

NORTHEASTERN SPOTLIGHT

SUMMER 2006

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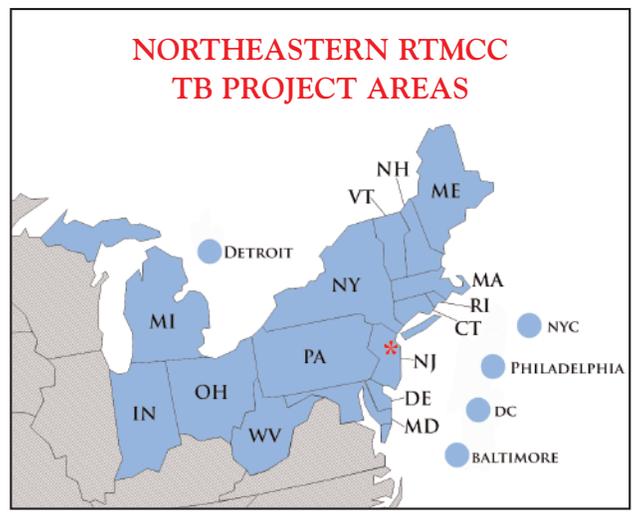
Dear Colleague:

Welcome to our second edition of the Regional Training and Medical Consultation Consortium's (RTMCC) Northeastern Spotlight. We are excited to highlight some of the many quality and innovative activities – both training and medical consultation – occurring in our region.

We are looking forward to meeting many of you at National Tuberculosis Controllers Meeting in Atlanta, June 12-15. We are eager to hear your thoughts at the RTMCC breakout session, for you to share your successes, and identify challenges you are facing so that we may discuss strategies on how we can best work together.

We also welcome you to visit our new website (www.umdj.edu/globaltb), which was launched on World TB Day this year. The new look of the site reflects our ongoing commitment to regional, national, and global TB issues. Our collaborations become all the more important as cuts in TB funding threaten our progress towards TB elimination.

Finally, we are anxious to meet with the medical consultants in our region this fall, when we host our first medical consultation meeting in Newark, September 19-20, 2006. In light of new guidelines and evolving technology, we will present and discuss challenging cases and use this venue to identify opportunities for further strengthening medical consultation throughout the Region. We expect that during this gathering, we will be



able to share the thoughts and challenges associated with providing consultation in this changing health care environment. In addition, we are looking at ways to ensure ongoing close collaboration with the medical consultants in our region in the future.

If you have any feedback for us, I invite you to contact me or a member of the RTMCC staff at (973) 972-3270.

*Lee B. Reichman, MD, MPH
Executive Director
Northeastern RTMCC and the Global Tuberculosis Institute*

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.

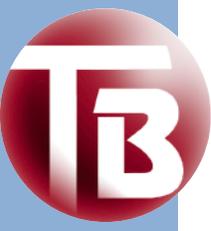
RTMCC Communications Sub-Committee: Bill Bower, MPH • Chris Hayden • Erin Howe, MPH
Newsletter design by Judith Rew

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@umdj.edu. Thanks!

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Staff Profile: Dr. Alfred A. Lardizabal

Timing is everything. In the middle of Dr. Alfred Lardizabal's fellowship in pulmonary medicine under one Dr. Lee Reichman, the New Jersey Medical School National Tuberculosis Center (NTBC) was created. At the end of his fellowship in 1994, the NTBC had achieved federal designation as a national Model Tuberculosis Prevention and Control Center, and Dr. Reichman immediately invited him to join the Center's distinguished team of clinicians, researchers, and educators. Call it luck or providence, but it seemed that all his studies and life experiences had been preparing him for this very position. Born in Cambridge, Massachusetts where his father was a pulmonary physician, his family moved back to Manila in the Philippines, in the early 1960s, where his grandfather had also practiced as a pulmonary physician. It was while growing up and visiting his father's practice that he first became aware of the wide disparity between wealth and poverty and that most TB patients were very poor. During his clinical training in medical school, he encountered many TB patients and was troubled at only being able to treat their disease without addressing underlying problems of poverty, crowded and unsanitary living conditions, and unemployment. After receiving his medical degree from the University of Santo Tomas in Manila in 1986, Dr. Lardizabal came to the US to finish his studies. He completed course work for an MPH at Yale University, followed by an internal medicine residency program at the UMDNJ before becoming a Pulmonary Medicine Fellow under Dr. Reichman. Dr. Lardizabal noted that "When Dr. Reichman recruited me, it seemed like a perfect fit, given the family legacy of pulmonologists, my academic training and experience, and my desire to blend clinical practice, teaching, and research."

