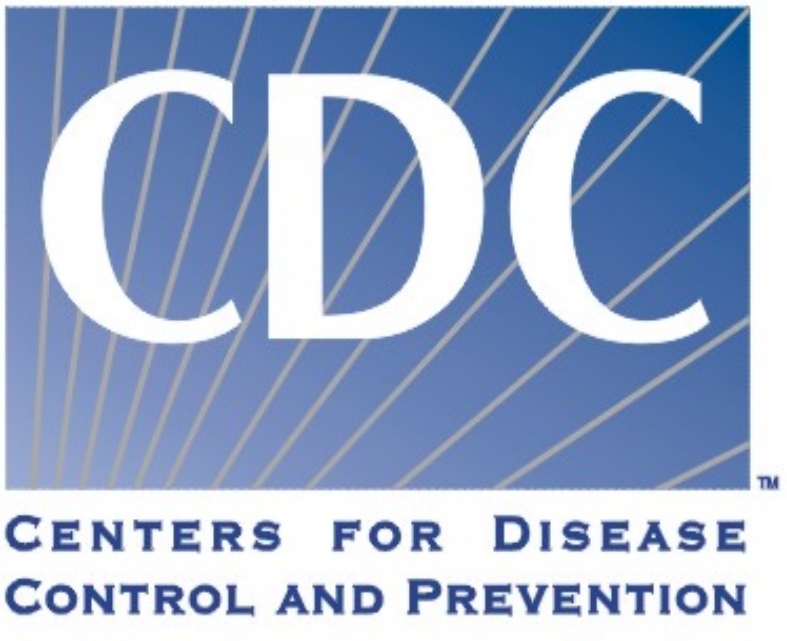
ADVISORY COUNCIL FOR THE ELIMINATION OF TUBERCULOSIS WEBINAR
CENTERS FOR DISEASE CONTROL AND PREVENTION



MARCH 5, 2013
ATLANTA, GEORGIA

Record of the Proceedings

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Advisory Council for the Elimination of Tuberculosis (ACET) Webinar
Centers for Disease Control and Prevention (CDC)
Or
In Person at 8 Corporate Square
Conference Room 1 A/B/C
Atlanta, GA
March 5, 2013
(11:00 a.m. – 2:30 p.m. E.S.T.)

11:00	Call to Order and Welcome	Dr. Hazel Dean/ Mr. Shannon Jones
11:05	*Roll Call*	Dr. Hazel Dean
11:15 11:45	**ACET Chair's report to the Secretary** Q's and A's	Mr. Shannon Jones
12:00	Lunch	
12:30	*Roll Call*	Dr. Hazel Dean
12:35 1:05	**Roles and Responsibilities for Federal Advisory Committees** Q's and A's	Ms. Gladys Lewellen
1:25	**Feedback on Secretary's Report** Q's and A's	Mr. Shannon Jones
1:55	***Business Session:*** Motion to accept minutes of the December 4-5, 2012 ACET meeting	Mr. Shannon Jones
2:00	Potential agenda topics for the June 2013 meeting -Drug Shortages -Two MMWR articles published -TB Homeless Population (i.e., FL, TX, Correctional Facilities in Los Angeles, CA -Invite HRSA to present on Healthcare for Homeless -U.S./Mexico Border Health Commission -ACET National TB Program Workgroup	Mr. Shannon Jones
2:15	Public Comment	
2:25	*Roll Call*	Dr. Hazel Dean
2:30	Meeting Adjourned	

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In Person at 8 Corporate Square
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11:00 AM - 2:30 PM E.S.T.

Minutes of Meeting

The Centers for Disease Control and Prevention (CDC), National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP) Division of Tuberculosis Elimination (DTBE) convened a meeting of the Advisory Council for the Elimination of Tuberculosis (ACET) on March 5, 2013, in Building 8 of CDC's Corporate Square Campus, Conference Room A/B/C, in Atlanta, GA.

CALL TO ORDER AND WELCOME
Shannon Jones, III
ACET Chair, Deputy Director, City of Austin/Travis County Human Services Department

Mr. Jones called the meeting of the ACET to order at 10:56 AM on Tuesday, March 5, 2013. The webinar operator gave instructions to those participating via the phone. Participants were told that the proceedings were being recorded, and if there was any objection to being recorded, they may disconnect from the call. The operator then turned the meeting over to Dr. Hazel Dean.

Hazel D. Dean. ScD. MPH
Deputy Director, NCHHSTP, CDC, ACET Designated Federal Officer

Dr. Dean reminded the group that all ACET meetings are open to the public, and all comments made during the proceedings are a matter of public record. She asked ACET members to be mindful of potential conflicts of interest identified by the CDC Committee Management Office (CMO), and instructed them to recuse themselves from participating in voting or discussion on matters with which there are conflicts of interest. She then requested ACET members declare any potential conflicts of interest for the record. No conflicts of interest were declared.

Dr. Dean welcomed the following new ex officio members:

- Dr. Susan Karol, Chief Medical Officer, Indian Health Services (IHS) replacing Dr. James Cheek
- Dr. Rupali Doshi, HIV/AIDS Bureau, U.S. Health Resources and Services Administration (HRSA) replacing Dr. Theresa Watkins-Bryant. She is trained in internal medicine and infectious diseases.

She also noted that the TB coordination activities from the Office of Health Equity at HRSA have been transferred to the HIV/AIDS Bureau.

New ACET representatives were also acknowledged. They are as follows:

- Dr. Ilse Levin, Unity Health Care, American Medical Association (AMA) replacing Dr. Litjen Tan
- Dr. Saul Levin, Interim Director, Association of State and Territorial Health Officials (ASTHO) replacing Dr. Catherine Torres

The following ACET Members are rotating off, as of June 30, 2013:

- Mr. Shannon Jones, III, ACET Chair
- Dr. Masahiro Narita
- Dr. Barbara Seaworth
- Dr. Susan Dorman

The nomination package was submitted to the CDC's CMO on January 17, 2013; therefore, replacements should be announced shortly.

