



Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333
TB Notes
No. 2, 2013

Dear Colleague:

As I related in recent e-mails to staff, I have been asked to serve as Acting Director, Division of HIV/AIDS Prevention (DHAP), until they identify a permanent Director. With some reluctance, I have agreed to work in this capacity on a time-limited basis, starting August 19. I have recommended to Center leadership that Dr. Phil LoBue serve as interim DTBE Director while I am on TDY.

It is with profound sadness that I report the passing of two former TB public health advisors, Louis Salinas and Bertrand W. Russell. Although they both left DTBE some time ago, many of you may remember them, especially those of you in the field. Please see the In Memoriam section of this issue to read about their important contributions and accomplishments.

As many of you know, CDC grantees received a letter in March from CDC's Procurement and Grants Office, stating that a series of spending cuts will cancel approximately \$85 billion in budgetary resources across the federal government for the remainder of the federal fiscal year. Because of these cuts, very difficult decisions are being made regarding staffing and program activities. Shortages of TB drugs and diagnostics have also hindered TB program work. Yet in the face of these challenges, the U.S. TB case count is under 10,000 for the first time ever. I appreciate that you are maintaining your resilience and remaining focused on the work that needs to be done.

The Federal TB Task Force (TBTF) met in Bethesda, Maryland, on April 8. The TBTF is a coalition of federal agencies involved in U.S. TB research and control efforts. It facilitates coordination of activities among these agencies. Dr. Christine Sizemore of the National Institutes of Health (NIH) and I currently serve as co-chairs. At this meeting, a major topic of discussion was the shortage of TB drugs and diagnostic products. We shared updates regarding our efforts, in collaboration with the Food and Drug Administration (FDA), to find ways to address these shortages.

There is now some good news: isoniazid is available again. The shortage of PPD tuberculin solutions is being resolved as well. The supply of Aplisol (JPH Pharmaceuticals) is normal and stable, and the supply of Tubersol (Sanofi) is back to normal, although the distribution chains have not been restored fully. A link to the FDA website on shortages of biological agents including tuberculin PPD solutions is at <http://www.fda.gov/BiologicsBloodVaccines/SafetyAvailability/Shortages/default.htm>

The 62nd conference of the Epidemic Intelligence Service (EIS) was held April 22–26, 2013, in Atlanta. This conference is an annual scientific meeting for the national and international public health community. At the conference, EIS officers present investigation findings, epidemiologists discuss current topics, presentations highlight CDC's epidemiologic activities, public health professionals network and share ideas, and CDC programs recruit new EIS officers. Please see the summary in this issue about the TB-related presentations given this year.

The Advisory Council for the Elimination of Tuberculosis (ACET) met in Atlanta June 4 and 5. I shared DTBE's proposed strategic vision, which has three components: retain our optimistic goal of eventual TB elimination in the U.S.; bridge the current gaps in implementation, knowledge, and ambition; and focus our activities so as to address challenges and opportunities. Dr. Jon Warkentin suggested that it is time to update the joint CDC/ACET document, Essential Components of a Tuberculosis Prevention and Control Program, <http://www.cdc.gov/MMWR/preview/MMWRhtml/00038823.htm>. Dr. Christine Ho gave an update on the Affordable Care Act (ACA), reminding us that guarantees for inherently governmental public health services were not the goal of the ACA, and that expansion of the ACA will not really decrease the need for CDC and health department partners to provide these critical services. We also discussed drug and diagnostics shortages. Presenting the field perspective, Dr. Jennifer Flood suggested that DTBE consider forming a team dedicated to addressing drug supply issues as one way to prevent shortages in the future. Providing the CDC perspective, Dr. Sundari Mase noted that shortages are most often caused by manufacturing issues. Possible proactive solutions include creating a TB drug repository, as well as working with the HHS repository to stockpile TB drugs. We also heard updates on TB in correctional settings, in homeless populations, and in persons residing along the US/Mexico border. These populations have multiple and complex risk factors, contributing to increased rates of TB in these groups. We need to continue to look for opportunities to partner with others to reduce TB in these hard-hit groups. The next ACET meeting is planned for December 3-4, 2013.

The 2013 National TB Conference was held in Atlanta from June 11 to 13, 2013. In this issue, we have included information on the winners of the annual poster competition as well as the recipients of the NTCA special awards.

Kenneth G. Castro, MD

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HIGHLIGHTS FROM STATE AND LOCAL PROGRAMS

2012 New England TB Heroes Awards Presented to TB Case Manager and Lab Supervisor; First Lifetime TB Achievement Award Given

The annual *New England TB Heroes Award* recognizes extraordinary contributions to the care or management of patients infected with *M. tuberculosis* complex or an activity that greatly enhanced the TB prevention and control efforts in a locality or state. The 2012 awards were bestowed on Danielle Orcutt, an epidemiologist-case manager with the Connecticut Department of Public Health TB Control Program, and Julie Crosby, supervisor of the mycobacterial laboratory at the Maine Center for Disease Control and Prevention. Additionally, the first *Lifetime TB Achievement award* was given to Sue Etkind, recently retired Director of the Massachusetts TB Control Program and current Director of Stop TB USA.



TB Hero Danielle Orcutt (center), Margaret Tate (left), and Maureen Williams, RN (right)

Danielle Orcutt had multiple nominators who spoke eloquently of her initiative, organization, cheerfulness, support, and encouragement to local health staff, and dedication to the control of

TB in Connecticut. As one person summarized these qualities, “Danielle goes the extra mile in TB.” The nomination statement highlighted Danielle’s knowledge, motivation, and dedication to the care of persons with TB.

The selection committee was impressed by the description of Danielle as always being “available, regardless of her present workload” and her “unwavering willingness to help us on any level” so that each patient receives the best of care.

Testimony of Danielle’s contributions also came from the field: “We consider her a coworker at the local level. She has the uncanny ability to move between roles of enforcer, diplomat, and empathizer, depending on the complexity of the situation.”



Julie Crosby (right) holds award presented by Dalit Wolfe, RN, BSN, Maine TB coordinator

Julie Crosby is the supervisor for the TB/Mycology/Rabies lab for the State of Maine’s Health and Environmental Testing Laboratory. She has been at this lab for more than 30 years. Julie plays a vital and active role in identifying *M. tuberculosis* complex, performing drug susceptibility testing, and sending specimens for

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for other publications, information, and
resources available from DTBE.

genotyping. Julie's team in the TB lab has taken her lead and is as dedicated, friendly, and committed as she is. Julie and her staff train TB public health nurses on specimen collection, mandatory demographic data, specimen volume, and other critical information to assist in specimen handling and results interpretation. The TB Epidemiologist remarked, "Julie's quick response time and willingness to stay on top of things is critical. She is eager to be part of the process and understand the whole picture."

Julie is known in TB control for always going the extra mile to ensure patients receive the most timely diagnosis. She can be counted on to take the time to answer questions, no matter how busy she is. Julie is dedicated to giving lab tours and is eager to explain the processes for TB testing to anyone who wishes to learn more. Maine's TB Controller states, "Maine TB Control, our TB patients, and the general public are thankful for the vital work Julie and her team do."

