



Dear Colleague:

As we made the transition into a new year, we said goodbye to several friends in the Division of Tuberculosis Elimination (DTBE), including Dr. Zach Taylor, chief of the Field Services and Evaluation Branch. From 1993 through 2006 Zach brought leadership, clear vision, and dedication to the mission of public health to his work in DTBE, and he will be missed by his colleagues. We anticipate announcing his position soon.

The 2006 Program Managers Course was held October 23–27, 2006, at the Sheraton Colony Square Hotel in Atlanta. There were approximately 45 people in attendance. Owing to the absence of Mr. Scott McCoy, the course coordinator, the Communications, Education, and Behavioral Studies Branch (CEBSB) pitched in to finalize arrangements for the course. As in the past, the faculty did an outstanding job of developing and presenting their sessions. Thanks to all involved for your hard work.

From October 31 through November 4, 2006, a small number of DTBE staff attended the 37th World Conference on Lung Health in Paris, France, sponsored by the International Union Against TB and Lung Disease (IUATLD). The theme was “Strengthening Human Resources for Better Lung Health.” About 2100 persons attended this year’s conference, representing 125 countries from all over the world. The Union is already starting preparations for the 38th Conference on Lung Health, to be held in Cape Town, South Africa, November 8–12, 2007. The theme will be “Confronting the Challenges of HIV and MDR in TB Prevention and Care.”

World TB Day is observed on March 24 each year. The March 24 date commemorates the day in 1882 when Dr. Robert Koch announced to the scientific community that he had discovered the cause of tuberculosis, the TB bacillus. This day is observed not only to note the gains that have been made, but also to build public awareness that TB today remains an epidemic in much of the world, causing the deaths of almost 2 million people each year, mostly in developing or resource-poor countries. The theme for World TB Day 2007, *TB Anywhere Is TB Everywhere*, conveys a message of urgency and shared responsibility; it reminds us that although TB is preventable and curable, it remains a global emergency. I encourage you to be part of this important process by planning activities for World TB Day, such as conducting public events, organizing symposia or lectures, or arranging media coverage (e.g., press conferences; radio or television spots). DTBE staff members here in Atlanta are working with the National TB Controllers Association to plan a “2007 TB Awareness Walk” for World TB Day. This walk is being held to raise awareness about the continuing challenge of TB rather than to raise funds, and its organizers are having t-shirts printed up and inviting distinguished

guest speakers to the event. Please visit <http://tbcontrollers.org/tbwalk.htm> for more information. If you will be observing World TB Day in your area, please send an e-mail to Ms. Holly Wilson at HWilson@cdc.gov describing your plans. You can also visit the DTBE World TB Day webpage at <http://www.cdc.gov/nchstp/tb/WorldTBDay/default.htm> for additional information and educational materials. In this time of reduced resources, it is especially critical to talk to partners, policymakers, and the general public about the need to prevent, control, and eventually eliminate this disease.

The following important meetings were recently held or are coming up this year: the 11th Annual Conference of the North American Region of the IUATLD, which had the theme "Powering Up Political Will for TB Control," was held February 22–24, 2007, at the Sheraton Vancouver Wall Centre Hotel in Vancouver, British Columbia, Canada. In addition, the National Coalition for the Elimination of TB convened a Partners Strategy Planning meeting on February 21, and a STOP TB Canada meeting and TB Nursing Assembly meeting were both held on February 22, before the opening of the IUATLD meeting. As noted previously, this year's National TB Controllers Workshop has been scheduled for June 11–14, 2007, here in Atlanta. In addition, the dates for the 2007 TB Education and Training Network Conference have been set for August 7–9, 2007; it also will be held here in Atlanta. Please mark your calendars for these events. We will provide updates as they become available.

Kenneth G. Castro, MD

In This Issue

Highlights from State and Local Programs	4
Maine's Contact Investigation Course for Public Health Nurses: A Model for Regional Collaboration	4
Washington State TB Program Hosts Regional Meeting	6
Midwest TB Controllers' Meeting	7
World TB Day "TB Awareness Walk"	7
TB Program Evaluation Toolkit Shared with Evaluators	8
Public Health Information Network Conference, September 2006	8
QuantiFERON-TB Gold Education: Responding to the National Need	9
TB Education and Training Network Update.....	10
TB ETN Member Highlight.....	10
International Research and Programs Branch Update	11
Presentation at the 2007 IUATLD North America Region Conference	11
Surveillance, Epidemiology, and Outbreak Investigations Branch Updates.....	12
Release of 2005 TB Surveillance Report	12
Update on Research Priorities of the TBESC	13
New CDC Publications.....	13
Personnel Notes.....	14
Calendar of Events.....	16

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HIGHLIGHTS FROM STATE AND LOCAL PROGRAMS

Maine's Contact Investigation Course for Public Health Nurses: A Model for Regional Collaboration

The Northeastern Regional Training and Medical Consultation Center (RTMCC) is one of four regional centers providing training, technical assistance, and medical consultation to health care professionals throughout the northeastern United States. Health educators working with the Northeastern RTMCC are assigned to provide training or technical assistance to TB programs in their project areas. This process began with a lengthy needs assessment to develop stronger relationships with TB program staff and TB public health and clinical service providers throughout the region.