Shannon Jones, III

Mr. Jones welcomed members to the meeting. This meeting was the one webinar meeting scheduled for this year. In addition, two in-person meetings are scheduled for 2013. He asked members to have their pre-read packages available for access. All members were encouraged to participate fully, in the meeting.

Hazel D. Dean. ScD. MPH

Dr Dean conducted a roll call of ACET members, ex officio members, and liaison representatives. She established a quorum was present.

ACET CHAIR'S REPORT TO THE SECRETARY
Shannon Jones, III

Mr. Jones engaged members in a discussion about the Chair's Report to the Honorable Kathleen Sebellus, Secretary of the Department of Health and Human Services (HHS). The purpose of the report is to update the Secretary on ACET's work over the last three years under Mr. Jones' guidance, as chair.

At the last ACET meeting, a summary and matrix was provided to the members of activities conducted over the last three years. Mr. Jones' report has to be completed before he retires as chair in June. Members were asked for their input to ensure that Mr. Jones' words would be reflective of ACET membership. To date, input has been very sparse; reports from Ms. Sarah Bur and Dr. Jane Carter (preliminary report) have been received by Mr. Jones. Therefore, members were now encouraged to share any additional information they felt was pertinent and should be incorporated into the report.

A previous report submitted by Dr. Michael Fleenor, Former ACET Chair, was included in the pre-read package to the members. In the report, Dr. Fleenor outlined some of the accomplishments and challenges faced during his tenure. This report was to serve as

an example of the types of activities that should be included in the report. Mr. Jones proposed the Committee go through activities he had identified to be included and get their immediate feedback. Members were also asked to volunteer to coordinate and collaborate with him by submitting additional materials to be incorporated into the report to the Secretary. The deadline for those submissions is Sunday, March 31, 2013.

The following were identified by Mr. Jones as areas to highlight:

- *Funding Reductions:* Significant funding reductions have impacted the work of DTBE and TB prevention
- *Drug Shortages:* Concerns with second-line drug shortages
- *Border Issues:* Particularly a concern in Texas, as well as other places around the nation
- *Meeting with Assistant Secretary Koh:* Highlight Assistant Secretary Koh's feedback and insight
- *Cooperative Agreements (CoAg):* Do the current arrangements meet the needs of the priorities given the issue of TB in Border States and urban communities?
- *Role of Regional Training and Medical Consultation Centers (RTMCC):* Their role in impacting the communities and the nation
- *Workgroups:* Highlight the work done around correctional facilities
- *ACET's Future Role*

DISCUSSION POINTS

Dr. Gail Cassell expressed that international TB incidences have a strong influence on what happens domestically. Drug-resistant strains have increased internationally, which strongly suggests current policies for control of drug-resistant TB are not working. This can pose a threat domestically, when individuals come to the U.S. infected with drug-resistant TB.

In addition, a lot of insight has been gained as to why there are drug shortages internationally. The Institute of Medicine (IOM) Report released officially in Beijing, in January, details ideas of where the problems are and make suggestions for efforts going forward. Until the shortages are addressed, incidents will continue to occur.

In addition, there have been a series of articles written by the Wall Street Journal. The most recent article highlights TB border cases and there are three more to come. Time Magazine has also published an article regarding the TB threat. Those articles and any others of recent outbreaks should be included in the report. Because of these articles, the public is becoming more aware of the threat.

She further noted attention should be paid to the detainee population. The Detainee Workgroup has made some strong recommendations regarding detainees, prison populations, and jail populations. Those should also be included in the Secretary's report, and ACET should highlight that the trends of TB are not likely to change.

Dr. Cassell suggested the report should begin with painting a picture of the international problem and why it is such a threat to the U.S., as well as putting emphasis on border issues.

She also called for the need to increase investment in surveillance and resolutions to border issues. There should be an extensive evaluation of TB control in the United States. If done correctly, there would be a big return on investment based on the data. Dr. Cassell said the Global Fund last Thursday released monies for drug purchases, but they have reduced the money for MDR-TB and XDR-TB because monies were not fully utilized the last go-round. Only one-half of reported patients with MDR-TB and XDR-TB have undergone treatment.

Dr. Cassell felt the perspective of the international front should serve as a preamble or introductory paragraph in the report.

Mr. Jones requested Dr. Cassell provide to him her comments in succinct bullet points, as well as any consultations with her colleagues. Dr. Kenneth Castro suggested Dr. Cassell's suggestions be contextualized under the heading of Global Health Security in order to provide unity of concern.

Mr. Jones moved to the category of funding reductions. Dr. Jon Warkentin's association has been working on a survey looking at the capacity of state and local TB programs and the changes that have occurred over the years. He will provide a summary of their analyses. Dr. Warkentin was designated as the point of contact for other individuals who may want to provide feedback regarding funding reductions.

Ms. Barbara Cole noted that in light of the Affordable Care Act (ACA) and health reform there is even more of a need to ensure that the expertise are there for TB as well as funding. Since Mr. Jones' report will only cover 2010 to 2013, comments on ACA should address the opportunities it will afford regarding issues that ACET has identified in its recommendations only. In addition, a summary of discussions that have taken place among the ACET regarding ACA should be included. A future analysis will not be incorporated. Ms. Cole will provide the specifics of those discussion points to be elevated.

Regarding second-line drugs shortages, Dr. Barbara Seaworth has sent Mr. Jones some insight from her and her colleagues. Her agency felt it would be best for CDC to identify a mechanism or a repository for "drugs that are hard to access" and identify a method for gaining access to investigational drugs, such as (Clofazimine). CDC has a facility for emergent vaccination, but it was determined it would not meet the needs of the MDR-TB program. CDC felt ACET's recommendations would not be viable within the context of what CDC was able to do.

