



---

Remember to put [jseggerson@tbcoalition.com](mailto:jseggerson@tbcoalition.com) in your e-mail address book to make sure you continue to receive these e-mails. Also, the new *Call for Action on the Tuberculosis Elimination Plan*, as well as the latest TB Advocacy Action Alerts, and the latest newsletters are available at: <http://www.stoptbusa.org/>

---

## **NEW DIRECTIONS FOR STOP TB USA!**

**Stop TB USA** recently completed a several year process to develop an updated TB Elimination Plan for the United States: "[A Call for Action on the Tuberculosis Elimination Plan](#)." Recent trends in tuberculosis elimination prompted this reevaluation of our national plans and efforts for the elimination of TB articulated over 10 years ago in the Institute of Medicine Report: Ending Neglect. As a result, the **Stop TB USA** Coalition once again is at a pivotal moment in time. On September 1 and 2, 2010, a group of The Coalition's TB partners and TB leaders met in Newark, New Jersey at the Global TB Institute to review the Coalition's structure and function. The purpose of this retreat was to help ensure the Coalition can fully and appropriately assume its responsibilities to implement this important new plan in collaboration with stakeholders in TB elimination in the US, including its long- standing partner, the U.S. Centers for Disease Control and Prevention. The Retreat Group reviewed the current mission and bylaws of **Stop TB USA** to ensure we are structured appropriately and can reach out to all stakeholders and involve our members in activities to fully implement this new TB Elimination Plan. The group also focused on the selection of key/core activities from the Plan for initial implementation.

The **Stop TB USA** Retreat participants recommended forming a "TB Patient Forum," linked to a group like TB Photovoice or internet-based services, to provide opportunity for patients to communicate with each other and providers to educate others about TB. The Retreat Group recommended a new organizational structure for the Coalition with a broad-based Coordinating Board to replace the current Steering Committee. Participants also recommended establishing a **Stop TB USA** Communications Committee. In an initial approach to implement recommendations of the new Elimination Plan, the Retreat group proposed developing collaborations with high TB-risk communities and Community Health Centers to focus on TB prevention in high-risk populations. This has been the subject of a number of recent follow up conference calls. The Retreat Group also discussed various strategies to attract funding support from foundations, organizations, and others to help support the Patient Forum and other Elimination activities. We actively are seeking funding, and we plan to ask for people to join a Working Group for fund-raising, with related time lines. ATS will be setting up a procedure for member donations to ATS for **Stop TB USA** and we can put a related plea for voluntary contributions to the Coalition through ATS on the Coalition's website.

The Coordinating Board and the Patient Group will be implemented by next April. The Retreat Group also discussed establishing a 5 year plan: in years 1-2 Stop TB USA would create a Structure Workgroup to put together a new structure to support Stop TB USA in the future. Coordinating Board members would be charged to work in groups to change the structure and get related approvals at the next annual Stop TB USA meeting, scheduled for mid-June 2011. As new structure is designed and put into place, the Coordinating Board will help drive reaching out to new partners - new and old – to engineer activities that would implement critical components of the Elimination Plan. Retreat participants believe that if we have specific roles and functions for an activity, then we can choose good people to lead and participate in those efforts. The plan is to include different faces and ask for volunteers for **Stop TB USA** Committees, Workgroups and other efforts. We will report on progress toward implementing the recommendations of the Retreat group in future **TB WIREs**. We also welcome volunteers and suggestions. Comments to [jseggerson@tbcoalition.com](mailto:jseggerson@tbcoalition.com)

John Bernardo, Chair, Stop TB USA

**FROM THE WASHINGTON OFFICE OF Stop TB USA PARTNER THE AMERICAN THORACIC SOCIETY (ATS):**

**TUBERCULOSIS: ATS Leads White House Meeting on Tuberculosis:**

ATS the Washington office staff chaired a meeting (on November 19) with coalition partners and White House global and domestic health advisor Ezekiel Emanuel, MD, to advocate for increased prioritization of tuberculosis in the President's Global Health Initiative and more funding for global and domestic tuberculosis control through the U.S. Agency for International Development (USAID) and the Centers for Disease Control and Prevention (CDC). In the meeting, coalition partners discussed the pipeline for new TB drugs, including shorter treatment regimens, as well as the potential for dramatically scaling up TB case detection through newly available rapid molecular diagnostics tests, which can diagnose drug resistant TB and TB in people with HIV within hours. ATS staff discussed in-country program successes through the ATS's Tuberculosis Coalition for Technical Assistance collaborative with the Dutch Tuberculosis Foundation, CDC, the World Health Organization (WHO), and the International Union Against Tuberculosis and Lung Disease (IUATLD) in Afghanistan, Southern Sudan and Uganda. ATS staff also emphasized the danger that drug resistant TB poses to the U.S., not only in terms of public health, but in terms of the high healthcare costs for effective treatment. The ATS and coalition partners requested assistance from the Administration in the following areas: U.S. government engagement with private pharmaceutical companies for increased investment into new TB drugs; a U.S. government commitment to include universal access to TB treatment in high-level discussions with highly-burdened countries; and a call for the administration to work with the FDA and drug manufacturers to ensure availability of second-line drugs for MDR-TB in the U.S.

