DEPARTMENT OF HEALTH & HUMAN SERVICES Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

TB Notes
No. 4, 2007

Dear Colleagues:

The 2006 TB Surveillance Slide Set and accompanying text were posted on the DTBE web site at http://www.cdc.gov/tb/pubs/slidesets/surv/surv2006/default.htm on September 25. This slide set was developed to accompany the annual surveillance report, *Reported Tuberculosis in the United States, 2006*. The annual report was posted on the DTBE web site October 15, 2007, and the hard copy reports will be mailed in November. In this slide set, we report that 13,779 cases of TB were diagnosed and documented in 2006, a 2.1% decrease from 14,080 in 2005.

The Advisory Council for the Elimination of Tuberculosis (ACET) met July 10–11 in Atlanta. After introductions and welcoming remarks, I gave the DTBE Director's update. I noted senior staff changes that have occurred this year: Dr. Kashef Ijaz became Chief, Field Services and Evaluation Branch, and Dr. Eugene McCray returned to DTBE as Chief, International Research and Programs Branch, replacing Dr. Charles Wells, who left CDC to take a position with Otsuka pharmaceuticals. Also, Dr. Jack Crawford retired from the Mycobacteriology Laboratory Branch. Ms. Susan DeLisle, Associate Director for Program Integration, gave an update on center activities on behalf of Dr. Kevin Fenton, Director, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP). She also described the NCHHSTP program collaboration and service integration (PCSI) activities. These activities will be focused at the field or client level to provide holistic services for the client. She reported that a PCSI consultation would be held August 21–22 at the Roybal campus. The purpose of the consultation was to "engage key stakeholders of NCHHSTP programs in advising on direction-setting for PCSI activities over the next 5 years." Please see my remarks on this meeting below.

Drs. Denise Koo and Tony Catanzaro discussed training and education initiatives for professionals in TB control, with Dr. Koo describing competencies for epidemiologists and Dr. Catanzaro discussing the National Tuberculosis Curriculum Consortium (NTCC). The charge of the NTCC is to increase instruction about TB control in medical schools by enhancing the curriculums that professors are teaching and making relevant, useful material available for free. Drs. Drew Posey and Charles Nolan provided updates on activities related to TB screening U.S.-bound Burmese refugees. An evaluation team felt that the International Organization for Migration is doing an excellent job of screening these refugees, and believe that performing cultures and drug-susceptibility testing adds much value to a refugee screening program.

Dr. Phil LoBue reported on the Federal TB Task Force's progress in developing a U.S. government action plan for extensively drug-resistant (XDR) TB. The group is working on the second draft, with the goal of publication in the *MMWR* in December. We heard a brief report on the TB in African Americans Workgroup from Shannon Jones, who is the

Workgroup chair. The group will work to address the TB disparity among African Americans. Several speakers presented updates related to XDR TB. Drs. Kashef Ijaz and John Jereb summarized DTBE's outbreak response plan and recent outbreak investigations, and outlined the plan for responding to XDR TB. Dr. Elsa Villarino reviewed CDC recommendations for the use of BCG vaccine in the United States to prevent TB, particularly in health care workers. She concluded that, in theory, the interferon-gamma release assay (IGRA) should be more useful than the tuberculin skin test (TST) for post-BCG follow-up testing. Dr. Rick Goodman reviewed public health laws related to TB control, and presented several options for building on ACET's 1993 recommendations on state TB laws.

We also heard several presentations on XDR TB preparedness planning. Dr. Ann Buff provided an interim status report on the investigation of the U.S. traveler originally identified with XDR TB who flew to Europe against medical advice. She indicated that the next steps were to complete the contact investigations for close contacts, health care workers, and passengers by the end of July; analyze the data; and disseminate the results. Mr. Bruce Burney of CDC's Division of Emergency Operations provided an informative overview of the CDC Director's Emergency Operations Center and how it functions during public health emergencies. Dr. Peter Cegielski gave a very useful presentation on drug resistance, indicating that TB drug resistance is being created in countries where a standard regimen is used rather than regimens that are based on drug susceptibility testing.

We then heard several presentations about the Regional Training and Medical Consultation Centers (RTMCCs). Dr. Phil LoBue described the vision of the RTMCCs: to make expert medical consultation on TB available to all U.S. health care providers using a regional framework. The scope of coverage has changed; the San Francisco and New Jersey centers will scale down from national to regional consultations, while the Florida and Texas centers are being asked to expand from state to regional coverage. For most states, the state or local TB program will continue to provide primary medical consultation; in states with low capacity, the RTMCC will provide this. The legal aspects of regional consultation, however, may require additional inquiry. We also heard remarks from Drs. Rey McDonald, Dave Ashkin, Barbara Seaworth, and Charles Daley, representing the RTMCCs in New Jersey, Florida, Texas, and California, respectively.

Dr. Tom Shinnick shared the laboratory plan for responding to XDR TB. The Federal TB Task Force is developing an action plan for XDR TB patterned after the MDR TB action plan, and a key part of the plan is improving laboratory capacity. U.S. labs currently have limited capability to respond to XDR TB. Dr. Patrick Moonan then reported on DTBE's genotyping activities in response to XDR TB. These activities include developing the National MDR/XDR TB Registry; creating the TB Genotyping Information Management System (TB GiMS); and undertaking TBESC task order 8, an analysis of the molecular epidemiology of MDR TB in the United States. The meeting was then adjourned; the next meeting will be held in November.

Members of the National Coalition for the Elimination of Tuberculosis (NCET) met August 2–3, 2007, in Atlanta for a strategic planning retreat, with the support of DTBE. NCET members attending the retreat were Jeff Caballero, Fran DuMelle, Sue Etkind, Dr. Phil Hopewell, Dr. Randall Reves, and John Seggerson. I attended, joined by several CDC staff members who included Phil Talboy, Dr. Kashef Ijaz, Dr. Wanda Walton, and Ann Cronin. Representatives of several other national and international organizations also participated. The meeting concluded with specific recommendations: 1) Change identity from NCET to Stop TB USA to provide a more distinctive name and a clear link to the global Stop TB Partnership; 2) Appoint workgroups to develop Stop TB USA launch activities and to develop an updated TB elimination plan; 3) Present Stop TB USA and its planned initiatives at the November 27–28, 2007, ACET meeting; 4) Launch Stop TB USA at the IUATLD-North America Region Meeting in San Diego in February 2008; 5) Follow up the initial launch with activities for World TB Day in March 2008; and 6) Present a new plan for U.S. TB elimination based on input from national and global partners by May 31, 2008. We hope to see renewed commitment and action in the U.S. TB elimination arena as a result of this reinvigoration of the coalition.

