THE UNUSUAL SUSPECTS

Partnerships are the Key to TB Elimination
Opening Plenary

Northeast TB Controllers Conference

Lee B. Reichman, MD, MPH
Cleveland, OH
October 12, 2011
JIMMIE RODGERS

"The Singing Brakeman"

Initiated into Spinks Lodg. # 507 Meridian Miss. While still a young Railroad Brakeman he had a short but productive career considering the then state of communications technology. After recording 111 songs he died from Tuberculosis at the age of 36. First person to be inducted into the Country Music Hall of Fame in 1961, 33° AASR. Noble in Alzater Shrine, San Antonio TX.
Reported TB Cases*
United States, 1982–2010

*Updated as of August, 2010
A Tale of TB Rates

• Since they starting counting in 1953, TB rates in the U.S. always fell 5 or 6% per year

• Beginning in 1984, the inexorable fall leveled off and the next year it began to rise, a staggering 20% by 1993

• 2010 represented the 18th year in succession that rates have fallen

• 2010 case numbers and rates are at a historical low
Reasons for the Unprecedented Drop in TB Cases Since 1992

• Reestablishment of traditional public health infrastructure
• Unprecedented appropriation of attention and resources
• Political will
TB Could Be Eliminated Because We Understand It

We know its:

- Cause
- Transmission
- Treatment
- Prevention
TB Isn’t Eliminated

Because nobody seems to care

This wouldn’t be tolerated for any other disease
• 17th - 18th centuries TB took 1 in 5 adult lives

• 1850 - 1950 one billion people died of TB

• Next decade 2010-2020
  – 300 million new infections
  – 90 million new cases
  – 30 million deaths

• More people died from TB last year than any year in history
Deaths Due To:

TB (annually) 1,800,000
SARS 813
H1N1 18,311
Anthrax 5
Mad Cow Disease 1 (Cow)
Smallpox 0
TB Is Unique

• With almost any other illness, responsibility for getting cured belongs solely to the patient.

• With TB, responsibility shifts 180 degrees to the health care provider and ultimately society.

• A decision to start treatment is a decision and obligation to cure patient.
“The prescribing physician, be he/she in the public or private sector is carrying out a public health function with responsibility not only for prescribing an appropriate regimen, but also for successful completion of therapy.

Prescribing physician responsibility for treatment completion is a fundamental principle in tuberculosis control.”

Am J Respir Crit Care Med 167:603-662, 2003
TB treatment failure is invariably due to patient's lack of compliance.
Reported TB Cases*
United States, 1982–2010

*Updated as of August, 2010
Reasons for the Tragic Resurgence of TB in the US During the 1980s

• Erosion of state level TB control programs

• Block grant funding experiments of the '70s

• Neglect and inattention to related activities such as training and education, program evaluation, research and drug and vaccine development
## Approved & Major Experimental ARV Drugs (1987-2008)

<table>
<thead>
<tr>
<th>ARV Class</th>
<th>Approved</th>
<th>Experimental Under Investigation</th>
<th>Experimental Interrupted</th>
</tr>
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<tbody>
<tr>
<td>NRTI</td>
<td>8</td>
<td>12</td>
<td>8</td>
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<td>NNRTI</td>
<td>4</td>
<td>9</td>
<td>6</td>
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<tr>
<td>PI</td>
<td>10</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Entry Inhibitors</td>
<td>2</td>
<td>17</td>
<td>10</td>
</tr>
<tr>
<td>Integrase Inhibitors</td>
<td>1</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Maturation Inhibitors</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Gene Therapy</td>
<td>0</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>25</strong></td>
<td><strong>55</strong></td>
<td><strong>30</strong></td>
</tr>
</tbody>
</table>

Vitoria MAA, October 2008
No New Drugs/No New Tools

• Last new drug class specifically for TB - Rifampin (1968 Europe, 1974 US)