She further noted that efforts have been taken up in an advocacy manner by the Treatment Action Group (TAG). The group had a second-line drug shortages consultation in Washington, D.C., in January, and it involved a lot of media, congressional staffers, advocates, agencies, and patients. Dr. Seaworth felt that the topic is bigger than what ACET could take on unless there was a standing workgroup assigned to it. Mr. Jones indicated he would include Dr. Seaworth's comments into the report, as well as talk offline about recommendations that may come out of ongoing activities.

Dr. Castro responded to Dr. Seaworth's comments. CDC has reported on national shortages of Isoniazid. The National Tuberculosis Controllers Association (NTCA) was

attempting to do a survey to help CDC consultants get a better assessment. He recommended ACET bring to the attention of the Secretary the topic of drug shortages and how it jeopardizes TB control activities.

CDC is continuing to explore the role of the Strategic National Stockpile and other avenues with respect to monitoring and surveillance of drug shortages before the crisis becomes self-evident. Dr. Castro further suggested that this might be an area where ACET suggest CDC double its efforts as well as work with the Federal Drug Administration (FDA). The FDA mechanism is very passive. Oftentimes, CDC has learned from its program before it learns from FDA partners about shortages. Therefore, a better system needs to be developed.

Dr. Castro also brought to the group's attention the FDA's document, on drug shortages, in the Federal Register. The register is open for public comment; therefore, ACET should respond either as a committee or as individual members. CDC will share with ACET via Ms. Margie Scott-Cseh a link to the Federal Register Proposed Strategic Plan for addressing drug shortages in the nation.

Dr. Seaworth further noted that CDC did have an article in the *Morbidity and Mortality Weekly Report* (MMWR) regarding drug shortages and the impact on TB control. She felt the article had some significant points that could be noted in the report. She also suggested ACET reform the workgroup she chairs. The workgroup should contain one of the new members and a new chair or either utilizes a different mechanism going forward with new membership. Currently, no other ACET members are a part of the workgroup. She felt this was necessary given the status of TB control. These comments will also be added to her summary to Mr. Jones.

With regard to the border state issues, Dr. Maria Zorilla will forward to Mr. Jones an executive summary of the work the U.S.-Mexico Border Health Commission has completed along with their recommendations to be incorporated into the report. Mr. Jones will review the summary and it will be either added to the report or considered, as a topic, for the next meeting. Mr. Paul Dulin, also of the U.S.-Mexico Border Health Commission, will send the proceedings from the last TB Consortium Meeting, which includes the group's recommendations, action plans, and a work plan for continuity of care in the border region.

Dr. Diana Elson added that continuity of care should be looked at on both sides of the U.S.-Mexico border. She indicated resources are needed for people, who were virtually transient and not under the jurisdiction of any state or agency. She will reference back to previous notes to see how it was documented and forward the notes to Mr. Jones. Ms. Ann Cronin also had some artful language that captured the concept nicely.

Mr. Jones asked group members to think on CoAg agreements with the states in connection with prioritization, particularly for states with higher burden versus those with lower burden. He solicited assistance from the group on how to articulate views into the report and urged member to think about the topic during the lunch break. Any specific items that should be highlighted would be talked about in the afternoon session.

Mr. Jones queried the group as to whether RTMCC's roles should be included in the report. Ms. Cole felt the role they play in education would be important. Dr. Masahiro

Narita felt the subject was complicated due to the state and local bureaucratic balance; therefore, the topic of outbreak response should be addressed carefully. Dr. Seaworth indicated that RTMCC's primary role is in training and education, medical consultation, and technical assistance but not outbreak response. This misconception came from the ACET 2012 Report. Mr. Jones said the report would be corrected.

Dr. Seaworth went on to say ACET is generally supportive of the RTMCC and they were useful for training, medical consultation, and product development. Dr. Jane Carter will poll Dr. Seaworth and Ms. Eileen Napolitano in order to include information on the regional centers, as well as issues with declining expertise.

Dr. Castro suggested the themes the group identified be brought together into subheadings as a way to highlight aspects of the TB programs. This method would not only be more appealing but also would enable discussions about future opportunities under the ACA to be examined.

The group then broke for lunch at 12:05 PM.

The meeting was called back to order at 12:30 PM. Dr. Dean conducted a roll call and determined quorum was present. Mr. Jones advised the ACET members and ex officio members that if they needed to leave the call to advise him so quorum could be ensured.

Mr. Jones informed the group that the discussion on topics for the chair's report would continue after a presentation from Ms. Gladys Lewellen, of the Management Analysis and Service Office (MASO). The presentation will aid ACET in determining how to move forward in developing a strategic plan. Lastly, the group will engage in discussions on potential topics for the upcoming meeting, in June 2013.

ROLES AND RESPONSIBILITIES FOR FEDERAL ADVISORY COMMITTEES
Ms. Gladys G. Lewellen
Policy and Oversight
Federal Advisory Committee Management Branch, MASO

Ms. Lewellen provided a brief presentation on the roles and responsibilities of federal advisory committees. Federal advisory committees are utilized to gain viewpoints from academia, the business and government sectors, and other stakeholders. The committees also provide the public access to the Federal decision-making processes. In addition, committees are utilized to provide advice and recommendations on strategic direction, policies, regulations, statutes, and other actions deemed to be the agency's priorities.

Members were also provided a copy of the ACET Charter, which defines the committee's scope and duties. The charter was renewed on February 28, 2013. Since the time of the charter's development, there has been some strategic thinking at the national center and division levels, as to how best to use the ACET in aiding the Division, CDC, and HHS to meet their goals and objectives in TB elimination.

The floor was then opened for questions.

DISCUSSION POINTS

Dr. Robert Horsburgh, Jr. said he felt comfortable with the roles but felt the roles did not preclude ACET from determining the best way to spend its time, as a group. He felt not calling the process "strategic planning" was fine with him, but some form of strategic thinking needed to occur around time management to avoid being mired into details and therefore miss opportunities to have a significant impact. In his interpretation, there was nothing in the charter to suggest that ACET has to wait for topics or areas of concern to be brought to its attention, but could also determine and/or identify topics and areas to be addressed.

