RTMCC

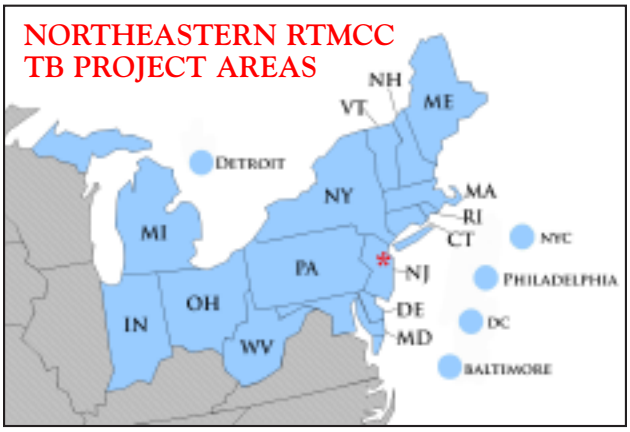
Northeastern Spotlight

WINTER 2008 VOLUME 3 · NUMBER 4

Dear Colleague:

It's hard to believe another year has passed. During 2008, we were proud to have conducted 224 hours of stand-up training to over 1,400 participants, with 61% of training conducted off-site or via the web. As you can see on page 6, the NE RTMCC has an ambitious number of courses planned for 2009. This issue of the Northeastern Spotlight features one of last year's courses, *Essential Infection Control Practices for TB Programs*, conducted in September in New York City.

This issue also includes the next Behavioral/Social Science installment on *How Behavioral/Social Science Research Informed HIV Interventions and Implications for TB Control.* In addition, we feature an engaging and informative profile of Diane Brookes, Maine's new TB Program Coordinator. Finally, in our Lighter Side column, you'll find a number of quotable quotes from Sir William Osler, which are as relevant today as they were a century ago.



The 2009 TB Medical Consultants Meeting—targeted to medical consultants in the 20 TB programs in the NE Region—has been scheduled for April 21-22 at the NJMS Global TB Institute. We are most pleased that our keynote speaker will be Dr. Joseph Bates, Deputy State Health

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On-Line Survey:
WE VALUE YOUR FEEDBACK!
CLICK HERE AND TELL US WHAT YOU THINK OF OUR NEWSLETTER

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
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INSIDE:

TRAINING COURSES

Essential Infection Control Practices for TB Program Staff

For the past several years, the Northeastern RTMCC has sponsored a one-day training in conjunction with the Northeast TB Controller's Meeting. The course topic and location varies from year to year. Generally, a planning committee consisting of TB program managers will help to decide what type of training is needed, the target audience, and how it should be marketed. This year, the topic of interest was TB infection control, and an informal survey was conducted to identify specific training needs around this topic. The results of the survey were used to tailor the course content, focusing on: fundamentals of TB infection control, managing TB patients in outpatient settings, conducting home assessments, triaging patients in clinic settings, and collaboration between TB programs and infection control programs. A case study incorporated several patient scenarios to outline infection control decision making in TB case management, and a panel discussion addressed frequently asked questions.

After close collaboration with the NYC Dept of Health and Mental Hygiene – Bureau of Tuberculosis Control, which hosted the TB Controller's meeting, the course was held in New York City on September 18, 2008. There were 21 participants (infection control practitioners, public health nurses, nurse practitioners, educators, epidemiologists and TB program coordinators) from the following project areas: Connecticut, Indiana, Maine, Maryland, New Hampshire, New Jersey, New York City, New York State, and Pennsylvania.

The course was successful due in large part to the diverse faculty from Maryland (Monica Mentzer, RN), NY City (Diana Nilsen, MD & Errol Robinson), NY State (Colleen Flynn, RN, Joanne Maniscalco, BSN & Patricia Zinkiewicz, RN), NJ (Kevin Fennelly, MD, MPH) and CDC (Mark Lobato, MD) who brought content expertise from TB and infection control perspectives. The lectures generated lively and helpful discussions on what the appropriate practice would be in various situations, including how infection control policies are implemented in NYC with practical examples from a local health department in Maryland. A video demonstration of proper cough etiquette was both educational and entertaining.

