



Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333
TB Notes
No. 3, 2014

Dear Colleague:

This summer has brought a number of staffing changes to the Division of Tuberculosis Elimination (DTBE). As you know, our former Director, Dr. Kenneth Castro, left DTBE in August 2013 when he was asked to serve as Acting Director of the Division of HIV/AIDS Prevention (DHAP) and officially vacated the position last December. Since that time, I have been serving as DTBE Acting Director. I am honored to have been selected as the new Director of DTBE and officially began serving in this position as of August 11.

I am pleased and proud to be taking the helm of this Division. My reasons for being proud are as varied and numerous as the 175+ staff members working in DTBE. Thank you for your patience as we worked through this process. And thank you for all your congratulations and good wishes.

We have had other leadership changes in the division as well. Bonnie Plikaytis, Acting Chief of the Laboratory Branch (LB), retired in June, and Angela Starks, PhD, was selected as Chief of LB. Jose Becerra, MD, Chief, Data Management and Statistics Branch (DMSB), also retired this summer; Chad Heilig, PhD, is serving as Acting Chief. Eugene McCray, MD, Chief of the International Research and Programs Branch (IRPB), was selected to serve as the Director of DHAP beginning August 11, 2014; Eric Pevzner, PhD, is serving as Acting Chief. Beverly DeVoe-Payton, MS, Deputy Chief of the Clinical Research Branch, retired in August. In addition, William R. Mac Kenzie, MD, Supervisory Medical Officer and Team Lead within the Clinical Research Branch (CRB), has been selected as the Center for Surveillance, Epidemiology and Laboratory Services (CSELS) Deputy Director for Science; he will join CSELS in September. You may read more about these and other staff changes in this issue as well as in the previous issue of *TB Notes*.

The 2014 National TB Conference was held in Atlanta June 11–13, with the theme of “Sharing the Vision of TB Elimination.” Following is a summary, for the benefit of those who were unable to attend. Pre-meetings were held on June 10, with the new Epidemiology Section of the National TB Controllers Association (NTCA) meeting for the first time. On June 11, during the first general session entitled “Defining the Vision of TB Elimination,” Dr. Jenny Flood discussed challenges for TB control and elimination, and Dr. Jonathan Mermin discussed, “What are the big unanswered questions?” Dr. Dick Menzies provided the keynote speech on “What’s Really Limiting Treatment of TB Infection?” He suggested that the problem with latent TB infection (LTBI) is not getting people to complete LTBI, but in getting many more of the correct people, such as close contacts, to actually start it.

The second general session was devoted to using epidemiology to inform public health intervention in key populations. Dr. Tom Navin, moderator for the session, concisely summed up the session with the statement, “Just because cases overall are declining, does not mean

that cases in subpopulations are declining ... keep an eye on sentinel populations to get an early warning of potential problems.”

The third general session was titled, “From Here to Elimination: Diagnosing and Treating TB Infection.” The session included presentations on the TB skin test and the TB blood tests, the different regimens available such as 4 months rifampin (RIF) and 12-dose isoniazid/rifapentine (INH/RPT), and using risk assessments to target the populations who would benefit the most from LTBI treatment (close contacts and foreign-born persons).

On Thursday morning, the Regional Training and Medical Consultation Centers (RTMCCs) held break-out sessions for NTC attendees from their respective regions. This was followed by the fourth general session, “Applied Innovations for TB Control and Elimination.” There were two talks on an initiative called ECHO (Extension for Community Healthcare Outcomes); using video-conferencing technology, the ECHO program trains primary care providers to treat remotely located patients with complex diseases. We heard a talk on using social media to enhance routine TB control, and we also heard several presentations on different ways to do video observed therapy. At a break in mid-afternoon, the 2014 NTCA awards were presented; please see the related article in this issue. Later that afternoon, we had a choice of five different break-out sessions to attend on topics that included innovative uses of genotyping, stories of TB survivors, treating multidrug-resistant (MDR) TB to cure, TB and diabetes, and an update on the Division of Global Migration and Quarantine’s (DGMQ) technical instructions.

On Friday morning, at the start of general session five, NTCA poster competition winners were announced; we include that report here. The general session, “Sharing the Vision with Our Partners,” provided an opportunity to hear from partners such as the Treatment Action Group (TAG) and TB Voices, the Migrant Clinicians’ Network, the National Health Care for the Homeless Council, Stop TB USA, and public health laboratories. We heard about the concept of an LTBI reporting system for the states, as well as the voices of former TB patients. Dr. John Bernardo provided closing remarks, and at noon the meeting was officially adjourned.

I believe we have now entered a more stable time, with the resolution of various leadership vacancies and with another successful National TB Conference behind us. I look forward to all of us being able to work with renewed energy and focus on the tasks at hand and continue the successful inroads we are making against tuberculosis. I sincerely hope all of you have a safe, enjoyable, and productive summer. Thank you for the important work you are doing.

Philip LoBue, MD, FACP, FCCP
Director
Division of Tuberculosis Elimination
National Center for HIV/AIDS, Viral Hepatitis,
STD, and TB Prevention

In This Issue

Highlights from State and Local Programs	4
2014 NTCA Special Awards.....	4
Winners of the NTCA Poster Competition	8
TB Epidemiologic Studies Consortium Updates.....	9
5th Annual Meeting of the TB Epidemiologic Studies Consortium (TBESC) II.....	9
Clinical Research Branch Updates	10
Retirement of Beverly DeVoe-Payton	10
Communications, Education, and Behavioral Studies Branch Updates.....	12
Revised Self-Study Modules on Tuberculosis, 6–9	12
International Research and Programs Branch Updates.....	12
Improving Diagnosis of TB Among People Living with HIV/AIDS.....	12
Surveillance, Epidemiology, and Outbreak Investigations Branch Updates	13
The Only Thing That Is Constant Is Change: DTBE's Annual TB Surveillance Report, 1993–2013.....	13
New CDC Publications	14
Personnel Notes	15
Calendar of Events	23

Note: The use of trade names in this publication is for identification purposes only and does not imply endorsement by the Centers for Disease Control and Prevention (CDC), the Public Health Service, or the Department of Health and Human Services. The findings and conclusions in the articles published in TB Notes are those of the authors and do not necessarily represent the official position of CDC.

HIGHLIGHTS FROM STATE AND LOCAL PROGRAMS

2014 NTCA Special Awards

In 2010, the NTCA initiated annual awards to recognize individual TB program staff and partners whose contributions to our shared goal of TB elimination were exceptional. These awards have continued, and the following were recognized at the 2014 National TB Conference.



From left: Natalie Skipper and Jigna Rao receiving NTCA's Charles DeGraw Advocacy Award from Drs. Jon Warkentin and Jennifer Flood.

Charles DeGraw Advocacy Award

This award recognizes an individual who has made an outstanding effort or achievement in advocating for increased support and recognition of TB control and prevention

efforts. The 2014 winners of the Advocacy Award are **Natalie Nelson Skipper** and **Jigna Rao**, both TB survivors. They have been vigilant and passionate about (1) raising awareness of the struggles faced by patients experiencing this infectious disease; (2) describing the critical role of public health TB programs and staff in their own TB journey and the journeys of others; (3) the precarious state of these programs because of funding cuts; and (4) the urgent need for increased awareness of this disease and funding to support programs, operational and transitional research, and new drugs and drug combinations to significantly reduce the treatment time and toxic side effects.

No story is more powerful than that of someone affected by TB. Natalie's and Jigna's contributions have made an impact on local, state, national and global levels. Both are working with NTCA to bring a comfort level and sense of urgency among our public health professionals to reach out and ask patients to "tell their own story" as healing, education, and validation of the experiences promote trust and gives meaning to the experience! We are deeply grateful for the lives of these two women and their contributions to raising awareness about the impact of this disease.



Dr. Masa Narita (left) received the NTCA's TB Controller award.

TB Controller of the Year

This is the National Tuberculosis Controller's highest award. It recognizes an outstanding contribution and impact on TB prevention and control at the local, state, regional, or national level.

Dr. Masa Narita, Director of TB for Seattle's TB program, is the 2014 TB Controller

of the Year. When starting as a TB controller, Masa walked into a large epidemic among the homeless in Seattle. From this inauguration, not only did he become an innovator for TB control and homeless shelters, he went on to create a legacy of TB control contributions. As a long-standing ACET member, he has fought for adopting a vision that would advance TB control and elimination, desperately needed now more than ever.

TB Notes is a quarterly publication of the Division of TB Elimination (DTBE) of the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC). This material is in the public domain, and duplication is encouraged. For information, contact

TB Notes Editor
 CDC/NCHHSTP/DTBE, Mailstop E10
 1600 Clifton Road, NE
 Atlanta, GA 30333
 Fax: (404) 639-8960

ACTING DIRECTOR, DTBE
 Philip LoBue, MD, FACP, FCCP

EDITORIAL REVIEW BOARD
 Ann Lanner, Managing Editor
 Sandy Althomsons, MA, MHS
 Beverly DeVoe-Payton, MS
 Michael Fraser
 Philip LoBue, MD, FACP, FCCP
 Deanna Tollefson, MPH
 Mary Naughton, MD, MPH
 Frances Tyrrell, MPH, MT (ASCP), SM

Visit DTBE's Internet home page,
<http://www.cdc.gov/tb>,
 for other publications, information, and
 resources available from DTBE.