First and foremost, Dr. Lardizabal is a superb and compassionate clinician, beloved by patients, admired by staff, and respected by peers. He covers two clinic sessions a week at the busy



Lattimore Chest Clinic in Newark and two sessions a week at the Middlesex County Chest Clinic which serves a large working poor, immigrant population. Patti Woods, Nursing Director at the Middlesex Clinic noted that "Dr. Lardizabal immediately

At the end of his fellowship in 1994, the NTBC had achieved federal designation as a national Model Tuberculosis Prevention and Control Center, and Dr. Reichman immediately invited him to join the Center's distinguished team of clinicians, researchers, and educators. Call it luck or providence, but it seemed that all his studies and life experiences had been preparing him for this very position.

connects with his patients by listening carefully and gently probing to identify and address barriers to care." She also noted that he has established a trusting relationship with the staff, so that they feel comfortable bringing difficult issues

to his attention and are willing to implement innovations he has learned about from colleagues or from attending conferences. In addition, he goes the extra mile to give in-services for the clinic staff and for other health care providers in the community.

Dr. Lardizabal plans and oversees TB Grand Rounds held every Tuesday afternoon at the GTBI and at which he is often the featured speaker. Dr. Reichman points out that Dr. Lardizabal's presentations invariably reflect a thorough diagnostic workup while posing provocative questions about the appropriate approach in managing difficult issues. Other ongoing responsibilities include didactic lectures and rounds as Assistant Professor of Medicine in Pulmonary and Critical Care Medicine, 2 months annual rotation as an attending in the Intensive Care Unit/Critical Care Unit, participating as a member of the NJ TB Medical Advisory Board, and serving as an RTMCC medical consultant.

One of the highlights of Dr. Lardizabal's career in TB includes being a Principal Investigator on CDC-funded QuantiFERON-TB studies. Dr. Lardizabal feels that QFT Gold will be particularly helpful in rendering a more accurate diagnosis of LTBI among recent immigrants with a history of BCG

continued on next page

Lardizabal *continued from previous page*

vaccination, thus eliminating unnecessary chest radiographs and LTBI treatment in persons who were often falsely positive to the TST. In relation to treatment of LTBI, Dr. Lardizabal was concerned about poor adherence with the 9-month regimen of isoniazid (9H) at the Middlesex County Chest Clinic among persons with LTBI who are primarily foreign born, working poor, or school children. In 2002, Dr. Lardizabal began offering the option of 4 months of rifampin (4R), recommended as an acceptable alternative regimen to 9H in the CDC/ATS guidelines published in 2000. When given a choice, he found that patients overwhelmingly preferred 4R over 9H and that patients receiving 4R in 2003 were significantly more likely to complete therapy (81% compared to 53%) (in press).

On the international front, Dr. Lardizabal played a significant role in implementing the Pharmacy DOTS Initiative (PDI), one of many components of the 3-year USAID-funded Philippines Tuberculosis Initiatives for the Private Sector (Phil-TIPS). Prior to PDI, pharmacists who frequently dispensed TB medications without a prescription to patients with TB-like symptoms were unaware of publicly-funded TB DOTS centers and rarely had TB patient education materials. Dr. Lardizabal provided leadership and technical expertise in developing and implementing a pilot project in 7 sites across the Philippines to train pharmacists on TB and establish an incentive and referral system where patients who came to them with TB symptoms requesting medication would be referred to a nearby DOTS center. Since 11% of foreign-born cases are from the Philippines, this initiative is also likely to help control TB in the US. Dr. Lardizabal significantly contributed to another component of Phil-TIPS to modify and integrate the DOTS syllabus into the curricula for pre-service nursing, medical technology, and pharmacy students nationwide.

In addition to responding to calls on the TB InfoLine, Dr. Lardizabal is taking an active role in helping to shape the RTMCC's role in developing and enhancing medical consultation capacity throughout the Northeastern Region, guided by results of last year's needs assessment. He is overseeing the program for a TB Medical Consultants Meeting to be held in September at the RTMCC in Newark at which attendees

from across the Region will participate in discussions about new developments in the diagnosis, treatment, and control of TB; measuring medical consultation effectiveness; and enhancing continuing education opportunities for TB medical consultants. Dr. Reichman described Dr. Lardizabal as a model consultant, because he listens carefully and provides concise, appropriate recommendations in a non-threatening manner. Dr. Lardizabal is excited about leveraging new technology—like “Webinars”—to

expand participation in quality case presentations among medical consultants throughout the Region.

