For our readers: Because of the holiday hiatus, this issue of the TB Wire is longer than usual due to the number of journal abstract references. We are exploring the idea of sending the journal abstract reference list in a separate email in order to shorten the TB Wire, and help with spam-related issues. We are interested in your feedback and comments about this potential change at setkind@stoptbusa.org

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.

Funding Update

On December 18, a two-year budget agreement drafted by the Joint Budget Conference Committee, co-chaired by Sen. Patty Murray (D-WA) and Rep. Paul Ryan (R-WI), was passed by the Senate. The agreement, which was passed by the House the previous week, sets top-line budget numbers for the remainder of fiscal year 2014 and fiscal year 2015 and includes some budget sequestration relief for federal agencies and programs.

The agreement cancels approximately $63 billion in sequestration cuts that were scheduled for fiscal years 2014 and 2015 by trading them for savings achieved through the sale of federal assets, increasing some user fees, and by cuts to several mandatory spending programs such as Medicare payments to hospitals. While the $63 billion in funding does not fully cancel sequestration cuts to all agencies and programs for FY2014, it does allow congressional appropriators flexibility to restore funding for priority agencies and programs. We expect that the 5 – 6% sequestration funding cut scheduled for CDC in FY2014 will be cancelled, although a lesser funding cut may still be possible. But these details still remain to be finalized by appropriators between now and the second week of January.

The budget agreement will serve as the basis for the House and Senate to finalize all 12 annual spending bills for fiscal year 2014 either as individual products or rolled into an omnibus measure that contains several or all of the bills—or a combination of both of these approaches. The House and Senate Appropriations committees are now
working on these bills, which must be passed by January 15, 2014, when the current spending measure, known as a continuing resolution, expires. Funding bills for health, the EPA, and foreign aid could end up as continuing resolutions because the House and Senate are far apart on policy and funding recommendations on individual programs within these bills.

House TB Caucus

The Tuberculosis Elimination Caucus in the U.S. House of Representatives was formed in March of 2012 by Representatives Engel (D-NJ), Green (D-TX) and Young (R-AK). A caucus is an informal grouping of legislators which can help rally interest and enthusiasm on an issue of mutual concern, by sponsoring briefings, initiating letters and inquiries, and more. You can help to grow the membership of this caucus by sending a letter to your Representatives asking that they join this very important caucus. By clicking the link below and providing your address, a personal letter will be generated and sent to your Representatives on your behalf.

Click here to generate and send a letter today!

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ANNOUNCEMENTS

FROM THE STOP TB PARTNERSHIP

World TB Day 2014 is 81 days away!

World TB Day, falling on March 24th each year, is designed to build public awareness that tuberculosis today remains an epidemic in much of the world, causing the deaths of nearly one-and-a-half million people each year, mostly in developing countries. It commemorates the day in 1882 when Dr Robert Koch astounded the scientific community by announcing that he had discovered the cause of tuberculosis, the TB bacillus. At the time of Koch's announcement in Berlin, TB was raging through Europe and the Americas, causing the death of one out of every seven people. Koch's discovery opened the way towards diagnosing and curing TB.

The theme for World TB Day 2014 is: Reach the three million: A TB test, treatment and cure for all

Read more about the theme in the concept note. More details and materials will be available soon

Red Ribbon Award - Nominations now open to honour and promote community leadership and action on AIDS

Community organizations working on TB and HIV are eligible to apply in categories including advocacy and human rights and treatment, care and support.

Call for applications to serve as members on the Global Drug-resistant TB Initiative Core Group during 2014-2015

The working group aims to ensure universal access to care and appropriate treatment for all drug-resistant TB patients.

FROM THE UNION

The Union launches a completely new website with many new features. Visit us today and don’t forget to update your bookmark. The site is now available in English – and the French and Spanish sites will be launched in early 2014. We hope you enjoy this new site and welcome your feedback at this address: webmaster@theunion.org
Delamanid Availability

You may have seen the exciting news that delamanid, a new drug in development to treat multidrug-resistant TB, was recommended for European Medicines Agency approval on November 21st, 2013. Unfortunately, the drug’s sponsor, Otsuka, has yet to make the drug available to patients in urgent need under widely recognized pre-approval access mechanisms. Delamanid is just one of a handful of new drugs in the pipeline to fight the growing problem of drug-resistant TB. It's one of only 2 TB drugs from new drug classes poised for stringent regulatory approval in 40 years. Community groups have been asking Otsuka to provide access to delamanid outside of clinical trials since 2011. Despite pending stringent regulatory authority approval and the completion of enrollment in a phase III trial, Otsuka has not let a single patient --other than those lucky enough to live close to a clinical trial site and meet strict eligibility criteria--access its potentially life-saving drug. (In contrast, bedaquiline--the other new TB drug--initiated its compassionate use program years ago even though it has not yet initiated phase III trials). Please see the attached statement from several international community groups on this subject.

Open Letter: Urgent Appeal to Initiate Delamanid Compassionate Use Program

Q & A with TB/HIV Project Officer Mike Frick

Welcome Sanofi U.S. Commitment to Reduce the Price of Tuberculosis Drug Rifapentine

New York, New York – The Community Research Advisors Group (CRAG) and Treatment Action Group (TAG) welcome the Sanofi U.S. decision to lower the price of the tuberculosis (TB) drug rifapentine to $32 per 32-tablet blister pack. The company indicates that the new price will become effective in January 2014 under 340(b) Public Health Service pricing.

