

43rd Union World Conference on Lung Health

<http://www.worldlunghealth.org>

FINAL PROGRAMME



DRIVING
THROUGH
MUTUAL **SUSTAINABILITY
RESPONSIBILITY**

**13-17 NOVEMBER 2012
KUALA LUMPUR
MALAYSIA**



International Union Against Tuberculosis and Lung Disease
Union Internationale Contre la Tuberculose et les Maladies Respiratoires
Unión Internacional Contra la Tuberculosis y Enfermedades Respiratorias

Overview

Monday 12 – Wednesday 14 November 2012

8 J2J Programme

Tuesday, 13 November 2012

- 16 Stop TB Symposium
- 19 Union Administrative meetings
 - Coordinating Committee of Scientific Activities (CCSA)
 - Editorial Board of *Public Health Action*
- 19 Side-meetings
 - New Diagnostics Working Group Annual meeting

Wednesday, 14 November 2012

- 21 Inaugural Session
 - Awards Ceremony
 - Welcome Cocktail
- 23 Post-graduate Courses
- 28 Workshops
- 33 Union Administrative meetings
 - Editorial Board of the *International Journal of Tuberculosis and Lung Disease*
- 33 Side-meetings
 - 5th FIND and partners symposium

Thursday, 15 November 2012

- 34 Plenary Session (1)
- 37 Symposia: morning (1 to 9)
- 68 Symposia: afternoon (10 to 18)
- 42 Poster Discussion Sessions (1 to 18)
- 63 Oral Abstract Sessions (1 to 6)
- 73 Sponsored Satellite Symposia (1-4)
- 77 Union Scientific Working Group meetings
- 77 Side-meetings
 - Annual RESIST-TB meeting

Friday, 16 November 2012

- 79 Plenary Session (2)
- 82 Symposia: morning (19 to 27)
- 113 Symposia: afternoon (28 to 35)
- 87 Poster Discussion Sessions (19 to 36)
- 108 Oral Abstract Sessions (7 to 12)
- 117 Sponsored Satellite Symposia (5 to 6)
- 118 Union Administrative meetings
 - Communications, Membership and Fundraising Committee
 - Scientific Programme Committee
- 118 Union Region meetings
- 119 Union Sub-Section meetings
- 119 Union Scientific Section meetings

Saturday, 17 November 2012

- 121 Plenary Session (3)
- 121 Special events
 - General Assembly of The Union
 - Closing Ceremony
 - Closing Cocktail
- 124 Meet the Expert Sessions
- 126 Symposia: morning (36 to 43)
- 150 Symposia: afternoon (44 to 51)
- 130 Poster Discussion Sessions (37 to 54)
- 148 Oral Abstract Sessions (13 to 15)
- 155 Union Administrative meetings
 - The Union Board of Directors

General information

- 1 Welcome Address
- 2 About The Union
- 4 Online submission of sessions for the 44th Union World Conference on Lung Health
- 5 The Union Centennial Campaign
- 6 Acknowledgements
- 7 List of exhibitors and sponsors
- 8 Press
- 8 CME Credits
- 9 Kuala Lumpur Convention Centre Map
- 10 General information
 - Abstract e-print zone
 - Business centre
 - Cloakroom
 - Catering and coffee breaks
 - First aid
 - Internet area
 - Webcasts
 - Wifi access
 - Local transportation
- 10 Information for Presenters
 - Preview room
 - Poster desk
- 11 Registration
- 12 Hotel Accommodation
- 12 Travel
- 12 Social Programme
- 12 Tourism information
- 120 Christmas Seals Exhibit and Contest
- 156 Conference History
 - The Union Officials
- 157 The Union Scientific Sections, Sub-Sections and Working Groups
 - The Union Offices

No smoking conference



The Union has designated this conference as a NO SMOKING CONFERENCE. Participants are therefore reminded that no smoking will be permitted on the Conference premises or at Conference functions.

Welcome Address

Dear Colleagues,

We are pleased to invite you to attend the 43rd Union World Conference on Lung Health at Kuala Lumpur Convention Centre in Kuala Lumpur, Malaysia on 13–17 November 2012.

The conference theme this year is “Driving sustainability through mutual responsibility” which reflects the need for innovative financing and quality assurance mechanisms to ensure a sustainable response to today’s health challenges.

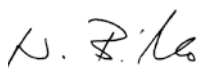
Conference sessions will emphasise that responsibility for achieving our common goals is shared not only by all those involved in health care and research, but also by donors, governments, policy-makers, civil society and affected communities.

Together we will learn about the new developments, opportunities and challenges faced by countries around the world working to address tuberculosis, HIV, tobacco control, lung health and non-communicable diseases. With delegates from more than 120 countries, the conference community brings together all levels of caregivers, researchers and academics, as well as civil society and the private sector for five days of discussion, debate and networking on these issues.

We hope that the conference will strengthen your commitment to global health and efforts to bring health solutions to the poor and underserved.

We look forward to welcoming you to Kuala Lumpur, which offers not only outstanding conference facilities and accommodation, but also a colourful environment, excellent cuisine and a fascinating culture, both ancient and modern.

Yours sincerely,



Dr Nils BILLO, MD, MPH
Executive Director



Ms Rajita Bhavaraju, MPH, CHES
Chair, Coordinating Committee
of Scientific Activities

CONFERENCE SECRETARIAT

(Registration and Scientific Programme, including abstracts)
International Union Against Tuberculosis and Lung Disease
(The Union), 68 boulevard Saint-Michel
75006 Paris, France

Tel: (+33) 1 44 32 03 60; Fax: (+33) 1 53 10 85 54

Kualalumpur2012@theunion.org (For all enquiries)
registration@theunion.org (registration and exhibition)
scientific2012@theunion.org (scientific programme and abstracts)
www.worldlunghealth.org

VENUE

Kuala Lumpur Convention Centre
Kuala Lumpur City Centre,
50088 Kuala Lumpur,
Malaysia.

Email : info@klccconventioncentre.com

<http://www.klccconventioncentre.com>



About The Union



Why The Union was established

The International Union Against Tuberculosis and Lung Disease (The Union) was founded in Paris in 1920 as a federation of 31 national lung associations that joined together to fight tuberculosis. The Union has been at the centre of global efforts to prevent, treat and control TB ever since.



The vision for today

Today The Union's mission also encompasses HIV/AIDS, pneumonia, asthma and other non-communicable diseases and tobacco control. While these are challenges in every part of the world, they create the greatest burden for the poor. It is to the alleviation of this burden that The Union dedicates its work.

A scientific institute and a federation of members

The Union is both an international scientific Institute and a federation of members. The Institute comprises a network of close to 300 staff and consultants based at its headquarters in Paris and 13 offices that serve the Africa, Asia Pacific, Europe, Latin America, Middle East, North America and South-East Asia regions. In addition, some 2,000 organisations and individuals from 150 countries participate in the scientific activities and governance of The Union.





Scientific departments: technical assistance, education and research

The Union's four scientific departments are TB and HIV, Lung Health and Non-Communicable Diseases, Tobacco Control and Research. All provide technical assistance, offer education and training programmes and engage in research.

Conferences, courses and publications

The Union organises conferences and courses, publishes two journals – the *International Journal of Tuberculosis and Lung Disease* and *Public Health Action* – and develops technical guides and other resources to support the dissemination of research and innovation, transfer technology and build skills to provide health solutions for the poor.



Join The Union!

Membership in The Union is open to organisations and individuals that share our common cause: health solutions for the poor. The scientific independence and vitality of The Union over the past 92 years is, in great measure, a reflection of the strength of our members' commitment to global lung health. As a Union member, you can:

Stay up to date on the latest research through a subscription to our monthly peer-reviewed journal, the *International Journal of Tuberculosis and Lung Disease* (Impact factor 2011: 2.731)

Work with colleagues around the world and gain valuable insight and experience through participation in the scientific section and working groups of your choice

Gain a regional perspective through affiliation with other members and organisations in your region and become active in developing conferences, workshops, newsletters and other projects to help promote lung health in your region

Access resources developed by experts, such as technical guides and publications

Participate in Union world conferences at a discount

Keep in touch and find out what's happening in lung health around the world through our Union Services membership site, The Union website, the monthly e-newsletter and our Facebook and Twitter pages.

Help shape the future of lung health through participation in the governance of The Union.



To join The Union

as a new member or to renew your membership, please visit the Membership stand in The Union Village, or go to www.theunion.org

The Union Village

is the place to learn more about The Union and its members. There are exhibits on activities in each of the seven regions, our international projects, publications, courses and upcoming conferences. You may also join or renew your Union membership onsite at the Membership stand.

44th Union World Conference on Lung Health

30 October–3 November 2013
Palais des Congrès
Paris, France



International Union Against Tuberculosis and Lung Disease
Union Internationale Contre la Tuberculose et les Maladies Respiratoires
Unión Internacional Contra la Tuberculosis y Enfermedades Respiratorias



Online submission of sessions

at <http://services.theunion.org>

Submissions are now open for the 2013 World Conference, and we welcome your ideas for sessions relating to our 2013 theme “Shared Air, Safe Air?” which reflects growing concerns about the need to improve or preserve the quality of the air we breathe for both healthy and vulnerable persons alike. To safeguard the wellness of future generations, it is essential that we take action now on the preventable spread of airborne infections, tobacco smoke and the problems of air pollution. These are issues that affect everyone, but the risks and the impact are disproportionately greater for those who are poor and disadvantaged.

The vital importance of “Shared Air, Safe Air?” will be a recurrent theme throughout the five-day scientific programme, which will also present the latest developments in the related fights against tuberculosis, HIV, lung disease, non-communicable diseases and the global campaign for tobacco control.

WHO: Any interested person may submit a proposal; Union membership is not required.

WHAT: All sessions should relate to the theme of the conference.

HOW: Online submission is required. You are advised to carefully read the guidelines as well as the descriptions of each type of session before submitting your proposals. Should you wish to receive specific guidance from the section in which you are considering a submission, please send an email to scientific2013@theunion.org.

WHEN: The final deadline for submissions is **Friday, 30 November 2012**.

Tips for submitting a successful proposal:

Please read the submission guidelines on the website carefully before developing or submitting your proposal. Submit early and avoid difficulties arising from last-minute submissions on the very last day and in the peak hours.

The selection process:

All the proposals will be submitted to the Scientific Programme Committee in December 2012. You will be notified if your proposal has been accepted at the end of February 2013.

If you have questions, please contact at scientific2013@theunion.org.

Your gift will transform lives around the world

Support The Union's education and research programmes. Your gift will support research and education that will improve the lives of people.



The Union Centennial Campaign will launch at the 43rd Union World Conference on Lung Health and it will:

- raise unrestricted funds to support research and education programmes that will improve policies and practices of patient care in 150 countries
- ensure that The Union's scientific programmes remain innovative and independent, which has been our hallmark since it was founded in 1920.



International Union Against
Tuberculosis and Lung Disease
Health solutions for the poor

**Make an online gift today
at www.theunion.org**



Acknowledgements

Supporters

The Union extends its gratitude to the organisations and companies listed here below for their support in making the conference possible.

Organisation

Malaysia Convention & Exhibition Bureau, MyCEB (Malaysia)

Participants

Agence Nationale de Recherche sur le Sida et les hépatites virales, ANRS (France)

Bloomberg Philanthropies (USA)

US Centers for Disease Control and Prevention, CDC (USA)*

European Commission, EuropeAid Cooperation Office

Global Fund to Fight AIDS, Tuberculosis and Malaria (Switzerland)

United States Agency for International Development, USAID (USA)

World Health Organization, WHO (Switzerland)

World Lung Foundation, WLF (USA)

Yadana Consortium – Total/MGTC

* Funding for this conference was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.



The Union would like to thank the Malaysian Association for the Prevention of Tuberculosis (MAPTB) for their support.



The Union gratefully acknowledges Malaysia Convention & Exhibition Bureau (MyCEB) for its support in the organisation of the 43rd Union World Conference on Lung Health.

List of exhibitors and sponsors

ACTION (USA)	Macleods Pharmaceuticals Ltd (India)
AFMS - Air Filter Maintenance Services (South Africa)	Malaysian Association for the Prevention of Tuberculosis, (Malaysia)
ALERE (Ireland)	Management Sciences for Health (USA)
American Thoracic Society (USA)	Microsens MedTech Ltd (UK)
BD Diagnostics (Singapore)	Nursing and Allied Professionals
Capitalbio Corporation (China)	Public Health Foundation of India (India)
Carl Zeiss Microscopy (Singapore)	QBC Diagnostics (USA)
Cepheid Europe (France)	QIAGEN K.K. (Japan)
Delft Imaging Systems (The Netherlands)	S. Karger AG (Switzerland)
Elsevier - The Lancet (UK)	Statens Serum Institut (Denmark)
Fluorescence Microscopy (Italy)	Svizera Europe B.V. (The Netherlands)
Germfree Labs, Inc. (USA)	TB Alert (UK)
Hain Lifescience GmbH (Germany)	TREAT TB (USA)
IDA Foundation (The Netherlands)	UNITAID (Switzerland)
INNOGENETICS (Belgium)	University Research Co., LLC (USA)
IQLS - Integrated Quality Laboratory Services (France)	Veredus Laboratories (Singapore)
Japan Anti-Tuberculosis Association, JATA (Japan)	WHO - Office for the African Region (Congo)
Kick TB (South Africa)	WHO - Stop TB Department (Switzerland)
KNCV Tuberculosis Foundation and TBCARE I (Netherlands)	WHO - Stop TB Partnership (Switzerland)
Laboratory Infrastructure Solutions (South Africa)	World Diabetes Foundation (Denmark)
Lilly MDR-TB Partnership (Switzerland)	World Lung Foundation (USA)
Longhorn Vaccines + Diagnostics (USA)	YURiA-PHARM, LLC (Ukraine)

EXHIBITION

A scientific and technical exhibition of pharmaceutical companies, manufacturers of materials and equipment and NGOs will be held during the conference.

	Opening hours
Wednesday, 14 November 2012	08:00-17:30
Thursday, 15 November 2012	08:00-17:30
Friday, 16 November 2012	08:00-17:30
Saturday, 17 November 2012	08:00-16:00



Press

Press Registration

All working journalists may request press credentials to attend the conference. They should first register at the Press Desk in the main registration area, where they will be issued a conference bag and their press badge. Journalists are welcome to attend all sessions except closed meetings.

Press Room

Registered journalists at the conference are invited to use the press room located on level 3. There they will find a quiet place to work, with internet access and resources such as a schedule of press-oriented events at the World Conference.

Opening hours:

Tuesday, 13 November 2012 to
Saturday, 17 November 2012,
from 08:00 to 18:00

Press Conferences

All press conferences will take place in Room 301.

Monday 12 to Wednesday 14 November 2012

J2J Programme on Lung Health

9:00-17:00 Room 304 (Closed Meeting)

The National Press Foundation and The Union are offering the 4th annual Journalist-to-Journalist (J2J) training on lung health issues at the World Conference. The training runs from Monday-Wednesday, 12-14 November and then the journalists participate in the conference. The training is designed for working journalists who want to increase their knowledge and skills at developing stories on lung health and related issues, such as the social, political and economic impact of lung disease. Sessions also cover the latest research, solutions and innovations that are in the pipeline.

Coordinators:

Bob Meyers, Linda Streitfeld, National Press Foundation (USA), Alice Boatwright, The Union (France)

CME Credits



The 43rd Union World on Lung Health is accredited by the European Board for Accreditation in Pneumology (EBAP) and the European Accreditation Council for Continuing Medical Education (EACCME). The EACCME is an institution of the European Union of Medical Specialists (UEMS, visit www.uems.net). EACCME credits are recognised throughout Europe and can be exchanged for national CME credits by contacting your National CME Authority. The Union has been accredited in 2012 by EBAP and the UEMS/EACCME to provide 30 CME credits for this conference.

Delegates will receive the CME application form together with their badges, etc. at the Registration Desk. This form should be duly filled in if delegates wish to receive CME credits. The form can be left at the Registration Desk or sent by mail to The Union Secretariat before 12 December 2012 (as attested by the postmark).

Nurses and Allied Professionals TB educational material display/discussion

All conference participants are invited to bring patient and provider tuberculosis (TB) education and training materials to a materials display and discussion at The Union Conference: brochures, posters, fact sheets, training curricula, videos, etc., are all welcome.

TB EDUCATION AND TRAINING MATERIALS DISPLAY

(located in the exhibition area
for the duration of the conference)

► Learn about the latest TB education and training materials being used worldwide.

TB EDUCATION AND TRAINING MATERIALS DISCUSSION SESSION

Friday, 16 November 2012, 14:30 - 16:30 Room 401/402

*To display materials, or if you have questions,
please contact:* Allison Maiuri, e-mail: fpg3@cdc.gov
(or Ahmed Al-Kabir, email:
alkabir@rtm-international.org)

► Find out about the development and availability of TB education and training materials from a variety of programmes and organisations

► Meet with materials developers

► Share your own TB education and training ideas



General information

Abstract e-print zone

The Abstract Book is available in electronic format only, on CD. All participants will receive the CD in their conference bags. The Abstract e-print zone is located near the Poster Area and will be clearly indicated. Computers and printers will be available in this area to enable you to access all Conference Abstracts and print out any pages that you need.

You can access the session(s) you need as follows:

- 1) By day and session: once you have identified the session you are interested in from the Final Programme, select the day and session number (or title) from the Bookmark in the left hand column.
- 2) You can drill through to a single abstract.
- 3) Search function: alternatively, you can search for any session by session number or author using the Find function.

Business centre

A Business centre located on the 4th level will be at the disposal of registered delegates. The centre is fully equipped with computers, printers, a fax machine and a photocopier. A fee is charged for using the business centre-related services. Opening hours will be posted onsite.

Cloakroom

A free cloakroom located near the registration area will be at the disposal of registered delegates. Opening hours will be posted onsite.

Catering and coffee breaks

Coffee breaks will be served to registered delegates and registered accompanying persons during the conference at the following hours:

Tuesday, 13 November 2012	10:30-11:00	16:00-16:30
Wednesday, 14 November 2012	10:00-10:30	15:00-15:30
Thursday, 15 November 2012	10:00-10:30	14:00-14:30
Friday, 16 November 2012	10:00-10:30	14:00-14:30
Saturday, 17 November 2012	10:00-11:00	

No official lunches will be provided. However lunch facilities are provided in the conference centre where you may purchase lunch at your own expense.

First aid

A medical service will be available during the conference. In case of emergency, the delegate will be transferred to the nearest hospital. Hospital expenses must be covered by the delegates. All medical problems should be reported to the security staff.

Internet area

An Internet area located near the exhibition space is available free of charge to all registered delegates. It will be open Wednesday, 14 November 2012 through to Saturday, 17 November 2012. The opening hours are the same as for the exhibition. You are kindly requested not to exceed 15 minutes online so as to allow a maximum number of delegates to benefit from this service.

Webcasts

Webcasts of the main sessions (plenary sessions, symposia and oral abstract presentations) will be available on the conference website: www.worldlunghealth.org

Wifi access

Delegates can benefit from free wifi access on the 3rd floor of the centre and at the Park View Deck Café located on level 1. There is no free wifi-access on the ground floor (Exhibition Halls 1 to 4 and foyer area). Delegates can however use the Internet facilities provided on the ground level near the registration and exhibition area.

Information on the login and password to access the free wifi will be posted onsite near the registration area.

Local transportation

Kuala Lumpur has three forms of public transportation, The Light Rail Transit (operating two lines), The KL Monorail, (an intracity public transit system) and Rapid KL Buses (servicing 6 key areas, and 165 routes). The Express Rail Link (ERL) operates two train services connecting Kuala Lumpur International Airport (KLIA) to the city centre. KLIA Ekspres is a non-stop express train between the airport and KL Sentral (the main downtown rail station in Kuala Lumpur). KLIA Transit is a commuter service with stops at three intermediate stations before arriving at KL Sentral.

Information for Presenters

Preview room

The transfer of presentations to the conference session rooms will be processed by a technical staff member, who will be at the disposal of presenters. Presenters must go to the Preview Room (Room 302/303, Level 3) at least two hours before their session to review their presentations. They should follow the guidelines sent by the Conference Secretariat prior to the conference.

OPENING HOURS:	
Monday, 12 November 2012	14:00- 19:00
Tuesday, 13 November 2012	07:00-19:00
Wednesday, 14 November 2012	07:00-19:00
Thursday, 15 November 2012	07:00-19:00
Friday, 16 November 2012	07:00-19:00
Saturday, 17 November 2012	07:00-17:00

Poster desk

The poster desk will be located in the poster area in Hall 4. Staff will be present daily during the official opening hours to provide assistance.

Set-up: You may set up your poster as of 14:00 on Wednesday, 14 November 2012. If you are presenting on Thursday, 15 November 2012, please make sure that your abstract is posted before 10:15, at which time the session will start.

Take-down: All posters should be removed between 14:00 and 16:00 on Saturday, 17 November 2012.

Important Note:

Presenters are liable for their posters and are advised not to leave them unattended before they are posted. Posters should be set up on the assigned board in the poster area and not on any other board.