In his spare time, Dr. Lardizabal relaxes and rejuvenates through such activities as attending live symphonies and jazz concerts in New York City, attending plays, bike riding through

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Liberty Park, swimming in warmer weather, and periodically visiting his family in the Philippines. Dr. Lardizabal played the clarinet and saxophone while growing up and commented that “although I never became proficient, I believe that the experience fostered a deep and lifelong appreciation of music.”

Dr. Lardizabal is quiet spoken, personable, easily approachable, and genuinely humble. These qualities, coupled with his notable achievements and clinical excellence, has won him the admiration and affection of colleagues and patients alike.

*Submitted By Chris Hayden
Consultant
Northeastern RTMCC*

TB Clinical Conference for Physicians

The Northeastern Regional Training and Medical Consultation Consortium (RTMCC) and the Massachusetts Division for TB Prevention and Control have found that using case presentations and covering advanced topics related to TB diagnosis and treatment to be an effective and well-received method of providing educational programs to physicians. This knowledge led to the planning of the 2006 *TB Clinical Conference for Physicians*, held at the Peabody Essex Museum in Salem, Massachusetts, on April 8, 2006. Forty-three participants attended the conference, twenty-nine of whom were physicians. Other clinical and research staff attending the conference included a TB laboratory director, several nurse practitioners, nurse clinic managers, and TB state program staff. Participants came from five states in the Northeastern region including: Massachusetts, Connecticut, Maine, Rhode Island, and New Jersey.

Dr. John Bernardo, TB Medical Officer for the Massachusetts TB Division, organized the conference presentations with assistance from colleagues at the Massachusetts TB Division and the RTMCC's health educator for New England. The conference was developed to expand on a specialty-based, Department of Public Health-sponsored conference for Massachusetts TB providers that had been conducted in previous years on Cape Cod. Dr. Bernardo is the recent recipient of the Chadwick Medal, the highest honor awarded by the Massachusetts Thoracic Society, for outstanding service in the field of pulmonary disease. He is a professor of pulmonary medicine at Boston University and is the current president of the National TB Controller's Association. He has been working with

the Massachusetts TB Division for 4 years.

Key faculty for the conference included Dr. John Bernardo, Dr. E. Jane Carter, Jo-Ann Keegan, RN, Dr. Mark Lobato, Dr. Reynard McDonald, Dr. Jussi Saukkonen, Sharon Sharnprapai, MPH, Dr. Alexander Sloutsky, and Dr. Marie Turner. Alexander Sloutsky, PhD, gave an informative presentation on

This type of advanced-level conference is an effective way to reach TB clinicians to keep them up to date on clinical, laboratory, and public health aspects of their specialty practice, and may serve as a model for other Northeastern project areas as they plan educational programs targeting TB clinicians.

new technologies in the Massachusetts State Laboratory and the potential for clinicians and state program staff to work more closely with TB laboratories. Dr. Reynard McDonald from the Northeastern RTMCC gave an in-depth talk on the complexities of managing TB/HIV co-infection.

Other topics addressed included: a review of TB epidemiology in the Northeast; legal and ethical issues in case management; managing MDR-TB; an innovative, collaborative TB project in Kenya; TB clinical trials and new drug development; and risk management: TB infection and environmental control. Most presentations were followed by lively discussions and debates between clinicians about their experiences

diagnosing and treating TB patients and the appropriate treatment or infection control plan in a particular scenario. These discussions served as valuable learning opportunities for clinicians newer to TB and an interesting intellectual challenge for seasoned clinicians.

Evaluations submitted by conference participants indicated that one-hundred percent of attendees felt the overall objectives of the conference had been met. Many positive comments were received about conference topics, conference facilities, and networking opportunities. When participants were asked to identify ways participation in the conference would impact their practice, several mentioned increased diligence in managing pediatric TB, closer attention to monitoring liver function during LTBI treatment, and working more closely with TB laboratories. This type of advanced-level conference is an effective way to reach TB clinicians to keep them up to date on clinical, laboratory, and public health aspects of their specialty practice, and may serve as a model for other Northeastern project areas as they plan educational programs targeting TB clinicians.