Based on the information provided during the course, a majority indicated they plan to seek additional information on the topic while others anticipate changing their practice in the following areas: making routine home assessments prior to hospital discharge of TB patients and establishing better rapport with infection control practitioners.

A group presentation modeled the collaborative relationship between infection control and TB program staff at the state, county health department, and healthcare facility level. Case vignettes were very interactive and addressed common challenges encountered in the day to day management of patients.

On average, participants scored higher on the post-test as compared to the pre-tests. Based on the information provided during the course, a majority indicated they plan to seek additional information on the topic while others anticipate changing their practice in the following areas: making routine home assessments prior to hospital discharge of TB patients and establishing better rapport with infection control practitioners. Participants stated they found the course to be informative, appreciated the variety of speakers, and found the references to be useful. In the future, participants suggested including more time to discuss general versus individual state policies. We would like to extend special thanks to the TB programs in MD (Nancy Baruch, Maureen Donovan & Cathy Goldsborough), NYC (Diana Nilsen and the Outreach & Training Office), and NY State (Noelle Howland & Dr. Margaret Oxtoby) for their valuable contribution and assistance with this training.

Submitted by Anita Khilall, MPH
Training and Consultation Specialist
NJMS Global Tuberculosis Institute

Dear Colleague

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Officer for Arkansas. His long history of being at the cutting edge of TB research, as well as implementing TB-related public health policy, makes him eminently qualified to speak to the emerging challenges that face TB clinicians today.

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

SPOTLIGHT

How Behavioral/Social Sciences Research Informed HIV Interventions and Implications for TB Control

HIV/AIDS and tuberculosis are infectious diseases that are intertwined. Many people who are infected with one disease are at risk for the other. Tuberculosis continues to be one of the leading causes of death in people with HIV. Infectious disease specialists treat individuals suffering from both diseases. And others, including health educators and epidemiologists, work in both arenas. But despite these similarities, there are many differences in the histories of these diseases and how they are viewed. Tuberculosis claimed a majority of its victims over centuries when there was little understanding of the disease, much less a means to treat it. The introduction of antibiotics to treat TB in the 1940s occurred after a long decline in TB deaths, largely due to improvements in living conditions and isolation of patients in sanatoria.

Certainly, the first decade of the HIV/AIDS epidemic occurred under similar conditions of mortality and confusion. However, by the mid-1990s, there existed a reliable test for the virus and an effective treatment (Highly Active Antiretroviral Treatment). The generation stricken with HIV/AIDS was accustomed to medical science addressing and defeating a variety of historical scourges, such as smallpox and polio. While prior generations beset by tuberculosis responded with fatalism and faith in doctors, the current generation, when faced with HIV, fought back – demanded more of scientists and pharmaceutical companies, fought discrimination and stigma, raised public awareness of the disease and prevention, and banded together in solidarity. As a result, a far greater variety of people involved themselves in HIV/AIDS than other diseases — psychologists, sociologists, activists, communication specialists.

It has been said of the HIV/AIDS pandemic that we will not be able to medicate our way out of this crisis....With millions of people fighting TB disease in the world (and countless millions more having LTBI), we are in a similar situation with TB."

This article summarizes how behavioral and social science research has informed HIV/AIDS interventions and presents some comparisons with TB control efforts.

THEORY. As discussed in the last installment of this column, the Health Belief Model was developed to address a dilemma in tuberculosis control – namely, how do we get people to accept chest X-rays as a screening tool for tuberculosis. Since that time, however, theory has played a lesser role in tuberculosis research – a few studies have used theory in assessing knowledge and attitudes. In contrast, early in the HIV/AIDS epidemic, it was felt that many existing theories were inadequate to describe the dynamics of forces facing people at risk of HIV. Several theories, such as the Theory of Reasoned Action, Social Learning Theory, and the Transtheoretical Model (Stages of Change)[1], were updated to reflect personal decision-making in the era of HIV/AIDS. Other theories, such as the AIDS Risk Reduction Model, social cognitive theory, and the Information-Motivation-Behavior model, were developed specifically around HIV/AIDS. In addition to psychological models, societal models such as Diffusion of Innovation and Social Marketing gained attention. Although long subscribed to by anthropologists, greater attention was now given to explanatory models of illness and efforts to understand various groups' belief systems.

