



## JUNE 2011

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## TB & HIV

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### ZAMBART donates equipment to the Zambian Ministry of Health to fight TB



In late May, the Zambia AIDS Related TB (ZAMBART) Project officially handed over equipment from its recently completed Zambia-South Africa TB and AIDS Reduction (ZAMSTAR) study to the Ministry of Health at Kanyama Clinic in Lusaka. The equipment handed to the Ministry included vehicles, prefabricated office structures such as buildings and furniture and laboratory equipment.

"As the study came to a close we wanted to ensure that the TB work done in the districts continues," said Dr. Helen Ayles, Project Coordinator, ZAMBART Project. "This transfer of equipment highlights the very close relationship we have with the Ministry of Health and our desire to see it succeed."

The ZAMSTAR study took place in 16 sites throughout the country and the equipment will remain in place in these districts to help aid existing and future TB work. The results of the study will be known later in the year.

"Often scientific research done in a country has a greater impact outside of that country [where the research is conducted]. The ZAMSTAR study in Zambia is different," said Permanent Secretary for the Ministry of Health, Dr. Peter

**according to new  
ZAMBART survey**

The Zambia AIDS Related Tuberculosis (ZAMBART) Project working in collaboration with the Zambian Ministry of Health recently released the findings from a survey initiated in 2008 which sought to gauge the amount of multidrug resistant (MDR) TB in the country. As a result, the survey found that between 1- 2% of TB patients in the country have MDR TB; this translates to between 500-800 MDR TB cases per year.

"I am happy to report that this survey has shown that levels of MDR TB are still low in Zambia," said Dr. Helen Ayles, ZAMBART Project Coordinator. "Nonetheless the survey shows that across the country there are people who need treatment for MDR TB."

The World Health Organization (WHO) encourages countries to periodically submit data on prevalence of MDR TB but few countries in the region have managed more than one survey. In Zambia, the first survey of this kind was conducted in 2000 and the 2008 survey was a follow up. The Global Fund and ZAMBART Project were the principle funders of this survey.

"These results have shown that with a good national TB program in place,

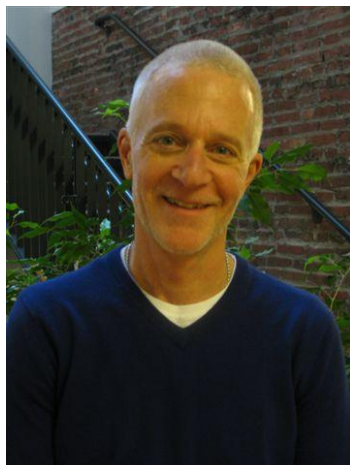
Mwaba. "We are proud to partner with organizations, like ZAMBART Project, who really have the country's best interests at heart. This should be seen as a best practice, in which other research organization follow suit."

Dr. Mwaba continued, "We have been working step-by-step with ZAMBART over the last five years of the study. The equipment that we received today is good and it will help our efforts in the country tremendously. However, we are also hopeful the findings will also have a significant impact in Zambia."

The equipment, especially the vehicles and prefabricated office structures, will go a long way in addressing existing infrastructure gaps in the districts as well as the scaled back donor funding in the health sector to continue fighting TB and HIV on the ground.



**Timothy Teeter, Education and Training Manager  
CREATE Policy and Advocacy Core**



I began working with CREATE as education and training manager in December 2007. Prior to that, I was the nurse manager in the Moore Clinic, the HIV clinic at Johns Hopkins. I have a strong commitment to HIV, and I saw CREATE as an opportunity to expand that commitment to the public health care level by taking on TB, the number one killer of people with HIV. Before I came to Johns Hopkins, I was the associate director of (HIV) treatment

resource poor countries can keep TB drug resistance levels low," said Dr. Ayles. "Also as a matter of precaution, we as ZAMBART recommend that national drug resistance surveys continued to be conducted every five years."

It should be noted that Zambia, through the Ministry of Health, has a comprehensive national TB control program in place which includes a strategy targeting MDR TB. The proposed construction of an MDR TB ward to be housed at Kabwe General Hospital and renovation of facilities in Ndola and University Teaching Hospital (UTH) in Lusaka will allow more patients to be treated.

### **Kick TB Campaign well disseminated in South Africa**



The Kick TB campaign is steadily forging ahead in its battle against TB and HIV in South Africa. The campaign, sponsored by the South African Ministry of Health, and carried out in collaboration with the Desmond Tutu TB Centre, and the University of

education and publications at the San Francisco AIDS Foundation and I felt that background would serve me well in this position.