Registration

Registration fees (onsite rates)

CATEGORY	Euros	Malaysian Ringgit
Union member	600 €	(2 400 RM)
Non-Union member	700 €	(2 800 RM)
Student (in training and under 35 years old)	350 €	(1 400 RM)
One-day registration	250 €	(1 000 RM)
Local Fee*	150 €	(600 RM)
Local Fee – Nurse*	100 €	(400 RM)
Local Fee – Student*	100 €	(400 RM)
Post-graduate course (each)	100 €	(400 RM)
Accompanying person	150 €	(600 RM)

*Local Fee is allocated for nationals of Malaysia only. Identification showing Malaysian nationality will need to be provided upon collection of registration tickets at the conference.

1. **The deadline for online pre-registration is 12 November 2012.** After this date the online registration system will be closed and you will have to register onsite
2. **The deadline for offline pre-registration is on 25 October 2012.** All offline registrations received after this date will be processed onsite at the onsite rates.
3. Registration for the conference includes the conference pack, participation in all scientific sessions, access to the technical exhibition area and the scientific poster exhibition, an invitation to the Welcome Cocktail on Wednesday, 14 November 2012, coffee breaks, and the Closing Cocktail on Saturday, 17 November 2012.
4. Registered accompanying persons are entitled to attend the Welcome Cocktail on Wednesday, 14 November 2012, coffee breaks and the Closing Cocktail on Saturday, 17 November 2012, and will be given access to the exhibition area. Accompanying persons are not permitted to attend the scientific sessions.

Conditions of payment

All registration forms must be accompanied by the necessary payment (fees for registration, post-graduate courses and accompanying persons). Registrations will be processed only upon receipt of payment.

Means of payment

- International credit cards accepted: Visa, Eurocard, Mastercard or American Express.
- Cash: Euros, US Dollars and Malaysian Ringgit

Cancellation conditions

As of 1 October 2012: no refund

All cancellations prior to this date need to be submitted to the Conference Secretariat in writing. All refunds will be made after the conference.

Please note that if your visa is refused because your visa application was made too late or was incomplete, your registration fee cannot be refunded.

Transfer of registration – Change of name:

Cost – 80 €

All requests to transfer a registration from one person to another must be submitted to the Conference Secretariat in writing and are subject to an 80€ administration fee.

Lost badge:

Cost – 40 €

Please report lost badges immediately at the Registration Desk. Replacement badges will be issued upon identification of delegate and are subject to a 40€ administration fee.

Conference Registration Desk

OPENING HOURS	
Tuesday, 13 November 2012	07:00 - 18:00
Wednesday, 14 November 2012	07:00 - 18:00
Thursday, 15 November 2012	07:30 - 18:00
Friday, 16 November 2012	07:30 - 18:00
Saturday, 17 November 2012	07:30 - 16:00

The Stop TB Symposium on Tuesday, 13 November 2012 is open to all delegates with no specific registration. The meeting rooms may be accessed without badges.

Delegates wishing to attend the workshops or post-graduate courses will need to pre-register at the registration desk. You will have to show your badges to access any workshop or post-graduate course.

Certificate of attendance

Delegates wishing to include the title of the session, including post-graduate courses and workshops they have attended or contributed to in their certificate of attendance should send their request to scientific2012@theunion.org after the conference.

Photography

As a registered delegate, you hereby authorise The Union's official photographer and videographer, as well as attending media, to photograph you within the framework of the 43rd Union World Conference on Lung Health.

Press: other registered press representatives will be taking photographs and videotaping portions of the conference.

Other photography: Delegates are entitled to take photographs of the Conference for their own personal, educational and/or advocacy purposes. The Union will not be liable if delegates object to being photographed in these circumstances.

Hotel Accommodation

The Union has appointed Congrex Travel AG to deal with hotel accommodation requests. Hotel rooms in various price categories in the city of Kuala Lumpur have been reserved.

Contact Details

Congrex Travel AG
c/o Congrex Holland
P.O. Box 302
1000 AH Amsterdam, The Netherlands
Tel: +(31)020 5040 218 Fax: +(31) 020 5040 225
theunion@congrex.com

Price ranges (including breakfast)

SINGLE AND DOUBLE ROOMS	
Category A	105 € - 145 €
Category B	65 € - 105 €

Booking policy

All requests will be handled on a first-come, first-served basis. Hotel bookings will be guaranteed until 28 September, 2012. On or after this deadline, requests will be accepted however,

hotel accommodation is subject to availability. Also, after this deadline, bookings are only possible with full payment made by credit card. An additional late booking fee of 30 € will be charged for bookings made after 28 September, 2012.

Change, cancellation and refund policy

Any change of reservations made online by the delegate themselves, is free of charge. Delegates can make online changes until 28 September, 2012. Any change of reservations sent to Congrex Travel via e-mail, will be subject to a handling fee of 30 €.

Please do not contact the hotel directly. If your reservation is cancelled before 28 September, 2012, the deposit will be refunded, minus a 75 € handling fee. If your reservation is cancelled on or after this date no refunds can be made.

If you arrive later or leave earlier than on the dates indicated on your reservation form, the total accommodation amount will be charged and no refunds can be made.

Hotel Accommodation Desk

The Hotel Accommodation Desk will be located in the Registration area from 13 to 17 November 2012.

Travel



Official carrier

The Union is pleased to announce Malaysia Airlines as the official flight carriers for the Kuala Lumpur 2012 Conference. Discounts are applied to a wide range of international Malaysia Airlines flights, including:

- 20% discount on business class
- 15% discount on economy flexible
- 10% discount on economy flexible (with penalty)
- 5% discount on economy (lowest fare, no change no cancellation permitted)

Social Programme

Welcome Cocktail

The organising committee would like to invite all registered delegates and accompanying persons to a Welcome Cocktail on Wednesday, 14 November 2012 from 19:00 to 20:30 in the Ballroom.

Closing Cocktail

The organising committee would like to invite all registered delegates and accompanying persons to the Closing Cocktail on Saturday, 17 November 2012 from 18:00 to 19:00 in Conference Hall 2.

President's Cocktail (by invitation only)

A reception will be held on Thursday, 15 November 2012 from 19:00 to 20:30, under the auspices of Dr E. Jane Carter, President of The Union, in honour of the benefactor members, donors, partners, members of the Coordinating Committee of Scientific Activities and board members, in recognition of their support and collaboration with The Union in 2012.

An email notice will be sent to all invited guests in advance of the conference. Delegates who have pre-registered will find their invitation card in their envelopes with the badges, etc. Delegates who register onsite should show their email at the registration desk in order to receive an invitation card. The venue of the reception is printed on the invitation.

Tourism information

A wide selection of tours and pre/post tour packages are available during your stay in Malaysia. Bookings can be made onsite at the Reliance's Tour Desk. For more information please contact lillie.chow@reliancesightseeing.com or visit the following website www.reliancesightseeing.com.



ATS 2013

*Where today's science
meets tomorrow's care™*

American Thoracic Society
International Conference
May 17 to May 22, 2013



Philadelphia

No other meeting provides as much information about how the science of respiratory, critical care, and sleep medicine is changing clinical practice.

THE PROGRAM

The American Thoracic Society 2013 International Conference will offer the latest information in clinical practice, basic science and translational research related to respiratory, critical care, and sleep disorders. Scientific symposia, postgraduate courses, clinical tracks, seminars, and presentations of original research will focus on such topics as:

- Asthma
- ARDS
- COPD
- Interstitial Lung Disease
- Tuberculosis
- Lung transplantation
- Pediatric pulmonology
- Environmental lung disease
- Chest imaging
- Critical care
- Tobacco control
- Genomics of lung disease
- Sleep apnea
- Pleural diseases
- Occupational lung disease
- Lung structure and function
- Stem cell therapy
- Cell biology
- Pulmonary rehabilitation
- Interventional bronchoscopy
- Pulmonary hypertension
- Lung cancer
- Inflammation, signaling and immunity
- Palliative care

PHILADELPHIA, PENNSYLVANIA

Philadelphia is the birthplace of American medicine. The nation's first medical school, hospital, medical library, and pharmacy were established here.

Oxygen was discovered by one the city's scientists in the 18th century, the world's first bronchoscopies was performed here, and the nation's first successful heart surgery using a heart-lung machine was accomplished by a Philadelphia medical team.

Today, Philadelphia is a major world center of medical and scientific education, pharmaceutical and medical device development, and biotechnology.

Philadelphia is also home to the world-renowned Mutter Museum, with its more than 30,000 medical objects and instruments.

Philadelphia is easily accessible from Europe, with 12 European cities offering non-stop flights to the city. One-stop flights are available from Asia, Africa, Australia, and the Middle East.

conference.thoracic.org/2013



Plenary Sessions

Wednesday, 14 November 2012, 17:30-19:00

Plenary Hall

Special Guest Lecture

Sir John Crofton Memorial Lecture

***Timebomb* revisited ten years later: can we sustain progress or are we losing the war?**

Speaker: Lee B. Reichman (USA)

Chairs: E. Jane Carter (USA), Rajita Bhavaraju (USA)

Prof Lee B. Reichman, MD, MPH is the Founding Executive Director of the New Jersey Medical School Global Tuberculosis Institute, and Professor of Medicine, Preventive Medicine and Community Health at the New Jersey Medical School, in Newark, New Jersey. He has published well over 200 scientific articles, reviews and book chapters, mainly about issues related to tuberculosis. He co-edited two editions of *Tuberculosis, A Comprehensive International Approach* (Marcel Dekker, 1993; 2000) and wrote *Timebomb: The Global Epidemic of Multidrug Resistant Tuberculosis* with Janice Hopkins Tanne (McGraw-Hill, 2002). *Timebomb* was named best trade medical book in 2002 by the American Medical Writers Association. Prof Reichman been active in lung health organisations nationally and internationally and received the Will Ross Medal, the highest award given by the American Lung Association, in 1999.



Prof Lee B. Reichman, MD, MPH
Founding Executive Director of the New Jersey Medical School Global Tuberculosis Institute

Thursday, 15 November 2012, 11:30-12:30

Plenary Hall

Global burden of respiratory disease

Speaker: Guy Marks (Australia)

Chairs: Donald A. Enarson (Canada), Camilo Roa Jr. (Philippines)

Guy Marks (Australia) MD, PhD completed his training and PhD in his native Australia. As a graduate student, he developed an asthma quality of life questionnaire and investigated house dust mite avoidance as an asthma treatment. After two years in London with Prof Peter Burney at St Thomas' Hospital, in 1994, he was appointed a consultant physician at Liverpool Hospital in Sydney, a position he holds today.

In 1996 Dr Marks and his colleagues initiated a large randomised trial of house dust mite avoidance and dietary fish oil supplementation to prevent the onset of asthma in children. He also established a national centre for asthma statistics and led the Burden of Obstructive Lung Disease (BOLD) study in Australia. Currently he is working with the Vietnam National Tuberculosis Programme on a cluster randomised controlled trial investigating the role of active case finding in household contacts of TB patients.

Dr Marks is Chair of The Union's Lung Health Scientific Section and member of the Board. In 2012, he became Editor-in-Chief (Lung Diseases) of the *International Journal of Tuberculosis and Lung Disease*.



Guy Marks (Australia)
MD, PhD
Department of Respiratory Medicine, Liverpool Hospital and Woolcock Institute of Medical Research

Friday, 16 Nov. 2012, 11:30-12:30

Plenary Hall

Preparing the workforce for the responsible rollout of new tools

Speaker: Sheila Tlou (Botswana)

Chairs: Stacie Stender (South Africa), Dato' Seri Yeo Jr. bin Jj. Yeop Adlan (Malaysia)

Sheila D Tlou (Botswana), MS, MEd, PhD, is Director of the UNAIDS Regional Support Team for East and Southern Africa and a UN Eminent Person for Women, Girls and HIV/AIDS in Southern Africa. A committed advocate for HIV/AIDS and the rights of women, Dr Tlou served as Minister of Health for the Republic of Botswana from 2004 to 2009, where she spearheaded an AIDS programme that included a roll out of ARVs and PMCTC to near universal uptake (96%).

Dr Tlou holds a Doctorate of Nursing Science and master's degrees in education and science. She is a former Professor of Nursing at the University of Botswana and Director of the WHO Collaborating Center for Nursing and Midwifery Development in Primary Health Care for Anglophone Africa. She has played a key role in the development of national nursing and medical education curricula.

Dr Tlou has received numerous honours, including the 2002 Botswana Presidential Order of Honour. BBC-watchers may recognise her from her 2008 starring role as Precious Ramotswe in *The Number One Ladies Detective Agency*.



Sheila D Tlou (Botswana),
MS, MEd, PhD
Director, UNAIDS
Regional Support Team
for East and
Southern Africa

Saturday, 17 Nov. 2012, 09:00-10:00

Plenary Hall

Childhood TB: we need to do more

Speaker: Anneke Hesseling (South Africa)

Chairs: Anna Mandalakas (USA), Stephen M. Graham (Australia)

Dr Anneke Hesseling (South Africa) MBChB, MSc, PhD, is Professor and Director of the Paediatric TB Research Programme at the Desmond Tutu TB Centre at Stellenbosch University. She has been conducting clinical TB research in children in settings with a high-burden of TB and HIV for the past 10 years. The focus of her research programme is improved and safe TB preventive strategies for HIV-infected and uninfected children through chemotherapy and vaccination; improved treatment strategies for drug-susceptible and resistant TB disease, including pharmacokinetic studies; and improved TB diagnosis in HIV-infected and uninfected children, including biomarker research. She is actively involved in clinical research and advocacy to involve children in trials of new TB drugs and treatment strategies; and she has extensive experience in the implementation and analysis of clinical TB research in children.

Dr Hesseling completed her medical training at Stellenbosch University and holds an MSc from Columbia University and a PhD from the London School of Hygiene and Tropical Medicine. She has received numerous awards, including the Elizabeth Glaser Paediatric HIV International Leadership Award in 2007.



Dr Anneke Hesseling (South Africa),
Director of
the Paediatric
TB Research
Programme at the
Desmond Tutu TB
Centre

Tuesday, 13 November 2012

Don't miss...The Union Village

The Union Village in Hall 1 will open at 7:00 am with exhibits and information about the activities of The Union around the world. In addition to enjoying the displays and picking up the latest brochures, you can browse through our library of technical guides, journals and other publications – and join or renew your membership.

About the Stop TB Partnership Kochon Prize



The Stop TB Partnership Kochon Prize is a US\$ 65 000 award that supports the global fight against tuberculosis (TB). The Prize is awarded once a year to persons, institutions, or organizations that have made a highly significant contribution to combating TB.

The Prize is fully funded by the Kochon Foundation, a non-profit foundation registered in the Republic of Korea. The Prize was established in 2006 in honour of the late Chairman Chong-Kun Lee, founder of both the Foundation and Chong Kun Dang Pharmaceutical Corporation in Korea. "Kochon" is the pen name that he used.

In 2012, for the first time since its establishment, nominations for the Kochon Prize were limited to individuals or organizations focusing their work on childhood TB. The theme, which will change every year, was chosen in response to the overall focus on childhood TB given by global partners in 2012.

Since 2006, a total of 11 individuals/organizations have been awarded the Kochon Prize. The 2011 winners were Professor Alimuddin Zumla and the International Nepal Fellowship.

Stop TB Symposium

Tuesday, 13 November 2012 09:00 – 18:00

Plenary Hall

ACCELERATING IMPACT: Developing post-2015 TB Strategy and Targets

Background: The Stop TB Strategy that underpins the Global Plan to Stop TB 2006-2015 was launched by WHO in 2006. The Strategy was conceived as a means to achieve the 2015 international targets set under the Millennium Development Goals and by the Stop TB Partnership. While implementation of the Stop TB Strategy has helped make remarkable progress towards meeting global 2015 targets, several challenges exist to make further progress and sustain gains. Building on the Stop TB Strategy, more needs to be done to scale up implementation and currently available tools are clearly not sufficient to pursue TB elimination with vigor. A new vision, targets and strategy are needed within a changing environment of global health and financing, and to optimize prioritization of efforts. The strategy must define core interventions, incorporate recent innovations and enable rapid adoption of those to come. It must engage a much wider array of stakeholders within and beyond the health sector. It needs to build on TB programmatic strengths but also ensure engagement of the drivers of change in affected communities, in health systems, in development initiatives, and in the realm of research. It must also enable prioritization given specific country contexts.

Process underway: At the World Health Assembly 2012, Ministers of Health called on the World Health Organization to develop a post-2015 TB strategy and accompanying targets for their consideration in 2014. The World Health Organization, working with the Stop TB Partnership, has begun the process of

developing the post-2015 TB strategy with an in-depth analysis of the drivers of the global TB epidemic, formulating possible new targets, preparing early drafts of the components and the content of the new strategy, and beginning wide consultation on the framework and targets. The WHO Strategic and Technical Advisory Group (STAG-TB) endorsed the approach and process for further development in June 2012 and a group of Stop TB Partners, including civil society and affected communities, met to provide first feedback. Consultation at regional meetings with National TB Programmes and others partners have begun. The Stop TB Symposium offers an outstanding opportunity to engage a large range of partners and viewpoints in discussing the work done to date and the way forward. The consultations in 2012 will inform further revision and finalization of the strategy and targets in 2013 for subsequent endorsement, adoption and adaptation at country level.

Specific objectives of the Stop TB Symposium

- To inform and seek feedback from a wide range of stakeholders on the process of developing post-2015 TB strategy and targets
- To discuss a proposed framework for the strategy and target setting
- To secure wide engagement and collaboration during the next steps of developing the strategy, its wide endorsement and implementation.

09:00 - 10:00 I. PROGRESS IN GLOBAL TB CARE & CONTROL

09:00 - 09:10	Welcome and opening	Nils E. Billo (The Union) Mario Raviglione (Stop TB Department, World Health Organization) Lucica Ditiu (Stop TB Partnership)
09:10 - 09:25	Kochon Prize Ceremony	Lucica Ditiu (Stop TB Partnership) D. Kim (The Kochon Foundation)
09:25 - 09:50	Global TB care and control: current progress	Katherine Floyd (WHO)
09:50 - 10:00	Q&A	

10:00 - 10:50 II. BEYOND 2015: VISION, PROCESS AND STRATEGY FRAMEWORK

10:00 - 10:10	Developing the post-2015 strategy and targets: vision and process	Mario Raviglione (WHO)
10:10 - 10:30	The post 2015 Strategy Framework	Mukund Uplekar (WHO)
10:30 - 10:50	Discussion	
10:50 - 11:20	Coffee Break	

11:20 - 12:00 III. BEYOND 2015: EPIDEMIOLOGY AND TARGETS

11:20 - 11:40	Epidemiological review and post-2015 target setting	Philippe Glaziou (WHO)
11:40 - 12:00	Discussion	

12:00 - 13:00 IV. MOVING BEYOND 2015: COUNTRY VIEWPOINTS

12:00 - 12:10	Perspectives and experiences in China	Zhao Y. (China)
12:10 - 12:20	Engaging in the social development agenda: the Brazil experience	Draurio Barreira (Brazil)
12:20 - 12:30	From research to scaled-up implementation: the South Africa experience	Yogan Pillay (South Africa)
12:30 - 12:40	Aiming for Universal Access : India's new National TB Strategic Plan, 2013-2017	(to be confirmed)
12:40 - 13:00	Discussion	

13:00-14:00 Lunch**14:00 - 14:50 V. PANEL: POST-2015 STRATEGY PERSPECTIVES**

14:00 - 14:15	High Burden Countries (HBCs), and partner perspectives: 2012 consultations	HBC Representative Jeremiah Chakaya (WHO STAG-TB) Blessi Kumar (Stop TB Partnership Coordinating Board)
14:20 - 14:35	Presentation from the Global Fund	To be confirmed
14:35 - 14:45	Discussion	
14:45 - 14:50	Introduction to parallel sessions	Diana Weil (WHO) Suvanand Sahu (Stop TB Partnership)

Move to parallel sessions

15:00 - 17:00 PARALLEL SESSIONS

Parallel session 1: Target-setting and proposed targets (Room 402)

Parallel session 2: Innovative TB care (Plenary Hall)

Parallel session 3: Bold policies and strengthened systems (Room 404)

Parallel session 4: Intensified research and innovation (Room 405)

17:00 - 17:30 VI. PLENARY: CONCLUSIONS

17:00 - 17:20	Highlights from parallel sessions	Jeremiah Chakaya (WHO STAG-TB)
17:20 - 17:30	Conclusion and next steps	Mario Raviglione (WHO) Lucica Ditiu (Stop TB Partnership)

Health solutions for the poor:

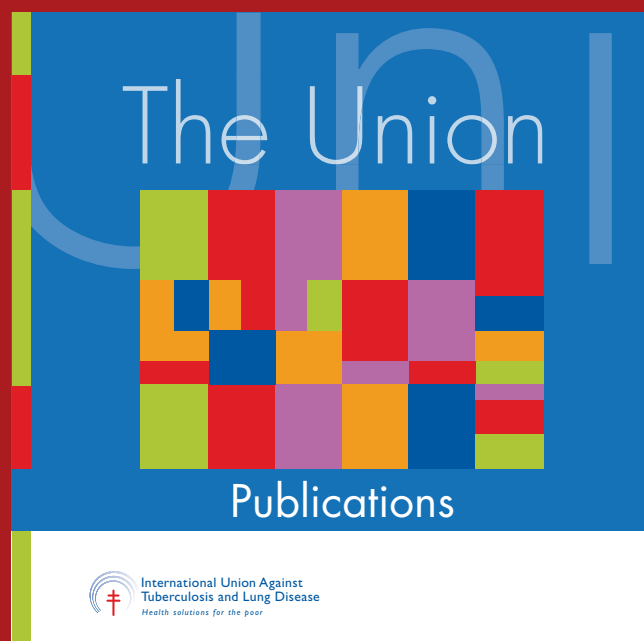
Sharing scientific knowledge

The Union publishes technical guides to disseminate its knowledge, experience and technology as widely as possible.