SERVICES. While often neglected, theory can be of great assistance in designing public health interventions and encouraging thinking "outside the box." The following offers some examples of how theory has been used in HIV and TB care:

1) **Primary Prevention:** A great deal of attention has been given to advances through bench science in understanding the HIV virus and its vulnerabilities. However, those who have a more comprehensive view have always known that preventing people from acquiring the virus is at least, if not more, important than treating those who have it. While less glamorous, the real work of HIV/AIDS has always been in understanding sexual and drug-using behaviors (e.g., why and when people take protective actions), and devising methods to influence their decisions. Some of the theories mentioned above played a direct role in furthering this understanding.

TB's airborne mode of transmission places it in a different category from HIV/AIDS transmission (blood/semen–based) in terms of placing persons at risk and is thus less amenable to primary prevention efforts. CDC's "Cover Your Coughs" campaign is targeted for the prevention of influenza, SARS, and other respiratory illnesses, but not specifically for TB. CDC's TB Prevention Guidelines contain recommendations for preventing TB transmission in health care and other congregate settings, but these are targeted more to health care providers than to persons at risk of TB.

2) **Testing:** As with prevention, a great deal of HIV/AIDS research has been devoted to understanding individuals' motivations to get tested for HIV. A more limited effort has been made toward influencing people's testing decisions.

In tuberculosis, the CDC initiated a "Think TB" campaign targeted to high risk individuals and health care providers. Generally, however, individuals are not encouraged to self-identify as needing a TB test. The TB skin test lacks specificity and its results are interpreted in different ways in various countries, a fact that has caused great difficulties when TB care staff in the US attempt to convince foreign-born patients to accept treatment for Latent TB Infection. Hopefully, this situation will be improved if the Quantiferon blood test proves

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Behavioral

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to be more reliable and foreign-born individuals have more faith in its result.

3) **Treatment Acceptance:** In the early decades of HIV/AIDS, it was difficult to encourage people to start treatment when the existing regimens were toxic and of limited efficacy. With the advent of Highly Active Antiretroviral Treatment in the mid-1990s, the situation changed. There are continuous developments in new medications and dosing requirements. Numerous studies have examined factors facilitating and inhibiting treatment acceptance.

In tuberculosis, the issue of treatment acceptance is different – individuals with active TB disease must be treated to protect the common good. While DOT workers and other providers toil mightily to emphasize the positive outcomes of treatment adherence (the "carrot"), the "stick" is always there – an infectious TB patient who refuses treatment can be confined against his/her will. This option is available with only a very few diseases. Many TB staff give a great deal of thought as to what incentives and enablers will motivate their patients – in addition to transportation coupons and cash, innovative forms have included clothes, child care, and even fishing bait! However, TB staff may be less inclined to consider psychological factors, such as the patient's beliefs and intentions. This problem is even more obvious with regards to treatment for Latent TB Infection where there is no public health mandate ensuring treatment and where funds for incentives and enablers may not exist.

4) **Adherence:** Adherence research probably comprises the largest area of HIV/AIDS research. Because HIV/AIDS treatment is self-administered, long-term, and complex, a great deal of effort has been expended in understanding what assists or inhibits an individual in being adherent. A great amount of research has also been conducted on means to influence adherence: simpler regimens, case management, education, adherence counseling, peers, electronic monitoring devices, motivational interviewing, solidarity with other HIV+ people, empowerment, etc.

TB controllers face a different task, in part because TB is curable, and also because they have the power of public health law to ensure adherence. In addition to various forms of incentives and enablers, a few TB studies have tested peer models, telephone reminders, observation via videophone, case management, and other interventions. The idea of Directly Observed Therapy (DOT) is one which the HIV/AIDS community has borrowed, although there are limited applications for HIV/AIDS patients.