Ms. Lewellen responded by saying it was her assumption that there was routine engagement between Dr. Dean and Mr. Jones to discuss the Agency's priorities and specifically ACET's role. The DFO and committee chair work together to develop an agenda for upcoming meetings based on this interaction. Ms. Lewellen requested clarification regarding the comment "determining the best way to spend its time" and more importantly why or what is exactly being questioned.

Dr. Horsburgh said he would conclude from Ms. Lewellen's remarks that it is acceptable for ACET to have a "two-way street" process for distributing information, i.e. topics or areas of concern to be brought to ACET's attention, but ACET could also determine and/or identify topics and areas to be addressed, as long as it's not called "strategic planning".

Ms. Lewellen said that the committee is welcome to provide suggestions of topics to be considered for upcoming meeting which might include conducting brainstorming and "round robin" type exercises to develop potential. A lot of what comes forward to the committee is consistent with the National Center's as well as the Division's strategic plans, which are developed based on a number of issues including available funding for HHS and CDC public health initiatives (i.e., Dr. Frieden's Winnable Battles). The Federal Taskforce may also play a role regarding items that move forward for ACCET's agenda. The charter and the strategic plan serve as blueprints and roadmaps and help to manage expectations.

Dr. Castro informed members that on March 19th his office will update the strategic plan because of recent budgetary cuts and identify areas to be protected versus areas where efforts can be scaled back. The update will be presented to ACET for comments and input at the June meeting. He emphasized that this process is not intended to revisit the national goal of eliminating TB but rather how to advance toward the goal in light of budgetary constraints.

Dr. Diana Elson offered further clarification on Dr. Horsburgh's comments. She stated at the last meeting, during the discussion of agenda items for today's meeting, it was decided the meeting would be dedicated to planning for ACET business, not CDC strategic planning. However, ACET was told it was not allowed to do that; therefore, the format for the meeting was changed to the webinar.

Ms. Lewellen clarified the concept of ACET being independent of CDC by reiterating given that ACET is utilized by CDC and HHS, not vice versa.

Dr. Horsburgh responded that ACET has an independent obligation to the Secretary to provide advice, not DTBE. Dr. Seaworth chimed in and said it was her understanding that the thinking of independence from CDC was what led to CDC and ACET no longer being allowed to submit joint recommendations in the MMWR. Last year, it was stated that ACET was to be an independent advisory committee to CDC and not to be influenced by CDC. ACET's intentions are to help CDC, but she felt if ACET could only do what CDC prescribed, then ACET would not be a vital advisory committee.

Dr. Castro tried to provide clarity. He felt two separate issues were being confused. One issue spoke to the mechanism of ACET requesting presentations of information from CDC to guide its actions. The second had to do with multiple documents developed under ACET and published in the MMWR. It appears the MMWR clearance process can limit the independent and objective voice of the advisory committee. That was the area causing concern. Previously, in the MMWR, there was guidance provided for U.S. health workers who travel overseas and could be exposed to drug-resistance TB. The MMWR wrote the guidance into a format different from that prescribed by ACET, which was an inappropriate approach to the clearance process. It was then decided ACET would publish its guidance in a peer review article.

Ms. Lewellen directed the members to reference page two of the charter, where it states Agency or Officials to Whom the Council Reports. Listed in the section is the Secretary, Assistant Secretary of Health, and the CDC Director.

With regard to undue influence and independent judgment, at the last meeting, Ms. Lewellen talked about the program evaluation of the Federal Advisory Committee Act (FACA) and the Program Integrity Risk Assessment. At that time, she focused on the top risk area in the FACA program, which was undue influence and independent judgment. Committees are brought into the agency to provide their independent judgment, as subject matter experts. This is a separate issue from workgroup products that might be generated by an advisory committee; CDC subjecting those documents or items to agency clearance requirements; and then publishing the documents as if they are the work of the committee. MASO is still working on getting an agency policy published regarding advice and recommendations from Federal advisory committees that will hopefully address a number of ongoing issues (i.e., joint authorship, ownership, etc.).

Ms. Lewellen clarified the current process for work products generated by advisory committees to move forward to agency officials. For example, the guidance that was developed for U.S. health workers going abroad should go to the Designated Federal Officer (DFO), who will then transmit the document to the CDC Committee Management Officer in the Federal Advisory Committee Branch. The document will then be transmitted to the Secretary, the Assistant Secretary for Health, and the Director of CDC, i.e., the agency officials to whom the committee reports. ACET is not chartered to advise the general public or any other organizations on its own, but only the three agency officials named in the charter. The work product will then be either accepted or not accepted by the agency officials. If it is accepted, the agency will move forward with implementation often by issuing CDC guidelines etc. Even if the document is not

accepted, it can still be made public, which usually means posting on the Federal Advisory Committee website for ACET as part of the meeting minutes. Ms. Lewellen indicated that the information and prototype documents for this process are available to CDC staff on the MASO intranet site.

Ms. Sarah Bur responded by recounting a conversation, at the last meeting, about possible ways for ACET to be more effective and provide better support to CDC and the Secretary. The question was raised should ACET spend a lot of time on reports or should it be discussing other things. In her opinion, when at in-person meetings, ACET should spend at least an hour discussing how it spend its time, constructing agendas, and determining the direction of ACET for the next year.

Mr. Jones said there was a workgroup created to look at the utilization of time spent at meetings. One of the findings was that ACET was spending a lot of time hearing reports and acting on recommendations based upon the report but not necessarily strategizing on actions to be taken. He suggested at the next meeting ACET members look at how to adopt the findings and implement them henceforth. Mr. Jones concurred that a lot of time is spent listening to reports, but there's not a lot of time available for DTBE to present policies, initiatives, and other areas of interested that it would like feedback and guidance.