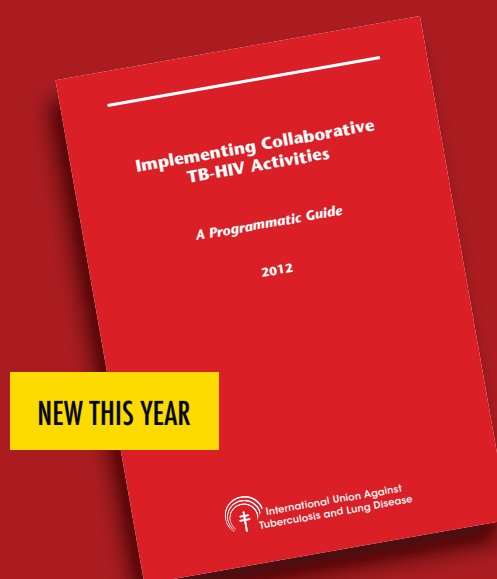
Written by experts with extensive experience in the field, these guides offer clear, practical guidance for health professionals and policy-makers with an emphasis on those working in limited-resource settings.

In addition to technical guides, The Union publishes books, CDs, posters, factsheets and other educational resources.

Subjects include: ■ AFB microscopy ■ Asthma ■ Child lung health ■ Clinical trials ■ Indoor air pollution ■ Operational research ■ Smoking cessation ■ TB-HIV ■ TB and diabetes ■ TB in children ■ Tobacco control ■ Tuberculosis



For details about languages and versions (print, PDF), please download our catalog from "Resources" on The Union website: www.theunion.org



Meetings

Union Administrative Meeting

13:00-16:00

Hospitality Lounge 2

Coordinating Committee of Scientific Activities (CCSA)

(by invitation only)

16:00-18:00

Hospitality Lounge 2

Editorial Board of *Public Health Action*

(by invitation only)

Side Meetings

13:00-17:00

Conference Hall 1

New Diagnostics Working Group Annual meeting

(Meeting open to all delegates)

Description:

In this meeting we will review the activities of the New Diagnostics Working Group over the past year. The session will also provide an overview of novel technologies and their potential for the development of new TB diagnostics.

Coordinator:

Alessandra Varga, Consultant, Events and Image Development, FIND (Switzerland)

Chairs:

Philippe Jacon (Switzerland), Daniela M. Cirillo, San Raffaele Scientific Institute (Italy),
Co-Chairs New Diagnostics Working Group

Public Health Action

The new home for operational research

Public Health Action is a new free-access, online journal launched by The Union in May 2011. Now in its second volume, PHA aims to promote The Union's vision, *Health solutions for the poor*, by disseminating high-quality scientific research on health systems and health services for vulnerable groups, with a priority on tuberculosis, lung health and related public health issues.

"Many are talking about operational research – PHA is showing the way forward by publishing it."

Professor Donald Enarson,
Editor-in-Chief, PHA

Read the first five quarterly issues of PHA online

link via www.theunion.org

Submit an article via

<http://mc.manuscriptcentral.com/pha>

Find out more at

www.theunion.org



International Union Against
Tuberculosis and Lung Disease
Health solutions for the poor

PHA Editorial Office: International Union Against Tuberculosis and Lung Disease
68 boulevard Saint Michel, 75006 Paris - FRANCE
Tel: (+33) 1 44 32 03 60 Fax: (+33) 1 43 29 90 83 e-mail: pha@theunion.org

The Union AWARDS

TUBERCULOSIS • ASTHMA • HIV • CHILD LUNG HEALTH • TOBACCO CONTROL • RELATED LUNG CONDITIONS

PLAN AHEAD FOR 2013

Nominate yourself or a colleague for these prestigious international awards:

- cash prize of US\$ 2,000
- fellowship to attend The Union World Conference on Lung Health
- a certificate

Application and nomination details are available on The Union website at www.theunion.org under "Conferences".

Previous candidates are welcome to reapply.

The Union Young Investigator Prize

acknowledges a researcher for work published in the past five years, when the nominee was 35 years and younger.

The Union Scientific Prize

acknowledges researchers at any stage of their career for work published in the past five years.

The Karel Styblo Public Health Prize

acknowledges a health worker (physician or lay-person) or a community organisation for contributions over a period of 10 years or more.

The 2012 awards will be presented at the Opening Ceremony of
the 43rd Union World Conference on Lung Health
on Wednesday, 14 November 2012 in Kuala Lumpur, Malaysia.



International Union Against
Tuberculosis and Lung Disease

Princess Chichibu Memorial TB Global Award

Princess Chichibu of Japan was born as Matsudaira Setsuko in England in 1909. She spent much of her early life and received her education abroad including in China and the United States, countries where her father served as the Japanese diplomat. Although a commoner, her distinguished aristocratic family had close ties to the Japanese Imperial Family, and she was chosen to marry Prince Chichibu, the second son of Emperor Taisho, when she was 19.

The Prince and Princess Chichibu toured Europe and represented Japan at the coronation of Queen Elizabeth in 1937. In 1939, Princess Chichibu was appointed as the patroness of the newly established Japan Anti-Tuberculosis Association (JATA). Their life together changed however, when the Prince contracted tuberculosis in 1940. After Prince Chichibu's death from TB in 1953, she continued to dedicate her life for TB control both in and outside Japan.

When she herself died in 1995, JATA established the Princess Chichibu Memorial Global Award in memory of her dedication for national and global TB control. This US\$ 10,000 award recognizes outstanding contributions to global TB control. Candidates for the award are recommended by The Union Board of Directors, and the winner is selected by the JATA Board of Directors. The award is presented annually at the Union World Conference on Lung Health.

Wednesday, 14 November 2012

Don't miss...

The Exhibition Area in Hall 1 and 2 will open at 8:00 am with more than 50 exhibitors. Don't miss this opportunity to learn about latest new resources from exhibiting public health-focused companies, organisations and advocacy groups.

Inaugural Session

17:30-18:15

Plenary Hall

Special Guest Lecture

Sir John Crofton Memorial Lecture
Timebomb revisited ten years later:
can we sustain progress or are we losing the war?

Speaker: Lee B. Reichman (USA)

Chairs: E. Jane Carter (USA), Rajita Bhavaraju (USA)



Prof Lee B. Reichman,
MD, MPH
Founding Executive
Director of the New Jersey
Medical School Global
Tuberculosis Institute

Awards Ceremony

18:15-19:00

Plenary Hall

The Union Awards recognise exceptional contributions to tuberculosis and lung health:

- **The Union Young Investigator Prize** was established in 2011. It acknowledges a researcher for work on tuberculosis or lung health published in the past five years, when 35 years and younger.
- **The Union Scientific Prize** acknowledges researchers at any stage of their career for work on tuberculosis or lung health published in the past five years.

The Karel Styblo Public Health Prize acknowledges a health worker (physician or lay-person) or a community organisation for contributions to tuberculosis control or lung health over a period of 10 years or more.

Welcome Cocktail

19:00-20:30

Ballroom

The organising committee invites all registered delegates and accompanying persons to the Welcome Cocktail.

Post-graduate Courses

09:00-17:00

	Section (s)	Coordinators	Room	Page
01	TB clinical trials: opportunity and relevance for TB programmes	TB HIV CANCELLED		23
02	Materials and methodology to effectively develop and evaluate transformational trainings	TB NAPs Allison Maiuri (USA) Virginia Williams (Switzerland)	306	23
03	An innovative approach to build capacity of civil society organisations	TB HIV NAPs Netty Kamp (Netherlands)	307	23
04	Building sustainable partnerships through effective use of the Internet and other electronic communications	TB NAPs Maria Fraire Sessions (USA) Judith Mandelbaum-schmid (Switzerland)	308	24
05	Tobacco cessation in HIV, TB and NCD programmes	TC Trish Fraser (New Zealand)	309	24
06	Tuberculosis diagnostic research: providing the evidence for scale-up and sustainability	TB Ivor Langley (UK) Andrew Ramsay (Switzerland)	310	25
07	Developing sustainable tuberculosis infection control programmes	TB NAPs Grigory Volchenkov (Russian Federation) Paul Jensen (USA)	401	25
08	Writing good qualitative research articles	TB HIV Ian Harper (UK) Sally Theobald (UK)	402	26
09	Reading and interpreting childhood chest radiographs in high tuberculosis/HIV prevalence countries	LH James Seddon (South Africa) Robert Gie (South Africa)	403	27
10	Update on clinical and programmatic management of MDR- and XDR-TB	TB NAPs Terrence Chorba (USA) Ignacio Monedero (Spain)	404	27

Workshops

09:00-12:30

	Section (s)	Coordinators	Room	Page
01	Making your city smoke-free (half day)	LH TC CANCELLED		28
04	Stigma associated with TB, TB-HIV and asthma: causes, impact and solutions	LH Mary E. Edginton (South Africa) Aurorita Roldan (Philippines)	408	29
06	Preventing child deaths from drug resistant tuberculosis	LH Grania Bridgen (UK) Mercedes Becerra (USA)	409	30

09:00-17:00

	Section (s)	Coordinators	Room	Page
02	Linking outcomes to finances: performance-based management	TB Ersin Topcuoglu (Netherlands)	406	28
03	Transitioning to sustainable pharmaceutical management systems for TB	TB Chinwe Owunna (USA) Andrea De Lucia (Switzerland)	407	28
08	Operational research skills in one day	TB HIV Anthony D. Harries (UK) Rony Zachariah (Luxembourg)	410	32

13:30 - 17:00

	Section (s)	Coordinators	Room	Page
05	Ensuring migrants' access to TB prevention, care and support	TB Einar Heldal (Norway) Gilles Cesari (Singapore)	408	30
07	Scale up of community-based MDR treatment: strategies for decentralised planning and service delivery	TB Alisha Smith-Arthur (USA)	409	31

Post-graduate Course 01

CANCELLED

TB clinical trials: opportunity and relevance for TB programmes

Post-graduate Course 02

9:00-17:00 Room 306

Materials and methodology to effectively develop and evaluate transformational trainings

Section

Tuberculosis | Nurses & Allied Professionals

Duration

Full-day

Maximum attendees

80

Coordinators

Allison Maiuri (USA)
Virginia Williams (Switzerland)

Chairs

Amera Khan (USA)
Nona Rachel Mira (Philippines)

Target audience

Health professionals and others involved in education, training, and workforce development activities

Description

This course will focus on how to develop and evaluate trainings using the systematic health education process. The innovative training methodology developed by ICN will be used as a case study throughout the course. The course will also focus on the four types of training evaluation: formative, process, outcome, and impact. The target audience for this course is health professionals and others involved in education, training, and workforce development activities. Materials and trainers will be available in English, Chinese (Mandarin), Russian, French, Spanish, Portuguese.

Relation to Conference theme

Training is necessary to ensure a workforce that is sufficiently skilled and competent to sustain TB control efforts. For trainings to be effective, they must be based in need, appropriately designed for target audience (taking into account the work environment of audience), continually evaluated, and revised as needed. To assess intended goals and objectives, evaluation and quality assurance mechanisms need to be in place throughout the development, implementation, and after.

Objectives

- Outline the systematic health education process;
- Describe the needs to account for working environments when developing effective, participatory, outcome-driven training and education;
- Explain the transformational training and education methodology developed by the International Council of Nurses (ICN);
- Discuss ongoing challenges related to training and education;
- List reasons why evaluation is needed.

Presentations

1. Overview of the systematic health education process to develop trainings – *Allison Maiuri (USA)*
2. Training for transformation – *Virginia Williams (Switzerland)*
3. Evaluation methods – *Amera Khan (USA), Nisha Ahamed (USA)*
4. Designing evaluation instruments – *Allison Maiuri (USA), Amera Khan (USA)*
5. Best practices for training implementation – *Mustapha Gidado (Nigeria), Amera Khan (USA)*
6. Adaptable methods and materials for training and education – *Virginia Williams (Switzerland), Nona Rachel Mira (Philippines)*

Post-graduate Course 03

9:00-17:00 Room 307

An innovative approach to build capacity of civil society organisations

Sections

Tuberculosis | HIV | Nurses & Allied Professionals

Duration

Full-day

Maximum attendees

24

Coordinator

Netty Kamp (Netherlands)

Chairs

Rose Pray (USA)
Amos Omoniyi (Nigeria)

Target audience

HR professionals, ACSM professionals, trainers and managers in TB control programmes that are involved in capacity building of civil society organisations

Description

Building the capacity of civil society organisations to engage in TB control and prevention is a long term process. This post graduate course will share with the participants a CSO capacity building methodology, training curricula, mentoring approach and a monitoring and evaluation process to build sustainable engagement of CSOs in TB control. The capacity building methodology involved training of junior CSOs and their mentoring organisations and a stakeholders' meeting. Lessons learnt from piloting the methodology in Indonesia and Nigeria will be shared.

Relation to Conference theme

TB control and prevention is a multi-faceted challenge. In order to sustain forward momentum and meet the MDGs, it is critical that national TB programmes engage multiple partners in TB control efforts, both in the public and private sectors. This post-graduate course illustrates a methodology to extend the work of TB control to civil society organisations in a sustainable fashion so that they can contribute to TB control and prevention within their own levels of comfort and capacity.

Objectives

- Define the critical steps in building sustainable capacity in CSOs to engage in TB control and prevention;
- Understand the methodology, training curricula and implementation tools, and a monitoring and evaluation process, to build sustainable engagement of CSOs in TB control and prevention activities;
- Illustrate how a mentoring process can be documented and used to build capacity.

Post-graduate Course 04

9:00-17:00 Room 308

Building sustainable partnerships through effective use of the Internet and other electronic communications

Section

Tuberculosis | Nurses & Allied Professionals

Duration

Full-day

Maximum attendees

25

Coordinators

Maria Fraire Sessions (USA)
Judith Mandelbaum-Schmid (Switzerland)

Chairs

Molly Dowling (USA)
Samuel Nuttall (Switzerland)

Target audience

Educators and health communication professionals, public health professionals, civil society, TB consultants, non-governmental organisations (NGOs), donor agencies, national TB programme staff, health care professionals

Description

Dissemination of information in a variety of formats is a key activity of agencies involved in TB control. Increasingly the Internet and other electronic means of communication offer methods to reach target audiences more efficiently. This session will introduce the essentials of developing web pages and other communication technology. The course will focus on strategies to ensure that the electronic communication content/format meet target audience needs, including writing for the web, best practices and simple evaluation techniques. Instruction will be interactive with skill-building activities.

Relation to Conference theme

This course is directly related to the conference theme. Effective use of electronic communication to build sustainable partnerships and share information and policies is a vital component of increasing and standardising TB prevention and control.

Objectives

- Describe the elements for developing effective web pages;
- Identify best practices for electronic communication; including format, content and target audience usability (evaluation);
- Demonstrate the essentials of writing effectively for the web;
- Describe non web-based electronic communication;
- Evaluate appropriate methods of electronic communication for target audiences, including utilisation of interactive sites.

Presentations

1. Using social media, interactive websites and other electronic communication tools to build partnerships and share information – *Samuel Nuttall (Switzerland)*
2. Assessing the effectiveness of internet-based and other electronic communication activities – *Maria Fraire Sessions (USA)*
3. An overview of how web communication methods, including websites, interactive sites and social media, can enhance the effectiveness of your messages – *Samuel Nuttall (Switzerland)*
4. Understanding your audience: conducting simple assessments to better understand your target audience, ensuring the content developed meets their needs – *Molly Dowling (USA)*
5. Developing effective websites and avoiding pitfalls in design and navigation – *Maria Fraire Sessions (USA)*
6. Writing for the web: creating engaging content – *Molly Dowling (USA)*

Post-graduate Course 05

9:00-17:00 Room 309

Tobacco cessation in HIV, TB and NCD programmes

Section

Tobacco Control

Duration

Full-day

Maximum attendees

35

Coordinator

Trish Fraser (New Zealand)

Chair

Ian Cameron (UK)

Target audience

People working in health services, such as TB, HIV, asthma and COPD programmes, tobacco control and tobacco cessation experts, researchers

Description

This course will address tobacco cessation in a range of healthcare programmes including HIV, tuberculosis (TB), asthma and COPD in low- and middle-income countries. The focus will be on innovative implementation and research about cost-effective and feasible tobacco cessation interventions utilising existing programme infrastructure and systems. A combined public health and treatment approach will be presented.

Relation to Conference theme

Systematically implementing tobacco cessation in communicable disease programmes, such as TB and HIV and programmes for people with chronic conditions, such as COPD and asthma fits with the theme of the conference. Patients accessing these programmes should be routinely offered advice and support to quit smoking, ensuring a sustainable service.

Objectives

- To provide participants with an overview of the latest research and reports about implementation of tobacco cessation in low- and middle-income countries, with particular reference to any work being done in TB, HIV, asthma and COPD settings;
- Understanding of strategies for introducing tobacco cessation in TB, HIV, asthma and COPD programmes, as well as the challenges involved in doing so.

Presentations

1. An overview of recent and current research on tobacco cessation that can inform the introduction of cessation into various health programmes and services in low- and middle-income countries – *Chris Bullen (New Zealand)*
2. Developing and implementing a smoking cessation intervention within the PAL programme in Nepal – *Helen Elsey (UK), Sushil Baral (Nepal)*
3. Analysis of the ASSIST trial findings of the integration of smoking cessation with the DOTS programme in Pakistan – *Muhammad Amir Khan (Pakistan), Kamran Siddiqi (UK)*
4. Implementing smoking cessation and smokefree in TB services in Bangladesh – *Akramul Islam (Bangladesh)*

5. How is tobacco cessation being introduced or strengthened in services that see asthma, COPD and other chronic respiratory disease patients? With examples from New Zealand and other countries – *Karen Bissell (New Zealand)*
6. From a global to local perspective: tobacco cessation and NCDs – *Judith Watt (UK)*
7. Findings from a Union survey on the inclusion of tobacco cessation in NCD programmes in low- and middle-income countries 2011-2012 – *Trish Fraser (New Zealand)*
8. What is needed to roll out implementation of tobacco cessation interventions in health programmes such as TB, HIV, asthma and other NCDs in low- and middle-income countries? – *Kamran Siddiqi (UK)*

Post-graduate Course **06****9:00-17:00** Room 310**Tuberculosis diagnostic research: providing the evidence for scale-up and sustainability****Section**

Tuberculosis

Duration

Full-day

Maximum attendees

40

CoordinatorsIvor Langley (UK)
Andrew Ramsay
(Switzerland)**Chairs**Frank Cobelens
(Netherlands)
S. Bertel Squire (UK)**Target audience**TB and HIV researchers,
heads of national TB
programmes, policy-
makers, guideline
development committee
members, clinicians,
product-development
partnerships, diagnostics
industry, TB controllers**Description**

Synthesis of evidence is required before new TB diagnostics can be scaled up in diverse contexts. Accuracy and the evidence used in the GRADE process are important, but insufficient. Increasingly, implementation trials, cost effectiveness studies, transmission and virtual implementation modelling are being used to enhance the available evidence. This practical and interactive course will help delegates to understand and use these tools to provide evidence of the impacts on patients, health systems and TB incidence of scale-up, leading to better decisions and more sustainable outcomes.

Relation to Conference theme

To be successful, the scale-up of new tools and algorithms for TB diagnosis must be sustainable in the context implemented. Therefore, research on test accuracy alone is not sufficient for policy and scale-up and must be combined with studies of the impact of new diagnostics on costs, patient and health system outcomes. The research and implementation communities have a mutual responsibility to work together to provide and then act, on a robust evidence base for scale-up and sustainability.

Objectives

- To give delegates the knowledge and confidence to engage with and use an impact assessment framework, controlled trials, cost effectiveness analysis and modelling tools, to enhance evidence of effects and sustainability of potential changes in TB diagnostic tools and algorithms (including tools such as Xpert and Line Probe Assay);
- To engage in a debate about evidence needed for scale-up, the tools to assist in evidence gathering, and evidence synthesis itself, in order to facilitate delegates from different contexts and roles learning from each others experiences.

