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

DECEMBER 3, 2013
ATLANTA, GEORGIA

Summary of the Proceedings

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Advisory Council for the Elimination of Tuberculosis Webinar
Centers for Disease Control and Prevention

8 Corporate Square
Conference Room 1 A/B/C
Atlanta
December 3, 2013

AGENDA

11:00	Call to Order and Welcome	Dr. Hazel Dean/ Mr. Shannon Jones
11:05	*Roll Call*	Dr. Hazel Dean
11:15	**ACET Chair's Report to the Secretary**	Mr. Shannon Jones
11:45	Q's and A's	
12:15	Lunch	
1:00	*Roll Call*	Dr. Hazel Dean
1:10	**ACET Essential Components Workgroup Update**	Dr. Eric Brenner
1:30	Q's and A's	
2:00	**Drug Shortages Update**	Ms. Ann Cronin
2:20	Q's and A's	
2:50	Business Session: Motion to accept minutes of the June 4-5, 2013 ACET meeting	Mr. Shannon Jones
2:55	Potential agenda topics for the March 2014 Meeting - Invite MASO Committee Management - Next ACET Meetings • March 4, 2014 Webinar • June 3–4, 2014	Mr. Shannon Jones
3:10	Public Comment	Mr. Shannon Jones
3:20	*Roll Call*	Dr. Hazel Dean
3:30	Meeting Adjourned	

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8 Corporate Square
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December 3, 2013

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 December 3, 2013, in Building 8 of CDC's Corporate Square Campus, Conference Room A/B/C, in Atlanta, GA.

TUESDAY, DECEMBER 3, 2013

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 11:25 AM, on Tuesday, December 3, 2013. The proceedings were afterwards turned over to Dr. Hazel Dean, for announcements and roll call.

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 requested that ACET members declare any potential conflicts of interest to be noted for the record.

Dr. Dean welcomed to the board the following new members:

- Ana M. Alvarez, MD, FAAP, Associate Professor of Pediatrics, University of Florida College of Medicine
- Jennifer Cochran, MPH, Director, Division of Refugee Immigrant Health and Tuberculosis Prevention, Massachusetts Department of Public Health

Joining as new ex officio members are:

- Bruce San Filippo, MD, Chief Medical Officer, U.S.-Mexico Border Health Commission; (replacing Dr. Antonio Falcon) and
- Stephen Martin, Occupational Safety Health Specialist, National Institute for Occupational Safety & Health, (replacing Ms. Lisa Delaney)

New liaison representatives are:

- Colleen Daniels, Director, TB/HIV Treatment Action Group (replacing Ms. Cornelia Jervis)
- John Lozier, Executive Director, National Coalition for the Homeless, National Health Care for the Homeless Council

Ms. Tiffany Moore will no longer serve as an ex officio member from the United States Marshal Service. Efforts are underway to fill the vacancy before the next ACET meeting.

Dr. Jane Carter identified a possible conflict of interest, since she is the Serving President of International Union against TB and Lung Disease. No other conflicts of interest were identified.

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

Today's meeting will be the last meeting that Mr. Jones will serve as chair. He expressed his gratitude to the board for their role in helping to accomplish significant progress during his tenure. He also encouraged the new members to be engaged, provide input, and assist with advocacy work to HHS with regards to TB elimination.

Mr. Jones reviewed one of the objectives for the meeting. The first activity would be to cover his report to the HHS' Secretary Sebelius, which will provide highlights on activities, which occurred during his term, as well as underscore ongoing issues that need attention. Mr. Jones further asked members to provide their input to be included in the document by December 31, 2013 via email or some other form of communication. Once the draft is completed, it will be turned over to CDC for final submission to the Secretary.

Mr. Jones went on to review the subjects that will be covered in the report. Members would then be allowed to provide some immediate feedback, as well.

During Mr. Jones' time on the board there have been approximately 81 resolutions adopted either in whole or in part. Most of the materials in the report came from the various workgroups, who identified topics to be highlighted to the Secretary. It is important that those areas of concern be the main focus of the report so that the Secretary will have time to provide feedback considering her other demanding priorities.

In the last three years, three areas stood out significantly. The first was the national TB drug shortages. Content from the National TB Controllers Report was utilized because it highlighted the challenges and issues faced in that regard.

The second area of focus was second line drug shortages, which has garnered significant discussion among the board. Several resolutions and recommendations have been made regarding second line drugs, which have also been incorporated into the report. The hope is that Secretary Sebelius will encourage the support of the recommendations made through CDC and DTBE.