One unique example of this collaboration is a contact investigation course planned for public health nurses in the state of Maine. Individuals from the Northeastern RTMCC, the TB Prevention and Control programs in Massachusetts and Maine, and the Maine Public Health Nursing Program began with a series of conference calls to better understand the educational needs of Maine's public health nurses. This process included an informal survey of the target audience by Maine's public health nursing consultant, as well as input from Maine's TB program director. Key topics identified for the course included contact investigation, working with individuals using drugs or alcohol, harm reduction, and working with immigrant and refugee populations. Particular emphasis was

placed on developing a course that was customized to the needs of Maine's public health nurses and that included presenters from the state of Maine.

The course agenda prioritized the psychosocial impact of TB on marginalized populations (such as new arrivals to the United States and persons who are drug or alcohol users or are homeless) as integral to public health education. The training program spurred several lively discussions, debates, and sharing of experiences between conference participants on these topics. The opportunity for public health nurses to learn about and discuss these issues can ultimately lead to better community partnerships and more successful contact investigations.

Challenges encountered during the process of planning for this course included the large geographic size of the state of Maine, diverse populations throughout the state, public health nurses' travel and coverage constraints, and varying educational needs of urban and rural parts of the state. The organizing group decided to conduct the training via interactive video conferencing (ITV) from a central location in Augusta. Six remote sites were chosen for participation throughout the state (Rockland, Caribou, Machias, Portland, Lewiston, and Bangor). The ITV system allowed each of the remote sites to view the presentations held in Augusta, and the home site could view the people at each of the remote sites. The group also decided to hold the conference on two consecutive days, repeating the same program each day with three distinct remote sites. This satellite configuration was chosen to maximize the participation of Maine's public health nurses

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TB Notes Editor
 CDC/NCHSTP/DTBE, Mailstop E10
 1600 Clifton Road, NE
 Atlanta, GA 30333
 Fax: (404) 639-8960

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by minimizing the need to travel. Binders with educational materials and other handouts were mailed ahead to each conference site, and presentation slide sets were sent by e-mail.

Unique collaborations led by Maine's TB program staff contributed to the success of the conference. Maine's TB Controller and Massachusetts' Director of TB Education and Training, with input from the Maine Public Health Nursing Program, prepared two case presentations based on TB cases occurring in Maine and their respective contact investigations. A Public Health Nursing Consultant from Maine specializing in education and training moderated the conference program and encouraged participation from each of the remote sites. Maine's TB Nursing Consultant served as the ITV system expert and organized the logistics on the ground. Individuals from the Northeastern RTMCC coordinated conference planning calls, compiled binders and conference materials, and helped secure presenters from outside the state of Maine. A Nurse Psychologist from

Massachusetts spoke about building relationships with TB patients, how to avoid burnout, and ways to practice harm reduction in TB case management and contact investigation activities. Other presenters included Maine's TB program Medical Director, the Director of Maine's Office of Multicultural Affairs, and the Director of Maine's Office of Minority Health.

Lessons learned from this conference:

- Nearby states have experts, materials, or ideas that they can share with one another. Frequently they are not provided with the opportunity to discover their commonalities and share resources.
- Planning for training programs can be successfully directed by TB program staff and based on the needs of the training audience in the project area. Customized training programs geared towards the needs of a specific audience are efficient ways of providing training.
- Collaboration between state programs and the Northeastern RTMCC provide new possibilities for accessing training and education resources. This cooperation forms a connection between federal and state TB efforts to improve services, access to resources, and ultimately TB control.

While it may take longer to develop training programs that utilize rich local resources and are customized to meet the specific needs of their audiences, these programs strengthen local resources and connections and may better meet the needs of training participants. Overall, the Contact Investigation Course for Maine's public health nurses can serve as a valuable model for collaboration across states and regions.

—Submitted by Erin Howe
 Northeastern RTMCC
 for the Maine CI Course Collaborative Team

Washington State TB Program Hosts Regional Meetings

On August 23, 2006, representatives of TBESC Task Order 6, "Regional Capacity-Building in Low-Incidence Areas," met in Bremerton, Washington, for an annual review and update. Participants included state TB program staff from Montana, Utah, Wyoming and Idaho; CDC DTBE staff; and Francis J. Curry National Tuberculosis Center staff. The presentation given by Dr. Christine Hahn, Idaho Health Officer, included a discussion of an outbreak among epi-linked and genotype-linked homeless persons; the outbreak involved the states of Idaho, Washington, Oregon, and Montana. This outbreak serves as a good case study for the TB Outbreak Advisory Group within Task Order 6.

On August 24–25, the Rocky Mountain Fifth Annual Regional Meeting was also held in Bremerton, WA, in the Kitsap Government Building. This meeting was attended by 46 participants from Wyoming, Utah, Montana, Idaho, Oregon, Alaska, and Washington. Attendees included staff of local health departments, state corrections, Immigration and Customs Enforcement (ICE), and Division of Quarantine at Seattle-Tacoma International Airport. The 2-day regional meeting was hosted by Dr. Scott Lindquist, Kitsap County Health Officer and Department of Health TB Medical Consultant. Dr. Lindquist and Dr. Diana Schneider from the Division of Immigration Health Services, Washington, DC, gave a presentation on continuity of TB therapy for ICE detainees as well as an overview of the migration stream into Washington and the role of the civil surgeon screening. Updates on genotyping were presented by Lorena Jeske, WA State TB Nurse Consultant, Dr. Christine Hahn, Idaho Health Officer, and Denise Ingman, Montana TB Control Officer. Tom Stuebner, Director of the Francis J. Curry National Tuberculosis Center, reviewed the outcome of the 2005 Training and Education needs assessment for the western region of the United States; the top three training topics