Bob Carr, MA Bureau of Infectious Disease, Deputy Director, praises Sue Etkind, Exec Director, Stop TB USA



The New England TB Consortium was inspired to give the first Lifetime TB Achievement Award to **Sue Etkind**, R.N. Sue has long been a leader in TB control and public health in Massachusetts, New England, and the United States.

Over the years, Sue has demonstrated her outstanding leadership as an exemplary program manager, a noted researcher, and a dedicated public servant. As Director of the Massachusetts Division of Tuberculosis Prevention and Control since 1984, she displayed courage in responding to the resurgence of TB in the late 1980s and early 1990s, determination in the face of financial cutbacks, dedication in turning the tide of increasing TB cases, and vision for what the future holds for the ever-changing requirements of effective TB prevention and control. Sue is an untiring advocate for public health and has never let obstacles like uncertain funding prevent her from embarking on a great idea. She is highly respected by her colleagues and staff, many of whom have been beneficiaries of her mentoring.

—Reported by Dalit Wolfe, RN, BSN, MPH
Coordinator, ME TB Control Program;
Lynn Sosa, MD
CT Deputy State Epidemiologist;
Jennifer Cochran, MPH,
Dir, MA Div of TB Prevention and Control; and
Mark Lobato, MD, CDC Regional Medical Officer

Past recipients of the TB Heroes Award

2008

Suzanne Gunston, RN; Maine TB Program manager (retired)

Susan Nutini, RN; RISE TB Clinic, RI

2009

Florence Grant, RN; Public Health Nurse, City of Cambridge, MA

Helen Wu; Bridgeport, Connecticut TB outreach staff

2010

Jeanne Ellis, RN; Getchell TB Clinic, Worcester, MA

Alex Sloutsky, PhD; University of Mass. Laboratory and former director Mass. State Mycobacteriology Lab

2011

Maureen Williams, RN; nurse consultant Connecticut TB Program

Nancy O'Neil, LPN; Veterans Affairs Boston Healthcare System

New York City's First TB Walk

Reprinted with permission from the Spring 2013 issue of the Northeastern Spotlight newsletter.

The New York City Department of Health and Mental Hygiene (NY City DOHMH) Bureau of Tuberculosis Control, with the New Jersey Medical School Global Tuberculosis Institute and others, sponsored the first *Annual New York City World TB Day Walk* on Saturday, March 23. Over 100 people participated in this awareness-raising walk from Union Square to Washington Square.

This was followed by a performance by the New York Stars Twirling and Marching Band, Inc., as walkers entered the educational rally. The diverse roster of speakers included Dr. Joseph Burzynski, Assistant Commissioner at the NY City DOHMH Bureau of TB Control; TB survivors Jigna Rao, Bart Willems, and Patricia Bond; as well as New York City Council Member Dr. Mathieu Eugene. The NY City DOHMH and community organizations provided educational materials and information on accessing community resources. This event united a diverse group of community stakeholders to build

partnerships, educate the community, and raise awareness that TB is still a prominent health issue in NY City and around the world.



Participants in the NYC World TB Day Walk going through Washington Square Park.

*—Reported by DJ McCabe, RN, MSN
New Jersey Medical School
Global Tuberculosis Institute*

**Texas's "Stop TB in My Lifetime"
5K Fun Run/Walk and
TB Update Training**

The Heartland National TB Center hosted a TB Update training and Stop TB in My Lifetime 5K Fun Run/Walk event on March 22, 2013, in observance of World TB Day. The event took place on the grounds of the Texas Center for Infectious Disease (TCID).

The overarching goal of the event was to bring TB awareness to the community, highlight patient struggles, and foster cooperation between various TB entities in the community. The event encompassed those who wished to participate from the TCID (including patients); two TB Trials Consortium (TBTC) sites, San Antonio and Houston; local and regional health offices; the San Antonio Metropolitan Health District; HIV groups; local hospitals; and others with an interest in TB.

The day began with a TB Update training session (for which CNEs and CMEs were available) consisting of the following presentations. These

were presented live (to 71 participants), as well as by webcast (to 78 participants):



- *Co-morbidities in Substance Abuse That Impact Management of TB*, by Lisa Armitige, MD, PhD; Heartland National TB Center
- *Interferon Gamma Release Assays: Understanding the Test* by David Griffith, MD; Heartland National TB Center
- *Update from CDC's Tuberculosis Trials Consortium* by Marc Weiner, MD, University of Texas Health Science Center, San Antonio
- *Implementation of the 12-Dose Regimen: A State Perspective* by Phil Griffin; Kansas Department of Health and Environment
- *Laboratory Update* by Denise Dunbar; Texas Department of State Health Services
- *Ethical Considerations in the TB Patient* (approved for one-hour of ethics credit) by Eva Moya, PhD, LMSW; the University of Texas at El Paso



At the completion of the TB Update session, a 5K Run/ Walk began. The opening ceremony for

that event featured a proclamation that was signed by Mayor Julian Castro of the City of San Antonio and read by Vincent Nathan, Ph.D., MPH, Assistant Director for Environmental Safety, City of San Antonio. This was followed by the singing of the national anthem by a Heartland staff member, and a few words from Mr. James

Elkins,
Hospital
Director –
Texas Center
for Infectious
Disease.



The race was officially started by the Texas TB Program Manager. The route through the TCID/State Hospital grounds accommodated 192 runners/ walkers, 30 of whom were patients at TCID. Each participant received a t-shirt, "goodie" bag, and lunch. A live band (members of the TCID staff and patients) played for the crowd as attendees enjoyed lunch and networked with each other. The patients were involved in assisting with the event as well as participating in the run/walk, and took pride in their efforts.

Vendor booths were set up around the TCID campus to share health-related information. The following organizations participated as vendors at the event:



- Baptist Health System
- City of San Antonio Metropolitan Health District
- City of San Antonio
- San Antonio Aids Foundation
- Stop TB Partnership
- Texas Dept of State Health Services, Region 8 Office
- The American Lung Association
- The American Diabetes Association
- The University of Texas at El Paso



And the following offered support to the events via donations of items or donation of staffing:

B & B LLC (Burger King and Wahoos Tacos Franchise) • Balloon Productions • Baylor College of Medicine • Chobani Yogurt • Community Research Advisory Group-Treatment Action Group • Home Depot • Houston Department of Health and Human Services • Kansas Department of Health and Environment • La Perla Mexican Restaurant • Robes St. Juste Company (Burger King Franchise) • Texas Center for Infectious Disease • TCID Volunteer Service Council • Texas Dept of State Health Services • The Texas Ski Ranch • UT Health Northeast • Walker Advertising.