5) **Advocacy and Community Mobilization:** As mentioned in the beginning of this article, the issue of HIV/AIDS has been unique in the attention it has sought and garnered in the public sphere. From the discovery of the virus in the early 1980s, there were immediate concerns about the stigmatization of certain groups in whom the virus first appeared. Instances of unwarranted discrimination and maltreatment by health care providers and the general public were many. In response, those infected with the virus banded together for support. They insisted on defining themselves as "persons living with HIV/AIDS," rather than "AIDS victims." And they took to the streets with organizations like ACT-UP to protest barriers to drug development, unfair insurance practices, and governmental failure to act.

Having had a longer history, with roots in another era, the TB control community has not utilized similar methods. Despite calls for advocacy and community mobilization by some, examples of such efforts are more likely to be found in developing countries where TB is rampant. In the United States, TB controllers have been concerned that drawing public attention to TB might mostly activate the "worried well," people who respond to the threat but who are actually at low risk of having TB or LTBI. A telling difference between the two diseases is the lack of a "poster child" for TB. While there are major international figures such as Nelson Mandela and Bishop Desmond Tutu who have publicly acknowledged their tuberculosis, there are no highly public American figures like Magic Johnson or Ryan White who have done so. However, TB controllers have begun to solicit input from patients in public events and advisory groups. For instance, at recent National TB Controllers Association Workshops, TB patients from the TB Photovoice Project have given compelling testimonies about the need for greater resources to combat TB in the U.S. and globally.

CONCLUSION: The intention of this installment has been to examine the role that the behavioral and social sciences have played in addressing HIV/AIDS and to begin to draw comparisons with TB control. A number of studies funded recently through the TB Epidemiological Studies Consortium are examining health seeking behaviors and factors affecting adherence among groups at risk for TB and LTBI. The next installment will examine recent findings from such studies that were based on behavioral/social science theory or which have behavioral/social science implications.

It has been said of the HIV/AIDS pandemic that we will not be able to medicate our way out of this crisis – that an adequate supply of antiretroviral medications to all persons currently infected with HIV might slow but would not stop the spread of HIV. With millions of people fighting TB disease in the world (and countless millions more having LTBI), we are in a similar situation with TB. As suggested in the 2000 Institute of Medicine report, Ending Neglect, a greater attention to behavioral and social factors seems to be a necessary step in advancing TB prevention, treatment, and control.

Citation: *[1]Health Behavior and Health Education: Theory, Research, and Practice ed.s Karen Glanz, Barbara K. Rimer, and K. Viswanath 4th ed., 2008.*

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

STAFF PROFILE

Staff Profile: Diane Brookes, RN, BSN

TB PROGRAM COORDINATOR, MAINE DEPARTMENT OF HUMAN SERVICES

While Diane Brookes, the new TB Program Coordinator in Maine, may be new to the TB world, she is no stranger to challenges. She was born in Hartford, Connecticut and only spoke French until the age of five; she had to learn English in a hurry to start Kindergarten. She moved to northern Maine when she was 10 years old to reside with her Franco-American relatives and now lives in Jefferson, Maine.

Diane was drawn to medicine because she enjoyed the investigating and clinical question involved, and out of a desire to bring people the services and information they need. "I enjoy the variety," Diane said. "Everyone's so different—it's fun to throw away the cookbook!"

After working as a medical laboratory technician for five years, Diane went to nursing school and got an RN and a BSN, with her primary specialty in medical, surgical, and pediatrics. She worked at MaineGeneral Health Medical Center in Augusta for 23 years.

Wanting a change in her nursing career, Diane decided to try something different and joined the Maine TB program in June 2008. "TB interested me because it was a good combination of my lab expertise and my clinical nursing background," Diane said. "And I've always been impressed with the infectious disease process, and appreciate the importance of strong infection control measures. The epidemiology side of the job is a lot of fun—I enjoy questioning where patients have been, and whom they were in contact with."