indicated by respondents included multidrug-resistant TB (MDR TB); legal issues related to TB; and pediatric TB. Dr. Kim Thorburn, Health Officer for the Spokane County Health District, and Karen Crouse, Spokane County Lab Director, described the QuantiFERON-TB Gold *in vitro* diagnostic test and the process of implementing this assay in a public health laboratory. TB Program Managers Cristie Chesler (Utah) and Kim Field (Washington) compared and contrasted the cohort review processes as practiced in their respective states. Dr. Masa Narita, Medical Director of the Seattle and King County Public Health TB Program, gave a presentation on TB outbreaks in a school, among methamphetamine users, and in university settings. Phil Talboy, DTBE Deputy Director, provided an overview of 2006 appropriations for TB prevention and control and laboratory cooperative agreements. Maureen Wilce, DTBE, provided an update on the national initiative for TB program evaluation.

On August 25, participants gathered for a half day to hear more topics of interest and plan the location and content of the 2007 annual regional meeting. Lorena Jeske discussed Washington State's process of gathering data for the Aggregate Reports for Tuberculosis Program Evaluation (ARPE). One of the most popular presentations among the regional attendees was the application of videophones as an adjunct to directly observed therapy (DOT) home visits; this was given by Donna Allis, Snohomish County Communicable Disease Supervisor, and Peggy Cooley, Tacoma Pierce County Health Department TB Case Manager. Dr. Christine Hahn stated, "This is a cost-effective tool to provide DOT, and I will be planning implementation with Idaho public health programs." Carol Pozsik, CEO of the National TB Controllers Association (NTCA), reviewed the work of the NTCA board and members. She invited all participants to join NTCA.

Kim Field facilitated the discussion on the meeting evaluation, and staff of the Oregon State

Department of Health volunteered to sponsor the 2007 regional meeting in Portland, Oregon.

—*Reported by Kim Field
Washington State TB Program Manager
Washington Department of Health*

Midwest TB Controllers' Meeting

The Midwest TB Controllers' meeting was held in Des Moines, Iowa, October 4–5, 2006. TB Program Managers and Nurse Consultants attended from Nebraska, Iowa, Illinois, Missouri, Kansas, Wisconsin, South Dakota, Minnesota, and Indiana. The National TB Controllers Association (NTCA) was represented by Carol Pozsik, and CDC attendees consisted of Dawn Tuckey, Program Consultant, DTBE; Phil Talboy, Deputy Director, DTBE; Patrick Moonan, Surveillance, Epidemiology, and Outbreak Investigations Branch (SEOIB), National Genotyping Program, DTBE; and Kai Young, Field Services and Evaluation Branch (FSEB), Evaluation Team, DTBE. Heartland National TB Center staff also were present.

On Oct. 4, Dr. Patrick Moonan (DTBE), Phil Griffin (Kansas), Mike Arbise (Illinois), and Lynelle Phillips (Missouri) facilitated a workgroup discussion concerning the interstate use of genotyping data. We then heard presentations from staff of each state TB program, each of whom gave a detailed case study or investigation or a description of a project of interest. The presenters spoke on the following topics:

- Minnesota: First XDR TB case
- Nebraska: New TB medication distribution system
- Iowa: TB outbreak overview
- Kansas: TB outbreak in a prison
- Wisconsin: Web-based communicable disease reporting and patient management system
- Missouri: DHSS communicable disease website
- South Dakota: MDR TB cases

CDC staff presented a review of the budget, and NTCA Executive Director Carol Pozsik presented an update on advocacy activities. All presentations were interactive and generated robust discussion among the participants.

On Oct. 5, the Heartland Center sponsored a TB Update, which featured several university case studies by Dr. Douglas Hornick of the University of Iowa as well as updates on MDR and XDR TB by Dr. Timothy Aksamit (Mayo Clinic, Minnesota).

In recognition of the four new member states, the name of this association will change to the Upper Midwest TB Association, and will include the following states: Illinois, Iowa, Indiana, Kansas, Minnesota, Nebraska, Missouri, North Dakota, South Dakota, and Wisconsin. The next meeting is planned for the first week in October or the last week in September of 2007. The meeting will be held in Illinois.

—*Submitted by Allan Lynch
Program Manager
TB Control and Refugee Health
Iowa Department of Public Health*

World TB Day “TB Awareness Walk”

DTBE's first TB Awareness Walk is being planned for World TB Day, Saturday, March 24, 2007, in Grant Park in Atlanta. The lead organization for this event is the National Tuberculosis Controllers Association (NTCA), and DTBE is grateful for their leadership and support. Other planning committee members represent various partner organizations including the American Lung Association - Southeast Region, the Georgia Division of Public Health's TB Program, the Fulton County Health Department, RESULTS, and the Watsonian Society.

This event is not a fundraiser; rather, it is an awareness-raising effort. We are working to engage the Atlanta community in this event by sending letters of invitation to a number of

churches and selected community organizations. On behalf of NTCA, we have been sending public service announcements about the walk to local radio stations; some stations have carried the announcements on their radio websites as well. We are providing write-ups about the awareness walk in local community publications and sending out flyers electronically to many e-mail groups.

We will be glad to share our experience regarding this walk with other areas that are interested in pursuing such an event. For additional information, please contact Carol Pozsik at NTCA or Vic Tomlinson in DTBE.

