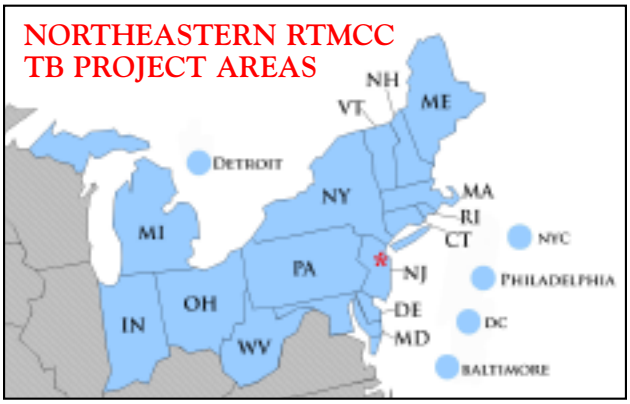
RTMCC

Northeastern Spotlight

SUMMER 2009 VOLUME 4 · NUMBER 2

Dear Colleague:

As you're all aware, on May 15, President Obama appointed Dr. Tom Frieden, New York City Health Commissioner, to be the new Director of the Centers for Disease Control and Prevention. As a young CDC EIS Officer assigned to New York City in 1990, Dr. Frieden stepped into the epicenter of the TB resurgence and quickly proved his metal by "turning the tide" on this stubborn disease. Dr. Alan Hinman, former Director of CDC's Center for Prevention Services noted at the time that the mark of great leadership is not measured so much on how one responds in times of scarcity, but on one's ability to effectively and efficiently manage a large infusion of resources to combat a major crisis. Dr. Frieden more than met the challenge by engaging health care providers throughout the City and instilling accountability and zeal among the TB public health workforce, including implementing the TB Cohort Review Process.



On-Line Survey:
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On April 21-22, GTBI hosted its third TB Medical Consultants Meeting in Newark. Twenty-six medical consultants from 18 TB programs attended the meeting. The primary goal of the workshop was to provide a networking opportunity to TB medical consultants from TB programs throughout the Region, to discuss current

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The Northeastern Regional Training and Medical Consultation Consortium is a collaborative effort of the Charles P. Felton National Tuberculosis Center at Harlem Hospital, the Massachusetts Department of Public Health, Division of Tuberculosis Prevention and Control, and the NJ Medical School Global Tuberculosis Institute and provides training, technical assistance, and medical consultation to health care professionals throughout the Northeastern United States.

RTMCC Communications Sub-Committee: Bill Bower, MPH • Chris Hayden
Newsletter design by Judith Rew

We would like your feedback…please let us know what you think of this newsletter, future newsletter ideas, and/or article contributions you wish to make. Send an email to Chris Hayden, Newsletter Editor at haydench@umdnj.edu. Thanks!

NEW JERSEY MEDICAL SCHOOL
GLOBAL TUBERCULOSIS INSTITUTE

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INSIDE:

GTBI Hosts Its Third TB Medical Consultants Meeting

On April 21-22, 2009, the GTBI held its third TB Medical Consultants Meeting in Newark. The meeting was attended by 26 physicians from 18 of the 20 TB programs comprising the Northeastern Regional Training and Medical Consultation Consortium (RTMCC). The goal of the meeting was to provide a networking opportunity to TB program medical consultants in the Region, to discuss current issues and technologies, and to build capacity for responding to challenging requests for TB medical consultation. The meeting commenced with a dinner on April 21st, followed by a presentation by Dr. Joseph Bates, Deputy State Health Officer for Arkansas, on the *Man and the Tubercle Bacillus: Past, Present, and Future*. His broad experience as a researcher and implementer of public health policy lent a fresh perspective to the importance of considering how the evolution of TB can inform future strategies for combating this disease.

The first 3 speakers led off Wednesday morning with talks on implementing new diagnostic technologies: Dr. John Bernardo on *Nucleic Acid Amplification Testing* (including a review of recently published updated guidelines); Dr. Barry Kreiswirth on *Molecular Epidemiology of M. tuberculosis*; and Dr. Masae Kawamura on *IGRAs: Implementing and Interpreting Results*. The next session, *Lessons Learned in Managing MDR TB* was chaired by Dr. Lee Reichman and featured presentations that highlighted both international and domestic experiences. Dr. Salmaan Keshavjee (from Harvard Medical School and Partners in Health) spoke on *Addressing MDR TB Globally*, drawing on his own work in Lesotho and Dr. Chrispin Kambili spoke on *MDR TB: The NY City Experience 1991-2009*. The afternoon session featured a web-based National TB Expert Network Conference chaired by Dr. Sundari Mase from CDC's Division of TB Elimination and included 2 challenging MDR TB case presentations prepared by Drs. Felicia Dworkin and Diana Nilsen from NY City. This was followed by Dr. Alfred Lardizabal giving a brief presentation and leading a discussion on *Strengthening Regional TB Medical Consultation Capacity*. Dr. Lardizabal moderated the final session during which participants presented cases and received feedback from their colleagues.

