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## Internationale Nachrichten

### 1. Australia: Cairns death sparks call for more resources to combat TB

Health experts say authorities in far north Queensland should devote more resources to identify and treat tuberculosis (TB) after a Cairns woman died from the disease.

Test results this week confirmed the 32 year old had a multi-drug resistant strain of TB. Queensland Health said she was the second person in the state to die from the strain.

The head of TB research at the Centenary Institute, professor Warwick Britton, said the case highlighted the need to tackle the problem in the Torres Strait and Papua New Guinea. "If tuberculosis is not well controlled in our near neighbours there will always be some overflow into Australia," he said. "The same is true equally in Sydney as it in Cairns, therefore we must be vigilant about tuberculosis and ensure we have confident programs and the resources to treat people."

**Source:** ABC News, <http://www.abc.net.au/news/2014-10-15/cairns-death-sparks-call-for-more-resources-to/5814996> (20.10.2014)

### 2. Tuberculosis rates still high in the UK

Tuberculosis rates in the UK are still unacceptably high. Public Health England notes in its annual UK report that 7892 cases of tuberculosis were notified in 2013, a decrease from 8729 cases reported in 2012. However, the incidence of 12.3 cases per 100 000 is still among the highest in western European countries. Another sobering comparison is that the incidence in the UK is four times that of the USA. Long recognised as a disease of social inequality and deprivation, according to the report, tuberculosis continues to disproportionately affect the most deprived communities, with 70% of all tuberculosis cases in England resident in areas in the two most deprived quintiles. In particular, the urban areas of London, Leicester, Birmingham, Luton, Manchester, and Coventry had more than three times the national average. Public Health England and NHS England will soon publish a Collaborative TB Strategy for England 2015—2020, which will identify the key areas to achieve a sustained decline in tuberculosis. Although small gains have been made, it is essential the strategy enables firm steps to be taken to achieve a level of control that exists elsewhere.

**Source:** TB online, <http://www.tbonline.info/posts/print/tuberculosis-rates-still-high-uk/> (20.10.2014)

### 3. South Africa: Bedaquiline approved to treat multidrug-resistant tuberculosis

The Medicines Control Council has approved Janssen Pharmaceutica's bedaquiline, the first drug specifically designed for treating multidrug-resistant tuberculosis (MDR-TB) to reach the market.

Activists have campaigned vigorously for access to bedaquiline, which was made available by the Medicines Control Council on a very limited basis last year through a closely monitored clinical access programme: only 151 patients have had access to the drug since March 2013.



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The regulator has taken a cautious approach because there is limited data on the safety of bedaquiline, which has so far only been subjected to small phase 1 and phase 2 studies. Usually a drug must pass a much larger phase-3 trial before it can be submitted to the regulatory authorities for approval, but regulators have granted earlier access because there are so few treatments available for MDR-TB. The drug was granted accelerated approval by the US Food and Drug Administration and conditional approval in the European Union, pending the outcome of a phase-3 trial due to begin in 2015. There are currently about 10,000 patients with MDR-TB in SA, 73% of whom are also infected with HIV.

**Source:** TB online, <http://www.tbonline.info/posts/2014/10/22/south-africa-bedaquiline-approved-treat-multidrug/> (24.10.2014)

#### **4. WHO: Improved data shows higher burden of tuberculosis**

Recent intensive efforts to improve collection and reporting of data on tuberculosis (TB) are shedding new light on the epidemic, revealing that there are almost half a million more cases of the disease than previously estimated. WHO's "*Global Tuberculosis Report 2014*", published today, shows that 9 million people developed TB in 2013, and 1.5 million died, including 360 000 people who were HIV positive. The multidrug-resistant TB (MDR-TB) crisis continues, with an estimated 480 000 new cases in 2013. Worldwide, about 3.5% of all people who developed TB in 2013 had this form of the disease, which is much harder to treat and has significantly poorer cure rates. While the estimated percentage of new TB cases that have MDR-TB globally remains unchanged, there are severe epidemics in some regions, particularly in Eastern Europe and Central Asia. In many settings around the world, the treatment success rate is alarmingly low. Furthermore, extensively drug-resistant TB (XDR-TB), which is even more expensive and difficult to treat than MDR-TB, has now been reported in 100 countries.