Masa is a respected leader in the TB community and, as an outstanding TB physician himself, understands both the programmatic and clinical side of the work we do. Many are awed by his intelligence, diligence, focus, compassion, and dedication. He is a meticulous researcher who has the gift to be able to take his findings and communicate them in a fashion that can be translated into our everyday practice. Masa brings pragmatism and vision to TB research and has published extensively. He is well-loved by patients and admired by colleagues and generously shares his knowledge in his teaching roles and as a warmline consultant with the Curry International TB Center. Masa's numerous contributions to TB control are making a significant impact in his local area and state, as well as at the national level. He is to be commended for these contributions and is well deserving of this prestigious award.

William Stead TB Clinician Award

This award recognizes outstanding commitment and performance by a clinician providing tuberculosis care, leadership, or mentoring. **Dr. Randall Reves** is this year's TB Clinician of the Year. Randall has

worked in public health, specifically as a clinician treating those with TB, since the late 1980s. Throughout his career, he has championed those who do not have a voice, giving them hope and dignity while restoring their health. In addition to his career in academic medicine, Randall served as the Director of the Denver Metro TB Control Program from 1990 until his retirement in February 2013.



Randall Reves (center) received the NTCA's William Stead TB clinician award.

He has mentored many young physicians who have made significant contributions to the field of TB research and clinical care. In this regard, he has been a champion for changing the way public health service and leadership is viewed by the bright young healthcare leaders of tomorrow; his mentorees have embraced Randall's dedication and passion for serving and protecting the public's health and our community is richer for their contributions. Dr. Bob Belknap, Immediate Past President of the National Society of TB Clinicians, has this to say about Dr. Reves: "Personally, he has been an outstanding mentor for me, beginning during my infectious diseases fellowship and continuing today. He is a role model for all who work with him on how to provide excellent patient care. By combining intelligence, patience, and a humble demeanor, he is able to make complex medical decisions while also considering the larger context for the patient, public health, and Denver Health."

Randall's outstanding contributions leave a lasting legacy in TB public health, at a state and a national level, and his efforts have reduced suffering and deaths due to TB. Hardly retired, Randall continues to push for progress towards the eventual elimination

of TB in the United States with his eloquent and prolific pen, and his dedication to protecting the public's health and advancing the need for safer and shorter treatment regimens.



Ann Jackson (center) received the NTCA's Carol Pozsik TB Nurse award.

Carol Pozsik TB Nurse Award

This award honors exemplary care, service, dedication, or leadership in the field of TB nursing.

Ann Jackson, this year's award recipient, is a Nurse Consultant with the Mississippi State Department of Health and has worked in TB for 15 years. Originally hired as a contract employee, her abilities and compatibility with TB public health work were recognized and after just 2 years, Ann was hired as a TB Nurse Consultant for the state.

Two of the numerous letters of support submitted with Ann's nomination described her in this way: "dedication, competence, professionalism, expert, effective, savvy" and "a role model for all TB nurses." In addition to her TB nursing expertise, Ann is a competent, effective and passionate trainer, training staff in Mississippi and in other southeastern states when needed. She strives to make her trainings meaningful, accessible, and affordable, and has embraced the use of technology when it is appropriate. Her contributions to the general awareness of TB in Mississippi have been significant, including working with the legislature to issue a proclamation for World TB Day!

Ed Desmond TB Laboratorian Award

This award honors exemplary service, dedication, or leadership to a TB laboratory professional. The 2014 winner of this award is **Dr. David Warshauer**. Dave serves as Deputy Director of the Communicable

Disease Division for the Wisconsin State Laboratory of Hygiene (WSLH). He has generously shared his expertise regionally and nationally, serving on many national workgroups dedicated to the improvement of public health laboratory services. Specifically, Dave currently serves as Chair for the Association of Public Health Laboratories (APHL) TB Sub-Committee that works to shape the future of TB public health laboratory science, practice, and policy. As a member of an APHL taskforce, Dave was instrumental in updating *Mycobacterium tuberculosis: Assessing Your Laboratory*, a tool designed to assist laboratories in the assessment of the quality of their laboratory's TB diagnostic practices.

Through these significant time commitments and exchanges of knowledge, Dave is contributing to the control, prevention, and eventual elimination of TB in Wisconsin and nationally. Dave is not a one-man show; he encourages growth and expertise among his staff, and many of them are also nationally known in their areas of expertise. Development of new tests, validation of existing ones, and meticulous quality control are strong features of his laboratories. His close collaboration with state and local public health agencies ensures that joint guidance for appropriate testing and interpretation of results is always available, whether on an urgent basis for an unknown entity, or when providing routine testing.

Dr. David Warshauer, left, received the NTCA's Ed Desmond TB Laboratorian award.



Joe Ware Partner Service Award

This award recognizes an organization that has made a significant effort and/or contribution to the mission of TB control and prevention through partnership

activities with public health TB programs. The 2014 winner is the **Treatment Action Group (TAG)**.



Treatment Action Group

TAG works to promote the participation of affected communities in TB research and to ensure that research reflects community needs as well as scientific priorities. In addition to TAG's work with TB patients and survivors, TAG coordinates two groups of research-literate community activists—the [Global TB Community Advisory Board](#), and the [Community Research Advisory Group](#) (CRAG). CRAG is an advisory body to the [U.S. Centers for Disease Control and Prevention's Tuberculosis Trials Consortium](#) (TBTC), the CDC-funded sites conducting TB clinical trials.

During the past year, TAG has partnered with the NTCA to address multiple problems with ramifications for TB programs and the communities we serve. From convening the initial response in 2013 to the TB drug shortages, to their efforts to influence the pricing structure of rifapentine, TAG's commitment to making a difference has resulted in monumental changes. The team's ability to advocate extends to the written word: its staff members have successfully published numerous articles, letters to the editor, full-length reports, and opinion pieces involving TB research, program challenges, and the importance of engaging the community affected by the disease in the research work being conducted to address the disease. This small but amazingly talented team of creative, intelligent, and passionate persons is led by Mark Harrington and Colleen Daniels, Director of TAG's TB-HIV project.

NTCA is indeed fortunate to work alongside TAG and anticipate more opportunities for collaboration and partnership in the years to come!

Dixie Snider Award

This award recognizes a CDC employee who has provided outstanding support, through partnership

with a state or a local TB community, in the interest of TB control and prevention. **Kenneth Castro, MD**, is the 2014 recipient of this prestigious award. Ken has served as the Director of DTBE for over 20 years but recently announced his retirement from the Commissioned Corps and his departure from the Division. While Ken came into the storm, he not only weathered it, he left the nation in far better shape. He is known to all in the TB community as a leader who has that great mixture of being humble, yet very bright.

He stands for all things that we look for in a national leader. While supporting critical innovations and advancing needed TB tools, he also saw the value of shoe-leather epidemiology and investing in boots on the ground. He knew that TB transmission occurs, not in an office or in a government agency, but in the communities and states across the nation. That knowledge stimulated him to be accessible, to be a good listener, to carefully reflect as he tried to solve problems, and to care passionately about what was



Dr. Kenneth Castro, center, received the Dixie Snider award.

happening at each program. He sets a valuable example for the next leader of DTBE.

Dr. Flood touched on Dr. Castro's many characteristics and contributions that were considered when selecting him for the award, including the following:

- He built bridges and established partnerships with every level of TB control, from global down to state and local.
- He gave the TB community a voice.

- He was successful because he tried to achieve consensus and he was responsive to TB controllers and TB staff on the frontline.
- Even if he was called at 5 pm California time, he was usually in his office, and picked up the phone after 8 pm Atlanta time.
- He trusted and respected TB controllers.
- He saw the lengthy 3HP trial through to completion—which we think is a game changer.
- The current real-time genotyping of all TB strains he initiated in the country serves as a model to other public health programs.
- The integration of the TB Laboratory Branch into DTBE generated synergies between program and laboratory that are exemplified by the great service provided by the molecular detection of drug resistance unit of the laboratory.