“The previous price of rifapentine, at approximately $51 per box, made the drug prohibitively expensive for U.S. TB programs to use at desired levels. In a survey conducted by TAG and the National Tuberculosis Controllers Association, 82 percent of surveyed TB programs cited rifapentine’s cost as a significant barrier to its use,” said Erica Lessem, assistant director of TAG’s TB/HIV program.

Rifapentine is a key drug in the prevention and treatment of TB. Innovative regimens using rifapentine to simplify and shorten TB therapy have been developed through publicly funded research conducted by the U.S. Centers for Disease Control and Prevention’s Tuberculosis Trials Consortium. This price decrease will make TB treatment more cost-effective for U.S. TB programs and simplify treatment for patients. With this price reduction, Sanofi
U.S. is taking concrete steps to bridge the gap between TB research and practice, and is setting an example that other drug companies should follow. Expansion of health care access under the Affordable Care Act could potentially increase diagnosis of TB infection, and Sanofi’s price concession will make new treatment-simplification strategies easier for U.S. TB programs to implement.

“With this price decrease in hand, we now look forward to Sanofi making rifapentine more widely available outside of the United States by registering the drug in other countries, particularly in those countries where rifapentine has been studied, but is not yet available to TB patients,” said Laia Ruiz Mingote, chair of the Community Research Advisors Group.

The CRAG and TAG encourage Sanofi to continue supporting TB research and increasing access to rifapentine.

**FROM THE STOP TB PARTNERSHIP**

**GDF to expand MDR-TB drug stockpile with new UNITAID grant**

UNITAID has committed US $14.9 million to the Global Drug Facility to expand the Strategic Rotating Stockpile for multidrug-resistant tuberculosis medicines.

**Communities join Mark Dybul to call for end of ‘evil twins’ TB and HIV**

Representatives of communities affected by TB made their presence felt at the 2103 International Conference on AIDS and Sexually Transmitted Infections.

**Partners rally to support patients in Afghanistan after fire at TB drug warehouse**

Local and international partners, including the Global Drug Facility, provided a swift emergency response to ensure the supply of TB drugs.

**Advocates warn of escalating TB and HIV crisis in Eastern Europe and Central Asia if funding drops**

Projected reductions in funding could leave the region with rising rates of HIV and drug-resistant TB, global health groups say.

**Funding for TB research falls for first time in eight years**

The 2013 Report on Tuberculosis Research Funding Trends, 2005-2012 found that funding for TB research and development dropped in 2012.

**Aeras wins PR Daily award for ‘Exposed’ film series**

Vaccine developer Aeras has won PR Daily’s Best Cause-Related Video award for its film series EXPOSED: The Race Against Tuberculosis.

**Symposium focuses on how the law can uphold TB patients’ rights**

GIZ-supported symposium demonstrated the link between HIV, TB and human rights and shared success stories on how the law can uphold patients’ rights.

**First results of tuberculosis vaccine candidate MTBVAC encouraging: says TuBerculosis Vaccine Initiative (TBVI)**

A phase I safety study of TB vaccine candidate MTBVAC showed encouraging results in the first intermediate
Smartphone based educational videos for TB patients

A new smartphone app, ExplainTB, has been developed to aid healthcare providers and improve the understanding of TB among patients.

REACH Lilly MDR-TB Partnership Media Fellowship training programme

The training workshop was conducted for the fourth consecutive year, for 12 journalists from different parts of India.

TB Alert wins Public Health England Award

The UK charity beat over 700 other entries to win the award for ‘best public health content’ at the annual Public Health England conference.

Making sense out of sequencing data

PolyTB, a web-based resource has been designed to explore Mycobacterium tuberculosis complex genomic variation at a global scale.

Innovative prison TB/HIV programme goes behind bars, and beyond them, to stop TB

A TB/HIV Care project has delivered impressive results in 2013, screening more than 15 000 prison inmates.

Furthering the science of community engagement

Workshop at the Union conference brought together more than 110 delegates to discuss the practice of engaging communities and stakeholders in TB research.

SSI and Aeras announce initiation of trial for TB vaccine candidate

Statens Serum Institut and Aeras announced the initiation of a Phase I/IIa clinical trial for a candidate TB vaccine.

ExTBCam: an open-source solution for laboratory TB data management in Cameroon

Centre Pasteur and the National TB Programme of Cameroon have developed an electronic solution to transmit results from EXPAND-TB network laboratories.

US Centers for Disease control wins scarecrow contest

Scarecrow named Edgar Allan Crow won first place in the contest’s non-professional entry category.