If you are interested in planning a physician's conference in your project area and would like advice or technical assistance, please contact: Rajita Bhavaraju, Program Director, Education and Training, Northeastern RTMCC, bhavarr@umdnj.edu, (973) 972-4811 or Erin Howe, New England RTMCC Health Educator, (617)279-2137, ehowe@tmfnet.org.

*Submitted By Erin Howe, MPH
Health Educator
Northeastern RTMCC*

Eliminating Tuberculosis Case by Case: An Educational Initiative by New England TB Programs

(Reprinted from *TB Notes No. 1*, 2006)

Purpose and Goal of the TB Case Series. In an effort to reach several key partners using an educational venue, the six New England tuberculosis (TB) control programs organized a Web-based interactive "TB Case Series." The TB Case Series is designed to allow providers to present cases that illustrate public health principles and practices. The goal of the TB Case Series is to offer a forum for:

- Discussing the public health importance of infectious TB
- Describing the clinical management of TB, and increasing awareness of national recommendations for TB diagnosis and treatment
- Discussing options for ongoing patient care

The course will promote standard diagnostic procedures and national guidelines through analysis and discussion of TB cases. Additionally, the course offers continuing education credit for physicians, nurses, health educators, and other participants.

First Two Presentations a Big Success. On October 26, 2005, more than 80 persons participated in the first case presentation. The inaugural presentation featured C. Robert Horsburgh, MD, a local and national expert in TB and HIV treatment. Dr. Horsburgh, formerly with CDC, is now the Chair of the Department of Epidemiology and the Director of the Prevention Research Center at the Boston University School of Public Health and the Boston University Medical Center. Dr. Horsburgh laid the groundwork for future case presentations and skillfully led the discussion, drawing participants into an active dialogue around the case. The second presentation was given in January

2006 by C. Fordham von Reyn, MD, Chair, Infectious Diseases and International Health at Dartmouth-Hitchcock Medical Center. The presentation skillfully combined a case and review of TB-related lymphadenopathy. About 45 participants from New England called in to listen and discuss the case and other cases.

Evidence of the Need for Educational Activities Targeting TB Providers. Several sources of evidence indicate that TB care providers have ongoing educational needs. These sources include 1) a regional education needs assessment, 2) studies documenting nonadherence to national standards and guidelines by private providers, and 3) a CDC study documenting that 40% of private providers do not use a recommended treatment regimen (Sumartojo EM, Geiter LJ, Miller B, Hale BE. Can physicians treat tuberculosis? Report on a national survey of physician practices. *Am J Public Health* 1997;87:2008-11). In addition, in 2004 DTBE and the three Model TB Centers developed a national strategic plan for TB training and education in conjunction with experts in TB and education, health care providers, and other partners. The

plan states that private providers who serve high-risk populations need to learn about TB diagnosis, treatment, and management

(www.nationaltbcenter.edu/strategicplan/).

Thanks to the Organizers. A coordinating group representing the New England TB programs, the Regional Training and Medical Consultation Centers (RTMCCs), and DTBE organized the course. These contributors to the New England TB Case Series included Kathy Hursen (Massachusetts TB Program), Judy Proctor (New Hampshire TB Program), Rajita Bhavaraju (Northeastern RTMCC), and Mark Lobato, Subroto Banerji, Regina Bess, and Judy Gibson (DTBE).

*Reported by Erin Howe, MPH
Regional Training and Medical Consultation Consortium – New England*

*Kathy Hursen, RN, MS
Massachusetts Division of TB Prevention and Control*

Mark Lobato, MD, New England TB Consultant, Division of TB Elimination

*Lisa Roy, TB Educator
New Hampshire TB Program Division of Public Health Services*

Supplement: On April 11, Dr. Joseph Gadbaw, Jr. from the Lawrence and Memorial Hospital in New London, CT conducted a case presentation involving a patient with TB meningitis and HIV infection. The replay can be accessed through October 2006 at: <https://www.mymeetings.com/nc/join.php?i=PG1678747&p=2006&t=r>. On June 21, Dr. John Landis, Chief of Pulmonary Medicine at the Bayside Medical Center in Springfield, MA will present a case involving a patient with pulmonary TB (See page 11 of this newsletter for details). Future cases presentations will be scheduled every 2 to 3 months.