Ms. Lewellen acknowledged that Mr. Jones' comments are similar to those heard from other committees. There has been some confusion as to how the presentations and reports relate to committees' charters or duties. As a results, some of the CDC committees are structuring their agendas so that each item serves a specific purpose. For example, if there is an update from the Division, several questions have to be answered before it is placed on the agenda. Is it for information only? Is it for deliberation or for a workgroup to be formed? Is there a guideline or resolution that is needed? This process is working very well for some committees. If using that process, any work products that are developed would have a direct connection to the charter and can be measured. This is also helpful to assist MASO in the process of working with DFOs and program staff to assess the efficiency and effectiveness of its committees. In light of budget cuts, it is important to look at all of the committees to determine if they are fulfilling the scope and duties of their various charters (intended purpose).

Dr. Castro has adapted a form using the process Ms. Lewellen described. He also said ACET could make sure that no presentation is given unless the form is completed to determine its purpose. Ms. Lewellen asked if Ms. Scott-Cseh would share the form with MASO and felt it may be an excellent start to structuring the agendas for ACET. Dr. Horsburgh made the suggestion that a program subcommittee be created to examine items DTBE would like to present, and DTBE would submit these items at least a month ahead of time to keep the process nimble. Mr. Jones proposed the form also include the question "what is the deliverable ACET is being asked of". This would allow ACET to assess itself and ensure it is meeting the objectives. Dr. Castro welcomed the forming of a small committee to reduce dysfunction and help move items forward. Dr. Carter suggested recommendations should have good input, ample time for discussion, and should not be at the very end of the meeting, when individuals are trying to leave early for flights and quorum is jeopardized.

Dr. Mamodikoe Makhene asked if it were acceptable for ACET to have outside people to come in, like the FDA or other organizations, to add meaningful input into discussions. If it is acceptable, she felt it was a practice that should be utilized more to add to the depth of the conversations. Having an ex officio member on the committee from FDA, for example, does not ensure that the person is the expert on the topic being covered and therefore would still warrant the need for someone to come and advise the committee. Mr. Jones responded it is acceptable and has been utilized, in the past. Ms. Lewellen agreed and said the GSA Final Rule does allow for external consultants.

Mr. Jones asked the members for any closing thoughts. Dr. Cassell agreed with the recommendation for more external speakers and felt it would allow ACET to leverage its activities. Dr. Warren commented that the Division has to prioritize what it presents. He did not feel a lot of presentations were warranted. He said ACET should be recognized as a brain trust and utilized as such. Presentations should be in line with the ACET charter. Mr. Jones agreed with Dr. Warren's comments. Slides he felt could be presented before the meeting to be reviewed and members could ask questions if needed but the focus should be on deliverables expected of ACET at each meeting.

Ms. Lewellen was provided a copy of the form, of which Dr. Castro spoke. She felt it was a good step toward the points raised. She felt the form should be shared with the entire ACET committee to clarify the framework for formulating agenda topics (i.e., what information is being gathered on the front end).

She suggested that the last section of the form requesting advice from the committee should be clarified to be more specific, for example a deliverable or something measurable. General comments from committee members should be captured in the minutes. If the deliverable is guidance/recommendation, the form should indicate the intended agency official, i.e. the Secretary, CDC or the Assistant Secretary of Health.

Another important component to capture is measurable outcomes that occur because of the deliverable. Mr. Jones agreed the measurable outcomes were important to assure that progress was being made. In this meeting and future meetings, items will be examined to see if they meet the expectations of the charter and a deliverable will be identified. He also suggested the Agenda Committee should have at least one ex officio member or possibly a liaison representative.

Feedback on Secretary's Report

The topic of the chair's report was then revisited. Mr. Jones entertained thoughts on cooperative agreements. Several discussions have occurred regarding states with more burdens versus those with less. In the past, several states had been identified, such as California, Texas, Georgia, Florida, New York, as having a greater burden versus those in the Mid-West region. He queried if any communications regarding the topic should be included in the report.

Dr. Narita recalled, in past discussions, ACET became aware of concerns but was not sure if it had a strong opinion on how to recommend funding allocation. He also felt efforts should be made to support big cities and urban centers in the case of an outbreak. Dr. Cassell agreed and said it relates to risk. Dr. Castro made the committee

aware of a document published in the May 2002 edition of the MMWR entitled *Progressing towards Tuberculosis Elimination: Low Incidence Areas in the United States*. The article offered recommendations from the ACET. This could be something ACET could revisit and use as a starting point. He would have Ms. Scott-Cseh distribute the article to the members. Mr. Jones felt the article could be alluded to in the report. Any other members interested in sharing additional information should contact him.

Dr. Warkentin suggested ACET not take a position on cooperative agreements to the states without studying the issue carefully, which is very complex. ACET should weigh in more on the fact that the funding pie is shrinking and how it puts states in jeopardy versus how the pie is sliced. Mr. Jones' intentions are to address the shrinking funding and to suggest the "ingredients" that should be included in the "pie". He will continue to look to the committee's thoughts on if the topic should be covered and will utilize caution, if it is decided it should be included in the letter.

The next topic was disparities, particularly among African Americans. A lot has been done in the last three years to address the issue and those efforts will be highlighted in the report. Other initiatives emphasized will be the three major cities, educational outreach efforts, and other initiatives done in conjunction with CDC. Mr. Jones asked if there were any other areas to be included. No other comments were offered by the members.

The group then moved to the topic of incarceration. Ms. Bur updated the group on a resolution passed in December 2012. The resolution covers several areas in relationship to TB and correctional facilities. The report included a table, of recommendations, summarized into a list format. The report will be distributed to the membership. Members were asked to add to the report or make edits and send those back to Mr. Jones. Dr. Cassell noted it was important to highlight what would happen if resources were not available to implement the recommendations. Correctional facilities, she felt, was one of the most critical areas were increased resources, surveillance, etc. was needed. She felt a section of the report should speak to what ACET predicts would be the consequences if X, Y, and Z were not implemented due to lack of resources.