Dr. Flood concluded her remarks about Dr. Castro by recognizing that *“We know your heart and passion forever remain with TB. We thank you for your dedication to this fight!”*

President’s Award

This award, given at the discretion of the President, recognizes the individual who, in the President’s opinion, exemplifies service and dedication to TB control efforts. This year’s President’s Award was given to **Lorna Will, RN, MA**, TB controller for the state of Wisconsin (no photo available; she was not at the conference). In Dr. Flood’s remarks about Lorna, she indicated that *“What we love about Lorna and what makes her truly a great leader is that she is fearless in her efforts to speak the truth, both about TB and about what it takes to control TB, and then endeavors to make a difference—not just for Wisconsin, but for her neighbors and colleague states.”* As the Wisconsin TB controller, she faced a large MDR outbreak and did what we are charged to do, but something that is hard: Lorna not only ensured that everyone with disease and exposure had the best chance for treatment, cure, and survival, she used this event to help the nation come to grips with the fact that even in a state like Wisconsin, TB is a very potent force that needs to be dealt with. While experiencing the economic consequences for Wisconsin, she made TB more compelling by calculating the expenses beyond the human illness

and circulating this stunning cost for others to use in educational and advocacy-oriented efforts.

Lorna is currently fighting another, more personal battle with cancer. The entire NTCA community extends our gratitude for, and support of, all that Lorna has contributed for TB control. We anxiously look forward to the time when we can welcome her back and continue our efforts together!

Winners of the NTCA Poster Competition

In addition to the annual awards, the NTCA recognized the top posters presented at the 2014 conference. The judges decided to give only first-place awards, selecting the top poster in various categories, since there were so many deserving poster submissions. Chosen from a record-high submission of 78 abstracts, the following five posters were singled out by the judges as being of the highest quality:

Poster #1 – Programmatic category

Presenter: Richard Brostrom, MD, MSPH
Hawaii Department of Health
Against All Odds: Early MDR-TB Treatment Success in the U.S. Pacific

Co-authors: Dorina Fred, Sapna Bamrah, Mayleen Ekiek, Andy Heetderks, Richard Stapledon, and Sundari Mase.

Poster # 13 – Clinicians/Physicians category

Presenter: Scott Heysell, MD, MPH
University of Virginia
Second-line Drug Concentrations in Multidrug-Resistant TB Patients Treated in Virginia, 2009–2014

Co-authors: Jane Moore, Eric Houpt

Poster # 14 – Research category

Presenter: Suzanne Marks, MPH, MA
Centers for Disease Control and Prevention
Characteristics Associated with Hospitalization for Multidrug-Resistant TB Care in the United States

Co-authors: Yael Hirsch-Moverman, Lori Armstrong, Edward A. Graviss, Peter Oh, Lisa Armitige, Katya Salcedo, Paul W. Colson, Sundari Mase, Barbara

Seaworth, Jennifer Flood, and the TB Epidemiologic Studies Consortium

Poster # 21 – Nursing category

Presenter: Catalina Navarro
Heartland National TB Center
Just-in-Time Training for TB Nurses

Co-authors: Debbie Onofre, Jessica Quintero, Alysia Wayne, and Barbara Seaworth

Poster # 59 – Laboratory category

Presenter: William Murtaugh, MPH
Association of Public Health Laboratories
Evaluating the Impact of Molecular Diagnostics for TB within the Public Health Laboratory System.

Co-author: Kelly Wroblewski

NTCA is grateful for the interest in this year's poster presentations and for the efforts of our team of judges who were dedicated to their task of reviewing all submissions and providing equal assessment of the merits of each! Judging occurred over lunch hours, pre- and post-conference hours, and during scheduled breaks. The judges for this year's poster presentations were John Bernardo, Diana Nilsen, Michelle Macaraig, and Jennifer Curran.

—Submitted by Donna Hope Wegener
and Jennifer Kanouse
National TB Controllers Association

**TB EPIDEMIOLOGIC STUDIES
CONSORTIUM STUDIES UPDATES**

**5th Annual Meeting of the TB
Epidemiologic Studies Consortium
(TBESC) II**

More than 11,000 persons at high risk for latent tuberculosis infection (LTBI) or TB disease have been enrolled during the first 3 years of a 10-year study to evaluate the performance characteristics and predictive value of three tests for LTBI, according to data presented at the 5th annual meeting of the Second Tuberculosis Epidemiologic Studies Consortium (TBESC-II), held July 29–30 at CDC's Century Center campus in Atlanta.

The study is being conducted at 10 sites across the United States; participants receive all three FDA-approved tests for LTBI—the tuberculin skin test (TST), and two interferon-gamma release assay (IGRA) blood tests—and are followed actively and passively (i.e., with TB registry matches) to find persons whose *M. tuberculosis* infection progresses to TB disease.

The meeting gathered 65 CDC and site principal investigators (PIs), project coordinators, other CDC researchers, and administrative staff to review study progress and to plan future sub-studies.

Preliminary data presented at the meeting by Dr. Renuka Khurana, Maricopa County (AZ) PI, showed that-

- high-risk persons are being enrolled,
- persons positive on all three tests have other markers of high risk for TB infection,
- agreement between TST and IGRAs are consistent with previous findings in the literature, and
- agreement between the two IGRAs—the QuantiFERON-TB Gold In-Tube (QFT) and the T-SPOT.TB (T-Spot)—is lower than what has been reported in the literature.

The analyses that are planned include the power of the tests to predict progression to TB disease; evaluation of IGRAs in special populations, including children and immunocompromised persons; determination of the cost-effectiveness of the three tests; and evaluation of the effects of various treatment regimens on completion of LTBI treatment.

In other presentations at the meeting, project coordinators Yoseph Sorri of Maricopa County, Arizona, and Stephanie Bigby of Broward County, Florida, walked the audience through the complex steps of follow-up, including techniques for tracking difficult-to-find study participants. Dr. Edward Graviss, Director of the Molecular Tuberculosis Laboratory at the Methodist Hospital Research Institute in Houston, provided an overview of his quality assurance visits to the 12 laboratories that process QFT samples for the study. Dr. Graviss noted that differences in the ways the laboratories process specimens can produce variability in the

results. Dr. Adithya Cattamanchi of the Curry International Tuberculosis Center at University of California-San Francisco described additional small studies (e.g., IGRA variability and translational research) that Consortium members could do to enhance the Consortium’s research value.

Researchers also laid out preliminary plans for sub-studies that will be rolled out. Dr. Susan Dorman of Johns Hopkins University, Baltimore, presented plans for enhanced surveillance for LTBI at the 10 sites, using a model adapted from HIV and hepatitis surveillance and treatment. Called the TB care cascade, the enhanced surveillance would use Census and other data to (1) describe populations at high risk for TB and (2) determine the proportions of these populations at each site that are tested for LTBI, diagnosed, placed on treatment, and complete treatment. Combined with TB registry data, this sub-study would indicate “hot spots” at the sites where high-risk persons either do not enter the care cascade or drop out of the cascade before treatment completion. This enhanced surveillance would also help lay the basis for the next sub-study: development and testing of interventions to improve LTBI treatment and TB prevention.

—Reported by Dolly Katz, PhD
Div of TB Elimination

CLINICAL RESEARCH BRANCH UPDATES

Retirement of Beverly DeVoe-Payton



Beverly DeVoe-Payton, Deputy Director of DTBE’s Clinical Research Branch (CRB), retires August 29 after 32 years of federal service, including 22 years of service for CDC. Her CDC career, which spanned

a remarkable period in TB control, included responding to the resurgence in TB that affected the nation in the period 1985-1992, helping to rebuild and re-equip one of the busiest TB control programs in the United States, and later putting her substantial

field and administrative skills to use in supporting the effort to develop new and better tools to address the TB epidemic through her work as a leader in DTBE’s CRB.



Edward Waters College in Jacksonville, Florida.

Beverly grew up in Jacksonville, Florida, the eldest of three siblings. She graduated from Edwards Waters College with a Bachelor’s of Science degree in 1976. She then worked for the next 9 years for the U.S. Postal Service in various capacities, lastly as a retail sales window clerk.

Then, while at college again in Atlanta in 1983, she attended Morris Brown College’s Career Day where she heard a presentation by a CDC epidemiologist about the extraordinary public health work of CDC. It became her dream to work at CDC. At the time, although she was uncertain she could realize this goal, she began to work thoughtfully towards it. She returned to school, and earned a Master’s of Science in Health degree at the University of North Florida.



Migrant workers in the field.

In 1987 she was offered her first job in public health as a Health Representative for the Florida Department of Health in Naples. She gained experience first-hand as an outreach and DOT worker in the migrant worker camps in Immokalee. In

1990 she began for the first time to work in tuberculosis prevention and control, when she was promoted to become the Florida District 2 (North Central) TB Program Manager in Tallahassee.



Fulton Co. Department of Health and Wellness in Atlanta.

In October of 1992, she realized the first of her goals, and was hired to work as a Public Health Advisor in the Division of Tuberculosis Field Services Branch. Her first posting was as TB Coordinator in the Fulton County Department of Health and Wellness in Atlanta. The city, like the nation, was then experiencing the effects of the national resurgence in TB due to the impacts of HIV, congregate living facilities, and years of program neglect. Beverly says she found the work fascinating and satisfying, working with others in public health at the local level, getting to know and care for the patients, witnessing the impact of tuberculosis on the lives of the program's patients, and providing guidance on contact investigation to outreach workers based on her experience as a local health department outreach worker in Florida.

