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**Internationale Nachrichten****1. IFRC and Global Fund target tuberculosis treatment for all in Niger**

Geneva – The International Federation of Red Cross and Red Crescent Societies (IFRC) and the Global Fund to Fight AIDS, Tuberculosis and Malaria have signed a grant agreement to fund universal treatment for tuberculosis (TB) in Niger, a country with one of the worst rates of TB in West Africa.

A new two-year Global Fund grant of 10 million euros will allow the population of Niger, estimated at around 17 million, to access quality TB diagnosis and treatment services. The grant will expand and enhance TB services for more than 26,000 people in 200 treatment centres by 2015, targeting vulnerable populations, including those in nomadic communities, migrant groups and prisons.

**Source:** Global Fund, <http://k-urz.de/4d62> (31. Januar 2014)

**2. Uganda: Cheers for halving TB death figures**

Uganda has been recognised by the World Health Organisation for halving tuberculosis- related deaths down from 9,900 in 1990 to 4,700 in 2012.

This achievement won Uganda the Supra National Reference Laboratory (SRL) certification, a distinction it apparently shares only with South Africa amongst African countries. Ministry of Health officials are justifiably ecstatic. The staff of Uganda's National TB Reference Laboratory (NTRL) should be particularly commended for this milestone.

Uganda's health sector has been under fire for a long time, with seemingly nothing to write home about, but here's something to suggest that the future is brighter than the present suggests.

What makes the achievement even more important is that it means Uganda has attained the Millennium Development Goal (MDG) of halving the number of people who die from TB ahead of the 2015 deadline.

**Source:** The Observer, <http://k-urz.de/6681> (01. Februar 2014)

**3. Critical Path Institute Receives Grant to Accelerate Development of Tuberculosis Treatments**

The Critical Path Institute, an independent, non-profit that catalyzes innovative ideas that accelerate the speed of drug and medical product development, today announced it has received a three-year grant from the Bill & Melinda Gates Foundation. The grant will be used to develop quantitative mathematical models to optimize the design of clinical trials and tackle challenges facing the development of effective tuberculosis (TB) treatments.

The grant work, which is focused on advancing the science behind TB drug treatments, will be implemented through the Critical Path to TB Drug Regimens Initiative (CPTR). Co-founded by the Critical Path Institute, the Bill & Melinda Gates Foundation, and the Global Alliance for TB Drug Development, the CPTR initiative has multiple, related projects. Projects include developing physiologically-based pharmacokinetic models, which enable improved understanding of the



absorption and distribution of TB drugs through the lungs, and a population-based pharmacodynamic model to help determine effective treatment doses. Additionally, the project will enable promising drug combinations to be tested and developed together to create entirely new multi-drug treatments.

**Source:** PRNewswire, <http://k-urz.de/1e72> (04. Februar 2014)

#### **4. AstraZeneca vs. NTDs: Does profitability win out?**

On January 31, 2014, a report was released that AstraZeneca Group plc ADR (AZN) (hereafter, "AZ") announced that it was closing its Avishkar Research & Development facility in Bangalore, India. The closing, which will affect 168 employees, is part of an effort by the British pharmaceutical firm to refocus its resources in R&D. The closing is to take place later this year.

What makes this closing unfortunate is that it indicates a cutback in endeavors to support the commitment AZ had made in 2011 when it became a founding member of the World Intellectual Property Organization (WIPO) Re:Search initiative. The initiative is aimed at promoting research in neglected tropical diseases (NTDs), tuberculosis and malaria.

As part of its commitment to Re:Search AZ made all of its patents available for royalty-free licensing under the terms of the WIPO Re:Search Guiding Principles.

**Source:** TB-online, <http://k-urz.de/1bf2> (03. Februar 2014)

#### **5. New public-private alliance to strengthen TB laboratories in Indonesia**

*BD and USAID collaborate to support National TB Program capacity building and development goals*

The and Becton, Dickinson and Company (BD), a leading global medical technology company, announced today a collaboration to strengthen Indonesia's national reference laboratory systems. This new private/public partnership supports the National Tuberculosis (TB) Program (NTP), and will aim to improve and expand quality laboratory services. In particular, the collaboration will emphasize the early detection of TB cases, as well as monitoring and treatment services.

**Source:** Becton Dickinson, <http://k-urz.de/8500> (11. Februar 2014)

#### **6. Gesundheitsministerium Myanmar und Deutsches Biotechnologieunternehmen Partec beschließen Erfahrungsaustausch zum Ausbau des lokalen Gesundheitswesens**

Im Rahmen des Besuches von Bundespräsident Joachim Gauck in der Republik der Union Myanmar unterzeichneten das dortige Gesundheitsministerium und der deutsche Diagnostik- und Biotechnologiespezialist Partec GmbH in Anwesenheit der Parlamentarischen Staatssekretärin im Bundesministerium für Wirtschaft und Energie, Brigitte Zypries, ein Kooperationsabkommen zur Einrichtung eines Exzellenz- und Trainingszentrums in den Bereichen der molekularen und zellulären Diagnostik. Die vereinbarte Zusammenarbeit soll unter anderem bei der Bekämpfung drängender Gesundheitsprobleme in Myanmar helfen, insbesondere bei HIV/AIDS, Tuberkulose, Malaria, bislang vernachlässigten tropischen Erkrankungen und weiteren Blutkrankheiten.