Mr. Jones agreed and referenced the committee to the resolutions printed in the draft minutes from the December 4-5, 2012 meeting. It reads as follows:

> Given that correctional settings provide opportunities to turn the tide for these concerning TB trends, ACET recommends that CDC consider making TB prevention and control in correctional settings a priority focus to:
>
> - ❑ Improve TB case detection;
> - ❑ Reduce TB case rates;
> - ❑ Increase TB treatment completion rates among TB cases identified while incarcerated;
> - ❑ Prevent TB transmission in these settings; and
> - ❑ Expand treatment of latent TB infection to prevent future TB cases.

These salient points will be included in the letter to the Secretary.

Dr. Hewitt suggested a connection be made between race and ethnicity in corrections. This is an African American-Hispanic issue. Mr. Jones' plan is to synthesize all the points into three or four headings that will be as specific as possible but give due diligence to the discussions, particularly for issues that are interdependent. Drs. Elson and Cassell pointed out the topic also relates to border issues, hepatitis, and diabetes. Dr. Levin highlighted concerns of continuity of care for the inmate population as individuals move from facility to facility and back into the community. Ms. Bur said there is a section in the report that speaks to continuity of care. The recommendation is to drill down deeper into the problem and look at how they tie in with border issues. Dr. Elson will reach out to Dr. Levin and incorporate her into discussions taking place between Dr. Elson, Ms. Bur, and Ms. Tiffany Moore through collaborations with the National TB Controllers Association Corrections Committee. Mr. Jones thought it would also be beneficial for Dr. Levin to serve on ACET's Corrections Workgroup.

Mr. Jones wrapped up on the areas he identified for the report and opened the floor to members to add additional items they felt should be considered. Ms. Eileen Napolitano made a presentation to the Stop TB Partnership Group. The presentation resulted in a proposed resolution, which was passed and ultimately funded by CDC. The resolution has allowed the organization to become more structured. She will forward a brief statement regarding those activities. Ms. Cole suggested under the heading of diagnostics a request for rapid technology for TB diagnosis be emphasized.

Dr. Hewitt sought the advice of Dr. Castro on ways to ensure critical issues are not lost. Dr. Castro suggested the report from ACET to the Secretary sent on July 6, 2010 be used as an example. In the report is an executive summary. Dr. Dean agreed that an executive summary would be beneficial to the Secretary. The summary should be no longer than two pages.

The group then stopped for a brief break.

After the break, Dr. Dean conducted a roll call and determined quorum was present.

BUSINESS SESSION: MOTION TO ACCEPT MINUTES OF THE DECEMBER 4-5, 2012 ACET MEETING

ACET members, ex officio members, and liaison representatives were all provided a copy of the minutes from the December 4 - 5, 2012 meeting held in Atlanta, GA. Only members were permitted to vote on the minutes. Mr. Jones asked for a motion to accept the minutes from the December meeting, as presented and provided to the members. A motion was placed by Dr. Barbara Cole and seconded by Dr. Gail Cassell. No further discussion was requested by members. **ACET unanimously approved the motion**, with no members abstaining.

POTENTIAL AGENDA TOPICS FOR THE JUNE 2013 MEETING

Mr. Jones announced the next meeting would be June 4 - 5, 2013. This portion of the meeting afforded members the opportunity to weigh in on proposed agenda topics, as well as make additional suggestions of topics to consider. Mr. Jones asked that with

each topic, the benefit to ACET and to DTBE be identified, as well as what deliverable would be expected of ACET.

Secondly, the Agenda Committee will meet before June to decide what topics will be presented at the June meeting. The Agenda Committee is comprised of the Chair, the Division Director, the Designated Federal Official, and the Assistant Division Representative of DTBE. Mr. Jones suggested one liaison representative and one ex officio member join the Agenda Committee. He queried the members for their thoughts.

Members agreed with the recommendation and the suggestion was made by Dr. Cassell for Mr. Jones to be given the authority to appoint a liaison representative and ex officio member. Mr. Jones will therefore provide a list of recommended individuals to the DFO but also asked for volunteers. The following individuals came forward:

- Dr. Robert Horsburgh
- Dr. Jane Carter
- Dr. Warren Hewitt, Jr.
- Dr. Maria Teresa Zorrilla (Also suggested another individual in her agency but unable to understand the individual's name.)
- Dr. Jon Warkentin
- Dr. Mamodikoe Makhene

Mr. Jones will make a recommendation from the volunteers and send a communication out to members announcing the individuals chosen.

ACET then moved to looking at the potential agenda topics, which were as follows:

- Drug shortages
- Two MMWR articles published
- TB Homeless Population (i.e., FL, TX, Correctional Facilities in Los Angeles, CA)
- Invite HRSA to present on Healthcare for Homeless
- U.S./Mexico Border Commission
- ACET National TB Program Workgroup

As it relates to drug shortages, Dr. Horsburgh would like an update or follow-up on previous discussions ACET has provided guidance. The deliverable for the topic would be the update. Drs. Carter and Seaworth were in agreement with its inclusion on the agenda and an update being the deliverable. Ms. Cole recalled a resolution was passed because of ACET deliberations. Ms. Bur reminded the group that there are also new drug shortages, such as Tubersol and Isoniazid, which have not been discussed and should be a part of this topic. She was not sure of what ACET's role should be but that it should determine if there are actions needed to move things forward on the matter. Ms. Cole thought the topic should be looked at through a global lens. Dr. Makhene agreed but was more concern with making sure the right processes are in place in the case of a drug shortage. Dr. Castro suggested someone from FDA be available to speak on the options of importing drugs from the Global Drug Facility to mitigate national shortages. Dr. Cassell suggested Peter (Sagowski), as a possible speaker, to talk about second-line drug shortages. Dr. Narita added that someone from the pharmaceutical company come and speak at the meeting. At the agenda meeting, the holistic picture will be

examined and the Agenda Committee will decide how specific or directive the issue will be addressed.