—Submitted by Vic Tomlinson
Div of TB Elimination

TB Program Evaluation Toolkit Shared with Evaluators

The American Evaluation Association (AEA) annual meeting provides an opportunity for evaluators from all over the world to come together and share their best work. This year, the efforts of the DTBE Evaluation Work Group (EWG) were among the CDC programs featured at a panel on productive strategies for building evaluation capacity. Kai Young and Maureen Wilce of DTBE presented the TB Program Evaluation Toolkit and described the efforts that the EWG has undertaken to build program evaluation capacity.

The evaluators in the packed room learned how the EWG collaborated to decide which tools would be created and included in the toolkit. A copy of the toolkit was circulated to allow those interested to see the contents. Many evaluators in the audience made complimentary remarks on the content and layout of the manual. One audience member commented, "I am particularly impressed with the work TB has done in creating this toolkit."



Kai and Maureen also explained how state and local TB programs used the tools to create TB evaluation plans to guide their work. Many audience members commented on this success. The moderator of the panel, Tom Chapel from the CDC Office of Strategy and Innovation, said, "We've been able to watch the progress of these efforts through a series of annual AEA panel presentations. It's so gratifying this year to see how these efforts have borne fruit. To think that 75% of your programs are able to submit and use strong evaluation plans is just great news!"

Co-presenting on the panel was Yamir Salabarría-Pena, from the Division of STD Prevention, who announced the development of the STD Program Evaluation Tools. This toolkit, which follows the CDC Framework for Program Evaluation and consists of 16 tools, is in the final stages of clearance and will be available soon.

—Reported by Maureen Wilce, MS
Div of TB Elimination

Public Health Information Network Conference, September 2006

The 4th annual Public Health Information Network (PHIN) Conference was held at the Hyatt Regency Hotel in Atlanta, Georgia, September 25–27, 2006. The theme of the conference was "PHIN: Fostering Partnerships for a Health-e Tomorrow." The conferences brought together public health and information technology professionals from around the United States, as

well as some international guests, to network and share their experiences with implementing PHIN. The conference was filled with many interesting presentations on subjects such as the NEDSS Base System (NBS), the NEDSS PAM Platform (NPP), the Application Service Provider (ASP), Electronic Lab Reports (ELR), the PHIN MS, the Message Subscription System (MSS), the Outbreak Management System (OMS), and other topics of interest

(<http://www.cdc.gov/phin/06conference/index.html>).

Representatives of several private companies were on hand displaying various systems designed to improve the efficiency of public health systems. There were also periodic demonstrations of the NPP, NBS, and OMS. The poster session of abstracts from CDC, contractors, and local and state health departments and others was well attended.

Impressive electronic laboratory reporting systems were presented at the conference. These systems should facilitate the rapid identification of TB cases and result in reduced exposure to infectious TB cases. This is important for prompt investigation and follow-up, as well as for the early detection of outbreaks. There were also presentations from two states on Integrated Surveillance Systems from the state level. Our international guests from Canada and Ireland also presented on Integrated Surveillance Systems. Scott Danos, acting Deputy Director, Division of Integrated Surveillance Systems and Services, announced at the conference that the NBS will eventually be phased out and become a part of the NPP. This was new and interesting news to most of the attendees present. Overall, the PHIN conference was very informative.

—Reported by Bruce Bradley
Div of TB Elimination

QuantiFERON-TB Gold Education: Responding to the National Need

On June 26, 2006, the four Regional Training and Medical Consultation Centers (RTMCCs)

joined forces to present a Web-based seminar entitled *QuantiFERON-TB Gold – Putting New Technologies into Practice*. This national educational offering attracted an estimated 800 participants. Some took part individually while others attended as a group, listening together in conference rooms. The seminar was funded by Cellestis, the company that developed QuantiFERON-TB Gold, through an unrestricted educational grant.

The RTMCCs used the systematic health education process to develop this Web-based program. The combined RTMCC's national needs assessment data about the desirability of the topic and the use and ability to access Web-based technology were key to the planning process. Next, the faculty members were tapped for thoughts and ideas. Finally, the program was evaluated to assess the impact of its content and format. The Southeastern National Tuberculosis Center facilitated the provision of continuing education credits for physicians, nurses, and health educators to increase marketability of the program. The RTMCCs marketed the program to its standard select audiences, while Cellestis was instrumental in reaching nontraditional audiences such as community-based providers and laboratory personnel, who may not normally be a part of RTMCC courses.

The seminar featured presentations on the science behind QuantiFERON-TB Gold, a summary of the CDC guidelines, and practical uses of the test in the field. Most participants were nurses, followed by lab staff and physicians. Presenters included Dr. Alfred Lardizabal from the Northeastern RTMCC, Dr. Phil Lobue from the Division of TB Elimination at CDC, and Dr. Masae Kawamura from the Francis J. Curry National Tuberculosis Center. The program was moderated by Dr. David Lakey from the Heartland National Tuberculosis Center. Attendees benefited from the RTMCCs' expertise in innovative science and technology, not to mention their experience in providing training to others. There was a question-and-answer

session at the end of the program, and the Web-based format allowed for questions throughout the program to be sent electronically to the presenters.

Participants were interested not only in how QuantiFERON-TB Gold works, but also in its practical applications. Written and verbal questions ranged from the sensitivity and specificity of the test to how it can be accessed by TB control programs. There was a demonstrated eagerness to learn more and hear about the future of diagnosing latent TB infection.