"In addition to the serious underfunding for research, US\$ 8 billion a year is required for TB and MDR-TB prevention, diagnosis and treatment. Domestic and international financing needs to step up to prevent millions of unnecessary deaths," says Katherine Floyd, WHO Coordinator for TB Monitoring and Evaluation.

**Source:** WHO, <http://www.who.int/mediacentre/news/notes/2014/global-tuberculosis-report/en/> (24.10.2014)

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## **Forschung & Entwicklung**

### **1. TB research: Why everyone should be worried**

The annual R&D report by Treatment Action Group (TAG), shows that the world invested only a third of the required US\$ 2 billion needed every year for new drugs, diagnostics and vaccines to fight the global TB epidemic effectively. In 2013, a total of US\$ 676.6 million was spent on TB research.

The report also shows one of the lowest ever annual R&D spending by pharmaceutical companies for TB. According to the TAG report, the industry spent US\$ 99.6 million in 2013, lower than what it spent at the peak of the financial crises in 2009. Following Pfizer in 2012, Astra Zeneca and Novartis exited TB research over the last two years.

As a result the onus is on the public sector. The public sector provided four times more money to TB research than private industry, and philanthropic institutions provided twice as much in 2013, according to TAG. Public sector contributed to 60% of the total research spending - of this, the United States accounted for the largest share.

In 2013, donors gave only 33% of the US\$ 740 million needed for drug research. Investment in R&D for TB drugs accounted for nearly 38% of overall R&D spending for TB in 2013. The Gates Foundation is the largest contributor for TB drug development. It spent US\$ 147.9 million, half of all



philanthropic spending. TB vaccine research received only 25% of the estimated annual requirement of US\$ 380 million in 2013.

On diagnostics, the TB community cannot rest on the success of GeneXpert MTB/RIF. New point of care diagnostics are essential keeping patients and health systems in mind, if we are serious about eliminating TB.

**Source:** Stop TB Partnership, [http://www.stoptb.org/news/stories/2014/ns14\\_067.asp](http://www.stoptb.org/news/stories/2014/ns14_067.asp) (24.10.2014)

## **2. Preliminary data show high success rate for dramatically shortened multidrug-resistant TB treatment option**

A nine-month treatment regimen for multidrug-resistant tuberculosis (MDR-TB) appears to be as effective as a 12-month regimen, according to data from two new studies being presented today at the 45<sup>th</sup> World Conference on Lung Health in Barcelona, Spain.

Data were presented on preliminary treatment outcomes for 208 patients who had completed four months of treatment. In sputum smear tests, where a laboratory technician examines a sample of a patient's sputum through a light microscope to visually confirm presence of TB bacteria, 74 per cent of patients had a negative test. In culture tests, where a test sample is placed in a petri dish to see if it will grow cultures of bacteria, 94 percent of tests were negative. Together these preliminary results suggest a high treatment success rate for the shortened, 9-month treatment option. The study was conducted in Benin, Burundi, Cameroon, Côte d'Ivoire, Niger, Central African Republic and Democratic Republic of Congo.

Another study, "High rate of successful outcome of a nine-month standardised treatment of multidrug-resistant tuberculosis in Niger," showed that of patients with MDR-TB had an 88.2% treatment success rate when administered a 9-month treatment regimen. All but one patient who had received follow-up TB tests 6 months after finishing treatment remained free of TB. The researchers will continue monitoring treatment outcomes until 24 months after treatment. The study was conducted in the country of Niger.

**Source:** WHO, <http://www.theunion.org/news-centre/news/preliminary-data-show-high-success-rate-for-dramatically-shortened-multidrug-resistant-tb-treatment-option> (31.10.2014)

## **3. WHO guidelines on the management of latent tuberculosis infection launched**

For the first time, the World Health Organization has issued new guidelines on testing, treating and managing latent TB infection (LTBI) in individuals with high risk of developing disease.