The seventh annual TB Education and Training Network (TB ETN) conference was convened August 7–9, 2007, in Atlanta with 143 TB educators in attendance. This annual conference is an opportunity for TB educators to meet, exchange ideas and success stories, learn about new or different products and strategies, and network with peers. Please see the related article in this issue by Holly Wilson.

As I mentioned above, on August 21–22, NCHHSTP hosted its first consultation on Program Collaboration and Service Integration (PCSI). More than 50 CDC staff and 70 external partners gathered at the Roybal campus to help guide our PCSI efforts and chart PCSI activities over the next 5 years. In the 2 days, attendees shared their views about what PCSI could do for those populations most affected by HIV, STDs, TB, and viral hepatitis, and developed solutions to potential barriers to PCSI. Participants agreed that the next steps would include developing a policy document to help facilitate dialogue on what works and what needs strengthening; exploring funding opportunities for PCSI efforts; and focusing our effort in the areas of integrated surveillance, integrated funding (i.e., program announcements), and integrated staff training and skills development. DTBE staff members helping with this effort were Kashef Ijaz, Val Robison, Andy Heetderks, Heather Duncan, and Joe Scavotto. Our external partners included representatives of the National TB Controllers Association, the Council of State and Territorial Epidemiologists, and the RTMCCs. Dr. Fenton was most impressed by this historic collaboration, and has promised to provide a report on the consultation.

Thanks to all of you for your commitment, and for another great year of progress in our battle against tuberculosis. I hope you have a safe and peaceful remainder of 2007.

Kenneth G. Castro, MD

In This Issue

Note: The use of trade names in this issue is for identification purposes only and does not imply endorsement by the Public Health Service or the U.S. Department of Health and Human Services.

TB Notes

Centers for Disease Control and Prevention
Atlanta, Georgia 30333
Division of Tuberculosis Elimination ♦
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

Number 4, 2007

HIGHLIGHTS FROM STATE AND LOCAL PROGRAMS

Delaware's Lang TB Clinic Team Selected as Finalist for the Governor's 2006 Team Excellence Award

In an average year, the Lang TB Clinic at the Hudson State Service Center in Newark, Delaware, will conduct 16 to 18 contact investigations and provide directly observed therapy (DOT) for all TB patients, and each month will provide preventive treatment for another 250–300 Delawareans with latent TB infection (LTBI). Most of their clients are among the most underserved and vulnerable in the state: low income, non-English speaking Hispanics, blacks, foreign-born persons, and undocumented immigrants. The Lang Clinic team, composed of three nurses, an outreach worker, and support staff, handle this workload with great aplomb.

In 2006, Jeannie Rodman, MSN, RN, program nurse consultant, decided to submit a nomination for the second annual Delaware Governor's Team Excellence Award based on their efforts during a contact investigation.

The Delaware Governor's Team Excellence Award honors the efforts of teams of 6 or more individuals from the state's workforce of approximately 12,000 full-time employees. Of the 26 teams entered, five finalists received special honors. The Lang Clinic Team was recognized as a finalist, at a ceremony held on July 21, 2007, in Dover, Delaware.

"The Delaware Governor's Team Excellence Award criteria are very specific, with a definite slant toward the sort of effort that can be showcased with lots of charts and graphs," said Ms. Rodman. "I knew we would be up against some very sophisticated efforts, and wondered if we had a chance against that sort of razzle-dazzle. What we do is not glamorous, but it *is* the essence of public service, and we had some amazing results. This particular effort was complicated by the need to incorporate two important newer roles in Delaware's Division of Public Health (DPH) – that of the Medical Director and the Office of Health Risk Communication, in response to media attention."

This particular team effort centered around a challenging contact investigation that began in June 2006, when a kitchen worker in a popular Wilmington-area restaurant was diagnosed with active TB. The worker, a

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resources available from DTBE.

non-English speaking Hispanic male, had been ill for many months. Close contacts, including co-workers, family, and friends, numbered more than 100. Within 3 weeks, in spite of language and potential trust barriers, all contacts had been screened, including chest x-rays for those at highest risk. High-risk contacts were placed on preventive therapy, and the source patient was on his way to recovery. Thanks to a quick and effective response of the team, no disease transmission is known to have occurred.

The investigation was complicated when a family member of the restaurant employee called the local newspaper, igniting a storm of media attention. The clinic's response to this challenge involved dozens of e-mails and last-minute conference calls with DPH leadership and the Office of Health Risk Communications (OHRC), wedged between the usual business of the clinic and the extraordinary effort involved in the investigation. The team emerged from the crisis having helped develop a decision tree regarding lines of communication and responsibility within the DPH leadership, which in turn led to an updated communications policy.

This cohesive and talented team serves as a testament to the leadership of Nursing Supervisor Marie O'Leary, RN, and Clinic Manager Susan Keegan, RN. New Castle County Public Health competes for nurses with the large health care systems of the Wilmington and Philadelphia area, yet the Lang TB Clinic manages to maintain a savvy, well-educated, and energized team of professionals. Ms. O'Leary accomplishes this by fostering an atmosphere of trust and by engaging team members with her passion and fascination for the complexities of the disease and a devotion to excellence.

—Submitted by Jeannie Rodman, MSN, RN
Tuberculosis Nurse Consultant
Delaware Division of Public Health

Lang TB Clinic Team (left to right): Jacqueline Holland, RN, BSN; Katherine Deitcher, RN, BSN; Marie O'Leary, RN, BSN, Nursing Supervisor; Nila Boone, Social Services Specialist; Nilda Martinez, Social Service Technician; and Susan Keegan, RN, BSN, Clinic Manager. Not pictured are Marcia Brinker, RN, BSN, and John Chabalko, MD, pulmonary consultant.

New Tools Available to Help With Program Evaluation

On August 1, 2007, CDC evaluators Karen Debrot and Betty Apt presented their Divisions' new program evaluation resources to the TB Evaluation Working Group. These tools are based on the CDC Framework and can be used by virtually any public health program with only minor adaptations.

Ms. Debrot, from the Division of Adolescent and School Health, presented the on-line program evaluation resources available to their contracted partners. She explained that their goal was to pull together a specific set of the most accessible and useful existing evaluation tools, and then develop additional tools to meet their contracted partners' requests. Their resources include-

- Eleven briefing sheets, which provide summaries of basic tasks, from developing logic models to writing evaluation reports,
- Three tutorials to teach basic program evaluation, logic modeling, and writing smart objectives (a fourth tutorial on developing indicators will be added), and
- Links to useful evaluation handbooks from other sources.

These tools can be found at www.cdc.gov/healthyyouth/evaluation/resources.htm#4.