Presentations

1. New TB diagnostics: pathway from concept to delivery, GRADE and beyond – *Andrew Ramsay (Switzerland), Madhukar Pai (Canada)*
2. Scaling-up new TB diagnostics: what evidence do we need? – *S. Bertel Squire (UK), Afranio Kritski (Brazil)*
3. Implementation and operational research on TB diagnostics – *Frank Cobelens (Netherlands)*
4. Trial designs for TB diagnostics – *Susan Van Den Hof (Netherlands)*
5. Clinically oriented approaches to assessing patient and public health impact – *Luke Davis (USA)*
6. Cost effectiveness studies – *David Dowdy (USA)*
7. Transmission modelling – *David Dowdy (USA) Hsien-Ho Lin (Taiwan)*
8. 'Virtual implementation' modelling – *Ivor Langley (UK), Basra Doulla (Tanzania)*

Post-graduate Course **07****9:00-17:00** Room 401**Developing sustainable tuberculosis infection control programmes****Section**Tuberculosis |
Nurses & Allied
Professionals**Duration**

Full-day

Maximum attendees

40

CoordinatorsGrigory Volchenkov
(Russian Federation) Paul
Jensen (USA)**Chairs**Paul Jensen (USA)
Edward Nardell (USA)**Target audience**

NTP managers, infection control specialists, TB laboratory managers, TB-HIV coordinators, TB doctors and nurses, epidemiologists, engineers

Description

Transmission of TB in health care and congregate settings, especially where HIV is highly prevalent, continues to drive the drug-resistant TB epidemic. Even with increasingly available resources for TB infection interventions, lack of updated knowledge and skills make development of effective and sustainable risk reduction programmes difficult. The course will address a priority based approach to TB infection control programme design and development. Examples of effective and sustainable interventions in various settings will be presented.

Relation to Conference theme

Prioritised and conscious implementation of affordable and evidence-based interventions can lead to effective and sustainable TB infection control programmes. Such programmes should involve the active participation of all parties involved, including administrators, health care and laboratory workers, patients and relatives.

Objectives

- Introduce airborne infection control hierarchy;
- Discuss in detail critical components of administrative controls, environmental controls and personal respiratory protection;
- Overview airborne infection related laboratory biosafety interventions;
- Present case studies on effective and sustainable infection control projects in low-resource settings.

Presentations

1. Theory of airborne infections transmission. Nosocomial TB infection in high TB-HIV burden settings. Impact of treatment and rapid diagnostics on transmission – *Edward Nardell (USA)*
2. Administrative controls: overview – *Martin Yagui (Peru)*
3. Engineering controls: ventilation – *Paul Jensen (USA)*
4. Building design approach to airborne infection control – *Garry Blackwelder (USA)*
5. Personal respiratory protection: programmatic issues – *Grigory Volchenkov (Russian Federation)*
6. Laboratory biological safety: integration of controls – *Matsie Mphahlele (South Africa)*
7. Design cycle and commissioning: role of teamwork – *Garry Blackwelder (USA)*
8. Conducting a TB facility/risk assessment – *June Kittikraisak (Thailand)*
9. Sustainability of TB infection control programme – *Paul Jensen (USA)*
10. Strategic planning of infection control programme – *Grigory Volchenkov (Russian Federation)*
11. Upper room UVGI – *Edward Nardell (USA)*

Post-graduate Course **08****9:00-17:00** Room 402

Writing good qualitative research articles

Sections

Tuberculosis | HIV

Duration

Full-day

Maximum attendees

40

CoordinatorsIan Harper (UK)
Sally Theobald (UK)**Chairs**Ellen M. H. Mitchell
(Netherlands)
Liesbeth Oey
(Philippines)**Target audience**TB, lung health, HIV
and tobacco control
researchers, programme
managers, health
workers and NGO /
CBO staff who want to
incorporate qualitative
research methodologies
as a component of
addressing questions
around service delivery
challenges**Description**

Good data interpretation in qualitative research depends on the questions asked and the theoretical and methodological approaches taken. The best publications need to reflect these issues within the writing and structure of the articles. This course will address the needs of those who want to better manage and analyse qualitative research data for publication. It will teach participants how to reflect on appropriate qualitative methodologies in writing, how best to present qualitative data and how to link this data to theoretical and operational research concerns.

Relation to Conference theme

Good qualitative research illuminates the multiple meanings that can underlie terms like 'sustainability' and 'mutual responsibility' and reveal how new TB discourses reflect divergent social and political projects. Institutional and individual relationships in achieving common goals are best assessed through understanding how diverse actors understand and experience their roles and responsibilities. Such qualitative research can help us overcome the challenges of service delivery.

Objectives

- To understand that the interpretation of data depends on the research questions, understanding the methodological reflexivity and the theoretical ideas underpinning the research approach;
- To begin developing writing strategies for the coherent analysis of data into qualitative research papers;
- To promote the assessment of well designed and well written qualitative research papers.

Presentations

1. Introduction to interpreting qualitative data and writing it up for publication – *Ellen M.H. Mitchell (Netherlands), Ian Harper (UK)*
2. Introducing the new IJTL qualitative guidelines – *Sally Theobald (UK), Ellen M.H. Mitchell (Netherlands)*
3. Key principles and approaches in qualitative analysis – *Sally Theobald (UK), Ian Harper (UK)*
4. Using qualitative software – *Ellen M.H. Mitchell (Netherlands), Liesbeth Oey (Philippines)*
5. Research methods and presenting qualitative data: writing it down – *Liesbeth Oey (Philippines), Ian Harper (UK)*
6. Synthesis and course evaluation – *Ian Harper (UK)*

Notes

Post-graduate Course 09

9:00-17:00 Room 403

Reading and interpreting childhood chest radiographs
in high TB-HIV prevalence countries**Section**

Lung Health

Duration

Full-day

Maximum attendees

40

CoordinatorsJames Seddon
(South Africa)
Robert Gie (South Africa)**Chair**Stephen M. Graham
(Australia)**Target audience**

Medical staff involved in the clinical management of childhood TB. The course will be interactive and will require each participant to have access to their own computer (laptop) to be able to visualise the images on a monitor in front of them

Description

In high burden settings paediatric tuberculosis (TB) comprises of up to 20% of the total TB burden. As paediatric disease is often paucibacillary, a microbiological diagnosis can be challenging to obtain and in many areas the majority of TB diagnoses are made through a combination of symptoms, signs and plain film radiology. Chest x-ray (CXR) remains the most frequently available diagnostic tool and yet the majority of front line clinicians and even paediatric specialists have limited experience, training and expertise in reading paediatric CXRs.

Relation to Conference theme

The diagnosis of paediatric tuberculosis relies on good quality plain film radiology and clinical staff who are able to accurately interpret findings. In areas of the world with a high burden of TB, capacity must be built locally to manage children with TB. The responsibility to develop and deliver a sustained programme of education and training rests with local partners but support must be provided by the international community if these efforts are to be maintained.

Objectives

- Teach medical professionals how to systematically approach the reading of a paediatric CXR;
- Explain the challenges in obtaining good quality images and describe the normal anatomy of thoracic structures in children;
- Demonstrate the common CXR changes associated with TB in children;
- Identify features that may be confused with TB;
- Assess participants before and after the course.

Presentations

1. Introduction to CXR reading – *James Seddon (South Africa)*
2. Challenges in radiology and anatomy of chest structures – *James Seddon (South Africa)*
3. Assessing adequacy of AP and lateral CXRs – *Simon Schaaf (South Africa)*
4. A systematic approach to CXR reading – *Robert Gie (South Africa)*
5. The pathophysiology of intrathoracic childhood TB – *Simon Schaaf (South Africa)*
6. Practical and interactive CXR reading – *Robert Gie (South Africa)*

Post-graduate Course 10

9:00-17:00 Room 404

Update on clinical and programmatic management of MDR- and XDR-TB

SectionTuberculosis | Nurses &
Allied Professionals**Duration**

Full-day

Maximum attendees

75

CoordinatorsTerrence Chorba (USA)
Ignacio Monedero
(Spain)**Chairs**Sundari Mase (USA)
Jose Caminero (Spain)**Target audience**

National TB and HIV programme managers, lung health specialists, TB and HIV clinicians, epidemiologists, international tuberculosis consultants, laboratory scientists, microbiologists

Description

MDR- and XDR-TB continue to pose a significant threat to TB control and continue to challenge clinicians and programme managers world-wide given the complexities in diagnosis, treatment, case management and infection control. This course hopes to address the challenges of MDR-TB globally, especially in high burden HIV areas, by including updated epidemiologic and surveillance data, and providing clinical and programmatic strategies relevant to a wide-range of practitioners and public-health providers.

Relation to Conference theme

This course directly relates to the theme as the fight against MDR/XDR-TB in resource-limited settings is particularly crucial for global tuberculosis control and requires the collaborative efforts of numerous global partners.

Objectives

- To update global epidemiology of MDR/XDR-TB and to present the principles of MDR-TB control;
- To update conventional drug susceptibility testing and advances in rapid diagnosis of drug resistance, and to discuss how these tests are applied in a clinical setting;
- To discuss evidence-based management and controversial issues in the treatment of MDR/XDR-TB and MDR/HIV and other special situations;
- To introduce programmatic management of MDR-TB in resource-limited settings, especially with a high burden of HIV-TB co-infection;
- To discuss gaps in the global mechanisms for addressing MDR-TB.

Presentations

1. MDR- /XDR-TB global epi (including epi HIV-coinfection) – *Philippe Glaziou (Switzerland)*
2. Principles of MDR-TB control – *Chen-Yuan Chiang (Taiwan)*
3. Rapid diagnostics tests: a laboratory-based perspective – *Kai Man Kam (Hong Kong)*
4. Treatment of MDR-TB: principles of management and controversial issues – *Jose Caminero (Spain), Sundari Mase (USA)*
5. MDR- /XDR-TB toxicity management – *To be confirmed*
6. Special situations: MDR-TB management in children and HIV coinfection and pregnancy – *Simon Schaaf (South Africa), Rocio Hurtado (Ethiopia)*
7. Integration of HIV-TB care in high burden HIV and MDR-TB settings: lessons from KwaZulu Natal – *Krista Dong (South Africa)*
8. Major gaps in the global mechanisms for addressing MDR-TB – *Salmaan Keshavjee (USA)*
9. Update in MDR studies: PETTS results, short course chemotherapy for MDR-TB, infection control – *Ekaterina Kurbatova (USA), Armand Van Deun (Belgium)*

Workshop 01

Making your city smoke-free

CANCELLED

Workshop 02

9:00-17:00 Room 406

Linking outcomes to finances: performance-based management

Section

Tuberculosis

Duration

Full-day

Meeting open to all delegates

Maximum attendees

30

Coordinator

Ersin Topcuoglu (Netherlands)

Chair

Maarten Van Cleeff (Netherlands)

Target audience

Programme project officers, managers, monitoring and evaluation (M & E) officers and donor representatives at all levels will benefit from this workshop. The topics and approaches covered are relevant for both experienced and novice managers and M & E officers at all levels

Description

Organisations spending public funds must show results and “value for money” by integrating sound management practices. “Tell me” and “trust me” are not enough. We are also confronted with efficient management of financial pipelines. By linking outcomes and finances, the workshop provides tools to set up a performance-based management system, and will teach the essentials of this system, link SMART outcomes with sound budgets and design a performance feedback mechanism using comparative data. At the end of the workshop participants will draft technical and financial system improvements.

Relation to Conference theme

The workshop addresses the need for innovative technical and financial planning and management practices to ensure effective and efficient quality outcomes through mutual accountability. The performance-based management approach provides better planning, monitoring and reporting. This in turn enhances donor and public trust as well as provides us with the necessary information to make intelligent decisions about achieving goals.

Objectives

- Teach participants the essentials of performance-based management and provide necessary tools and techniques;
- Help participants to draft technical and financial system improvement plans for their organisations.

Expected Outcome

At the end of the workshop, participants will understand the key components of performance-based management, including performance planning, monitoring and feedback systems. The participants will be equipped with innovative approaches and tools to link technical outcomes with financial performance in their tuberculosis control programmes.

Presentations

1. Essentials of performance-based management – *Ersin Topcuoglu (Netherlands)*
2. Defining SMART outcomes and preparing SMART activity plans – *Andree Willemse (Netherlands)*
3. Essentials of performance-based budgeting – *Rosanne Van Halm (Netherlands)*
4. Designing performance feedback mechanisms – *Sara Massaut (Netherlands)*
5. “Value for money”: experience from the field – *Emmy Van Der Grinten (Nigeria)*

Workshop 03

9:00-17:00 Room 407

Transitioning to sustainable pharmaceutical management systems for TB

Section

Tuberculosis

Duration

Full-day

Meeting open to all delegates

Maximum attendees

60

Coordinators

Chinwe Owunna (USA)
Andrea De Lucia (Switzerland)

Chairs

Andre Zagorski (USA)
Kaspars Lunte (Switzerland)

Target audience

NTP managers, TB medicines managers, TB laboratory managers, TB consultants, international and local partner organisations involved in TB programmes, donors’ representatives, professional associations

Description

Countries have seen a dramatic increase in funding for tuberculosis through global initiatives. Despite this, countries still struggle with the transition to complete ownership of their TB pharmaceutical system activities. Management Sciences for Health (MSH) and the Global Drug Facility (GDF) will share experiences and strategies for improving systems and ensuring sustainability and quality of TB pharmaceutical services delivery.

Relation to Conference theme

The workshop sessions will include or highlight strategies, country experiences and management tools for engaging stakeholders to ensure the transition to fully sustainable TB pharmaceutical management systems.

Objectives

- Bring to the forefront essential elements and requirements for a sustainable pharmaceutical system for TB control;
- Provide participants with best practices, feasible strategies and relevant tools for enhancing country ownership, improving pharmaceutical systems and sustaining quality TB pharmaceutical service delivery.

Expected Outcome

Workshop attendants will learn about strategies, procedures and experiences that ensure involvement of key country stakeholders, improve pharmaceutical systems and promote sustainability, responsibility and ownership in TB pharmaceutical service delivery by the country.

Presentations

1. Increasing sources of quality assured TB medicines: the GDF experience developing MDR-TB medicines market – *Kaspars Lunte (Switzerland), Thomas Moore (Switzerland)*
2. Promoting anti-TB medicines expansion: 10 years of GDF experience – *Thomas Moore (Switzerland), Kaspars Lunte (Switzerland)*
3. Strategies and management tools for improving pharmaceutical systems and ensuring sustainability: Brazil and Eastern European countries experience – *Margareth Dalcomo (Brazil), Archil Salakaia (USA)*
4. Engagement of retail pharmaceutical sector (chemists) in TB control in large urban areas of Pakistan – *Ayyaz Kiani (Pakistan), Niranjana Konduri (USA)*
5. Fifty years of engaging the non-government sector for TB control: reflections and the future of PPM in Kenya – *Jeremiah Chakaya (Kenya), Grace Gitonga (Kenya)*
6. Translating the WHO/FIP joint action on engaging pharmacists in TB care and control: initial experience from Tanzania – *Edmund Rutta (USA), Salama Mwatawala (Tanzania)*
7. Financing for introduction of new TB diagnostics and treatment: reflections from Rwanda – *Claude Bernard Uwizeye (Rwanda), Chutima Suraratdecha (USA)*
8. Improving the use of the second line anti-TB drugs through indicator based drug utilisation review programme – *Archil Salakaia (USA), Antonia Kwiecien (USA)*

Workshop 04**9:00 - 12:30 Room 408****Stigma associated with TB, TB-HIV and asthma: causes, impact and solutions****Section**

Lung Health

Duration

Half-day
Meeting open
to all delegates

Maximum attendees

100

Coordinators

Mary E. Edginton
(South Africa)
Aurorita Roldan
(Philippines)

Chairs

Anne Fanning (Canada)
Carlton Evans (Peru)

Target audience

Policy-makers, health
care managers and
providers, civil society,
health educators,
researchers, people with
experience of stigmatised
health problems

Description

Tragic stories of the human cost of stigma associated with lung disease are common, particularly in TB, TB-HIV and asthma. Stigma is a social and ethical problem that interferes with the sustainability of health care at all levels. This workshop aims to describe case stories where stigma has been experienced, analyse contributing factors and discuss reasons at community, health service and political levels. It will describe interventions that have been implemented and define responsibilities of different stakeholders for addressing the problem.

Relation to Conference theme

Unless the causes and consequences of stigma are analysed and addressed, sustained health care cannot be achieved. Several of the health problems listed for particular focus at this conference are stigmatised in many settings, notably TB and HIV and asthma. This session will explore the origins and impact of stigma, and will highlight the responsibilities of relevant groups including health care providers, managers, educators, politicians and communities for reducing and eliminating stigma.

Objectives

- To describe case stories in which patients with TB, TB-HIV and asthma experienced stigma, analysing causes and contributing factors;
- To describe the social and health care consequences of stigma;
- To describe techniques for characterising and quantifying stigma;
- To describe and discuss possible interventions to reduce stigma;
- To discuss responsibilities for addressing the problem.

Expected Outcome

Participants will gain a better understanding of the social and health care consequences of stigma associated with TB, HIV and asthma and how it can be measured. Previously evaluated interventions will be described and participants will generate ideas for responsibilities for reducing and eliminating stigma.

Presentations

1. The human and health care consequences of stigma in people with TB – *Carlton Evans (Peru)*
2. Asthma as a stigmatised disease in Sudan – *Sarah Abdelazim Hassanain (Sudan)*
3. Stigma in people with TB-HIV in Kenya – *E. Jane Carter (USA)*
4. An anti-stigma toolkit – *Ginny Bond (Zambia)*
5. Interventions to reduce stigma (qualitative and quantitative) – *Karine Zevallos (Peru), Carlton Evans (Peru)*
6. Defining responsibilities for reducing and eliminating stigma – *Aurorita Roldan (Philippines)*

Workshop 05

13:30 - 17:00 Room 408

Ensuring migrants' access to TB prevention, care and support

Section

Tuberculosis

Duration

Half-day

Meeting open to all delegates

Maximum attendees

50

Coordinators

Einar Heldal (Norway)

Gilles Cesari (Singapore)

Chairs

Gilles Cesari (Singapore)

Merete Taksdal (Norway)

Target audience

Policy-makers, public health officials, health care workers, NGOs working with migrants, migrants associations, migration authorities

Description

This half-day workshop will provide a platform for policy-makers, public health professionals and migrant advocates to review and discuss barriers and solutions for TB programmes among migrants. The workshop is divided into three sessions, and will also allow for a facilitated discussion among participants to identify concrete action steps for the UNION Scientific Working group to promote access to TB prevention and care in migrants.

Relation to Conference theme

Migrants in many parts of the world are known to have reduced access to tuberculosis diagnosis and treatment, affecting the global fight against the disease. International conventions and recommendations have been developed to ensure access, but are still inadequately implemented. The countries where migrants originate from, as well as the countries receiving migrants, have the responsibility to establish partnerships to ensure continuity of care.

Objectives

- Review of the current TB policy and regulatory frameworks on TB and migration;
- Utilise case studies to identify barriers for tuberculosis diagnosis and care in migrants and how they can be overcome;
- Clarify how the UNION Scientific Working Group on TB and Migration and other advocates can promote better access for migrants.

Expected Outcome

The workshop is submitted by the Working Group on TB and migration. The presentations will be part of a paper focusing on current access to TB diagnosis and care for migrants in different settings, policy framework and how the Working Group can promote better access.

Presentations

1. Review of the current policy and regulatory framework on TB and migration – *Agnieszka Wlodarski (South Africa)*
2. Review of the current practices: challenging law environment, limiting access to TB care in migrants globally and in Asia Pacific – *Gilles Cesari (Singapore)*
3. Addressing TB among mobile populations in the Western Pacific Region – *Nobuyuki Nishikiori (Philippines)*
4. County example: Kenya by IOM Nairobi – *Joseph Sitienei (Kenya)*
5. Migrant screening for TB: border protection or humanitarian aid? The Queensland experience – *Anastasios Constantinos (Australia)*
6. Somali diaspora: TB awareness work among, and in cooperation with, Somali immigrants in Norway – *Ingunn Nordstoga (Norway)*
7. Migration in and out of South Africa: challenges for TB care – *Agnieszka Wlodarski (South Africa)*

Workshop 06

9:00 - 12:30 Room 409

Preventing child deaths from drug resistant tuberculosis

Section

Lung Health

Duration

Half-day

Meeting open to all delegates

Maximum attendees

80

Coordinators

Grania Bridgen (UK)

Mercedes Becerra (USA)

Chair

Stephen M. Graham (Australia)

Target audience

Care providers, Policy-makers, funding agencies, researchers and those providing technical assistance to countries facing an increasing burden of childhood TB

Description

Children with drug resistant tuberculosis (DR-TB) are a population who have been largely overlooked by TB programmes as well as by international Policy-makers and researchers. There is an urgent need to address this gap. This workshop aims to provide participants with an update on recent initiatives targeting DR-TB in children, as well as demonstrating practical approaches to overcome current challenges in diagnosis and treatment. Furthermore, this workshop will review the research agenda, including studies that are planned or on-going, define what the urgent needs are and discuss how participants can become actively involved.

