

**Stop TB Canada e-News  
Issue #5  
September to December, 2006**

**Welcome to Stop TB Canada's e-Newsletter. STB Canada e-News serves as a quarterly communication forum between Stop TB Canada members and a source of information for the wider international health community on Stop TB activities in Canada and on international TB projects managed or supported by Canadian organizations.**

*Stop TB Canada was formed in February 2001 to support Canada in fulfilling its commitment to the G-8 Okinawa 2000 targets to reduce the global burden of TB by 50 percent by 2010. For more information on Stop TB Canada see the last section of this e-News.*

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**2007 Meeting of the IUATLD - North America Region (NAR)**

The 2007 IUATLD (International Union Against TB and Lung Diseases) NAR meeting with the general theme of "Powering Up Political Will for TB Control" will be held in Vancouver on February 22-24. See the end of this section for a weblink to the registration form and agenda.

A Stop TB Canada Meeting, including a video conference with Geneva and live presentations will take place from 07:30 to 12:30 on February 22. The meeting will be co-chaired by Dr. Anne Fanning, Chair of Stop TB Canada and Dr. Sarah England, Team Leader for Advocacy, Communication, Partnership, External Relations and Resource Mobilisation, Stop TB Partnership Secretariat.

Please note that pre-registration is required to attend the STB Canada Meeting, using the IUATLD-NAR registration form. The fee for registration is CAD \$50 for IUATLD members and CAD \$75 for non-members. The fee for the meeting also covers the annual individual membership fee for STB Canada.

**VIDEO CONFERENCE**

Progress in Meeting 2005 Targets and Challenges to Meeting 2015 Goals  
Dr. Mario Raviglione, WHO Stop TB Department

Roles of Stakeholders in Overcoming Challenges in Pursuing the Stop TB Strategy  
Dr. Diana Weil, WHO Stop TB Department

Overview of New Tools to Reach Targets: New Drugs, Diagnostics and Vaccine  
Dr. Rick O'Brien, Foundation for Innovative New Diagnostics (FIND)

Role of Advocacy in Global TB Control  
Paul Sommerfeld, TB Alert

## LIVE PRESENTATIONS

Stop TB in the Americas

Dr. Mirtha del Granado, Regional Advisor on TB, PAHO

Domestic Returns on TB Investments Abroad: The Canadian View

Dr. Dick Menzies, McGill University

Ratcheting Up the Role of Donor Countries in TB Programs and Research and Development

Mr. Mark Harrington, Treatment Action Group

Now Let's Take Action

Jean-François Tardif, RESULTS Canada

The registration form and other materials for the IUATLD-NAR meeting and the STB Canada meeting can be obtained at <[http://www.bc.lung.ca/lungdiseases/tuberculosis\\_iuatld.html](http://www.bc.lung.ca/lungdiseases/tuberculosis_iuatld.html)>.

### **Extensively Drug-Resistant Tuberculosis (XDR-TB)**

The first data on the occurrence of extensively drug-resistant (XDR) TB worldwide was based on a survey carried out by the CDC and WHO from November 2004 to November 2005, involving the 25 TB reference laboratories on six continents that form part of the WHO/IUATLD global TB Supranational Reference Laboratory (SRL) Network. The survey was prompted by reports to the Stop TB Partnership's Green Light Committee, which provides worldwide access to second-line drugs (SLD), of multiple cases of TB with resistance to virtually all SLD.

The definition of XDR TB for the purposes of the survey was a multi-drug resistant (MDR) strain that was also resistant to at least 3 of 6 classes of SLD. The report of the survey can be accessed at <<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5511a2.htm>>.