The course was evaluated via the Internet-based survey service, Zoomerang,[®] set up by the Southeastern National Tuberculosis Center. There were 435 responses to the evaluation. The conference was well rated in terms of the knowledge of the speakers, the practical uses of the information, and the method of providing education via the Web. There were comments about the need for the slides; hence, we are providing them to readers via the following link: to access the archived presentation and copies of the presenters' slides, visit <http://www.umdj.edu/globaltb/audioarchives/gftweb.htm>.

—Submitted by Rajita Bhavaraju
*Northeastern Regional Training and Medical
 Consultation Consortium*
 James Sederberg
Francis J. Curry National Tuberculosis Center
 Karen Simpson
Southeastern National Tuberculosis Center
 Anne Williamson
Heartland National Tuberculosis Center

TB EDUCATION AND TRAINING NETWORK UPDATE

TB ETN Member Highlight

Kristina Ottenwess, MPH, is a Training Specialist for the Southeastern National Tuberculosis Center (SNTC). She received her BA and MPH degrees from the University of Michigan.



As a Training Specialist at the SNTC, Kristina is responsible for the development and implementation of educational products and trainings for a variety of health care audiences in the southeast region of the United States. In line with the

SNTC's goal of connecting TB health care professionals with information, training, and expertise, Kristina is also involved in actively communicating with peers, stakeholders, national TB Centers, and state and territory TB programs to promote use of training services, methods, and techniques, and marketing of activities throughout the region.

Kristina learned of TB ETN through Karen Simpson, the Director of Education and Training at the SNTC. She joined TB ETN to learn more about TB and to network with colleagues around the country working in TB education and training. She is also the co-chair of the Cultural Competency subcommittee. "I originally joined the Cultural Competency subcommittee because I am working on various Cultural Competency-related products and trainings at the SNTC. Furthermore, learning about other cultures is a personal interest of mine," Kristina explained.

In the next 2 years, Kristina hopes TB ETN can continue to grow its membership, have successful Annual Conferences and active subcommittees, and continue to develop its resources.

Kristina is currently involved in the development of two Cultural Competency-related products for the SNTC. First, the SNTC and the Lung Health Center at the University of Alabama at

Birmingham are working collaboratively to create country-specific “snapshots” for the birth countries most commonly reported by foreign-born TB patients treated in the Southeastern United States. The goal of this product is to help TB program staff and health care providers learn more about their patients and enhance their cultural competency skills. Currently, 31 country snapshots are scheduled for development. Second, the New Jersey Regional Training and Medical Consultation Center (RTMCC) is in the process of developing a cultural competency resource guide and is collaborating with the three other RTMCCs, including the SNTC, to include case examples specific for a variety of TB job functions. The guide should be completed in the spring of 2007. In addition, Kristina is in the process of developing a TB Program Manager’s course that will be similar to CDC’s course, but will be offered in various locations throughout the Southeast region.

Kristina was recently married, and devoted some time and effort to making it fun and memorable. “We started taking dance lessons in preparation for our November 11 wedding,” she said, adding that they needed much practice before the big event. In her leisure time, she also enjoys spending time with her two dogs.

Kristina is fluent in Spanish and is always looking for ways to use her skills.

If you’d like to join Kristina as a TB ETN member and take advantage of all TB ETN has to offer, please send an e-mail requesting a TB ETN registration form to tbetn@cdc.gov. You can also send a request by fax at (404) 639-8960 or by mail at TB ETN, CEBSB, Division of TB Elimination, CDC, 1600 Clifton Rd., N.E., MS E10, Atlanta, Georgia, 30333. If you would like additional information about the TB Education and Training Network, visit the website at <http://www.cdc.gov.nchstp/tb/TBETN/default.htm>.

—Reported by Regina Bess
Div of TB Elimination

INTERNATIONAL RESEARCH AND PROGRAMS BRANCH UPDATE

Presentation at the 2007 IUATLD North America Region Conference

Sekai Chideya, MD, of DTBE’s International Research and Programs Branch, developed an oral and poster presentation on the “Burden of Tuberculosis Disease Among Marshall Islanders Living in Arkansas—2000–2005” for the 2007 Conference of the International Union Against Tuberculosis and Lung Disease (IUATLD), North America Region. Her colleague on the study, Dr. Leonard Mukasa from the Arkansas Department of Health and Human Services, presented the study at the conference. A brief synopsis of the study is summarized below.

Although Native Hawaiians/Pacific Islanders (including Marshall Islanders) account for only 0.1% of the population of Arkansas (AR), Marshall Islanders represented 5.8% of all TB patients in the state during 2000–2005, and 40% of foreign-born patients in 2004. This talk will describe factors influencing TB transmission and barriers to care in Arkansas’ Marshall Islander community. Dr. Chideya and her team reviewed Arkansas’ surveillance data for all TB cases and collected patient data from medical records and interviews with Marshallese TB patients begun on treatment Jan. 1, 2000–Dec. 31, 2005.

Of the 861 TB cases reported in Arkansas, 50 (5.8%) occurred in Marshallese patients; 46 (92%) of the 50 patients were born in the Marshall Islands, yet only three (8%) reported symptoms before U.S. entry. Most (68%) lacked health insurance, and at least 10 (20%) had a history of untreated or inadequately treated latent TB infection (LTBI). Among the 40 symptomatic patients, 26 (65%) had delayed diagnosis (>60 days from symptom onset to diagnosis), primarily due to patients not seeking medical attention,

misunderstanding the U.S. health care system, and having language and transportation barriers.