Ms. Apt, who is with the Division of STD Prevention, presented on the newly developed manual, "Practical Use of Program Evaluation among Sexually Transmitted Disease (STD) Programs." This manual includes-

- Sixteen tools that break down the six steps of the CDC Framework for Program Evaluation in Public Health into smaller steps;
- Exercises and worksheets that can be copied or downloaded;
- Sample logic models and evaluation plans; and
- Case studies showing an evaluation of activities taken to address increases of syphilis and chlamydia.

Hard copies of the manual have been sent to colleagues in state STD programs. It is also online at www.cdc.gov/std/program/pupestd.htm.

As the speakers noted, because our evaluation work is based on a common framework, it is easy to share tools and resources across our programs. "We don't have to reinvent the wheel," they noted. Both Debrot (kdebrot@cdc.gov) and Apt (bapt@cdc.gov) have volunteered to answer any questions about their materials. If you have any questions about how to adapt and use these tools in your TB programs, please contact Maureen Wilce at mwilce@cdc.gov.

—Submitted by Maureen Wilce and Ann Tyree
Evaluation Work Group

TB EDUCATION AND TRAINING NETWORK UPDATES

Member Highlight

Martha Alexander, MHS, is the Director of Education and Training for the Bureau of Tuberculosis Control, New York City Department of Health & Mental Hygiene. She received her Masters of Heath Sciences degree in International Health from Johns Hopkins University, Bloomberg School of Public Health, and her BA in Sociology/ Anthropology and Spanish from West Virginia University.

Martha leads the Education and Training Unit and other Bureau staff in conducting and coordinating trainings for 350 staff members. She is also responsible for developing, implementing, administering, and evaluating the unit's training plans and protocols. Also, as

the Bureau's Training Focal Point, she serves as the liaison to the TB ETN and the Northeastern Regional Training and Medical Consultation Center in New Jersey. Along with the Outreach Coordinator, she directs the planning of events for the delivery of education to providers and the general public. She also assists in the planning and implementation of local World TB Day activities.

Martha first learned of TB ETN through a written overview of the network in the job description when she applied for her first position with the Bureau of TB Control. As the designated Training Focal Point, she wanted to be in touch with other TB educators and have access to TB resources. She is now the co-chair of the Cultural Competency Workgroup. "I've always been interested in other cultures, and living in New York City, I see how important it is to be mindful of cultural differences. Health care providers need to be aware that every health interaction involves cross-cultural communication and power differentials," Martha explained.

In the next couple of years, Martha would like for every TB ETN member to have a basic knowledge of how to train others in cultural competency. Also, she would like for every member to know where to find TB resources and information.

Most recently, Martha has been conducting cultural competency training for staff, and trained a group of triage staff. "I love the cultural competency training because it almost teaches itself: everyone has a story about an interaction that was difficult for them. Everyone can learn more about working in a cross-cultural environment," Martha said. In addition to the cultural competency training, Martha has been updating and adapting their TB 101 lecture based on her experience in presenting it to different groups.

In Martha's leisure time, she loves to cook all kinds of food. She also enjoys exploring New York City's restaurants, museums, parks and beaches with her partner, who is also named Martha. Prior to joining the NYC Bureau of Tuberculosis Control staff, Martha lived in Mymensingh, Bangladesh, for 2 years and taught English to nongovernmental organization (NGO) workers as a Peace Corps Volunteer. In college, she studied abroad in Buenos Aires, Argentina. She speaks Spanish and a little Bengali.

If you'd like to join Martha 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 to (404) 639-8960 or by mail to TB ETN, CEBSB, Division of Tuberculosis Elimination, CDC, 1600 Clifton Rd., N.E., MS E10, Atlanta, Georgia, 30333.

Or, if you would like additional information about the TB Education and Training Network, visit the website at www.cdc.gov/tb/TBETN/default.htm.

—Reported by Regina Bess
Div of TB Elimination

Second Annual Focal Point Meeting

On August 6, 2007, over 30 educators who serve as their TB program's Focal Point for TB Education and Training met for a 1-day meeting in Atlanta, Georgia. Each TB Cooperative Agreement recipient is required to designate a focal point in their program to serve as primary contact for DTBE and the Regional Training and Medical Consultation Center (RTMCC) for training and education activities, needs assessment, capacity building, and resource development/sharing; ensure implementation of the annual human resource development (HRD) plan; and coordinate development and implementation of subsequent annual HRD plans.

This was the second annual meeting of the focal points, held in conjunction with the TB ETN conference. The purpose of the focal points'

meeting is to emphasize the vital role they play in TB education and training, provide them with a forum for networking with each other, and enable them to meet with their respective RTMCC. The meeting included two presentations from the field: Martha Alexander, New York City focal point, and Melinda Diaz, Ohio focal point. They discussed their current TB education and training needs, goals and objectives, and accomplishments. Additionally, an interactive presentation on training basics was given to enhance participants' knowledge of some best practices for training.

—Reported by Cheryl Tryon
Div of TB Elimination

TB ETN Seventh Annual Conference Highlights

August 7–9, 2007, marked the seventh annual TB Education and Training Network (TB ETN) conference. In addition to the record temperatures being set in Atlanta, this year's conference set the record for the highest number of registrants at 197. Of those who registered, 143 were able to participate. Attendees represented nearly all 50 states, several U.S. territories, Canada, and South America.

This year's theme, "The Amazing Race to Eliminate TB: Education and Training Skills to Succeed," was loosely based on the reality television show, "The Amazing Race." The conference focused on the show's concepts of world travel and racing and added the element of cultural competency. In light of recent events, these characteristics easily translated from TV land to the world of TB education and training.

The theme inspired presentations and activities throughout the two-and-a-half day meeting. Plenary topics included cultural competency, meeting the education and training needs of refugee populations, and building partnerships to help you cross the finish line. Other plenary sessions featured local programs sharing their TB education and training experiences in the United States and abroad. Local presenters spoke on a variety of topics from working with hard-to-reach populations, to enlisting peer educators, to training volunteers and nurses.

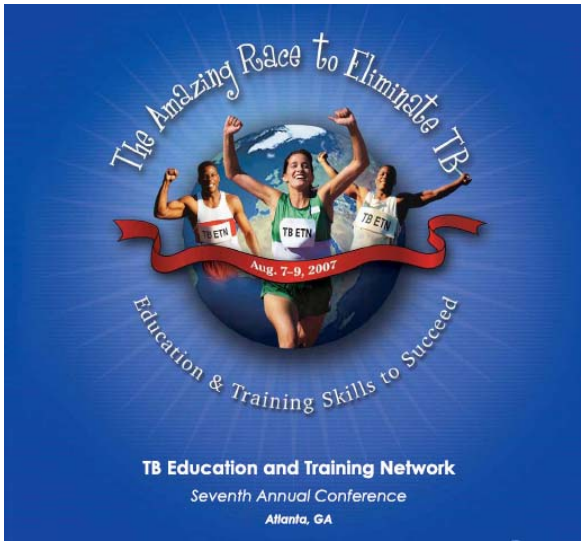
In addition to the plenary sessions, participants had many interesting breakout sessions to attend. Examples of the topics covered included the systematic health education process, education and training during outbreaks, working with corrections facilities, evaluating education and training programs, and designing effective PowerPoint presentations.