FROM THE GLOBAL FIGHT .ORG

List of donor pledges for the Global Fund’s Fourth Replenishment. You can also follow other replenishment related developments at the following link:


FROM RESULTS
Santa Clara County has a major stake in the global fight against tuberculosis, which is second only to HIV/AIDS as the greatest killer worldwide. The county's diversity and attraction of foreign visitors resulted in 176 TB cases in 2012. The San Jose Metropolitan Area ranks third in the nation in the number of cases per 100,000 people for areas of more than 500,000 residents. The San Francisco-Oakland-Fremont metropolitan area ranks fourth, according to the Centers for Disease Control, making the Bay Area the prime incubator in the United States for the disease. TB still kills nearly 5,000 people every day around the globe, but the number has fallen 41 percent since 1990, and scientists now say they have the ability to eradicate it -- not just control, but eradicate it -- as well as AIDS and malaria. All they need is the money. And in global terms, it's not that much: $15 billion over three years, according to the Global Fund, which manages the fight against these kinds of diseases. It is asking nations to step up based on the size of their economies. The United States needs to do its part. Great Britain has announced it will double its commitment to the fund, and Sweden, Denmark and Norway are increasing theirs. Santa Clara County officials should push President Barack Obama to commit the United States' full share, $5 billion over three years, at the Global Fund's Replenishment Conference in Washington, D.C., on Dec. 2. The timing is crucial, especially for TB, which is becoming increasingly resistant to the drugs used to treat it. The Global Fund investment will allow countries to improve detection and treatment to the point that doctors believe it can be wiped out.

Similar advancements are occurring against malaria and even HIV/AIDS. As recently as 2000, in sub-Saharan Africa, only about 50,000 people were on the antiretroviral therapy used to treat HIV/AIDS because of the high cost of treatment, roughly $10,000 a year. The price has dropped to $200 a year, and in 2012, more than 7.5 million Africans were receiving treatment. Studies have shown that early treatment results in a 96 percent drop in the risk of transmission, which gives hope that, over time, the disease can effectively be eliminated. San Jose Reps. Zoe Lofgren and Mike Honda join Republican Rep. Ander Crenshaw of Florida, co-chair of a committee dealing with these issues, as part of a rare bipartisan coalition supporting the initiative. It truly will save public money in the long run and strengthen economies around the world. Think of the cost now of treating victims of these diseases, of the human misery and the families left in hopeless poverty. TB and AIDS can go the way of polio and smallpox, diseases that once crippled or killed and now are all but vanquished. In an increasingly heartless world, let's make this happen.

- **Trust for America’s Health Report:** [Outbreaks: Protecting Americans from Infectious Diseases](http://www.tfah.org/newsroom/releases/?releaseid=298) Section on TB

FYI the new TFAH report includes an excellent section on TB issues in the US – see page 96

[http://www.tfah.org/newsroom/releases/?releaseid=298](http://www.tfah.org/newsroom/releases/?releaseid=298)

- **PEPFAR 2014 guidance**

PEPFAR 2014 guidance to programs has been published, see link below. TB is at page 107

[http://www.pepfar.gov/reports/guidance/c60291.htm](http://www.pepfar.gov/reports/guidance/c60291.htm)

The TB-HIV component in the Technical Considerations now seems quite robust at page 185

FROM [Science Speaks: HIV & TB News](http://www.aidsinfo.nih.gov/ContentFiles/ScienceSpeaksHIVTB.pdf)

Global TB response requires shift in approach to reach zero deaths from TB
FROM MEDECINS SANS FRONTIERES/DOCTORS WITHOUT BORDERS (MSF)

Response to the final amount of funding pledged at the replenishment meeting of the Global Fund to Fight AIDS, TB and Malaria, which is concluding today in Washington, DC.

"Despite welcomed increases in funding from a few donors, the global effort to fight HIV, TB, and malaria took a big hit today. The replenishment of the Global Fund — the largest donor of such programs — fell short of the minimum funding target to scale up lifesaving programs. People living with HIV and TB can't afford for donor countries to sit on their hands and let the opportunity to curb new HIV infections and TB cases slip by, especially when the U.S. has promised to match other donors' contributions (by $1 for every $2 pledged, up to $5 billion). Every day, we need to see more people put on treatment for HIV and TB than the day before, and flat funding or only meager increases, like what we’re seeing from Germany, the European Commission and the Netherlands, won’t get us there.

We see in our medical projects every day how effective treatment can save lives and we know that treatment also curbs transmission of both HIV and TB. Now is not the time for donors to take their foot off the gas pedal — both donor countries and those affected by the epidemics need to speed up the scale-up of life-saving treatment. For its part, the Global Fund should make sure as many people are reached with treatment services as soon as possible, by committing to buying quality medicines at the lowest possible price.”

FROM AERAS:

Q&A with XDR-TB survivor Phumeza Tisile


FROM NEWS SOURCES

United States


http://www.nytimes.com/2013/12/12/opinion/the-toll-from-three-deadly-diseases.html?ref=opinion&_r=0

International health agencies at the United Nations have documented enormous gains made over the past decade to curb three devastating diseases: AIDS, tuberculosis and malaria. Despite this great progress, there is still a big gap between what’s been accomplished and what more could be done with sufficient financing. The World Health Organization estimated in a report issued Wednesday that global efforts to control and eliminate malaria had cut the mortality rate by 45 percent globally and by 49 percent in Africa between 2000 and 2012. Even so, there were an estimated 627,000 malaria deaths in 2012, a vast majority in sub-Saharan Africa.

The main weapons against malaria are insecticide-treated bed nets to ward off mosquitoes and drugs for those who become ill. In sub-Saharan Africa, much less than half of the population had access to nets this year, and millions lack access to tests and drug treatments. Global financing for malaria control reached an estimated $2.5 billion in 2012, just under half the sum needed each year.