Diane couldn't ask her first TB suspect any questions, because he was a diseased dove. "The dove died under a veterinarian's care, and the veterinarian felt it needed to be cultured for TB, so he reported it" Diane recounted. "On top of this, the dove had a foreign-born name, and his owner was a magician with one lung. We searched the literature and found a report about a Macaw in New York who had contracted TB from his owner, so we were a little concerned about the magician's health as well."

While the dove's cultures were negative, doves have become an in joke between Diane and her assistant. When she travels, Diane brings back trinkets with doves on them for her assistant, and the *Dictation in Progress* sign on her door has doves on it.

"Diane has jumped in to the world of TB feet first and with her eyes and ears open!" says Ann Sites, Senior Health Program Manager for Epidemiology and Infectious Disease. "Diane likes to say that she still has her training wheels on, admitting that she's learning about the challenges of preventing and controlling TB in Maine." Diane recently attended the Program Manager's course in Atlanta, and came back just in time to apply her newfound skills to an unfolding contact investigation. "Every month, I gain more insight into the program aspects of our TB program," Diane says. "The Program Manager's course helped solidify everything I've learned, and I was humbled at how much I didn't know."

"Diane always goes the extra mile to get things done for our clients," says Anne Soucy, the TB Clerical Assistant. "Her constant upbeat outlook and positive energy have been a ray of sunshine in our sometimes insane TB world."

When she has a chance to flee the TB world, Diane and her husband hop on their Harley Davidson motorcycles and do some long-distance travelling. This summer they rode 1400 miles to Milwaukee for the 105th celebration of "The Ride Home," which commemorates the making of the first Harley Davidson motorcycle. The three day ride there was pretty uneventful, but when she arrived the crowd was a little more rowdy than what she's used to in Maine. "When Kid Rock came out and started singing, I had to go back to the hotel," Diane says. "But it was a great trip. Like my Harley magnet says, 'It's not the destination, it's the journey.' "

Diane also enjoys spending time with her husband and five children, going to sports events, and scrapbooking. Her dog, a Great Dane named Max, is a fan of TB—only for him, the abbreviation stands for Tasty Biscuits. Max even pretends to go outside in order to be given some TB when he comes back in. Whenever his raspy cough gets bad, Diane asks "What's the matter? Do you need TB?" The most recent addition to Diane's household is an adorable white kitten named Dudley who gets away with murder. While Max may no longer be the only source of attention and leniency in Diane's household, any wounded feelings are mended with extra TBs.

Diane is an enthusiastic, diligent manager of TB—both Tuberculosis and Tasty Biscuits. Dr. Kathleen Gensheimer, Maine's TB Controller, says "We are fortunate to have Diane with us in the Maine TB program!"

Submitted by Nickolette Patrick, MPH Health Educator, Northeastern RTMCC

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
Medical Update in TB Control #1 Management of TB in Non-HV Infected Immunocompromised Patients	Physicians and nurses and TB program staff	February 18	Web-Based Seminar
TB Case Management and Contact Investigation for Nurses	Nurse case managers	February 25-26	Newark, NJ
Effective TB Interviewing & Contact Investigation	Disease investigators and public health nurses	March 24-26	Newark, NJ
TB Medical Consultants Meeting	Lead TB program medical consultants in NE Region	April 21-22	Newark, NJ
TB Intensive	Physicians, nurses, and TB control staff	April 28-30	Newark, NJ
Best Practices in TB Control #1	TB Program staff	April/May	Web-Based Seminar
Program Manager's Workshop for Regional and Local Staff	Nurses, physicians, & other health professionals working as TB program managers	May 26-28	Newark, NJ
Regional TB Update	Physicians, nurses & TB control staff	Spring	Massachusetts
TB Clinicians Update	Physicians	Spring	Massachusetts
TST Train-the-Trainer Workshop	Nurses who train HCWs to perform skin testing	June	Newark, NJ
Advanced TB Training	Experienced physicians and nurses	Summer	Maryland, Baltimore, Washington DC Area
Cultural Awareness Course in TB Control	TB program staff	Fall	Newark, NJ
TB Cohort Review Process	Lead TB program staff	TBD	New York City
Best Practices in TB Control #2	TB Program staff	Fall	Web-Based Seminar
TB Intensive (With OH, IN,MI & Detroit)	Physicians, nurses, and TB control staff	October 22-23	Indiana
Medical Update in TB Control #2: Management of TB in Emergency Dept. Settings	Physicians and nurses and TB program staff	Fall	Web-Based Seminar
Regional TB Update	Physicians, nurses & TB control staff	Fall	Massachusetts