Als eines der 22 von Tuberkulose am meisten betroffenen Ländern weltweit und mit einer der höchsten Infektionsraten bei HIV/AIDS in Asien steht Myanmar vor immensen Herausforderungen.

**Source:** finanzen.net, <http://k-urz.de/54de> (11. Februar 2014)

## **TB in Deutschland**

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### **1. Zauberberg hinter Stacheldraht**

Eine Klinik in Bayern behandelt Tuberkulose-Kranke, die sich gegen eine Therapie sträuben – und sperrt sie dazu ein

Ein Artikel auf Zeit online: <http://www.zeit.de/2014/06/tuberkulose-klinik-bayern> (08.. Februar 2014)

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## Forschung & Entwicklung

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### 1. HIV associated with increased risk of MDR-TB

HIV infection is associated with an increased risk of multi-drug-resistant tuberculosis (MDR-TB), results of a systematic review and meta-analysis published in PLOS ONE show. HIV increased the risk of MDR-TB by 24%. The analysis included 24 separate studies with a total patient population of 93,000. The investigators believe their findings have important implications for TB control programmes in terms of detection, appropriate treatment, infection control and follow-up.

“According to the results of this meta-analysis the odds of having MDR-TB among HIV-positive cases was higher by 24% and this was significant as pooled,” write the authors.

**Source:** Aidsmap, <http://k-urz.de/c6ba> (05. Februar 2014)

### 2. Poor survival with XDR TB in South Africa, but ART improves survival

To get a better understanding of long-term treatment outcomes in people with XDR TB, researchers prospectively monitored 107 patients in South African from March 2008 to August 2012. All had been diagnosed with XDR TB between August 2002 and February 2008, and 44 people (41%) had HIV infection. The investigators genotyped virus from 56 patients to establish strain type and permit extended susceptibility testing.

Three quarters of South African patients with extensively drug-resistant (XDR) tuberculosis died within 5 years of treatment, according to results of [the] analysis in three South African provinces. Among people with HIV infection, taking antiretroviral therapy (ART) was independently associated with survival.

An abstract of the study can be viewed

here:<http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2813%2962675-6/abstract>

**Source:** International Aids Society, <http://k-urz.de/84be> (05. Februar 2014)

### 3. Point-of-care diagnostics for tuberculosis elimination?

*The projected epidemiological effect of Xpert MTB/RIF might be overestimated, so this fascinating and promising new tool is unlikely to be the magic bullet that paves the way towards tuberculosis elimination.*

In *The Lancet*, Grant Theron and colleagues (5) report the outcome of a randomised trial comparing point-of-care Xpert MTB/RIF with smear microscopy in the management of tuberculosis. This study assesses the new molecular tuberculosis diagnostics from a public health perspective by measuring the clinical effect in several real-life situations, comparing nurse-managed Xpert MTB/RIF with a standard set-up of diagnostics with smear microscopy and radiography in well managed settings in four countries.

The findings are not unexpected: Xpert MTB/RIF improved same-day treatment initiation (23% in the Xpert group vs 15% in the microscopy group). Furthermore, fewer culture-positive patients in the Xpert MTB/RIF group who had a positive MTB/RIF test result did not receive treatment (8% vs 15%), halving drop-out, and by day 56 fewer patients in the Xpert MTB/RIF group without a positive test had been given treatment on the basis of empirical evidence (17% vs 26%). However, surprisingly, the proportion of patients given treatment was not higher in the Xpert MTB/RIF group: 43% of people with suspected tuberculosis were given treatment by day 56 in the Xpert MTB/RIF group compared with 42% in the microscopy group. Yet significantly more culture-positive patients in the Xpert MTB/RIF group were given treatment by day 56 (91% vs 84%)—so a higher number of patients with true positive tests were treated—and more culture-positive patients in the Xpert MTB/RIF group were diagnosed on the day



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of presentation (81% vs 43%). Importantly, despite a longer delay to treatment in the microscopy group, there was no effect on the primary outcome, which was difference in morbidity according to the TBscore6 and Karnofsky performance score in culture-positive patients who had begun treatment; 2 months and 6 months after randomisation the scores were the same in the two groups. Likewise, mortality was 8% in both groups of the study; the study was not powered to detect mortality differences.

**Source:** TB online <http://k-urz.de/27c5> (Februar 2014)

### Impressum:

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