—Reported by Sam Caballero, MA
Director of Education & Training
Heartland National TB Center

2013 EIS Conference

The 2013 Epidemic Intelligence Service (EIS) Conference, held April 22 to 26 this year, again featured a session on TB. Three of the EIS officers from DTBE's International Research and Programs Branch (IRPB) were featured during the session. Dr. Sara Auld presented "Negative Tuberculin Skin Test Result and Increased Risk of Death — United States, 1993–2008"; Dr. Chimmeremma Nnadi presented "Enlarged Peripheral Lymph Nodes and Positive Mycobacterium tuberculosis Culture among People Living with HIV — Cambodia, Thailand, and Vietnam, September 2006–July 2008"; and Dr. Terrence Lo presented "Drinking, Bootlegging, and an Outbreak of Drug-Resistant Tuberculosis — Rural Kentucky, 2007–2012."

A fourth presentation entitled "Relationship between Cigarette Smoking and Secondhand Smoke Exposure and Latent Tuberculosis Infection Among US Adults, National Health and Nutrition Examination Survey, 1999–2000" was given by Dr. Eugene Lam from the Global Immunization Division in the Center for Global Health. In addition, Dr. Courtney Yuen from DTBE's Surveillance, Epidemiology, and Outbreak Investigation Branch presented "Predicting Year of Tuberculosis Elimination Among U.S.-born Populations, by State" in the "Money, Math, and Modeling" session on Thursday. All the presentations were well-received and generated enthusiastic responses and discussions.

DTBE also had very successful matches this year. Two new EIS officers are coming into IRPB: Aditya Sharma, MD, and Tyson Volkmann, PhD. One new officer is coming into SEOIB: Eric Reaves, DO. We are looking forward to working with these new officers.

—Reported by Sean Cavanaugh, MD
Div of TB Elimination

Winners of 2013 National TB Conference Awards

2013 NTCA Special Awards

In 2010, the National TB Controllers Association (NTCA) began recognizing colleagues in the field of TB control for their outstanding contributions. These awards are presented at the annual National TB Conference by the President of the NTCA. This year's President, Dr. Jon Warkentin, presented the following awards during the June 2013 conference.

TB Controller of the Year

This is the National Tuberculosis Controller's highest award. It recognizes an outstanding contribution and impact on tuberculosis prevention and control at the local, state,

regional, or national level. The award recognizes what TB controllers are all about. The winner of this award was **Dr. Naveen Patil of the Arkansas Department of Health**. Dr. Patil was not at the conference to accept the award.



William Stead TB Clinician Award
This award recognizes outstanding commitment and performance by a clinician providing tuberculosis care, leadership, or mentoring. This was presented to **Dr. Gisela Schecter of the California Department of Public Health**, shown here.

Carol Pozsik TB Nurse Award

This award honors exemplary care, service, dedication, or leadership in the field of TB nursing. Presented to **Maria Dalbey of the Kentucky**



Department of Public Health's TB Program, shown at the right of Carol Pozsik.



Ed Desmond Laboratorian Award
This award honors exemplary service, dedication, or leadership to a TB laboratory professional. The award was presented to **Julie Tans-Kersten of the Wisconsin State Laboratory of Hygiene**.

Charles DeGraw Advocacy Award

This award recognizes an individual who has made an outstanding effort or achievement in advocating for increased support and recognition of TB control and prevention efforts. The winner of this award was **Dr. Ana Lopez-Defede of the University of South Carolina**; she was not at the conference so unable to accept the award.

Joe Ware Partner Service Award

This award recognizes the community partner who has made an outstanding effort to support TB programs in their provision of services and the protection of the public's health. The award was won by the **Hawthorne Pharmacy, South Carolina**. The pharmacy did not have a representative at the conference to accept the award.



Dixie Snider Award

This award recognizes a CDC employee who has provided outstanding support, through partnership with a state or local tuberculosis community, in the interest of tuberculosis control and prevention. Presented to **Phil Talboy, DTBE**, above right with Jon Warkentin.

NTCA President's Award

This award, given at the discretion of the President, recognizes the individual who, in the President's opinion, exemplifies service and dedication to TB control efforts. This was presented to **John Seggerson, DTBE (ret.)** shown here, and **Stop TB USA**.



2013 Poster Competition

This year, the National TB Conference held its 8th annual poster competition; of 55 posters developed and submitted by TB program staff throughout the country, 48 were available for judging and viewing during the conference. A panel of judges reviewed and rated the posters based on three criteria areas:

Relevance to TB control or elimination:

Topic provides information that can potentially be transferred to another program; addresses or identifies high-priority area of TB program or problematic area; provides strategy for better use of resources.

Clarity of information:

Information is written clearly, in short sentences, with bulleted points to enhance readability; adequate amount of information is provided to explain project, but not a complete journal article posted on the wall!

Graphic presentation:

Graphics are used to clearly present information (photographs to demonstrate or model, graphs and charts to display data); graphics are appealing to the viewer (not crowded, and colors are used appropriately).

The poster judges for this year were Zelalem Temesgen (Mayo RTMCC), Jason Cummins (Tennessee), John Jereb (CDC), Judy Gibson (retired CDC), Sue Etkind (Stop TB USA), and Sarah Burkholder (Indiana). We thank them for their careful review and their diligence. The judges gave two awards this year, first place and runner-up.

The runner-up in the poster competition:

Implementation of the 12-Dose Weekly INH plus Rifapentine Regimen for Treatment of LTBI in Arkansas: A Preliminary Report on Adverse Events. **Patil N, Mukasa LN, Karpoff E, Egbe XM, Smith N, and Bates JH.**

Arkansas Department of Health

And the winner of the 2013 NTC outstanding poster competition:

Mobilizing to Increase TB Community Awareness and Advocacy. **Caballero S, Quintero J, Navarro C, and Seaworth B.**
Heartland National TB Center

Congratulations to the winners, and thank you to all submitters for sharing your data, experiences, and excellent solutions!

—Reported by Donna Wegener
NTCA

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Get Ready for the New Health Insurance Marketplace

Beginning October 1, millions of Americans will have a new way to find affordable health coverage — including many free preventive services — on the new Health Insurance Marketplace. The Marketplace will offer Americans a whole new way to shop for health insurance to gain greater access to affordable services such as physician visits, preventive care, hospital stays, and prescriptions. Through the same streamlined application process, many will find out if they are eligible for Medicaid or the Children's Health Insurance Program (CHIP) at the Marketplace. Community health centers and other organizations will be funded to help consumers navigate the new Marketplace. Consumers can learn more about the Marketplace now and get ready to enroll by visiting HealthCare.gov or the Spanish-language site CuidadoDeSalud.gov or by calling the new 24-hours-a-day consumer call center at 1-800-318-2596. Hearing impaired callers using TTY/TDD technology can call 1-855-889-4325 for assistance.

CLINICAL RESEARCH BRANCH UPDATES

TBTC Semi-Annual Meeting

The Tuberculosis Trials Consortium (TBTC) held its 33rd semi-annual meeting on May 14–16 in Decatur, GA. Exciting scientific advances and developments for TB control were presented. The consortium continues to develop its longstanding collegiality, collaboration, and high-value productivity, in support of its mission “to conduct programmatically relevant clinical, laboratory, and epidemiologic research concerning the diagnosis, clinical management, treatment, and prevention of tuberculosis infection and disease.”