**REGISTRATION NOW OPEN FOR THE UNION NORTH AMERICAN MEETING: FEBRUARY 24-26, 2011.**

Registration is now open for the February 24-26, 2011 annual meeting of the North American Region of the International Union Against Tuberculosis and Lung Disease. This meeting will be held in Vancouver, British Columbia, Canada. The theme for this year's conference is "Engaging Vulnerable Populations" The program will feature topnotch speakers in plenary sessions devoted to such topics as tuberculosis and indigenous populations, tuberculosis and diabetes, and novel diagnostic tools. Registration forms are available at: [http://www.bc.lung.ca/association\\_and\\_services/documents/2011registrationform\\_000.pdf](http://www.bc.lung.ca/association_and_services/documents/2011registrationform_000.pdf)

The Program brochure and preliminary program information are available at: [http://www.bc.lung.ca/association\\_and\\_services/documents/PreliminaryProgram2011ConferenceofTheUnion-NorthAmericaRegion\\_000.pdf](http://www.bc.lung.ca/association_and_services/documents/PreliminaryProgram2011ConferenceofTheUnion-NorthAmericaRegion_000.pdf)

This IUATLD conference will be held at the Sheraton Vancouver Wall Centre Hotel. Direct telephone: 604.893.7120. Toll-Free:1.800.663.9255. To reserve a room at the conference rate, please reference "BC Lung Association/IUATLD-North American Region Meeting."

Editor's note: Now is the time to start looking for good airfares to Vancouver from the U.S.A. The weather in Vancouver in late February is usually mild and wet. It rarely snows in Vancouver except of course up on the local ski hills high above the city. In late February the temperature highs in downtown Vancouver average around 44-50 Fahrenheit.

**CDC MMWR ANNOUNCES MENU OF TUBERCULOSIS LAWS**

Tuberculosis (TB) laws provide authority for state and local TB programs to prevent and control TB, an airborne infectious disease that sickens approximately 11,000--12,000 persons each year in the United States. CDC, in collaboration with the National Tuberculosis Controllers Association, has developed a Menu of Suggested Provisions for State Tuberculosis Prevention and Control Laws. A request by the Advisory Council for the Elimination of Tuberculosis for a model TB prevention and control act prompted development of the menu. The menu features a set of alternative provisions within each section for consideration by public health officials and their legal counsel in the enactment, promulgation, amendment, or implementation of laws to prevent and control TB. The menu is intended to serve as a practical resource for public health officials and

their legal counsel in their efforts to eliminate TB. This document is available at <http://www.cdc.gov/tb/programs/Laws/default.htm> .

---

### **DIVISION OF IMMIGRATION HEALTH SERVICES NAME CHANGED TO “ICE HEALTH SERVICE CORPS”**

The following message was sent on behalf of James M. Chaparro, Executive Associate Director for Enforcement and Removal Operations (ERO), U.S. Immigration and Customs Enforcement (ICE), Department of Homeland Security (DHS), Washington, D.C.:

It is my pleasure to announce that as part of the ICE and ERO realignment, the Division of Immigration Health Services (DIHS) will be known as the ICE Health Service Corps (IHSC). This change is effective October 1, 2010. This name change reflects IHSC's contribution to the overall ICE mission and is the result of our many initiatives to integrate and enhance the health care services support provided to ICE; complemented by the long-term commitment of Commissioned Corps officers of the United States Public Health Service and dedicated federal civil servants who continue to provide medical, dental, mental health and managed care services to the agency. Please join me in recognizing ICE's detainee health care program, the ICE Health Service Corps, and its dedicated employees who are committed to our mission, our nation, and to the nation and its health.

---

### **SELF-STUDY TB MODULES AVAILABLE FROM CDC**

The Centers for Disease Control and Prevention (CDC), Division of TB Elimination (DTBE), has announced the release of the Self-Study Modules on Tuberculosis, 1-5 Slide Sets. These slide sets were developed as an accompaniment to the print-based Self-Study Modules on Tuberculosis, 1-5 to aid in the presentation of module content for a facilitator-led training. These educational modules are designed to provide basic information about TB for health care workers, including outreach workers, nurses, physicians, and health educators. The slide sets may be accessed online from the following CDC website: [www.cdc.gov/tb/publications/slidesets/selfstudymodules/default.htm](http://www.cdc.gov/tb/publications/slidesets/selfstudymodules/default.htm). The print-based version of these modules (and other CDC TB publications) can be requested through the CDC/DTBE online order form at <http://wwwn.cdc.gov/pubs/tb.aspx>.

---

**If you wish to receive the Stop TB USA messages at a different e-mail address, or if you no longer wish to receive these messages, please reply to [jseggerson@tbcoalition.com](mailto:jseggerson@tbcoalition.com)**

---

Stop TB USA  
1911 Olde Village Run  
Dunwoody, GA 30338  
202-494-2448