Tuberculosis control has followed a similar trajectory. The health organization reported two months ago that the global mortality rate from tuberculosis had fallen by 45 percent since 1990. But, in 2012, 1.3 million died, an unacceptably high toll given that most deaths are preventable if cases are detected early and treated properly.
The pattern is repeated in the battle against the virus that causes AIDS. A United Nations agency recently estimated that new H.I.V. infections among adults and children totaled 2.3 million in 2012, a 33 percent drop since 2001, and that AIDS-related deaths totaled 1.6 million, a drop of 30 percent from a peak in 2005, mostly because more patients had gained access to antiviral drugs. But an estimated 35 million people, mostly in sub-Saharan Africa, are infected and only about 10 million are being treated.

Pledges by nations to have fallen short. It will be shameful if millions of people are left to die while donors look the other way.

CALIFORNIA: “California High School to Be Tested for Tuberculosis”, Michael Martine, CNN.com (12.20.2013)

CNN reported that Riverside County Department of Public Health and California state officials decided to screen all 1,800 students and staff of Indio High School for TB on December 20, after identifying one active TB case and several dozen students who tested positive for possible exposure. The school’s Web site posted a letter to parents that described the school-wide testing as precautionary. The school stated that students must return to the school on Monday, December 23, to receive an evaluation of their testing results. Students without verification of current TB test results could not return to school on January 6 after the holiday break. Riverside County Public Health Officer Dr. Cameron Kaiser stated that public health officials did not fear a TB outbreak.

County health officials decided to test everyone at Indio High after an initial screening of 131 students and staff yielded 45 possible TB exposures. County Health Department Spokesperson Jose Arballo Jr. explained that testing positive for possible exposure did not necessarily mean a person had active TB. The health department also screened the people with possible TB exposure with chest X-rays and identified five people for further examination. CDC estimated that approximately one-third of the world’s 6 billion people had TB.


Researchers at the Texas A&M Health Science Center announced a new TB test that provides results in 40 minutes. According to Jeffrey Cirillo, a professor at Texas A&M Health Science Center Department of Microbial Pathogenesis and Immunology, the test, which is faster than the standard sputum test for TB, combines a sputum sample with a reactive substance, creating a light that healthcare providers can detect by a battery-powered handheld reader or a cellphone. He stated that the test can diagnose TB even before the two- to three-month period when transmission is common. He expects to see the new method being used in approximately 18 months outside the United States, but the goal is to make it available for in-home use. The Bill & Melinda Gates Foundation and the Wellcome Trust funded the research for this new test, which was in development for approximately six years.

Global


The Manila Bulletin reported on a bill recently introduced into the Philippines House of Representatives that would allow for free hospitalization and treatment of TB patients throughout the country. The bill, “Tuberculosis Elimination Act of 2013,” aims at eliminating the disease from the island country by giving free treatment to all residents who are covered by the Philippine Health Insurance Corporation (PhilHealth). Representative Angelina Helen Tan, who introduced the bill, said that 73 Filipinos die every day from TB, making it the country’s sixth leading cause of death. She added that the health plan currently covered new TB cases, but not cases that have relapsed or not completed treatment successfully. Tan said this plan will allow the country’s objective to reduce
“TB disease is highly contagious as each person with active TB can spread the disease to 10 other Filipinos each year. The disease is an infection caused by mycobacterium tuberculosis that can be passed on to another person through tiny droplets spread by coughing and sneezing,” said Tan, who is the vice chairperson of the House committees on social services, and labor and employment. She maintains that government efforts to better diagnose the disease are not working due to widespread poverty and social factors. Read Full Article


The Enfield Independent reported that Edmonton, United Kingdom, has a TB rate almost three times that of the national average. The estimate for Edmonton is that TB infects 41 individuals per 100,000. In some areas on the east side of Edmonton, the rate is higher than 150 per 100,000. In the west and in Enfield, the local health authority reports a rate of 27 people per 100,000, which is still higher than the national average of 14 infected individuals per 100,000. Andy Love, the Member of Parliament for Edmonton, is concerned about the high TB rates and has written to Public Health Minister Jane Ellison and Enfield’s Clinical Commissioning Group, requesting action to reduce the high rates. Read Full Article


Vaccine News Daily reported on a study of the effectiveness of the bacille Calmette-Guérin (BCG) vaccine against pulmonary TB, the most common form of the disease. BCG, the only licensed TB vaccine, is administered to children in many countries as part of their routine childhood immunizations. The prevailing belief is that the vaccine is effective against extrapulmonary TB and only sometimes effective against pulmonary TB based on location. Researchers from the London School of Hygiene & Tropical Medicine conducted a review of global studies on all reported BCG trials to determine whether the vaccine was effective against pulmonary TB as well as extrapulmonary TB. Findings indicated that BCG was very effective against pulmonary TB worldwide. The researchers learned that the vaccine’s reputation for not being effective was because exposure to prior infection reduced its efficacy. According to Punam Mangtani, lead author of the study, the research corrected the belief that BCG had little effect against pulmonary TB and emphasized its value in controlling the major burden of the disease. Mangtani stated that the knowledge that previous infection affected the vaccine’s efficacy meant that the vaccine should be administered early, if possible immediately after birth. The researchers concluded that BCG proved to have a much higher efficacy against pulmonary TB when administered to individuals with no previous TB history; hence, individuals must receive new BCG-based vaccines before they acquire the infection.