New to this year's conference was a special pre-conference session for TB ETN members who joined within the past year and first-time attendees. David Oeser and Ann Poole, the 2007 membership development workgroup co-chairs (pictured here), facilitated the session. Participants learned about TB ETN and some of the education and training resources available to them, such as the TB Education and Training Website (www.findtbresources.org) and the

regional training and medical consultation centers.

Learning and networking continued outside of formal presentations. Participants were given opportunities to view posters submitted by their colleagues and to visit exhibits featuring TB education and training resources from DTBE and state TB programs, among others. Tuesday evening's social event, sponsored by VersaPharm Inc., gave attendees a chance to show off their international attire, catch up with old friends, and meet new contacts.

A preliminary look at the conference evaluations shows that 97% of the participants strongly agreed or agreed that the overall objectives were relevant to the goals of the conference. Many attendees indicated that they enjoyed the conference and that they learned a lot. Thanks and congratulations go to the conference planning workgroup for their hard work in organizing and implementing another successful meeting!



If you were not able to join us at this year's conference, we hope to see you in 2008. Stay tuned for information as we begin to plan the eighth annual TB ETN conference.

—Reported by Holly Wilson, MHSE, CHES
Div of TB Elimination

TB ETN Cultural Competency Workgroup Update

In May 2007, the focus of the TB ETN Cultural Competency Workgroup monthly conference call was on TB and homelessness. It was the third in a series of discussions intended to introduce Workgroup members to various aspects of cultural competency, and to highlight groups that may not be included in traditional definitions of "culture." The presentation and discussion were led by Marcia Stone, Public Health Nurse in the Health Care for the Homeless Network of Seattle and King County, Washington; Nancy Mills, Public Health Nurse in Seattle and King County, Washington; and Genevieve Greeley, Health Program Specialist with the Utah Dept. of Health.

The speakers defined homelessness, discussed common contributing factors and associated problems, and explained ways that providers and programs can work to better treat TB in homeless clients. Homelessness is considered to be on the rise in the United States; in 2005 it affected between 2.3 and 3.5 million people per year, or 842,000 per night. Veterans and racial, ethnic, and sexual minorities are overly represented (sexual minorities include people who are lesbian, gay, bisexual, or transgender). People who are homeless often live with limited health insurance, domestic violence, substance abuse, mental illness, poverty, or a combination of these factors. They experience high rates of diabetes, cardiovascular disease, and asthma. In their day-to-day lives, they may struggle to find safe shelter, freedom from violence, and a secure

space to store their belongings. All of these constraints serve to place health care — which can also be time-consuming and difficult to access — low on their list of priorities. The physical and mental stress in their lives can also place them at greater risk for TB.

Programs can improve their services for TB patients experiencing homelessness by using an interdisciplinary, patient-centered approach that builds relationships based on trust and that is sensitive to the cultural context and norms. Offering convenient services onsite can accommodate the competing day-to-day priorities of the homeless. Building relationships with community partners such as jails, clinics, shelters, food banks, drop-in centers, and supportive housing agencies can improve services for clients; some organizations may be good sources of funding for incentives and enablers. In contact investigations involving homeless populations, programs should consider the social networks both inside and outside of shelters, and keep in mind that newly housed people usually continue to socialize with their homeless friends. Programs should also be aware that working with homeless clients' complex situations can be challenging and even overwhelming for staff members.

Staff can show sensitivity to homeless issues by treating patients with dignity and respect. Staff should be self-aware of their own tendency to possibly judge or label clients. They should work to offset the ways in which homelessness and its associated causes can take away people's power and contribute to their feelings of marginalization. Communicating regularly with the agencies, service sites, and circumstances that are a part of homeless patients' lives can help build trust. Working with the homeless can require creative problem solving, as one presenter explained: She worked with a noncompliant homeless patient who seemed hardened to the system and unwilling to cooperate. When she asked what would help him complete treatment, the patient replied that he would like to have a toaster. Once he received the toaster, he complied with treatment.

The following websites were recommended for more resources on working with the homeless:

- National Health Care for the Homeless Council: clinical resources, advocacy, research, education, publications
  - www.nhchc.org/
- Healing Hands--newsletter of the HCH clinicians' network
  - www.nhchc.org/healinghands.html
- Maine Department of Health and Human Services, Tuberculosis Prevention and Control Recommendations for Homeless Shelters in Maine: Toolkit; March 2005;
  - www.maine.gov/dhhs/boh/ddc/tuberculosis_control.htm
- Health Care for the Homeless Network in Seattle/King County
  - www.metrokc.gov/health/hchn/index.htm
- Advocacy groups
  - www.hud.gov/offices/cpd/homeless/library/advocacy.cfm
- Pathways to Housing
  - www.pathwaystohousing.org/

—Submitted by Martha Alexander, MHS
Director, Education & Training
Bureau of Tuberculosis Control
New York City Dept of Health and Mental Hygiene

Cultural Competency Tip:

Prevention programs are most successful when they build on relationships of trust with community leaders and institutions, and when they emphasize connections between the individual, family, and community.

From: *A Primer for Cultural Proficiency: Towards Quality Health Services for Hispanics, by the National Alliance for Hispanic Health*, page 34.

DATA MANAGEMENT AND STATISTICS BRANCH UPDATE

Public Health Information Network (PHIN) Conference held in August 2007

The Fifth Annual Public Health Information Network (PHIN) Conference was held in Atlanta, Georgia, at the Omni Hotel August 27–29, 2007. The theme for the conference was "Harmonizing Public Health Voices in National Health IT." The conference, which was well-attended, brought together public health and information technology professionals from throughout the United States and some foreign countries. This created a great opportunity to network and share information. There were many interesting presentations that covered subjects from pandemic flu preparedness to creating HL7 messages (HL7, or Health Level 7, is a standardized format for transferring data between health-related computer systems). Some states also presented on their Integrated Surveillance Systems.

Many companies set up exhibit booths and shared a theater to demonstrate their products, which included everything from surveillance systems, to outbreak management systems, to emergency preparedness systems. A demonstration of particular interest to DTBE was given by the OntoReason group. This group demonstrated how they could validate Report of a Verified Case of TB (RVCT) data sent to CDC in the HL7 TB message format. This validation tool would allow states with their own system to report their RVCT data and have it validated at CDC. The tool would then send an acknowledgement back to the state. This was a very impressive demonstration of a potentially useful tool. Overall, the conference was very successful in providing opportunities to see and learn about new information technology.