Arkansas' Marshall Islanders are disproportionately affected by TB compared to other racial/ethnic groups. Promptly identifying and treating LTBI, increasing access to medical insurance, and addressing social and infrastructure-related barriers to health care will be vital in improving prevention and control of TB and reducing health disparities in this population.

—Submitted by Bryan Kim, MPH
Div of TB Elimination

SURVEILLANCE, EPIDEMIOLOGY, AND OUTBREAK INVESTIGATIONS BRANCH UPDATES

Release of 2005 TB Surveillance Report

This year's Annual Surveillance Report, *Reported Tuberculosis in the United States, 2005*, was released October 2006, and is posted on the Internet at

<http://www.cdc.gov/nchstp/tb/surv/surv.htm>).

Hard copy versions were made available in mid November 2006. A new section of the report that was created this year contains information on U.S.-affiliated Pacific Island jurisdictions.

Statistical highlights of *Reported Tuberculosis in the United States, 2005*, include the following:

- Updated case counts for each year from 1993 through 2004
- Change in calculation of case rates for 2005 using unrounded figures
- Case counts: 14,097 TB cases were reported to CDC from the 50 states and the District of Columbia, representing a 2.9% decrease from 2004
 - 20 states reported increases in case counts

- California, New York, Texas, and Florida accounted for 48% of the overall 2005 national case total
- For the second consecutive year, Hispanics (29%) exceeded non-Hispanic blacks (28%) as the racial/ethnic group with the largest percentage of total cases
- Blacks or African Americans represented 45% of TB cases in U.S.-born persons and accounted for more than one fifth of the overall national case total
- Hispanics and Asians each represented 40% of TB cases in foreign-born persons and together accounted for almost 45% of the overall national case total
- Case rates: The TB case rate declined from 4.9 to 4.8 per 100,000 population, representing a 3.8% decrease from 2004
 - 12 states and DC reported rates above the national average
 - 26 states met the definition for low incidence (<3.5 cases per 100,000 population)
 - The TB case rate was 2.5 per 100,000 for U.S.-born persons and 21.9 for foreign-born persons
 - Asians and Native Hawaiians or Other Pacific Islanders continue to have the highest case rate among all racial and ethnic groups
- Burden in the foreign-born: The proportion of all cases occurring in foreign-born persons was 55%
 - 22 states had >50% of total cases among foreign-born persons
 - 6 states had >70% of total cases among foreign-born persons
 - The top five countries of origin of foreign-born persons with TB were Mexico, the Philippines, Vietnam, India, and China
- Drug resistance: The proportion of cases with primary multidrug-resistant TB remained approximately 1.0%

Following are suggested citations for hard copy and online versions:

Hard copy: CDC. *Reported Tuberculosis in the United States, 2005*. Atlanta, GA: U.S. Department of Health and Human Services, CDC, September 2006.

Online: Centers for Disease Control and Prevention. *Reported Tuberculosis in the United States, 2005* [online]. Atlanta, GA: U.S. Department of Health and Human Services, CDC; 2006. Available at <http://www.cdc.gov/nchstp/tb/surv/surv2005/default.htm>.

—Submitted by Sandy Althomsons, MA, MHS,
for the Surveillance Team
Div of TB Elimination

Update on Research Priorities of the Tuberculosis Epidemiologic Studies Consortium

The Semiannual TBESC Advisory Review (STAR) is the new process for making funding requests to DTBE for Tuberculosis Epidemiologic Studies Consortium (TBESC) research. It is being implemented for the first time in fiscal year (FY) 2007. As part of this process, the TBESC Research Committee, in collaboration with TBESC member sites, DTBE Branch Chiefs and the Associate Director for Science, and representatives from ACET and NTCA, developed a list of research questions based on programmatically relevant priorities in TB prevention and control. After an initial ranking of the research questions (using a formal voting scheme), a conference call was held to share perspectives on the ranked list of questions. This included a discussion of ongoing research, in order to avoid duplication, and gaps in current knowledge. The outcome of the call was a re-voting and a final prioritized list of questions. The prioritized list is intended to provide guidance to TBESC and CDC investigators as they develop research proposals in response to a request for applications issued by DTBE for FY07 funds. The top five research questions listed in priority order are as follows:

1. What are the most important risk factors for TB among African Americans?
2. What is the epidemiology of diabetes and TB (incidence/prevalence)? What are the treatment outcomes of persons with TB and diabetes, and do the outcomes differ from nondiabetics with TB?
3. Conduct a study of follow-ups on (1) new arrivals with Class A and B, and (2) those who were placed on a multidrug TB regimen abroad and come to U.S.
4. Conduct phase 4 surveillance of QFT implementation in program settings: ability of QFT to define populations who will get sick with TB.
5. Which specific contact investigation (CI) strategies—from the CI guidelines or elsewhere—decrease secondary cases and increase the proportion of infected or at-risk contacts who accept and complete treatment of LTBI?

The research proposals developed in response to the prioritized list of questions were due December 20, 2006. A face-to-face meeting of the DTBE branch chiefs, ADS, and Director, the TBESC Research Committee, and a representative from ACET and NTCA was held January 12, 2007. The purpose of the meeting was to discuss and rank the proposals. The outcome will be a final ranking and funding recommendation to Dr. Ken Castro. The list of priorities will be re-examined each year as part of the ongoing STAR process.