Dr. Robert Belknap of Denver Public Health, protocol chair, presented progress in TBTC Study 33, “iAdhere,” a phase 4, open label randomized clinical trial of delivery modes for the 12-dose, 3-month regimen of INH and rifapentine (3HP) for treatment of latent TB infection (LTBI). TBTC Study 26 (Sterling, NEJM 2011; 365:2155) demonstrated that 3HP, by directly observed therapy (DOT), “was as effective as 9 months of isoniazid alone in preventing tuberculosis and had a higher treatment-completion rate.” CDC (MMWR 2011 60:1650) also recommended 3HP by DOT “as an equal alternative to 9 months of daily self-supervised INH for treating LTBI in otherwise healthy patients aged ≥ 12 years...” The first question TB program directors often ask is whether 3HP can be given safely and effectively by self-administered therapy (SAT). Study 33 will help answer this question with the TBTC’s meticulous evaluation of 1000 participants with LTBI, randomized equally into treatment by 1) DOT, 2) standard SAT, or 3) SAT enhanced with weekly text message reminders. As of May 15 for the NTCA report, a total of 439 participants had been enrolled at 11 TBTC sites (487 by July 9, 2013); complete enrollment is expected in the first quarter of 2014.

Dr. Susan Dorman of Johns Hopkins University and Dr. Rada Savic of the University of California at San Francisco presented very encouraging, almost uniformly positive findings from TBTC Study 29x, a phase 2, double-blind evaluation of the safety, tolerability, and efficacy of increasing doses of daily rifapentine, administered in place of rifampin, in otherwise standard induction phase treatment of pulmonary TB. Preliminary findings were presented at the May 2013 international conference of the American Thoracic Society (ATS). Study 29x enrolled and treated 334 participants at 18 TBTC sites. In a pharmacokinetic analysis, the researchers found that a single high absolute dose of rifapentine, at either 900 mg or 1200 mg daily, rather than more complicated weight-based dosing, best provides substantial rifapentine exposure without safety or tolerability concerns. Rifapentine arms had earlier times to stable culture conversion than rifampin on solid and in liquid media. Interestingly, among patients with cavitory disease, the rifapentine arms had substantially improved time to conversion in liquid media when compared to rifampin.

Many of those in attendance at the meeting are hopeful that the next TBTC study will transform TB treatment globally by demonstrating the safety, tolerability, and effectiveness of a 3- or 4-month treatment regimen. Current standard treatment of drug-susceptible TB requires at least 6 months; finding shorter treatment regimens is one of the greatest immediate needs of programmatic TB control and elimination. Based on Study 29x findings, the consortium is writing TBTC Study 31, *Rifapentine-containing treatment-shortening regimens for pulmonary tuberculosis: A randomized, open-label, controlled phase 3 clinical trial*. In preparation for this important treatment-shortening trial, the consortium is conducting 1) data management enhancements using FDA-preferred standards (CDISC), 2) standardizing and incorporating new methods in laboratory practices, 3) optimizing retention practices for study participants during

phase-3 follow-up, and 4) enhancing and practicing assessments for disease relapse.

Collaborating attendees at the meeting included representatives from NIAID (Dr. Richard Haffner, Dr. Barbara Laughon), from the TB Alliance (Dr. Stephen Murray), from ACTG (Dr. Sue Swindells, Dr. Janet Anderson), from the Otsuka Novel Products TB team (Dr. Jeff Hafkin), from Sanofi (Isabelle Cieren-Puiseux, Dr. Marilyn Maroni, and Dr. Cathy Canteloube), and from Treatment Action Group (TAG) (Erica Lessem and Mike Frick), in addition to investigators and coordinators from TBTC clinical sites. Community Research Advisory Group (CRAG) members also participated actively.

The TBTC's contributions to improved treatment of TB infection and disease in the United States and globally are made possible by the tremendous dedication and hard work of staff at participating clinical and support sites and at the Data and Coordinating Center at the Division of TB Elimination in Atlanta.

—Reported by members of the TBTC Data and Coordinating Center

First Meeting of Uganda's Community Advisory Board (CAB)

In 1993, the CDC established the Tuberculosis Trials Consortium (TBTC) for the purpose of conducting clinical trials of new drugs and regimens for the treatment and prevention of tuberculosis. The Tuberculosis Trials Consortium is comprised of investigators from 19 clinical research sites including US academic institutions, County Health Departments, and VA Medical Centers both domestic and internationally. The TBTC has been globally recognized as one of the leading TB clinical research groups in the world whose consortium conducts trials that are programmatically relevant.

The Community Research Advisory Group (CRAG) has been a vital and growing component of the Tuberculosis Trials Consortium (TBTC) for several years, partly supported and mentored by the Treatment Action Group (TAG). CRAG has contributed to evaluation of the TBTC's informed consent process and other activities. At the recent TBTC meeting in Atlanta, Dorothy Namutamba (CRAG co-chair) described how she organized and operationalized the first meeting of the Kampala, Uganda, Community Advisory Board (CAB), which was attended by TBTC site coordinators and other non-TBTC research coordinators in Kampala. This initial meeting provided an opportunity to introduce the concepts of community advisory boards and community engagement to study coordinators. The session generated a rich discussion, as well as the opportunity to hear research priorities from the community perspective.

The Kampala CAB's next steps will include building the capacity of the CAB; participants decided that future CAB meetings should include educative sessions where TBTC members can give presentations on TB and TB research. To raise awareness about the TB research that is taking place in Uganda, Dorothy wrote an article published in New Vision, Uganda's leading daily newspaper, on the need for TB research and how this can aid some of the programmatic shortfalls and gaps (access here: <http://www.newvision.co.ug/news/642730-tb-a-neglected-disease-in-uganda.html>).

—Reported by Beverly DeVoe-Payton and Stefan Goldberg, MD, Div of TB Elimination, and Dorothy Namutamba, Co-Chair of CRAG

COMMUNICATIONS, EDUCATION, AND BEHAVIORAL STUDIES BRANCH UPDATES

DTBE Staff Assist WHO in Training-of-Trainers Workshop

Wanda Walton, PhD, and Cheryl Tryon, MS, of DTBE's Communications, Education, and Behavioral Studies Branch (CEBSB) assisted the World Health Organization (WHO) Stop TB Department in organizing and implementing a Training of Trainers workshop for the Programmatic Management of Drug Resistant TB (PMDT). The workshop was held in conjunction with the WHO Western Pacific Region Office (WPRO) in Manila, Philippines, from May 30 to June 7, 2013. The overall objective of the workshop was to create a pool of master trainers in the region who will be able deliver high-quality training in their own countries for health care workers responsible for implementing services to diagnose and treat multidrug-resistant (MDR) TB.



The training was based on MDR TB technical modules developed by WHO, using the CDC Teachback Methodology Curriculum to develop training skills for the participants. The 17 participants included representatives of national TB programs, WHO country offices, and non-government organizations from the Philippines, Vietnam, Cambodia, Mongolia, and China who are active in providing TB-related training. Each participant developed a country-specific human resource development plan for PMDT

requirements in their own country, and each is expected to follow up with implementation of the plan after the workshop.