In 1994 she was promoted to become Atlanta's Metro TB Coordinator, working in the Division of Public Health at the Georgia Department of Human Resources. In 1995 she was named TB Program Manager for the state of Georgia; she held this post for 14 years, beginning and solidifying state-wide improvements in TB prevention and control. There she worked with and influenced a series of capable

colleagues, including Katherine Toomey, Roger Schilling, Naomi Bock, Michael Leonard, Rose Sales, and Andy Vernon.

During her last 5 years with CDC, she has served as Deputy Branch Chief of DTBE's CRB. She relates that it was hard for her to move away from programmatic work and service with state and county Health Departments. However, she says that she had come to understand the vital role of research in the effort to reach the goal of TB Elimination, and wanted to contribute in this area as well. She joined CRB in 2009, just as the TB Trials Consortium contracts were undergoing re-competition, and was immediately called on to play a substantive role in that process. As before, despite trepidation and uncertainty, she took on new responsibility with enthusiasm, diligence, and courage. Over the past 5 years, she has become the "rock" of the Branch, the person to whom everyone turns for help. Her judgment, ability, fairness, and integrity are widely respected, and the remaining Branch leadership will deeply miss her guidance and support.



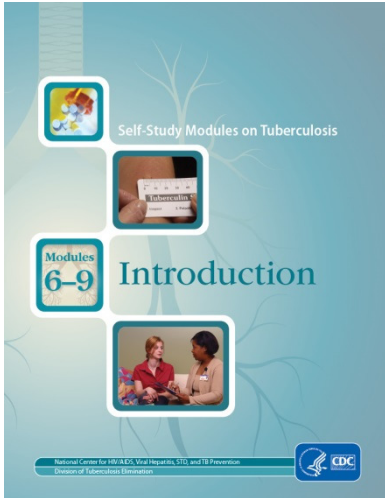
Beverly, back row, far left, with her CRB colleagues in 2009.

Throughout her years with CDC, Beverly has demonstrated steadiness of vision, commitment to public health, and courage to address new challenges, which have won the admiration and loyalty of her colleagues at all levels. She has been a consistently welcome presence in every group and effort, and her loss will be keenly felt by those who are fortunate enough to have called her friend and colleague.

*—Reported by Andrew Vernon, MD, MHS
Div of TB Elimination*

COMMUNICATIONS, EDUCATION, AND BEHAVIORAL STUDIES BRANCH UPDATES

Revised Self-Study Modules on Tuberculosis, 6–9



To meet the goal of TB elimination, it is essential that health care workers receive education and training on current TB control and prevention strategies. To address this need, the [Self-Study Modules on Tuberculosis, 6–9](#) were developed in 1999 to provide programmatic TB

information for health care workers, including outreach workers, nurses, physicians, and health educators in an easy-to-understand, self-study format. Modules 6–9 are an accompaniment to Modules 1–5, which provide basic information on TB. These booklets have served as an important resource in training new TB control workers. Over the years, however, the body of knowledge and the literature about TB patient management, public health practice, contact investigations, and other aspects of TB control has evolved.

To ensure that new TB control workers have access to the most accurate and up-to-date information about TB control, Modules 6–9 were updated to reflect current practices and guidelines. Additionally, there is now a new module on TB outbreak detection and response. The Modules also have a fresh look and feel, with new graphics and layout.

The Modules 6–9 package includes an introduction, four modules, and a glossary:

- **Introduction**
- **Module 6:** Managing Tuberculosis Patients and Improving Adherence
- **Module 7:** Patient Rights and Confidentiality in Tuberculosis Control

- **Module 8:** Contact Investigations for Tuberculosis
- **Module 9:** Tuberculosis Outbreak Detection and Response
- **Glossary**

To view the modules online, visit the DTBE website at www.cdc.gov/tb/education/ssmodules/default.htm.

To order hardcopies of the modules, visit the CDC online ordering system at <http://wwwn.cdc.gov/pubs/CDCInfoOnDemand.aspx>.

Continuing education is offered free of charge for various professions. For more information on continuing education, visit: www.cdc.gov/tb/education/ssmodules/Cont_Ed_regis_t6_9.htm.

If you have questions about the updated Modules 6–9, please contact Sarah Segerlind at ssegerlind@cdc.gov.

—Reported by Sarah Segerlind, MPH
Div of TB Elimination

INTERNATIONAL RESEARCH AND PROGRAMS BRANCH UPDATES

Improving Diagnosis of TB Among People Living with HIV/AIDS

In the past 5 years, CDC's DTBE has provided critical technical support to Ministries of Health in nearly 40 countries on surveillance and epidemiology, guideline development, capacity building, infection control, and laboratory strengthening. DTBE also conducts clinical and operational research to improve implementation of traditional TB control strategies for TB, TB/HIV, and MDR TB and evaluate promising new approaches. DTBE's work has led to national and international policy change five times in as many years by following this approach.

One such change arose from a multicountry study in Southeast Asia to determine the best approach for diagnosing TB among people living with HIV/AIDS (PLHA). The study developed a screening approach using routine diagnostics that could find nearly all

(93%) TB cases among PLHA compared to the approach at that time, which detected only 34%. These findings ultimately changed national guidelines in Cambodia in 2010 and informed World Health Organization (WHO) guidelines in 2011. This study has also spurred several follow-up studies in Cambodia, Vietnam, and Kenya to evaluate the performance of this algorithm in programmatic settings while incorporating new diagnostics, such as Xpert MTB/RIF® (Xpert).

In Cambodia, DTBE is evaluating the implementation of the screening algorithm when paired with use of Xpert in four high TB burden provinces in Northwest Cambodia. This evaluation will be the first to follow patients eligible for Xpert from initial screening to treatment outcome using routinely collected national data to assess the impact and cost-effectiveness of the new algorithm. Early analysis has indicated that the screening algorithm is being routinely followed, but use of Xpert for those patients has been lower than expected because of health systems issues, such as patient referral, specimen transport, and results reporting.

In Vietnam, DTBE is evaluating the implementation and performance of the screening algorithm in four HIV clinics in two cities. Unlike the initial study in Southeast Asia, the follow-up project in Vietnam aims to evaluate the diagnostic yield and outcomes of those screened not only at their enrollment into HIV care, but also at their subsequent clinical encounters throughout HIV care. Preliminary analyses revealed a prevalence of TB among PLHA nearly 57 times greater than among the general population. Preliminary data also suggest that repeated screening for TB may be useful not only in diagnosing TB, but also in ruling out active TB disease and initiating TB preventive therapy in eligible patients.

In Kenya, DTBE is replicating the study from Southeast Asia to better understand its impact in a high HIV burden setting. The site in Kenya is also including children with HIV/AIDS to explore the best approach for screening and diagnosing TB in this vulnerable population. Many children with TB have clinical findings different from adults, making it more challenging to determine which children are at risk for

TB. More challenging still, collecting specimens from children for traditional diagnostics like smear microscopy and culture can be difficult, resulting in diagnosis of only a fraction of cases (15%–30% of cases). This study seeks to determine better ways to diagnose TB among children to address this critical gap.

DTBE will continue to conduct programmatically relevant research to build the global evidence base for new strategies, translate those findings into practice, and scale up evidence-based approaches through technical assistance and training with our partners.

—Submitted by Brittany Moore, MPH,
and Tori Cowger, MPH
Div of TB Elimination

SURVEILLANCE, EPIDEMIOLOGY, & OUTBREAK INVESTIGATIONS BRANCH UPDATES

The Only Thing That Is Constant Is Change: DTBE's Annual TB Surveillance Report, 1993–2013

The United States national tuberculosis (TB) program has reported nationally representative aggregate TB disease data since report-year 1952; however, case-based reporting of TB was implemented in 1979, with recruitment of reporting areas being completed in 1985. The Report of Verified Case of Tuberculosis, or RVCT, became the electronically submitted standard data form in 1993. The first annual report of surveillance based on this electronically reported data, which was hereafter referred to as the National Tuberculosis Surveillance System (NTSS), was published in 1994,¹ reporting 1993 data. Every year since then, the national TB program has released an annual surveillance report containing comprehensive tables and figures that are widely used internally at CDC and externally by reporting jurisdictions and other national and international partners. The report has become an example of the ability of CDC to create and publish a quality surveillance report based on recently reported data. In fact, the report is

published within 10 months of the completion of each calendar year.

The 2013 report scheduled for publication in September 2014 will bear little resemblance to the 1993 report. The 1993 report was a very slim, staple-bound booklet, containing 27 tables and seven figures. It was not released on the Internet, and the physical print number is virtually unknown. It had only one trend table, containing case counts, and morbidity and mortality rates dating back to 1953. The remainder of the tables displayed 1993 TB data by state or metropolitan statistical area. While it had information on selected social factors, drug resistance, HIV status, race/ethnicity, and origin of birth, it had no data on completion of therapy, drug regimen, genotyping, reason therapy was stopped, or risk factors for development of TB disease. The entire 1993 report was only 42 pages long.