—Reported by Rachel Albalak, PhD
Div of TB Elimination

NEW CDC PUBLICATIONS

Aziz MA, Wright A, Laszlo A, De Muyenck A, Portaels F, Van Deun A, Wells C, Nunn P, Blanc L, and Raviglione M. Epidemiology of antituberculosis drug resistance (the Global Project on Anti-Tuberculosis Drug Resistance Surveillance): an updated analysis. *Lancet* 2006 Dec 16; 368 (9553): 2142-54.

CDC. Brief report: latent tuberculosis infection among sailors and civilians aboard U.S.S. Ronald Reagan --- United States, January–July 2006. *MMWR* 2006; 55: 1381-82.

CDC. Emergence of *Mycobacterium tuberculosis* with extensive resistance to second-line drugs - worldwide, 2000–2004. *MMWR*. 2006; 55(11): 301-305.

CDC. Revised definition of extensively drug-resistant tuberculosis. [Notice to readers]. *MMWR* 2006; 55(43): 1176.

Cain KP, Haley CA, Armstrong LR, Garman KN, Wells CD, Iademarco MF, Castro KG, Laserson KF. Tuberculosis among foreign-born persons in the United States: achieving tuberculosis elimination. *Am J Respir Crit Care Med* 2007; 175: 75-79.

Rich ML, Cegielski JP, Jaramillo E, Lambregts van Weezenbeek C (Eds-in-Chief). *Guidelines for the programmatic management of drug-resistant tuberculosis*. Geneva: World Health Organization, 2006. (WHO/HTM/TB/2006.361).

Shah NS, Wright A, Bai G-H, Barrera L, Boulahbal F, Martín-Casabona N, et al. Worldwide emergence of extensively drug-resistant tuberculosis. *Emerg Infect Dis* [serial on the Internet]. 2007 Mar [date cited]. Available from <http://www.cdc.gov/EID/content/13/3/380.htm>

PERSONNEL NOTES

Adeyelu Asekun, MHCAD, has joined the division for a 3-month detail. She was born in Washington, DC; soon after her birth, her family relocated to Nigeria, where Adeyelu spent most of her childhood and adolescence. In 1995, she returned to the United States to further her education. She enrolled in the University of Maryland, College Park, and received a bachelor's degree in physiology and

neurobiology. After graduation, she worked as a research associate for a biotechnology company in Rockville, Maryland. While working there, she decided to pursue a masters degree in health care administration, subsequently receiving that degree in May 2005 from the University of Maryland, University College. Wanting to combine her educational experience and her work experience, she entered the field of public health. In July 2006, Adeyelu joined the Emerging Leaders Program as a Public Health Advisor and is currently completing a rotation in DTBE, where she will be working with the Program Assessment Rating Tool, part of an OMB evaluation process. Adeyelu enjoys reading, dancing, singing (though she has been told not to quit her day job), and traveling.

Choicey Allen, an Office Automation clerk, recently began working in the DTBE Office of the Director. She is organizationally a part of CDC's Management Analysis and Services Office (MASO), and is currently assigned to provide a variety of administrative support services to DTBE staff. One of the critical duties she is assuming is that of official timekeeper for NCHSTP field staff. A native of Conyers, Georgia, she joined CDC in November 2006 from private industry. She served most recently as President and CEO of ALLENMAXI Investments, Inc., and prior to that was owner/manager of another retail business. She looks forward to a successful partnership with DTBE. We welcome Choicey and are happy to have her in the division!

Shannon Horn recently joined DTBE as a Surveillance Research Fellow in the Surveillance, Epidemiology, and Outbreak Investigations Branch (SEOIB). She is a first-year graduate student in the Rollins School of Public Health at Emory University with a concentration in epidemiology. Shannon recently moved to Atlanta from her home state of Colorado, where she completed her bachelor's degree in Applied Mathematics at the University of Colorado at Boulder. She is excited about the opportunity to

learn about TB and epidemiology through her work with the Surveillance Team.

Catheryn Jumao-as Salibay, MPH, has joined DTBE in the Surveillance, Epidemiology, and Outbreak Investigations Branch (SEOIB). Catheryn is currently an Emory work study student on the Surveillance Team working on her thesis project of TB among Filipinos living in the United States. Catheryn was born in Cebu, Philippines, but has spent the majority of her life in Arizona. She attended the University of Arizona and graduated in 2001 with a B.S. in Biochemistry. She is currently a second year MPH epidemiology student at the Rollins School of Public Health. This past summer, she was an intern for the tuberculosis branch of Tropical Disease Foundation, Inc., an organization established in the Philippines to control and prevent the spread of infectious disease. With her continual interest and growing experience in minority issues and infectious disease, Catheryn plans to embark on a career in infectious disease prevention and research in minority populations on a national and hopefully, international level.

Lisa Nelson, MD, MPH, MSc, left DTBE in September 2006 to become director of CDC's Global AIDS Program in Mozambique. Lisa joined DTBE in 2001 as a first-year EIS Officer in the International Research and Programs Branch (then the International Activity Branch). Lisa completed her undergraduate studies at Yale University, and received her MD degree from the University of California at San Francisco. During medical school, she completed a master's degree in public health and a master's degree in health sciences at the University of California at Berkeley. She also worked on a CDC-sponsored study of smear-negative TB in Botswana during medical school. She began her EIS activities in IRPB working on TB/HIV-related projects with Dr. Elizabeth Talbot, who was DTBE's field assignee in Botswana. During her tenure in DTBE, which included serving as the chief of the TB/HIV Team in IRPB, she made significant contributions to a variety of initiatives, including childhood TB

studies, TB/HIV surveillance projects, and PEPFAR activities. In addition, she has published a number of important papers and presented at many international, national, and local conferences and meetings on TB prevention and control activities.

