



TBWIRE

THE U.S. PARTNER IN THE GLOBAL
STOP TB PARTNERSHIP

SEPTEMBER 2024

GREETINGS FROM THE CHAIR!

I wanted to take this moment to acknowledge the amazing efforts of our Work Groups (how we, as a group of ordinary and passionate volunteers, are moving to **#EndTB**). I am so proud and grateful for all they do. Here a quick list – do you want to come join the fun?! Just email us at leadership@stoptbusa.org:

1. Media Work Group (**MWG**) - meets every week and helps shape all our website, newsletter, and social media content as well as media advocacy and communications training events.
2. Medicare Work Group (**CMS WG**) - meets once a month until we achieve the concrete goal of Medicare formally declaring a National Coverage Determination for TB infection testing.
3. Academic Detailing Work Group (**DWG**) - meets every other week and is led by primary care providers who want to help educate other primary care providers on the essentials of screening, testing, and treating TB.
4. TB on Wikipedia Work Group (**WWG**) - meets every other week to help update the tuberculosis page on Wikipedia.
5. Pharmacy Outreach Work Group (**PWG**) - Meets about once a month and works to educate pharmacists on how they can help **#EndTB**, as well as working in coalition with the CTCA on the issue of TB drug shortages nationwide.
6. Government Relations Work Group (**GWG**) - in the planning stages and will focus on legislative advocacy and communicating with elected officials.

- Cynthia A. Tschampl, PhD, Chair

DC UPDATE

Right now, FY25 appropriations for the CDC (including TB programs) seem to be leaning toward a drastic cut on the House side and a \$1 million increase on the Senate side. This is in the face of FY24 cuts, COVID-19-related woes, and a double-digit increase in TB cases! The only way to secure the Senate number over the House number is to get in touch with your members of Congress!!

1. Write or speak to the Chair and Ranking member of Appropriations in favor of a minimum of \$225 million for CDC's fiscal year 2025 TB programs as TB cases increased 16% in 2023 and will continue to rise as the full impact of COVID-19 continues to reveal itself.
2. Write a letter to CMS Administrator Brooks-LaSure in support of a ****timely**** National Coverage Determination of LTBI screening and testing. Get more information [here](#).

3. Co-sponsor the **End TB Now Act, H.1776/S.288**! Here's a helpful [fact sheet](#) and a [press release](#) about the End TB Now Act.

Pro Tips: Call the Capitol Switchboard at **1-202-224-3121** and ask for your senator/representative or give your state if you do not know their name. When you are connected to an office, ask for the Health Legislative Assistant. If you leave a voicemail message, include your name, phone number, and email so they can respond to you. If you would like a sample script, or additional details, email us at leadership@stoptbusa.org. Bonus points if you write us at leadership@stoptbusa.org and tell us how your call/email went!!

ANNOUNCEMENTS

- [A Kansas tuberculosis outbreak has infected dozens of people in Wyandotte County so far](#)
- [WHO Recommends Three Shorter, Oral Treatments for Drug-Resistant TB](#)
- [WHO recommends MSF-led endTB clinical trial treatments](#)
- [New \\$5.8 million grant aims to transform the global landscape of TB research](#)
- [Accelerating the development of new treatment regimens for tuberculosis](#)
- **Other Opportunities:**
- [Notice of CDC Funding Opportunity Announcement](#)
- [Call for case studies and best practices on addressing tuberculosis in prisons](#)
- [National Institute of Allergy and Infectious Disease \(NIAID\)](#)

EVENTS, CONFERENCES, & COURSE

- [September 12, 2024 | Hear About 4-Month Regimen of Quabodepistat, Delamanid, and Bedaquiline for Pulmonary TB Interim Results](#)
- [Monthly | SEATRAC Seminar Series](#)
- [November 12-16, 2024 | The Union World Conference on Lung Health 2024](#)
- [The 2024 TB Education and Training Network \(ETN\) and TB Program Evaluation Network \(PEN\) Conference](#) is September 17-19 in Atlanta, Georgia. The conference presents a unique opportunity for TB program staff. It allows them to expand their understanding of TB education, training, and program evaluation. The conference will include sessions on updated TB information and best practices, as well as networking opportunities amongst conference attendees. The audience for this conference includes professionals in TB health education, communication, and program evaluation. These individuals represent the federal, state, and local levels. Visit the [CDC website](#) to learn more about the conference