In May 2006 a cluster of probable cases of XDR-TB in Msinga sub-district, KwaZulu-Natal province, South Africa, was reported at a meeting in Atlanta, organized jointly by Partners In Health, Harvard Medical School, CDC, the Task Force for Child Survival and Development and WHO. Of 544 patients tested, 221 (41%) had MDR-TB. Of the 221 MDR cases, 53 (24%) were resistant to all first-line anti-tuberculosis drugs and 2 of the 4 SLD tested. Resistance against the remaining 2 classes of SLD was not tested. Although these cases were highly resistant, displaying resistance to at least 2 classes of SLD, they did not meet the current case definition for XDR-TB (see below). However, 52 of 53 patients with suspected XDR-TB died with median survival of 16 days from time of diagnosis among the 42 patients with confirmed dates of death. All 44 patients tested for HIV were positive. The published data by Gandhi et al. (Lancet 2006; 368: 1575-80) is available after free registration at <<http://www.thelancet.com/journals/lancet/article/PIIS0140673606695731/fulltext>>.

In a commentary on the Gandhi article entitled "XDR tuberculosis: an indicator of public-health negligence", Annelies Van Rie and Donald Enarson observe that:

"XDR and MDR tuberculosis have the same root cause: negligent case-management and poorly functioning public-health services. Acquisition of drug resistance and transmission of drug-resistant strains contribute to their incidence. Causes include incorrect prescription of drug regimens, poor drug quality, erratic drug supply, non-adherence by patients, and poor infection control.

...Indeed, the highest priority in stopping XDR tuberculosis must be its prevention. In 2004, only half (53%) of estimated cases worldwide were reported by health-care systems, and only 82% of these patients successfully completed treatment. In the area where the XDR tuberculosis outbreak took place, treatment completion rates were low and 39% of patients had MDR

tuberculosis, indicating a public-health system in crisis. Treating MDR tuberculosis is feasible and effective, even in low-income countries, if based on sound public-health practice including good laboratory infrastructure, appropriate treatment regimens, proper management of side-effects, and sufficient resources to maintain adherence and prevent further amplification of resistance. "

The full commentary (Lancet 2006; 368: 1554-1556) is available after free registration at <http://www.thelancet.com/journals/lancet/article/PIIS0140673606695755/fulltext>

The WHO Global Task Force on XDR-TB met in Geneva, Switzerland, on 9–10 October 2006 to review the available information on XDR-TB and recommend prevention and control measures. Including the survey results mentioned above, data were presented from several affected countries including Estonia, Latvia, Lesotho, Peru, the Philippines, South Africa and Swaziland. The objectives of the meeting were (i) to identify the key issues to be addressed in the short term and action to be taken and (ii) to develop longer-term plans for appropriate response at global, regional and country levels.

Since many countries do not have the laboratory capacity to diagnose drug-resistant TB, information on the distribution and magnitude of XDR-TB is incomplete. Treatment is difficult, and appropriate SLD are not universally available. Epidemics of MDR-TB and XDR-TB will compromise TB control efforts, and may jeopardise AIDS treatment programmes. A summary of the meeting is available at <http://www.who.int/wer/wer8145.pdf> and the full report can be accessed at <http://www.who.int/tb/xdr/>.

The following revised case definition of XDR-TB was agreed at the October Global Task Force meeting:

*"XDR-TB is TB showing resistance to at least rifampicin and isoniazid, which is the definition of MDR-TB, in addition to any fluoroquinolone, and to at least 1 of the 3 following injectable drugs used in anti-TB treatment: capreomycin, kanamycin and amikacin."*

At a news conference, held on 1 November 2006 at the 37th World Conference on Lung Health, Dr Mario Raviglione, Director of WHO STB in the company of other TB and HIV experts, announced that US \$95 million would be required to address XDR-TB in 2007, broken down as follows:

- \$35 million to strengthen TB control and prevent TB drug resistance through in-country operations, including HR development, laboratory strengthening, infection control, community health, cross-border collaboration, communication, health education, surveillance and M&E
- \$40 million for access to high-quality second-line drugs
- \$15 million for technical assistance to affected countries
- \$5 million for rapid TB diagnostic tests to 154,000 MDR-TB and XDR-TB suspects