The third issue covered was border issues and TB control. The board previously invited a representative from the Consulate to come and talk about TB control in the United States, the cooperation that exists, and initiatives that are needed over the next year by the Secretary and CDC to emphasize more effort in cross-border cooperation and collaboration. ACET made recommendations to help augment and encourage collaboration. The recommendations have also been highlighted in the report.

Mr. Jones then went on to talk about requests that have been made of the Secretary to assist in TB elimination efforts, such as:

- Recommending that CDC continue to identify opportunities to address TB control efforts along the United States border with Mexico.
- Encouraging the Secretary to reach out to her counterpart in Mexico to garner cooperation in working on issues identified by the board and to continue participation in the TB Consortium.
- Urging the allocation of additional resources and technical assistance to support the activities of the TB Consortium Workgroup.

Additional areas were also highlighted in the report. Surveillance was emphasized because of its importance in TB elimination. Racial and ethnic disparities and its effects on TB elimination, particularly those of the African American community, were addressed and suggestions of efforts that should be undertaken by DTBE and other organizations were made in that regard. Public health funding and its importance to the success of TB elimination were also spoken to in the report. Specific language provided by the workgroup, in its recommendations, was utilized to address decreased funding for TB elimination, barriers to funding, the legal mandate DTBE has to assist in eliminating TB, and the impact of decrease funding on its activities.

Mr. Jones also underscored the importance of program collaboration and service integration (PCSI) and group efforts with HIV, diabetes and other areas, in the report. Collaboration among various divisions of CDC is essential to success since diseases cross populations.

And lastly, the Affordable Care Act and treatment opportunities it provides through funding collaboration and treatment of citizens to address TB and other healthcare issues was also covered in the report.

All topics provided in the report will be covered in a very succinct manner in order to make maximum use of the Secretary's time. It is important, however, that the Secretary hears from ACET in order to understand the priority areas and bring awareness to issues and challenges regarding TB elimination.

Mr. Jones then solicited immediate feedback from the members and again reminded members to submit any additional feedback before the December 31, 2013 deadline.

Dr. Gail Cassell asked what were CDC's recommendations regarding the stockpile and barriers identified, as it relates to TB. She also suggested the inclusion of tables or data that would underscore the magnitude and effects of drug shortages. The low rate of TB treatment completion for those incarcerated should also be included in the report, as well as data that illustrate the seriousness of the issue. She further recommended the inclusion of a map showing the rates per state to serve as an illustration of the border state incidences. Lastly, she asked if the report could be delivered in person to the Secretary versus sending the letter with the attachment.

Mr. Jones said meeting with the Secretary has been difficult at best, but there have been opportunities to meet with Assistant Secretary Koh. Dr. Kenneth Castro said the preference would be to present the report in person but given the complications with scheduling a face-to-face meeting with Dr. Koh should be requested. He felt Dr. Koh would be receptive to receiving the document and Dr. Castro even had ideas on how verbiage could be framed using the Healthy People 2020 TB Progress Review to make the Assistant Secretary's office more amenable to setting up the meeting. Efforts will be made to expedite that process so that Mr. Jones may be present to facilitate the meeting before he retires from the board.

Mr. Jones modeled the report after his predecessor making it short and concise but invited members to email him any additional data or tables to be included as an addendum to the report to help substantiate the issue. The additional data or tables would also be due by the end of the month as well. Dr. Cassell asked for DTBE's opinion on the utility of including graphs and if the division had any available that could be included. Dr. Dean said tables have not been attached to the report in the past, but in the meeting with Dr. Koh, additional information was provided from the division to help bolster some of the concerns. In an effort to avoid overwhelming the Secretary, Dr. Hewitt felt the tables should not be included in the report but rather provided to Dr. Koh during the in-person meeting. The timing of the meeting he also felt should be selected carefully, in

light of possible sequestration issues looming for the first quarter of 2014, which could affect funding.

Mr. Jones provided his email address to the members, which is shannon.jones@austintexas.gov. Ms. Margie Scott-Cseh will also distribute the email address out to the membership so that the board may provide further input for the report.