• Most widely used diagnostic test - Tuberculin (1890)

• Ineffective most widely used vaccine - BCG (1919)

Wouldn’t one think that the largest killer of any single infection deserves better, newer tools?
Response to Resurgence – 1

• “War” against TB
• Gigantic public issue
• Nightline, McNeil-Lehrer
• 5 part front page series in the New York Times
• Cover story in Newsweek
• Network talk shows
Response to Resurgence – 2

• Publicity and attention
• Congressional hearings
• Multi-agency governmental task force organized
• Huge increase in congressional appropriations for direct support
Response to Resurgence – 3

Major efforts by:

– Government: (CDC; NIH; USAID; State and Local Governments
– Public private partnership (TB Alliance; FIND; AERAS)
– Industry (Novartis Institute; Cellestis; TIBOTEC; OTSUKA and many more)
– Foundation (BMGF)
– Advocacy Groups (RESULTS; TAG; NCET (Stop TB USA)
– Recognition that we and our partners are all advocates
New Cost-Effective Strategies

• Directly Observed Therapy (DOT)
• Fixed dose combination drugs
• Nurse case management
• Education and training innovations
• Establishment of PARTNERSHIPS
Ending Neglect
The Elimination of Tuberculosis in the United States

INSTITUTE OF MEDICINE
Ending Neglect
The Elimination of TB in the United States

• Maintain control of TB while adapting to declining incidence of disease and changing system of health care financing and management

• Speed the decline of TB and advance toward the elimination of TB through increased efforts related to targeted tuberculosis skin testing and treatment of latent infection

• Develop new tools: diagnostic tests, particularly for infection, new treatments, an effective vaccine

• Increase US management of global efforts to TB control and elimination

• Mobilize support for elimination and regularly measure progress towards goal

Ending Neglect, 2000, Institute of Medicine
<table>
<thead>
<tr>
<th>Institute of Medicine Goal</th>
<th>Success</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintain control of tuberculosis while adjusting to declining tuberculosis case numbers and rates</td>
<td>Yes</td>
<td>There has been continuing decline in tuberculosis case numbers and rates since 1993</td>
</tr>
<tr>
<td>Accelerate the rate of decline of tuberculosis cases and rates by increasing efforts at targeted testing and treatment of latent tuberculosis infection</td>
<td>No</td>
<td>The decline in tuberculosis is slowing, not accelerating. The treatment of latent tuberculosis infection remains largely limited to public health departments and has not been expanded by other medical care providers to the level required for tuberculosis elimination</td>
</tr>
<tr>
<td>Develop the new diagnostic, treatment, and prevention tools that will be necessary for the ultimate elimination of tuberculosis</td>
<td>Yes/No</td>
<td>Research on new tools has expanded significantly since 2000, but product development pipelines are still meager compared with research and development activity seen in other disease areas. Additionally, operational research needed to bring about widespread implementation by public health departments, other healthcare facilities, and laboratories is dwindling</td>
</tr>
<tr>
<td>Increase the involvement of the United States in global tuberculosis control</td>
<td>Yes</td>
<td>Yearly US Agency for International Development funding for global tuberculosis control has increased from $72 million to $162 million from 2002 to 2008. Tuberculosis-human immunodeficiency virus (HIV) funding accounts for 4% of the President’s Emergency Plan for Acquired Immunodeficiency Syndrome (AIDS) Relief total program budget</td>
</tr>
<tr>
<td>Mobilize and sustain public support for elimination; measure progress toward the goal</td>
<td>Yes/No</td>
<td>There are ongoing efforts to mobilize public and political support, but success is only modest</td>
</tr>
</tbody>
</table>
So, ten years after Institute of Medicine’s *Ending Neglect*, the bag is mixed
Multiple Drug Resistant TB
Extensively Drug Resistant TB

• A global concern

• A man made problem that only arises in the presence of inappropriate prescribed medication or inappropriate drug taking