Relation to Conference theme

DR-TB in children is an increasing problem and requires a sustainable response to address it. By working together, the clinical and research community can strive to improve our understanding of this neglected population to ensure a better standard of care – a common goal for all.

Objectives

- Provide an overview of the global efforts of child DR-TB, underway and planned;
- Summarise the current state of research pertaining to child DR-TB;
- Present the tools and approaches currently available for the care of children with DR-TB;
- Generate discussion regarding current and future needs for research, implementation and advocacy in relation to DR-TB in children.

Expected Outcome

This workshop aims to update participants on the current state of monitoring, research and implementation of drug resistant TB care for children, as well as delivering practical information on providing care according to current best practice.

Presentations

1. An introduction to the Sentinel Project on Paediatric Drug Resistant Tuberculosis – *Mercedes Becerra (USA)*
2. Research meeting the needs of children with DR-TB: an update on progress – *Soumya Swaminathan (India)*
3. Introducing DR-TB diagnosis and treatment for children into TB programmes: a case study from Tajikistan – *Bern-Thomas Nyang'wa (UK)*
4. The use of practical tools and approaches to the diagnosis and treatment of children with DR-TB – *James Seddon (South Africa)*
5. Children in the evolving TB epidemic: future perspectives and priorities – *Ben Marais (Australia)*

Workshop 07**13:30 - 17:00** Room 409

Scale up of community-based MDR treatment: strategies for decentralised planning and service delivery

Section

Tuberculosis

DurationHalf-day
Meeting open
to all delegates**Maximum attendees**

80

CoordinatorAlisha Smith-Arthur
(USA)**Chairs**Refiloe Matji
(South Africa),
KJ Seung (USA)**Target audience**Programme managers,
nurses and other health
care professionals**Description**

Community-based treatment for MDR-TB has gained recognition as the most effective, efficient and ethical means of delivering care to patients with MDR-TB. As the model has been implemented in more countries, it has shown to be feasible even in resource-limited settings. The session will cover practical tools and approaches to plan, implement and evaluate community based MDR-TB care, including planning and budgeting, capacity building and partnerships between community care givers and TB programmes. Examples will be given from Lesotho, Swaziland, South Africa, Bangladesh and Georgia.

Relation to Conference theme

Community MDR-TB treatment is a complicated endeavour that requires a high level of support and partnership between multiple stakeholders at the implementation level. At the same time, countries which are considering implementation of community MDR-TB treatment models will benefit greatly from partnerships with organisations and programmes already providing community based MDR-TB services.

Objectives

- Provide examples of tools and approaches which can be used to plan for decentralised/district-based community based MDR-TB services;
- Increase capacities of TB programme staff to plan, implement and evaluate community-based care of MDR-TB patients.

Expected Outcome

Participants will increase their knowledge of practical measures to plan, deliver and manage community based MDR-TB services.

Presentations

1. Applying district level planning tools for community based MDR-TB programmes – *Maria Insua (USA)*
2. Personnel development for community MDR-TB programmes – *Samson Haumba (Swaziland)*
3. Developing national level buy and introducing community based MDR-TB models: examples from Bangladesh – *Paul Daru (Bangladesh)*
4. Systems requirements for delivering MDR-TB treatment in the community: lessons from Malawi – *Michael Rich (USA)*
5. Approaches for working with private sector providers to support MDR-TB programmes in Georgia – *Tamar Gabunia (Georgia)*
6. Opportunities and approaches for scaling up community MDR-TB programmes in South Africa – *Yogan Pillay (South Africa)*
7. Exploring integration of mHealth technologies to support community MDR-TB programmes – *Neeraj Kak (USA)*

Notes

Sections

Duration

Maximum attendees
100

Coordinators

Chairs

Target audience
Individuals working in the field of tuberculosis, HIV or lung health who are interested in operational research

Description

This one-day workshop on operational research will provide an overview of the topic, how to include operational research into GF applications, how to develop a protocol, the ethics of operational research, how to undertake data collection and analysis, how to write a paper and get it accepted for publication and how to change policy and practice. This workshop is designed to show participants what operational research is all about and show how it can help in changing policy and practice.

Relation to Conference theme

This workshop will demonstrate to participants how operational research can be used to find cost-effective solutions to problems as well as finding the best ways to implement programmes and health care delivery systems. The workshop will discuss the capacity building that needs to happen for operational research to be conducted and lead to sustainable changes in policy and practice.

Objectives

- To provide an overview of operational research and how this can lead to changes in policy and practice;
- To assist participants to understand how to include operational research in Global Fund proposals;
- To demonstrate the principles of developing a research protocol, to explain why ethics is important and to learn how to use EpiData for data collection and analysis;
- To help participants understand the principles of writing a paper for publication;
- To help participants understand how to move research to policy and practice, and how to monitor this progress.

Expected Outcome

Participants will finish the one-day workshop understanding the basic principles of operational research, how to include operational research into Global Fund proposals, how to write a scientific paper and the capacity building that is needed to develop operational research at a country or programmatic level.

Presentations

1. Principles and structure of a research protocol – *Anthony D. Harries (UK)*
2. The importance of ethics – *Satyanarayana Srinath (India)*
3. Using EpiData – *Hans Rieder (Switzerland), Ajay Kumar (India)*
4. The principles of writing a scientific paper – *Anthony D. Harries (UK)*
5. How to keep the editor happy – *Tony Reid (Belgium)*
6. Operational research: what, why and how? – *Rony Zachariah (Luxembourg)*
7. The Union / MSF model of capacity building – *Anthony D. Harries (UK)*
8. How to include operational research in Global Fund proposals – *Dermot Maher (Uganda)*
9. Collection and organisation of data – *Hans Rieder (Switzerland), Ajay Kumar (India)*
10. Moving research to policy and practice – *Rony Zachariah (Luxembourg)*

Notes

Meetings

Union Administrative Meeting

14:00-17:00

Room 405

Editorial Board of the *International Journal of Tuberculosis and Lung Disease*

(by invitation only)

Side Meetings

13:00-17:00

Conference Hall 1

5th FIND and partners symposium

(Meeting open to all delegates)

Description:

This symposium will review latest developments in TB diagnosis with a particular focus on detection of drug-resistance. The rise in MDR- and XDR-TB is reported repeatedly and represents a major challenge that requires a coordinated response. The session will highlight how innovations in diagnostics coupled with new anti-TB drugs are critical to the successful management of DR-TB. Presentations will update on progress towards improved knowledge of resistance patterns, the development of reliable assays to assess resistance to existing or new regimens and laboratory innovations to assist the effective introduction of these new tools.

Coordinator:

Alessandra Varga, Consultant, Events and Image Development, FIND (Switzerland)

Chairs:

Philippe Jacon (Switzerland), Mark Perkins (Switzerland)



The International Journal of Tuberculosis and Lung Disease

The International Journal of Tuberculosis and Lung Disease is the reference for clinical and epidemiological research on tuberculosis and lung health (asthma, COPD, tobacco prevention, child lung health, ARI, air pollution).

- Over 12,000 readers
- Impact factor 2.731 (2011)
- Peer reviewed
- 12 issues per year, plus supplements
- In its sixteenth volume
- Chinese, Russian, French and Spanish versions available for free download from www.theunion.org

Submit an article:

Go to Journals/IJTL at www.theunion.org

Join The Union:

All Union memberships include full access to the print and/or online version of the IJTL. Contact Membership Services (membership@theunion.org) for more information.



International Union Against Tuberculosis and Lung Disease
Health solutions for the poor

IJTL Editorial Office:

International Union Against Tuberculosis and Lung Disease
68 boulevard Saint Michel, 75006 Paris - FRANCE
Tel: (+33) 1 44 32 03 60 - Fax: (+33) 1 43 29 90 83
e-mail: journal@theunion.org

Thursday, 15 November 2012

Plenary Session

11:30-12:30

Plenary Hall

Global burden of respiratory disease

Speaker: Guy Marks (Australia)

Chairs: Camilo Roa Jr. (Philippines), Donald A. Enarson (Canada)



Guy Marks (Australia)
MD, PhD
Department of
Respiratory Medicine,
Liverpool Hospital
and Woolcock
Institute of Medical
Research

Symposia [morning]

8:00-10:00	Section (s)	Coordinators	Room	Page
1 TB REACH: results from TB case finding innovations in the first two Waves	TB	Jacob Creswell (Switzerland)	Plenary Hall	37
2 Pharmacists can help protect TB drugs and do more to sustain TB control: how can TB programmes engage them?	TB/NAPs	Mukund Uplekar (Switzerland), Monica Dias-Yesudian (Switzerland)	Plenary Theatre	37
3 Progress and prospects: sustainability of TB vaccine development	TB	Jennifer Woolley (USA)	Banquet Hall	38
4 Challenges in the design and conduct of clinical trials for improving the treatment of tuberculosis	TB	Patrick Phillips (UK)	Conference Hall 1	38
5 Capitalising corporate sector strengths to address TB and HIV challenges	HIV-TB	Monica Dias-Yesudian (Switzerland)	Conference Hall 2	39
6 Ensuring the quality of TB laboratory services	TB/Bact.	Thomas Shinnick (USA) Christopher Gilpin (Switzerland)	Conference Hall 3	39
7 Who has the right to health care and who is responsible for ensuring it?	LH/TB	Mary E. Edginton (South Africa)	304/305	40
8 The role of communications in changing social norms and promoting public health policy in LMICs	TC	Rebecca Perl (USA) Alexey Kotov (USA)	306	40
9 WHO guidelines on screening for active tuberculosis	TB	Knut Lonnroth (Switzerland) Elisabeth Corbett (Malawi)	401/402	41

Poster Discussion sessions

10:15-11:15	Section (s)	Chairs	Room	Page
01 TB diagnostics: culture and rapid detection – I	TB/Bact.	Dhanida Rienthong (Thailand)	Hall 4	42
02 TB laboratory network: management of EQA	TB/Bact.	Christopher Gilpin (Switzerland)	Hall 4	43
03 Molecular genetic and other rapid drug susceptibility testing	TB/Bact.	Marina Shulgina (Russian Federation)	Hall 4	44
04 B.R.I.C. and beyond: special populations in emerging and high income countries	TB	I.D. Rusen (Canada)	Hall 4	45
05 Tobacco cessation	TC	Rana J. Singh (India)	Hall 4	46
06 Epidemiology: TB in high and low burden countries – I	TB	Hans L. Rieder (Switzerland)	Hall 4	47

Reviewers acknowledgements

The Union would like to extend its gratitude to the abstract reviewers, for their time and efforts in scoring the 1250 abstracts submitted for the 43rd Union World Conference on Lung Health.

Their expertise and dedication have greatly contributed to the quality of the scientific programme.

07	Training and knowledge assessment	TB/NAPs	Brenda Smuts (South Africa)	Hall 4	49
08	Medical management of TB – I	TB	Nobukatsu Ishikawa (Japan)	Hall 4	49
09	Public-policy – I	TB	Rontgene M. Solante (Philippines)	Hall 4	51
10	TB-HIV pharmacology and clinical issues	HIV	Anand Date (USA)	Hall 4	52
11	Expansion of the Stop TB strategy – I	TB	Virginia Williams (Switzerland)	Hall 4	53
12	Improving TB surveillance in children	LH	Charalampos Sismanidis (Switzerland)	Hall 4	54
13	Tobacco burden and surveillance	TC	Gihan El Nahas (Egypt)	Hall 4	55
14	MDR-TB: civil society, costs, counselling and case fatality	TB	Tiemi Arakawa (Brazil)	Hall 4	56
15	MDR-TB: treatment outcomes	TB	E. Jane Carter (USA)	Hall 4	57
16	MDR-TB: focus on surveillance	TB	Omoniyi Amos (Nigeria)	Hall 4	59
17	TB management: food security and community issues	TB	Chibuike Amaechi (Nigeria)	Hall 4	60
18	TB management: innovations in communication	TB	Liesbeth Oey (Philippines)	Hall 4	61

Oral Abstract sessions

12:45-14:15	Section (s)	Chairs	Room	Page
01	Modern molecular technologies in TB diagnosis	TB/Bact.	Daniela M. Cirillo (Italy) Ganeswrie Raj (Malaysia)	Plenary Hall 63
02	HIV testing and TB screening: the complete package	HIV	Anna Scardigli (Italy) Sha'ari Ngadiman (Malaysia)	Plenary Theatre 63
03	Preventive therapy, populations and pharmacokinetics: special issues in TB-HIV	HIV	Riitta Dlodlo (Zimbabwe) Suresh Kumar (Malaysia)	Banquet Hall 64
04	Pneumonia in adults and children: preventing deaths	L H	Andrew Steenhoff (Botswana) Norhaya Razali (Malaysia)	Conference Hall 1 65
05	Money, meetings and training: best practices to improve TB care	TB/NAPs	Carrie Tudor (USA) Jiloris F. Dony (Malaysia)	Conference Hall 2 66
06	Mothers, migrants, military and more: TB in special populations	TB	Jeannine Uwimana (South Africa) Goon Ai Khiang (Malaysia)	Conference Hall 3 67

Symposia [afternoon]

14:30-16:30		Section (s)	Coordinators	Room	Page
10	Rolling out Xpert MTB/RIF: bringing donors, laboratories and programmes together for sustainability	HIV-TB	Bess Miller (USA) Heather Alexander (USA)	Plenary Hall	68
11	Translating TB projects into sustainable TB programmes: lessons from the WHO-CIDA initiative	TB	Monica Dias-Yesudian (Switzerland) Mukund Uplekar (Switzerland)	Plenary Theatre	68
12	Tuberculosis screening programmes for healthy migration and strengthening tuberculosis control programmes	TB	Deliana Garcia (USA) Drew Posey (USA)	Banquet Hall	69
13	Challenges and solutions for sustainable TB and TB-HIV care among migrants and marginalised populations	TB-HIV/ NAPs	Trini Mathew (USA) Poonam Dhavan (Philippines)	Conference Hall 1	69
14	Building national and international partnerships to ensure a sustainable response to TB challenges	TB	Young-Ae Chu (Switzerland) Mandy Slutsker (USA)	Conference Hall 2	70
15	A realistic assessment of programmatic management of DR-TB (PMDT) scale-up achievements, challenges and opportunities	TB	Catharina Van Weezenbeek (Philippines) Michael Rich (USA)	Conference Hall 3	70
16	Effective aid for better lung health: good practices on sustainability and mutual responsibility	LH/TB	Patrick Bertrand (France)	304/305	71
17	Monitoring the global tobacco epidemic: strategic and sustainable system	TC	Yang Song (USA) Jeremy Morton (USA)	306	71
18	Tuberculosis in prisons: breaking the cycle through integration with community health services	TB	Philipp Du Cros (UK) Sarabjit Chadha (India)	401/402	72

Sponsored Satellite symposia

17:00-18:30		Section (s)	Coordinators	Room	Page
01	Making markets work for tuberculosis: fostering a healthy micromarket for paediatric TB medicines through innovative market approaches	TB	Katherine Blumer (Switzerland) Sarah Mascheroni (Switzerland)	Plenary Theatre	73
02	Virtual implementation (modelling) as a practical tool to evaluate new TB diagnostics	TB	Tara Ornstein (USA) Rachael Thomson (UK)	Conference Hall 1	73
03	Systems approach for tobacco control in India: a comprehensive tobacco control model for scale-up	TC	Monika Arora (India) Manu Mathur (India)	Conference Hall 3	74
04	The double burden of tuberculosis and diabetes: evidence and collaborative efforts	TB	Hanne Strandgaard (Denmark) Jamal Butt (Denmark)	304/305	75

Symposium 01

8:00 - 10:00 Plenary Hall

TB REACH: results from TB case finding innovations in the first two Waves

Supported by

TB REACH - Stop TB Partnership

Section

Tuberculosis

Coordinator

Jacob Creswell (Switzerland)

Chairs

Lucica Ditiu (Switzerland)
Nathalie Garon (Canada)

Target audience

Policy-makers, national TB and AIDS programmes, civil society organisations, researchers, national and international partners

Description

TB REACH is a fast track funding initiative that supports innovative projects focused on early and increased TB diagnosis, focusing on poor, vulnerable and underserved populations. TB REACH has committed more than \$50 million to 75 projects in 36 countries since it was launched in 2010. The symposium will highlight partnerships, processes and outcomes from the first two funding waves, and will provide a variety of case finding approaches in different settings.

Relation to Conference theme

This symposium will present results from a variety of innovative projects which are meant to demonstrate quick results and provide a working model that can be sustained and scaled up. Central to TB REACH's mandate is to facilitate the scale-up and sustainability of successful projects, and this symposium will highlight the different ways this can be accomplished.

Objectives

- To share the results and lessons learnt from a selection of 75 projects on innovative TB case detection;
- To discuss the lessons learnt to ensure sustainability and scaling up for wider application and impact.

Presentations

08:00-08:15 Summary of latest results from TB REACH projects – *Jacob Creswell (Switzerland)*

08:20-08:35 Monitoring and evaluation, additionality and yield from TB REACH interventions – *Lucie Blok (Netherlands)*

08:40-08:55 Providing access to new diagnostics for vulnerable rural populations in Kenya – *E. Jane Carter (USA)*

09:00-09:15 Using community resources and new tools for active TB case detection in South Africa – *Harry Hausler (South Africa)*

09:20-09:35 Active screening of the Tibetan refugee populations in India – *Kerry Dierberg (USA)*

09:40-09:55 Providing TB care to clients of private laboratories and practitioners in Pakistan and Bangladesh – *Aamir Khan (Pakistan)*

Symposium 02

8:00 - 10:00 Plenary Theatre

Pharmacists can help protect TB drugs and do more to sustain TB control: how can TB programmes engage them?

Section

Tuberculosis | Nurses & Allied Professionals

Coordinators

Mukund Uplekar (Switzerland)
Monica Dias-Yesudian (Switzerland)

Chairs

Mao Tan Eang (Cambodia)
Diana Weil (Switzerland)

Target audience

National TB programme managers, pharmacy associations, pharmacists, Stop TB partners, academia and researchers

Description

People with symptoms of TB often present themselves to their local private pharmacies. Evidence shows that huge amounts of TB drugs are sold by private pharmacies and are often misused. Pharmacies can contribute to early identification and referral of TB cases and also support local patients to help ensure completion of treatment. This symposium will discuss how successful initiatives in some countries can be replicated by other countries. The use of WHO/FIP joint statement in bringing together national TB programmes and national pharmacy associations will also be discussed.

Relation to Conference theme

An essential element for sustaining TB control is to protect TB drugs from irrational use. Rational use of TB drugs is a responsibility of not only those who prescribe them but also those who dispense them. And yet efforts to engage pharmacists in TB control are limited to very few countries. Sharing experiences of these countries and discussing the recent WHO/FIP joint statement on pharmacists will help elucidate and promote responsible pharmacy engagement to sustain TB control.

Objectives

- Understand country experiences on successful engagement of pharmacists in TB care and control;
- Discuss barriers to scaling up engagement of pharmacists in TB care and control;
- Discuss how the WHO/FIP joint statement can be used to engage pharmacies in TB care and control.

Presentations

08:00-08:15 TB drugs are hard to find in private pharmacies in Ghana: what makes this possible? – *Frank Bonsu (Ghana)*

08:20-08:35 PATH's successful efforts in helping engage pharmacists in diverse country settings – *Satish Kaipilyawar (India)*

08:40-08:55 Engaging retail pharmacists as partners in TB programme: the Indian experience – *Manjiri Gharat (India)*

09:00-09:15 How can Stop TB Partners assist countries in restricting misuse of TB drugs and technologies: the Cambodia experience – *Team Bakkhim (Cambodia)*

09:20-09:35 How can national pharmacy associations help TB programmes in engaging pharmacists in TB control? – *To be confirmed*

Symposium 03

8:00 - 10:00 Banquet Hall

Progress and prospects: sustainability of TB vaccine development

Supported by

Aeras

Section

Tuberculosis

Coordinator

Jennifer Woolley (USA)

ChairsRobert Nakibumba
(Uganda)

Ann Ginsberg (USA)

Target audience

This session is targeted to a broad audience that is interested in TB vaccines. This may include researchers, donors, government officials, TB programme staff, civil society and others engaged in TB care, control and research

Description

Vaccine development is complex and costly, particularly when candidates reach later stages of development. Developing more effective TB vaccines will require sustained investment and commitment across sectors for all aspects of research and development. Current partnerships need to be continued and new ones need to be formed, and the vaccine development process needs to be further coordinated and streamlined. Access and affordability must be considered at all stages of development. These issues, as well as the latest progress in TB vaccine research, will be discussed during this symposium.

Relation to Conference theme

Ultimate success in TB vaccine development will be the result of a shared commitment across the public, private, academic and philanthropic sectors. Development and implementation of better TB vaccines will depend upon sustained support, innovative approaches to financing and partnering and cost-effective vaccine development and delivery, that optimise existing resources and embrace novel ideas to accelerate and streamline TB vaccine development and adoption.

