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Internationale Nachrichten**1. EU verfehlt Erfolgsrate bei MDR-TB**

STOCKHOLM. Die Staaten der Europäischen Union haben in den vergangenen Jahren die geforderten Therapieziele bei der Behandlung der multiresistenten Tuberkulose (MDR-TB) verfehlt. Wie aus am Donnerstag in Stockholm veröffentlichten Daten der europäischen Seuchenkontrollbehörde ECDC hervorgeht, wurden in den Jahren 2007 bis 2012 lediglich 48,2 Prozent aller MDR-Tb-Patienten erfolgreich behandelt (Euro Surveill 2014; 19(10): pii=20733).

Das Therapieziel des EU-Rahmenaktionsplans gegen Tuberkulose fordert Behandlungserfolge in 70 Prozent aller Fälle von multiresistenter Tuberkulose. Die ECDC hatte für ihre deskriptive Analyse die im europäischen Surveillance-System TESSy gemeldeten Tuberkulose-Fälle aus den Jahren 2007 bis 2012 untersucht. Mitglied in TESSy sind alle 28 EU-Mitgliedsstaaten sowie Island, Liechtenstein und Norwegen.

Siehe: <http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=20733>

Source: Ärzte Zeitung, <http://ow.ly/vO4Df> (14. März 2014)

2. TB Alliance makes series of announcements regarding new initiatives to combat childhood TB

TB Alliance, made three announcements on World TB Day demonstrating their commitment to combating childhood TB.

Web portal for childhood TB:

On World TB Day, the TB Alliance in partnership with the World Health Organization and UNITAID launched a Web Portal (<http://www.tballiance.org/children/>) dedicated to providing valuable resources for the fight against childhood tuberculosis.

Clinical study of TB treatment in infants:

TB Alliance and the Desmond Tutu TB Center, an academic research center based out of the University of Stellenbosch in South Africa have announced a clinical study that will measure the efficacy of TB treatment in 30 infected infants. Data from the study will elucidate whether distinct drug regimens are required to treat drug-sensitive TB in children weighing less than 5kg.

Advisory group to help end neglect of childhood TB:

TB Alliance established a new advisory group that will help guide the organization's effort to combat childhood tuberculosis. The advisory group consists of prominent officials with backgrounds ranging from healthcare, international development, and drug-discovery in big pharma.

Source: Working Group on New TB Drugs, <http://ow.ly/vO4hl> (27.März 2014)

**3. Documents: SADC on TB integration, cross-border referrals**

At the 25 March event, South Africa, Lesotho, Mozambique, Swaziland, Zimbabwe, Zambia, Malawi, Tanzania and Namibia agreed to pursue regional harmonisation of TB treatment protocols as well as establishing common systems for cross-border referrals and patient tracking.

As part of this, countries will aspire to establish a regional database of TB patients and conduct contact tracing and outreach among mining communities.

You can download the documents here: <http://ow.ly/vO76Q>

Source: The South African Health News Service, <http://ow.ly/vO76Q> (10. April 2014)

4. Drug shortages threaten US anti-TB efforts

Shortages of essential medicines increasingly pose a challenge to healthcare in the United States, with the number of shortages nearly tripling from 2007 to 2012. This trend is especially worrisome for infectious diseases like tuberculosis (TB) that represent a public health threat. In fact, a recent U.S. Government Accountability Office report showed that 16 percent of drug shortages occurred among anti-infective drugs. The majority of TB programs across the United States have had difficulty accessing medicines to treat TB — as well as products to diagnose the disease — due to shortages, supply interruptions and high costs.

Source: Live Science, <http://ow.ly/vO69s> (11. April 2014)

5. Gambia: TB Prevalence Survey Findings Revealed

There is still significant undetected TB in The Gambia; TB in The Gambia is predominantly urban-based where most of the population resides; and, TB is a bigger problem for men. These are some of the findings of a nation-wide TB prevalence survey.

The survey further showed that The Gambia has achieved the 70 per cent target for TB case notification, that is, the proportion of new cases detected by TB control services.

The key findings are: The overall national prevalence of all forms of TB in The Gambia is 128 per 100,000 of the population, which is 3.8 times lower than the 490 per 100,000 estimate in the 2013 Global TB Report; The estimated prevalence of smear positive TB is 57 per 100,000 population compared to the 292 per 100,000 estimate; The updated TB case notification rate is now 130 per 100,000 population; The revised TB incidence for The Gambia is 175 per 100,000 of the population.