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

Every other month, 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 grand rounds is scheduled January 13th at the regular time, 4:00 p.m. TB program medical consultants who would like to present a case should contact Dr. Alfred Lardizabal at 973-972-8452 or lardizaa@umdnj.edu.

TB TRAINING COURSES

Upcoming TB Program Training Courses

TB PROGRAM SPONSOR	NAME OF COURSE	TARGET AUDIENCE	TARGET AREA	DATES	LOCATION	CONTACT PERSON
NYC	Tuberculin Skin Test Administration	Non-HD health care staff	NYC & Vicinity	2/11 & 2/13	80 Centre St.	Elvy Barroso 212-676-2914 ebarroso@health.nyc.gov
MD	TST Training	Licensed health care staff	MD	03/19/09 03/24/09 03/25/09 04/23/09 04/29/09 05/05/09	Prince Frederick Westminster Columbia Salisbury Silver Spring Baltimore	Arlene Hudak 410-767-6698
MD	TB Today	Nurses, PH staff	MD	03/31/09-04/02/09	Clarksville	Arlene Hudak 410-767-6698
MI	TB Barriers, Borders, Buses, and Planes	Physicians, Nurses, & Allied Health Professionals	MI	04/02/09	West Campus of Lansing Community College	Michigan Department of Community Health 517-335-8165 (Gail Denkins)
MI	TB Nurses Certification	Nurses	MI	June	TBA	Michigan Department of Community Health 517-335-8165 (Gail Denkins)
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 with TB	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
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	TBA	Elvy Barroso 212-676-2914 ebarroso@health.nyc.gov

WHAT'S NEW

What's New

Patient Education Materials Series The culturally appropriate patient education materials cover six topics —TB disease, TB infection, tuberculin skin testing, TB contact investigation, TB and HIV coinfection, and TB medicine. The materials had been available in English (low literacy), and are now also available in Spanish, and Tagalog languages. The Spanish and Tagalog versions include the English translations on the flip side of the publication.

The Spanish/English and Tagalog/English versions are only available in print format. The English-only versions are available electronically (PDF) and in print format. Information about accessing or ordering these materials can be obtained at http://www.cdc.gov/tb/pubs/CulturalMaterials.htm

Promoting Cultural Sensitivity - A Practical Guide for Tuberculosis Programs In December 2008, the CDC Division of TB Elimination published three new guides in the *Promoting Cultural Sensitivity: A Practical Guide for Tuberculosis Programs* series. The new guides provide information for persons from China, Mexico, and Vietnam. Guides are also available about persons from Laos (Hmong) and Somalia. These five guides aim to help TB program staff provide culturally competent TB care. Each guide contains (1) a two-page summary of program tips; (2) chapters on history, immigration, and cultural issues; (3) health statistics and relevant health issues; (4) highlighted findings from the ethnographic study of perceptions, attitudes, and beliefs about tuberculosis; and (5) useful resources and references. The guides can be accessed at http://www.cdc.gov/tb/EthnographicGuides/

Tuberculosis in the US 2007 Surveillance Slide Set In October 2008, CDC's Division of TB Elimination published this slide set which provides trends for the recent past and highlights from data collected through the National TB Surveillance System for 2006. This slide set can be accessed at http://www.cdc.gov/tb/pubs/slidesets/surv/surv2007/default.htm

Trends in Tuberculosis, 2007 Fact Sheet CDC's Division of TB Elimination recently published this 2-page fact sheet which summarizes data from the latest surveillance report, *Reported Tuberculosis in the United States, 2007*. Data highlights are presented in a question and answer format. The fact sheet can be accessed at http://www.cdc.gov/tb/pubs/tbfactsheets/Trends.pdf