Objectives

- To learn about the progress that has been made to date in TB vaccine development and what will be needed to continue to advance TB vaccine development;
- To learn about the important role of cross-sectoral commitment, partnerships and collaborations in all aspects of TB vaccine development;
- To learn about on-going efforts to ensure that TB vaccine development is done in a manner that is cost-effective and sustainable;
- To understand the challenges and critical issues that will need to be addressed in the coming years to develop new, more effective TB vaccines.

Presentations

08:00-08:20 Potential public health impact of new TB vaccines – *Christian Lienhardt (Switzerland)*

08:25-08:45 Advancing and sustaining the TB vaccine pipeline – *Ann Ginsberg (USA)*

08:50-09:10 Leveraging capacity, partnerships and innovation for large-scale TB vaccine trials – *Hassan Mahomed (South Africa)*

09:15-09:35 The role of China and India in TB vaccine development – *Bindu Dey (India), Jueren Lou (China)*

09:40-10:00 Discussion

Symposium 04

8:00 - 10:00 Conference Hall 1

Challenges in the design and conduct of clinical trials for improving the treatment of tuberculosis

Section

Tuberculosis

Coordinator

Patrick Phillips (UK)

ChairsMichael Hoelscher
(Germany)

Andrew Nunn (UK)

Target audience

Researchers involved in clinical trials and pre-clinical studies in private, public and not-for-profit sectors, public health specialists, TB programme managers and TB clinicians

Description

TB continues to be a disease of major global importance having the biggest impact on the world's most vulnerable people. With increasing levels of drug resistance in many populations, it is of paramount importance to shorten, simplify and improve the efficacy of treatment for both drug-sensitive and drug-resistant TB. This symposium will review current challenges in the design and conduct of clinical trials for improving the treatment of TB, sharing some novel solutions and highlighting areas for further urgent research.

Relation to Conference theme

Progress has been made in recent decades to slow the spread of TB. With limited time and resources, it is necessary for the global research community to share and exchange ideas and tools for designing and conducting clinical trials, in order to sustain this progress and improve the treatment of TB. This symposium will allow for such mutual exchange of ideas.

Objectives

- To review challenges in designing and conducting clinical trials for new treatments for tuberculosis;
- To provide a forum to share and exchange novel approaches of trial design and analysis, to improve the treatment of TB;
- To share experiences from conducting a multi-centre phase III trial for MDR-TB.

Presentations

08:00-08:15 Challenges in the design of clinical trials – *Andrew Nunn (UK)*

08:20-08:35 Challenges of conducting multicentre trials for new MDR-TB treatments: a sponsor's perspective – *I.D. Rusen (Canada)*

08:40-08:55 Challenges of conducting multicentre trials for new MDR-TB treatments: an investigator's perspective – *Daniel Kokebu (Ethiopia)*

09:00-09:15 Biomarkers and clinical trials – *Payam Nahid (USA)*

09:20-09:35 The impact of exogenous reinfection on the conduct and interpretation of clinical trials – *Anna Bateson (UK)*

09:40-09:55 Adaptive and other novel trial designs for late-phase clinical trials – *Patrick Phillips (UK)*

Symposium 05

8:00 - 10:00 Conference Hall 2

Capitalising corporate sector strengths to address TB and HIV challenges

Sections

HIV | Tuberculosis

Coordinator

Monica Dias-Yesudian
(Switzerland)

Chairs

Diana Weil (Switzerland)
Richard Howard
(Thailand)

Target audience

Policy-makers, public
health practitioners, TB
and HIV programme
staff, clinicians,
researchers

Description

Nearly 50–75% of those affected by TB and HIV are adult men and women in their economically productive years of life. The workplace has significant reach and provides a ready audience for provision of services, and also overcomes barriers to access care. The purpose of this symposium is to highlight the untapped potential of the business sector to respond to these two epidemics, and encourage national TB and HIV programmes, as well as other actors, to engage businesses in TB and HIV care and control efforts.

Relation to Conference theme

The corporate sector has significant capacity and potential to contribute to TB and HIV prevention, treatment and care. Businesses can contribute in diverse ways, from simple referral, and provision of treatment on site, to comprehensive workplace programmes or services to their supply chain. Both businesses and national programmes have mutual social responsibility to work together to provide TB and HIV services to those in need of care. This issue will be addressed in the symposium.

Objectives

- To present experiences and results of corporate sector engagement initiatives;
- To explore the potential of business in contributing to TB and HIV prevention, treatment and care;
- To highlight the social responsibility of both businesses and national programmes to work together to expand access to TB and HIV services.

Presentations

- 08:00-08:15** Global perspectives: the role of the corporate sector in TB care and control
– *Monica Dias-Yesudian (Switzerland)*
- 08:20-08:35** Utilising the workplace as a gateway to HIV-TB prevention, care and treatment in Asia
– *Richard Howard (Thailand)*
- 08:40-08:55** Business associations: key partners in strengthening business engagement in TB and HIV care – *Julie Cege (Kenya)*
- 09:00-09:15** Contribution of the mining industry to TB care: successes and challenges
– *Gavin Churchyard (South Africa)*
- 09:20-09:35** The role of big business in corporate social responsibility initiatives for TB care and control: experiences from Chevron – *James Allen (Singapore)*
- 09:40-09:55** Discussion

Symposium 06

8:00 - 10:00 Conference Hall 3

Ensuring the quality of TB laboratory services

Section

Tuberculosis |
Bacteriology-
Immunology

Coordinators

Thomas Shinnick (USA)
Christopher Gilpin
(Switzerland)

Chairs

Rumina Hasan
(Pakistan)
Alaine Umubyeyi
Nyaruhirira (Rwanda)

Target audience

TB laboratorians, NTP
managers, clinicians
and technical partners

Description

Where quality-assured laboratory testing is available, clinicians and programme officials routinely rely on laboratory results in decision making, and often laboratory results are indispensable for TB diagnosis, treatment and control. This symposium will address how efforts to ensure the quality of TB laboratory services can help ensure sustainability. TB laboratory services and TB laboratory networks can be strengthened through use of a step-wise process for developing, implementing and assessing quality management systems that provide assurance and recognition of laboratory performance.

Relation to Conference theme

Approaches to ensuring the sustainability through the quality of laboratory testing will be presented, along with examples. Quality assurance builds trust in laboratory results which in turn promotes their use in case management decisions and increases their value to the TB programme. Making TB laboratory test results an integral part of the diagnosis and control of TB engenders support from policy and decision makers to ensure the sustainability of TB laboratory services.

Objectives

- To understand the role and importance of quality management in providing sustainable, reliable diagnostic services;
- To learn about innovative tools, approaches and solutions to providing quality assured laboratory services;
- To learn about accreditation and certification of laboratory services and its pivotal role in strengthening TB treatment and control efforts.

Presentations

- 08:00-08:15** The GLI stepwise implementation guide for building and sustaining quality TB laboratories – *Stella van Beers (Netherlands)*
- 08:20-08:35** Documenting and recognising quality laboratory management and testing using SLIPTA – *Jean Bosco Ndiokubwayo (Congo)*
- 08:40-08:55** Improving the quality of HIV and TB laboratories: the Rwanda experience – *Alaine Umubyeyi Nyaruhirira (Rwanda)*
- 09:00-09:15** Improving the quality of TB laboratories by aiming for accreditation: the Benin experience – *Dissou Affolabi (Benin)*
- 09:20-09:35** Sustaining improvements in laboratory services through quality assurance: the Thailand experience – *Somsak Rienthong (Thailand)*
- 09:40-09:55** Impact of improved quality management of AFB-microscopy laboratory networks – *Sabira Tahseen (Pakistan)*

Symposium 07

8:00 - 10:00 Room 304/305

Who has the right to health care and who is responsible for ensuring it?

Sections

Lung Health |
Tuberculosis

Coordinator

Mary E. Edginton
(South Africa)

Chairs

Nevin Wilson (India)
Mary E. Edginton
(South Africa)

Target audience

Health managers,
health workers,
community groups,
ethicists, academics,
Policy-makers

Description

Speakers in this session will describe situations where the tools, including drugs, protocols, educational materials and diagnostic tests that are recommended for appropriate care, are not available. The specific problems to be highlighted are tuberculosis, MDR-tuberculosis, asthma, anti-tobacco education and acute respiratory infections in children. These facts will lead the discussions on reasons for non-availability and on solutions which will mean defining local and global responsibilities.

Relation to Conference theme

Patients, communities and health care providers need to reflect on their responsibilities and advocate more forcefully for rights of all people to good quality sustainable health care. If they fail to do this, global inequalities will never change.

Objectives

- To describe situations where essential health care for priority lung health problems are not available;
- To discuss issues of equity in health care;
- To discuss and define responsibilities for ensuring greater equity in health care at global and local levels.

Presentations

- 08:00-08:15** MDR-TB: are drugs available to all those who need them? – *Arnaud Trebucq (France)*
08:20-08:35 How can they breathe? Do all patients with asthma have access to recommended drugs? – *Karen Bissell (New Zealand)*
08:40-08:55 'Why should I not use tobacco products?' Is anti-tobacco education accessible to everyone? – *Pranay Lal (India)*
09:00-09:15 New diagnostics for TB: who has access and at what cost? – *Pren Naidoo (South Africa)*
09:20-09:35 Acute respiratory infections: two million children die of these annually, are resources available everywhere? – *Penny Enarson (Canada)*
09:40-09:55 Human rights and health care: does anyone care? – *Nevin Wilson (India)*

Symposium 08

8:00 - 10:00 Room 306

The role of communications in changing social norms and promoting public health policy in LMICs

Section

Tobacco Control

Coordinators

Rebecca Perl (USA)
Alexey Kotov (USA)

Chair

Sandra Mullin (USA)

Target audience

Public health experts
involved in public
education, awareness
programmes, strategic
communications or the
research and evaluation
of communication
campaign

Description

Communications has a proven role in changing behavioural norms, creating environments conducive to policy change and reinforcing good health policies. This symposium will examine recent tobacco control mass media interventions from low- and middle- income settings, as well as emerging evidence from a variety of sources.

Relation to Conference theme

Participants will receive guidance on developing effective mass media campaigns and extending the impact of communications through public relations and effective partnerships. Presentations will discuss the various roles and components of different campaigns: developing campaigns as stand-alone interventions or integrated with legislative policy, using research to craft effective messages and evaluate campaigns and identifying ways to maximise impact of campaigns on restrictive budgets.

Objectives

- Participants will achieve a thorough understanding of the evidence base for communication campaigns;
- Participants will gain greater knowledge of research tools and resources that can ensure that communications campaigns have the greatest possible impact.

Presentations

- 08:00-08:20** The role of communications in a comprehensive public health strategy to reduce tobacco use – *Tahir Turk (Australia)*
08:25-08:45 The ripple effect: using subnational campaigns to model success for a national effort in China – *Yvette Chang (USA)*
08:50-08:10 Mass media as a social mobiliser: India's effort to reduce smokeless tobacco – *Nandita Murukutla (India)*
09:15-09:35 Supporting legislation: using mass media to support compliance and enforcement of smoke-free legislation – *Tom Carroll (Australia)*
09:40-10:00 Discussion

Symposium 09

8:00 - 10:00 Room 401/402

WHO guidelines on screening for active tuberculosis

Supported by
World Health
Organization (WHO)

Section
Tuberculosis

Coordinators
Knut Lonnroth
(Switzerland)
Elisabeth Corbett
(Malawi)

Chairs
Peter Godfrey-Faussett
(UK)
Mario Raviglione
(Switzerland)

Target audience
Policy-makers, public
health practitioners,
TB programme
staff, clinicians,
epidemiologists,
researchers

Description

In 2011, WHO initiated the development of international guidelines on screening for active TB, including guidance on prioritisation of risk groups and screening approaches. Systematic reviews were commissioned to assess: effectiveness of screening in different risk groups in terms of number needed to screen to detect a case of TB; epidemiological impact of screening; sensitivity and specificity of different screening tests; and feasibility of reaching different risk groups with screening. In this symposium, the results of the systematic reviews and the draft guidelines will be presented.

Relation to Conference theme

Improving early TB detection through screening is generally a more costly approach than “passive case finding”, but can still be cost-effective depending on the approach. Costs can also be shared with other health and social programmes if TB screening is done within a platform of wider health promotion. This symposium will discuss how TB screening can be integrated with other health promotion and social protection initiatives, for improved efficiency and sustainability.

Objectives

- To present findings from systematic reviews on screening for active TB;
- To present draft WHO guidelines on screening for active TB;
- To discuss how TB screening could be integrated within broader health promotion activities.

Presentations

- 08:00-08:15** A systematic literature review of the benefits to communities and individuals of active screening for tuberculosis – *Katharina Kranzer (UK)*
- 08:20-08:35** Sensitivity and specificity of different TB screening tools and approaches: a systematic review – *Anja Van't Hoog (Netherlands)*
- 08:40-08:55** Number needed to screen and detect cases of active TB in different risk groups: a systematic review – *Jonathan Golub (USA)*
- 09:00-09:15** Draft WHO guidelines on screening for active TB – *Knut Lonnroth (Switzerland)*
- 09:20-09:35** A web-based tool and a national workshop package for prioritisation and planning of TB screening – *To be confirmed*
- 09:40-10:00** Discussion

Notes

Chair: Dhanida Rienthong (Thailand) - **Section:** Tuberculosis | Bacteriology- Immunology

- PC-213-15** **Is fluorescent microscopy suitable for diagnosing TB in paucibacillary groups as in a prevalence survey?**
SH Pheng,¹ S Boy,¹ TE Mao,¹ T Sugamoto,² H Matsumoto,² K Okada,^{2,3} N Yamada,² I Onozaki⁴
¹National Center for Tuberculosis and Leprosy Control, NTP Lab Unit, Phnom Penh, Cambodia, ²Research Institute of Tuberculosis, Japan Anti-Tuberculosis Association, Lab, Tokyo, Japan, ³Japan International Cooperation Agency/National TB Control Project, CENAT/JICA, Phnom Penh, Cambodia, ⁴Stop TB Department, World Health Organization, Stop TB, Geneva, Switzerland.
- PC-214-15** **Evaluation of a novel concentration method for the microscopic detection of *Mycobacterium tuberculosis* from induced sputum**
P Hepple,^{1,2} P Du Cros,¹ J Greig,¹ S Sereshki,³ R Mutetwa,⁴ C Bottomley,² L Shanks,⁵ R Mcnerney²
¹Médecins Sans Frontières UK, Manson Unit, London, United Kingdom, ²London School of Hygiene and Tropical Medicine, Faculty of Infectious and Tropical Diseases, London, United Kingdom, ³Médecins Sans Frontières, OCA, Harare, Zimbabwe, ⁴Biomedical Research and Training Institute, Laboratory, Harare, Zimbabwe, ⁵Médecins Sans Frontières OCA, Public Health Department, Amsterdam, Netherlands.
- PC-215-15** **Diagnostic utility of an enzyme-linked immunospot assay using induced sputum cells for pulmonary tuberculosis**
D Jeon,¹ SE Lee,¹ WH Cho,¹ YS Kim,¹ ES Son,² YJ Lee,² SY Eum,² MS Hong²
¹Pusan National University Yangsan Hospital, Internal Medicine, Yangsan, South Korea, ²International Tuberculosis Research Center, Immunopathology and Cellular Immunology, Changwon, South Korea.
- PC-216-15** **Comparative performance of Thin Layer Agar and Löwenstein-Jensen culture for diagnosis of tuberculosis in Jogjakarta, Indonesia**
T Battaglioli,¹ N Rintiswati,² A Martin,¹ K Asti,² B Dwihardiani,² F Matthys,¹ Y Mahendradhata,² P Van Der Stuyt¹
¹Institute of Tropical Medicine Antwerp, Public Health, Antwerp, Belgium, ²Gadiah Mada University, Centre for Tropical Medicine, Jogjakarta, Indonesia.
- PC-217-15** **Cord formation in BacT Alert MP Medium: can it accord to more rapid diagnosis of MTB complex?**
V Shenoy,¹ C Mukhopadhyay¹
¹Kasturba Medical College Manipal University, Microbiology, Manipal, India.
- PC-218-15** **Evaluation of the performance of the PURE-LAMP test in China**
Bing Zhao,¹ Yuan Song,¹ Yu Pang,¹ Y Zhao¹
¹Chinese Center for Disease Control and Prevention, National Center for Tuberculosis Control and Prevention, Beijing, China.
- PC-219-15** **Rapid sedimentation of acid-fast bacilli from non-aqueous solutions to improve sensitivity of TB microscopy**
M Sander¹
¹Tuberculosis Reference Laboratory, Bamenda, Bamenda, Cameroon.
- PC-220-15** **Biopsy material studies by molecular-genetic methods in detection of tuberculosis in HIV-infected patients**
V Zhuravlev,^{1,2} K Vladimirov,² A Ivanov¹
¹The Scientific Research Institute of Phthisiopulmonology, molecular-genetic methods, St.Petersburg, Russia, ²I.I.Mechnikov' North-West State Medical University, Phthisiopulmonology, St.Petersburg, Russia.
- PC-221-15** **Pulmonary TB diagnosis by *Mycobacterium tuberculosis* DNA amplification techniques: efficiency of blood tests**
V Zhuravlev,¹ M. Shulgina¹
¹Research Institute for Phthisiopulmonology, Laboratory of genetic methods of research, St.Petersburg, Russia.
- PC-222-15** **Evaluation of the loop-mediated isothermal amplification assay for the diagnosis of tuberculosis in a university teaching hospital, Zambia**
C Habeenzu,^{1,2} T Matsuba,^{2,3} C Nakajima,^{2,4} E Solo,^{1,2} P Bwalya,^{1,2} M Miller,^{2,4} L Kasonka,^{1,2} Y Suzuki^{2,4}
¹University Teaching Hospital, Pathology & Microbiology, Lusaka, Zambia, ²JICA TB & Tryps. Research Project, Health, Lusaka, Zambia, ³Tottori University, Medicine, Yonago, Japan, ⁴Hokkaido University, Research Center for Zoonosis Control, Sapporo, Japan.

Chair: Christopher Gilpin (Switzerland) - **Section:** Tuberculosis | Bacteriology- Immunology

- PC-248-15** **Probability matrix coupled with 24 Loci MIRU-VNTR genotyping to determine cross contamination**
R Zanda,¹ O Gorbacheva,¹ C Gilpin²
¹International Organization for Migration, Migration Health Department, Damak, Nepal, ²World Health Organization, Stop TB Department, Geneva, Switzerland.
- PC-249-15** **Comparison of sputum microscopy and rapid tuberculosis antibody detection test kits for diagnosis of pulmonary tuberculosis in Abia State, Nigeria**
E Ekundayo,¹ O Okorie²
¹Michael Okpara University of Agriculture, Umudike, Department of Microbiology, Umuahia, Nigeria, ²Abia State Ministry of Health, State TB Control Programme, Tuberculosis Referral Hospital, Uzuakoli, Umuahia, Nigeria.
- PC-250-15** **A pilot line probe assay external quality assurance programme**
KL Leung,¹ KM Kam¹
¹Department of Health, Health, Hong Kong, Hong Kong SAR China.
- PC-251-15** **Improving access to culture capability for smear-negative tuberculosis suspects in Western Kenya**
J Jezmir,¹ E Nyakan,¹ L Kamule,¹ W Injera,^{1,2} A Gardner,^{1,3} E J Carter^{1,3}
¹USAID AMPATH Partnership, TB Care and Projects, Eldoret, Kenya, ²Moi University School of Medicine, TB Care and Projects, Eldoret, Kenya, ³Alpert Medical School of Brown University, Medicine, Providence, United States.
- PC-252-15** **Improving the external quality assessment of AFB microscopy: impact of Global Fund TB Projects in Nigeria**
F Sarkinfada,¹ JM Kabir,² JO Obasanya,³ G. T Ojika,⁴ E Elom,⁵ O Ladipo⁶
¹Bayero University Kano, Department of Medical Microbiology and Parasitology, Kano, Nigeria, ²Federal Ministry of Health, Public Health, Abuja, Nigeria, ³Federal Ministry of Health, National TB and Leprosy Control Programme, Abuja, Nigeria, ⁴Federal Ministry of Health, National TB and Leprosy Control Programme, Abuja, Nigeria, ⁵Federal Ministry of Health, National TB and Leprosy Control programme, Abuja, Nigeria, ⁶Association for Reproductive and Family Health, ARFH, Abuja, Nigeria.
- PC-253-15** **Trends in the quality indicators of AFB microscopy and TB case detection in Gombe State, Nigeria**
F Sarkinfada,¹ S Abdulkarim²
¹Bayero University Kano, Medical Microbiology and Parasitology, Kano, Nigeria, ²Ministry of Health, Tuberculosis Control Programme, Gombe, Nigeria.
- PC-254-15** **Sputum collection and transportation in TB control: experiences from a case study in Neemuch district, Madhya Pradesh, India**
S Mohanty¹
¹The Union South-East Regional Office, TB, New Delhi, India. Thursday,
- PC-255-15** **Impact of long-term technical assistance for tuberculosis laboratory services**
V Anisimova,¹ R L\herminez,² J Scholten,² K Radisowa,³ E Bile,⁴ M Modukanele,⁴ O Kachuwaire⁵
¹KNCV Tuberculosis Foundation, Unit Africa, Nairobi, Kenya, ²KNCV Tuberculosis Foundation, Unit Africa, The Hague, Netherlands, ³National Health Laboratories, National Tuberculosis Reference Laboratory, Gaborone, Botswana, ⁴CDC Botswana, Global AIDS Program, Gaborone, Botswana, ⁵KNCV Tuberculosis Foundation, Unit Africa, Gaborone, Botswana.
- PC-256-15** **Sputum microscopy: evaluation of impact of standardised training courses conducted in 8 States of Sudan in 2010 - 2011**
Nuha Ibrahim,¹ A Elegail,¹ Asma Hassan,¹ Rash Sayed,¹ Shai Awad,¹ S Farouq,¹ Y Tumsah,¹ K Yamakami²
¹National Public Health Laboratory, Tuberculosis Reference laboratory (NRL), Khartoum, Sudan, ²JICA, TB, Tokyo, Japan.
- PC-257-15** **Challenges to providing tuberculosis laboratory-accessibility to patients in need: bridging the geographic gap from diagnostic facility to patient**
J Jezmir,¹ E Nyakan,¹ L Kamule,¹ W Injera,^{1,2} A Gardner,^{1,3} E J Carter^{1,3}
¹USAID AMPATH Partnership, TB Care and Projects, Eldoret, Kenya, ²Moi University School of Medicine, TB Care and Projects, Eldoret, Kenya, ³Alpert Medical School at Brown University, Medicine, Providence, United States.
- PC-258-15** **Validation of diagnosis of smear-positive tuberculosis in the Bangladesh National Tuberculosis Control Programme**
K Halim,¹ Md. Ziaul,² V Begum³
¹National Institute of Preventive and Social Medicine (NIPSOM), Epidemiology, Dhaka, Bangladesh, ²National Institute of Preventive and Social Medicine (NIPSOM), Community Medicine, Dhaka, Bangladesh, ³WHO, Bangladesh, TB CARE, Dhaka, Bangladesh.
- PC-259-15** **Utility of combined solid and liquid culture in resource limited settings: is it worth the effort?**
K Kaunda,¹ B Kosloff,² M Cheeba,² W Mwanza,² J Nyaywa,² K Maggard,^{1,3} J Harris,^{1,4} A Kruuner^{1,4}
¹Center for Infectious Disease Research in Zambia, TB Unit, Lusaka, Zambia, ²London School of Hygiene & Tropical Medicine & Zambia Related Tuberculosis Project, Medicine, Lusaka, Zambia, ³University of North Carolina at Chapel Hill, Medicine, Chapel Hill, United States, ⁴University of Alabama at Birmingham, Medicine, Birmingham, United States.