In their evaluations, all participants indicated that they found the meeting to be relevant to their role as TB medical consultant, agreed that the meeting objectives were met, and would recommend this type of meeting to other consultants. The program generated lively and stimulating discussions with well known, recognized TB experts.

Submitted by Chris Hayden, Consultant Medical Consultation and Education Activities
NJMS Global Tuberculosis Institute

TB Medical Consultation

MEDICAL CONSULTATION SERVICES:

NE RTMCC physicians respond to requests from providers seeking medical consultation through:

- Our toll-free TB Infoline: 1-800-4TB-DOCS and
- Email: http://www.umdnj.edu/globaltb/emailform.htm

During each consultation, the NE RTMCC physicians will advise providers of TB Program resources for consultation in their jurisdiction. In addition, TB programs will be informed of TB cases with public health implications.

More information about our consultation service, including downloadable Core TB Resources, can be accessed at http://www.umdnj.edu/globaltb/consultation.htm

MEDICAL CONSULTANT WEB-BASED GRAND ROUNDS

Periodically, designated TB program medical consultants are invited to participate in a web-based TB case conference (or grand rounds). Consultants are encouraged to present challenging TB cases on which they would like feedback from their colleagues throughout the Region. The next grand rounds will be held in the Fall and we will notify TB programs when a date and time have been established. TB program medical consultants who would like to present a case should contact Dr. Alfred Lardizabal at 973-972-8452 or lardizaa@umdnj.edu.

STAFF PROFILE

Staff Profile: Chrispin Kambili, M.D.

ASSISTANT COMMISSIONER AND DIRECTOR, BUREAU OF TB CONTROL
NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Dr. Chrispin Kambili was born and raised in Malawi. He took an interest in medicine early in life. He says, "There was a time I wanted to fly airplanes but I always had a healer gene in me." His maternal grandfather was a traditional medicine man and Chrispin would accompany him on his visits to the villages. As his grandfather explained how he healed people, Chrispin would collect payments from the patients. At the ripe age of 10, Chrispin also tried to educate his grandfather about the germ theory of disease. His grandfather found it all to be nonsense, preferring to continue his belief that disease was caused by "evil forces."

When Chrispin was 13, he had decided on a medical career. His acquaintance with TB came early. While waiting for paperwork that would allow him to study in the US, he took a job in the busiest TB diagnostic laboratory in Malawi—it was a one person/one microscope enterprise doing only sputum smears! As the microscopist's assistant, Chrispin accessioned the specimens and prepared slides for the microscopist. Over seven months, he learned to do everything except sign the lab reports.

"As fascinating as basic science was for me, I needed to feel that I was making an immediate impact. I knew that there was a lot of TB, malaria, and subsequently, HIV in Malawi. So I kept asking myself: how could I make an impact in such a setting?"

Dr. Kambili came to the US on a scholarship, beginning at Fisk University in Nashville, Tennessee where he earned his Bachelor of Science. He then studied for and received his MD degree from the Columbia University School of Medicine in New York City and trained in internal medicine at New York Presbyterian Hospital-Columbia University Medical Center. He completed a fellowship in infectious disease at New York-Presbyterian Hospital & Cornell University Medical College. Despite an early interest in basic science research, he explains why he entered the specialty of infectious diseases: "As fascinating as basic science was for me, I needed to feel that I was making an immediate impact. I knew that there was a lot of TB, malaria, and subsequently, HIV in Malawi. So I kept asking myself: how could I make an impact in such a setting?"

While Dr. Kambili intended to use his new skills to combat infectious diseases in Malawi, he was given the opportunity to work at the New York City Bureau of TB Control. He took the position of Medical Director for several reasons. He felt that it would give him further TB-specific experience to use upon his return to Africa. Some of his teachers had been at the forefront of the fight against TB in the late 80s and early 90s so he was aware of what was going on in TB Control. And he knew the impact that TB control activities developed in New York has had on global efforts. He served as the Bureau's Medical Director from 2000 to 2003.

He then fulfilled his dream of applying his skills in Africa, serving as Field Medical Director in Nairobi, Kenya, for the International AIDS Vaccine Initiative, an organization working to accelerate the advent of an HIV/AIDS vaccine to those that need it the most. He has also served as a medical director in Schering Plough Corporation's virology program, where he concentrated on HIV and hepatitis drug development programs.