Imani Smith recently joined DTBE as an Office Automation Clerk. She is organizationally a part of CDC's Management Analysis and Services Office (MASO), and is currently assigned to provide a variety of administrative support services to DTBE staff. Imani was born and raised in Topeka, Kansas. For 2 years she was employed at the VA Medical Center in Topeka, where she worked in service/support positions. She resigned from the VA Medical Center and in 1998 moved to Atlanta, Georgia. In Atlanta she attended Griffin Technical College, obtaining a degree in Office Administration in October 2004. While attending Griffin Technical College, she was employed with UPS Supply Chain Solution, where she served in a variety of administrative positions and provided auditing services. She joined CDC in December 2006. Imani looks forward to having a successful year with DTBE, and we welcome her to the division!

Kelly Stinson, MPH, has joined DTBE's International Research and Programs Branch (IRPB) as a Senior Service Fellow. Kelly had been in DTBE as an ORISE fellow since 2004. During the past 3 years in DTBE, she has been involved in a variety of projects. She is the current TB/HIV technical lead for South Africa, where she supervises all DTBE TB/HIV projects occurring in-country as well as TB/HIV project staff. She is the project officer for the development of TB/HIV surveillance training materials for use in countries with high TB and HIV burdens. She has also served as an instructor for TB/HIV operations research courses in Latvia, Malawi, El Salvador, and Argentina. She has provided technical assistance on TB/HIV integration to CDC's Global AIDS Program offices in Botswana, Mozambique, South Africa, and Central America.

Kelly is also the CDC principal investigator for several projects related to TB/HIV surveillance, and is a member of the WHO Electronic Recording and Reporting Workgroup and the Office of the Global AIDS Coordinator TB/HIV Working Group.

Erika Vitek, MD, left DTBE's International Research and Programs Branch (IRPB) and relocated to Russia with her family at the end of 2006. She received her MD degree from the First Moscow Medical Academy in 1989 and worked as an epidemiologist in the Russian Diphtheria Unit in Moscow. She also worked as a trainer for CDC epidemiology courses for visiting epidemiologists from the former Soviet Union. In 2000 she joined the Communications and Education Branch of DTBE, where she assisted in the development of training materials for field activities in Russia. She then joined IRPB in November 2001 as a Senior Service Fellow. In IRPB, Erika worked on TB prevention and control efforts in Russia and countries of Eastern Europe, with a focus on multidrug-resistant TB. She was involved in diverse activities such as developing protocols, technical papers, and scientific manuscripts; translating technical materials between Russian and English; and conducting monitoring missions to field sites to evaluate progress in programmatic activities.

Ryan Wallace, MPH, an ORISE Fellow, recently began working with the DTBE Surveillance Team. Ryan grew up in Oshkosh, Wisconsin, and received his B.S. degree from the University of Madison at Wisconsin in Medical Microbiology and Immunology. While studying at the University of Wisconsin, Ryan was employed as the Refugee Health Database Manager at the Wisconsin Department of Health and Family Services, where he was first introduced to epidemiology through the Wisconsin Tuberculosis Control Program. After receiving his B.S. degree, Ryan went on to get his master's degree in public health from Emory University, with a focus on epidemiology. Ryan had previously served as a fellow with the

International Research and Programs Branch beginning in August 2005, which led to his master's thesis, "Trends in Appalachian Tuberculosis - United States, 1993-2005."

CALENDAR OF EVENTS

March 5-9, 2007

Comprehensive Clinical TB Course
Lantana, Florida, AG Holley Hospital
Southeastern National TB Center
<http://sntc.medicine.ufl.edu/Training.aspx>

March 8-9, 2007

TB Cohort Review Process Course
New York City
New Jersey Medical School Global TB Institute
<http://www.umdnj.edu/globaltb/courses.htm>

March 28-30, 2007

Effective TB Interviewing and Contact Investigation
Newark, NJ
New Jersey Medical School Global TB Institute
<http://www.umdnj.edu/globaltb/courses.htm>

April 3-6, 2007

TB Case Management and Contact Investigation
San Francisco, CA
Francis J. Curry National TB Center
<http://www.nationaltbcenter.edu/training/schedule.cfm>

April 25-28, 2007

The Denver TB Course
Denver, Colorado
National Jewish Medical and Research Center
To register, contact Catheryne Queen by tel:
(303) 398-1700 or (303) 398-1806, or e-mail:
queenc@njc.org
<https://www.nationaljewish.org/about/calendar/index.aspx>

June 4-8, 2007

Comprehensive Clinical TB Course
Lantana, Florida

AG Holley Hospital
Southeastern National TB Center
<http://sntc.medicine.ufl.edu/Training.aspx>

August 2–5, 2007
1st Conference of the IUATLD Asia Pacific
Region
Kuala Lumpur, Malaysia
Malaysian Association for the Prevention of TB
http://www.tibi2007.com/msg_president.html

August 7–9, 2007
7th Annual TB Education and Training Network
Annual Conference
Atlanta, Georgia
More info will be provided later as it becomes
available