ACET ESSENTIAL COMPONENTS WORKGROUP UPDATE
Eric Brenner, MD
ACET Board Member, Department of Epidemiology and Biostatistics, Arnold School of Public Health, University of South Carolina

Dr. Brenner provided an update to the board from the Essential Components Workgroup, which is a subcommittee comprised of ACET Board Members Dr. Brenner, Ms. Barbara Cole, and Dr. Marcos Burgos. The workgroup was tasked with reviewing the 1995 Essential Components of Tuberculosis Prevention and Control Program document and determining if there is a need to update and edit some of the findings.

At the June 4-5, 2013 meeting in Atlanta, Dr. Jon Warkentin gave a presentation entitled *Refining the Essential Components of an Effective TB Program*. After considerable interest and discussion, a motion was passed to create a working group that would examine the document for the possibility of making revisions.

Dr. Brenner cited several reasons why the document might need to be revised. The first would be to ensure that the data are not old and therefore may be of no relevance to the current TB crisis. Furthermore, there have been several changes in the TB landscape since the report's release, such as epidemiologic, technical, funding, and others issues like stigma, for example. There have been numerous update statements made to other reports, which were included in the Morbidity and Mortality Weekly Report (MMWR) related to TB. The possible utility of conceptual versus contextual reformulation should also be considered for the title of the document. One word can carry a lot of weight; therefore, some further discussion needs to occur regarding the naming of the document.

The working group organized in August 2013 and in September 2013 solicited input from approximately 50 people, which included the ACET members, liaison representatives and ex-officio members. Very little input was provided; therefore, plans for a second request are to follow. During October through November, input was also gathered from National Tuberculosis Controllers Association (NTCA), Stop TB USA, and several past ACET members. The plan is to provide an updated draft statement to the board, by the March 2014 meeting.

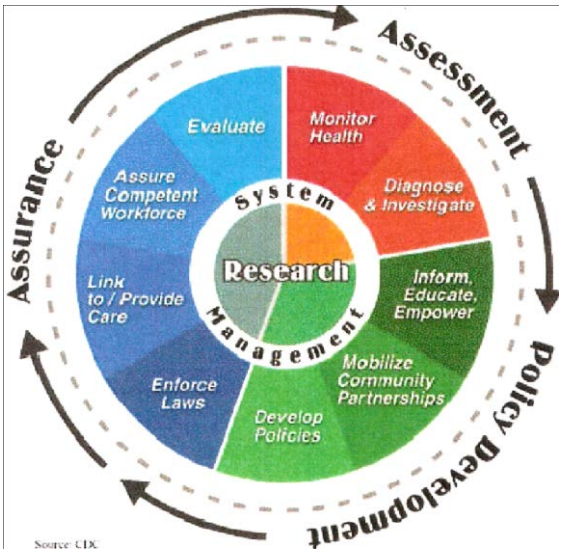
There working group identified some potential uses for a revised statement. They can be used to:

- Provide a national standard by which policy makers, TB program managers and others evaluating TB programs can assess individual TB control programs, therefore, acting as an assessment tool; or
- Help state/local programs obtain and maintain adequate resources for TB control activities, thereby, being used as an resource advocacy tool; or
- Explicitly addresses not only "control standards" but also "elimination standards," which raises the bar (as lower height has been cleared).

Dr. Brenner noted that although there may be some new findings that surface related to TB, the basic essential elements, such as planning, surveillance, containment, and assessment, perhaps do not differ significantly and are still relevant today. Furthermore, some of the new findings may not necessarily be considered as essential elements. As an example, he provided several statements, which appeared in the 1995 document that are still needed now, such as:

- Conducting overall planning and development of policy [Relates to program]
- Identifying persons who have clinically active TB [Relates to program and surveillance]
- Managing persons who have or who are suspected of having disease [Relates to clinical]
- Identifying and managing persons infected with M tuberculosis [Relates to clinical and public health]
- Providing laboratory and diagnostic services [Relates to program and collaboration]
- Collecting and analyzing data [Relates to program]
- Providing training and education [Relates to program]

The structure of the document should also be examined. There may be a need to fine tune some of the subheadings or add passages. The workgroup also thought about the incorporation of models as a more effective way of framing the TB Program Essential Components. They proposed the model below, which has been used by several other government agencies, as an option.