The 2013 report will have 67 tables and 36 slides providing figures. It will also contain explanatory footnotes, appendices, an executive commentary, and a robust technical notes section to aid with interpretation. Although a small number of 2013 reports will be printed (about 200 copies), this report will be primarily available as a digital document on www.CDC.gov/tb; this inversion of the publication process saves tens of thousands of dollars, speeds up release time, and enables the report to reach many more users. The 2013 report will also be searchable and downloadable. Compared to 1993, the upcoming report will have trend tables reflecting the past 20 years of NTSS data, as well as in-depth data provided on genotypic clustering, epidemiologic characteristic analyses, breakdown of correctional facility information, death data, *M. bovis* case counts, reason for TB evaluation, therapy extension... the list goes on and on. The entire report is 186 pages long, representing a 343% increase in pages from the 1993 document.

—Reported by *Carla Jeffries, JD, MPH*
Div of TB Elimination

Reference

1. CDC. Reported Tuberculosis in the United States, 1993. Atlanta, GA: U.S. Department of Health and Human Services, CDC, 1994.

NEW CDC PUBLICATIONS

Bamrah S, Brostrom R, Dorina F, Setik L, Song R, Kawamura LM, Heetderks A, Mase S. Treatment for LTBI in contacts of MDR-TB patients, Federated States of Micronesia, 2009–2012. *Int J Tuberc Lung Dis* 2014 18(8):912–918.

<http://dx.doi.org/10.5588/ijtld.13.0028>.

Cegielski JP, Dalton T, Yagui M, Wattanaamornkiet W, Volchenkov GV, Via LE, Van Der Walt M, Tupasi T, Smith SE, Odendaal R, Leimane V, Kvasnovsky C, Kuznetsova T, Kurbatova E, Kummik T, Kuksa L, Kliiman K, Kiryanova EV, Kim H, Kim CK, Kazenny BY, Jou R, Huang WL, Ershova J, Erokhin VV, Diem L, Contreras C, Cho SN, Chernousova LN, Chen MP, Caoili JC, Bayona J, Akksilp S; the Global PETTS Investigators. Extensive drug resistance acquired during treatment of multidrug-resistant tuberculosis. *Clin Infect Dis*. 2014 Jul 23. pii: ciu572. [Epub ahead of print.]

Davis JL, LM, Chaisson LH, Grinsdale J, Benhammou J, Ho C, Babst A, Banouvong H, Metcalfe JZ, Pandori M, Hopewell PC, Cattamanchi A. Impact of GeneXpert MTB/RIF on patients and tuberculosis programs in a low-burden setting. A hypothetical trial. *Am J Respir Crit Care Med* 2014; 189 (12):1551–1559. doi: 10.1164/rccm.201311-1974OC .

Defang RR, Brostrom R, Ram S, Johnson E, Perman PS. Screening for tuberculosis and LTBI in diabetes patients, Pohnpei, Federated States of Micronesia. [Public Health Action](#) 2014 June 21; 4 (Suppl 1): S53–S55.

Duraisamy K, Mrithyunjayan S, Ghosh S, Nair SA, Balakrishnan S, Subramoniapillai J, Oeltmann JE, Moonan PK, Kumar AM. [Does alcohol consumption during multidrug-resistant tuberculosis treatment affect outcome? A population-based study in Kerala, India.](#) *Ann Am Thorac Soc*. 2014 Jun;11(5):712–8.

Nasa JN, Brostrom R, Ram S, Kumar AM, Seremai J, Hauma M, Paul IA, Langidrik JR. Screening adult tuberculosis patients for diabetes mellitus in Ebeye,

Republic of the Marshall Islands. [Public Health Action](#) 2014 June 21; 4 (Suppl 1): S50–S52.

Pascopella L, Franks J, Marks SM, Salcedo K, Schmitz K, Colson PW, Hirsch-Moverman Y, Flood J, Sayles J. Opportunities for tuberculosis diagnosis and prevention among persons living with HIV: a cross-sectional study of policies and practices at four large Ryan White program-funded HIV clinics. *PLoS One*. 2014 Jul 7;9(7):e101313. doi: 10.1371/journal.pone.0101313. eCollection 2014.

Podewils LJ, Alexy E, Driver SJ, Cheek JE, Holman RC, Haberling D, Brett M, McCray E, Redd JT. Understanding the burden of tuberculosis among American Indians/Alaska Natives in the U.S.: a validation study. [Public Health Rep](#). 2014 Jul;129(4):351–60.

Shivaramakrishna HR, Frederick A, Shazia A, Murali L, Satyanarayana S, Nair SA, Kumar AM, Moonan PK. Isoniazid preventive treatment in children in two districts of South India: does practice follow policy? *Int J Tuberc Lung Dis* 2014 August 1; 18(8):919–924. <http://dx.doi.org/10.5588/ijtld.14.0072>.

Suryaprasad A, Redd JT, Ricks PM, Podewils LJ, Brett M, Oski J, Minenna W, Armao F, Vize BJ, Cheek JE. [Effect of rapid influenza diagnostic testing on antiviral treatment decisions for patients with influenza-like illness: southwestern U.S., May-December 2009](#). *Public Health Rep* 2014 Jul;129(4):322–7.

Yuen CM, Weyenga HO, Kim AA, Malika T, Muttai H, Katana A, Nganga L, Cain KP, De Cock KM. [Comparison of trends in tuberculosis incidence among adults living with HIV and adults without HIV — Kenya, 1998–2012](#). *PLoS One*. 2014 Jun 17;9(6):e99880. doi: 10.1371/journal.pone.0099880. eCollection 2014.

PERSONNEL NOTES

Negar (Niki) Alami, MD, has left IRPB and DTBE after completing 2 years as an Epidemic Intelligence Service (EIS) officer in June 2014. During her time with DTBE, Niki participated in many projects,

including evaluations of the national TB surveillance systems in Botswana and Kenya, assessment of community-based programmatic management of drug-resistant TB in Bangladesh, analysis of the diagnostic value of urine mycobacterial culture for people living with HIV, investigation of outbreaks caused by *M. tuberculosis* in the U.S, and validation of a new TB molecular diagnostic test in Thailand. She also lectured on epidemiology and use of statistical software at the Research Institute of Tuberculosis in Japan. She somehow made the time to participate in other CDC efforts, and she helped investigate the multistate outbreak of fungal meningitis among patients who received contaminated steroid injections, served as a UNICEF Health Adviser in the Syrian refugee crisis, and investigated the epidemiology and transmission of Middle East Respiratory Syndrome (MERS) caused by a novel coronavirus called MERS-coV.

Niki is currently an associate medical director at AbbVie Laboratories where she strives to combine her clinical, infectious disease, and public health knowledge to influence patient care and public health. The branch anticipates great things from her and is learning to get along without her Persian panache and inextinguishable cheer.

Bruce Bradley, MPA, Senior PHA, was assigned to FSEB on July 27, 2014, where he will serve as a Program Consultant. Bruce started his career with CDC/DTBE in 2002 as a Public Health Analyst in the Data Management and Statistics Branch; in addition, he served as the Technical Contact for the CITS II contract and as the TIMS trainer. He was instrumental in assisting national TB programs with the transition from TIMS to the National Electronic Disease Surveillance System (NEDSS). He was also one of the TB subject matter experts for the development and design of the NEDSS Base System (NBS) TB Program Area Module (TB PAM) and the eRVCT. Bruce served from 1993 to 1997 as a regional TB program coordinator in the state of Georgia.

In July 2009, Bruce accepted a position with FSEB as the TB Program Manager for Fulton County, Georgia. In his position he managed the TB Program and helped lead the screening of homeless shelters in

Fulton County. He was instrumental in helping to implement the 3HP treatment for LTBI in the county and to improve the LTBI completion rate. He also served as co-project coordinator for other CDC-funded initiatives and projects (such as the House Ball Community).

In June 2013, Bruce was assigned to the State of Georgia TB Program as a Senior PHA. In this position, Bruce was the liaison for the TB Coordinators in the State of Georgia where he reviewed and analyzed the quarterly reports, budgets, and contracts of each health district. Bruce was also in charge of the genotyping database for the State of Georgia and assisted with the TB outbreak in Fulton County.

Bruce holds a Master of Public Administration degree from Georgia College and State University and earned a Graduate Certificate in Epidemiology from the Tulane School of Public Health and Tropical Medicine.

Simone Butler has joined DTBE as an administrative assistant. She was initially assigned to the Office of the Director, where she provided administrative support for DTBE/OD. She then was re-assigned to FSEB, where she will be providing administrative support for Dr. Terry Chorba, Mr. Glen Christie, and the medical team here at DTBE headquarters.

Simone is a native of Boston, and attended Northeastern University. She has lived in Atlanta for the past 14 years. Simone has previously worked at CDC, and is looking forward to working with DTBE.