Dr. Kambili returned to New York in 2008 to head the NYC Bureau of TB Control, an event he views as the greatest honor in his career. When asked why he was interested in this

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STAFF PROFILE

Staff Profile

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position, he replied, "Recent data indicate that TB in the US has increasingly become a disease of immigrants, and New York City has always been a city of immigrants. As such, I am here to ensure that we, along with all the stakeholders quickly identify new cases of TB and initiate appropriate therapy for the affected—ideally under directly observed therapy. And we also need to identify, evaluate and, where appropriate, treat those that are latently infected with TB who are higher risk for progression to active disease." Dr. Kambili enjoys being in a position to devise strategies and put in place activities that will best accomplish these goals, thus reducing the impact of TB in the City. He feels that what is interesting about working in tuberculosis is that many current practices in disease control and in medicine, from the modern clinical trial to combination drug therapies to the concept of transmissibility of disease, all have their origins in tuberculosis. He says, "That makes me recognize the pioneering spirit of TB control in human progress."

Dr. Kambili sees his biggest priority as New York City's TB Controller is to align scarce resources with the tasks at hand. He states that this might entail making decisions "that will not please everyone and for that, I will have to let my conscience be my guide." He feels it is vital to maintain a strong public health infrastructure to avoid repeating the mistakes of yesteryear. While leading quarterly cohort review meetings, he is remarkable for seeing both the big picture and the details of patient management. Recently, in the middle of a cohort review, he smiled and looked up at staff presenting TB cases to observe that, "In the past 10 or12 cases I noticed that all had been offered HIV testing. That would not have been true a year or so ago. Nice job!" He then went on to explain the importance that knowing HIV status offers to improved treatment outcomes and contact investigations. Staff appreciate that he notices good effort and often takes advantage of "teachable moments" to share crucial medical and programmatic insight.

Dr. Kambili says, "I am a true believer in providing people the right tools to do their work. The RTMCCs are the 'tool sheds' for TB control. Training gives us the right tools, without which we are likely to 'botch' the job." He feels that the RTMCC's role in medical consultation is critical as most US physicians do not see but a handful of TB patients at best. Without first-hand experience, physicians lose their skills over time. As TB numbers continue to decline, fewer and fewer physicians will have the expertise that is necessary to treat TB effectively. He concludes, "The medical consultants at the RTMCCs are the repositories of the experience that we will all need to tap into when a TB case baffles us, or even to just hold our hand when we are afraid to make a decision."

"I am a true believer in providing people the right tools to do their work. The RTMCCs are the 'tool sheds' for TB control. Training gives us the right tools, without which we are likely to 'botch' the job."

Despite his many accomplishments, Dr. Chrispin Kambili is quite modest. He says, "I am a simple man who derives satisfaction in life by serving other people." While he yearns to have time to play golf, he confesses he spends his meager free time with his wife Sandra and their two children, Noah and Nina. When asked what he would bring if stranded on a desert island, he questions plaintively, "Can I bring my iPhone? Do they have a network there?" The last book he read was Cormac McCarthy's *The Road* and if he had time, he'd like to read Sun Tzu's *The Art of War*.

It is clear that Dr. Kambili's experience, energy, and positive approach are a good match with the fast-paced paced and fluid TB control and prevention situation in New York City and we wish him well as he leads the city's battle against TB.

Submitted by Bill L. Bower, MPH and Paul W. Colson, PhD
Charles P. Felton National Tuberculosis Center at Harlem Hospital

Dear Colleague

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technologies and approaches for managing TB and LTBI, and to build capacity for responding to challenging requests for TB medical consultation. By all accounts, the meeting was a resounding success, and I encourage you to read the article in this issue describing some of the highlights.

In this issue of the Northeastern Spotlight, we are pleased to feature a profile of New York City's current TB control officer, Dr. Chrispin Kambili. This issue's Behavioral and Social Science column presents early findings from TB Epi Studies Consortium's Task Order 9 on *Missed Opportunities for TB Prevention in Foreign-Born Populations in the US and Canada*. We also include highlights from this years annual *TB Clinician's Conference* which drew a record number of attendees from all over New England. Finally, we review changes in the recently revised product *Management of LTBI in Children and Adolescents: a Guide for Primary Care Providers*.

And, as usual, if you have any feedback for any of us, on any TB related topic, I invite you to contact me or a member of our RTMCC staff at (973-972-3270).