The full report, “Protection by BCG Against Tuberculosis: A Systematic Review of Randomised Controlled Trials,” was published online in the journal Clinical Infectious Diseases (2013; doi: 10.1093/cid/cit790). Read Full Article


An article in SABC said a University of Cape Town (UCT) study conducted on adults enrolled in a public sector treatment program in the Free State, South Africa, found that antiretroviral (ARV) treatments assisted in reducing incidents of TB in HIV-positive individuals as well as the mortality of those infected with both diseases. According to UCT Researcher Vanessa Timmerman, “ARV is so highly effective in reducing the incidence of TB in these patients and also reducing mortality in this group of patients.” However, approximately 13 million HIV-positive
Africans do not have access to the required medications. Earlier this month, the World AIDS Campaign told an African AIDS conference that individuals in West and Central Africa are the worst affected by HIV/AIDS, but only a third have access to treatment. Read Full Article


Digital Journal recently reported that the estimated rate of reported TB cases in Zambia is currently 444 per 100,000 individuals, and that many of the incidents occur in Kafue, a town in the Lusaka Province of the country on the north bank of the Kafue River. Officials also have detected TB in most of the cattle and the Kafue lechwe antelope that are found in the area, which is home to a major national park. Mycobacterium TB is zoonotic, meaning it can pass from animals to humans, so a high incidence of the bacterium in animals poses a threat to people. Researchers working in Zambia found that TB strains isolated from individuals and animals in the Kafue area were related. Main routes of transmission from animal to human were likely caused from drinking unpasteurized milk and eating meat that had not been properly screened. Read Full Article


Medical Science News reports that pyridomycin, a natural antibiotic produced by non-pathogenic soil bacteria, could be very effective in fighting TB. Researchers at École Polytechnique Fédérale de Lausanne (EPFL), the Swiss Federal Institute of Technology of Lausanne’s Global Health Institute, discovered pyridomycin’s effect on TB in 2012. The antibiotic inhibited the action of the “InhA” enzyme, an important enzyme for the TB bacterium. TB bacterium needs the InhA enzyme as well as a cofactor to create the cell membrane. Pyridomycin binds with the cofactor and neutralizes it. Pyridomycin also blocks the InhA binding site, which is another element the bacterium uses for forming the membrane. Pyridomycin’s inhibition of the InhA enzyme causes the bacterium’s membrane to burst. The dual action reduces the possibility of TB resistance, since two mutations must exist simultaneously to develop resistance. According to the research, pyridomycin binds effectively to the molecules; however, it cannot be used therapeutically yet, because it would not last long enough in the patient’s body. Researchers are working on developing a more robust version of the molecule. Stewart Cole, director of the Global Health Institute and leader of the research, believes that eventually they could multiply the binding sites and inhibit critical functions of other pathogenic bacteria.

The full report, “Pyridomycin Bridges the NADH- and Substrate-Binding Pockets of the Enoyl reductase InhA,” was published online in the journal Nature Chemical Biology (2013; doi:10.1038/nchembio.1405). Read Full Article


Vaccine News Daily reported that the European Centre for Disease Prevention and Control (ECDC) released new guidelines on December 13 for the investigation and control of TB in children. The guidelines were the result of ECDC’s assessment of practices in the European Union and European Economic Area. The report provides comprehensive guidance on investigating, treating, and preventing the spread of TB in children, along with best practices for investigating incidents and documenting outbreaks. According to ECDC, children are at higher risk for contracting TB within one year of exposure to the bacteria, and this is used as an indicator of transmission within a community. Read Full Article

**NEW RESOURCES**
FROM THE NATIONAL TB CONTROLLERS ASSOCIATION (NTCA)

NOW AVAILABLE: TB Drugs and Diagnostics Shortages On-line Reporting Mechanism

The TB Drugs and Diagnostics Reporting Form was developed and pilot tested by NTCA members. It is intended for use by state, regional, county, and city TB programs as well as by public and private sector organizations that perform TB screenings, such as universities, schools, correctional facilities, hospitals, and long-term-care facilities to report a shortage or price increase of a TB drug or diagnostic. The inclusion of reporting on interferon gamma release assay (IGRA) was done prior to release in recognition that some areas experienced interruptions in supply during the TB biologics shortage. The web-based reporting mechanism is now on the NTCA website’s home page, http://www.tbcontrollers.org. Please use this new tool to report the shortages and price escalations you have experienced. We ask that you also inform your community partners about this new reporting mechanism so the database will have input from public and private health providers engaged in TB control, identification and treatment activities.

FROM THE CDC

- New CDC Mobile App for Latent TB Infection

The Division of Tuberculosis Elimination’s Communications, Education, and Behavioral Studies Branch is excited to announce the release of the Latent TB Infection (LTBI): Guide for Diagnosis and Treatment mobile application for health care providers. The mobile application was designed to make it easy to view CDC’s latest LTBI recommendations on an iPad, iPhone, or iPod Touch. (An Android version will be added in a future update.) When your device is connected to wireless or cellular service, the content is updated automatically to ensure you always have the most up-to-date information. This application serves as a ready and useful reference that highlights the main points of key guidelines for diagnosis and treatment of latent TB infection.