Tori Cowger, MPH, joined the TB/HIV Team with the International Research and Programs Branch on June 30, 2014. She was recruited to provide epidemiological and programmatic support for our portfolio of USAID-supported childhood TB activities. Tori has previous experience working at the state, federal, and international program level, having interned at the Georgia Department of Public Health's Emerging Infections Program, at CDC's Bioterrorism Rapid Response and Advanced Technology Lab, at CDC's Epidemiology & Laboratory Capacity Program in American Samoa, and most recently as a research fellow with the TB/HIV Team of IRPB. Tori earned her

MPH from the Epidemiology Department of the Rollins School of Public Health at Emory University and her Bachelors in Science in Biochemistry from the University of Minnesota.

Justin Davis, an ORISE fellow, is working with Ann Cronin in DTBE/OD on policy and issues management until March 2015. Justin joined DTBE/OD in May 2014 from the Office of the Associate Director for Policy, Office of Health System Collaboration, where he worked the previous 14 months with the team responsible for developing CDC's public health-health-care collaboration strategy. In this capacity, he focused on multiple projects exploring health reform-related opportunities for public health and the clinical and social services sectors to partner to improve health at the population level. Previously, Justin worked in marketing and community education in the field of hospice. Filling roles such as provider relations manager and director of professional relations, he focused on building referral partnerships, while working alongside physicians, hospitals, and long-term care and assisted living facilities. He received his BBA from Emory University's Goizueta Business School in 2004 and is a 2012 MPH graduate of Georgia State University's School of Public Health.

Beverly DeVoe-Payton, MS, retires August 29 after 32 years of federal service, including 22 years of service with CDC. She helped rebuild and re-equip one of the busiest TB control programs in the United States, and later put her substantial field and administrative skills to use in support of DTBE's efforts to develop new and better tools to address the TB epidemic, through her work as a leader in DTBE's Clinical Research Branch. Please see the tribute to Beverly in the Clinical Research Branch Updates section of this issue.

Bridgette Dunlap Simmons, MPH, has been hired as a Public Health Advisor in DTBE's Field Services and Evaluation Branch. Her current assignment is with the City of Houston TB control program, where she works with colleagues to maintain adherence to treatment.

In July 2012, she began employment with CDC through the Public Health Associate Program

(PHAP). Her assignment started with the Office of State, Tribal, Local, and Territorial Support (OSTLTS), where she was assigned to the Mississippi State Department of Health (MSDH) as a Disease Intervention Specialist. As a member of the Tuberculosis Division, her work involved protecting the community from TB infection and disease by helping provide directly observed therapy (DOT), targeted testing, contact investigations, and health promotion. Other duties included program development, evaluation, and health education. While assigned to MSDH she collaborated with colleagues on multiple TB outbreaks throughout Jackson Public School (JPS) District.

Before joining PHAP, Bridgette interned with the Central Alabama Veterans Health Care System, Veteran Health and Preventive Education, located in Montgomery, Alabama. She assisted with the Smoking Cessation and MOVE programs by providing health promotion, health education, and nutrition counseling. Bridgette received her graduate degree in 2012 from Florida International University with a Master's degree in Public Health with a focus on Health Promotion and Disease Prevention.

Denise Garrett has left DTBE to join the President's Malaria Initiative; her last day with DTBE was August 8. She has been selected to be the Resident Advisor in Angola. This position is with CDC's Center for Global Health (CGH) in the Division of Parasitic Diseases & Malaria. It is an Atlanta position, meaning that she will be able to return to Atlanta frequently, but she will physically be based in Luanda, Angola. She is excited about the opportunity to make an important contribution to such an important problem in Africa.

Denise was born in Brazil, where she received her medical degree in 1986 and a master's degree in science in 1991. Denise joined CDC in 1993 as a researcher in the former Division of Parasitic Diseases (DPD) / National Center for Infectious Diseases. In 1996, she became an Epidemic Intelligence Service (EIS) Officer with the Division of Healthcare Quality Promotion (DHQP), in the then-Hospital Infections Program. Following EIS, Denise was hired as a Medical Epidemiologist by DHQP, where she coordinated and implemented several

studies on TB among health care workers. In 2000, she took a position with the former Division of International Health (DIH) / Epidemiology Program Office (EPO), as a CDC consultant for the Field Epidemiology Training Program (FETP) in Brazil. From 2002 to July 2007, Denise worked as a CDC / U.S. Agency for International Development (USAID) consultant to the Brazilian National TB Program (NTP). Her responsibilities included providing epidemiologic advice, consultation, and training on TB; implementation and strengthening of TB control; and conducting operations research on the diagnosis, treatment, and management of TB, TB/HIV, and MDR TB in Brazil. In 2007, Denise worked as a Westat contractor on various Tuberculosis Epidemiologic Studies Consortium (TBESC) activities, including Task Order #18. In August 2008, Denise was promoted to the position of Epidemiology Team Lead in SEOIB and Principal Investigator for the TBESC.

Jamiee Gomez has joined DTBE as a Public Health Advisor working with the Los Angeles County TB Control Program. Prior to joining DTBE, she was an Associate in the Public Health Associate Program (PHAP) and was assigned to the Texas Department of State Health Services in San Antonio, TX. During that time, she served as a Disease Intervention Specialist for the HIV/STD program, where she focused on building relationships through case management. Her second year focused on patient care management through directly observed therapy for the TB department. Prior to joining CDC, she was a student at Dickinson College in Carlisle, PA, and graduated with a Bachelor of Arts degree in Anthropology with a concentration in global health in eastern Africa and the Caribbean.

Steve Kammerer, MBA, joined the Molecular Epidemiology Activity team of the Surveillance, Epidemiology, and Outbreak Investigations Branch on July 14, 2014. Steve has been with the Division as a Northrop Grumman contractor since 2001, when he began assisting with the completion of the NTGSN genotyping pilot project. As the National Tuberculosis Genotyping Service was rolled out, Steve worked as the data manager for the new service, and participated in the design and implementation of TB GIMS. He has also worked to develop new methods

for outbreak detection using genotyping and surveillance data. Steve earned his Bachelor of Science degree with a major in Mathematics from the College of William and Mary, and a Master of Business Administration degree with a concentration in finance from Virginia Tech.

Hannah Kirking, MD, has joined IRPB as one of the new EIS officers. Hannah completed her undergraduate studies at the University of Wisconsin-Madison, and after working as a biomedical engineering for GE Healthcare Technologies, she studied international health and human rights at the University of Oslo. She later returned to the University of Wisconsin School of Medicine and Public Health to complete her medical degree. During medical school, Hannah spent a year working with CDC's Division of Global Migration and Quarantine, during which time she worked on border health issues. Hannah completed a combined residency in internal medicine and pediatrics in Salt Lake City, Utah. While in Salt Lake City, Hannah worked with the International Rescue Committee (IRC) to improve refugee health through educational classes and improving access to care. Throughout her training, she has done international clinical work in India and Kenya as well as public health work with a local NGO in Honduras and with Relief International in Myanmar.

Chris Lewis has recently arrived in DTBE and CEBSB, joining Chitvan Yadav as a webmaster. He is originally from Tennessee and attended Austin Peay State University in Clarksville, TN, graduating with a BFA in Graphic Design. He began his career in print design, transitioning over the last 6 years into web design. After working for 12 years in the corporate world, he joined CDC, where he has worked for the last 3 years. He has had assignments in CDC's Human Capital and Resources Management Office (HCRMO) and in the Laboratory Science, Policy, and Practice Program Office (LSPPPO).

Phil LoBue, MD, has been selected as Director of DTBE. He began his CDC career in 1999 as a Field Medical Officer and an Epidemiologist assigned to the San Diego County TB Control Program. In 2004, he moved to Atlanta to become Chief of the Medical

Consultation Team in the Field Services and Evaluation Branch of DTBE. Since 2006, he has held the position of Associate Director for Science for the Division. He has been honored to receive the CDC Honor Award for Excellence in Surveillance and Health Monitoring and the U.S. Food and Drug Administration's Award for Outstanding Service.

He earned both his undergraduate degree and his medical degree from the University of Pennsylvania. He completed a pulmonary and critical care fellowship in 1995 at the University of California (UC) San Diego Medical Center. He also served as an Assistant Clinical Professor of Medicine at UC San Diego. He is board certified in pulmonary medicine and critical care medicine. He is a member of the International Union Against Tuberculosis and Lung Disease, the American Thoracic Society, and several World Health Organization committees and working groups.

Captain William R. Mac Kenzie, USPHS, Supervisory Medical Officer and Team Lead within the Clinical Research Branch (CRB), has been selected as the Center for Surveillance, Epidemiology and Laboratory Services (CSELS) Deputy Director for Science. He joins CSELS in September.