Another framework option would be to provide a list of the classic essential public health services, which could be mapped back to the model, like:

1. Monitor health status to identify community health problems
2. Diagnose and investigate health problems and health hazards in the community
3. Inform, educate, and empower people about health Issues
4. Mobilize community partnerships to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts
6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
8. Assure a competent public health and personal health care workforce
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services
10. Research for new insights and innovative solutions to health problems

The workgroup was provided input and suggestions from three sources. Stop TB USA suggested an overall framework for a TB program. The agency said:

> *Stop TB USA would like to suggest that the overarching theme of this document be reaching TB elimination, as the US is one of few countries already in elimination phase and so the Essential Components should be framed around how this will be achieved and when. Although we believe that the 1995 ACET document is still relevant, we would also recommend using "A call for Action: TB Elimination Plan for the US" and TB in Low incidence Areas (CDC Task Order 6 document) as other important references that highlight where future efforts (and consequently new essential components) should be directed to reach TB elimination.*

Another comment from Stop TB said:

> *In terms of the framework in which to develop the suggested theme, we feel that in order for us to argue the importance of what specific TB public health services are provided/required for domestic TB elimination, we need to use the existing well-established public health framework (illustrated below). By doing so, we can illustrate how TB is the same as other infectious diseases of public health relevance, but also point out where it is different (re the policy maker question "what do we do for TB control that someone else in the private sector can't do??") To do this, we suggest taking the TB control essential components that have already been established (ACET and for example the Washington state model) and fitting them into this framework of core functions and essential services under the overarching theme of TB elimination.*

A second input came from NTCA provided by Jenny Flood. The agency does not propose a change to the structure but rather updating what is in the core essential components.

Dr. Brenner also received an email suggestion from a member of ACET. The member said:

> *Eric, I had a few minutes to go back over the 1995 document. It's actually held up pretty well. That said, I think there are a few areas where it could use some freshening. In no particular order:*
>
> - *As you noted, **the role of [interferon-gamma release assays] IGRAs should be discussed** both for [latent TB infection] LTBI screening and for role in diagnosis of active disease. I think specific comment re: role of IGRAs in [bacilli Calmette-Guerin] BCG vaccinated populations is worth some discussion in the advisory group.*
> - *With respect to at risk groups, **some mention of anti-[tumor necrosis factor] TNF agents** and other biologicals might be worth considering for a mention.*
> - ***In treating LTBI, rifapentine [isonicotinylhydrazine] INH regimen might be mentioned** with respect to promoting adherence.*

Dr. Brenner felt more discussion among the board is warranted regarding the framework.

There are some additional considerations, like who will write the updated version; should it be the ACET working group or DTBE staff, or a combination thereof.

Secondly, how would an updated version be published? Is it possible for ACET to still publish in the MMWR? Could it be published in some non-federal government publications? Can CDC publish the document in the MMWR and perhaps say incited by, in consultation with, or with the support of ACET?

In thinking of how the group should move forward in 2014, Dr. Brenner proposed several areas that needed to be discussed by the board to assist in guiding the workgroup's activities. The bulleted list below was provided.

- Currently, constituted working group remains able and willing to work on the project.
- Can decide later whether "elimination" is in the "title".
- Even if not can and certainly should be discussed in the text!
- Writing likely to be joint ACET + DTBE partnership.
- Plenty of work likely to be done on both sides.
- Issue of "where new statement might be published" need NOT be addressed at this time. More important is to carefully draft an excellent document and solicit input from multiple expert reviewers
- Issue of appropriate "framework" to use is important (e.g. 1995 "framework / TOC" vs. the "standard PH model". (May be possible to finesse this and have best of both worlds by broadly using the 1995 model, improving it where needed, but then also including a brief annex showing how it relates to ("maps to") the "standard (but less TB-specific") PH model!?
- Importance of open input and smart thinking of the extended ACET family at all stages of the process.

A proposed timetable of the workgroup's activities was provided. The first step is to provide a first draft of the workgroup's findings and circulate them to the membership by March 1, 2014. Hopefully, some time for discussion of the draft could be allotted in the March 4, 2014 webinar. A second draft will then be circulated by May 20, 2014 and comments and discussion regarding the draft can occur at the June 3-4, 2014 in-person meeting.

Dr. Castro thanked the working group for their presentation. DTBE used to be able to publish the ACET statements with a lot of input from CDC staff, but over the years, the management of federal advisory committees has identified the need to provide advisory committees an independence. Therefore, heavy involvement by CDC staff is avoided. But, he noted the Advisory Council for Immunization Practices (ACIP) continues to publish in the MMWR, and they do so by drafting the statements, which are submitted as decision memos, to the agency director for approval. They then become an agency statement published by ACIP. There are some technicalities for accomplishing the same for ACET that will need to be explored. Other publications and partners can also be utilized to publish the statements outside of CDC in a peer-review type format. Dr. Castro believed the CDC staff would welcome the opportunity to contribute.