The next suggested topic was the two MMWR articles. Dr. Castro said one of the deliberations of the working group was to have something published in the January 18, 2013 edition. One MMWR report speaks to the interruptions in supply of second-line anti-TB drugs. In addition, the editorial note contains possible actions. CDC is looking to its consultants to provide feedback on intervention strategies being used in the States. Dr. Carter felt it would be an interesting topic to add and it dovetails with the amount of time and resources jurisdictions allocate, which directly ties to funding.

Dr. Narita advocated for the topic of TB homeless population because he felt it spoke to the current state of vulnerability. Ms. Doshi also expressed an interested. Dr. Castro suggested the Division provide to ACET information on a variety of recent outbreaks that have affected predominately homeless populations, in Florida, Texas, and Los Angeles County. The Division would also engage HRSA, who has a program for homeless persons. Other possible agencies to be engaged would be determined. Dr. Carter will provide slides from a presentation given by the North American Region.

Mr. Jones will engage Dr. Zorrilla on the update her agency wanted to present to ACET. He asked her agency to share with the committee the expectation/deliverable to ACET.

Dr. Marcos Burgos suggested the last topic, ACET National TB Program Workgroup, be moved to the next meeting after June.

Mr. Jones requested, as an outgoing chair, to have a final status report on efforts related to TB in the U.S., including a focus on African Americans. Dr. Castro said it would be possible. Dr. Brenner said, at the last meeting, there were discussions about TB prevention control programs' core competencies, which were last updated in 1995. Deliverables would be a charge to a group or committee to update the core competencies. He proposed that this could be either a subject for the June or the December meeting. Drs. Castro and Seaworth agreed and felt it could be linked to the ACA. Dr. Brenner will prepare an analysis of what he would like to incorporate. Dr. Cole will work with Dr. Brenner on this area.

Mr. Jones reminded members that all topics suggested would be vetted through the Agenda Committee in the next month or so. Members will be updated on the date for the meeting.

With regard to recommendations for items to include in the report to the Secretary, any supplemental information should be forwarded promptly to Ms. Scott-Cseh by March 31, 2013 to ensure a comprehensive report is created.

PUBLIC COMMENT

At 2:33 PM, the floor was open for public comments. No comments were expressed.

MEETING ADJOURNMENT

Dr. Dean conducted a final roll call. Quorum was present.

Mr. Jones thanked all the participants for a joining and helping to facilitate a productive meeting. With no additional comments or questions posed, Mr. Jones adjourned the meeting at 2:37 PM.

CERTIFICATION

I hereby certify that, to the best of my knowledge and ability, the foregoing minutes of the March 5, 2013, meeting of the Advisory Council for the Elimination of Tuberculosis, CDC are accurate and complete.

_____ _____

Date

Shannon Jones, III
Chair, Advisory Council for the
Elimination of Tuberculosis, CDC

Attachment #1: Meeting Participants

Note
Dr. Hazel Dean, ACET Designated Federal Officer, conducted roll calls on March 5, 2013, at the beginning of the meeting and when the group reconvened from breaks. She verified the presence of a quorum of ACET voting members and ex officio members sufficient for ACET to conduct its business.

ACET Members
Mr. Shannon Jones III, Chair
Dr. Eric Brenner
Dr. Marcos Burgos
Dr. Jane Carter
Dr. Gail Cassell
Ms. Barbara Cole
Dr. Susan Dorman
Dr. C. Robert Horsburgh, Jr.
Dr. Masahiro Narita
Dr. Barbara Seaworth

ACET Designated Federal Officer
Dr. Hazel Dean, NCHHSTP Deputy Director

ACET Ex Officio Members
Dr. Naomi Aronson (Department of Defense, Uniformed Services)
Dr. William B. Baine (Agency for Healthcare Research and Quality)
Ms. Sarah Bur (Federal Bureau of Prisons)
Ms. Rupali Doshi (HIV/AIDS Bureau)
Ms. Lisa Delaney (alternate, National Institute for Occupational Safety and Health)
Mr. Paul Dulin (sitting in for Dr. Antonio Falcon)(U.S.-Mexico Border Health Commission)
Ms. Caroline Freeman (Office of Biologic Hazards)
Dr. Diana Elson (US Immigration and Customs Enforcement)
Dr. J. Nadine Gracia (Office of Minority Health, HHS)
Dr. Warren W. Hewitt, Jr. (Substance Abuse and Mental Health Administration)
Dr. Susan Karol (Indian Health Services)
Dr. Momodikoe Makhene (National Institute of Allergy and Infectious Diseases)
Ms. Tiffany Moore (United States Marshals Service)
Dr. Sheldon Morris (Food & Drug Administration)
Dr. Gary Roselle (Department of Veteran Affairs)
Dr. David Weissman (National Institute for Occupational Safety and Health)

ACET Liaison Members
Dr. Robert Benjamin (National Association of City and County Health Officials)
Mr. Eddie Hedrick (Association for Professionals in Infection Control and Epidemiology)
Ms. Cornelia Jervis (Treatment Action Group)
Dr. Ilse Levin (American Medical Association)
Dr. Saul Levin (Association of State and Territorial Health Officials)
Ms. Eileen Napolitano (Stop TB USA)
Dr. Jennifer Rakeman (Association of Public Health Laboratories)
Dr. Susan M. Ray (Infectious Disease Society of America)

Dr. Lornel Tompkins (National Medical Association)
Dr. Jon Warkentin (alternate, National Tuberculosis Controllers Association)
Dr. Maria Teresa Zorrilla (US-México Border Health Commission)

CDC Representatives

Dr. Kenneth Castro, Director, Division of Tuberculosis Elimination, NCHHSTP
Mr. Carlos Alcantara
Mr. Glen Christie
Ms. Teresa Durden
Mr. Jimmy Keller
Ms. Gladys Lewellen
Ms. Margie Scott-Cseh
Mr. Phillip Talboy
Dr. Wanda Walton

Members of the Public

Ms. Catherine Caims (Association of State and Territorial Health Officials)
Ms. Candrea Cherry (Marshall Service)
Ms. Denise Dodge (VA Department of Health)
Dr. Michael Fleenor (Jefferson County Department of Health)