- PC-260-15 Selection of supervising laboratories for peripheral facilities in the EQA programme for the Copperbelt Province of Zambia**
R Chibumba,¹ M Muvwimi,² M Chilambwe,² N Nyoni³
¹FHI 360 TB CARE I, Laboratory, Lusaka, Zambia, ²Ministry of health, NTRL, Lusaka, Zambia, ³Ministry of health, Copperbelt PHO, Ndola, Zambia.
- PC-261-15 Impact of solid and liquid mycobacterial culture on diagnosis and management of HIV-positive, sputum smear-negative TB suspects in Kampala, Uganda**
L Chaisson,^{1,2} F Semitala,³ S Den Boon,² N Walter,^{2,4} A Cattamanchi,^{1,2} L Huang,^{1,2} M Joloba,⁵ L Davis^{1,2}
¹University of California, San Francisco, Pulmonary & Critical Care Medicine, San Francisco, United States, ²Makerere University-University of California, San Francisco Research Collaboration, MU-UCSF, Kampala, Uganda, ³Makerere Mbarara Joint AIDS Program, Mulago-Mbarara Joint AIDS Program Clinic, Kampala, Uganda, ⁴University of Colorado-Denver, Pulmonary Sciences, Denver, United States, ⁵Makerere University, College of Health Sciences, Kampala, Uganda.

Poster Discussion Session **03**

10:15-11:15 Hall 4

Molecular genetic and other rapid drug susceptibility testing

Chair: Marina Shulgina (Russian Federation) - **Section:** Tuberculosis | Bacteriology- Immunology

- PC-282-15 Alcool- based conservation of sputum : quantitative and qualitative impact among referred samples from distant centres for Genexpert MTB/RIF analysis**
E Andre,¹ JP Chirambiza,² R Nyota,² D Kalumuna²
¹Université Catholique de Louvain, Microbiology, Brussels, Belgium, ²Programme National de Lutte contre la Tuberculose, Coordination Provinciale Lèpre et Tuberculose du Sud-Kivu, Bukavu, Congo - Kinshasa.
- PC-283-15 Development of a new format of the nitrate reductase assay for direct detection of MDR- and XDR-TB**
F Abilleira,^{1,2} A Martin,³ A Von Groll,² K Fissette,¹ P Almeida Da Silva,² J Palomino³
¹Institute of Tropical Medicine, Mycobacteriology Unit, Antwerp, Belgium, ²Universidade Federal do Rio Grande, Laboratório de Micobactérias, Faculdade de Medicina, RIO GRANDE, Brazil, ³University of Ghent, Department of Biochemistry
- PC-284-15 15 Strengthening DR-TB diagnosis capacity in Mozambique**
C Nureisha,¹ G Kahenya,² S Viegas,¹ E Langa,³ E Coelthe,³ D Sacur,⁴ J Melo,⁴ S Kinyanjui⁵
¹Ministry of Health, National TB Reference Laboratory, MAPUTO, Mozambique, ²Management Sciences for Health, CPM, LUSAKA, Zambia, ³Ministry of Health, NTP, MAPUTO, Mozambique, ⁴Family Health International, TB CARE I, MAPUTO, Mozambique, ⁵Management Sciences for Health, CHS, NAIROBI, Kenya.
- PC-285-15 Performance of the GeneXpert MTB/RIF assay on pooled sputum sediments**
R Zanda,¹ O Gorbacheva,¹ C Gilpin²
¹International Organization for Migration, Migration Health Department, Damak,
- PC-286-15 GeneXpert MTB/RIF Sensitivity and Specificity for MTB and Rifampicin Resistance on Direct Sputum**
R Zanda,¹ O Gorbacheva,¹ C Gilpin²
¹International Organization for Migration, Migration Health Division, Damak, Nepal, ²World Health Organization, Stop TB Department, Geneva, Switzerland.
- PC-287-15 Use of GeneXpert MTB/RIF for diagnosis of smear-negative tuberculosis in remote health facilities in Western Kenya**
B Pederson,^{1,2} L Kamule,² W Injera,^{2,3} A Gardner,^{2,4} E J Carter^{2,4}
¹University of Minnesota, Medical School, Minneapolis, United States, ²USAID AMPATH Partnership, TB Care and Research Projects Office, Eldoret, Kenya, ³Moi University School of Medicine, Laboratory Medicine, Eldoret, Kenya, ⁴The Warren Alpert Medical School of Brown University, Medicine, Providence, United States.
- PC-288-15 Operational challenges of GeneXpert MTB/RIF implementation at remote health facilities in Western Kenya**
B Pederson,^{1,2} L Kamule,² W Injera,^{2,3} A Gardner,^{2,4} E J Carter^{2,4}
¹University of Minnesota, Medical School, Minneapolis, United States, ²USAID AMPATH Partnership, TB Care and Research Projects Office, Eldoret, Kenya, ³Moi University School of Medicine, Laboratory Medicine, Eldoret, Kenya, ⁴The Warren Alpert Medical School of Brown University, Medicine, Providence, United States.
- PC-289-15 Multicentre study of the feasibility and effectiveness for Xpert MTB/RIF in China**
Song Yuanyuan,¹ Bing Zhao,¹ X Ou,¹ Y Zhao¹
¹China CDC, National Reference Lab, Beijing, China.
- PC-291-15 Discordance between the Hain MTBDRplus® assay and MGIT® culture in a highly drug-resistant population**
A Slizkiy,¹ J Hajek,¹ A Shigayeva,¹ O Telnov,¹ Z Bekturdaeva,² H Karimovich,² P Du Cros,³ P Hepple³
¹Médecins Sans Frontières OCA, Medical team, Tashkent, Uzbekistan, ²Ministry of Health, Tuberculosis, Nukus, Uzbekistan, ³Médecins Sans Frontières UK, Manson Unit, London, United Kingdom.
- PC-292-15 Introduction of Xpert MTB/RIF in national TB control programmes of Nigeria and Indonesia: experiences with implementation under TB CARE I**
S Van Kampen,¹ M Rehr,¹ J V Van Gorkom,¹ JO Obasanya,² D Mustikawati,³ E Van Der Grinten,⁴ A Hamid,⁵ M R A Van Cleeff¹

¹KNCV Tuberculosis Foundation, TB CARE I Program Management Unit, The Hague, Netherlands, ²Federal Ministry of Health, National TB, Leprosy & Buruli Ulcer Control Programme, Abuja, Nigeria, ³Ministry of Health, National Tuberculosis Program, Jakarta, Indonesia, ⁴KNCV Tuberculosis Foundation, TB CARE I Nigeria, Abuja, Nigeria, ⁵KNCV Tuberculosis Foundation, TB CARE I Indonesia, Jakarta, Indonesia.

PC-294-15 Microscopic observation of drug susceptibility testing for primary diagnosis of HIV-associated pulmonary tuberculosis in Indonesia

S Muhsinin,¹ L Chaidir,¹ R Wisaksana,¹ B. Alisjahbana,¹ I Parwati,¹ R Van Crevel²

¹Padjadjaran University/Hasan Sadikin Hospital, Faculty of Medicine, Bandung, Indonesia, ²University Medical Centre Nijmegen, Internal Medicine, Nijmegen, Netherlands.

Poster Discussion Session **04**

10:15-11:15 Hall 4

B.R.I.C. and beyond: special populations in emerging and high income countries

Chair: I.D. Rusen (Canada) - **Section:** Tuberculosis

PC-321-15 Tuberculosis in an urban area in China: differences between urban migrants and local residents

X Shen,^{1,2} K Deriemer,³ Zhen Xia,¹ XQ Li,¹ XH Gui,¹ J Wu,¹ LL Wang,¹ J Li,¹ QC Pan,¹ Z'An Yuan,¹ Q Gao,² JJ Hong,⁴ J Mei¹

¹Shanghai Municipal Center for Disease Control and Prevention, Department of Tuberculosis Control, Shanghai, China, ²Shanghai Medical College, Fudan University, Key Laboratory of Medical Molecular Virology, Shanghai, China, ³University of California, Davis, School of Medicine, Davis, United States, ⁴Songjiang District Center for Disease Control and Prevention, Department of Tuberculosis Control, Shanghai, China.

PC-322-15 Correlation among women's high incidence of tuberculosis and reproductive health factors in Afghanistan

F Delawer,¹ H Ueki,² M Isono,² M Zafari,¹ H Manochehr,¹ H Akhgar,¹ M Seddiq,¹ SD Mahmoodi¹

¹Ministry of Public Health, National TB Control Program, Kabul, Afghanistan, ²Japan International Cooperation Agency, TB Project, Kabul, Afghanistan.

PC-323-15 Effectiveness of alcohol interventions among TB patients in Tomsk Oblast, Russia: randomized control trial, 2007 - 2011

S Yanov,¹ G Yanova,¹ E Stepanova,¹ S Mishustin,² V Livchits,³ H Connery,^{4,5} S Shin,^{5,6} S Greenfield^{4,5}

¹Tomsk Oblast TB Hospital, Clinical, Tomsk, Russia, ²Tomsk Oblast TB Dispensary, Administrative, Tomsk, Russia, ³Partners In Health, Russia Programs, Moscow, Russia, ⁴McLean Hospital, Addiction disorders, Boston, United States, ⁵Harvard Medical School, DGH, Boston, United States, ⁶Brigham and Women's Hospital, Infectious Diseases, Boston, United States.

PC-324-15 Burden of tuberculosis in indigenous peoples globally: a systematic literature review

D Tollefson,¹ E Bloss,¹ A Fanning,² J Redd,³ K Barker,⁴ E Mc Cray¹

¹U.S. Centers for Disease Control and Prevention, Division of TB Elimination, Atlanta, United States, ²University of Alberta, Faculty of Medicine & Dentistry, Edmonton, Canada, ³Indian Health Service, Santa Fe Indian Hospital, Santa Fe, United States, ⁴University of Toronto, Department of Public Health and Preventive Medicine, Toronto, Canada.

PC-325-15 Excessive alcohol use and impact on TB treatment outcomes in a TB control programme

S-H Wang,¹ B Butler,² B Dejesus,² T Mathew³

¹The Ohio State University, Internal Medicine, Columbus, United States, ²Columbus Health Department, Surveillance and Assessment, Columbus, United States, ³University of Connecticut Health Center, internal medicine, Farmington, United States.

PC-326-15 Tuberculosis disease among Somali and other foreign-born immigrants in Ohio, 1994 - 2011

S-H Wang,^{1,2} B Dejesus,² B Butler²

¹The Ohio State University, internal medicine, Columbus, United States, ²Columbus Public Health, Office of Assessment and Surveillance, Columbus, United States.

PC-327-15 Multidrug resistance differences in permanent and floating population: a cross-sectional study in China

J Cheng,¹ H Zhang,¹ L-X Wang¹

¹Chinese centre for disease control and prevention, National centre for tuberculosis control and prevention, Beijing, China.

PC-328-15 Higher death rate among socially vulnerable people with tuberculosis in Japan: evidence from TB surveillance

K. Uchimura,¹ J Yanai,¹ A Shimouchi,¹ L Kawatsu,¹ A Ohkado,¹ K Ito,¹ N Ishikawa¹

¹The Research Institute of Tuberculosis, Japan Anti-Tuberculosis Association, Research, Kiyose, Japan.

PC-330-15 QuantiFERON-Gold-in-Tube® for diagnosing LTBI in transplantation

P Perizzolo,^{1,2} VO Fagundes,² MLR Rossetti,^{1,2} JR Lapa E Silva,¹ A Trajman^{3,4}

¹Universidade Federal do Rio de Janeiro, Faculty of Medicine, Rio de Janeiro, Brazil, ²FEPPS, CDCT, Porto Alegre, Brazil, ³MC Gill University, Infectious Diseases, Montreal, Canada, ⁴Universidade Gama Filho, Faculty of Medicine, Rio de Janeiro, Brazil.

- PC-331-15** **Determinants of latent tuberculosis infection within an urban US setting, 2003-2011**
J Morano,¹ M Walton,¹ D Bruce,^{1,2} F Altice^{1,2}
¹Yale University School of Medicine, Section of Infectious Diseases, New Haven, United States, ²Yale School of Public Health, Division of Epidemiology of Microbial Diseases, New Haven, United States.
- PC-332-15** **Flexi-time DOTS in Delhi slum, a 5 year experience: patient-provider perceptions and sustainability**
R Singh¹
¹German Leprosy and TB Relief Association-India, MSP, New Delhi, India.
- PC-333-15** **Health care seeking behaviour of pulmonary tuberculosis patients in socio-economically depressed areas in the Philippines**
A Ohkado,^{1,2} R Poblete,¹ A Querri,¹ S. Yoshimatsu,² P Agujo,³ F Tang,⁴ R Vianzon,⁵ A Shimouchi^{1,2}
¹RIT/JATA Philippines, Inc., RJPI, Manila, Philippines, ²Research Institute of Tuberculosis (RIT), JATA, Department of Epidemiology and Clinical Research, Kiyose, Japan, ³Manila City Health Department, Health Department, Manila, Philippines, ⁴Quezon City Health Department, Health Department, Quezon, Philippines, ⁵Department of Health, National Center for Disease Control and Prevention, Manila, Philippines.

Poster Discussion Session **05**

10:15-11:15 Hall 4

Tobacco cessation

Chair: Rana J. Singh (India) - **Section:** Tobacco Control

- PC-364-15** **An intervention study for tobacco control among children in college schools in Sousse, Tunisia**
I Harrabi,¹ J Maatoug,¹ S Hmad,¹ H Ghannem¹
¹University Hospital Farhat Hached, Epidemiology, Sousse, Tunisia.
- PC-365-15** **Depression and neuroticism and their association with smoking behaviour in a population-based survey in Egypt: implications in tobacco cessation**
G Nasr Radwan,¹ C Loffredo,² S Amr³
¹International Union Against Tuberculosis and Lung Disease, Tobacco Control, Cairo, Egypt, ²Georgetown University, Lombardi Cancer Center, Washington DC, United States, ³University of Maryland School of Medicine, Epidemiology and Preventive Medicine, Baltimore, United States.
- PC-366-15** **Results of a low-intensity intra-workplace smoking cessation and predictors of sustained six months quitting success**
SM Yasin,¹ M Retneswari,² FM Moy,² KM Taib,³ N Ismail¹
¹University of Technology MARA, Population Health and Preventive Medicine, Selangor, Malaysia, ²University of Malaya, Social and Preventive Medicine, Kuala Lumpur, Malaysia, ³University of Technology MARA, Faculty of Information Management, Selangor, Malaysia.
- PC-367-15** **The challenges of reducing tobacco use among young Siddi women of Gujarat, India**
A Arya,¹ D Sahu²
¹Independent Educationalist and Consultant, Independent Consultant, Bilaspur, India, ²MDG Cell, Department of Panchayat and Rural Development, Raipur, India.
- PC-368-15** **Concept of tobacco free village**
B Bhattacharyya¹
¹District Tobacco Control cell of Jorat., Health, Jorhat, India.
- PC-369-15** **Psychosocial factors associated with smoking status in a population of South African tuberculosis patients: a structural equation model**
G Louwagie,¹ AO Ayo-yusuf¹
¹University of Pretoria, Community Dentistry, Pretoria, South Africa.
- PC-370-15** **Is the motivational Q-mat test useful to predict smoking cessation?**
Z Hesami,¹ H Sharifi Milani,¹ Ghol Heydari,¹ MR Masjedi¹
¹National research institute tuberculosis and lung disease, Tobacco prevention and control research center, Tehran, Iran.
- PC-371-15** **Is Physician's advice better than counselling to help TB patients quit smoking? A randomised pilot study in south India**
R Santhanakrishnan,¹ V Pooranangangadevi,¹ R Mahalakshmi,¹ K Mayer,² T Flanigan,³ R Niaura,⁴ S Balaguru,¹ S Swaminathan¹
¹Tuberculosis Research Centre, Clinic, Chennai, India, ²The Fenway Institute, HIV, Boston, United States, ³Brown University, Infectious Diseases, Providence, United States, ⁴The Schroeder Institute for Tobacco Research and Policy Studies, Science, Washington DC, United States. e-mail: drrameshkumar@yahoo.co.in
- PC-372-15** **Preparedness for delivery of tobacco cessation service at primary care health facilities in India: results from STEPS health system intervention study**
P Jena,¹ R Panda,¹ D Persai¹
¹Public Health Foundation of India, STEPS, New Delhi, India.

- PC-373-15** **Implementing effective interventions for advancing tobacco use prevention and cessation among low socio-economic status youth in India**
S Bassi,¹ V Gupta,¹ M. Arora,^{1,2} M.H Stigler,³ C.L Perry,³ K.S Reddy²
¹HRIDAY (Health Related Information Dissemination Amongst Youth), Research, New Delhi, India, ²Public Health Foundation of India, Health Promotion & Tobacco Control, New Delhi, India, ³University of Texas, Michael & Susan Dell Center for Healthy Living, Austin, United States.
- PC-374-15** **Effectiveness of health promotional educational package on smoking cessation: raising awareness about respiratory morbidity and promoting smoking cessation**
D Persai¹
¹Public Health Foundation of India, Health System Research, Delhi, India.
- PC-375-15** **What are the predictors of giving up smoking among patients suspected of TB? A sub-analysis of the ASSIST Pakistan trial**
K Siddiqi,¹ O Dogar,² S Karam Shah,³ A Khan,¹ N Safdar,² M Ahmad,⁴ M A Khan⁴
¹University of York, Health Sciences, York, United Kingdom, ²Social and Health Inequalities Network, Research and Development, Islamabad, Pakistan, ³Health Services Academy, RDD, Islamabad, Pakistan, ⁴Association for Social Development, RDD, Islamabad, Pakistan.
- PC-376-15** **Effect of behavioural support intervention on six-month abstinence among hookah smokers: a sub-group analysis of the ASSIST Pakistan trial**
O Dogar,¹ K Siddiqi,² S Karam Shah,³ A Khan,¹ N Safdar,¹ M Ahmad,⁴ M A Khan⁴
¹Social and Health Inequalities Network, Research and Development, Islamabad, Pakistan, ²University of York, Health Sciences, York, United Kingdom, ³Health Services Academy, RDD, Islamabad, Pakistan, ⁴Association for Social Development, RDD, Islamabad, Pakistan.
- PC-377-15** **Action to Stop Smoking In Suspected Tuberculosis (ASSIST) in Pakistan: a cluster-randomised trial**
K Siddiqi,¹ M A Khan,² M Ahmad,² O Dogar,³ M Kanaan,¹ J Newell,⁴ H Thomson⁵
¹University of York, Health Sciences, York, United Kingdom, ²Association for Social Development, RDD, Islamabad, Pakistan, ³Social and Health Inequalities Network, RDD, Islamabad, Pakistan, ⁴University of Leeds, Leeds Institute of Health Sciences, Leeds, United Kingdom, ⁵NHS Leeds, Health Improvement, Leeds, United Kingdom.
- PC-378-15** **Smoke-free health facilities and smoking cessation among TB patients in Bangladesh**
M Akramul Islam,¹ B Siddiquea,¹ N Ishikawa,² M Kamrunnisa,¹ F Khatun¹
¹BRAC, Health, Dhaka, Bangladesh, ²The Research Institute of Tuberculosis, TB, Tokyo, Japan.