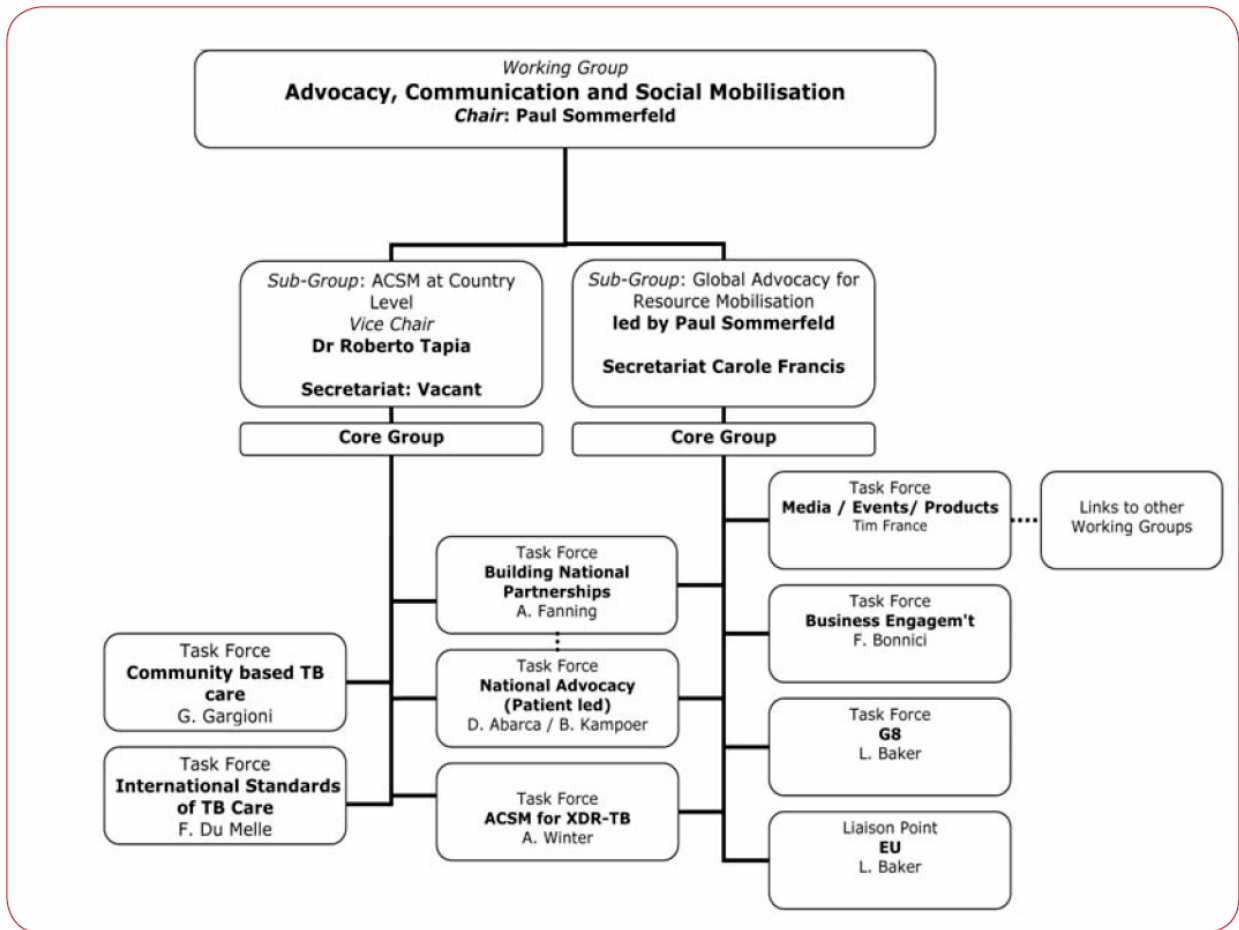
Also announced were plans for WHO STB to collaborate with the Foundation for Innovative and New Diagnostics (FIND) to distribute diagnostic TB test equipment. This would enable rapid culture and drug susceptibility testing and reduce the time required to confirm a diagnosis of TB drug resistance from as long as 3 months to just 2 weeks. WHO aims to distribute the equipment within weeks to countries that have the laboratory capacity to use it effectively.

For further information about XDR-TB, please visit the WHO Stop TB Department at <http://www.who.int/tb/xdr/>.