Bill has a distinguished career at CDC and in serving state and local public health organizations. He led the design, oversight, management, and analysis of studies on the treatment of drug-susceptible and drug-resistant TB, and he collaborated with investigators at international and domestic academic centers, local TB programs, and the National Institutes of Health. In the face of fiscal and global public health challenges, Bill helped guide the future direction of the CRB and substantially influenced that of DTBE through his work as a member of the DTBE Think Tank, a group tasked by the DTBE Director to offer creative, concrete recommendations for cross-cutting activities to carry out DTBE's mission over the coming years.

Before joining NCHHSTP, Bill served as an EIS Officer assigned to the Wisconsin Division of Health, Supervisory Medical Officer in the Division of Field Services, Epidemiology Program Office (a forerunner of CSELS), Supervisory Medical Officer in the

Division of Parasitic Diseases, and Quarantine Medical Officer assigned to the Los Angeles International Airport for DGMQ. In these varying roles, he led the investigation of the largest documented outbreak of waterborne disease associated with a public water supply (cryptosporidiosis in Milwaukee, Wisconsin), supervised and trained over 30 EIS officers who are now in leadership positions throughout the agency, and engaged in emergency preparedness and response planning for circumstances that would require coordinated emergency response to breaches in health security.

Bill has substantial international public health experience including work with the International Rescue Committee in Kosovo. There, in collaboration with local officials and WHO, he led in the initial rebuilding of the public health system through instituting syndromic surveillance for infectious diseases of public health importance and providing training for outbreak investigation and response.

Bill received his medical degree from the University of California, San Francisco, trained in internal medicine and pediatrics at the University of Arkansas for Medical Sciences, and completed a fellowship in infectious diseases at Stanford University. He is a past winner of both the Alexander D. Langmuir Award and the Philip S. Brachman Award.

Eugene McCray, MD, Chief of the International Research and Programs Branch (IRPB), was selected to serve as the Director of the Division of HIV/AIDS Prevention (DHAP) in NCHHSTP beginning August 11, 2014.

Dr. McCray will bring many years of domestic and global experience in HIV and TB prevention and control to his work in DHAP. He began his career at CDC in 1983 as an Epidemic Intelligence Service Officer and has since served in a number of capacities throughout CDC. He was instrumental in CDC's efforts from the early years of the HIV/AIDS epidemic and in 2000 he helped stand up and then lead CDC's Global AIDS Program.

Prior to his position as the Chief of IRPB, Dr. McCray was the Acting Deputy Director in CDC's

Coordinating Office for Global Health from 2004 to 2007 and Director of CDC's Global AIDS Program from 2000 to 2004. In these positions, Dr. McCray directed and developed epidemiological, programmatic, and research activities, as well as facilitated collaboration across CDC, with other US government agencies, with multilateral and international agencies, and with Ministries of Health. He is recognized globally as an expert in HIV/AIDS and TB and has dedicated his career to improving the health of underserved communities both in the United States and globally.

Dr. McCray completed his clinical training in internal medicine at North Carolina Memorial Hospital, University of North Carolina-Chapel Hill in 1983 and an Infectious Diseases Fellowship in 1992 at the University of Washington Medical Center, Seattle, Washington. He has authored or co-authored more than 60 scholarly articles and has received numerous awards for his scientific and public health contributions, including the US Public Health Service's highest honor award, the PHS Distinguished Service Medal, and CDC's William C. Watson Medal of Excellence award.

Godwin Mindra, MD, MPH, has joined SEOIB as one of DTBE's new EIS officers. He comes to CDC from the UNICEF South Sudan Country Office. In his role as a health specialist for the last 7 years, he worked to develop lasting health and nutrition policies for a population estimated at 10 million (as of 2013), with a specific focus on developing strategies to provide women and children with critical immunization services and nutritional interventions. Prior to joining UNICEF, Godwin worked with the government of Uganda as a clinician, and with the World Health Organization in northern Kenya. He helped establish the Early Warning Alert Response Network (EWARN), which allowed detection of outbreak-prone diseases in Southern Sudan and part of northern Kenya. This network has since developed into a fully-fledged Integrated Disease Response and Surveillance (IDRS) system in South Sudan. He received his degree in medicine from Makerere University in Kampala, Uganda, and was awarded the prestigious Complex Humanitarian Emergency (CHE) fellowship, in addition to earning an MPH from Rollins School of Public Health in 2012. He co-

authored an MMWR article in February 2012 on “Nodding Syndrome Investigation in South Sudan” and has a working document on “The Burden of Tuberculosis in Populations Affected by Emergencies.”

Chimeremma (Chime) Nnadi MD, PhD, has completed the Epidemic Intelligence Service program with DTBE’s International Research and Programs Branch. While at DTBE, Chime provided assistance with TB outbreak and surveillance investigations in a number of domestic and international settings. In addition, Chime led the analyses of sundry studies, including the comparative analyses of trends in tuberculosis incidence between the United States and the United Kingdom and community and hospital-associated risk of tuberculosis in Kenya, as well as an evaluation of the diagnosis of tuberculosis among people living with HIV using lymph node aspirates. Never really adapting to life in the colonies, Chime accomplished most of these analyses during his preferred working hours of 1 to 4 a.m., and presented all of it in impeccable King’s English. Chime will be transitioning to a position with the Global Immunization Division, where he will be providing assistance with strengthening global vaccine systems.

Eric Pevzner, PhD, has agreed to serve as Acting Chief, International Research and Programs Branch (IRPB), DTBE. Eric is a Behavioral Epidemiologist and the Team Lead for the TB/HIV team with IRPB. Since joining DTBE as an Epidemic Intelligence Service Officer in 2005, he has worked internationally to support the design and implementation of policies, programs, and studies to address the TB and HIV syndemic. During his public health career, Eric has worked at the international, national, state, and local levels focusing on TB control, HIV prevention, tobacco use prevention and control, cardiovascular disease prevention and rehabilitation, cancer prevention and control, and community health. He earned his PhD in Health Behavior and Health Education and a minor in Epidemiology from the School of Public Health at the University of North Carolina at Chapel Hill in 2005, an MPH in Behavioral Science from the Rollins School of Public Health at Emory University in 1998, and a B.S. in Psychology from Michigan State University in 1995.

Sandy Price joined the TB Information Systems Team of the Data Management and Statistics Branch on June 30, 2014. Sandy has been with the Division as a Northrop Grumman contractor since 1999, when she began supporting the TIMS project. As the National Tuberculosis Surveillance System transitioned from TIMS to NEDSS, Sandy worked to design and create the TB Data Warehouse as the Division’s repository for the TB surveillance data. She has also worked to improve the analysis, quality, and dissemination of TB surveillance data, both within the Division and with our state TB partners. Sandy earned her Bachelor of Science degree with a dual major in Mathematics and Computer Science from Georgia College and State University.

Anne Purfield, PhD, has joined the Clinical Research Branch, and will divide her time between that branch and the Laboratory Branch. Dr. Purfield will be taking on a new role as the TBTC Clinical and Laboratory Research Coordinator. The purpose of this position is to bridge epidemiologic and laboratory data by connecting programmatic and clinical research outcomes with laboratory results. The goal is to enhance the use of laboratory data for programmatic and clinical purposes. Anne has a doctorate in Microbiology and Immunology from the University of North Carolina at Chapel Hill. For the past 2 years she has been an Officer in CDC’s Epidemic Intelligence Service (EIS) assigned to the Mycotic Diseases Branch in the Division of Foodborne, Waterborne, and Environmental Diseases. There she was engaged in investigating and responding to the national outbreak of fungal infections associated with injections of contaminated steroid from a compounding pharmacy. Prior to EIS, Dr. Purfield was a Regulatory Reviewer in the Center for Drug Evaluation and Research at FDA where her portfolio included drugs being considered for the treatment of TB and parasites.

Anne brings to DTBE a unique combination of skills in the fields of epidemiology and microbiology, in addition to knowledge and experience regarding regulatory processes. This combination will be of great value to TBTC and the Laboratory Branch. While Anne is administratively housed in the Clinical Research Branch, she will divide her time between

Corporate Square (CRB) and the Roybal Campus (LB). She joined DTBE on July 3.

Paul Regan was assigned to DTBE headquarters on August 11, 2014, as a program consultant with FSEB and will serve on the Field Operations Team-East. Since July 4, 2010, he had served as the TB Senior Public Health Advisor in Richmond, Virginia. His duties there included assisting with contact investigations, monitoring budgets, overseeing grants, taking a leadership role with the cooperative agreement and the annual progress report, and other duties.

He was previously assigned to the Mississippi State Dept. of Health as Director of the Hinds County TB Clinic in Jackson, Mississippi. While there, he was selected for the International Experience and Technical Assistance (IETA) program, giving him the opportunity to travel to South Africa and provide technical assistance to the Global AIDS Program (GAP).

Prior to Mississippi, Paul was assigned to the Florida Bureau of TB and Refugee Health in Tallahassee, FL. While there, he served as Area Manager of Areas 1 and 2A, Area Coordinator for Area 5, and Continuity of Operations Program (COOP) coordinator for the Bureau, along with other duties.