Lee B. Reichman, MD, MPH
Executive Director
*NJMS Global Tuberculosis Institute*Tuberculosis Institute

SPOTLIGHT

Current Behavioral/Social Science Studies in Tuberculosis – Part 2: TB in the Foreign Born

As mentioned in the previous installment, the Tuberculosis Epidemiological Studies Consortium (TBESC) was formed by the CDC in response to a perceived need for more epidemiological, behavioral, economic, and programmatic research on TB and LTBI. Several TBESC studies (called "Task Orders") have a strong behavioral/social science component and serve as good examples of the contribution this research can make to TB control. The previous installment discussed Task Order 13 (Study of Factors Associated with Acceptance of, Adherence To, and Toxicity from LTBI); this column will focus on Task Order (TO) 9. The co-principal investigators for TO 9 include experts from academia (Amy Davidow-NJMS Global TB Institute), public health (Randall Reves-Denver), and CDC (Dolly Katz-DTBE). I serve on TO 9's protocol team.

TASK ORDER 9 – ENHANCED SURVEILLANCE TO IDENTIFY MISSED OPPORTUNITIES FOR PREVENTION OF TUBERCULOSIS IN THE FOREIGN BORN

People born in other countries have represented the majority of TB cases in the US since 2001 and in many major cities for long before that (CDC 2008). While it is believed that foreign-born individuals face a different constellation of incentives and challenges in starting and completing TB treatment than US-born individuals, these differences have not been well delineated. TO 9 seeks to better describe the TB diagnostic process that foreign-born persons experience, from screening overseas and at entry, to domestic screening, to initial service provision in the US and Canada.

The overall purpose of TO 9 is to identify missed opportunities for preventing TB, which will lead to recommendations for programmatic changes. The study is unique in combining information from three sources: patient interviews, national TB case reports (via TIMS), and data from the Division of Global Migration and Quarantine (Davidow et al). Currently, TO 9 has seven working groups preparing papers on distinct topics. Many of these investigations will yield useful programmatic information about foreign-born TB patients, including information on screening, delays to diagnosis, barriers to care, missed opportunities at entry to the US and Canada, and specific issues in children.

This column focuses on the specific behavioral/social scientific aspects of the study, which include investigations of knowledge and attitudes and of help-seeking behaviors. This information is collected in face-to-face interviews, conducted within 180 days of the participant's TB diagnosis. The knowledge and attitudes section of the questionnaire includes 6 knowledge questions and 14 attitudinal questions. The help-seeking section is a comprehensive examination of the process used to get help for TB symptoms, including contacts with physicians in a variety of settings, emergency rooms, pharmacists, traditional healers, friends, family members, clergy, or self-treatment. This column will also touch on several issues of particular importance for foreign-born patients.

It is important to understand what information immigrants have about TB and LTBI, and what associations exist between more accurate knowledge and such factors as socioeconomic status, age, or country of origin.

KNOWLEDGE

While there is a large body of research on knowledge and attitudes conducted in countries that supply immigrants to the US and Canada, only a handful of studies examine such issues among immigrants living in the US and Canada. It is important to understand what information immigrants have about TB and LTBI, and what associations exist between more accurate knowledge and such factors as socioeconomic status, age, or country of origin. These issues will be particularly crucial if certain knowledge gaps are found to be associated with delays in diagnosis or treatment initiation. For example, if it is found that poorer individuals from a particular country hold a misconception about TB that discourages them from seeking help for symptoms, then special efforts at education and screening could be targeted to that group.

ATTITUDES

The purpose of investigating TB-related attitudes is to define what impact attitudes have on individual actions to seek help, to be tested, or to initiate treatment. Stigma, which is described below, is thought to have a powerful impact on patient behavior. Other attitudes which may have particular importance for foreign-born individuals include fear of deportation, mistrust of the health care system, and skepticism about the efficacy of treatment. Foreign-born persons may avoid contact or otherwise act in ways that are puzzling to TB controllers for a variety of reasons. This may include fear of being deported, a belief that doctors don't know what they are doing or are acting only in their own interest, or that medicines used here are not effective. It will also be important to examine foreign-born patients' feelings of self-efficacy (the belief that one can take actions to improve one's health) and health locus of control (a continuum of beliefs based on whether health outcomes are determined by the individual or by external forces). In

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Behavioral

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many countries, health care systems do not encourage patient participation in the manner that we do in the US and Canada; the state of one's health is believed to be controlled by outside forces, whether it be doctors, spirits, or fate. These attitudes may have substantial impact on the outcomes examined in this study.

STIGMA

The term "stigma" refers both to the social disapproval which may be experienced by persons having a certain condition, and to the fear of receiving such disapproval. In TO 9, participants are asked two stigma-related questions: "Do people who know that you have tuberculosis treat you differently?" and "Are you concerned that others may find out you have tuberculosis?" Stigma is an important concept to measure because TB is highly stigmatized in many parts of the world. However, attitudes are not uniform across demographic groups, and it will be critical to delineate the impact of stigma in relation to other factors, including the value an individual gives to the overall beliefs of his/her social group. For example, it has been documented in the literature that women in India may be very fearful of TB due to the social impacts of a diagnosis of TB disease, but an individual woman born in India may have a biomedically-based understanding of the disease and thus reject dominant group attitudes as "old-fashioned."