Source: All Africa, <http://ow.ly/vOdyz> (26. März 2014)

6. Management Sciences for Health (MSH): A costing study for TB treatment in Indonesia

The Indonesian government is developing a sustainability strategy which aims to eliminate dependency on donor assistance. This focuses on increasing government budget allocations, generating revenue from insurance and corporate social responsibility, and improving cost-effectiveness and efficiency.

In Indonesia, Management Sciences for Health (MSH), through USAID's TB CARE I project led by KNCV, has worked with the National TB Control Programme (NTP) to conduct a costing study using a new tool. The results were published recently and indicate that the resources needed for the country to reach its treatment targets in 2014 would be US\$ 100 million and this figure would rise to US\$ 118 million (excluding inflation) in 2016 as more people are reached.

The average cost per TB case treated in 2014 would be USD 228 and the average cost for an MDR-TB patient who starts treatment in 2014 would be USD 10,027 (both figures include indirect costs). The average cost per capita would be 41 US cents. [...]

The total economic burden would be roughly US\$ 2.1 billion (undiscounted). [...]

The results of the modeling are being used by the NTP to develop the government's long-term TB Financing Roadmap which will be the basis for planning the sustainability of the TB control program.



Source: Stop TB Partnership, <http://ow.ly/vOfYL> (März 2014)

7. Public Health England commits to tackling TB

To mark World TB Day (March 24), Public Health England (PHE) is launching its collaborative tuberculosis (TB) strategy for consultation, aimed at bringing together best practice in clinical care, social support and public health to strengthen TB control.

The strategy includes PHE's five-year ambition to see a sustained annual decrease in TB and a reduction in health inequalities associated with the disease, by ensuring action in all local areas with high rates of TB, to tackle the infection.

Source: TB online, <http://ow.ly/vOhFc> (März 2014)

TB in Deutschland

1. Frau an Tuberkulose gestorben

Neuruppin - Eine 40 Jahre alte Frau aus Heiligengrabe (Ostprignitz-Ruppin) ist wie vermutet an Tuberkulose gestorben. Eine Obduktion ihrer Leiche habe die Diagnose des Gesundheitsamtes in Neuruppin bestätigt, sagte eine Behördensprecherin am Freitag. «Die Tuberkulose ist aufgrund einer internistischen Erkrankung wieder ausgebrochen. Die Frau war bereits früher an TBC erkrankt», sagte sie. Die Behörden hatten bei etwa 200 Menschen aus den Landkreisen Ostprignitz-Ruppin und Prignitz, die möglicherweise mit der Frau Kontakt hatten, einen Hauttest veranlasst. Deren Ergebnisse lägen noch nicht vor, hieß es.

Der Landkreis Ostprignitz-Ruppin registriert nach Angaben der Behörde etwa zehn Tuberkulosefälle jährlich. Deutschlandweit erkrankten laut Robert-Koch-Institut (RKI) über 4000 Menschen pro Jahr. Im vergangenen Jahr starben laut Institut bundesweit 127 an der Krankheit, im Jahr zuvor waren es 162. Die Wissenschaftler beobachten, dass sich der jahrelange Rückgang der Erkrankungen abgeschwächt hat. Tuberkulose sei weiterhin eine ernstzunehmende Krankheit.

Source: Berliner Morgenpost, <http://ow.ly/vO4MC> (14. März 2014)

2. Start frei für Spezialfachärzte in Berlin

Die ambulante spezialfachärztliche Versorgung (ASV) von Patienten mit Tuberkulose kann in Berlin starten. Die Partner im Landesausschuss haben Ende März fristgerecht die gemeinsam entwickelten Anzeigenformulare zur Teilnahme an der ASV beschlossen.

23 Seiten umfasst die verfahrenstechnische Umsetzung der inhaltlichen Beschlüsse des Gemeinsamen Bundesausschusses in Berlin. Lange Zeit strittig war die Frage, in welcher Tiefe die Teilnahme an vorgeschriebenen Qualitätssicherungsmaßnahmen nachgewiesen werden muss.

Während niedergelassene Ärzte und Patientenvertreter einen Teilnahmenachweis forderten, hatten die Kliniken vorgeschlagen, dass eine Versicherung der teilnehmenden Ärzte genügen sollte. Schließlich setzten sich niedergelassene Ärzte und Patientenvertreter durch.

