will bring accurate diagnosis to some of the most vulnerable people in the world and save many thousands of lives. This will accelerate our efforts to find the three million people who are not reached with TB care every year," said Dr Lucica Ditiu, Executive Secretary of the Stop TB Partnership.

Until recently, the only TB diagnosis technique available to most laboratories in developing countries is more than a century-old and involves detecting the bacteria using a microscope. Testing for MDR-TB requires another cumbersome method: growing the bacteria in laboratory cultures, a process that can take months and requires extensive infrastructure. During this time period, drug-resistant strains can spread from person-to-person. "Detecting TB rapidly and identifying drug resistance on the spot are essential to improve care of affected people and avoid transmission in the community." said Dr Mario Raviglione, Director of the WHO Global TB
Programme. "Wide introduction of new molecular diagnostic tests, such as through the TB Xpert project, is the best way we have today to ensure early and accurate TB diagnosis." Read more on the UNITAID website.

JOURNAL ARTICLES

(Sept 4 – Sept 20, 2013)


Weight Gain and Response to Treatment for Multidrug-Resistant Tuberculosis. Gler MT, Guilatco R, Caoili JC, Ershova J, Cegielski P, Johnson JL.

BMC Infect Dis . 2013 Sep 9;13(1): [Epub ahead of print]

Mycobacterium tuberculosis is the causative agent of tuberculosis in the southern ecological zones of Cameroon, as shown by genetic analysis. Assam JP, Beng VP, Cho-Ngwa F, Toukam M, Ngwe AA, Kitavi M, Nzuki I, Nyonka J, Tata E, Tedom JC, Skilton RA, Pelle R, Titanji VP.


BMC Infect Dis . 2013 Sep 8;13(1):423. [Epub ahead of print]

Molecular characterization of T cell receptor beta variable in the peripheral blood T cell repertoire in subjects with active tuberculosis or latent tuberculosis infection. Yang J, He J, Huang H, Ji Z, Wei L, Ye P, Xu K, Li L.

BMC Int Health Hum Rights . 2013 Sep 12;13(1):38. [Epub ahead of print]

Myths and misconceptions about tuberculosis transmission in Ghana. Amo-Adjei J, Kumi-Kyereme A.


A young 20-year-old woman with an atypical tuberculin reaction. Khan UH, Koul PA.

Braz J Infect Dis. 2013 Sep 9. [Epub ahead of print]


Eur Respir J. 2013;42


PubMed: www.amedeo.com/p2.php?id=23988765&s=tb&pm=2

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


PubMed: www.amedeo.com/p2.php?id=24025390&s=tb&pm=2


PubMed: www.amedeo.com/p2.php?id=24025389&s=tb&pm=2

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

PubMed: www.amedeo.com/p2.php?id=24025388&s=tb&pm=2


PubMed: www.amedeo.com/p2.php?id=24025387&s=tb&pm=2
PubMed: www.amedeo.com/p2.php?id=24025386&s=tb&pm=2

PubMed: www.amedeo.com/p2.php?id=24025385&s=tb&pm=2


PubMed: www.amedeo.com/p2.php?id=24025382&s=tb&pm=2

Outcomes in HIV-infected adults with tuberculosis at clinics with and without co-located HIV clinics in Botswana. SCHWARTZ AB, Tamuhla N, Steenhoff AP, Nkakana K, et al.
PubMed: www.amedeo.com/p2.php?id=24025381&s=tb&pm=2

PubMed: www.amedeo.com/p2.php?id=24025380&s=tb&pm=2

Integration of tuberculosis and prevention of mother-to-child transmission of HIV programmes in South Africa. UWIMANA J, Jackson D.
PubMed: www.amedeo.com/p2.php?id=24025379&s=tb&pm=2

PubMed: www.amedeo.com/p2.php?id=24025378&s=tb&pm=2


**TBscore II: Refining and validating a simple clinical score for treatment monitoring of patients with pulmonary tuberculosis.** Rudolf F, Lemvik G, Abate E, Verkuilen J, Schön T, Gomes VF, Eugen-Olsen J, Ostergaard L, Wejse C.