HELP-SEEKING

There are many reasons that foreign-born people may experience delays in TB diagnosis: many enter the receiving country without proper documentation, many do not have health insurance, and language barriers or lack of knowledge about US/Canadian health care systems may impede access. When experiencing a troubling symptom, such as a persistent cough, some people may first turn to friends and family members, trusted community members such as clergy or traditional healers, or pharmacists. An exploratory study in New York found that foreign-born patients experienced more complex paths to TB diagnosis, although this did not result in longer time to TB diagnosis (Sarmiento et al 2006). It is likely that different patterns will be found among immigrant groups, based on citizenship/visa status, insurance status, and length of time in the US/Canada. A detailed look at these paths to care will certainly reveal points for intervention.

CONCLUSION

Task Order 9 has the potential to answer many questions regarding TB in the foreign-born, who now represent the majority of TB cases in the US. While some findings may impact immigration processes, including screening and examinations by panel physicians, others may assist TB control personnel in the US attempting to build a therapeutic alliance with foreign-born patients who may appear reticent or even recalcitrant.

This column's subsequent installments will focus on Task Orders 11 and 12. For more details, click on http://www.cdc.gov/tb/topic/research/TBESC/research_projects.htm

CITATIONS:

Centers for Disease Control & Prevention, Division of Tuberculosis Elimination. TB in the US: National Surveillance System Highlights from 2007. http://www.cdc.gov/tb/statistics/surv/surv2007/default.htm

Davidow AL, Katz D, Reves R, Bethel J, Ngong L, Tuberculosis Epidemiologic Studies Consortium.. 2009. The Challenge of Multisite Epidemiologic Studies in Diverse Populations: Design and Implementation of a 22-Site Study of Tuberculosis in Foreign-Born People. Public Health Reports. 124(3): 391-399.

Sarmiento K, Hirsch-Moverman Y, Colson PW, El-Sadr W. 2006. Help-Seeking Behavior of Marginalized Groups: A Study of TB Patients in Harlem, New York. International Journal of Tuberculosis and Lung Disease. 10(10):1140-1145.

Submitted by Paul Colson, PhD, Program Director and Julie Franks, PhD, Health Educator and Evaluator
Charles P. Felton National TB Center at Harlem Hospital

Sunny Maine Harbor and Distinguished Faculty Boosts Attendance at Annual TB Clinician's Conference

It was a sunny Maine Friday in March, and inside the York Harbor Inn 47 doctors, nurse practitioners, and physicians assistants sat listening to the annual RTMCC-sponsored TB Clinicians Conference.

There was a lot of excitement around this year's Clinicians Conference, *TB Issues & Challenges for the Busy Clinician*. Attendance was much higher than anticipated, particularly in light of the economy. The other federally-funded training centers working in New England helped advertise the conference, and thanks in part to their efforts the attendees hailed from a broad range of specialties and practice settings.

The conference rotates to a different New England state each year, and this year Maine hosted the conference for the first time. Maine is a low incidence state, and Dr. Kathleen Gensheimer (Medical Director, Maine TB Program) was concerned this would translate into fewer attendees. But many local medical providers attended and were excited to listen to world-class speakers discussing a subject they rarely had the opportunity to hear about.

The speakers were all from New England and did a fabulous job presenting on cutting-edge topics and engaging the audience in dialogue. Dr. Nira Pollock (Beth Israel Deaconess Medical Center) discussed the new IGRA tests, and what we do and don't know about their accuracy. Dr. Elizabeth Talbot (Dartmouth College) presented an engaging *TB Journal Watch* about the ten most important TB-related articles from the past year, which gave an great overview of recent work in the field and was a jumping-off point for the upcoming presenters.

Dr. John Bernardo (Medical Officer for the Massachusetts TB Division) gave an update on nucleic acid amplification tests and emphasized what can and can't be concluded from test results with the data currently available. Dr. Fordham von Reyn (DarDar International Programs, Dartmouth-Hitchcock Medical Center) presented on new TB vaccines under development and his work with the HIV-TB DarDar TB vaccine trial.

Dr. Mark Lobato (Medical Officer for New England from the CDC's Division of TB Elimination) presented on pediatric TB, which elicited a lot of follow-up questions from interested audience members. Dr. Kathleen Gensheimer (Medical Director, Maine TB Program) presented a fascinating and complex case of MDR-TB in Maine, and how public and private partnerships are vital for successful TB treatment.

