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ZAMSTAR's Road to Results

ZAMSTAR is a large community-randomized trial of innovative intensified case finding methods across 24 communities in Zambia and Western Cape, South Africa. Now in the final stage of the study, these 24 sites are each expected to collect 5,000 samples for their Prevalence Survey, which will determine whether the intervention has reduced the incidence of Tuberculosis in both South Africa and Zambia.

Below are some of the activities both countries have been engaged in during the first 6 months of 2010.

Checking in on the ZAMSTAR TB Prevalence Survey in Mansa, Zambia



Dr. Nathaniel Chishinga and Mansa ITL Dickson Tsamwa discuss the Mansa team's progress during a recent supervision visit.

TB & HIV

FIND TB

TREAT TB

PREVENT TB



ZAMBART presents its work at DFID meeting in London



As the 2010 ZAMSTAR TB Prevalence Survey continues into its fourth month, field teams are working hard to meet the study targets. On a recent trip to Mansa, a supervision team from the ZAMBART Head Office caught up with the team and its leader to discuss how the survey is going.

"The Mansa team started the prevalence survey mid-February 2010, with four teams (two for Central and two for Senema). Generally, staff started off with a

ZAMBART staff members Musonda Simwinga and Steve Belemu travelled to London in late-March for the UK's Department of International Development's (DFID) "Delivering Effective Health Care for All" meeting at the London School of Hygiene and Tropical Medicine (LSHTM). ZAMBART through the TARGETS Consortium was one of three different research consortia who were asked to present their work.

The ZAMBART representatives gave short presentations on their respective areas of expertise: Simwinga presented on "Demand and Supply: community-based human resource mobilisation to improve TB control in Zambia" and Belemu gave a talk centred on "Fighting TB stigma in Zambia: A participatory toolkit." Both presentations were well-received and drew out thought-provoking questions from those in the audience.

The meeting itself had three main areas of focus: (1) Engaging service providers, service delivery and the monitoring and evaluation of public, private and community-based health provision, (2) Reducing barriers to access, addressing the social, financial and supply-side barriers to health care, and (3) Scaling up health services and policies, working with policy makers and programmes to implement change.

The "Delivering Effective

lot of zeal in undertaking the exercise," said Dickson Tsamwa, Intervention Team Leader, Mansa. "The community generally has been receptive, especially in the Central catchment area. The Senema community has, from observation, recorded more non-consenting individuals."

Tsamwa went on to say that they have had challenges in Mansa; both in terms of the distances between households in Senema and the poor quality of the only available courier service in the area. However, Tsamwa explained that despite these difficulties the team continues to forge ahead, conducting its field work, focused on the 5,000 target per site.

"It is our hope that with the continued support from Head Office, the team shall attain its targets," said Tsamwa.

Work in Mansa and the other 14 sites in Zambia continues on through to the end of 2010.



Training of the Field Staff

The Field Staff for the ZAMSTAR TB and HIV Prevalence Survey met on 5th May for a planning workshop.

It was a chance for the staff from the eight sites to meet together and discuss the challenges that they have faced so far in conducting the household survey.

Staff had a chance to work through their site specific interim results from the data that has been collected so far. Problem areas were highlighted and the teams brainstormed potential solutions for these challenges and planned measures that they could put in place to improve their results.

Health Care for All" meeting was the first of its kind held by DFID in which it brought together researchers, students, programme implementers, donors and policy makers for the research consortia it funds.

Photo Caption: ZAMBART staff members Steve Belemu and Musonda Simwinda standing in front of the TARGETS/ZAMBART stand at a recent DFID meeting in London.

CREATE develops case-based training materials on the WHO 3 I's

As the CREATE studies near completion, all studies are engaged in finding ways to pass along what we've learned about IPT, enhanced case finding, and even infection control.

One project in final development by the Baltimore team is the Case-Based Curriculum on the 3 I's. Lois Eldred and Tim Teeter have developed this curriculum using case studies from Africa and Brazil.