**Travel Medicine and Infectious Disease** Available online 15 September 2013

Educating international students about tuberculosis and infections associated with travel to visit friends and relatives (VFR-travel)  Katherine B. Gibney, Amanda Brass, Sam C. Hume, Karin Leder

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**FUNDING OPPORTUNITIES**

Forwarded from TAG

A funding opportunity for discovery and development of new products—TB drugs, vaccines and diagnostics are all covered by this RFP.

Please be aware that the Global Health Innovative Technology Fund (GHIT Fund) has recently released its second round of Request for Proposals (RFP). The GHIT Fund is a nonprofit organization focused on promoting the discovery and development of new health technologies, including drugs, vaccines, and diagnostics for infectious diseases prevalent in developing countries. The GHIT Fund is based in Japan and is supported by the Japanese government, Japanese pharmaceutical companies, and the Bill & Melinda Gates Foundation. For more information on the call for RFPs, please click here. For a FAQ on the call for proposals, please click here. Letter of intent due September 30th.

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**COURSES/WORKSHOPS**

**CDC TB Contact Investigation Interviewing Skills Course**

The Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination (DTBE), is pleased to announce the release of the TB Contact Investigation Interviewing Skills Course. The course was developed as a collaborative effort between DTBE and the TB Regional Training and Medical Consultation Centers (RTMCCs). The course is designed as an interactive, skill-building training to improve the abilities of both new and experienced staff who are responsible for conducting TB contact investigation interviews. The course provides an overview of the contact investigation process, basic communication and interviewing skills, and opportunities to apply those skills in role play activities.

To access course materials, please visit: [www.cdc.gov/tb/education/skillscourse/default.htm](http://www.cdc.gov/tb/education/skillscourse/default.htm)

FROM THE RTMCCs
THE SOUTHEAST NATIONAL TB CENTER (SNTC)

Comprehensive Clinical TB Course
Date: 10/7/2013 - 10/10/2013 Location: SNCTC
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.
Additional information: Driving and Lodging, October Flyer

Tuberculin Skin Test Train-the-Trainer Course
Date: 10/11/2013 - 10/11/2013 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: Flyer, Agenda

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

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

**Tuberculosis Clinical Intensive Date: October 1-3, 2013 Location: Oakland, CA**

Description: This three-day training is designed for physicians and other licensed medical professionals who diagnose and treat tuberculosis (TB). Topics include: diagnosis, management, and treatment of active TB and latent TB infection, TB transmission and pathogenesis, pediatric TB, drug-resistant TB, and more. This training is approved for 19.50 Category 1 ACCME continuing education hours/nursing continuing education hours. For a complete training description, please visit:

[http://www.currytbcenter.ucsf.edu/training/tb_clinical_intensive.cfm](http://www.currytbcenter.ucsf.edu/training/tb_clinical_intensive.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/odweboct2013.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 23 rd.

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

FROM NATIONAL JEWISH MEDICAL AND RESEARCH CENTER

The 50th Annual Denver TB Course
Date: October 9-12, 2013
Location: Denver, Colorado

The purpose of this course is to present this body of knowledge to general internists, public health workers, infectious diseases and chest specialists, registered nurses, and other health care providers who will be responsible for the management and care of patients with tuberculosis. For more information and to register, please call 800.844.2305 or visit www.njhealth.org/TBCourse

FROM THE UNION

The Union’s International Management Development Programme 2013 Courses: To register for any of these courses, visit www.union-imdp.org or email imdp@theunion.org to receive more information. Course fee for all courses includes lodging, breakfast, lunch, coffee and tea breaks, and course materials.

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](http://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 postgraduate 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 by 4 October. Please note that the email address (stoptbpartnerships@stoptb.who.int) included in the previous communication is not yet active, therefore if your earlier RSVP bounced back, please resend to the stoptbpartnerships@who.int address.

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!*

**CALL FOR ABSTRACTS**

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.

Deadline for abstract submission: October 7, 2013
To download the forms: [click here](#)

**TRAVEL GRANT AWARDS**

We are pleased to offer travel grants to selected individuals within the Americas and the Caribbean who would otherwise be unable to attend the 18th Annual Conference of the Union – North American Region without financial assistance. It is highly recommended that you seek additional sources of funding. Additional mentoring opportunities in the field of TB will be available for selected travel grant recipients.

Deadline for Travel Grant Award submission: October 7, 2013
To download the forms: [click here](#)

For questions, please contact: Menn Biagtan at biagtan@bc.lung.ca