Dr. Marie Turner (Shattuck Hospital) presented case studies from her practice at the Regional TB Treatment Unit, which was particularly useful since many conference attendees rarely encountered cases of TB with such a high level of complexity. Dr. Ed Nardell (Harvard School of Public Health, Harvard Medical School) gave an engaging after-dinner presentation about TB transmission in high-burden settings, which lasted an extra hour thanks to thoughtful and engaged questions and comments from attendees.

Attendance was much higher than anticipated, particularly in light of the economy. The other federally-funded training centers working in New England helped advertise the conference, and thanks in part to their efforts the attendees hailed from a broad range of specialties and practice settings.

Another change from prior years was that conference attendees could visit a wiki (an interactive web page) created for the conference, where they could view and download the speakers' presentations. Frequently presenters are adding to and editing their slides right up to the conference, making it difficult to copy and distribute handouts of the presentations to conference attendees. The wiki gives attendees an easy way to access these presentations. For future conferences, we plan on expanding the functionality of the wiki so attendees can ask questions and have discussions with the presenters and each other.

The Clinicians Conference was unanimously rated "excellent" by all who attended, and we look forward to holding another successful event next year.

Submitted by Nickolette Patrick, MPH
Health Educator, Northeastern RTMCC

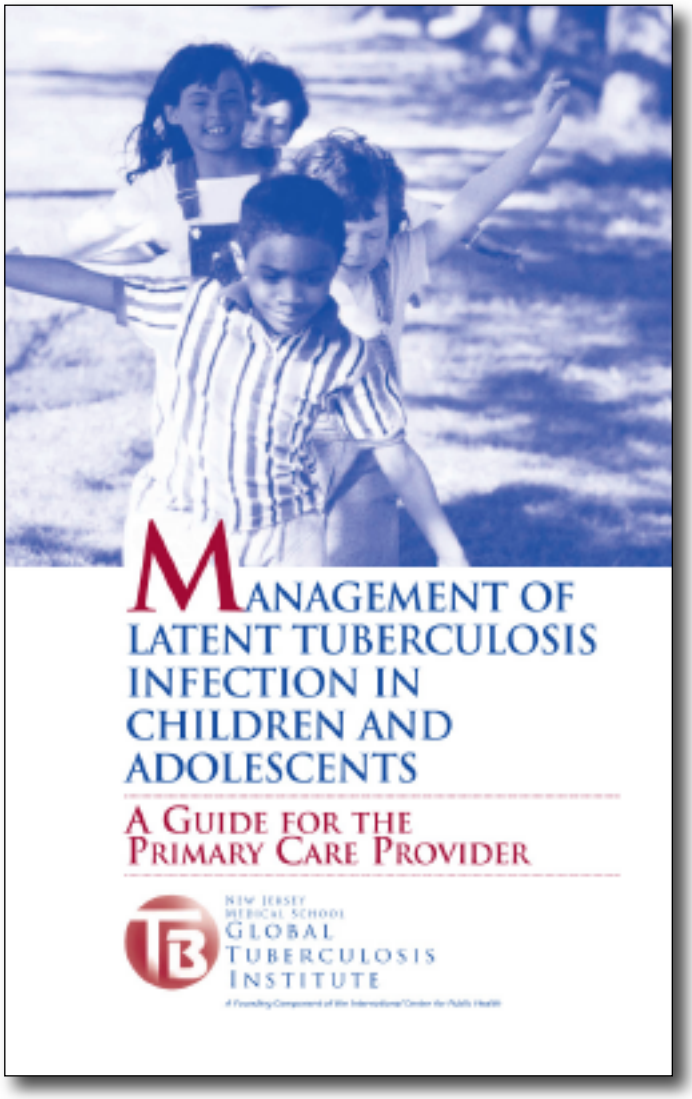
Management of Latent Tuberculosis Infection in Children and Adolescents: A Guide for the Primary Care Provider – Revised Edition

The NJMS Global Tuberculosis Institute originally published this handbook in 2004, along with a companion wall chart, to aide pediatric primary care providers in the identification and management of patients with latent TB infection (LTBI). This has been a popular and frequently downloaded product over the years, and much of the 2004 edition remains current. However, the revised edition (May 2009) updates targeted testing recommendations (as published in the 2006 American Academy of Pediatric Red Book) and includes a section on the need for risk assessment before testing for TB infection. In addition, we included information found in the Pediatric Tuberculosis Collaborative Group article that appeared as a supplement to Pediatrics in October 2004.

At the suggestion of several reviewers, we also included brief mention of interferon-gamma release assays (IGRAs).Another new section was added - a list of resources for providers that includes patient education materials and links to TB-related websites. Also, we chose to delete an appendix of the WHO list of high-burden countries because the list can change and we did not want to give providers a false sense of security.