Paul began his CDC DTBE career in the Alabama Dept. of Health, providing support to local staff and performing disease intervention activities in an eight-county area. Before coming to DTBE, he worked for the New Orleans Office of Public Health in the TB control program as a Disease Intervention Specialist II. Prior to working in public health, Paul worked for the Louisiana State Department of Corrections in the Adult Felony Probation and Parole Division as a Special Agent.

During his years with DTBE (August 2003 to Present), Paul has volunteered for several temporary duty assignments (TDY). These have included an Epi-Aide in Bayou La Batre, AL, as well as TDYs in New Orleans, LA (post-Katrina); Fort Wayne, IN; Kosciusko County, IN; Providence, RI; Savannah, GA; and Louisville, KY.

Nicole Richardson-Smith and Ann Lanner are the recipients of the DTBE Director's Quarterly Recognition Award for the third quarter of 2014 for their roles in the TB Personal Stories project. Compelling success stories help public health agencies convey how health promotion programs work, why they are successful, and lessons learned. This project supports the goal of raising awareness about TB in the United States. Nicole and Ann overcame a number of challenges in getting the stories and videos produced and posted. Several stories have been used in presentations, publications, and social media, including Dr. Mermin's 2014 Congressional briefing; the NCHHSTP 2013 annual report; a one pager "Success Story" by NCHHSTP OD; promotion on CDC social media; and the New York City Facebook promotion of their World TB Day activities.

Nicole Richardson-Smith, MPH, has left CEBSB to join the Health Communication Team in the Division of Adolescent and School Health (DASH). In her new position, Nicole will develop a variety of communication products, implement and manage health communication projects and campaigns, and manage the content, organization, and design of DASH's website. Nicole joined CEBSB as a Health Communication Specialist in March 2011. Since joining the Branch, Nicole has had several key capacities, including co-lead on the TB Personal Stories Project, development of the Spanish TB website, and development of key messages for TB outbreaks. Her last day in DTBE was July 10, 2014.

Amy Sandul, MPH, joined the Medical Consultation Team in the Field Services and Evaluation Branch on June 30, 2014, on a 120-day detail from the NCHHSTP OD. She will serve as project officer for the 3HP surveillance activity. Amy is a health scientist with almost 10 years of experience in basic research and over 10 years of experience working in science policy, regulation, and administration. She sits on the CDC Confidentiality Review Committee and chairs one of the agency's five institutional review boards. Ms. Sandul is a Certified IRB Professional and holds a Bachelor of Science degree in biological sciences and a Bachelor of Arts degree in psychology from Michigan State University. She also holds a Master of Public Health degree from

Emory University and will complete her Doctor of Health Sciences degree with the Arizona School of Health Sciences in June 2015.

Colleen Scott, DrPH, MPH, has joined IRPB as one of DTBE's new EIS officers. She recently completed her doctoral work at East Tennessee State University, with her dissertation evaluating the National Weather Service's Tsunami Ready Community program guidelines. Blending behavioral science and health education, Colleen has worked with CDC in Tanzania, the International Rescue Committee (IRC) in Kenya, and the Peace Corps in Zambia. She has also worked with the Refugee Health Branch at CDC, and the Division of the Civilian Volunteer Medical Reserve Corps in the Office of the Surgeon General. She holds an MPH degree from Emory University, where she worked in both global and behavioral public health research and programming.

Angela Starks, PhD, MPH, was selected as the Chief of the Laboratory Branch (LB) in DTBE. Since 2011, Angela has served as the team leader for the Laboratory Capacity Team within LB where she established a cohort of laboratory consultants to provide oversight of the laboratory component of the tuberculosis cooperative agreements and provide education to the TB community. As team leader, Angela also directed operational public health research focused on laboratory systems. During this time, she has also forged significant collaborative relationships with partner organizations to support increased domestic capacity for high-quality laboratory diagnosis of TB.

Angela came to DTBE in 2005 in what was then the Mycobacteriology Laboratory Branch through the Fellowship in Research and Science Teaching program at Emory University. On completion of her postdoctoral fellowship, she joined the laboratory as a Title 42 senior service fellow and conducted research on the molecular mechanisms of drug resistance for *Mycobacterium tuberculosis* and served as a co-instructor and guest lecturer at Spelman College. In 2008, Angela became the leader of the Laboratory Capacity Activity, which transitioned into the Laboratory Capacity Team. Angela received her PhD in Biomedical Sciences, with a concentration

in Microbiology and Immunology, from the University of Florida and is currently pursuing an MPH in Public Health Administration from the University of South Florida, Tampa. Angela began in her new role as chief of the DTBE Laboratory Branch on June 15, 2014.

Brock Stewart, PhD, joined the Statistics Team of the Data Management and Statistics Branch on July 28, 2014. Brock has worked in the Immunization Safety Office of the Division of Healthcare Quality Promotion since April 2010. While at the Immunization Safety Office, Brock contributed as lead statistician on numerous vaccine safety manuscripts; developed new methods, including in-house data mining capabilities; and provided consultative support to medical and epidemiologic staff. Brock received his PhD degree in Forest Biometrics and his Masters of Science degree in Statistics in 2007 from the University of Georgia.

Katrina Williams joined the Data Management and Statistics Branch of DTBE on July 7, 2014, as a Systems Analyst on the TB Information Systems Team. Ms. Williams is a Northrop Grumman contractor who will be providing support to the CDC Information Management Services Contract. She will provide support to state TB program users needing access to DTBE's applications. She will also work with public health staff to resolve data quality issues. Katrina has 12 years of experience working for Georgia's State Tuberculosis Program, providing technical support to other state agencies and local health departments. Katrina received her Bachelor of Science degree in Criminal Justice at the American Intercontinental University and is currently working on her MBA at the University of Phoenix.

Sherrie Wright has joined DTBE. She is a Total Solutions contractor who will be providing administrative support to DTBE. Ms. Wright has previously served as a Program Analyst in the Center for Global Health (CGH); as a Program Operations Assistant in the Global AIDS Program (GAP); as an Administrative Assistant in the OID/NCHHSTP; and as an Administrative Assistant IV in the Procurement and Grants Office (PGO).

Courtney Yuen, PhD, left DTBE in June 2014, after 2 years as an Epidemic Intelligence Service (EIS) officer in SEOIB. During her time with DTBE, she investigated outbreaks and worked toward the establishment of surveillance definitions for U.S.-Mexico binational TB cases. In addition, she conducted analyses on a variety of topics including the association between mycobacterial lineage and acquired drug resistance, a comparison of TB incidence trends among HIV-positive and HIV-negative persons in Kenya, and the epidemiology of recent TB transmission in the United States. Courtney is currently continuing research in TB epidemiology as an Instructor in the Division of Global Health Equity at Brigham and Women's Hospital/Harvard Medical School.

CALENDAR OF EVENTS

September 9–11, 2014

ASTHO Annual Meeting and Policy Summit
Albuquerque, New Mexico

[Learn More »](#)

Association of State and Territorial Health Officers (ASTHO)

Sept. 16–18, 2014

[TB Education and Training Network \(TB ETN\) and TB Program Evaluation Network \(TB PEN\) Joint Conference](#)

Atlanta, GA

Peri Hopkins/Awal Khan

Oct. 15–18, 2014

The 51st Annual Denver TB Course
Denver, Colorado

[The 51st Semi-Annual Denver TB Course — National Jewish Health](#)

Oct. 28–Nov. 1, 2014

45th Union World Conference on Lung Health
Barcelona, Spain

International Union Against Tuberculosis and Lung Disease

[Click here](#) to download the Barcelona 2014 Brochure

<http://barcelona.worldlunghealth.org>

November 4–5, 2014

20th Annual Four Corners TB & HIV Conference
Santa Fe, NM

<http://action.lung.org/site/Calendar?id=110361&view=Detail>

Nov. 15–19, 2014

142nd APHA Annual Meeting
New Orleans, LA

American Public Health Association (APHA)

January 22–27, 2015

Host Response in TB (J3)
Santa Fe, NM

Keystone Symposia

<http://www.keystonesymposia.org/index.cfm?e=Web.Meeting.List&tab1>

February 23–26, 2015

Conference on Retroviruses and Opportunistic Infections (CROI)

Seattle, WA

Contact: CROI www.croi2014.org/

February 26–28, 2015

19th Annual Conference of the Union — North American Region

Vancouver, Canada

http://www.bc.lung.ca/association_and_services/union.html

March 8–11, 2015

International Conference on Emerging Infectious Diseases (ICEID) Conference

Atlanta, GA

Lori Armstrong lra0@cdc.gov

May 15–20, 2015

American Thoracic Society (ATS) International Conference

Denver, CO

<http://thoracic.org/>

May 18–21, 2015

APHL Annual Meeting and 9th Government Environmental Laboratory Conference

Indianapolis, IN

<http://www.aphl.org/conferences/Pages/default.aspx>