Maryland TB Today Training Course

For the past 11 years, the Maryland Department of Health and Mental Hygiene, Division of TB Control, has provided a 3-day course on the basics of tuberculosis diagnosis, treatment and case management for local health department personnel. The goal of *Maryland TB Today* is to provide a basic training in TB prevention and control and TB program and case management for local health department and corrections staff. It is preferred that participants have at least four to six months experience in TB control, but veteran staff from low incidence areas may attend to update their knowledge and skills. Each year a limited number of spaces are available for TB control staff from neighboring jurisdictions. The number of participants is limited to 30, in an effort to facilitate an interactive exchange. Participants are expected to attend all three days of the program, which is offered at no cost to Maryland staff. The training is held at a conference center located in central Maryland. Meals are included, and overnight lodging is available for those who live a great distance away or have transportation concerns.

Topics are covered by locally

recognized experts in the field, and range from pathogenesis of tuberculosis to patient education to infection control. Practitioners, epidemiologists, and others from local TB clinics, the Maryland State TB Control office and TB laboratory, the Johns Hopkins School of Medicine and Tuberculosis Research Center, and the Maryland Office of New Americans share their knowledge and wisdom with attendees. Veteran TB case managers from local health departments share experiences and lessons learned. Mycobacteriology laboratory staff provide information on the tests done for diagnosis and treatment of TB. And TB Epidemiologic Studies Consortium staff discuss current research activities and genotyping. Collaboration with a local community college has been very valuable and continuing education credits are offered.

Maryland TB Today was developed in response to local health department requests for comprehensive TB training. The course combines lecture format with interactive exercises where applicable, with ample opportunity for discussion and questions. On the final day of the program, the group is divided

into teams who work through a simulated contact investigation, participate in a game of TB Jeopardy and engage in a group discussion on the management of several comprehensive case studies; thus bringing together all the aspects of TB prevention and control that were presented throughout the training.

Evaluations of the program are requested of all attendees, and in 2005 a 95% "good to excellent" overall rating was achieved. Presentations and activities not rated well are modified, which allows us to maintain the high quality of the training. We consider this course one of our most important; not only providing an avenue for TB education, but also a critical opportunity to network with those front-line colleagues so critical to TB Control. For more information about this course, contact Cathy Goldsborough at 410-767-6692.

*Submitted By Cathy Goldsborough, RN
Nurse Consultant
Maryland Department of Health & Mental Hygiene
Division of TB Control, Refugee, and Migrant Health*

New Resources

CDC Fact Sheet: Respiratory Protection in Health-Care Settings (April 2006)

<http://www.cdc.gov/nchstp/tb/pubs/tbfactsheets/rphcs.pdf>.

Based on CDC's 2005 *Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health Care Settings* (<http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf>), this 2-page fact sheet presents health care providers with a concise overview of considerations for the selection of respirators and the key elements in implementing a respiratory protection program.

CDC Fact Sheet: Infection Control in Health-Care Settings (April 2006)

<http://www.cdc.gov/nchstp/tb/pubs/tbfactsheets/ichcs.pdf>.

Based on CDC's 2005 *Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health Care Settings* (<http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf>), this 2-page fact sheet presents health care providers with a concise overview of TB infection control measures and methods for determining the infectiousness of TB patients.

CDC Fact Sheet: QuantiFERON-TB Gold Test (March 2006)

<http://www.cdc.gov/nchstp/tb/pubs/tbfactsheets/250103.pdf>.

Based on CDC's 2005 *Guidelines for Using QuantiFERON-TB Gold Test for Detecting Mycobacterium Tuberculosis Infection* (<http://www.cdc.gov/mmwr/pdf/rr/rr5415.pdf>), this 2-page fact sheet presents health care providers with a concise overview of how the test works, its advantages and disadvantages, when and how the test should be used, and how to interpret the test results.

Understanding the TB Cohort Review Process: Instruction Guide and Video (or DVD)

Now, there are exciting new training materials to orient program managers and help train local staff in using an effective program improvement method. The CDC has released *Understanding the TB Cohort Review Process: Instruction Guide and Video* (or DVD). If you have heard about cohort reviews, but can't imagine what they really look like, or if you want to orient and train your staff to engage in this important process, these new educational products are for you. The three key elements of the cohort review process, preparation, presentation, and follow-up, are clearly explained in the self-study guide. It also explores how to custom-tailor the method and tools to your own program area.