Source: Ärzte Zeitung, <http://ow.ly/vSJlh> (15. April 2014)

Forschung & Entwicklung

1. Researchers at EPFL create organization to help bring promising new antibiotic, 'PBTZ169', to market

A new antibiotic, labeled 'PBTZ169', has been shown to be effective against drug sensitive and MDR-tuberculosis by researchers at EPFL and the Bach Institute in Moscow. In a paper published in *EMBO Molecular Medicine*, researchers showed that PBTZ169 inhibited DprE1, an essential enzyme in cell



wall biosynthesis. Furthermore, combination treatment of PBTZ169 with BDQ and pyrazinamide was shown to be more efficacious than the standard treatment for tuberculosis in a mouse model.

Following the publication of PBTZ169, researchers set up Innovative Medicines for Tuberculosis (iM4TB), an organization whose mission is to help usher the new antibiotic to market. Clinical trials of PBTZ169 are scheduled to begin in 2015. For more information on iM4TB visit: <http://im4tb.org/>

Source: Working Group on New TB Drugs, <http://ow.ly/vO31j> (12.März 2014)

2. Big Pharma Abandons New Tuberculosis Drug Research

Three major pharmaceutical companies - AstraZeneca, Johnson & Johnson and Pfizer - have recently delayed or canceled clinical trials for testing tuberculosis (TB) drugs in India and South Africa.

Earlier this month Pfizer, a U.S. company which holds the patent to Linezolid, canceled plans to hold clinical trials for the drug in South Africa. Johnson & Johnson, another U.S. company which holds the patent to Bedaquiline, has failed to conduct research despite winning government approval to start clinical trials in December 2012. Meanwhile AstraZeneca, Anglo-Swedish company, announced this past January that it had stopped early stage research into TB and malaria at its research station in Bangalore, India.

Source: Corp Watch, <http://ow.ly/vOa1s> (01. April 2014)

3. Annual report: Choices in TB vaccine development

Scarce global funding for the development of new tuberculosis vaccines forces to select rigorously in the current portfolio of TB vaccine candidates. Because it's not possible to support all vaccine candidates, TBVI developed an instrument to make the right decisions in order to advance vaccine development: portfolio management.

In the past years, dozens of vaccine candidates have been developed in laboratories and more are currently being developed. Many of them are about to enter, or have already entered the (pre)clinical stages of development, which are very expensive and for which only limited funding is available. Therefore TBVI introduced the method of portfolio management: a very efficient and effective method of advancing a vaccine through the pipeline. It is a quality decision-making process that seeks to maximise probability of success against acceptable cost and risk.

Source: Tuberculosis Vaccine Initiative, <http://ow.ly/vOcz9> (03. April 2014)

4. C-reactive protein could identify more HIV+ eligible for anti-TB IPT

A point-of-care test for C-reactive protein (POC-CRP) greatly increased the proportion of HIV-positive Ugandan adults eligible for isoniazid preventive therapy (IPT) compared with the standard World Health Organization (WHO) symptom screen. POC-CRP would also decrease the proportion of HIV patients who need referral for further TB diagnostic testing. The investigators conclude that "POC-CRP testing increased more than 4-fold the proportion of HIV-infected adults immediately identified as IPT eligible" and that the simple blood test "could substantially improve implementation of tuberculosis screening guidelines."

Source: International Aids Society, <http://ow.ly/vOcz9> (01. April 2014)

5. XDR-TB treatment outcomes are dismal, spell trouble for global public health

"The situation regarding MDR and XDR tuberculosis is bleak," according to a commentary in response to a study looking at long-term outcomes of extensively drug-resistant tuberculosis patients in South Africa, published in The Lancet last week by Elize Pietersen and colleagues.

Researchers followed up with South African patients with XDR-TB who had been a part of an earlier study looking at early treatment outcomes in 2010. The study says that despite lengthy treatment with a median of eight anti-TB drugs, treatment outcomes were dismal: of 107 patients, only 17 were cured or completed treatment after 24 months, and 12 patients had similar favorable outcomes five years after treatment initiation. Forty nine patients died and 25 had failed treatment after 24 months



of follow up. After 60 months, 79 patients had died and 11 had failed treatment. Of the 45 patients who were released into the community, 19 did not achieve sputum culture conversion.