—Reported by Wanda Walton, PhD, and
Cheryl Tryon, MS
Div of TB Elimination

The Latent TB Infection (LTBI) Treatment Fact Sheet Series – in Spanish

Earlier this year, CDC created the Latent TB Infection (LTBI) Treatment Fact Sheet Series. Designed to complement the treatment counseling delivered by a provider, the series consists of fact sheets for each of the three CDC-recommended LTBI regimens. Each fact sheet provides patients with a written reminder of their treatment regimen schedule, expected side effects, symptoms indicative of a possible adverse event, actions to take if symptoms of a possible adverse event do occur, tips to help remain adherent to the medication, and instructions in the event a dose of medication is missed. Each fact sheet in the series can be personalized for a patient.

Since these medications have rare but potentially serious side effects, each fact sheet features a prominent red STOP sign. The Isoniazid and Rifampin factsheets include a message instructing the patient to stop treatment and contact the TB doctor or nurse if any problems develop. The instruction for symptoms on the Isoniazid and Rifapentine (3HP) fact sheet is to stop and contact the doctor or nurse without

waiting for the next scheduled DOT or clinic encounter.

After receiving multiple requests to have the series translated into Spanish, we are happy to announce the Spanish versions are now available!

To access the three fact sheets on the CDC DTBE website, please visit the TB Publications and Products – Factsheet page, under the title “What You Need to Know About Your Medicine for Latent Tuberculosis (TB) Infection-Fact Sheet Series.” www.cdc.gov/tb/publications/factsheets/treatment.htm

In the upper right hand corner of the page, there is a box that will link you to the Spanish version of the page. Click your mouse over the words “Español (Spanish).”

You can also access the Spanish webpage directly. www.cdc.gov/tb/esp/publications/factsheets/treatment.htm

The link for each fact sheet is also provided below.

Isoniazid Specific Regimen

English -

www.cdc.gov/tb/publications/PDF/INH_508.pdf

Spanish -

www.cdc.gov/tb/esp/publications/factsheets/Isoniazida.pdf

Rifampin Specific Regimen

English -

www.cdc.gov/tb/publications/PDF/RIF_508.pdf

Spanish -

www.cdc.gov/tb/esp/publications/factsheets/Rifampicina.pdf

Isoniazid and Rifapentine Specific Regimen

English -

www.cdc.gov/tb/publications/PDF/3HP_508.pdf

Spanish -

www.cdc.gov/tb/esp/publications/factsheets/Isoniazida_Rifapentina.pdf

The English and Spanish versions of the factsheets are also available as Word Documents upon request.

Please contact Joan Mangan at bpy4@cdc.gov for any comments or more information.

*—Submitted by Joan Mangan, PhD, MST,
Kimberley N Chapman, MPH, CHES, and
Gloria Oramasionwu, MD, MPH
Div of TB Elimination*

Update on TB Personal Stories Project

In the last issue of *TB Notes*, the TB Personal Stories project was described. This project supports the goal of raising awareness about TB in the United States. Specific objectives include communicating the following key points:

- TB still exists and it poses serious health consequences if not controlled,
- Real people still get TB every day and have been helped with treatment, and
- Most importantly, public health provides the critical support that TB patients need in order to be diagnosed and cured of TB.

By the time of the 2013 World TB Day observance, the project had produced the following results:

- Eight [TB personal stories](#) were posted to the TB website.
- The TB story of one patient, [Kenni](#), was posted as a CDC.gov feature the week of March 18.
- On March 22, a pilot video montage in which three former TB or LTBI patients told their stories debuted at CDC’s World TB Day observance.

We are pleased to report that the original pilot video montage has been edited based on audience feedback. In addition, the individual stories of the TB or LTBI patients have been made into three short, stand-alone videos. When finalized, these videos will be available on the DTBE TB Personal Stories web page:

<http://www.cdc.gov/tb/topic/basics/personalstories.htm>. Please check back periodically on their status; we will also announce when they are available. When posted, we hope you will take a look at the interesting stories of these three individuals as they share their TB experiences and what they want others to know about TB. The videotape of the entire March 22, 2013, World TB Day observance has been posted to the DTBE website. Please go to the DTBE World TB Day web page at <http://wwwlink.cdc.gov/tb/events/WorldTBDay/observance.htm> to watch the video.

If you know of a former or current TB patient who you think would be good for this project, please ask him or her to contact Nicole Richardson-Smith at ewo0@cdc.gov or Ann Lanner at lah1@cdc.gov. The ideal candidate would be an adult (18 or over) patient who was successfully detected, treated, and cured of TB, and who would be-

- Willing to appear in a print or video story that could be seen by many people,
- A good candidate for videotaping – is articulate and has a compelling story to tell,
- Willing and able to travel to Atlanta, if possible, to be videotaped. Please note that a print story and photo for the web would not require travel.

—Reported by Ann Lanner and
Nicole Richardson-Smith, MA
Div of TB Elimination

LABORATORY BRANCH UPDATES

Federal TB Task Force Diagnostics Workgroup Report

The Federal TB Task Force Diagnostics Workgroup has made substantial progress in several areas. These include Food and Drug Administration (FDA) policy efforts aimed at improving commercial interest in the development of devices that detect *M. tuberculosis* and related drug resistance. Various activities are coming together to make this happen. For example, progress was reported on the establishment of an FDA and National Institutes of Health (NIH) co-sponsored Frozen Trial Initiative; joint CDC-NIH activity on improving the testing for pyrazinamide (PZA) resistance; the NIH-sponsored TB Diagnostics Research Forum; and CDC and NIH coordination on moving from research to international field tests for the molecular detection of drug resistance.

In March 2012, draft guidance regarding reclassification of nucleic acid TB diagnostic assays was published. Although reclassification was affected by passage of the July 2012 FDA Safety and Innovation Act (FDASIA) policy, progress continues to move forward with reclassification in the context of the new law. On June 19, 2013, the FDA published a Special Controls document asking for public comment within the next 90 days. This document provides guidance to manufacturers to make TB diagnostic tests.

Because of the importance of biomarkers for TB treatment efficacy, the FDA and NIH are sponsoring a storage bank of clinical trial frozen specimens (Frozen Trial Initiative) to aid in biomarker discovery. The Consortium for TB Biomarkers currently consists of the TB Alliance, the AIDS Clinical Trial Group, and the TB Trials Consortium. Efforts are underway to store

prospectively collected specimens from TB clinical trials.

Similarly, the workgroup is involved in several activities between U.S. agencies and other partners. Much of this activity has focused around improving the accuracy of diagnosis of PZA resistance, because of its important role in both current and future TB drug regimens. There are several ongoing efforts, which include improving PZA testing, improving our understanding of *pncA* mutations and their role in PZA resistance, enlarging the database of PZA resistant isolates, and promoting cooperation between developers of new molecular diagnostics and the TB drug development field.