The revised document was reviewed internally by pediatric experts here at GTBI. We then asked eight pediatric primary care experts from across the country to review the document and received many helpful comments and suggestions.

The new edition will be printed and distributed after the release of the 2009 AAP Red Book in June, in order to ensure that the document is consistent with the most current recommendations. Until then, the revised edition can be accessed and downloaded at http://www.umdnj.edu/globaltb/products/mgmtltbi.htm



Submitted by DJ McCabe, RN
Trainer & Consultant - Clinical Programs
NJMS Global Tuberculosis Institute

ON THE LIGHTER SIDE

TB Trivia – Who Is It?

English novelist, essayist and critic, he achieved prominence in the late 1940s as the author of two brilliant satires attacking totalitarianism, *Animal Farm* (1945) and *Nineteen Eighty-Four* (1949), Familiarity with the novels, documentaries, essays, and criticism he wrote during the 1930s and later has since established him as one of the most important and influential voices of the century. He was considered an uncompromising individualist and political idealist.

Born as Eric Arthur Blair in India in 1903, he moved England the following year and was educated at Eton. Enamored by the bohemian lifestyle, he lived as a tramp and beggar during his mid 20's and chronicled these experiences in his first book, *Down and Out in Paris and London*.

After being wounded—a bullet pierced his throat—in the Spanish Civil War, he returned to England in 1937 and within a year suffered his first bout with tuberculosis. He stayed 6 months in a sanatorium, after which he recovered during a sojourn to French Morocco. In February 1946 he suffered a tubercular hemorrhage, but disguised his illness and apparently recovered. In April 1947, he left London and took up residence on the island of Jura off the coast of Scotland—infamous for its frequent gales and rainstorms—where he continued his work on *Nineteen Eighty-Four*. He nearly lost his life in a boating expedition and subsequently fell ill and was

hospitalized outside Glasgow. Tuberculosis was diagnosed and streptomycin was imported for treatment. In July 1948, he was able to return to Jura and finished the *Nineteen Eight-Four* manuscript. In a weakened condition, he was sent to a sanatorium in Gloucestershire in January 1949. He was treated again with streptomycin and improved slightly. His novel was published in June 1949 to critical and popular acclaim, just seven months prior to his death.

Click here for the answer.

Submitted by Chris Hayden, Consultant
Medical Consultation and Evaluation Activities
NJMS Global Tuberculosis Institute

What's New

On the Lake – Love and Life in a Distant Place – A New DVD About TB

A century ago, tuberculosis was the number-one killer in America. Today, it's the world's second most deadly infectious disease, after HIV/AIDS. And now, acclaimed filmmakers David Bettencourt and G. Wayne Miller bring this story to life in a one-hour documentary featuring never-before-seen images and interviews.

This is a medical story, a chronicle of loss and despair — but also an emotionally powerful true-life tale of friendship and love in tragic circumstances, a triumph of the human spirit for those who survived. Insightful commentary by TB experts Michael Iseman, Jane Carter, and Richard Chaisson integrates historical and current perspectives on this timeless disease.

On the Lake will be shown at the 2009 National TB Conference in Atlanta. To learn more, view scenes from the movie, or purchase a copy click on http://www.onthelakemovie.com/index.php

Making the Connection: An Introduction to Interpretation Skills for TB Control, 2nd edition

This 29 minute video and Viewer's Guide was first published by the Francis J. Curry National TB Center in 2003 as an introduction to working with interpreters by addressing skills that help TB Control staff successfully facilitate interpreted sessions. In December 2008, the Viewer's Guide was updated and revised. The Guide expands on the content in the video and serves as a reference guide by providing additional information and resources that address the following topics: 1) skills for interpreters and health care providers, 2) tools for assessing interpreters and interpreter services, and 3) legal issues related to healthcare interpreting. The video and Viewer's Guide can be accessed and downloaded at http://www.nationaltbcenter.edu/products/product_details.cfm?productID=EDP-09

Management of Latent Tuberculosis Infection in Children and Adolescents: A Guide for the Primary Care Provider – Revised Edition

See the write up about this GTBI product on page 8 of this issue.

Upcoming NE RTMCC Training Courses - 2009

(COURSE DETAILS AND REGISTRATION CAN BE ACCESSED AT http://www.umdnj.edu/globaltb/courses.htm**)**

Please note that this is a preliminary schedule. We will be finalizing our training calendar and updating our web page, so please check back regularly for updates.

