

MAY 2009

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Updates from THIBELA TB: Last Intervention Cluster Enrolled; TB World Day; Aurum House Inauguration; First Results in Culture Prevalence Survey

### Last intervention cluster enrolled



Thibela kicked 2009 off by launching enrollment for Isoniazid Preventive Therapy (IPT) at the last intervention cluster in the study during January. This critical milestone, reached on time, was celebrated on February 4. Nationally known South African actors Jerry and Vusi helped with celebrations releasing 1,000 balloons, for each of the 1,000 participants enrolled in the baseline prevalence survey on this shaft.

## TB & HIV

FIND TB

TREAT TB

PREVENT TB

**Photo Exhibit -  
EPIDEMIC: Tuberculosis  
in the South African Gold  
Mining Community**



2008 IRP Fellow David Rochkind has recently returned from five weeks reporting on Tuberculosis in South Africa, with focus on the severely affected mining community, particularly those who work in gold mines.

His unforgettable photographs for the International Reporting Project (IRP), the global reporting program based at The Johns Hopkins School of Advanced International Studies (SAIS), document the ravages of the diseases as well as the work being done by South African and international health specialists in trying to stem the epidemic.

The exhibit runs until May 15, 2009 at the [Woodrow Wilson International Center for Scholars](#).

## Aurum House Inauguration



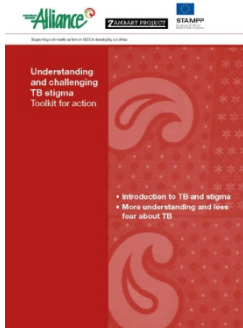
AURUM House was opened on March 2009 along with the launch of the new AURUM Institute logo, in celebration of World TB day. The honorable Minister of Health, Barbara Hogan addressed key stakeholders and national role players in Parktown, commenting on the contribution The AURUM Institute is making in the fight against tuberculosis, specifically mentioning THIBELA TB.

## World TB Day 2009



Thibela supported at least 18 World TB Day celebrations during March and April of which one of the most exciting was the Klerksdorp event on March 23. Thibela worked in close collaboration with the Department of Health to bring President Mhlangeni to address the crowd at the event. At all of these events TB educational material was distributed with messages emphasizing TB's 3 I's (Intensified Case Finding, IPT and Infection Control).

## ZAMBART Project Publications Available



[TB Anti-Stigma Toolkit](#) - The TB stigma module was developed through a partnership between the ZAMBART Project and International HIV/AIDS Alliance. It has been designed to be part of the bigger HIV stigma toolkit - Understanding and Challenging HIV Stigma: Toolkit for Action - and to be a stand alone tool for tackling TB stigma.

The module was written by and for trainers. It has been designed to help trainers plan and organize participatory educational sessions with community leaders or organized groups to raise awareness and promote practical action to challenge HIV and TB stigma and discrimination.

["The Converging Impact of Tuberculosis, HIV/AIDS and Food Insecurity in Zambia and South Africa"](#) - Virginia Bond, Mutale Chileshe and Busi Magazi (based at LSHTM, ZAMBART Project and the Desmond Tutu TB Centre).

## First Results in Culture Prevalence Survey

April 16 marked the start of the first final culture prevalence survey initiated at the TauTona Mine. This day marks the start of the endpoint measurement period for the first cluster and the team is awaiting results in anticipation. It is expected that this survey will be completed end June after which the next 14 clusters will follow, until completion of the last cluster in March 2011.



## Wena Moelich - Sample Manager and Public Relations Practitioner - Desmond Tutu TB Centre



I'm Wena Moelich, and I have been working at the DTTC since 1999. I have seen it grow from a tiny department of 40 people to a full centre of approximately 160 employees! I am the Sample Manager of the centre, which means I have to know where all those millions and millions of little samples find themselves. I have recently also taken the role of Public Relations Practitioner, where I assist with the advocacy work for ZAMSTAR in Western Cape.

My favorite part of the job is interacting with and motivating my colleagues. They are a wonderful team! I focus strongly on team building activities, which is a very rewarding aspect of my work. And, of course, to portray a good public image of my centre is also one of my great passions.

There are many challenges in my work too. When thinking of ZAMSTAR, for me personally it's definitely the language barrier. How I wish that I could speak Xhosa fluently! Every time when I do a dissemination meeting or work with the community, I experience this shortfall. Learning Xhosa is probably the answer, but this is such a lengthy process and I am impatient!

This study was carried out in rural Zambia and peri-urban South Africa in 2006 and 2007. It charts the journeys of 19 TB patients from diagnosis to completion of treatment (or death, in five cases).

