

# Discussion 2-3 pm

- Working groups to coordinate work as part of National Action Plan
  - Criteria: concrete (gap to be resolved); temporary (close working group once charge is addressed); specific (within “diagnostics” what would be covered?)
  - Goal-specific concepts
  - Diagnostics, vaccine, etc.
- Decision not to form working groups at this time
  - Consider topic-based presentations on USG international focus monthly call
  - Listserv idea or other communication platforms
    - Check within organizations for potential channels
- Tonya Thrash at CDC has email list for TB Task Force
  - <http://www.cdc.gov/tb/events/default.htm> View and add to Calendar of Events
- Charlotte Colvin at USAID is compiling September 2016 report
- ReSeqTB data platform – ensure continuity and sustainability
  - <https://platform.reseqtb.org/>
  - Christine Sizemore to follow-up after internal NIAID discussions

# Discussion

- New diagnostics v. diagnostic portfolio in general
  - Coordinating gaps in terms of products and pipeline
  - NIH RePORTER for online searching of ongoing products
    - <https://projectreporter.nih.gov/reporter.cfm>
  - FDA pre-submission inquiries, contact is Janice Washington
  - Vaccine and Treatment Evaluation Units – 5 locations available in U.S.
- Workshops that may contribute to NAP goals
  - New Drugs: efficacy, toxicity, experience with linezolid, etc.
  - What type of studies are needed and what needs to be completed (PK/PD)
  - July 12, 2016 meeting at NIH, contact is Barbara Laughon
  - Perspectives: Explore inviting Norbert Ndjeka from S. Africa
  - Explore inviting Sundari Mase from CDC or Barbara Seaworth from Heartland/Regional Training and Medical Consultation Center (RTMCC) colleagues

# Discussion

- Vaccines: is there a role for BCG vaccination for targeted groups?
- DoD study in planning phases, contact is Naomi Aronson
- What would be needed for evidence and moving forward with vaccines in U.S. and internationally?
  - Which BCG vaccine is used, how effectiveness is defined
- Vaccine to prevent infection, vaccine to prevent progression
  - Different potential intervention groups
  - Part of NAP
  - Sub-populations, patient-specific interventions

# Questions

- How can we get more partners to support NAP?
  - Examples includes op-eds, Congressional action, TB Caucus, media
  - Stakeholders have been active, what about additional partners?
    - TAG, MSF
    - HIV/TB, antimicrobial resistance, biodefense, research for diabetes, refugee health, substance-using persons, persons experiencing homelessness
    - Jag Khalsa to report back on advocacy contacts
    - Veterans' groups, health care worker advocacy groups
    - Advocacy for overall research versus specific conditions of interest
    - Correctional groups, unions, correctional employees, health care worker unions

# Questions

- Laboratory initiatives in terms of MDR TB?
  - Assessment of laboratory capacity in sites where expanded screening for long-term U.S. visitors may be implemented under NAP
  - Laboratory strengthening for diagnostics, specimen delivery, etc. to support TB programs, networks for service delivery and quality assurance
    - Upcoming conference in Africa to include 2 NAP focus countries
  - Changing technology, training and interpretation for whole genome sequencing, hetero-resistance and how to interpret discordance
    - APHL training modules on-line; molecular diagnostics module for non-technical audience to be added late summer
    - [http://www.aphl.org/programs/infectious\\_disease/tuberculosis/Pages/TB-Core-Curriculum.aspx](http://www.aphl.org/programs/infectious_disease/tuberculosis/Pages/TB-Core-Curriculum.aspx)

# Questions

- Reporting guidelines for Goal 3 in terms of milestones v. countries?
  - Goal 3.4 not linked to focus countries but rather milestones
  - Ensure reporting on those countries (not named in NAP, but included in memo on reporting)
  - Memo to be shared by Cheri Vincent with named countries
- Goal 3 states “Increase the capacity of TB endemic countries to conduct biomedical and clinical research”
  - Should we be including capacity to conduct programmatic research in TB?
  - Yes
  - Reporting might include identification of gaps

# Discussion

- On USG international monthly call, hear from country backstops about specific country needs and activities
- World Report link (URL) <https://worldreport.nih.gov/index.cfm>
- Goal 3 reporting to NIH provide information aligned with milestones
- Programmatic research (define: operational research, implementation research, research based on or generated by local TB needs)
  - Making TB treatment effective by ensuring correct drugs are used and taken appropriately
  - Resources needed for MDR TB treatment are exhaustive for many TB programs
  - Goal 3 milestones may include ongoing implementation activities and research
  - Goal 2 activities in terms of pilot projects leading to scale-up
  - Clarification of terms used by different agencies (e.g., “program”) would be helpful guidance as agencies are reporting for NAP requirements
- MDR cases for 25% treatment initiation goals are based on WHO estimates

# Take-home question

- How are we using NAP within our own systems to prioritize funding and activities?
  - NIH uses peer review system to make the case for applications
  - Can NAP be used to move from “grey zone” to higher priority? End of year reporting of funds reflects success of applications throughout the year
  - Comorbidities, co-infections

NAP URL

[https://www.whitehouse.gov/sites/default/files/microsites/ostp/national\\_action\\_plan\\_for\\_tuberculosis\\_20151204\\_final.pdf](https://www.whitehouse.gov/sites/default/files/microsites/ostp/national_action_plan_for_tuberculosis_20151204_final.pdf)