• Is entirely preventable
Use of One Drug Knowingly or Unknowingly

• Sensitive bacilli killed
• Resistant bacilli multiply unimpeded
• Resistant bacilli become dominant
• Efficacy of Fluroquinolones in TB and non TB infection suggests increases in cross species resistance will increase as has already been shown
Countries that reported at least one case XDR-TB case by end 2010

Argentina  Bhutan  France  Kazakhstan  Nepal  Republic of Moldova  Togo
Armenia   Cambodia  Georgia  Kyrgyzstan  Netherlands  Romania  Tunisia
Australia  Canada  Germany  Latvia  Norway  Russian Federation  Ukraine
Austria   Chile   Greece  Lesotho   Pakistan  Slovenia  United Arab Emirates
Azerbaijan China  India   Peru     South Africa  Spain  United Kingdom
Bangladesh Colombia  Iran (Islamic Rep. of) Lithuania  Philippines  Swaziland  United States of America
Belgium   Czech Republic  Ireland  Mexico  Poland  Sweden  Uzbekistan
Botswana  Ecuador  Israel  Mozambique  Portugal  Tajikistan  Viet Nam
Brazil    Egypt   Italy   Myanmar  Qatar  Thailand
Burkina Faso Estonia  Japan

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement. © WHO 2011. All rights reserved.
Proportion of MDR-TB among new TB cases, 1994-2009

