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Call for action in Zambian prisons uses ZAMSTAR ECF experience in community screening component



According to the 2010 Human Rights Watch Report 'Unjust and Unhealthy: A Call to Action on Zambian Prison Health', inadequate infrastructure is the critical factor contributing to congestion and disease transmission, especially TB and HIV in the Zambia prisons.

Zambia has 53 prisons which were built to accommodate 4,000 prisoners. However, these prisons currently accommodate around 16,000 people. All prisons in the country experience severe overcrowding with up to 140 prisoners sharing a cell with capacity for 40. This overcrowding poses a challenge for TB control.

As a result, the Centre for Infectious Disease Research in Zambia (CIRDZ) is now collaborating with the Zambia AIDS Related Tuberculosis (ZAMBART) and the Zambian Ministries of Home Affairs and Health to establish a TB screening and diagnosis program in Lusaka Central, Livingstone and Kabwe Complex prisons. The purpose of this one year programme (called TB REACH) is to enhance TB screening practices and diagnosis within the Zambian prison system and to determine

TB & HIV

FIND TB

TREAT TB

PREVENT TB

CREATE

CREATE's Trainings in Tanzania and Lesotho



The CREATE Global Policy and Advocacy team has been working with two countries on implementing the 3 I's. Late last year, Lois Eldred and Tim Teeter collaborated with the Elizabeth Glazer Pediatric AIDS Foundation to train program officers in Tanzania on intensified case finding implementation and development of indicators to monitor program efficacy in TB case finding and Isoniazid Preventive Therapy (IPT).

In March 2011, another training was conducted in Maseru, Lesotho, in collaboration with the

the true prevalence and incidence of tuberculosis through intensified case-finding.

All prisoners, prison staff and prison volunteers will be screened for tuberculosis. Screening will also be available for at-risk members of the community surrounding the prisons. The programme will screen all prisoners at entry (7,500); conduct a mass screening program of all prisoners and staff at Lusaka Central and Kabwe Complex prisons (3,900); and improve infection control by constructing isolation units to improve ventilation. The programme will also train peer educators and prison staff at Lusaka Central, Livingstone and Kabwe Complex prisons to correctly recognize TB symptoms; distribute IPT; provide pre-test HIV counseling; and implement a TB literacy program to provide educational outreach to 11,200 prisoners.

With experience from the ZAMSTAR study enhanced case finding (ECF) intervention, ZAMBART will lead the intensified case finding in the surrounding communities component of the programme. The programme will screen approximately 600 community members. ZAMBART will also use its staff and [ZamLab CTLs](#) in Livingstone and Kabwe to process sputum samples.

Physician puts Desmond Tutu TB Centre and the ZAMSTAR Study on Bono's radar



ZAMSTAR Study's physician, Shahra Sattar, of the Desmond Tutu TB Centre, in South Africa, describes her experience at the U2 concert in Cape Town as unbelievable. "Bono got down on his knees, pointed at me, and said 'You'. Then I was lifted onto the stage".

Shahra, who recently won a scholarship to the Johns Hopkins

Lesotho Ministry of Health and Social Welfare (MOHSW). Using a public health case-based curriculum, they trained over 70 public health physicians and nurses from ten districts and 18 district hospitals. Representatives from both TB and HIV programs participated.

Working with the country's Technical Advisory Committee for TB/HIV implementation and local partners, the training was provided in concert with the roll-out of Lesotho's new guidelines for TB case finding, Isoniazid Preventive Therapy, and TB/HIV integration.

World TB Day Celebrations

On March 15, 2011, the Johns Hopkins Bloomberg School of Public Health celebrated World TB Day, which will be officially celebrated worldwide on March 24, 2011.

Events on March 15 included a lecture on tobacco and tuberculosis, and a series of talks on experiences from the field, from Baltimore to South Africa. Below are the titles of the talks and handouts.

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[1\) TB Elimination in Baltimore: Reality or Fantasy](#)

Bloomberg School of Public Health in the United States, thinks the band's lead singer may have been touched by the sign she was holding - "HIV Positive Music". On several occasions, Bono has pledged help to the HIV-positive population (his Red Campaign funds the fight against AIDS, TB and Malaria in Africa). He displays messages from Archbishop Emeritus Desmond Tutu in many of the band's concerts.

"I've always loved him as a singer... but then I became a doctor... and he went from being my favorite singer to being my hero because of his activism", said Shahra in an interview to the Cape Times newspaper.

The ZAMSTAR Study (Zambia and South Africa TB and AIDS Study) aims at reducing the TB prevalence in 24 communities in Zambia and South Africa. Final results for this clinical trial are due in late 2011 and 2012.

Disclaimer: parts of this article were taken from the original articles published on Cape Times, on February 22, 2011. Photo source: Cape Times. The link to the original articles can be found at <http://www.capetimes.co.za/bono-s-mystery-woman-a-busy-doctor-1.1030238>.

Maitreyi Sahu, Administrative Coordinator CREATE Administrative Core



Most people know me by Mita, and I have been with CREATE since August of 2010. I was born in the Netherlands, but lived with my parents in Germany and the Canary Islands before moving to the United States with them at age 7.

As an undergraduate public health student at Johns Hopkins, I learned about the CREATE studies in my TB epidemiology course and was fascinated and impressed by the enormous public health impact of the projects. I received a travel grant in 2009 to assist with field research for

an Active Case Finding (ACF) study for HIV/TB in Klerksdorp, South Africa and completed my senior thesis using a subset of this data, with Dr. Richard Chaisson as my faculty adviser. After that, I wanted to continue working with the TB Center. When the position as Administrative Coordinator opened up, I was delighted to get involved with CREATE.