NAME OF COURSE	TARGET AUDIENCE	DATE(S)	LOCATION
Michigan TB Nursing Certification Course	Michigan public health nurses working in TB Control	June 24-25	Lansing, Michigan
Building Stronger Partnerships in TB Treatment and Elimination	Health care and social service workers providing services to clients at risk for TB	July 9	Washington DC
Advanced TB Training for Clinicians	Experienced physicians and nurses	July 10	Washington DC
TB Cohort Review Process	Lead TB program staff	July 16-17	New York City
TB Intensive Workshop	Physicians, nurses, and TB control staff	September 15-16	Manchester, NH
Medical Update in TB Control #1: Management of Tuberculosis in Patients on TNF-a Inhibitors	Physicians and nurses and TB program staff	September 16	Web-Based Seminar
TST Train-the-Trainer Workshop	Nurses who train HCWs to perform skin testing	September 30-October 1	Newark, NJ
TB Intensive (With OH, IN,MI & Detroit)	Physi cians, nurses, and TB control staff	October 22-23	Fort Wayne, Indiana
Cultural Awareness in TB Control	TB program staff	November 5	Newark, NJ
Regional TB Update	Physicians, nurses & TB control staff	Fall	Massachusetts
Medical Update in TB Control #2: Management of TB in Emergency Department Settings	Physicians and nurses and TB program staff	November 19	Web-Based Seminar
Tuberculosis in Pennsylvania	Physicians, nurses, and TB program staff	November 20	Harrisburg, PA
TB Case Management and Contact Investigation for Nurses	Nurse case managers	December 9-10	Newark, NJ

TB TRAINING COURSES

Upcoming TB Program Training Courses - 2009

TB PROGRAM SPONSOR	NAME OF COURSE	TARGET AUDIENCE	TARGET AREA	DATES	LOCATION	CONTACT PERSON
MI	TB Nursing Certification	Nurses	MI	June 23, 24,25 2009	Ingham County Health Dept. Lansing, MI	Michigan Department of Community Health 517-335-8165 (Gail Denkins)
NY City	New Staff Training	New Health Dept TB Staff	NY City	June 22-26	80 Centre St., NYC	Elvy Barroso 212-676-2914 ebarroso@health.nyc.gov
Delaware	Tuberculin Skin Test Administration and Intro To Quantiferon testing	Nurses in Delaware	Delaware	Sept. 16 1:00 PM to 3:30 PM	Second Floor Conference room, Thomas Collins building, 540 S DuPont Hwy, Dover, DE	Jeannie Rodman 302-744-1052 jeanette.rodman@state.de.us
MD	Maryland Annual TB Meeting	HD TB staff and others working in TB control	MD	Sept 17	Clarksburg	Arlene Hudak 410-767-6698
NY City	Tuberculin Skin Test Administration	Non-Health Dept Staff	NY City	Sept 21-22	NY City	Elvy Barroso 212-676-2914 ebarroso@health.nyc.gov
NH	5th Annual TB Conference	Public Health Nurses, Other HCWs	NH and vicinity	Oct. 23	Catholic Medical Center, Manchester, NH	Lisa Roy 603-271-4492 lisa.b.roy@dhhs.state.nh.us
IN	TB Symposium	Public Health, Medical & ICP staff	IN	October	Indianapolis	Indiana State Department of Health & ALA 317-233-7434 sburkholder@isdh.in.gov
Ohio	4 Client - Centered HIV Counseling Courses will be offered. (This is a collaboration between HIV and TB programs)	Public Health Nurses	Ohio	TBA TBA TBA TBA	Regional areas in Ohio	Frank Romano CDC Public Health Advisor Frank.romano@odh.ohio.gov 614-466-6563
Ohio	2 HIV Testing Courses	Public Health Nurses working with TB	Ohio	TBA TBA	TBA	Frank Romano CDC Public Health Advisor Frank.romano@odh.ohio.gov 614-466-6563
MI	Directly Observed Therapy Seminars	Public Health TB Staff	MI	TBA	TBA	ALA of Michigan 800-678-LUNG www.michigantb.org/hcp/trainings.asp
MI	Contact Investigations for TB	Public Health TB Staff	MI	TBA	TBA	Michigan Department of Community Health 517-335-8165 www.michigantb.org/hcp/trainings.asp

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MI	TB Case Management	Public Health TB Staff	MI	TBA	TBA	Michigan Department of Community Health 517-335-8165 www.michigantb.org/hcp/trainings.asp
MI	Tuberculin Skin Testing Workshops	Pubic Health TB Staff who regularly perform TST	MI	Various	Various	ALA of Michigan 800-678-LUNG www.michigantb.org/hcp/trainings.asp
NYC	Tuberculin Skin Test Administration (2 additional courses planned)	Non-HD health care staff	NYC & Vicinity	TBA	TBA	Elvy Barroso 212-676-2914 ebarroso@health.nyc.gov