Check out these features: 1) CDC guidelines on latent TB infection; 2) Treatment table outlining regimen options; 3) TB testing and diagnosis recommendations; 4) TB education and training resources; 5) Sample documentation forms for TB testing; 6) Personalize your experience with highlighting, annotation, and bookmark options; and 7) Share the content with others through social media, such as Facebook and Twitter Download it free from the App Store today!

- Find TB Resources

This month’s highlight is the Latent TB Infection (LTBI): Guide for Diagnosis and Treatment mobile application for health care providers from CDC’s Division of Tuberculosis Elimination. The mobile application was designed to make it easy to view CDC’s latest LTBI recommendations on an iPad, iPhone, iPod Touch, or Android. The application serves as a ready and useful reference that highlights the main points of key U.S. guidelines for diagnosis and treatment of LTBI.

Tuberculosis in Women, from the World Health Organization (WHO) Global TB Programme

TB: 8 Things Everyone Needs to Know, from Journeyworks Publishing.

Best Practices in Prevention, Control and Care for Drug-resistant Tuberculosis, from the WHO Regional Office for Europe.

FROM ENGAGE-TB

We are pleased to announce the launch of the ENGAGE-TB implementation manual. The document aims to
explain “how” the elements of the ENGAGE-TB Approach may be implemented. It also provides step-by-step process of integrating TB into other key sectors of community-based NGO work, including HIV, maternal, newborn and child health, primary health care, agriculture, livelihoods, education, and water, sanitation and hygiene programmes. The electronic version can be found here:
http://apps.who.int/iris/bitstream/10665/96900/1/9789241506540_eng.pdf

**JOURNAL ARTICLES**

(December 4th – January 2nd)


*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.


*Six components necessary for effective public health program implementation.* Frieden TR.

**Am J Respir Crit Care Med** . 2013 Dec 5. [Epub ahead of print]


**Am J Respir Crit Care Med** . 2013.


**Antimicrob Agents Chemother** . 2014 Jan;58(1)


**Efflux Inhibition with Verapamil Potentiates Bedaquiline in Mycobacterium tuberculosis.* Gupta S, Cohen KA, Winglee K, Maiga M, Diarra B, Bishai WR.

**BMC Infect Dis** . 2013 Dec 5;13(1) [Epub ahead of print]


*Genotypic characteristics of Mycobacterium tuberculosis isolated from household contacts of tuberculosis patients in the Philippines.* Sia IG, Buckwalter SP, Doerr KA, Lugos S, Kramer R, Orillaza-Chi R, Quelapio MI, Tupasi
Prevalence of latent tuberculosis infection in Sudan: a case-control study comparing interferon-gamma release assay and tuberculin skin test. Shakak AO, Khalil EA, Musa AM, Salih KA, Bashir AE, Ahmed AH, Idris FE, Elhassan AM.


Appropriate health-seeking behavior and associated factors among people who had cough for at least two weeks in northwest Ethiopia: a population-based cross-sectional study. Senbeto M, Tadesse S, Tadesse T, Melesse T.


Probable hepatic tuberculosis masquerading as Klatskin tumour in an immunocompetent patient. Hanafiah M, Alhabshi SM, Bag T, Low SF.

Tubercular duodenal, jejunal and ileocecal stricture in a patient. Sisodiya R, Ramachandra L.

Cat scratch disease and lymph node tuberculosis in a colon patient with cancer. Matias M, Marques T, Ferreira MA, Ribeiro L.


Active Tuberculosis and Venous Thromboembolism: Association According to International Classification of Diseases, Ninth Revision Hospital Discharge Diagnosis Codes. Dentan C, Epaulard O, Seynaeve D, Genty C, Bosson JL.
Epidemiology of active tuberculosis in lung cancer patients: a systematic review. Christopoulos A, Saif MW, Sarris EG, Syrigos KN.


Filling the pipeline - new drugs for an old disease. Stehr M, Elamin AA, Singh M.


Increased risk of tuberculosis in patients with end-stage renal disease: a population-based cohort study in Taiwan, a country of high incidence of end-stage renal disease. Hu HY, Wu CY, Huang N, Chou YJ, Chang YC, Chu D.

Eur J Public Health 2013 Vol 23 (6)


Prevalence of latent tuberculosis infection and its risk factors in schoolchildren and adolescents in Shanghai, China. Yi Hu, Qi Zhao, Linlin Wu, Weibing Wang, Zhenan Yuan, and Biao Xu

http://eurpub.oxfordjournals.org/content/23/6/1064.abstract.html?etoc

Eur Respir J. 2013 Dec 5. [Epub ahead of print]

Beyond the IFN-γ horizon: Biomarkers for immunodiagnosis of infection with M. tuberculosis. Chegou NN, Heyckendorf J, Walzl G, Lange C, Ruhwald M.