Proportion of MDR-TB among previously treated TB cases, 1994-2009

### 27 MDR-TB high burden countries, 2008

WHO, 2010 Global TB Control Report

<table>
<thead>
<tr>
<th>Country</th>
<th>% MDR among new TB cases (95% CI)</th>
<th>% MDR among previously treated TB cases (95% CI)</th>
<th>Number of MDR-TB among incident new and relapse TB cases (95% CI)</th>
<th>Number of Incident acquired MDR-TB cases (95% CI)</th>
<th>Number of MDR-TB among incident total TB cases (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Armenia</td>
<td>9.4 (7.3–12.1)</td>
<td>43.2 (38.1–48.5)</td>
<td>260 (180–350)</td>
<td>220 (160–290)</td>
<td>480 (380–580)</td>
</tr>
<tr>
<td>Azerbaijan</td>
<td>22.3 (19.0–26.0)</td>
<td>55.8 (51.6–59.9)</td>
<td>2800 (2200–3500)</td>
<td>1200 (940–1600)</td>
<td>4000 (3300–4700)</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>2.2 (0.0–5.6)</td>
<td>14.7 (0.0–39.6)</td>
<td>8900 (1000–19000)</td>
<td>940 (0–2700)</td>
<td>9800 (1000–19000)</td>
</tr>
<tr>
<td>Belorus</td>
<td>12.5 (0.0–25.3)</td>
<td>42.1 (11.9–72.2)</td>
<td>660 (130–1200)</td>
<td>140 (12–300)</td>
<td>800 (260–1300)</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>12.5 (0.0–25.3)</td>
<td>42.1 (11.9–72.2)</td>
<td>440 (81–810)</td>
<td>18 (2–38)</td>
<td>460 (99–810)</td>
</tr>
<tr>
<td>China</td>
<td>5.7 (5.0–6.6)</td>
<td>25.6 (22.6–28.3)</td>
<td>84 000 (65 000–106 000)</td>
<td>15 000 (12 000–20 000)</td>
<td>100 000 (79 000–120 000)</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>1.8 (0.0–4.3)</td>
<td>10.0 (0.0–18.1)</td>
<td>5100 (470–11 000)</td>
<td>570 (0–1500)</td>
<td>5600 (530–11 000)</td>
</tr>
<tr>
<td>Estonia</td>
<td>15.4 (11.6–20.1)</td>
<td>42.7 (32.1–53.9)</td>
<td>85 (64–110)</td>
<td>9 (5–13)</td>
<td>94 (71–120)</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>1.6 (0.9–2.7)</td>
<td>11.8 (6.4–21.0)</td>
<td>5000 (2600–8 300)</td>
<td>160 (61–310)</td>
<td>5200 (2400–8 000)</td>
</tr>
<tr>
<td>Georgia</td>
<td>6.8 (5.2–8.7)</td>
<td>27.4 (23.7–31.4)</td>
<td>360 (270–460)</td>
<td>310 (240–380)</td>
<td>670 (550–780)</td>
</tr>
<tr>
<td>India</td>
<td>2.3 (1.8–2.8)</td>
<td>17.2 (14.9–19.5)</td>
<td>55 000 (40 000–74 000)</td>
<td>43 000 (33 000–56 000)</td>
<td>99 000 (79 000–120 000)</td>
</tr>
<tr>
<td>Indonesia</td>
<td>2.0 (0.5–6.9)</td>
<td>14.7 (0.0–39.6)</td>
<td>8900 (1 100–25 000)</td>
<td>360 (0–1000)</td>
<td>9 300 (0–21 000)</td>
</tr>
<tr>
<td>Kazakhstan</td>
<td>14.2 (11.0–18.2)</td>
<td>56.4 (50.9–61.8)</td>
<td>5 300 (3 900–6 900)</td>
<td>2700 (2 100–3 500)</td>
<td>8 100 (6 400–9 700)</td>
</tr>
<tr>
<td>Kyrgyzstan</td>
<td>12.5 (0.0–25.3)</td>
<td>42.1 (11.9–72.2)</td>
<td>1 200 (230–2 300)</td>
<td>140 (13–310)</td>
<td>1 400 (350–2 400)</td>
</tr>
<tr>
<td>Lithuania</td>
<td>9.0 (7.5–10.7)</td>
<td>47.5 (42.9–52.2)</td>
<td>270 (210–330)</td>
<td>68 (55–83)</td>
<td>330 (270–390)</td>
</tr>
<tr>
<td>Myanmar</td>
<td>4.2 (3.2–5.6)</td>
<td>10.0 (7.1–14.0)</td>
<td>8 900 (6 300–12 000)</td>
<td>450 (180–770)</td>
<td>9 300 (6 400–12 000)</td>
</tr>
<tr>
<td>Nigeria</td>
<td>1.8 (0.0–4.3)</td>
<td>7.7 (0.0–18.1)</td>
<td>9 300 (860–20 000)</td>
<td>1 600 (0–4 300)</td>
<td>11 000 (1 300–20 000)</td>
</tr>
<tr>
<td>Pakistan</td>
<td>2.9 (0.0–8.0)</td>
<td>35.4 (0.0–75.1)</td>
<td>14 000 (1 200–30 000)</td>
<td>1 700 (0–3 800)</td>
<td>15 000 (1 200–29 000)</td>
</tr>
<tr>
<td>Philippines</td>
<td>4.0 (3.0–5.5)</td>
<td>20.9 (14.8–28.7)</td>
<td>11 000 (7 300–15 000)</td>
<td>2 000 (1 100–3 000)</td>
<td>13 000 (8 900–17 000)</td>
</tr>
<tr>
<td>Republic of Moldova</td>
<td>19.4 (16.8–22.2)</td>
<td>50.8 (48.7–53.0)</td>
<td>1 500 (1 200–1 800)</td>
<td>620 (490–770)</td>
<td>2 100 (1 700–2 400)</td>
</tr>
<tr>
<td>Russian Federation</td>
<td>15.8 (11.9–19.7)</td>
<td>42.4 (38.1–46.7)</td>
<td>26 000 (20 000–34 000)</td>
<td>12 000 (8 700–15 000)</td>
<td>38 000 (30 000–45 000)</td>
</tr>
<tr>
<td>South Africa</td>
<td>1.8 (1.5–2.3)</td>
<td>6.7 (5.5–8.1)</td>
<td>10 000 (7 500–13 000)</td>
<td>2 800 (1 900–3 900)</td>
<td>13 000 (10 000–16 000)</td>
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<tr>
<td>Tajikistan</td>
<td>16.5 (11.3–23.6)</td>
<td>61.6 (52.8–69.7)</td>
<td>2 500 (1 600–3 500)</td>
<td>1 500 (1 100–2 100)</td>
<td>4 000 (2 900–5 100)</td>
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<tr>
<td>Ukraine</td>
<td>16.0 (13.8–18.3)</td>
<td>44.3 (40.0–48.7)</td>
<td>8 200 (6 500–10 000)</td>
<td>440 (340–570)</td>
<td>8 700 (6 800–11 000)</td>
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<td>Uzbekistan</td>
<td>14.2 (10.4–18.1)</td>
<td>49.8 (35.8–63.8)</td>
<td>5 700 (4 000–7 700)</td>
<td>3 000 (1 700–4 400)</td>
<td>8 700 (6 500–11 000)</td>
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<td>Viet Nam</td>
<td>2.7 (2.0–3.6)</td>
<td>19.3 (14.5–25.2)</td>
<td>5 600 (3 700–8 100)</td>
<td>280 (180–420)</td>
<td>5 900 (3 800–8 100)</td>
</tr>
</tbody>
</table>