Future priorities of the workgroup include understanding molecular markers for resistance of other important drugs besides PZA (e.g., fluoroquinolones and new drugs) for drug-susceptible and drug-resistant TB. They also include improved platforms for rapid resistance testing for drugs other than rifampin, the use of molecular detection of drug resistance for drug resistance surveillance, standardization of laboratory processes for clinical trials, and pediatric diagnostics.

The Xpert MTB/RIF rollout globally is being addressed largely by the International Workgroup of the Federal TB Task Force.

—Reported by Michael F. Iademarco, MD, MPH
Div of TB Elimination

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<http://www.newtbdrugs.org/meetings/pza-workshop.php>

2. Summary of PZA Day at CDC. Available at <http://www.newtbdrugs.org/downloads/resource-docs/2011-12-25-Summary-PZA-Day-at-CDC.pdf>

3. Journal of Infectious Diseases 2012 May 15; Supplement 2: Tuberculosis and Tuberculosis/ HIV/ HIV/AIDS. Table of contents: http://jid.oxfordjournals.org/content/205/suppl_2.toc

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PERSONNEL NOTES

Sandy Althomsons is participating in a 3-month detail in South Sudan with the Doctors Without Borders organization. She'll be living in a tent and working on an outbreak of Hepatitis E amongst the refugee population living in Maban county. Hepatitis E is a disease that exists in many countries where people live in crowded areas with unhygienic conditions. Sandy's role will be to provide epidemiological support to the mission in general and, in particular, with a focus on supporting the present epidemiologist in the response. We wish Sandy the best on this endeavor and look forward to her safe and healthy return in early September.

Sara Auld, MD, has accepted a position as a post-doctoral fellow in Pulmonary and Critical Care Medicine at Emory University, and her last day here was June 17. In her new role, Sara will have the chance to apply the skills she acquired and refined through her medical and EIS training to pulmonary clinical medicine and research. Sara will spend her first year in clinical training,

and then will join the Division of Pulmonary, Allergy, and Critical Care Medicine as an investigator on an NIH-funded training grant to pursue her research interests. Sara's initial surveillance project evaluated and compared an integrated surveillance system for TB and HIV as well as independent TB and HIV surveillance systems used in South Africa. The findings were presented to local stakeholders, and used to inform the integration of TB and HIV information systems and the provision of TB and HIV services to persons in the country. She also presented the findings at the 43rd World Union Congress on Lung Health in Kuala Lumpur, Malaysia, in 2012.

Sara also led an Epi-Aid investigating a TB outbreak in a group home in Puerto Rico, and provided guidance for providing ongoing TB education and routine screening for persons associated with and considered for admission to the group home. Results from this investigation that Sara and members of the Surveillance Team conducted were published in *MMWR* (October 5, 2012).

Sara worked with the Cambodian National TB Program to develop algorithms for TB screening among persons living with HIV/AIDS and for multidrug-resistant TB; as part of this effort, she also developed training materials for TB managers focusing on TB diagnosis. Sara also worked with other CDC divisions and colleagues in Cambodia to determine the potential impact of screening for TB among persons hospitalized with severe acute respiratory infection. This analysis, nearing completion, will help determine the potential role of introducing active TB case finding more broadly among acutely ill, hospitalized patients.

Sara also designed, developed, and carried out an analysis of US National TB Surveillance System data to examine the association between tuberculin skin test (TST) results and clinical characteristics among persons with culture-confirmed TB disease. It was found that TST

results may be a marker of clinical site of disease; this suggests that TST may not only serve as a marker of infection but may be relevant to the pathophysiology and clinical presentation of active disease, even among persons without overt immune dysfunction (e.g., persons without HIV). These results suggest that broader incorporation of TST in TB trials and prospective analyses may help us better understand the relationship between the immune system and *Mycobacterium tuberculosis*. Sara presented these findings at the EIS conference in 2013, and she is the lead author on the manuscript that has been submitted for publication in a peer-reviewed medical journal.

Bruce Bradley, MPA, Senior Public Health Advisor (PHA), was assigned to the Georgia TB Control Program on June 3, 2013, where he will serve as PHA to the state program. Bruce started his career with CDC/DTBE in 2002 as a Public Health Analyst in the Data Management and Statistics Branch; in addition, he served as the Technical Contact for the CITS II contract and the TIMS trainer. He was one of the TB subject matter experts for the development and design of the NBS TB PAM and the eRVCT. In addition, he was instrumental in assisting national TB programs with the transition from TIMS to NEDSS. Bruce served from 1993-1997 as a regional TB program coordinator in the state of Georgia. In July 2009, Bruce accepted the position with FSEB as the TB Program Manager for Fulton County, Georgia. In his position he managed the TB Program and helped lead the screening of homeless shelters in Fulton County. He was instrumental in helping to implement the 3HP treatment for LTBI in the county and to improve the LTBI completion rate. He also served as co-project coordinator for other CDC funded initiatives and projects (House Ball Community). Bruce holds a Master of Public Administration degree from Georgia College and State University and is the recipient of a Graduate Certificate in Epidemiology from the Tulane School of Public Health and Tropical

Medicine. He is a candidate for a Masters of Public Health from Georgia State University.

Deron Burton, MD, has joined the TB/HIV Team of the International Research and Programs Branch within the Division of TB Elimination. Deron will be serving as the Lead for Pediatric TB and TB/HIV for IRPB. Deron comes to IRPB having most recently served as a Medical Epidemiologist and as the Deputy Director for Science for CDC's International Emerging Infections Program, Division of Global Disease Detection and Emergency Response, Center for Global Health in Nairobi, Kenya. Deron joined CDC in 2004 as an Epidemic Intelligence Service (EIS) Officer with the Respiratory Disease Branch. He holds degrees in law, medicine, and Public Health and we are excited about adding his broad training and experience to improve our capacity to integrate policy, science, and Public Health practice.

Alyssa Finlay, MD, has joined DTBE/IRPB as the Director for the TB/HIV Research Division at CDC Botswana. Alyssa most recently served as the CDC Madagascar Country Representative and Malaria Advisor for the President's Malaria Initiative, Malaria Branch, Division of Parasitic Diseases and Malaria from 2008-2013. Alyssa joined CDC in 2003 as an Epidemic Intelligence Service (EIS) Officer with IRPB/DTBE. She worked with IRPB for 5 years as an EIS officer, medical officer and later as the TB/HIV Team Lead. Alyssa holds degrees in chemical engineering and medicine. Alyssa and her husband arrived at post in Botswana on June 9, 2013.

Juliana Grant, MD, who has been with SEOIB for 4 years and Lead of Molecular Epidemiology for 3 years, has left DTBE for an exciting job as manager of the Division of HIV/AIDS Prevention's (DHAP) HIV/AIDS surveillance program in the California Department of Public Health. Under her leadership, TB Genotyping Information Management system (GIMS) has flourished and early outbreak detection has

become a reality. She spearheaded an ambitious yet realistic strategic plan as the Lead for the Molecular Epidemiology Activity (MEA). Her deft leadership enabled SEOIB to smoothly transition activities funded by Aberration Detection TB Leads funding to core work of the branch. She convened end users and key stakeholders from local, state, and national levels to form the Outbreak Detection Working Group and expand outbreak detection efforts. She and her team have been recognized as NCHHSTP, CDC, and private industry honors award recipients for TB GIMS. During her time with SEOIB, Dr. Grant has served in the field to investigate TB clusters, responded to oil spill relief efforts, served in the EOC numerous times, and juggled her responsibilities as the MEA Lead while assisting the Outbreak Investigations Team during critical outbreak investigations. DTBE will be losing a valued and irreplaceable colleague. Dr. Grant's last day in SEOIB before heading out to Sacramento was June 27.