Jonathan Mermin, MD, MPH
Director, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention CDC

Dr. Mermin thanked the board for allowing him to come and share some brief comments. He recently has been traveling to different sites around the country visiting TB clinics in an effort to gather more information that can assist CDC in its TB elimination efforts. He said it is important to continue to prioritize TB for a variety of reasons. He was impressed with the efforts to update the 1995 Essential Components document. What activities need to be stopped, and what can be done better given the new scientific and programmatic information, technology, research, etc., should be examined. Since the landscape is ever changing, the conversation will be ongoing and constantly evolving.

To develop new recommendations, in the light of the many changes that are occurring in the healthcare environment, is difficult but necessary. He felt the 7 to 11 year timeframe may be a long time for revisions, since the landscape three or four years from now may be quite different.

Dr. Mermin is committed to trying to support the division as well as state and local health departments to continue the downward trend of TB cases in the United States and internationally. He, again, appreciated the opportunity to join the group and thanked the board for their advice to CDC.

Mr. Jones thanked Dr. Mermin for coming to listen to Dr. Brenner's presentation as well address the membership.

The meeting was momentarily adjourned at 12:38 PM for lunch.

The meeting was reconvened at 1:32 PM. Dr. Dean conducted a roll call of ACET members, ex officio members, and liaison representatives. Quorum was present. It was stressed that ACET members and ex officio members stay on the call so that quorum would remain.

Mr. Jones reviewed the remaining areas to be covered in the meeting. He asked that all resolutions be deferred to the March 2014 meeting to allow time for the reports from the workgroups.

DRUG SHORTAGES UPDATE
Ann Cronin
Associate Director for Policy and Issues Management, DTBE, CDC
Donna Wegener
Executive Director, NTCA

Ms. Cronin and Ms. Wegener gave a joint presentation on the work conducted by the DTBE's Internal Drug Shortage Workgroup as well as related activities occurring at NTCA.

A lot of time has been spent this year, in DTBE, on publications. Eight have been prepared and a ninth document is in progress. The publications highlight the issues with drug shortages and their impact. Shortage problems initially occurred among 2nd line drugs, but first line drugs and antigens used in diagnostics are also vulnerable to stockouts. Therefore, the workgroup is assessing the impact from those different issues.

Ms. Cronin said the drug companies tend to be surprised when there's a drug shortage. The shortages are not planned and take a toll on the businesses. Some progress has been made in working with Teva and Sanofi in finding ways to provide drugs to the TB programs as they become available.

The issues with first line drugs have placed the division in a different place. Availability of drugs and antigens had been taken for granted up to this point. To help resolve this, a model of the stockpile is being developed. Ms. Wegener indicated that NTCA has also proposed the use of a strategic inventory. This could be achieved using a vendor-based model, where inventory is maintained at the vendor or working with Perrypoint, which can help support HHS-funded organizations.

There were also some back and forth discussions with the U.S. Food and Drug Administration (FDA), who is responsible for publishing drug shortages via its website. The division hoped to find a way to import drugs or biologics. Some headway has been made, in that regard, with the Global Drug Facility, but FDA did not favor this option because it is expensive due to the evaluation process that must be conducted on the manufacturers. Dr. Castro was at the meeting where Dr. Thomas Frieden, of the CDC, spoke with Dr. Margaret Hamburg, of the FDA around the same topic.

Ms. Wegener said the biologic shortage had impacted far more than just the TB control programs at NTCA. Many of its partners, correctional facilities, hospitals, and large universities have been affected. At the height of the Tubersol shortage, a majority of the control program's staff time was spent addressing the availability of Tubersol and how to prioritize screening activities when there is limited product available. The issues of the shortages, associated price escalations and impact on programs and patients, she felt, cannot be resolved easily or in a short timeframe.

Currently, there is no centralized reporting for drug shortages except reports from manufacturers. The NTCA's Drug Shortage Workgroup developed a systematic way to collect information on shortages and price increases.

The web-based reporting mechanism also collects the impact on patient care and program priority changes related to who is screened and treated as a result of the shortages. Data are being collected from the TB control community. The web-based reporting system went live on the NTCA website, on of December 3, 2013. She encouraged ACET and DTBE to solicit input from its partners to also be contributed to the website. Ms. Wegener commended Dr. Terry Chorba, who was instrumental in prompting the NTCA to develop the reporting system to provide documentation for previously anecdotal reports.