Designed for use by other non-profit and advocacy groups that want to implement all or some of the 3 I's in their countries, each section offers learning through description of cases with group discussion questions based on the cases. Group exercises for action planning will also be featured.

What can other groups learn about offering IPT based on the Thibela TB

The teams presented their ideas back to the whole group so that all could learn from each other. This workshop structure proved to be a very successful and interactive way to keep the teams motivated and focused on striving to achieve the expected results. There is a follow up workshop planned for August.



Prevalence Laboratory Ready

The brand new ZAMSTAR Prevalence Survey laboratory team is ready to start processing 200 sputum samples per day, thus looking at a total of 40,000 sputum samples by the end of the survey.

The state-of-the-art lab, which will serve the South African sites of ZAMSTAR, was designed by Dr. Abdullah Jaffer, laboratory manager. For more on the laboratory and its capabilities, please contact Wena Moelich at wena@sun.ac.za.

Claudia Costabile, M.A.
Communications Officer - CREATE

I am Claudia Costabile, and since 2008 I have worked with CREATE on all things related to media and communications. Before I joined CREATE I worked for 5 years as an international media specialist for Johns Hopkins Medicine International, a branch of the Johns Hopkins Health System that takes care of patients from overseas that come to Johns Hopkins and foreign institutions that are Johns Hopkins partners around the world.



I was born in Brazil and before coming to the U.S. 8

and THRio experiences, or based on the experience of an urban and a rural clinic in Namibia? What assistance can we offer to those looking to intensify case finding? Find out more from a project to find TB in antenatal clinics in Soweto, and through the household contact projects of ZAMSTAR. These are some of the thirteen cases included in the curriculum.

Over the next month, this tool will be made available to anyone inside or outside CREATE upon request. For more information, contact Tim Teeter at tteeter1@jhmi.edu.

Video Corner

ZAMSTAR Video

The latest addition to the CREATE "trilogy" is ready to be viewed. [Click here](#).

Advocate Gerry Elsdon: A voice and face for TB

A celebrity in South Africa, including cosmetics spokesperson, and host of the South African version of Big Brother, Elsdon tells [her story](#).

Quick Link to the CREATE website

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years ago I used to be a certified translator of medical materials to and from Portuguese.

As a communications officer for CREATE I focus on developing strategies to increase CREATE's visibility in the TB/HIV world, and promote the projects CREATE supports (THRio, Thibela, and ZAMSTAR) in collaboration with local communications and public relations officers in each project. I am responsible for the CREATE website and newsletter, and for the development of materials promoting the WHO's 3 I's (IPT, ICF and Infection Control).

The most difficult part of my job is coming up with creative ways to show that the clinical trials we support have invaluable information in them that could be used by a number of governments and non-profit institutions.

We have worked with print, video and electronic versions of the projects' activities, and I am convinced that the trials will produce results that will be very important to the TB/HIV community. I can't wait until we have results to show that will, without a doubt, contribute to stopping TB in people living with HIV.

Articles Published Recently

[BMI and risk of tuberculosis and death: a prospective cohort of HIV-infected adults from South Africa.](#)

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[Reducing mortality with cotrimoxazole preventive therapy at initiation of antiretroviral therapy in South Africa.](#)

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[Scale-up of services and research priorities for diagnosis, management, and control of tuberculosis: a call to action.](#)

Marais BJ, Raviglione MC, Donald PR, Harries AD, Kritski AL, Graham SM, El-Sadr WM, Harrington M, Churchyard G, Mwaba P, Sanne I, Kaufmann SH, Whitty CJ, Atun R, Zumla A.
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[HIV infection-related tuberculosis: clinical manifestations and treatment.](#)

Sterling TR, Pham PA, Chaisson RE.
Clin Infect Dis. 2010 May 15; 50 Suppl 3: S223-30.

[Recording isoniazid preventive therapy delivery to children: operational challenges.](#)

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Int J Tuberc Lung Dis. 2010 May; 14(5): 650-3.

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