Updated Self-Study Modules on Tuberculosis Revised in October 2008, these 5 educational modules are designed to provide basic information about tuberculosis (TB) in a self-study format for health care workers. This instructional packet includes a series of five print-based modules, an introduction, and a glossary. Content covered in the modules includes TB transmission, pathogenesis, epidemiology, diagnosis, treatment of TB infection and disease, and infection control. These modules can be accessed at http://www.cdc.gov/tb/pubs/ssmodules/default.htm

EXAMPLES

English only	English/Spanish*	English/Tagalog*
		
Click to see larger image	Click to see larger image	Click to see larger image

**The Spanish and Tagalog language versions include the English translations on the flip side of the publication.*

Report of an Expert Consultation on the Uses of Nucleic Acid Amplification Tests for the Diagnosis of Tuberculosis In response to a request from the Advisory Council for the Elimination of Tuberculosis (ACET), the Association of Public Health Laboratories (APHL) and CDC convened an expert panel to evaluate the evidence and propose new guidelines for the use of NAA tests for the diagnosis of TB in the United States. The panel included TB clinicians; TB control officials; laboratory directors or supervisors from small, medium and large public health laboratories, hospital laboratories, and commercial laboratories; and representatives from the Regional Training and Medical Consultation Centers, APHL, and CDC. Meeting on June 13, 2008, the panel reviewed available publications and guidelines to discuss applications of NAA testing for TB diagnosis and control and to propose recommendations. A copy of this report can be accessed at http://www.cdc.gov/tb/amplification_tests/default.htm

International Standards for Tuberculosis Care (ISTC) Training Modules and Facilitator's Guide These modules were developed by the Tuberculosis Coalition for Technical Assistance (TBCTA). The ISTC is a widely endorsed level of care that all practitioners, public and private, should seek to achieve in managing TB suspects and TB patients. The ISTC Training Modules consist of a total of nine modules that cover the core topics in TB (including drug-resistant TB and TB/HIV) diagnosis, treatment, and public health responsibilities. Additional materials provided with the slide-sets include teaching notes, a facilitator's guide, instructions for producing participant manuals, and evaluation tools. These modules were developed to assist in the incorporation of the ISTC into training courses and curricula on tuberculosis. These Standards can be accesss at http://www.who.int/tb/publications/2006/istc/en/index.html

The Quotable Osler–Sir William Osler (1849-1919)

Sir William Osler is one of the most admired and honored physicians in the history of medicine. He influenced the development of medicine in Canada, the United States, and Great Britain, where he held professorships at McGill University, the University of Pennsylvania, Johns Hopkins University, and Oxford University. Through his textbook, *The Principles and Practice of Medicine*, and other clinical and philosophical writings, he exercised a truly global influence.

Osler had a great interest in tuberculosis. While at Oxford, he set up the Oxford Association for the Prevention of Tuberculosis (OAPT) in 1910 with research, clinical and public health aims. He was its president and over the years gave financial support. He set up a dispensary at the Radcliffe Infirmary and rural ones throughout the county and frequently visited these and even did home visits. He was involved in the complex organization of funding for TB patients. Patients requiring inpatient treatment were treated on verandahs at the Radcliffe Infirmary.

Noted for his wit and wisdom, medical practitioners find his words as relevant today as they were a century ago:

TB QUOTES

"Tuberculosis is a social disease with medical aspects."

"Huge blocks of coal that would grace the doorstep of any multimillionaire coal dealer as a sign are carried into the lungs from our coal-polluted air, and tubercle bacilli ride in on coal-black chargers three abreast. Coal barges equal to those on the Susquehanna are constantly passing through unbroken mucosa and along lymph ducts to the bronchial lymph nodes."

"Tuberculosis is the most universal scourge of the human race."

"A rigid regimen, a life of rules and regulations, a dominant will on the part of the doctor, willing obedience on the part of the patient, and friends—these are necessary in the treatment of pulmonary tuberculosis."