—Reported by Bruce Bradley
Div of TB Elimination

SURVEILLANCE, EPIDEMIOLOGY, AND OUTBREAK INVESTIGATIONS BRANCH UPDATES

11th Semiannual Meeting of the Tuberculosis Epidemiologic Studies Consortium

The 11th Semiannual Meeting of the Tuberculosis Epidemiologic Studies Consortium (TBESC) was held July 12–13 in Atlanta. The primary purpose of the TBESC is to conduct epidemiologic, behavioral, economic, laboratory, and operational research in TB prevention and control.

Over 75 persons participated in the meeting. Attendees included CDC staff, TBESC principal investigators, project coordinators, and project specific personnel.

TBESC members and CDC staff gave updates on the status of ongoing TBESC research projects and activities. Administrative and fiscal issues were also discussed.

Topics included-

- Tuberculosis in the foreign-born
- Acceptance and completion of latent TB infection (LTBI) treatment in the US and Canada in 200
- New developments in the diagnosis of TB and LTBI
- Administrative and fiscal updates on consortium-related activitie
- Update on the Semiannual Tuberculosis Advisory Review (STAR) process
- Updates from the Process Evaluation and Research Committee
- Update from the Translating Research into Practice (TRiP) Workgroup

It is a very exciting time for the consortium with a number of its studies in the data analysis phase

and others reporting results and describing implications for TB programs. Manuscripts from TBESC studies on pediatric TB and use of network analysis to characterize TB transmission patterns were recently accepted for publication in journals.

For more information on the TBESC, please visit our website at www.cdc.gov/tb/TBESC/default.htm.

—Reported by Indhira Gnanasekaran, MPA
TBESC Project Manager

CDC Team Teaches TB/HIV Operational Research Course in Kiev, Ukraine

A team of CDC epidemiologists and technical experts recently collaborated with two international partners, the World Health Organization (WHO) and the KNCV Tuberculosis Foundation, to conduct a TB/HIV Planning & Operational Research Workshop in Kiev, Ukraine, May 7–12, 2007. CDC team members were Julia Ershova, Senior Service Fellow, Division of Epidemiology and Surveillance Capacity Development, Coordinating Office of Global Health; Ann Buff, EIS Officer, DTBE, NCHHSTP; Kashef Ijaz, Chief, Field Services and Evaluation Branch, DTBE, NCHHSTP; and Timothy Holtz, Medical Epidemiologist, DTBE, NCHHSTP. Nineteen epidemiologists and physicians from Russia, Belarus, Moldova, and Ukraine participated in the workshop. The goals of the course were to promote TB/HIV collaborative activities at the national and regional levels and for each country team to develop a TB/HIV operational research proposal focused on improving operations between TB and HIV programs. The CDC team taught applied epidemiology and provided mentoring to country teams.

The first day of the workshop, Monday, was filled with introductions, country presentations, and discussion of possible WHO collaborative activities for national TB and HIV programs. Each country team presented an overview of the epidemiology of TB/HIV, challenges of TB/HIV control, and potential TB/HIV collaborative efforts in their respective countries. The second day consisted of presentations by Drs. Buff, Ijaz, and Holtz to lay the groundwork of basic epidemiologic analysis, research design, and study proposal development. The class particularly enjoyed an interactive sampling techniques exercise in which CDC pens and travel mugs were awarded for "sampled" participants. Julia Ershova spent Wednesday and Thursday teaching CDC's statistical software program, Epi-Info. The class used the Russian version of Epi-Info for practical exercises with data from a real epidemiologic investigation. Participants were eager to show off their data analysis and graphing skills at the end of each exercise. After two and a half days of intense epidemiology training, the class was ready for a break from the classroom. On Thursday afternoon, participants visited one of two field sites in Kiev. Half the class visited a harm reduction center funded by a coalition of non-governmental organizations working in HIV/AIDS

where all clients receive HIV testing, counseling, and educational support services. The other half visited a TB control program dispensary where TB patients receive medical care, counseling, and support services.

On Friday, the country team members spent several hours fine-tuning their proposals, and the CDC epidemiologists presented their final lectures. Dr. Holtz presented a discussion of the ethics of medical research, a new topic for many of the class participants. On Saturday morning, teams pitched their preliminary proposals with formal 15-minute PowerPoint presentations. Each country team developed a solid operational research proposal, incorporating many of the principles and techniques presented during the workshop. Going forward, DTBE epidemiologists will continue to provide mentoring as teams finalize and submit their proposals for ethical review. WHO and KNCV Tuberculosis Foundation will provide seed funding for each finalized proposal and oversight during the research phase.

Workshop participants had the opportunity to evaluate the workshop and all participants rated the quality of presentations as "very good" or "excellent." Participants particularly valued the interactive nature of the course and rated the skills taught as very useful. This workshop was also a valuable opportunity for DTBE to enhance epidemiologic capacity in Eastern Europe and to strengthen relationships by collaborating with our international partners, the WHO and KNCV Tuberculosis Foundation.

—Reported by Ann Buff, MD
Div of TB Elimination

2006 Annual Surveillance Report

This year's annual surveillance report, *Reported Tuberculosis in the United States, 2006,* was released in October 2007, and is posted on the Internet at www.cdc.gov/tb/surv/default.htm. Hardcopy versions will be available in Nov. 2007.

Statistical highlights of *Reported Tuberculosis in the United States, 2006,* include the following:

- Case counts: 13,779 TB cases were reported to CDC from the 50 states and the District of Columbia, representing a 2.1% decrease from 2005
  - 20 states reported increases in case counts
  - California, New York, Texas, and Florida accounted for 48% of the overall 2006 national case total
  - For the third consecutive year, Hispanics (30%) exceeded non-Hispanic blacks (27%) as the racial/ethnic group with the largest percentage of total cases
  - Blacks or African-Americans represented 44% of TB cases in U.S.-born persons and accounted for approximately 19% of the overall national case total
  - Hispanics and Asians together represented almost 80% 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 4.7 to 4.6 per 100,000 population, representing a 3.1% decrease from 2005
  - 12 states and DC reported rates above the national average
  - 26 states met the definition for low incidence (≤3.5 cases/100,000 pop.)

- The TB case rate was 2.3 per 100,000 for U.S.-born persons and 22.0 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 57%
  - 27 states had ≥50% of total cases among foreign-born persons
  - 11 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 was less than 1.0%.
- Updated case counts are given for each year from 1993 through 2005
- The calculation of completion of therapy was changed to present data only for cases where therapy of 1 year or less was indicated
- A new slide depicting the case counts for XDR TB cases since 1993 was added to the standard slide set

Following are suggested citations for hard copy and online versions:

Hard copy: CDC. *Reported Tuberculosis in the United States, 2006.* Atlanta, GA: U.S. Department of Health and Human Services, CDC; October 2007.