Rickenya Hodge, Resource Management Specialist/OD, is the worthy recipient of the DTBE Director's Recognition Award for the third quarter of 2013. Rickenya was nominated for her work in coordinating Division funding actions, providing excellent customer service, and supporting the DTBE ADMO amidst the budgetary turmoil of FY13. Rickenya joined DTBE less than 2 years ago, and quickly became familiar with the Division's multiple, large and complex contractual and cooperative agreements. Because of her outstanding organizational and communication skills, she helps ensure that DTBE submits funding packages that are complete, error-free, and on-time. She takes the lead on coordinating the Division's responses to multiple, quick-turnaround requests for funding data, and produces reports that are concise and easily understood. She routinely puts in late hours and comes in on her telework days in order to get the job done. In addition to her exceptional technical skills, Rickenya has an unfailingly positive attitude and excels at customer service. In her

relatively short time with the Division, she has developed effective working relationships with staff from across the Division, as well as colleagues at the NCHHSTP, PGO, and FMO levels. Internal and external customers regularly comment on her responsiveness and reliability. Her assistance to the DTBE ADMO has been invaluable during one of the most challenging fiscal years in recent memory. Amidst ever-changing budgetary targets, Rickenya revised and re-revised projections to keep DTBE within budget. She approaches her work with an eye toward continual improvement of both process and quality.

Meredith Howley, MS, has accepted a promotion with at the National Center for Environmental Health/Agency for Toxic Substances and Disease Registry, Office of Science after almost 4 years with SEOIB's Epidemiology Team. During her time with the Epi Team, Meredith did an outstanding job of helping develop the protocol for the Tuberculosis Epidemiologic Studies Consortium (TBESC) core study, Task Order (TO) 1. In addition to working on the protocol for TO 1, Meredith played a major role in the development of the Data Collection Forms and the Data Management System for the study. Also, Meredith was the project coordinator for TO 31 (Evaluation of Interferon Gamma Release Assays in Overseas Immigration Examination of Children in Moderate and High-Burden Countries) and TO 32 (the Current Cost of TB within Urban United States). Currently, she is writing the manuscript describing TO 31 findings. The Epi Team will miss her, and we wish her well in her new job.

Jimmy Keller, MA, DHSc, has transferred from the Florida State TB Program in Tallahassee as a Senior Public Health Advisor to the New York City TB Program effective June 2, 2013. In his new role, Jimmy will be assisting the program with strategic planning and program evaluation. He started his career with CDC in 1991 as a Public Health Associate – Disease Intervention Specialist with the Miami-Dade County Health

Department STD Program in Florida. In 1992, he was transferred to the NYC Department of Health STD program, and in 1995, he joined the CDC DTBE and was assigned to the NYC TB Control Program. Since then, Jimmy has held several other positions within DTBE in Detroit MI, Columbus OH, Raleigh NC, and Tallahassee FL. He holds several degrees, including a BS, MA, and DHSc.

Terry Lo, DrPH, has accepted a position as an Epidemiologist with the Prevention of Mother to Child Transmission (PMTCT) team within the Division of Global HIV and AIDS. In his new position, Terry will be working on projects in sub-Saharan and southern Africa. His last day here was July 1. As part of the TB/HIV team in IRPB, Terry evaluated the multidrug resistance (MDR) surveillance system in Thailand and identified opportunities to improve the quality and timeliness of reported data. He mentored TB controllers during multiple operations research courses which he taught in both India and Uganda. Also, along with members of the Surveillance Team, Terry authored the 2013 National Trends in Tuberculosis MMWR report; Terry presented data from that report at the 2013 CDC World TB Day observance on March 22. He also published a manuscript describing the prevalence of alcohol abuse and tobacco smoking in rural Western Kenya. Terry also led two Epi-Aids including a national evaluation of TB case finding activities in South Africa and a TB outbreak investigation among persons associated with the illegal transportation and distribution of moonshine in rural Kentucky. Terry is a graduate of UCSD, the Rollins School of Public Health at Emory, and the University of California, Berkeley. Terry has previously worked with the California state department of public health, STOP Polio, and World Health Partners in India. Terry contributed greatly to DTBE's and IRPB's mission, and though the Division is sad to see him leave, we look forward to collaborating with him as a colleague in DGHA.

Melissa Pagaoa is leaving the Epidemiology Team, Surveillance Epidemiology and Outbreak Investigations Branch (SEIOB), DTBE, for a promotion into a new position at the Office of the Public Health Preparedness and Response (OPHPR), Division of State & Local Readiness (DSLRL). In her 4 years with us, Melissa oversaw the collection and management of data for Tuberculosis Epidemiologic Studies Consortium (TBESC) Task Order 23, which seeks to identify factors associated with timely diagnosis of TB in US-born African Americans and whites. She has been the lead analyst for two manuscripts on this research study. Melissa also worked on Task Order 30, quantifying the risk of premature death in TB survivors. In addition, she played a major role in the implementation of the new TBESC core study, Task Order 1. We appreciate and celebrate Melissa's many contributions to TBESC and the Epidemiology Team/SEIOB. We will miss her, but we wish her the best in her new job. June 14 was her last day in DTBE.

Angel Roca transferred from the New York City TB Program as a Senior Public Health Advisor to the headquarters of CDC's DTBE in Atlanta effective June 2, 2013. Angel started his career in public health in 1980 as a Public Health Advisor VD investigator with the Onondaga County Health Department in Syracuse, New York and a year later with the New York State Department of Health. He first joined CDC in the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) as a project officer for the Division of Adolescent and School Health in April 1992. In 1993, he moved to the Center's Office of the Director to serve as the HIV Liaison, under the matrix management of HIV activities at CDC. In 1996, he was promoted to the Deputy Director of Planning, Evaluation, and Legislation. In 2001, he was transferred to NCCDPHP's Global Health Promotion where he served as the Deputy Associate Director, working with Ministries of Health to promote non-communicable disease prevention and control, and health promotion activities. In 2007, Angel was assigned to the CDC Regional Office for

Central America and Panama (CDC-CAP) in Guatemala City, Guatemala, where he served as Deputy Director/Overseas Business Manager. In 2009, he returned stateside as the Team Lead for the Training and Staff Development Team, Workforce Management Office, Center for Global Health. In 2010, he joined DTBE and was assigned to New York City as Deputy Director for the NYC TB program. Mr. Roca holds a BA in Public Justice, and is working on an MPH at the Emory School of Public Health.