NTCA is planning to report out to its partners on a quarterly basis. The first quarter of data will be released in February. Each state will also receive a report from the database so that they can add their comments and updates. This is not a procurement system, so the states will still need to take steps to procure drugs; but hopefully, this will be a contribution that could be picked up by another federal agency in the future and used to help the TB control community.

Dr. Terry Chorba expressed excitement over the news and would like to bring attention to the TB controller community about the new reporting system in the next series of shortage documents published in the MMWR to assist the federal government in addressing this market failure.

Ms. Wegener said NTCA is working with some of its federal partners as well. Ms. Ann Lanner will ensure that the next *TB Notes* includes a section on the availability of the reporting system and Ms. Sue Etkind is placing an announcement in the next *TB Wire*, as well as working with partners in ACET to help aid in disseminating information out to the community regarding the reporting system.

Ms. Cronin and Ms. Wegener along with some other ACET members were in Washington a few weeks ago to participate in a roundtable with Sanofi. The discussions helped to gain an understanding of the challenges presented by drug and biologic shortages for both sides. It will take all parties working together to find a solution. Ms. Cronin said it is nice to know there will be some response from the industry side to help bring about a solution.

Referring back to Dr. Cassell's suggestion of the inclusion of tables, Ms. Cronin said tables from the MMWR could be gathered from past MMWR publications.

Dr. Cassell commended Ms. Cronin and Ms. Wegener for their work and agreed with their approaches to dealing with drug shortages. She said this past summer a forum meeting was conducted on second line drugs and the drug supply chain. The shortage is attributed to inaccurate demand forecasting. She also recalled a presidential directive on shortages of oncology drugs but included in those were antibiotics that are also used for TB. She is surprised that there has been no method for formally reporting drug shortages.

Ms. Cronin in response said the Drug Shortage Workgroup will also be reviewing the FDA's Federal Register Notice. The hope is to develop a plan for companies to report the discontinuation of certain drugs at least six months in advance. She asked that ACET look at the notice. She will forward it as well to anyone who may need it. She encouraged the group to provide comments to FDA regarding the notice.

Ms. Daniels asked if Sanofi provided any update on when they would make the announcement of their drug price reduction. Ms. Wegener said there was mention in the Washington meeting about the price decrease, but no updates have come forth as to when an announcement would be made. NTCA did assist Sanofi with a recent demand survey on use. The survey has concluded and hopefully the data will assist Sanofi in decision making going forward.

Dr. Jane Carter asked where the reporting tool could be found on the website. Ms. Wegener directed her to the left margin of the homepage. Also included will be a linked to the web-based survey, associated documents on how to report, the information needed for reporting, and a frequently asked questions section.

Dr. Carter asked if data had to pertain to a particular area. She said it would be interesting to examine how clinical time is now being taken up with low priority patients. Ms. Wegener could see the need for such data. There is a section on staff time and reprioritizing in clinics and programs. She suggested that Dr. Carter examine the section to see if it were applicable. If not, it could be included in a second iteration of the reporting mechanism.

BUSINESS SESSION: MOTION TO ACCEPT MINUTES OF JUNE 4- 5, 2013 MEETING

ACET members, ex officio members, and liaison representatives were all provided a copy of the minutes from the June 4- 5, 2013 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 June meeting, as presented and provided to the members. A motion was placed by Dr. Barbara Cole and seconded by Dr. Cassell. No further discussion was requested by members. **ACET unanimously approved the motion**, with no members abstaining.

POTENTIAL AGENDA TOPICS FOR THE MARCH 2014 MEETING

Mr. Jones would like for dialogue and/or resolutions coming from the working groups to be completed and provided to the members of the workgroup as well as to DTBE prior to the March 2014 meeting so that they may be posted. At the meeting, time for additional discussion of the resolutions will be allotted.

He then solicited the group for suggestions on possible topics for the March 2014 meeting.

Ms. Cole would like to report on the resolution, which recommends that IGRA be used for screening refugees and immigrants prior to entering into the United States. Mr. Jones asked that Dr. Cole also share her comment with her working group and Ms. Scott-Cseh, as well, so that it may be placed on the agenda and reviewed prior to the March meeting.

Dr. Brenner would like to provide a following-up to ACET regarding his presentation. The purpose is to examine the first draft and have discussions on how to refine the document.