Online: CDC. Reported Tuberculosis in the United States, 2006 [online]. Atlanta, GA: U.S. Department of Health and Human Services, CDC; 2006. Available at www.cdc.gov/nchstp/tb/surv/surv2006/default.htm.

—Reported by Sandy Althomsons
Div of TB Elimination

NEW CDC PUBLICATIONS

Bock NN, Jensen PA, Miller B, Nardell E. Tuberculosis infection control in resource-limited settings in the era of expanding HIV care and treatment. *J Infect Dis* 2007;196 Suppl 1:S108-113.

Cain KP, Kanara N, Laserson KF, Vannarith C, Sameourn K, Samnang K, Qualls ML, Wells CD, Varma JK. The epidemiology of HIV-associated tuberculosis in rural Cambodia. *Int J Tuberc Lung Dis* 2007;11:1008-13.

Conwell DS, Mosher A, Khan A, Tapy J, Sandman L, Vernon A, Horsburgh CR Jr. Factors associated with loss to follow-up in a large tuberculosis treatment trial (TBTC Study 22). *Contemporary Clinical Trials* 2007 May; 28(3): 288-94.

Fu LM, Shinnick TM. Genome-wide exploration of the drug action of capreomycin on Mycobacterium tuberculosis using Affymetrix oligonucleotide GeneChips. *Journal of Infection* 2007 Mar; 54(3):277-84.

Holtz TH. XDR-TB in South Africa: revised definition. [Letter] *PLoS Medicine / Public Library of Science* 2007 April; 4(4):e161.

Holtz TH and Cegielski JP. Origin of the term XDR-TB. *European Respiratory Journal* 2007; 30(2): 396.

Mazurek GH, Weis SE, Moonan PK, Daley CL, Bernardo J, Lardizabal AA, Reves RR, Toney SR, Daniels LJ, LoBue PA. Prospective comparison of the tuberculin skin test and 2 whole-blood interferon-gamma release assays in persons with suspected tuberculosis. *Clin Infect Dis* 2007;45:837-45.

Mazurek GH, Zajdowicz MJ, Hankinson AL, Costigan DJ, Toney SR, Rothel JS, Daniels LJ, Pascual FB, Shang N, Keep LW, LoBue PA.

Detection of *Mycobacterium tuberculosis* infection in United States Navy recruits using the tuberculin skin test or whole-blood interferon-gamma release assays. *Clin Infect Dis* 2007; 45:826-36.

Miranda A, Morgan M, Jamal L, Laserson K, Barreira D, et al. Impact of antiretroviral therapy on the incidence of tuberculosis: the Brazilian experience, 1995–2001. *PLoS ONE* 2007; 2(9): e826.

Sehgal S, Dewan PK, Chauhan LS, Sahu S, Wares F, Granich R. Public-private mix TB activities in Meerut, Uttar Pradesh, North India: delivering DOTS via collaboration with private providers and non-governmental organizations. *Indian Journal of Tuberculosis* 2007 April; 54(2): 79-83.

Wells CD, Cegielski JP, Nelson LJ, Laserson KF, Holtz TH, Finlay A, Castro KG, Weyer K, et al. HIV infection and multidrug-resistant tuberculosis: the perfect storm. *J Infect Dis* 2007;196 Suppl 1:S86-107.

PERSONNEL NOTES

Stephen Benoit, MD, has accepted a position in the National Center for Public Health Informatics, where he will be part of an analytics/epidemiology team. After finishing his Epidemic Intelligence Service (EIS) training in the Division of Healthcare Quality Promotion, Stephen joined the International Research and Programs Branch (IRPB) in July 2006. He worked primarily in Latin America, helping with the planning for the Mexico drug-resistance survey as well as the establishment of a Center for Excellence. He worked closely with Paul Jensen, conducting TB infection control trainings in Bolivia, Paraguay, and Peru. In addition, he conducted an analysis of TB among the foreign born using data from the National TB Surveillance System. His last official day in DTBE was October 12, 2007.

Nick DeLuca, PhD, is departing DTBE for a position as a Behavioral Scientist with the Global AIDS Program (GAP) in Windhoek, Namibia. Nick has been with DTBE since 1997, first starting as an Association of Schools of Public Health fellow in what was then the Communications and Education Branch. He was later hired in a permanent position as a Health Education Specialist, and continued on to the senior staff position of Education, Training, and Behavioral Studies Team Leader in the current Communications, Education, and Behavioral Studies Branch (CEBSB). During his time with DTBE, Nick has developed patient and provider education and training materials; developed and implemented education and behavioral studies; conducted training courses; provided technical assistance and guidance to local, state, national, and international partners; and provided leadership and guidance to the Regional Training and Medical Consultation Centers (RTMCCs). Nick will be greatly missed by the TB community, and we hope he will continue to be involved in HIV/TB in his new position. His start date with GAP is effective November 12, with the goal of moving to Namibia in January 2008.

Ilana Dickman, a fellow in DTBE's Clinical and Health Systems Research Branch (CHSRB), has accepted a job in the Washington, DC, area, where she will be working as a health care analyst on a cultural competency project for HHS's Office of Minority Health. Her last day with CDC was October 4. Ilana joined CHSRB as an Association of Schools of Public Health (ASPH) Fellow 1 year ago. She devoted the majority of her time to developing the ethnographic guide for TB programs providing services to persons from China and to finalizing all five guides in the series. This effort involved completing in-depth reviews of the literature, gathering a wide range of health statistics, and doing a substantial amount of organizing and writing. Her well-received Brown Bag talk presented to the Division in August nicely reflected the fine quality of her work. Ilana was also very instrumental in helping plan and carry out the very successful TB

Walk this year. All of us who had the opportunity to know and work with Ilana will miss her very much, and we wish her well in her new job.

Teresa Goss returned to DTBE on August 20. She has joined the Communications, Education, and Behavioral Studies Branch (CEBSB) as a Training Specialist. In this position, she will provide technical and administrative support for TB training, education, and public awareness activities. Prior to her move back to DTBE, Teresa served as a Management and Program Analyst on the Center's Strategic Business Unit (SBU) Personnel Team.