"Tuberculosis patients should not be looked upon as social outcasts, to their own distress and to the alarm of their families. For this feeling there is no justification. So long as a patient with tuberculosis takes the proper precautions, there is no risk in close contact."

OTHER QUOTES

"The good physician treats the disease; the great physician treats the patient who has the disease"

"If you listen carefully to the patient they will tell you the diagnosis."

"He who studies medicine without books sails an uncharted sea, but he who studies medicine without patients does not go to sea at all."

"It is much more important to know what sort of a patient has a disease than what sort of a disease a patient has."

"The practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head. Often the best part of your work will have nothing to do with potions and powders, but with the exercise of an influence of the strong upon the weak, of the righteous upon the wicked, of the wise upon the foolish."

"Observe, record, tabulate, communicate. Use your five senses. . . . Learn to see, learn to hear, learn to feel, learn to smell, and know that by practice alone you can become expert."

"Care more for the individual patient than for the special features of the disease. . . . Put yourself in his place . . . The kindly word, the cheerful greeting, the sympathetic look — these the patient understands."

"Live neither in the past nor in the future, but let each day absorb all your interest, energy and enthusiasm. The best preparation for tomorrow is to live today superbly well.""

Submitted by Chris Hayden
Consultant, Medical Consultation and Evaluation Activities
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LINKS

Other TB Resources

DIVISION OF TUBERCULOSIS ELIMINATION

The mission of the Division of Tuberculosis Elimination (DTBE) is to promote health and quality of life by preventing, controlling, and eventually eliminating tuberculosis from the United States, and by collaborating with other countries and international partners in controlling tuberculosis worldwide. http://www.cdc.gov/tb/

TB EDUCATION AND TRAINING RESOURCES WEBSITE

This website is a service of the Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination. It is intended for use by TB and other healthcare professionals, patients, and the general public and can be used to locate or share TB education and training materials and to find out about other TB resources.
http://www.findtbresources.org/scripts/index.cfm

TB EDUCATION & TRAINING NETWORK (TB ETN)

The TB Education and Training Network (TB ETN) was formed to bring TB professionals together to network, share resources, and build education and training skills.
http://www.cdc.gov/tb/TBETN/default.htm

TB-RELATED NEWS AND JOURNAL ITEMS WEEKLY UPDATE

Provided by the CDC as a public service, subscribers receive:
- A weekly update of TB-related news items
- Citations and abstracts to new scientific TB journal articles
- TB conference announcements
- TB job announcements

To subscribe to this service, visit:
http://www.cdcnpin.org/scripts/listserv/tb_update.asp

TB BEHAVIORAL AND SOCIAL SCIENCE LISTSERV

Sponsored by the DTBE of the CDC and the CDC National Prevention Information Network (NPIN), this Listserv provides subscribers the opportunity to exchange information and engage in ongoing discussions about behavioral and social science issues as they relate to tuberculosis prevention and control.
http://www.cdcnpin.org/scripts/listserv/tb_behavioral_science.asp

NEW ENGLAND TUBERCULOSIS PREVENTION AND CONTROL WEBSITE

At the beginning of 2005, the six New England TB Programs joined together to promote a regional approach to TB elimination. This web site represents a step toward building collaboration, exchanging experiences and practices, and enhancing program capacity. The web site can be accessed at http://www.newenglandtb.org/

OTHER RTMCCS

The Francis J. Curry National Tuberculosis Center serves: Alaska, California, Colorado, Hawaii, Idaho, Montana, Nevada, Oregon, Utah, Washington, Wyoming, Federated State of Micronesia, Northern Mariana Islands, Republic of Marshall Islands, American Samoa, Guam, and the Republic of Palau. http://www.nationaltbcenter.edu

The Heartland National Tuberculosis Center serves: Arizona, Illinois, Iowa, Kansas, Minnesota, Missouri, New Mexico, Nebraska, North Dakota, Oklahoma, South Dakota, Texas, and Wisconsin. http://www.heartlandntbc.org

The Southeastern National Tuberculosis Center serves: Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Virginia, Puerto Rico, and the U.S. Virgin Islands.
http://sntc.medicine.ufl.edu/