Dr. Cassell asked for an update on international efforts to control drug resistant tuberculosis in either the March or June 2014 meeting. She suggested Harold Jaffe or maybe others could share the global strategy for TB control with ACET. She also said the Center for Strategic and International Studies is working on a paper related to drug-resistant TB control, which includes recommendations to the United States government on possible solutions. The paper could be a topic for the June 2014 meeting. Mr. Jones asked that she remind the group at the March meeting of her desire to have the paper considered as a possible agenda item.

Ms. Jennifer Cochran asked for an update on healthcare financing and the status of the recommendations through the U.S. Prevention Service Taskforce and Medicaid coverage for TB. Mr. Jones said an inquiry will be made to see if someone could come and report to the group on the subject.

Mr. Jones also suggested as a potential agenda item a visit from the Management Analysis and Services Office (MASO) to address the group on duties, responsibilities, obligations, and potential pitfalls to inform the new members.

Dr. Ana Alvarez would like an update on the NTCA drug shortages website.

Mr. Talboy asked if Ms. Sara Bur's group had any updates from the Corrections Workgroup. Ms. Bur said there is a lot going on related to the resolution passed last year from the NTCA Corrections Committee and the CDC Corrections Workgroup. An update could be provided on the status of activities occurring during the March meeting, as well as, a discussion on next steps. Ms. Bur will designate a person from the group to present to the board.

Mr. Jones said the suggested topics will be vetted in concert with DTBE staff in order to create a new agenda. Some topics may have to be moved to future meetings.

June 3-4, 2014 is the tentative dates for the Atlanta in-person meeting.

Mr. Jones asked if the board members had any further comments.

Ms. Eileen Napolitano wanted more clarity on how Dr. Brenner planned to move forward on drafting the revised document. He raised issues regarding which framework should be utilized and the use of models, etc. Dr. Brenner provided some of the suggestions that had been submitted during his presentation but also welcomed further feedback from the board. Dr. Castro suggested the workgroup continue to deliberate and come forth with specific options highlighting possible pros and cons, and then ACET can deliberate and vote on a direction. Dr. Brenner agreed and suggested the use of a table format to present the workgroup's update. Mr. Jones suggested outlining the information to provide it for discussion at the March meeting, and at the June meeting conduct a vote, which will allow time for tweaks and updates. Dr. Brenner said overall structure needs to be well thought out. TB programs in the U.S. will need to be flexible in their delivery to address the uniqueness of the states and their needs. Ms. Cole suggested someone from NTCA, California Tuberculosis Controllers Association (CTCA) and Stop TB USA be invited as well to the workgroup to provide their input. Ms. Wegener said NTC would be supportive of the suggestion. Suggestions of potential presenters from NTCA and Stop TB USA will be forwarded later to Dr. Brenner's workgroup. A message will also be relayed to CTCA.

Dr. Jon Warkentin proposed the committee discuss how well the webinars have worked in meeting the needs of ACET and see if any more funds could be allotted for additional face-to-face meetings. He felt webinars may truncate the group's effectiveness. Dr. Castro said the division is working under sequestration demands and bringing people to a face-to-face meeting more than once a year is unaffordable. Doing so can hinder other necessary activities. Using modern technology will help to keep momentum in the effort. He agreed that webinars are not as effective as face-to-face but at the present moment essential due to budgetary constraints. The federal government over the last several months has issued rigid guidelines for conference travels. They have rescinded the inclusion of advisory committees into those guidelines but the budget was not expanded to allow for that type of travel.

Dr. Dean said the government is being directed to reduce the number of in-person meetings and encouraging the use of other technologies. She asked for suggestions on what works, what hasn't worked, and what can be done better. To date she has received some emails on what hasn't worked. Concerns should be directed to Ms. Scott-Cseh. Dr. Carter felt the webinar can work well but hope it will not be a total replacement for in-person meetings. Dr. Castro agreed that that is also the desire of the division.

PUBLIC COMMENT

No public comments expressed.

MEETING ADJOURNMENT

Dr. Warkentin thanked Mr. Jones for his years of service on ACET and wished him well on future endeavors.

Mr. Jones asked for a roll call before adjourning the meeting. Quorum was present. Mr. Jones expressed appreciation for being allowed to chair the committee and wished the group well in their future activities.

CERTIFICATION

I hereby certify that, to the best of my knowledge and ability, the foregoing minutes of the December 3, 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 December 3, 2013, at the beginning of the meeting and when the group reconvened from breaks. She verified the presence of a quorum for ACET voting members and ex officio members sufficient for ACET to conduct its business.