Susan Lippold, MD, MPH, TB Controller for the city of Chicago, left CDC/DTBE on October 31, 2007, having accepted a position with the Global AIDS program in Ho Chi Minh City, Vietnam. In her new role, she will direct CDC and PEPFAR activities in this area, including HIV/TB activities. Susan joined the DTBE Field Services and Evaluation Branch on January 2, 2002. During her tenure as Director of the TB Control Program and the City of Chicago's TB Control Officer, Chicago's TB cases decreased from 378 in 2001 to 292 in 2006. She instituted quarterly cohort reviews, and restructured the program so that field sites were consolidated and merged with clinic sites, and three public health nurses were invested with supervisory authority over both clinic and field functions. Three new supervising communicable disease investigator positions were created. In addition, six field nurses report directly to the TB program. In addition to serving as Director, she also served as supervising physician and also as Program Manager for more than 1 year when needed due to vacancy. This entailed individually reviewing all active and suspect cases followed in the health department and the private sector. She directly handled all personnel, contracts, and budgetary matters for the program and brought all contracts up to date and developed scopes of service, something that had been remiss for years. During her tenure, performance measures increased including completion of therapy and knowledge of HIV status. She oversaw the 4-year CDC-funded project to address disparities seen in the African-American population. This successful project involved numerous activities including focus groups and educational messages culminating in a TB video. She served as Co-Principal Investigator (PI) in TBTC studies #26 and #28 and Co-PI in TBESC studies #9 and #15. In addition to seeing TB patients, Susan kept her Internal Medicine continuity clinic for more than 7 years at Cook County. In addition to all this, she had a solo art show! Susan considered this a very rewarding position, but not an easy one, with difficult decisions to make such as temporarily closing clinics, shuffling staff, stopping certain activities, and either establishing or changing policies -- all depending on resources and operations. Susan stated, "The TB control program in Chicago is something I'm proud to have been a part of."

Sundari Mase, MD, MPH, has been selected as the new Medical Team leader in the Field Services and Evaluation Branch. Sundari received her bachelor's degree with honors in Neurobiology from the University of California, Berkeley, in 1988 and subsequently received her medical degree from the University of California, San Francisco, in 1993. After completing her residency in Internal Medicine at the University of California, San Francisco, Sundari worked in an Internal Medicine group practice in the San Francisco Bay Area for 5 years serving as the primary care physician for 1200 patients. She was board certified in internal medicine in 1996 and was recently recertified in 2006. Sundari then chose to pursue a career in public health and obtained her MPH degree in epidemiology from the University of California, Berkeley, in 2003. She worked for the State of California TB Control Branch as a Public Health Medical Officer in the Surveillance and Epidemiology Section. During her 4 years in this position, Sundari played a lead role in establishing and implementing the State of California MDRTB Consultation Service, providing expert consultation for the state's most complex and

drug-resistant TB cases and contacts. She was also the state's lead in writing the latest California TB treatment guidelines and contributed substantially to the writing of the California Treatment of Latent TB Infection guidelines. She also served as Outbreak Response Officer, leading numerous outbreak investigations, several involving MDRTB. Sundari joined the Francis J. Curry National TB Center in July 2005 as the Western Region MDRTB consultant. She has given many TB presentations and has published several articles, most notably a systematic review of the literature evaluating the incremental yield of the third AFB sputum specimen in the evaluation of TB suspects. Based on the findings from this review and other data, WHO has adopted the policy of reducing the number of specimens to be examined for screening TB cases from three to two in places where workload is very high and human resources are limited. In 2006, Sundari started in her role as the TB Controller/Deputy Health Officer of Santa Clara County, a high TB incidence jurisdiction in California (228 cases reported in 2006). In this role, she provided oversight for the care and management of TB cases and their contacts, including all contact investigations, by working closely with community physicians and public health nurses. She has also been involved with writing and updating all of the TB control policies and procedures for Santa Clara County. In collaboration with the Stanford Medical Center, Sundari is the Principal Investigator for a research project evaluating the cost-effectiveness of universal TB screening in schools, as Santa Clara County has a school mandate for universal TB screening. She has also been involved with outbreak investigations. She has continued to serve as a Warmline consultant for the Francis J. Curry National TB Center and has served as the MDRTB consultant for the Puentes de Esperanza Project, a USAID-funded binational program led by Dr. Kathleen Moser aimed at providing treatment and management of 15 MDRTB patients residing in Baja California. In May 2007, Sundari served as a program consultant to CDC for the evaluation of the overseas TB screening program in U.S-bound Burmese refugees using the new Technical Instructions for TB screening. The results and conclusions of this evaluation have informed the latest changes to the TB technical instructions for overseas screening of refugee and immigrant populations. We welcome Sundari to DTBE. She will be reporting to her new position in early January 2008.

Karyn Mitchell has joined DTBE as the newest addition to our DTBE support staff team. She is administratively and organizationally a part of the Management Analysis and Services Office (MASO), assigned to work in DTBE with the Clinical and Health Systems Research Branch (CHSRB). Karyn has been with CDC since December 2006, starting out with CCID's National Center for Zoonotic, Vector-Borne, and Enteric Diseases as an Office Automation Clerk. Karyn was born and raised in the Bronx, New York. She has held several positions in New York City, including working in the Mayor's office in New York City as well as in various clerical support and customer service positions. In Dec. 2000 she started working for the NYC Board of Education as an office clerk aide and teacher's aide. She moved to Georgia in July 2003, and worked for the Georgia Department of Corrections as a corrections officer before coming to CDC. She looks forward to working with DTBE. Welcome, Karyn!

Dr. Young-Kil Park, Chief of the Molecular Biology Section at the Korean Institute of Tuberculosis (KIT) in Seoul, South Korea, has joined the Mycobacteriology Laboratory Branch (MLB) for 1 year. As Chief of the Molecular Biology Section at KIT, he oversees the drug susceptibility testing and genotyping of *Mycobacterium tuberculosis* and identification of nontuberculosis mycobacteria. His major research experience while at KIT was to develop and evaluate molecular tests for detection of mutations in the genes associated with resistance to TB drugs and to establish and build an *M. tuberculosis* clinical isolate banking system

for use in molecular epidemiological studies based on RFLP analysis. During his time with MLB he would like to learn more about laboratory systems and quality assurance. Dr. Park will also be assisting Tracy Dalton, his primary advisor, with the laboratory aspects of the PETTS project. He will be training and working with MLB until September 2008.

Bonnie Plikaytis, MS, has accepted the position of Deputy Branch Chief for the Mycobacteriology Laboratory Branch. Bonnie received a masters degree from Georgia State University and began her career at CDC in the Division of Bacterial Diseases working on developing diagnostic tests for use with *Legionella pneumophila*. For the past 19 years, Bonnie has been working in the various incarnations of the Mycobacteriology Laboratory Branch. Her research has concentrated on developing the scientific basis for new rapid molecular-based diagnostic tests for identifying mycobacteria, detecting *M. tuberculosis*, and assessing drug susceptibility. She has made important contributions to our understanding of the molecular basis of rifampin resistance, and more recently, to capreomycin and aminoglycoside resistance. Besides research, Bonnie has been a mentor to more than a dozen graduate students and postdoctoral fellows, many of whom have flourished under her mentorship.