TB REPORTS & RESOURCES

- [Notice of CDC Funding Opportunity Announcement](#)
- [National Institute of Allergy and Infectious Disease \(NIAID\)](#)
- [Opportunities and Challenges Towards Tuberculosis Elimination in the Americas](#) [[video](#)]
- [Operational Update on Latest Resources From the Global Fund](#)
- [Tuberculosis \(TB\) news, resources and funding for global health researchers](#)
- [The U.S. Government and Global Tuberculosis Effort](#)
- [Tuberculosis - Disease Surveillance Epidemiology Program](#)

- ***What You Need to Know About Tuberculosis*** informs readers about the transmission, symptoms, testing, and treatment of TB. The fact sheet is now available in eleven languages: English, Chinese, Chuukese, Creole, French, Marshallese, Spanish, Swahili, Tagalog, Ukrainian, and Vietnamese.

What You Need to Know About Tuberculosis

Tuberculosis (TB) is a disease caused by germs that are spread from person to person through the air. TB usually affects the lungs, but it can also affect other parts of the body, such as the brain, the kidneys, or the spine.

Not everyone infected with TB germs becomes sick. As a result, two TB-related conditions exist: latent TB infection (or inactive TB) and TB disease. If not treated properly, TB disease can be fatal.



The Difference Between Inactive TB and Active TB Disease

A Person With Inactive TB

- Has a small amount of TB germs in their body that are alive but inactive.
- Has no symptoms and does not feel sick.
- Cannot spread TB germs to others.
- Usually has a positive TB blood test or TB skin test indicating TB infection.
- Has a normal chest x-ray and a negative sputum smear.
- Needs treatment for inactive TB to prevent active TB disease.

A Person With Active TB Disease

- Has a large amount of active TB germs in their body.
- Has symptoms and feels sick.
- May spread TB germs to others.
- Usually has a positive TB blood test or TB skin test indicating TB infection.
- May have an abnormal chest x-ray, or positive sputum smear or culture.
- Needs treatment for active TB disease.

If your body cannot stop TB germs from growing, you develop active TB disease. Symptoms of active TB disease include:



Now available in 11 different languages!

- English
- Chinese
- Chuukese
- Creole
- French
- Marshallese
- Spanish
- Swahili
- Tagalog
- Ukrainian
- Vietnamese



Read more reports and resources on our website page *'From TB Wire'*!

TB IN THE NEWS

TB Incidence Reports:

- [A Kansas tuberculosis outbreak has infected dozens of people in Wyandotte County so far](#)
- [Tuberculosis Has Broken Out in Texas Prison System](#)
- [Tuberculosis exposure reported at East County school](#)
- [Tuberculosis outbreak infects dozens](#)
- [Tuberculosis outbreak declared public health emergency in Long Beach, but overall risk remains low, officials say](#)
- [Children, staff exposed to tuberculosis at NH childcare facility \[Video\]](#)

TB Articles:

- [High risk for TB recurrence, mortality during treatment with tobacco use](#)
- [Comparative Study Evaluates AI Products for Detecting Tuberculosis on Chest X-Rays](#)
- [Mobile x-ray program launched to tackle TB in NYC](#)
- [Improving Tuberculosis \(TB\) Detection in Children and People Living with HIV, a Global Priority](#)
- [Economic evaluation of diagnosis and treatment for latent tuberculosis infection among contacts of pulmonary tuberculosis patients in Thailand](#)
- [Amino Acid Derivative Fails to Eliminate TB Infection in Mid-Stage Trial](#)
- [Study reveals how geographic origins influence tuberculosis infection risk](#)

- TB under the sea: A marine sponge microbe provides insights into the evolution of tuberculosis

Read lots more TB news on our website page ‘From TB Wire!’