Eur Respir J. 2014 Jan;43(1)


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A. Warsame, P. Patel, F. Checchi

Use of biomass fuel in households is not a risk factor for pulmonary tuberculosis in South Ethiopia

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Tuberculosis increases the subsequent risk of acute coronary syndrome: a nationwide population-based cohort study

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GRANTS

The Stop TB Partnership has today announced a call for proposals for the sixth round of Challenge Facility for Civil Society (CFCS) grants. The CFCS supports civil society organizations in their efforts to ensure that the challenges faced by communities and vulnerable groups affected by tuberculosis (TB) are addressed in national strategies and plans developed to fight TB. Successful applicants, which must be civil society organizations focusing on some of the Global Fund processes – country dialogue, national strategic planning and the new funding model – in their countries, will receive grants between US $ 5000 and US$ 20 000. Applications should focus on creating a greater voice for people suffering from TB – especially those from key affected populations and vulnerable groups - in key national bodies such as the Global Fund Country Coordinating Mechanisms; and implementing activities that build the capacity of civil society to speak out about challenges and solutions in reaching affected communities with TB care and support. Applicants are encouraged to carefully examine and follow the guidelines, application form and instructions that are available on the Stop TB Partnership website. The deadline to submit applications is 15 February 2014.

COURSES/WORKSHOPS

FROM THE RTMCCs

Clinical Update: Meeting the Challenges of Managing TB with New Tools of the Trade, Boston, MA February 26

This ½ day training is being offered by the TB Regional Training and Medical Consultation Centers and National Society of Tuberculosis Clinicians and will be held in conjunction The Union-North American Region annual conference. For more information: http://globaltb.njms.rutgers.edu/courses/toolsofthetrade2014
To register: http://bc.lung.ca/association_and_services/union.html

THE SOUTHEAST NATIONAL TB CENTER (SNTC)

THE RUTGERS GLOBAL TUBERCULOSIS INSTITUTE (GTBI)

GTBI is pleased to announce that our preliminary 2014 Training Calendar is now available at: http://globaltb.njms.rutgers.edu/training/trainingcalendar.html The calendar will be updated as additional 2014
trainings and dates are confirmed, so please check back frequently for the most up to date information.

**Annual TB Conference: Once City. One World**. Zero TB March 21 New York, NY

**Best Practices in TB Control**. Spring Web-Based

**TB Intensive Workshop** April Newark, NJ

**TB Update** May Philadelphia, PA

**THE HEARTLAND TB CENTER**

Course Schedule [Click Here for Class Information](#)

**The Impact of Substance Abuse and Mental Illness in Developing HIV and TB** April 22, 2013 - April 22, 2014.

Online [apply »](#) contact [samuel.caballero@uthct.edu](mailto:samuel.caballero@uthct.edu)

**THE CURRY INTERNATIONAL TUBERCULOSIS CENTER**

The Curry International Tuberculosis Center is pleased to announce that our 2014 Training Schedule is now available, please visit: [http://www.currytbcenter.ucsf.edu/training/schedule_2014.cfm](http://www.currytbcenter.ucsf.edu/training/schedule_2014.cfm).

**TB/HIV Training** (title TBD) February 25, 2014 Los Angeles, CA

Training planned and delivered in collaboration with Charles Drew University, UCLA Pacific AIDS Education and Training Centers and the CA STD/HIV Prevention Training Center.

California Department of Public Health TB Control Branch, California TB Controllers Association, and Curry International Tuberculosis Center/UCSF invite you to attend this special event:

**Tuberculosis Program Managers Intensive** April 1-4, 2014 Oakland, CA

Four-day intensive for nurses, physicians, and other health professionals working as tuberculosis program managers.

**TB Case Study Session** (in association with CTCA) April 24, 2014 Los Angeles, CA

Using challenging TB cases, expert faculty will discuss strategies to fight TB as cases become more and more complicated.

**TB Update** (in association with CTCA) April 25, 2014 Los Angeles, CA

Friend us on Facebook: [https://www.facebook.com/CITC.UCSF?ref=ts](https://www.facebook.com/CITC.UCSF?ref=ts) Follow us on Twitter: @CITC_TB

**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/TBCourse April 9-12, 2014 Register online for the April 9-12, 2014 session](http://www.njhealth.org/TBCourse) 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.

FROM MCGILL UNIVERSITY


EVENTS, MEETINGS & CONFERENCES

Alphabetically listed by sponsoring organization

EVENTS

NATIONAL PUBLIC HEALTH WEEK April 7-14, 2014 National Public Health Week

2014 NPHW Daily Themes. This year’s event will focus on the following daily themes: Be healthy from the start.

CONFERENCES

AMERICAN COLLEGE HEALTH ASSOCIATION (ACHA)

May 27-31, San Antonio, Texas ACHA 2014 Annual Meeting

AMERICAN PUBLIC HEALTH ASSOCIATION (APHA)

November 15-19 New Orleans, LA APH A Annual Meeting & Exposition: APHA2014

Call for abstracts now open!

The American Public Health Association is now accepting abstracts for the 142nd APHA Annual Meeting and Exposition. The theme of the meeting is Healthography: How Where you Live Affects Your Health and Well-being. Abstracts are due between February 10-14. See the list of components below for specific deadlines. Deadlines will not be extended. All authors will be notified via email of abstract status on Monday, June 2, 2014. Please make sure your email address is correct and up-to-date. You do not have to be an APHA member to submit an abstract. However, if your abstract is accepted for presentation, the presenting author MUST become an APHA Individual member and MUST register for the Annual Meeting by the September pre-registration deadline (APHA Learning Institute faculty and Speakers of invited sessions are excluded).