It provides timely and early evidence on the practical reality of poor households in two contrasting settings and systems dealing with the converging impact of TB and food insecurity, often alongside HIV.

**Infection Control Course  
at Harvard University  
School of Public Health:  
Building Design and  
Engineering Approaches to  
Airborne Infection Control**

From August 3-14, 2009, Professor Edward A. Nardell of the Harvard Medical School of Public Health leads this two-week, multi-disciplinary continuing education course that brings together a body of technical expertise common to the control of human airborne infections, including tuberculosis (including drug resistant strains), pandemic influenza, SARS, and bioterrorism agents.

For more information on any of our programs, visit [hsph.harvard.edu/ccpe](http://hsph.harvard.edu/ccpe), or e-mail [contedu@hsph.harvard.edu](mailto:contedu@hsph.harvard.edu)

Supported in part by unrestricted educational

The general picture of TB (personally speaking) is not good. We work so hard at trying to educate people on TB, but still we hear of people who do not complete their treatment. My hope for the future is that we will somehow get our message across to the people: "TB can be a fatal disease. But it can also be cured!!!" People don't seem to realize that TB is a serious, life-threatening disease. I just think we HAVE to succeed in fighting it to the end...

**3 I's Workshop in Lusaka**



On April 20th - 22nd, 21 Lusaka-based HIV activists representing fourteen NGOs in Zambia attended a workshop on the WHO's 3I's campaign - intensified case finding, isoniazid preventive therapy, and infection control.

The workshop was developed in collaboration with Carol Maimbolwa Nyirenda of CITAM+, the CREATE and ZAMSTAR Zambia PAC teams, and a working group of African and American activists. Justin O'Brien, ZAMSTAR's Policy, Advocacy, and Communications Manager, facilitated and will coordinate the working groups that will meet regularly to implement the action plans that participants developed for community education, policy advocacy, and resource mobilization.

Claire Wingfield of the Treatment Action Group (TAG) provided much of the training, and Erin Howe of Public Health Watch provided valuable information on documenting advocacy work. Dr. Peter Chungulo and Dr. Monde Muyoyeta of ZAMBART also participated as presenters.

Overall evaluations of the workshop were very positive. Both participants and trainers saw the workshop as a strong introduction of the 3 I's to community-based HIV advocates and NGO's in Zambia, and all of the NGO's that were represented have agreed to synergize efforts around TB/HIV activism at the local and national levels.

grants from: Bill and Melinda Gates Foundation, Center for Disease Control and Prevention, National Institutes of Health.

Quick Link to the

[CREATE website](#)

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## Articles Published Recently

### [How research can help control tuberculosis](#)

Chaisson RE, Harrington M.

Johns Hopkins University Center for Tuberculosis Research, Baltimore, Maryland, Treatment Action Group, New York, New York, USA

### [Moxifloxacin versus ethambutol in the initial treatment of tuberculosis: a double-blind, randomised, controlled phase II trial.](#)

Conde MB, Efron A, Loredó C, De Souza GR, Graça NP, Cezar MC, Ram M, Chaudhary MA, Bishai WR, Kritski AL, Chaisson RE.

### [Comparison of four culture systems for Mycobacterium tuberculosis in the Zambian National Reference Laboratory.](#)

Muyoyeta M, Schaap JA, De Haas P, Mwanza W, Muvwimi MW, Godfrey-Faussett P, Ayles H.

### [No decrease in annual risk of tuberculosis infection in endemic area in Cape Town, South Africa.](#)

Kritzinger FE, den Boon S, Verver S, Enarson DA, Lombard CJ, Borgdorff MW, Gie RP, Beyers N.

### [Comparison of QuantiFERON TB-G-test to TST for detecting latent tuberculosis infection in a high-incidence area containing BCG-vaccinated population](#)

Kariminia A, Sharifnia Z, Aghakhani A, Banifazl M, Eslamifar A, Hazrati M, Ramezani A.

### [Evaluation of the Effect of Treatment of Latent Tuberculosis Infection on QuantiFERON-TB Gold Assay Results](#)

Pollock N, Kashino S, Napolitano D, Sloutsky A, Joshi S, Guillet J, Wong M, Nardell E, Campos-Neto A.

### [Approaches to tuberculosis screening and diagnosis in people with HIV in resource-limited settings](#)

Reid M, Shah NS.

### [Biomarkers for tuberculosis disease activity, cure, and relapse](#)

Wallis R, Doherty TM, Onyebujoh P, Vahedi M, Laang H, Olesen O, Parida S, Zumla A.