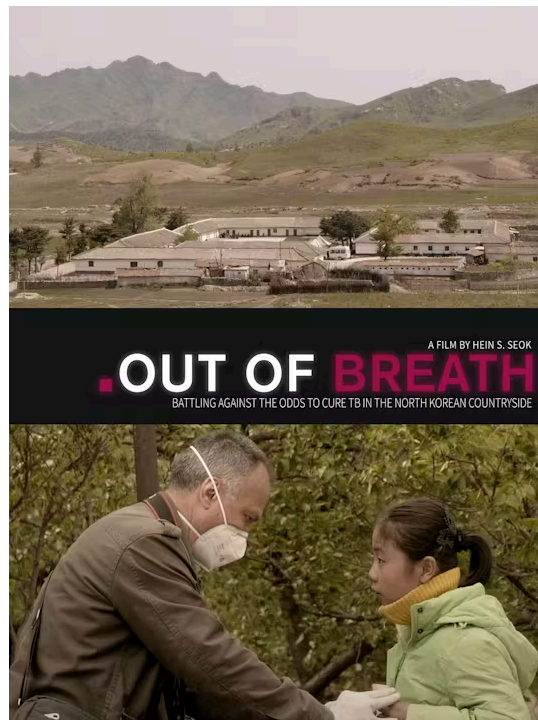
JOURNAL ARTICLES

- Integrating pathogen- and host-derived blood biomarkers for enhanced tuberculosis diagnosis: a comprehensive review
- A Young Man With Tuberculosis in the Neck Soft Tissue: A Case Report
- The long-term effects of domestic and international tuberculosis service improvements on tuberculosis trends within the USA: a mathematical modelling study
- Accuracy of cell-free Mycobacterium tuberculosis DNA testing in pleural effusion for diagnosing tuberculous pleurisy: a multicenter cross-sectional study
- Diagnostic accuracy of GeneXpert in the diagnosis of spinal tuberculosis: A systematic review and meta-analysis

Discover many more peer-reviewed articles on our website page ‘Peer-Reviewed Publications’ !

TB BOOKSHELF

Out of Breath directed by Hein S. Sok and produced by Taegon Kim and Hein S. Sok



Out of Breath directed by Hein S. Sok

Journeyman Pictures

Duration: 63 min.

“Who wants to raise money, who wants to donate money for North Koreans?”

Dr. KJ Seung of the Eugene Bell Foundation asks this question in *Out of Breath*, a documentary about Dr. Stephen Linton’s efforts to treat multidrug-resistant (MDR) TB in North Korea. While similar questions are present in the background, this is not about the Pyongyang regime, i.e. the extent to which they are willing to accept outside help for their MDR-afflicted population (or the endemic food shortages—even though mal- and undernourishment drive active TB incidences). Nor is it about the specifics of diagnosis and treatment in a country whose Department of Health views MDR as a top priority.

What stands out in *Out of Breath* is the individual human cost of tuberculosis--on the sufferer, their family, and the caregivers. Boston-based Dr. Seung describes how he wasn’t scared of TB until he witnessed it on a large scale: Following this disclosure, the film illustrates TB on the smallest, most intimate scales at the rural Sonchon Tuberculosis Center: first, an unnamed 14-year-old bed-ridden girl with *tuberculosis lymphadenitis* causing an open wound in her neck and an adult male, Kim Taesung who has endured two unsuccessful treatments and breathes as if “running a marathon” even when resting on a cane. These patients—those who survive to complete treatment—spend 18-24 months in such rural facilities reduced to – in Linton’s own description—people “who eat, take bitter pills and then sit around and lament [their] situation,” They have an “infectious cancer” whose most insidious aspect (and motivation to submit to treatment) according to Seung is “[They] don’t just die. [They] actually kill the people that [they] love.”

The latter half of the film focuses primarily on Linton, the son of missionaries who is in his own and his wife’s words, obsessed with MDR TB. He also knows he’s a guest of a nation whose citizens are conditioned to pass the time singing songs (included in the film) praising their leader. While he is soft-spoken, his message is blunt as he tells the wife of one patient, “He’s giving up on life” if the man doesn’t take his pills. Echoing this is North Korean doctor Jung Chul who tells staff, “When it comes to side effects, as a rule even if the patient is throwing up or whatever [...] you need to decide which is more threatening to the patient’s life, the TB or the treatment,” making it clear there is no decision: the TB is always more threatening to the patient and others.

Treating MDR under the best circumstances is not easy. Linton talks about how treating MDR costs 150 times drug susceptible TB saying, “if we lose our teeth we must chew with our gums as a last resort.” A regular volunteer, professor of Korean history Avram Agov, points out the additional concern: “We forget that besides the regime and the elite, there are millions of people,” of whom, according to BMJ Global Health’s calculations, 80,000 will suffer MDR (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8499335/>) in 2025.

- David Moskowitz, Stop TB USA Media Work Group Chair

Stop TB USA: Where we unite to #EndTB!

Invite a friend to [sign up](#) to receive the TB Wire and be a part of Stop TB USA!

Consider donating: Make a check out to NTCA (our fiscal home) with “Stop TB USA donation” in the memo line.

Send to PO Box 260288, Atlanta, GA 31126

Stop TB USA
stoptbusa.org
leadership@stoptbusa.org
PO Box 260288, Atlanta, GA 31126



[Unsubscribe from our emails](#)