Source: Science speaks, <http://ow.ly/vSMmv> (07. April 2014)

Publikationen

1. European Voice: New policy report on multidrug-resistant tuberculosis

Report, titled "The fight against tuberculosis", discusses the rising incidence of MDR-TB, the need for more effective treatments, new vaccines and better diagnostics and what needs to be done at a European level to tackle this preventable disease.

The report was sponsored by Janssen and can be downloaded here: <http://ow.ly/vOgSN>

2. IOM-MHD: Launching special website focused on migration and tuberculosis

On the occasion of World TB Day 2014 (March 24), the International Organization for Migration (IOM) launched a special website focused on migration and tuberculosis.

The link to the website: <http://health.iom.int/>

3. Mass TB tests 'would save billions'

Southern African countries could realise savings 40 times what they would otherwise spend if they were to test and treat all mineworkers in the gold and platinum group metal industries for tuberculosis (TB), according to the preliminary findings of a World Bank study.

It found it would cost about R330m a year to test and treat mineworkers in South Africa, Lesotho, Swaziland and Mozambique, but that this would result in savings of about R13bn a year in increased productivity and a reduced spread of the disease.

The preliminary findings can be downloaded here: <http://ow.ly/vOl4a>

4. International Standards of Tuberculosis Care (3rd Edition)

A new version of the International Standards of Tuberculosis Care (ISTC) has been published. The purpose of the ISTC is to describe a widely accepted level of care that all practitioners, public and private, should seek to achieve in managing patients who have, are suspected of having, or are at increased risk of developing tuberculosis.

The report can be downloaded here: <http://ow.ly/vSIUm>

5. CDC: Updated guidelines on managing drug interactions in the treatment of HIV-related tuberculosis

Guidelines for managing pharmacologic interactions that can result when patients receive antiretroviral drugs for treatment of human immunodeficiency virus (HIV) infection together with rifamycin antibiotics for treatment of tuberculosis (TB) have been published previously (1–4). Newly updated guidelines, developed by CDC in collaboration with experts from other key national and international institutions, are now available at <http://ow.ly/vOoOk>

6. TB REACH publishes results from first round of funding

The results from the Stop TB Partnership's first wave of TB REACH funding demonstrates how in less than a year of implementation, grantees showed some remarkable successes with impressive gains in case detection. The study proves that large gains in TB case notification can still be achieved 20 years after the start of DOTS expansion, and at a time when global case notification trends are stagnant.

The paper with the results can be downloaded here: <http://ow.ly/vSKoa>

Aktionen & Veranstaltungen

1. Parlamentarisches Frühstück des Stop-TB Forums am 20. März 2014

Anlässlich des Welt-Tuberkulose- Tages positionierten sich Abgeordnete des Deutschen Bundestages aus allen Fraktionen zusammen mit dem Stop-TB Forum gegen Tuberkulose (TB). Sie bekräftigten damit den Aufruf von Parlamentarier/innen aus den G8-Ländern an ihre Regierungen, ihr Engagement im Kampf gegen TB deutlich zu erhöhen. Der Aufruf wird von insgesamt über 150 Abgeordneten unterstützt (siehe: <http://stop-tb.de/neuigkeiten/>).



V.l.n.r.: Kordula Schulz-Asche (MdB Bündnis 90/Die Grünen), Elisabeth Scharfenberg (MdB Bündnis 90/Die Grünen), Mechthild Rawert (MdB SPD), Kathrin Vogler (MdB Die Linke), Sabine Dittmar (MdB SPD), Erich Irstorfer (MdB CDU/CSU)

Das Stop-TB Forum hatte zum Welt-Tuberkulose-Tag 2014 zu einem Frühstück in den Deutschen Bundestag geladen. Unter dem Titel „Tuberkulose – eine alte Krankheit auf dem Vormarsch“ führte Sebastian Dietrich (medizinischer Berater von Ärzte ohne Grenzen) in die globalen Gesundheitsgefahren der TB ein. Zudem stellte Herr Prof. Dr. Roland Diel (Epidemiologe der Universität Kiel) eine Studie zu den Kosten der TB in der Europäischen Union (EU) vor. Das Thema stieß bei den Abgeordneten des Deutschen Bundestages auf großes Interesse: Insgesamt 15 Abgeordnete nahmen an dem Frühstück teil und stellten viele Fragen.

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