ACET Members
Mr. Shannon Jones III, Chair
Dr. Ana Alvarez
Dr. Eric Brenner
Dr. Marcos Burgos
Dr. Jane Carter
Dr. Gail Cassell
Ms. Jennifer Cochran
Ms. Barbara Cole
Dr. Susan Dorman
Dr. C. Robert Horsburgh, Jr.

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

ACET Ex Officio Members
Dr. Naomi Aronson (Department of Defense)
Dr. William B. Baine (Agency for Healthcare Research and Quality)
Ms. Sarah Bur (Federal Bureau of Prisons)
Dr. Rupali Doshi (Health Resources and Services Administration)
Dr. Diana Elson (Department of Homeland Security)
Ms. Caroline Freeman (Department of Labor)
Dr. Warren W. Hewitt, Jr. (Substance Abuse and Mental Health Services Administration)
Dr. Susan Karol (Indian Health Services)
Dr. Mamodikoe Makhene (National Institutes of Health)
Dr. Sheldon Morris (Food and Drug Administration)
Ms. Alison Kelly-alternate (Department of Veterans Affairs)
Dr. Bruce San Filippo (U.S.-Mexico Border Health Commission – U.S. Section)
Mr. Stephen Martin (National Institute for Occupational Safety and Health)

ACET Liaison Members
Dr. Robert Benjamin (National Association of County and City Health Officials)
Mr. David Bryden (RESULTS)
Ms. Colleen Daniels (Treatment Action Group)
Dr. Jennifer Flood (National Tuberculosis Controllers Association)

Mr. Eddie Hedrick (Association for Professionals in Infection Control and Epidemiology)
Dr. Ilse Levin (American Medical Association)
Ms. Eileen Napolitano (Stop TB USA)
Dr. Jennifer Rakeman (Association of Public Health Laboratories)
Dr. Susan M. Ray (Infectious Disease Society of America)
Dr. Michael L. Tapper (Society for Healthcare Epidemiology of America)
Dr. Lornel Tompkins (National Medical Association)
Dr. David Trump (Council of State and Territorial Epidemiologists)
Ms. Tara Wildes (National Commission on Correctional Health)

CDC Representatives

Dr. Kenneth Castro, Director, Division of Tuberculosis Elimination, NCHHSTP
Dr. Stuart Berman
Dr. Terence Chorba
Ms. Ann Cronin
Dr. Wayne Duffus
Dr. John Jereb
Ms. Katherine Koski
Dr. Phil LoBue
Dr. Jonathan Mermin, Director, NCHHSTP
Ms. Margie Scott-Cseh
Mr. Phil Talboy
Dr. Andy Vernon
Dr. Wanda Walton
Ms. Donna Wegener

Members of the Public

Mr. John Billington, Infectious Disease Society
Ms. Sue Etkind, Stop TB USA
Ms. Nuala Moore, American Thoracic Society
Dr. Diana Nilsen, New York City Bureau of TB Control
Mr. José Luis Velasco, U.S.-Mexico Border Commission
Dr. Jon Warkentin, National Tuberculosis Controllers Association

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
ACTG	AIDS Clinical Trials Group
AFB	Acid-Fast Bacilli
AIDAC	Anti-Infective Drugs Advisory Committee
AMA	American Medical Association
APHL	Association of Public Health Laboratories
ART	Antiretroviral Therapy
ASPR	Assistant Secretary for Preparedness and Response
ASTHO	Association of State and Territorial Health Officials
BCG	Bacille Calmette-Guerin (vaccination)
BMGF	Bill and Melinda Gates Foundation
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
CTCA	California Tuberculosis Controllers Association
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
FQ	Fluoroquinolone
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
NA-	North American AIDS Cohort Collaboration on Research and Design

ACCORD	
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
NHCHC	National Health Care for the Homeless Council
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
NTNC	National Tuberculosis Nurse Coalition
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
PHL	Public Health Laboratory
POW	Prisoner of War
PPD	Purified Protein Derivative
PPV	Positive Predictive Value
PZA	Pyrazinamide
QFT	QuantiFERON-TB test
RIPE	Rifampin, Isoniazid, Pyrazinamide, and Ethambutol
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
VHA	Veterans Health Administration
WHO	World Health Organization
WTST	Working Together to Stop TB
XDR-TB	Extensively Drug-Resistant Tuberculosis