Characters on film bring the cohort review process to life, illustrating the benefits of adopting cohort review and highlighting the role of each cohort review team member.

Cohort review is a systematic review of the outcomes of treatment of patients with TB disease and the related contact investigations. It is a health department activity that ensures accountability and leads to improved program performance. It

starts by promoting adherence to protocols and standards for individual patient services and results in better TB control outcomes for the entire program. For the past dozen years it has been a standard management practice at the New York City Department of Health & Mental Hygiene (NYC DOHMH) Bureau of Tuberculosis Control. The number of TB cases in the city has declined by more than 74%, from 3,811 in 1992 to only 989 in 2005, the first time ever there were fewer than 1000 cases.

Until now, other program areas could learn about cohort reviews only by visiting the NYC DOHMH, attending the CDC TB Program Managers Course, or attending a course on cohort review offered by the Charles P. Felton National TB Center at Harlem Hospital. In addition, staff of the NYC DOHMH and Judy Gibson (CDC) have provided technical assistance to programs interested in adapting and implementing the process. So far, the following program areas have adapted and implemented the cohort review process in some fashion:

- Cities: Boston, Chicago, and Philadelphia

- Counties: Fulton County, GA and Nassau County, NY
- States: Hawaii, Massachusetts, Missouri, New York, Utah, and Washington

There are many other areas which have sent teams of program staff to the Cohort Review Course and have contacted the RTMCC that are considering applying the cohort review approach to improving their TB control programs.

Participants from the Heartland and Southeastern RTMCCs, health departments in El Paso, TX, New York City, Pima County, AZ, the states of Arizona, Arkansas, Pennsylvania, and the countries of Guyana and Russia attended the most recent course in New York City, March 9-10, 2006. The next course on the Cohort Review Process will be held in Philadelphia October 18-19, 2006, in collaboration with that city's Department of Public Health.

*Submitted by Bill Bower, MPH
Director of Education and Training
Charles P. Felton National Tuberculosis
Center*

Educating Health Care Workers for TB Interviewing for Contact Investigation

Digging into the personal lives of TB patients and finding who they may have infected is not easy. It can rival the challenges of any detective.

In response to the great need for training in the area of TB interviewing, the CDC contracted with the Northeastern RTMCC back in 2001 to develop TB interviewing training materials. After a detailed process of looking at the many materials already developed by TB, STD, and HIV programs, engaging expert content reviewers, and field testing the materials with actual interviewers and trainers, these educational materials will be distributed by CDC this summer.

The materials consist of self-study modules for the interviewer and a

facilitator led-training guide for program trainers. The self-study materials contain 4 modules including: Basics of Patient Education and Communication, Fundamentals of the TB Interview for Contact Investigation, Cultural Competency, and Interviewing in Special Circumstances. The print-based, facilitator-led training guide includes sections on needs assessment, training design and delivery, adult learning, developing learning objectives, and training evaluation. It holds many interactive activities which build on various communication skills and can be adapted to fill an area's specific needs. Building on all of the aspects learned from this project, a video was also developed and released by CDC in

2004. The video is a "docudrama" which portrays real interviewers in actions, working with the challenges of homeless, foreign-born, and private sector patients.

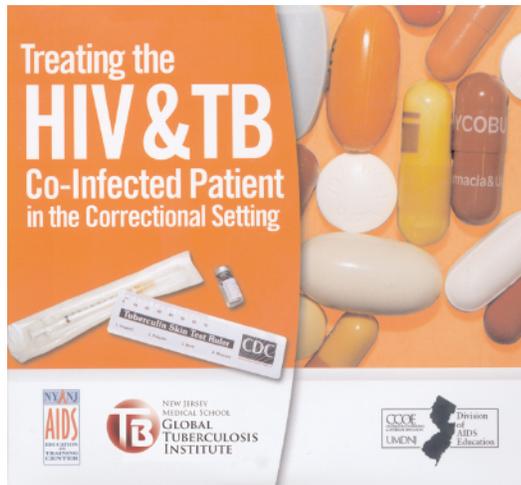
These materials are a standardized way to train interviewing staff who are challenged by either a large case load of TB patients, or the occasional case interspersed with many other disease management responsibilities.