AMERICAN THORACIC SOCIETY (ATS)

May 16-21, San Diego ATS 2014 International Conference

As the multiple disciplines that make up pulmonary, critical care, and sleep medicine gather for ATS 2014, the International Conference will have a “big tent” atmosphere devoted to the needs of both clinicians and basic
science, translational, and clinical researchers. ATS 2014 will feature more than 500 sessions, 800 speakers, and 5000 original abstracts and case reports. Many of the presentations will come from experts in disciplines that intersect with the ATS’s focus on adult and pediatric pulmonary, critical care, and sleep medicine. There will be talks and research presented on infectious diseases, allergy and immunology, thoracic surgery and transplantation, heart disease, environmental and occupational health, and quality improvement.

With sessions and topics touching on this wide range of disciplines, the conference will blend new and novel educational opportunities with traditionally high-demand programs. The ATS again plans to offer American Board of Internal Medicine Maintenance of Certification Knowledge Points and American Board of Pediatric Maintenance of Certification credits. Internationally known scientists will participate in the Science Core, a thematically linked set of symposia and abstract-based sessions, and will also participate in other sessions where they will interact with clinicians as well as scientists.

The learning that takes place at ATS 2014 will not be confined to the educational sessions. The Exhibit Hall is an integral part of the International Conference for clinicians and scientists. Those interested in basic science will have a section of the hall dedicated to their interests, where they can learn more about products and services designed to aid research.

ASSOCIATION OF PRACTITIONERS IN INFECTION CONTROL (APIC)

June 7-9 Anaheim, California APIC 2014

ASSOCIATION OF PUBLIC HEALTH LABORATORIES (APHL)

June 1-4, 2014, Little Rock, Arkansas 2014 APHL Annual Meeting & Eighth Government Environmental ..

ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICERS (ASTHO)


COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS (CSTE)

Nashville, Tennessee June 22-26 CSTE — Annual Conference

HEALTH CARE FOR THE HOMELESS CLINICIANS NETWORK


NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICERS (NACCHO)

July 9-11 Atlanta, Georgia www.nacchoannual.org

NATIONAL TB CONTROLLERS ASSOCIATION (NTCA)


2014 National TB Conference “Sharing the Vision of TB Elimination” Conference agenda and hotel information will be released by early March. For questions regarding the conference, please contact: Donna Wegener dhwegener@tbcontrollers.org Eva Forest eforest@tbcontrollers.org
2014 Public Health Law Conference. The 2014 Public Health Law Conference will take place 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.

RESULTS

Washington D.C. June

Join World Bank President Jim Yong Kim and advocates from across the U.S. and more than a dozen countries at the 2014 RESULTS/RESULTS Educational Fund International Conference! Our 2014 conference will bring together an amazing array of practical visionaries - including World Bank President Dr. Jim Yong Kim - and you! We are designing this year’s conference to be bigger and more powerful than ever so that, together, we can grow our influence and hasten efforts to end poverty and create a more humane and just nation and world. Join us in Washington, DC next June to accelerate action now

THE UNION

45th Union World Conference on Lung Health 28 October - 1 November 2014, Barcelona, Spain
Website: Barcelona.worldlunghealth.org

The conference theme is 'Community-driven solutions for the next generation'. The deadline for submitting your proposals is 15 January 2014. We look forward to greeting you in Barcelona! Please visit our website for further information: http://barcelona.worldlunghealth.org/

Online submission of sessions now open! Submissions are now open for sessions to be included in the scientific programme of the 45th Union World Conference on Lung Health, which will be held in Barcelona, Spain on 28 October - 1 November 2014. We welcome your ideas for sessions relating to TB, HIV, tobacco, and adult and child lung health. We also highly encourage submissions from members of civil society as well as sessions about community-driven interventions.

HOW: Online submission is required. You are advised to carefully read the guidelines as well as the descriptions of each type of session before submitting your proposals. Should you wish to receive specific guidance from the Scientific Section (TB, HIV, Adult & Child Lung Health or Tobacco Control) for which you are considering a submission, please send an email to scientific@theunion.org.

THE UNION, NORTH AMERICAN REGION

February 27 – March 1, 2014, Boston, MA

18th Annual Conference of The Union, North America Region Stronger Together: Stopping TB, From Laboratory to Clinic

The Union, NAR Conference Brochure The Union, NAR Conference Program

This year's conference will focus on global TB epidemiology and control, support and management of patients with complex medical and/or behavioral conditions, multi-drug resistance, latency, and key developments in laboratory tools and science.
EARLY BIRD DEADLINE: Register now to benefit from early registration rates. Deadline for early registration is on December 31, 2013.  Registration Form

Please be advised that cut-off date for room block is on January 27, 2014. Hotel rooms can be booked directly www.sheratonbostonhotel.com P: 617.236.2000 l Central Reservations: 888.627.7058 Rate: $147.00 + taxes/night

Participants at the 18th Annual Conference of The Union North America Region in Boston, Massachusetts have a special opportunity to attend the half-day workshop on

"Maximizing the Impact of Public Health Messages".* Attendees will acquire evidence-based approaches to strategic communications in public health and learn to use appropriate media and health promotional tools to implement effective communication campaigns. *Pre-registration required by applying at http://www.bc.lung.ca/association_and_services/union.html

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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