James Shepherd, MD, is now with DTBE/IRPB as the in-country CDC Medical Officer, detailed to the WHO India Country Office. He will serve as a senior TB advisor and provide technical assistance to the Government of India's Revised National TB Control Program. As many of you know, James most recently served as the Associate Director for TB at the Botswana USA collaboration (BOTUSA) in the CDC Botswana Office in Gaborone October 2009 to May 2013.

Padmaja Vempaty, MPH, has accepted a promotion as health scientist at the National Center for Environmental Health/Agency for Toxic Substances and Disease Registry after 6 years with SEIOB's Epidemiology Team. During her time as a project coordinator for the Tuberculosis Epidemiologic Studies Consortium (TBESC), Padmaja had major roles in the implementation, data management, and data analysis for two large studies in the first TBESC. Task Order 13 investigated factors associated with acceptance and adherence with and toxicity from treatment for latent TB infection. Task Order 26 evaluated a new method for prioritizing TB genotype cluster investigations and assessed the cost-effectiveness of conducting those investigations. In the new TBESC, Padmaja was the consortium's Institutional Review Board (IRB) coordinator. She also worked on the consortium's biobanking initiative and the evaluation of the relative cost-effectiveness of tests for latent TB infection (LTBI). We will miss her, and wish her all the best in her future endeavors.

In Memoriam

Bertrand W. Russell, former CDC TB public health advisor, passed away on May 17, 2013. He was born in 1934 in Louisville, Kentucky. He is survived by his wife of 32 years, Kathleen Russell, and a large extended family. Bert was a member of St. Paul's Catholic Church in Jacksonville Beach, St. Vincent DePaul Society, and a volunteer for Northeast Community Hospice. He served 10 years in the Medical Division of the Kentucky Air National Guard.

After graduating from Bellarmine College in 1957, he began a 30-year career with CDC. He was a Public Health Advisor to the tuberculosis control programs in Tennessee and Florida. After retiring from CDC, he worked 11 years for the Duval County Florida Health Department where he was manager of the Epidemiology Program and later, manager of the Beaches Family Health Center.

Bert loved going home to Louisville with his wife each year to attend the Kentucky Derby. He was commissioned as a Kentucky Colonel by Kentucky Governor Bert Combs in 1963. He was a member of the Jacksonville, Florida, Track Club and for 20 years was an age-group competitor in numerous local, state, and national runs and triathlons, including the Boston Marathon and an International Triathlon in Southern France.

A Mass of Christian Burial was celebrated on May 22 in St. Paul's Catholic Church, Jacksonville Beach, Florida. On May 24, a memorial service was held in Kentucky, followed by interment in the St. Aloysius Cemetery in Kentucky. In lieu of flowers, the family would appreciate donations be made to St. Vincent DePaul Society, in care of St. Paul's Catholic Church, in Bert's memory.

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Louis Salinas, MPA, who served for 22 years as a CDC TB public health advisor, died on July 13, 2013. He had retired from CDC in August 2010 after a distinguished career in public health. In his last position with CDC, Louis served as Deputy

Director of the Division of Oral Health, National Center for Chronic Disease Prevention and Health Promotion.

Louis, who earned his undergraduate degree from the University of Texas-Austin and holds a master's degree in Public Administration from California State University-Long Beach, joined CDC in 1974 as a public health advisor. His initial field assignment was San Antonio, Texas. He was subsequently assigned to Miami, FL, San Juan, Puerto Rico, and Los Angeles, CA. In January 1986, he transferred to CDC headquarters where he served as a Program Consultant for the Division of Tuberculosis Elimination. His most notable experience during this assignment was as principal liaison to New York City and New York State health departments at the height of their TB and multidrug-resistant TB crisis in the early 1990s. While in DTBE, Louis helped to establish several U.S.-Mexico binational TB programs to improve TB case detection and the continuity of care of these persons. During this period he also had three special assignments, one with the Office of Foreign Disaster Assistance in Angola and two with the World Health Organization (WHO) to Brazil and Mexico.

From 1996 through 1998, he served as the Chief of the Program Coordination Unit, National Center for HIV, STD, and TB Prevention, an activity designed to evaluate the feasibility of having cross divisional project officers for the STD, TB, and HIV programs. From 1998 to 2000, he was assigned as the principal liaison to the

United States Agency for International Development (USAID) in Washington. In that capacity he provided technical assistance to USAID and USAID missions on global TB issues and the relation to HIV/AIDS, focusing primarily on the Russian Federation, the Newly Independent States (of the former Soviet Union), Ukraine, Romania, Moldova, Kosovo, and Mexico. He also worked as a Country Support Coordinator with CDC's Global AIDS Program with responsibility for Ethiopia, Cote d' Ivoire, Kenya, Malawi, Mozambique, Nigeria, and Uganda.

In October 2000, he joined the National Center for Chronic Disease Prevention and Health Promotion's Division of Reproductive Health, where he initially served as Deputy Branch Chief and later as the Associate Director for Management and Operations before becoming the Acting Deputy Division Director.

In June 2003, he became the Deputy Director for the Division of International Health for CDC's Epidemiology Program Office (EPO). In February 2004, he rejoined the Chronic Disease Center as Deputy Director for the Division of Adolescent and School Health.

Then, in May 2008, he was named Deputy Director of the Division of Oral Health. In May 2009, he was requested by CDC's Director, Thomas Frieden, to serve as the agency's Acting Chief of Staff, where he was responsible for managing day-to-day operations of the Office of the Director, helping to resolve issues that crossed organizational lines, determining policy and program objectives, coordinating decision-making processes, and maintaining a focus on the highest priority initiatives. In May 2010, he returned to the Deputy Director position within the Division of Oral Health. In August 2010, he retired from CDC, and continued to share his public health expertise in retirement as a consultant.

CALENDAR OF EVENTS

July 20-23, 2013

RESULTS International Conference 2013
Crystal City, Arlington, Virginia
RESULTS International

August 14-15, 2013

4th Semi-annual TBESC Meeting
Atlanta, GA
TB Epidemiologic Studies Consortium

August 19–21, 2013

APHL 8th National Conference on Laboratory
Aspects of Tuberculosis
San Diego, CA
www.aphl.org/conferences/pages/default.aspx

September 9, 2013

6th International Workshop on Clinical
Pharmacology of TB Drugs
Denver, CO
Additional information

September 17-20, 2013

ASTHO Annual Meeting
Orlando, FL
Association of State and Territorial Health
Officers

September 21-24, 2013

American College of Epidemiology Annual
Meeting
Louisville, KY
American College of Epidemiology

October 9-12, 2013

Denver TB Course
Denver, CO
National Jewish Health

October 14-19, 2013

Evaluation 2013
Washington, DC
American Evaluation Association

October 22, 2013

Pre-conference scientific seminar prior to
Southeast TB controllers meeting
Southeastern National Tuberculosis Center

October 23-25, 2013

2013 Southeast TB Controllers Meeting
Savannah, GA

October 29-30, 2013

Annual Four Corners TB-HIV Conference
Flagstaff, AZ
DTBE

October 30-November 3, 2013

44th UNION World Conference on Lung Health
Paris, France
The Union