The materials will be available in print and on the web at <http://www.cdc.gov/nchstp/tb/pubs/interviewing/default.htm>

*Submitted by Rajita Bhavaraju, MPH
Program Director, Education and Training
Northeastern RTMCC*

Treating the HIV and TB Co-Infected Patient in the Correctional Setting – A New Training Product

Worldwide, TB is the leading cause of death among people infected with HIV. Since HIV infection severely weakens the immune system, people co-infected with HIV and TB have a greater risk of developing TB disease compared to people not infected with HIV. Moreover, rates of TB and HIV are higher for the incarcerated than among the general population. This high level of risk underscores the critical need for targeted TB screening and effective treatment for co-infected people who are incarcerated. Many inmates have little or no access to health care outside of correctional systems and may only have these health care needs addressed while in prison or jail. Prevention efforts need to begin the minute inmates enter the correctional facility and continue post release. Effective TB control in correctional settings protects inmates, staff, visitors,



and the community at large.

The NJMS Global Tuberculosis Institute and the New York/New Jersey AIDS Education and Training Center developed this resource to address the need for ongoing education for clinicians working in correctional settings. The resource provides current

guidelines for the treatment of latent tuberculosis infection (LTBI) in the co-infected patient and adherence strategies to improve treatment outcomes. A case discussion is also included to emphasize valuable take-home points for ensuring prevention and successful treatment of TB and HIV. This resource will be available as an audio-only and audio-visual CD-ROM. It can also be downloaded in a month at: www.umdj.edu/globaltb (click on "Products and Resources" and scroll down to the product title).

Continuing education credits will be available for participation in this activity.

*Submitted By Anita Khilall
Health Educator
Northeastern RTMCC*

TB Trivia - Who am I?

I was once a mild-mannered dentist from Georgia who went west to cure a consumptive cough. It was there that I found my true calling as an ace gambler who could not be bested. Although I never cheated (frankly, I didn't need to), I was constantly accused of it and guns usually finished the arguments. My near lifelong friendship with Wyatt Earp would last until I finally died from tuberculosis. Wyatt would later write the finest eulogy I ever could have hoped for, "I found him a loyal friend and good company. He was a dentist whom necessity had

made a gambler; a gentleman whom disease had made a vagabond; a philosopher whom life had made a caustic wit; a long, lean blonde fellow nearly dead with consumption and at the same time the most skillful gambler and nerviest, speediest, deadliest man with a six-gun I ever knew." After my death, a legend would be borne out of my Gunfight at the O.K. Corral and my image has been immortalized by numerous Westerns.

For the answer, visit <http://en.wikipedia.org/wiki/>



*Submitted By Anita Khilall
Health Educator
Northeastern RTMCC*

Working Group on TB among Ecuadorian Migrants: Needs Assessment for Future Training and Medical Consultation Initiatives

On May 18, a working group on TB among Ecuadorian migrants held its first meeting in New York City. Ecuadorians, among the fastest-growing groups of migrants in the US, are concentrated in the Northeast. In 2004, Ecuador ranked 10th among countries of origin of non-US-born adults with TB in the US, up from 15th in 1994. In the states of Connecticut, New Jersey, and New York, where over 80% of Ecuadorian TB cases are reported, Ecuador ranks among the top three countries of origin of non-US-born cases. Many recent Ecuadorian migrants come from the Province of Cañar and speak limited Spanish, being more fluent in Quichua (also spelled Kichwa), their native language. However, competent interpretation and translation services for this language are very hard to find.

In the meeting, three themes were discussed: improving TB control efforts for Ecuadorian migrants in the US, strengthening TB control in Ecuador, and improving bi-national coordination in TB control. Participants came from the US, Canada, and Ecuador, from local and state health departments, universities, and international organizations.

Presentations covered the epidemiology of TB in the Northeast US, migration of Ecuadorians to the US, and DOTS expansion in Ecuador. Work groups discussed the three themes and recommended actions for follow-up. Among the recommendations were making Kichwa linguistic services available, developing training specifically about working with indigenous persons from Ecuador, and supporting/evaluating outreach efforts of local jurisdictions. After getting to know each other and discussing common problems and strategies for solutions, participants agreed that more effective case transfer and consultation on medical management may be a result of this first meeting. Future meetings will be announced.