* Estimates based on subnational drug resistance data. DRS = drug resistance surveillance data; CI = confidence interval; MDR-TB = multidrug-resistant TB
Unsexy Tuberculosis

• Concern and attention re: XDR-TB is appropriate, but skips the more important message

• XDR-TB, MDR-TB, and drug-sensitive tuberculosis are all the same disease

• The only difference is that MDR-TB is drug-sensitive tuberculosis modified by inappropriate treatment or drug taking, and XDR-TB is MDR-TB thus modified

• We need to recognize that there are more than 9,000,000 new active drug-sensitive cases of tuberculosis globally that could be feeding drug resistance

• It might be a less sexy concept, but they all must be appropriately treated with current strategies (as well as new diagnostics, drugs, vaccines, and proper infection control measures) to avoid preventable MDR-TB and XDR-TB, which are always lurking

• Preventing active, drug-sensitive tuberculosis, or treating it properly, should be everybody’s priority; it is the only way to prevent MDR-TB and XDR-TB

Reichman, LB *The Lancet*, 2009
• Millions of refugees

• Pakistan 8th highest TB rate

• Afghanistan 22nd highest TB rate

• Crowding + poor nutrition + poor medical care = TB

• = Global spread of TB and MDR TB to West
Effective Political Will

• Little is accomplished in its absence

• Tuberculosis control has always been considered a social program

• Such programs can be, and are just about always, safely ignored by politicians

• Need to change concept for TB to be considered a Defense program

• TB control defends the public health
TB at a Crossroads

• Overall, domestic decline of TB since prior to development of drugs

• Resurgence of TB during the 1980s, largely due to neglect

• Massive and effective response

• TB on the radar screen domestically

• TB on the radar screen internationally

• Domestic TB at historical lows

• Global TB almost out of control

- **All forms of TB**: Greatest number of cases in Asia; greatest rates per capita in Africa
- **Multidrug-resistant TB (MDR-TB)**: 440,000 (3.3% of all new cases)
- **Extensively drug-resistant TB (XDR-TB)**: ~50,000 (5.4% of MDR, 58 countries)
- **HIV-associated TB**: 1.6 million (15% of all cases)

**Estimated number of cases**
- **9.4 million** (137 per 100,000)
- **1.7 million** (26 per 100,000)

**Estimated number of deaths**
- **~150,000**
- **~30,000**

(Updated August 2011)
World TB Day 2006 - Dr Lee launches the International Standards for TB Care & the Patients' Charter for TB Care
International Standards for TB Care
ISTC: Key Partners in Implementation

- National (and local) tuberculosis control programs
- Influential professional societies
- Professional (medical and nursing) schools
- NGOs
- Patient and community organizations
- Technical agencies
- Funding agencies
Patients and their families have become increasingly involved—and influential—in all aspects of medical care.