Part of what I do at CREATE involves assisting with administrative activities and organizing meetings, such as the

[2\) Household Active Case Finding for TB and HIV in South Africa](#)

[3\) TB in a Refugee population: Tibetans in Exile](#)

[4\) Advocacy and Activism in TB/HIVization has launched its guidelines for Isoniazid Preventive Therapy \(IPT\) and Intensified Case-Finding \(ICF\) for people living with HIV.](#)

Next week there will be a special edition of the CREATE newsletter with World TB Day activities from the CREATE partners in South Africa, Brazil and Zambia. Stay tuned!

THRio PAC team launches publication on the experience with its Community Advisory Board



ÉTICA, PESQUISA E COMUNIDADE:
Compartilhando a experiência do Comitê Comunitário de Acompanhamento do Estudo THRio.



The THRio study Policy and advocacy team (PAC) has just finished its first documentation of the experience with its Community Advisory

Annual Investigators Meeting. In addition, I work on various research projects at the TB Center, abstracting articles for a literature review on ACF, and assisting with data management and ethics review. I am currently revisiting the data from the ACF study in Klerksdorp, and completing the analysis for a sub-study on risk factors for household transmission of TB.

There are a number of things I love about working with CREATE, but the greatest aspect is being a part of important research that assesses interventions to save lives. While balancing my responsibilities can sometimes be a challenge, since, like most of my colleagues, I have varying duties, this experience has helped me learn to keep track of several things at all times.

Next year, I plan to continue my education by getting a Master's degree in public health and then going to medical school. As a physician, I hope to stay involved with research in infectious diseases.

Articles Published Recently

[Thibela TB: Design and methods of a cluster randomised trial of the effect of community-wide isoniazid preventive therapy on tuberculosis amongst gold miners in South Africa.](#)

Fielding KL, Grant AD, Hayes RJ, Chaisson RE, Corbett EL, Churchyard GJ.

[Development of a standardized screening rule for tuberculosis in people living with HIV in resource-constrained settings: individual participant data meta-analysis of observational studies.](#)

Getahun H, Kittikraisak W, Heilig CM, Corbett EL, Ayles H, Cain KP, Grant AD, Churchyard GJ, Kimerling M, Shah S, Lawn SD, Wood R, Maartens G, Granich R, Date AA, Varma JK.

[Contrasting reasons for discontinuation of antiretroviral therapy in workplace and public-sector HIV programs in South Africa.](#)

Dahab M, Kielmann K, Charalambous S, Karstaedt AS, Hamilton R, La Grange L, Fielding KL, Churchyard GJ, Grant AD.

[Potential utility of empirical tuberculosis treatment for HIV-infected patients with advanced immunodeficiency in high TB-HIV burden settings.](#)

Lawn SD, Ayles H, Egwaga S, Williams B, Mukadi YD, Santos Filho ED, Godfrey-Faussett P, Granich RM, Harries AD.

[Tuberculosis among community-based health care researchers.](#)

Board.

The publication, called "**ETHICS, RESEARCH and COMMUNITY: sharing the experience from the THRio Study Community Advisory Board (THRio-CAB)**", lists testimonies of physicians, community leaders and study researchers on what they learned with the experience of developing and implementing an effective Community Advisory Board for the THRio study.

An version of the publication will be available in the near future. For a Portuguese copy of the publication, please click [here](#).

Claassens MM, Sismanidis C, Lawrence KA, Godfrey-Faussett P, Ayles H, Enarson DA, Beyers N.

[Fusion of local and global detection systems to detect tuberculosis in chest radiographs.](#)

Hogeweg L, Mol C, de Jong PA, Dawson R, Ayles H, van Ginneken B.

[Accuracy and completeness of recording of confirmed tuberculosis in two South African communities.](#)

Dunbar R, Lawrence K, Verver S, Enarson DA, Lombard C, Hargrove J, Caldwell J, Beyers N, Barnes JM.

[Human immunodeficiency virus associated tuberculosis more often due to recent infection than reactivation of latent infection.](#)

Houben RM, Crampin AC, Ndhlovu R, Sonnenberg P, Godfrey-Faussett P, Haas WH, Engelmann G, Lombard CJ, Wilkinson D, Bruchfeld J, Lockman S, Tappero J, Glynn JR.

Contact create@jhmi.edu for publication requests.

CROI Highlights

CREATE investigators and their institutions marked presence at the Conference on Retroviruses and Opportunistic Infections (CROI), in Boston, on February 27 through March 2, 2011.

See below some abstracts and presentations. Slides from the presentations are also available.

[Delayed ART Initiation and Risk of Death](#)

Christopher Hoffmann, J Lewis, S Charalambous, G Churchvard, N Martinson

and R Chaisson
[PDF-SLIDES](#)

[Performance of Urine LAM
Testing for Screening
Ambulatory HIV+ Persons
for TB](#)

Celine Gounder, T Kufa, S
Charalambous, N Wada, Y
Hanifa, K Fielding, A
Grant, S Dorman, R
Chaisson, and G
Churchyard
[PDF-SLIDES](#)

[Impact of Concurrent TB
Treatment on ART
Adherence and Liver
Toxicity: South African
Adults](#)

Jean Nachega, C Morroni,
M Ram, A Efron, R
Chaisson, and G Maartens

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questions, please contact
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