Submitted by
Bill Bower, MPH
Director of Education and Training
Charles P. Felton National Tuberculosis Center

Ruth Wangerin, PhD, MPH
Pace University, Department of Anthropology

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/nchstp/tb/default.htm>

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/nchstp/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://cdcnpin.org/scripts/tb_behavioral_science.asp

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>

NE RTMCC Training Courses Planned for 2006

NAME OF COURSE	TARGET AUDIENCE	DATE(S)	LOCATION
QuantiFERON-TB Gold: Putting New Technologies into Practice (A Web-Based Seminar)	Physicians, Nurses	June 26	NOT APPLICABLE
TB Clinical Intensive	Physicians, Nurses	June 27-28	Newark, NJ
Medical Update Webinar: TB and HIV	Physicians, Nurses	July 12	NOT APPLICABLE
Medical Update Webinar: Medical Management of Index Patients and their Contacts	Physicians, Nurses	July 14	NOT APPLICABLE
Basic TB for Health Care Workers	HCWs who serve patients at high risk for TB	August 11	Columbus, OH
Training Focal Points Workshop	Training Focal Points	August 14	Atlanta – TB ETN meeting
Field Staff Webinar: Risk Communication	Disease Investigators, Public Health Nurses, Outreach Staff	September	NOT APPLICABLE
Medical Update Webinar: Pediatric TB	Physicians, Nurses	October 4	NOT APPLICABLE
TB Field Investigation	Disease Investigators, PH Nurses, Outreach Staff	October 10-11	Newark, NJ
Cohort Review Methodology	NYC Disease Investigators, Public Health Nurses	October 18-19	Philadelphia, PA
TB Case Management for Nurses Course	Nurse Case Managers	October 23	NE TB Controllers Meeting, Princeton, New Jersey
Northeastern TB Controllers Meeting	TB Program Staff	October 24	Princeton, NJ
Field Staff Webinar: Basics of TB Interview for Contact Investigation	All TB Control Staff	November 9	NOT APPLICABLE
Infection Control Course	Infection Control Practitioners, Program Management Staff	November 14-15	Newark, NJ
Regional TB Conference	New England TB Control Staff	November 16	Western MA
Field Staff Webinar: The Congregate Setting Contact Investigation	TB Program Staff	December 6	NOT APPLICABLE

Check our website for full information and to confirm dates: www.umdnj.edu/globaltb (Click on “Education and Training”)

TB Program Training Courses Planned for 2006

TB PROGRAM SPONSOR	NAME OF COURSE	TARGET AUDIENCE	TARGET AREA	DATES	LOCATION	CONTACT PERSON
MD	Annual TB Meeting	TB Clinicians	MD	Sept 14	Clarksville, MD	Arlene Hudak 410-767-6698
MA	Regional TB Conference	TB Control & clinical staff	New England	Sept 28	Northeast MA	978-851-7261 X4075 978-851-7261 X4049
New England TB Programs	Eliminating TB Case by Case	Providers and Clinicians	New England	June 21 September	Web-based	https://www.mymeetings.com/nc/join/ Conference #: PG7958836 Passcode: TBCASE Toll Free Number 800-857-0637 Leader: Dr. Mark Lobato
NY City	New Staff Training	New NYC staff, especially PHAs	NY City	June 12-30	253 Broadway, NYC	Martha Alexander 212-442-9983 malexan1@health.nyc.gov
NY City	Tuberculin Skin Test Administration	Non-NYC HD staff	NYC & Vicinity	Sept 2006	253 Broadway, NYC	Elvy Barroso 212-676-2914 ebarroso@health.nyc.gov
PA	2006 TB Updates	Correctional ICNs	PA	June 1	Elizabethtown Training Academy	Terri Wilson 717-787-6267 terwilson@state.pa.us
PA	2006 Clinician Conference	TB Clinicians	PA	June 16	Central Pennsylvania College	Terri Wilson 717-787-6267 terwilson@state.pa.us
PA	TB Fundamentals Course	PA TB Field Staff	PA	July 16-20	TBD	Terri Wilson 717-787-6267 terwilson@state.pa.us
PA	2006 TB Symposium	PA TB Field Staff	PA	Fall	TBD	Terri Wilson 717-787-6267 terwilson@state.pa.us
WV	Infectious Disease Conference	Providers, Clinicians, Local HD Staff, Students in Health Professions	WV	Oct 18-19	Charleston, WV	Scott Arrington scottarrington@wvdhhr.org