In the mid-eighties, as the first anti-viral drugs for treating AIDS were being developed, activists demanded to participate in the design of clinical trials directed by the National Institutes of Health and pharmaceutical companies.

Laypeople now routinely sit on committees on the N.I.H. and on hospitals’ institutional review boards, which assess the ethicality and scientific merit of clinical trials.
The Patient’s Charter for Tuberculosis Care
The Patient’s Charter for Tuberculosis Care

- Companion document to International Standards
- Initiated and developed by patients from around the world
- Outlines rights and responsibilities of people with tuberculosis
- Affirms that empowerment is catalyst for effective collaboration of the patient with health providers and authorities
Patient’s Rights

You have the right to:

Care;
Dignity;
Information;
Choice;
Confidence;
Justice;
Organization;
Security

Source: Patient’s Charter for TB Care, 2006
Patient’s Responsibilities

You have the responsibility to:

Share information;

Follow treatment;

Contribute to Community Health;

Show Solidarity

Source: Patient’s Charter for TB Care, 2006
Challenges in TB Control, 2011

• Insufficient financial and human resources
• Inadequate healthcare infrastructure
• Weak laboratory capacity and lack of new rapid diagnostic tools
• Lack of new drugs that would cure TB in a shorter time
• Lack of effective vaccine that would prevent TB
• Poor use of infection control in healthcare settings
• Minimal social mobilization for TB control and minimal population awareness → stigma
• HIV and MDR/XDR threats
“…to default is the natural reaction of normal, sensible people: The person who continues to swallow drugs or have injections with complete regularity in the absence of encouragement and help from others is the abnormal one.”

- Bull IUAT 1972; 47:68-75
The Unusual Suspects

- For years the “TB Community” was the only group speaking out on TB issues (if they got a chance)

- Obvious self interest not helpful when engaging the greater community

- Need to urgently create *partnerships* with others to speak out such as NGO’s, Patient families, Churches, Industries and anybody who will listen, or anybody we can approach

- With these, “unusual suspects”, we all need to advocate
Our Challenge

How to efficiently and effectively maintain services to those with the disease and prevent the development and transmission to those without TB in a climate of declining resources?
WE CAN’T DO IT ALONE

WE NEED PARTNERS

THE PARTNERS ARE OUR “UNUSUAL SUSPECTS”
Globally: Stop TB Partnership

• The Stop TB Partnership is a proactive global force in TB control. Established in 2000, is a network of over 1000 organizations working together to realize a common vision of a world free of TB. Housed by the World Health Organization, the Partnership consists of a Secretariat and seven working groups (four implementation and three new tools) coordinated by a 34-member board.

• The Stop TB Partnership aims to accelerate social and political action to fight TB. It helps to forge consensus on strategies, coordinate responses, promote the supply of high-quality anti-TB drugs and generate action for the development of new diagnostics, drugs and vaccines. It is actively expanding access to life-saving treatment for TB patients in the world's poorest countries.
Stop TB USA was originally founded in 1992 as the National Coalition for Elimination of Tuberculosis to address the failure of domestic TB control. At that time, TB cases were increasing in the U.S. and there were outbreaks of multiple-drug resistant TB. There were 58 founding members (83 individuals) from public health, health care, professional medical and patient advocacy organizations concerned with the care of individuals with tuberculosis or its control. Stop TB USA is a member of the Global Stop TB Partnership.
Partners can best work at the country level if they are supporting the national strategic plan of the NTP.

They also should participate in the development, implementation and monitoring of the plan which should list the roles and responsibilities of each partner, including the government and the NTP, the technical partners working in the country (NGOs, FBOs, private individuals, etc) and the donors.