### **Advocacy, Communication and Social Mobilisation Working Group (ACSM-WG) of the Stop TB Partnership**

The STOP TB partnership created the Advocacy, Communication, and Social Mobilization Working Group in 2005, following a year of development under the guidance of RESULTS' Joanne Carter who put in place a structure for election of the Chair. Paul Sommerfeld assumed this position in the summer of 2006 and, with the help of the secretariat's Carole Francis, a very ambitious program of work has been outlined.

The following organigram describes the structure of the ACSM. Each task force under the two sub-groups is time limited and currently in the process of developing terms of reference and a work plan.



The website for ACSM WG is <[http://www.stoptb.org/wg/advocacy\\_communication/](http://www.stoptb.org/wg/advocacy_communication/)> where the ACSM-WG Terms of Reference is available. As other materials are developed, they will be posted on the website.

Stop TB Canada links to the Task Force on Building National Partnerships. A network of existing national partnerships has been meeting quarterly by conference call and determined that their first matter of business would be to develop a hand book on building STOP TB national partnerships. That handbook is in draft form and will be moved forward with the appointment of a point person for the network to replace Valerie Diaz who was instrumental in organizing the workshop on the handbook at the World Lung congress in Paris, November 1, 2006. The second item of work will be to twin National Partnerships with countries wanting to develop their own. Already there is communication with Ecuador, and some interest expressed in Guyana. Anyone aware of countries with an interest in developing a national Stop TB partnership for advocacy of both national TB program and donor aid to the global plan should contact Anne Fanning, Chair of the Task Force to Building National Partnerships at <[anne.fanning@ualberta.ca](mailto:anne.fanning@ualberta.ca)>

### More on Stop TB Canada

Stop TB Canada was formed in February 2001 to support Canada in fulfilling its commitment to the targets of the G-8 Okinawa 2000 Communiqué to reduce poverty and the diseases of poverty and specifically to halve the global burden of TB by 2010.

<http://www.g8.utoronto.ca/summit/2000okinawa/finalcom.htm>

Stop TB Canada has the following objectives:

- To promote and support TB **education** for health care providers, decision makers and the public;
- To **advocate** for appropriate policies, guidelines and priorities that enhance global TB control;
- To facilitate and encourage **communication** with our members and partners in an open and transparent manner to advance global TB control;
- To ensure **collaboration** and co-ordination between Canadian government departments, non-governmental organisations (NGOs), professional organisations, the private sector and other stakeholders in the global fight against TB.

Stop TB Canada is a member of the Stop TB Partnership, a global alliance to accelerate social and political action to end preventable deaths from TB and stop its global spread. To achieve that goal, the Partnership is committed to: promoting universal access to accurate diagnosis and effective treatment by accelerating the expansion of DOTS (Directly Observed Treatment, Short Course) and increasing the availability, affordability and quality of TB drugs; developing effective strategies to prevent and manage multi-drug resistant TB and reduce the impact of HIV on TB; promoting research on new diagnostic tests, drugs and vaccines.

For more information on Stop TB Canada, visit:

<http://www.stoptb.ca>

*For comments on Stop TB Canada e-News, or to submit suggestions for topics or TB articles in the Canadian news to be included in the next edition, please contact Labib El-Ali at:*

[labib@results-resultats.ca](mailto:labib@results-resultats.ca)

#### **Other web resources for TB news and events**

- For global TB news and upcoming events, go to the Stop TB Partnership website and click on “News, Events and Press”: <http://www.stoptb.ca>
- To subscribe to the Newsletter of International Union for TB and Lung Diseases (IUATLD) click on the “News” icon on their website: <http://www.iuatld.org/>
- The US CDC also provides a weekly TB-Update of news, journal abstracts, upcoming events, conferences and trainings. To subscribe go to:  
<http://lists.constellagroup.com/mailman/listinfo/tb-update>

#### **Other links:**

World Health Organisation – TB

<http://www.who.int/tb/en/>

The Global Fund to fight AIDS, TB and Malaria

<http://www.theglobalfund.org/en/>

TB Global Alliance for TB Drug Development

<http://www.tballiance.org/>

The Aeras Global TB Vaccine Foundation

<http://www.aeras.org/index.html>

For global data on HIV/AIDS, TB and malaria

<http://www.globalhealthfacts.org/>

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