The focus of my work has changed over the past 3 years. By the time I joined the team, the 3 projects of CREATE had strong, well-developed training strategies in place. My work now primarily involves managing the conference and meeting activities of CREATE, as well as a number of administrative functions with the small "home team" in Baltimore. I am also responsible for organizing the Johns Hopkins' annual conference on the clinical care of patients with HIV infection. Richard Chaisson, CREATE's principal investigator, started these conferences 21 years ago.

Lately, Lois Eldred, CREATE's policy and advocacy director, and I have developed and delivered several trainings on the WHO 3 I's (intensified case finding, infection control and isoniazid preventive therapy), working with partner organizations in Africa. I hope these opportunities will continue as part of CREATE's focus on delivery.

Organizing educational events is satisfying, as is developing training materials. Delivering training is even more satisfying! As we move toward completion of the CREATE studies, it's extremely gratifying to see the impact that CREATE has had in WHO policy recommendations, and implementation of such policies by other countries. The THRio study was instrumental in Brazil's implementation of their national IPT policy as standard of care for people with HIV and that makes me feel good about working here!

As the years passed at CREATE, I found that I missed clinical care, so when Lois began seeing patients again in the Moore Clinic, I was able to come along as her nurse, which brings me a sense of personal fulfillment.

We often think and talk about the future of the project at meetings of CREATE's executive committee. While we don't expect "CREATE II", I think we all hope that the strong working relationships we've developed over the past seven years will guide us to future collaborations. This has been my first job working with international health and it's been an amazing experience for me.

My education straight out of high school was in music and I'm a singer. I'm fortunate to sing with a very good choral group here in Baltimore. I'm also a runner - actually more of a lapsed runner who is gearing up again! - and I'm looking forward to running the Baltimore half marathon this fall.

Stellenbosch, has educated hundreds of school-age children on the symptoms and treatment of TB.

The province of Mpumalanga (world renowned for The Kruger National Park) is the latest in to join the cutting edge campaign dissemination.

Eight schools were targeted in two high burden districts of this province and it was a once again a life-changing experience, with the campaign reaching almost 7000 children.

The Kick TB team also trained two more provinces (the Free State and the Northern Cape) on how to implement the Kick TB campaign.

Please see the website for further information: [www.kicktb.co.za](http://www.kicktb.co.za).

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## Next THRio CAB meeting discusses preliminary final results



The next THRio CAB (Community Advisory Board) to be held in Rio de Janeiro in the end of June will have as the main topic a discussion on THRio's final results by study principal investigator, Dr. Betina Durovni.

Members of the THRio CAB will visit one of the study clinics, and discuss with the THRio team the future of the study intervention, sustainability of the study and possible advancements towards the the WHO's "3 I's" policy (Intensified Case Finding, Infection Control and Isoniazid Preventive Therapy).

The meeting is closed to the general public.

## Articles Published Recently

[Physician adherence to guidelines for tuberculosis and HIV care in Rio de Janeiro, Brazil.](#)

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[Epidemiology of Tuberculosis and HIV: Recent Advances in Understanding and Responses.](#)

Martinson NA, Hoffmann CJ, Chaisson RE.

[Survival in XDR TB: Shifting the Curve and Shifting the Paradigm.](#)

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[Active Tuberculosis Case-Finding among Pregnant Women Presenting to Antenatal Clinics in Soweto, South Africa.](#)

Gounder CR, Wada NI, Kensler C, Violari A, McIntyre J, Chaisson RE, Martinson NA.

[Management of Adult Active Tuberculosis Disease in Era of HIV Pandemic, Current Practices and Future Perspectives.](#)

Nachega JB, Rosenkranz B, Simon G, Chaisson RE, Diacon A, Taljaard J.

[Validation of brief screening tools for depressive and alcohol use disorders among TB and HIV patients in primary care in Zambia.](#)

Chishinga N, Kinyanda E, Weiss HA, Patel V, Ayles H, Seedat S.

[Risk factors associated with positive QuantiFERON-TB Gold In-Tube and tuberculin skin tests results in Zambia and South Africa.](#)

Shanaube K, Hargreaves J, Fielding K, Schaap A, Lawrence KA, Hensen B, Sismanidis C, Menezes A, Beyers N, Ayles H, Godfrey-Faussett P.

[Cost-effectiveness of community health worker versus home-based guardians for directly observed treatment of tuberculosis in Vitória, Espírito Santo State, Brazil.](#)

Prado TN, Wada N, Guidoni LM, Golub JE, Dietze R, Maciel EL.

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