Without the partnership, everyone is trying to waive their flag and push their own agenda.
Local Partnerships

• Clinician – Laboratory
• TB – HIV
• TB Control – Corrections Department
• TB Control – Homeless Agencies
• TB Control – Substance Use Facilities
• TB Control – Community Organizations
• TB Control – Patient and Advocacy Organizations
• Pulmonologists – Infectious Disease Specialists
• Nurses – Educators – Trainers
• Clinicians – Patients
• RTMCC – Everybody
• Federal Training Center Collaboration – etc.
Local Partnerships (continued)

PCSI

(Deserves a separate slide for obvious reasons)
• So with these global and national partnerships so well established, how do we accomplish this task productively on a local level?

• What can we and our partners do besides collaboration, talking, interacting, coordinating and advocating?
Here is a modest proposal...
Ripe for Advocacy

- TB outbreaks reported in print media from CDC weekly report

<table>
<thead>
<tr>
<th>2010</th>
<th>No. Reports</th>
<th>No. States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan - March</td>
<td>17</td>
<td>10</td>
</tr>
<tr>
<td>April - June</td>
<td>19</td>
<td>12 + Canada</td>
</tr>
</tbody>
</table>

% of days with TB outbreak reported in print media:

- Jan – March: 19, 20%
- April – June: 21

Courtesy, John Seggerson, Stop TB USA, 2010
Trainers and educators are familiar with the principle of a *teachable* moment
I propose the new term *advocacy moment*
• Each of these outbreaks garners press coverage

• Each of these outbreaks is a potential advocacy moment

• Advocacy moments occur on average of 20% of days!

• In my experience, the TB Controller, when a microphone is thrust into his face, responds with first thought to save his job, “everything is under control”

• But how about removing the “potential” from the advocacy moment, “everything is under control, but isn’t it a paradox that you reporters are here reporting in 2010 on an ancient disease whose cause, prevention and care are known, but have been ignored and overlooked?”

• And if the TB Controller feels he/she can’t make this statement, his/her partners can and should
DENVER — The Atlanta lawyer quarantined with a dangerous strain of tuberculosis apologized to fellow airline passengers in an interview aired Friday, and insisted he was told before he set out for his wedding in Europe that he wasn't a threat to anyone.

"I've lived in this state of constant fear and anxiety and exhaustion for a week now, and to think that someone else is now feeling that, I wouldn't want anyone to feel that way. It's awful," Andrew Speaker, speaking through a face mask, told ABC's "Good Morning America" from his hospital room in Denver.

Meanwhile, questions arose as to whether the wedding even took place. The mayor of the island of Santorini in Greece, Angelos Rousso, told The Associated Press: "There was no wedding. They came for a marriage but they did not have the required papers." He said the couple stayed in a hotel for three days and then left.

In the TV interview, Speaker, wearing street clothes, repeatedly apologized to the dozens of airline passengers and crew members now anxiously awaiting the results of their TB tests.

"I don't expect for people to ever forgive me. I just hope that they understand that I truly never meant to put them in harm," he said, his voice cracking.
• TB has not gone away, it remains with us, highly prevalent and transmissible

• Anybody can get tuberculosis, not only poor people, minorities, or the foreign-born

• TB anywhere is TB everywhere

• All resistant TB, MDR and XDR TB is preventable by proper TB diagnosis and treatment

• Good public health is a silent secret, but when there is a small glitch, it becomes major news

• We desperately need new tools for TB diagnosis and treatment

• You don’t want to sit on an airplane for 8 hours next to an untreated coughing person with any kind of TB, be it drug sensitive, MDR or XDR
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• And finally, when an affluent white guy gets TB (which will invariably happen) we and our partners must be ready to turn potential advocacy moments into effective advocacy moments.
Why do we need to care about TB in the rest of the world?