Paul Regan has accepted the public health advisor position in Jackson, Mississippi; his report date was September 17, 2007. His duties include acting as director of the Hinds County TB Clinic in Jackson, MS, and administration of TB control activities in Public Health Area V, which include several cities and counties in and around the Jackson area. Paul was previously assigned to the Florida Bureau of TB & Refugee Health in Tallahassee. While there, he was responsible for coordinating statewide interjurisdictional transfers of TB patients, Area Management of Areas 1 & 2A, Area coordinator for Area 5, and COOP (Continuity of Operations Program) coordinator for the Bureau. Paul volunteered for several temporary duty assignment opportunities during his assignment in Florida, including New Orleans, LA; Fort Wayne, IN; and Kosciusko County, IN. Paul began his DTBE career in the Alabama Department of Health, where he supported local staff and performed disease intervention activities in an eight-county area. His additional duties included regular interaction at the division level where he assisted with central office projects. His division-level projects included export, analysis, and presentation of epidemiologic data from each of Alabama's 11 public health areas. While in Alabama, Paul assisted with an Epi-Aid in Bayou La Batre. Before Paul came to DTBE, he was in New Orleans, Louisiana, where he worked in the TB control program as a Disease Intervention Specialist II. His assignments included conducting contact investigations, performing case management, and conducting health seminars. Prior to that, Paul worked with the Louisiana Dept. of Corrections for 8 years as a Probation and Parole Field Agent.

Kim Seechuk, MPH, has accepted the position of TB program manager in Washington, DC, and started on Oct. 28. She most recently served as the Deputy Chief, Program and Training Branch (PTB), Division of STD Prevention (DSTDP), CDC. She started with the Division of STD Prevention in 1997 as a program consultant. Prior to coming to CDC, she spent 17 years with the Maryland Department of Health and Mental Hygiene in various capacities in the STD, Outbreak Investigation, and Epidemiology and Communicable Disease Control Programs. The positions in which she served included disease intervention specialist, program epidemiologist, health educator and, finally, manager of Maryland's STD Prevention Program. She received her masters of public health degree from Johns Hopkins School of Public Health in 1988. Kim just completed a temporary duty assignment with the Global AIDS Program (GAP), serving as the Acting Deputy Director for GAP-Tanzania.

Susan Spieldenner, RN, BS, was selected for the senior PHA position in Richmond, California, effective September 2, 2007. Susan returned to DTBE after serving as a Public Health Quarantine Officer for the past year with the Division of Global Migration and Quarantine (DGMQ) at the Detroit Metropolitan Airport. In that assignment, she initiated a research project for evaluating the effectiveness of providing a written referral to arriving immigrants with B1 or B2 TB classifications in completing US-based follow-up examinations. Susan had previously been assigned to the California Department of Human Services Tuberculosis Control Branch, where she worked in the Resource Management and Planning Section. During that time she was involved in California's local assistance award process, provided budget planning support to the two counties most heavily impacted by the TB outbreak among recently arrived Hmong refugees, and developed agreements providing for the care of TB patients under civil detention. Susan originally came to DTBE from the State of Michigan, where she had worked as the TB Program Coordinator since 2001. In this position, she provided technical advice and guidance to the local health departments on standards of care and reporting requirements, and addressed issues of patient noncompliance, among other duties, throughout the state. Before this, Susan used her skills as a public health nurse for the Calhoun County (Michigan) Health Department in Battle Creek, Michigan, working in the community.

Kelly Stinson, MPH, has accepted a position as a Senior Clinical Research Associate at Otsuka Pharmaceuticals in Washington, DC. She will be part of a clinical trial team whose primary goal is to achieve FDA approval of a novel TB drug. Kelly joined DTBE's International Research and Programs Branch (IRPB) in 2004, after graduating from Emory University. During the past 3.5 years in DTBE, she has been involved in a variety of projects. She was the TB/HIV technical lead for South Africa, where she supervised all DTBE TB/HIV projects occurring in-country as well as TB/HIV project staff. She was the project officer for the development of TB/HIV surveillance training materials for use in countries with high TB and HIV burdens. She also served as an instructor for TB/HIV operations research courses in Latvia, Malawi, El Salvador, and Argentina. She provided technical assistance on TB/HIV integration to CDC's Global AIDS Program offices in Botswana, Mozambique, South Africa, and Central America. Kelly was also the CDC principal investigator for several projects related to TB/HIV surveillance, and a member of the WHO Electronic Recording and Reporting Workgroup and the Office of the Global AIDS Coordinator TB/HIV Working Group. Her last official day in DTBE was Oct. 12, 2007.

CALENDAR OF EVENTS

November 8–12, 2007
38th Union World Conference on Lung Health
Cape Town, South Africa
IUATLD
www.iuatld.org/index_en.phtml

November 26–30, 2007
Pacific Island TB Controllers Assoc. Meeting
Pohnpei, Federated States of Micronesia
National TB Controllers Association

November 27–28, 2007
Advisory Council for the Elimination of Tuberculosis
Atlanta, Georgia
CDC/DTBE

December 4–7, 2007
TB Intensive Course
Tyler, Texas
Heartland National TB Center
For more information, contact
domingo.navarro@uthct.edu
Register online at the HNTC website:
www.heartlandNTBC.org

February 28, 2008
North American Stop TB Partnership Meeting
Stop TB USA Inaugural Meeting
San Diego, California
Please see attached flyer for more information

February 28–March 1, 2008
IUATLD North American Region 12th Annual Conference
San Diego, California
IUATLD

March 16–19, 2008
2008 International Conference on Emerging Infectious Diseases
Atlanta, Georgia
Sponsor: American Society for Microbiology
www.iceid.org/

March 24, 2008
World TB Day
Worldwide

April 9–11, 2008
TB Vaccines for the World
Montego Bay, Jamaica

April 14–18, 2008
EIS 57th Annual Conference
CDC, Atlanta, Georgia

May 16–21, 2008
ATS Conference
Toronto, Canada
American Thoracic Society

June 9–12, 2008
2008 National TB Controllers Workshop
Atlanta, Georgia
NTCA

North American
STOP TB Partnership Meeting

Stop TB USA Inaugural Meeting

Alto a la TB Mexico

Stop Tuberculosis Halte à la Tuberculose CANADA

February 28, 2008
8:30 am – 1:00 pm

International Union Against Tuberculosis and Lung Disease / North America Region meeting
February 28 – March 1, 2008
Bahia Resort Hotel
San Diego, California

Stop TB Partnership

North American Stop TB Meeting – Registration Form

Please fax to: British Columbia Lung Association, fax: (604) 731-5810

Last name: _____ **First name:** _____

Degree(s): _____ **Organization:** _____

Mailing Address: _____

City: _____ **State/Province:** _____ **Postal/Zip code:** _____

Country: _____ **Phone: ( )** _____

E-mail: _____ **Fax: ( )** _____