Attachment #2: Acronyms Common to the Division of Tuberculosis Elimination

Acronym	Expansion
ACA	Affordable Care Act
ACET	Advisory Council for the Elimination of Tuberculosis
ACIP	Association for Professionals in Infection Control and Epidemiology
AFB	Acid-Fast Bacilli
AIDAC	Anti-Infective Drugs Advisory Committee
AMA	American Medical Association
APHL	Association of Public Health Laboratories
ART	Antiretroviral Therapy
ASTHO	Association of State and Territorial Health Officials
BCG	Bacille Calmette-Guerin (vaccination)
BSC	Board of Scientific Counselors
CAPUS	Care and Prevention in the United States
CBO	Community-Based Organization
CDC	Centers for Disease Control and Prevention
CdV	Consultorios de Visa
CEBSB	Communications, Education, and Behavioral Studies Branch
CGH	Center for Global Health
CITC	Curry International Tuberculosis Center
CMO	Committee Management Office
CPG	Clinical Practice Guidelines
CR	Continuing Resolution
CROI	Conference on Retroviruses and Opportunistic Infections
CSH	Combat Support Hospital
DASH	Division of Adolescent and School Health
DFO	Designated Federal Officer
DGDDER	Division of Global Disease Detection and Emergency Response
DGHA	Division of Global HIV/AIDS
DGMQ	Division of Global Migration and Quarantine
DHAP	Division of HIV/AIDS Prevention
DoD	(United States) Department of Defense
DOT	directly observed therapy
DR	Dominican Republic
DSTDP	Division of STD Prevention
DTBE	Division of Tuberculosis Elimination
DVH	Division of Viral Hepatitis
ECHPP	Enhanced Comprehensive HIV Prevention Planning and Implementation Program
EIS	Epidemic Intelligence Service
EMR	Electronic Medical Records
FACA	Federal Advisory Committee Act
FBOP	Federal Bureau of Prisons
FDA	(United States) Food and Drug Administration
FOA	Funding Opportunity Announcement
FQHC	Federally Qualified Health Center

FY	Fiscal Year
GCC	Global Communications Center
GDD	Global Disease Detection
GDF	Global Drug Facility
GTBI	New Jersey Medical School Global Tuberculosis Institute
HAART	Highly Active Antiretroviral Therapy
HHS	(United States) Department of Health and Human Services
HICPAC	Healthcare Infection Control Practices Advisory Committee
HIV	Human Immunodeficiency Virus
HIV-CAUSAL	HIV Cohorts Analyzed Using Structural Approaches to Longitudinal Data
HNTC	Heartland National Tuberculosis Center
HRSA	Health Resources and Services Administration
IAC	International AIDS Conference
ICE	Immigration and Customs Enforcement
ICU	Intensive Care Unit
IGRAs	Interferon-Gamma Release Assays
IHS	Indian Health Service
IND	Investigational New Drug
INH	Isoniazid
IOM	Institute of Medicine
IRB	Institutional Review Board
IRPB	International Research and Programs Branch
ISDA	Infectious Diseases Society of America
IT	Information Technology
LTBI	Latent Tuberculosis Infection
MAI	Minority HIV/AIDS Initiative
MASO	Management Analysis and Services Office
MDDR	Molecular Detection of Drug Resistance (Service)
MDR-TB	Multidrug-resistant tuberculosis
MMWR	Morbidity and Mortality Weekly Report
MOH	Ministry of Health
MSM	Men who have sex with men
Mtb	Mycobacterium tuberculosis
NAA	Nucleic Acid Amplification
NAA	nucleic acid amplification
NA-ACCORD	North American AIDS Cohort Collaboration on Research and Design
NACCHO	National Association of City and County Health Officials
NCEZID	National Center for Emerging and Zoonotic Infectious Diseases
NCHHSTP	National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention
NCIRD	National Center for Immunization and Respiratory Diseases
NGO	Non-Governmental Organization
NHANES	National Health and Nutrition Examination Survey
NHAS	National HIV/AIDS Strategy
NIAID	National Institute of Allergies and Infectious Diseases
NIH	National Institutes of Health
NIOSH	National Institute for Occupational Safety and Health

NMA	National Medical Association
NPRM	Notice of Proposed Rule Making
NTCA	National Tuberculosis Controllers Association
NTIP	National Tuberculosis Indicators Project
NTM	Non-Tuberculous Mycobacteria
NTP	National Tuberculosis Program
OADS	Office of the Associate Director for Science
OGAC	Office of the US Global AIDS Coordinator
OID	Office of Infectious Diseases
OMH	Office of Minority Health
OMHHE	Office of Minority Health and Health Equity
OSELS	Office of Surveillance, Epidemiology, and Laboratory Services
PAHO	Pan American Health Organization
PCSI	Program Collaboration Service Integration
PEPFAR	President's Emergency Plan for AIDS Relief
PHAC	Public Health Agency of Canada
POW	Prisoner of War
PPV	Positive Predictive Value
PZA	Pyrazinamide
QFT	QuantiFERON-TB test
RTMCC	Regional Training and Medical Consultation Centers
RVCT	Report of Verified Case of Tuberculosis
RWJ	Robert Wood Johnson (Foundation)
SNTC	Southeastern National Tuberculosis Center
STD	Sexually Transmitted Disease
TAG	Treatment Action Group
TB	Tuberculosis
TB ETN	Tuberculosis Education and Training Network
TB PEN	Tuberculosis Program Effectiveness Network
TBRTMCCs	Tuberculosis Regional Training and Medical Consultation Centers
TBESC	Tuberculosis Epidemiologic Studies Consortium
TBTC	Tuberculosis Trials Consortium
TST	Tuberculin Skin Test
TTI	Tuberculosis Technical Instructions
US	United States
USPSTF	United States Preventive Services Task Force
VA	(United States) Department of Veterans Affairs
WHO	World Health Organization
WTST	Working Together to Stop TB
XDR-TB	Extensively Drug-Resistant Tuberculosis