

CREATE

Consortium to Respond Effectively to the AIDS TB Epidemic

MAY 2008

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World TB Day

Several activities promoted by Thibela and Zamstar in South Africa and Zambia took place during the two months, including:

Thibela

- Soccer match in Orkney at the Itireleng Residence to raise TB awareness;
- World TB Day celebrations in Carletonville, Orkney and Welkom, where more than 2,500 leaflets and booklets on TB education were distributed.



Zamstar (including activities with the Desmond Tutu TB Centre)

- World TB Day celebration in Mitchells Plain, Cape Town, where the Archbishop Desmond Tutu gave a motivational talk;
- TB Awareness Day in Scottsdene, northern subdistrict of Cape Town. Community members were tested for TB and HIV.



TB & HIV

FIND TB

TREAT TB

PREVENT TB

CREATE

World TB Day

(Continued from the right column...)

Baltimore



Transcending Borders for World Health

The Center for Global Health and CREATE presented a program at the Bloomberg School of Public Health emphasizing continued public health vigilance in combating tuberculosis.

The program "Find TB, Treat TB and Prevent TB" was presented by Lois Eldred, Dr.PH, Richard Chaisson, M.D. and Jonathan Golub, Ph.D. A continuous slide show of CREATE sites and activities was shown throughout the day.

THRio



On March 24, the Brazilian Minister of Health José Gomes Temporão closed a week-long celebration at Rocinha, Rio de Janeiro.

More than 600 people participated, including community members, NGOs, community leaders and government authorities.

Videos and discussions were organized in several schools, daycare centers and other community venues.

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Featuring Valeria Saraceni, Project Director - THRio

As a physician focusing in HIV since the early epidemic, I worked with HIV and TB for a while, which gave me some experience with both diseases. I worked as a manager of the HIV program at the Rio de Janeiro City Health Department from 1997 to 2002, when I started working with HIV and vertical transmission of syphilis.

In 2004, I became THRio's project director. I have a Ph.D. in epidemiology as well, and I've been using both my physician and epidemiologist skills in THRio.

What I like about my work in the project is the interaction with the physicians in the clinics, discussing cases with them and "convincing" them to buy into the intervention, which is preventing TB with IPT. That's the national recommendation here, so, I'm always trying to remind them that "PREVENTING TB IS PREVENTING UNNECESSARY DEATHS AMONG PEOPLE LIVING WITH HIV".

Clinic managers are also the object of my attention: I always pay a visit to them while in the clinics, listening to their requests and showing them the progress the clinics are making in the TB and HIV programs.

The biggest challenge is trying to keep TB on top of the HIV doctors' agendas. We understand that the process of ruling out TB is slow in the clinics, but we're working with each one on ways to improve that process. At the same time, keeping TB on top after the ending of THRio is another issue, which we, as public health officers, will have as an on-going challenge.

The way I see the future of TB in Brazil has a lot to do with the way I feel about neglected diseases. As a known author on congenital syphilis in Brazil, I've been pushing policies to be changed here and today even the WHO has recognized our work in this area. Now, I'm trying to help promote TB prevention and

Valeria Saraceni



PEPFAR Reauthorization

US Funding for HIV, TB, and Malaria

On April 2, the US House of Representatives passed a reauthorization of PEPFAR that calls for \$50 billion in spending for AIDS, TB and Malaria from 2009-2013.

This bill emphasizes the need for training new health professionals, conducting operations research and impact evaluation, and doubling of funding for the Global Fund.

Formally titled the "Tom Lantos and Henry J. Hyde United States Leadership against HIV/AIDS, Tuberculosis and Malaria Reauthorization Act of 2008", the bill authorizes \$4 billion for TB treatment and prevention worldwide, and emphasizes TB-HIV efforts.

The bill will go to the Senate, where amendments are anticipated; it must then be passed by the full Senate. We will keep you updated on any progress.

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awareness in the same way. And I'm sure we've already accomplished a lot. The more we do for better TB prevention and care, the more we influence public health policies here (and maybe globally). The more we present and publish, the better for the future of TB. And I'm really committed to that.

Articles Published Recently

[Richard E. Chaisson, M.D., and Neil A. Martinson, M.B., B.Ch., M.P.H.](#)

[Tuberculosis in Africa - Combating an HIV-Driven Crisis](#)

Africa is facing the worst tuberculosis epidemic since the advent of the antibiotic era. Driven by a generalized human immunodeficiency virus (HIV) epidemic and compounded by weak health care systems, inadequate laboratories, and conditions that promote transmission of infection, this devastating situation has steadily worsened, exacerbated by the emergence of drug-resistant strains of tuberculosis.

Africa, home to 11% of the world's population, carries 29% of the global burden of tuberculosis cases and 34% of related deaths, and the challenges of controlling the disease in the region have never been greater. The World Health Organization (WHO) estimates that the average incidence . . . [More.](#)

[Richard A. Murphy, M.D.](#)

[The Emerging Crisis of Drug-Resistant Tuberculosis in South Africa: Lessons from New York City](#)

Multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis have emerged as important infections in South Africa among patients infected with human immunodeficiency virus (HIV). In the face of this new epidemic, South Africa must rededicate itself to the task of tuberculosis control and treatment with a rapid, multifaceted approach. Priorities include expansion of second-line treatment capacity, investment in clinical laboratories, a system to ensure supervised treatment for all patients, and enhancement of infection control procedures... [More.](#)

[Vikram Paralkar, M.D.](#)

[Worlds Apart - Tuberculosis in India and the United States](#)

"I know the color of that blood; it is arterial blood. I cannot be deceived in that color. That drop of blood is my death warrant. I must die." The British Romantic poet John Keats, trained as a physician and licensed by the Society of Apothecaries, gave himself this accurate prognosis in 1820 after an episode of hemoptysis. He realized that he had contracted tuberculosis, and tragically, he died soon afterward at the age of 25.

Less eloquent and portentous were the words of a patient I saw at Temple University Hospital's emergency department in 2007. "I coughed into my handkerchief and found a little blood," he remarked simply...[More](#)

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