The guidelines recommend that systematic testing and treatment of LTBI should be performed in people living with HIV, adult and child contacts of pulmonary TB cases, and patients with the following clinical conditions: initiating anti-tumour necrosis factor treatment, receiving dialysis, preparing for transplantation, and being affected by silicosis). In addition, systematic testing and treatment of LTBI should be considered for prisoners, health-care workers, immigrants from high TB burden countries, homeless persons and illicit drug users.

The guidelines recommend that either tuberculin skin test or interferon gamma release assays can be used to test for latent TB in high-income and upper middle-income countries with estimated TB incidence less than 100 per 100 000. Five treatment options are recommended for the treatment of LTBI in the guidelines: isoniazid daily for 6 or 9 months, the combination of rifampin and isoniazid once a week for 12 weeks, the combination of rifampin and isoniazid daily for 3-4 months, and rifampin alone daily for 3-4 months.

**Source:** WHO, [http://www.who.int/tb/features\\_archive/LTBI/en/](http://www.who.int/tb/features_archive/LTBI/en/) (31.10.2014)

## **4. P-824 has a new generic name: pretomanid**

TB Alliance announced today (October 21) that pretomanid (pronounced: pree TOH mah nid) will be the generic, nonproprietary name for its novel anti-bacterial drug compound, PA-824, following a review by the United States Adopted Names Council and the International Nonproprietary Names



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program of the World Health Organization. Pretomanid is a component of two new TB drug regimens being tested by TB Alliance for their ability to transform TB therapy, as well as future planned trials. The most advanced regimen in which pretomanid is included, called PaMZ, is expected to advance to a Phase 3 clinical trial called STAND (Shortening Treatments by Advancing Novel Drugs) within the next six months. The STAND trial will span some 50 study sites across Africa, Asia, Eastern Europe and Latin America. PaMZ is the first-ever drug regimen designed to treat both drug-sensitive and some forms of multidrug-resistant tuberculosis (TB). Pretomanid will continue to be referred to as “Pa” in regimen abbreviations, such as PaMZ.

**Source:** TB online, <http://www.tbonline.info/posts/2014/10/22/pa-824-has-new-generic-name-pretomanid/> (24.10.2014)

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## Reportage

### 1. XDR-TB patients smuggle pills as treatment priced out of reach

With treatment priced out of reach, some extensively drug-resistant tuberculosis (XDR-TB) patients face a tough choice: Break the law or die.

During the dark days of AIDS denialism, activists smuggled antiretrovirals (ARVs) into the country in suitcases and airfreight cargo. Now, history may be repeating as some patients are looking at ways outside the law, including ordering drugs online, to fill doctors’ prescriptions as linezolid continues to cost more than R700 per daily pill. According to international humanitarian organisation Medicines Sans Frontiers (MSF), the only thing standing between South Africans and a cheaper, R80 per pill generic is the drug regulatory body, the Medicines Control Council (MCC).

While linezolid is not part of South Africa’s initial standard drug-resistant TB treatment regimens, guidelines say that the drug should be considered for patients with few other options if cost permits. Most of the XDR-TB patients in a government-run programme offering patients access to a new XDR-TB drug bedaquiline are also receiving linezolid – provided their provinces can pay for it, according to data presented at the recent South Africa TB Conference.

**Source:** TB Online, <http://www.tbonline.info/posts/2014/10/4/xdr-tb-patients-smuggle-pills-treatment-priced-out/> (20.10.2014)

### 2. Inconspicuous Consumption

While volunteering for the Peace Corps in Ukraine in 2010, I contracted a severe version of drug-resistant tuberculosis. Two years of painful, isolating treatment taught me the vital role social media may play in finally eradicating this disease.

For as long as I’d spent surviving and learning about tuberculosis, one big question stuck in the back of my mind. I posed it to Oksana Viktorovna, a training coordinator for the Stop TB in Ukraine initiative in Donetsk. Why, I asked her, is there so little communication and coordination within the TB patient community, and so much of it — working successfully, by the way — in other diseases?

**Source:** BuzzFeed, <http://www.buzzfeed.com/natalieshure/you-never-think-about-tuberculosis-until-you-lose-two-years#4c1p63v> (20.10.2014)

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