Poster Discussion Session **06**

10:15-11:15 Hall 4

Epidemiology: TB in high and low burden countries – I

Chair: Hans L. Rieder (Switzerland) - **Section:** Tuberculosis

- PC-408-15** **Cost incurred by patients attending TB diagnostic centres in Nigeria, Nepal, Ethiopia and Yemen, and risk factors for high expenditure**
R Anderson De Cuevas,¹ L Lawson,² M A Yassin,^{1,3} N Al-sunbuli,⁴ N Al-aghbari,⁴ SJ Bahadur,⁵ S Theobald,¹ LE Cuevas¹
¹Liverpool School of Tropical Medicine, -, Liverpool, United Kingdom, ²Zankli Medical Center, -, Abuja, Nigeria, ³The Global Fund to Fight AIDS, TB and Malaria, -, Geneva, Switzerland, ⁴Medical Faculty, -, Sana'a University, Yemen, ⁵Tribhuvan University, Institute of Medicine, Kathmandu, Nepal.
- PC-409-15** **Impact of community awareness on tuberculosis case notification in Panjser Province**
NA Zahid,¹ F Delawer,¹ H Ueki,² M Isono,² H Akhgar,¹ M Seddiq,¹ M Niazi,¹ A Shorida¹
¹Ministry of Public Health, National TB Control Program, Kabul, Afghanistan, ²Japan International Cooperation Agency, TB Project, Kabul, Afghanistan.
- PC-410-15** **Molecular epidemiology, drug susceptibility and economic aspects of tuberculosis in Mubende District, Uganda**
A Muwonge,¹ S Malama,^{1,2} Tone Johansen,³ W Ssengooba,⁴ C Kankya,⁴ D Biffa,⁵ J Godfroid,⁶ B Djønne,³ E Skjerve¹
¹Norwegian School of Veterinary Science, Center for Epidemiology and Biostatistics, Oslo, Norway, ²Evelyn Hone College, Health sciences, Lusaka, Zambia, ³National Veterinary Institute, Bacteriology, Oslo, Norway, ⁴Makerere University, Mycobacteriology Laboratory Medical Microbiology, Kampala, Uganda, ⁵University of Arizona, College of Medicine, Tucson, United States, ⁶Norwegian School of Veterinary Science, Arctic Veterinary Medicine, Tromsø, Norway.
- PC-411-15** **Patient and health system delay for pulmonary tuberculosis care in Beira City, Mozambique**
A Saifodine,¹ E Langa,² M Sidat,¹ J Black³
¹Faculty of Medicine, Eduardo Mondlane University, Community Health Department, Maputo, Mozambique, ²Ministry of Health, National TB Control Programme, Maputo, Mozambique, ³The University of Melbourne, Nossal Institute for Global Health, Melbourne, Australia.

- PC-412-15 DNA fingerprinting of *Mycobacterium tuberculosis* isolates of pulmonary tuberculosis patients in Iran by PGRS-RFLP**
A Farazi,¹ M Jabbariasl¹
¹Arak University of Medical Sciences, infectious diseases, arak, Iran.
- PC-413-15 A spatial clustering analysis of TB cases in eastern China**
Y Liu,¹ Wang Xuegao,² M Liu,¹ W Jiang,¹ W Wang¹
¹Fudan University, School of Public Health, Shanghai, China, ²CDC, TB control, Funing, China.
- PC-414-15 Transmission of tuberculosis among household cases from Karachi, Pakistan**
Sana Jafri,¹ Z Hasan,¹ A Ali,¹ R Mahboob,¹ y Rafiq,¹ R Mangi,² A Ali Channa,² R Hasan¹
¹Aga Khan University, pathology & microbiology, Karachi, Pakistan, ²Marie Adelaide Leprosy centre, Pathology, Karachi, Pakistan.
- PC-415-15 Caractéristiques épidémiologiques des tuberculeux admis au régime de retraitement à Cotonou au Bénin**
G Agodokpessi,¹ G Ade,¹ SS Ade,¹ A Wachinou,¹ D Affolabi,¹ M Gninafon,¹ S Anagonou¹
¹Centre National Hospitalier de Pneumo-Phtisiologie, Faculté des Sciences de la Santé, Ministère de la Santé, Cotonou, Benin.
- PC-416-15 Molecular epidemiology of *Mycobacterium tuberculosis* isolates among pulmonary tuberculosis patients in Amhara Region, Ethiopia**
S Yimer,¹ E Hailu,² D Yohannes,² G Bjune,³ C Holm-hansen¹
¹Norwegian Institute of Public Health, Bacteriology and Immunology, Oslo, Norway, ²Armauer Hansen Research Institute, AHRI, Addis Ababa, Ethiopia, ³University of Oslo, Community Medicine, Oslo, Norway.
- PC-417-15 A survey of nutrition and health knowledge and prevalence of diabetes among tuberculosis patients**
AG Ma,¹ Q Wang,¹ H Liang,¹ Y Li,¹ Y Zheng,¹ X Han,¹ A Kapur,² L Chen¹
¹Institution of Nutrition Medical College of Qingdao University, Human Nutrition, Qingdao, China, ²World diabetes Foundation, World diabetes Foundation, Gentofte, Denmark.
- PC-418-15 Spatial analysis of TB transmission dynamics in Lima: preliminary analysis of an on-going population-based molecular epidemiological study**
T Cohen,^{1,2} L Lecca Garcia,³ CC Contreras Martinez,³ M Becerra,⁴ N Garcia Leyva,³ J Galea,⁴ Z Zhang,¹ M Murray^{2,4}
¹Brigham and Women's Hospital, Medicine, Boston, United States, ²Harvard School of Public Health, Epidemiology, Boston, United States, ³Socios En Salud, Research, Lima, Peru, ⁴Harvard Medical School, Global Health and Social Medicine, Boston, United States.
- PC-419-15 Standard of living of TB patients identified in a community based survey in India**
S Srinath,¹ A Sreenivas,² S Chadha,¹ S Yadav,¹ G Sharma,¹ S Mohanty,¹ V Kamineni,¹ N Wilson¹
¹The Union, South-East Asia Regional Office, New Delhi, India, ²WHO, India Country Office, New Delhi, India.
- PC-420-15 Condiciones de vida y acceso a los servicios de salud: factores asociados a la no adherencia al tratamiento de la tuberculosis**
MB Herrero¹
¹CEDES/CONICET, Area Salud, Economía y Sociedad, Buenos Aires, Argentina.
- PC-421-15 Evaluation of a tobacco cessation intervention for national tuberculosis control programme at Vadodara, Gujarat, India**
B Modi,^{1,2} D Pareshe,² J Elf,¹ A Gupta,^{1,3} J Golub^{1,3}
¹Johns Hopkins Bloomberg School of Public Health, International Health, Baltimore, United States, ²Government of Gujarat, Health & Family Welfare, Gandhinagar, India, ³Johns Hopkins School of Medicine, Medicine, Baltimore, United States.
- PC-422-15 Analyse spatiale de l'incidence de la tuberculose et recours aux soins dans une grande ville d'Afrique centrale**
A Nana Yakam,¹ J Noeske²
¹University of Douala, Statistics, Douala, Cameroon, ²German Development Cooperation (GIZ), Health/AIDS Program, Yaounde, Cameroon.
- PC-423-15 Tuberculosis in women, Brazil, 2008 – 2010**
O Rodrigues,¹ J N Lima,¹ M V Cavalcante,¹ CSS Cyriaco,¹ P Bartholomay,¹ F Moherdaui,¹ D Barreira¹
¹Ministry of Health, National Tuberculosis Program, Brasília, Brazil.

Poster Discussion Session 07

10:15-11:15 Hall 4

Training and knowledge assessment

Chair: Brenda Smuts (South Africa) - Section: Tuberculosis | Nurses & Allied Professionals

- PC-453-15 Assessing the impact of tuberculosis-related education and goal setting on knowledge retention and behavioural and structural change**
E Willacy,¹ R Smoot,¹ M Naughton,¹ K McKenzie,¹ D Posey¹
¹Centers for Disease Control and Prevention (CDC), Division of Global Migration and Quarantine, Atlanta, United States.
- PC-454-15 Socio-demographic determinants of tuberculosis knowledge in three slum populations of Uganda**
E Obuku,^{1,2} C Meynell,¹ J Kiboss-kyeyune,¹ C Atuhairwe,³ E Nabankema,³ M Lab,⁴ N Jeffery,⁴ D Ndongutse³
¹International Medical Foundation, Research, KAMPALA, Uganda, ²Joint Clinical Research Centre, Research (COHRE), KAMPALA, Uganda, ³International Health Sciences University, Institute of Health Policy and Management, KAMPALA, Uganda, ⁴Target TB, International Programmes, Brighton, United Kingdom.
- PC-455-15 Designated funding and improved qualifications: a shared responsibility between funding organisations and academic institutions?**
S Brand,¹ N Beyers,¹ DA Enarson²
¹Desmond Tutu TB Centre, Pediatrics and Child health, Tygerberg, South Africa, ²The Union, Research, Paris, France.
- PC-456-15 Adapting MDR-TB patient education material to diverse settings and populations**
M Bernal Quijano,¹ J Creswell,² N Deluca,³ R Canales⁴
¹Universidad de Lima, Communications, Lima, Peru, ²WHO, Stop TB Partnership, Geneva, Switzerland, ³CDC, DTBE, Atlanta, United States, ⁴Ministerio de Salud del Peru, PNCT, Lima, Peru.
- PC-457-15 Expanding continuing medical education for TB through online training in Indonesia**
N Bachtari¹
¹University Research Co., LLC, University Research Co., LLC, Jakarta, Indonesia.
- PC-458-15 Involvement of pharmacists in TB care and control: experience from Maharashtra and Tamil Nadu states of India**
ER Babu,¹ S Chadha,¹ S Mohanty,¹ K Kishore,¹ A Kumar,¹ M Gharat²
¹International Union Against Tuberculosis and Lung Disease (The Union) South-East Asia Regional Office | TB Unit, New Delhi, India, ²Indian Pharmacists Association, Community Pharmacy Division, Mumbai, India.
- PC-459-15 "I have no difficult patients any more" Lessons learned from the process of training trainers in effective health communication and patient empowerment**
H Fiske Amdal,¹ M Drage¹
¹LHL (The Norwegian Heart and Lung Patient Organisation), International Cooperation - Tuberculosis, Oslo, Norway.
- PC-460-15 Online TB and MDR-TB training for physicians**
N Ahamed,¹ B Hurley,¹ N Bellare,² L Reichman,¹ J Seyer³
¹NJMS Global Tuberculosis Institute, Education & Training, Newark, United States, ²HELP Design Group, Training, Geneva, Switzerland, ³World Medical Association, Global Office, Fermey-Voltaire, France.
- PC-461-15 Knowledge and practices regarding drug interaction between rifampicin and oral contraceptives among nurses and their clients in Fortaleza-Ceara, Brazil**
D Rosa Evangelista,¹ L Brondi,² E Ferreira Moura¹
¹Universidade Federal do Ceará, Nursing, Fortaleza, Brazil, ²Jhpiego, TB-HIV/ID, Maputo, Mozambique.

Poster Discussion Session 08

10:15-11:15 Hall 4

Medical management of TB – I

Chair: Nobukatsu Ishikawa (Japan) - Section: Tuberculosis

- PC-486-15 The impact of multidrug-resistance on outcomes of the first-line anti-tuberculosis treatment in Georgia**
N Lomtadze,¹ A Salakaia,² U Nanava,¹ HM Blumberg³
¹National Center for Tuberculosis and Lung Diseases, Epidemiology, Tbilisi, Georgia, ²Management Sciences for Health, Center for Pharmaceutical Management, Arlington, United States, ³Emory University School of Medicine, Infectious Diseases, Atlanta, United States.
- PC-487-15 Decentralised vs. centralised care for MDR-TB patients: a comparison of final treatment outcomes in KwaZulu-Natal, South Africa**
M Loveday,¹ K Wallengren,² A Voce,³ B Margot,⁴ I Master,⁵ N Padayatchi⁶
¹Medical Research Council, Health Systems Research Unit, Cape Town, South Africa, ²KwaZulu-Natal Research Institute for Tuberculosis and HIV (K-RITH), KwaZulu-Natal Research Institute for Tuberculosis and HIV (K-RITH), Durban, South Africa, ³University of KwaZulu-Natal, Nelson R. Mandela School of Medicine, Durban, South Africa, ⁴KwaZulu-Natal Department of Health, Communicable Diseases, Pietermaritzburg, South Africa, ⁵KwaZulu-Natal Department of Health, King George V Hospital, Durban, South Africa, ⁶University of KwaZulu-Natal, Centre for the AIDS Programme of Research in South Africa (CAPRISA), Durban, South Africa.

- PC-488-15 Does extended treatment of Pyrazinamide benefits the treatment outcome of far-advanced pulmonary tuberculosis?**
S-T Chien,¹ Y-S Wu,¹ Yu M-c,² C-J Lin,³ Y-W Huang,⁴ J-J Lee,⁵ W T Yang⁶
¹Chest Hospital, Department of Health, chest medicine, Tainan, Taiwan, ²Taipei Medical University-Wan Fang Hospital, Chest, Taipei, Taiwan, ³Tao-Yuan General Hospital, Department of Health, Chest, Tao-Yuan, Taiwan, ⁴Chang-Hua Hospital, Department of Health, Taiwan, Chest, Chang-Hua, Taiwan, ⁵Buddhist Tzu Chi General Hospital, Hualien, Taiwan, Chest, Hualien, Taiwan, ⁶Taichung Hospital, Department of Health, Taiwan, Chest, Taichung, Taiwan.
- PC-489-15 What had TB patients experienced in their previous course of anti-tuberculosis treatment in rural China?**
Q Zhao,¹ W Jiang,¹ Qian Li,¹ Yi Hu,¹ C Fu,¹ B Xu¹
¹Fudan University, Epidemiology, Shanghai, China.
- PC-490-15 Rational use of tuberculosis drugs to prevent the development of drug resistance**
M Van Der Werf,¹ E Huitric,¹ M Langendam,² D Manissero³
¹European Centre for Disease Prevention and Control (ECDC), Office of the Chief Scientist, Stockholm, Sweden, ²University of Amsterdam, Dutch Cochrane Centre, Academic Medical Center, Amsterdam, Netherlands, ³Otsuka Pharmaceutical S.A., Public Health Programme, Geneva, Switzerland.
- PC-491-15 Initial smear examination as a predictor for positive TB treatment outcomes in Botswana: analysis of routine data**
G Machao,¹ R Ncube,¹ T Lere,¹ T Tsholofelo,¹ S Kololo,¹ G Moalosi,¹ S El-halabi,¹ S Mokgweetsinyana¹
¹Ministry of Health, Public Health, Gaborone, Botswana.
- PC-492-15 Factors affecting patients' adherence to anti-tuberculosis treatment in Yemen**
M.S. Anaam,¹ M.I. Mohamed Izham,² AW Al Serouri,³ A.H Aldhubhani¹
¹USM, DSAP, Penang, Malaysia, ²Qatar University, College of Pharmacy, Doha, Qatar, ³Sana'a University, Community Health Department, Sana'a, Yemen.
- PC-493-15 Follow-up of DR-TB patients with co-infection after release from prison in the Republic of Azerbaijan**
I Akhundova,¹ E Mukhtarli²
¹Scientific-Research Institute of Lung Diseases, National TB Program, Baku, Azerbaijan, ²"Support to Health Care" NGO, Health, Baku, Azerbaijan.
- PC-494-15 Cost sharing procurement of second-line Anti-tuberculosis drugs**
P N Gwebu¹
¹National TB Program, Pharmacy, Manzini, Swaziland.
- PC-495-15 A randomised trial comparing pharmacokinetics, safety and clinical benefit of standard versus intensified antibiotic treatment for TB meningitis**
R Ruslami,¹ A.R Ganiem,¹ S Dian,¹ L Apriani,¹ T.H Achmad,¹ R.E Aarnoutse,² R Van Crevel,² A. Van Der Ven²
¹Faculty of Medicine, Padjadjaran University, Pharmacology, Bandung, Indonesia, ²Radboud University Nijmegen Medical Center, Pharmacy, Nijmegen, Netherlands.
- PC-496-15 Laboratory findings of first and second cohort studies of drug-resistant tuberculosis in Azerbaijan**
K Hasanova,¹ E Mammedbekov,² I Akhundova,² R Abuzarov,³ M Seyfaddinova³
¹Ministry of Health, Project Implementation Unit, Baku, Azerbaijan, ²Scientific-Research Institute of Lung Diseases, National Tuberculosis Program, Baku, Azerbaijan, ³Scientific Research Institute of Lung Diseases, National Reference Laboratory, Baku, Azerbaijan.
- PC-497-15 TB-HIV co-infection and outcome of TB treatment in Plateau state, Nigeria 2011**
L Ibrahim,¹ S Ogiri,² T Odusote,³ JO Obasanya,⁴ Ayo Awe⁵
¹Ministry of health, TB and Leprosy Control Programme, Jos, Nigeria, ²World health Organization, National Professional Officer, Minna, Nigeria, ³USAID, USAID, Abuja, Nigeria, ⁴Federal Ministry of Health, Public Health, Abuja, Nigeria, ⁵World health Organisation, World health Organisation, Abuja, Nigeria.
- PC-498-15 Cost and cost-effectiveness of novel therapeutic regimens for tuberculosis**
J Owens,¹ DW Dowdy^{2,3}
¹Johns Hopkins Bloomberg School of Public Health, Health Policy and Management, Baltimore, United States, ²Johns Hopkins Bloomberg School of Public Health, Epidemiology, Baltimore, United States, ³Johns Hopkins University School of Medicine, Center for Tuberculosis Research, Baltimore, United States.
- PC-499-15 Death during tuberculosis treatment: Who is at Risk? TB-associated and non TB-associated mortality during treatment in Israel, 2000-2010**
Z Mor,^{1,2} Jenn Shuldiner,³ N Cedar,¹ A Leventhal^{3,4}
¹Ministry of Health, TB and AIDS, Jerusalem, Israel, ²Ben Gurion University in the Negev, Epidemiology, Beer Sheva, Israel, ³Hebrew University-Hadassah, Braun School of Public Health, Jerusalem, Israel, ⁴Ministry of Health, International Relations, Jerusalem, Israel.

Chair: Rontgene M. Solante (Philippines)- **Section:** Tuberculosis

- PC-525-15** **Modelling immigration-related approaches to controlling tuberculosis: could we meet the 2050 Millennium Development Goal?**
J Denholm,^{1,2,3} E McBryde^{1,2,4}
¹Royal Melbourne Hospital, Victorian Infectious Diseases Service, Melbourne, Australia, ²University of Melbourne, Department of Medicine (RMH/WH), Melbourne, Australia, ³University of Melbourne, Nossal Institute for Global Health, Melbourne, Australia, ⁴Burnet Institute, Centre for Population Health, Melbourne, Australia.
- PC-527-15** **Harnessing the potentials of National Stop TB Partnerships to improve mutual responsibility and sustainability: the Nigerian experience**
O Joel,¹ JO Obasanya,² S Labaran,² T Odusote,³ L Lawson,⁴ A Awe,⁵ A F Omoniyi,⁵ H Adamu⁵
¹Communication for Development Centre, Policy Advocacy, Abuja, Nigeria, ²Federal Ministry of Health, National Tuberculosis and Leprosy Control Programme (NTBLCP), Abuja, Nigeria, ³United States Agency for International Development (USAID), TB-HIV, Abuja, Nigeria, ⁴Zankli Medical Centre, TB, Abuja, Nigeria, ⁵World Health Organization (WHO), TB-HIV, Abuja, Nigeria.
- PC-528-15** **Is the new WHO tuberculosis diagnosis strategy underestimating the issue of false-positive cases?**
L Weber,¹ S Laokri,¹ A Labat,¹ B Dujardin¹
¹Université Libre de Bruxelles, Ecole de Santé Publique, Politiques et systèmes de santé - Santé internationale, Bruxelles, Belgium.
- PC-529-15** **Cost-burden of tuberculosis in rural Burkina Faso: illustration of a disease poverty trap**
S Laokri,¹ O Weil,² M Drabo,³ S Dembele,⁴ B Dujardin¹
¹Université Libre de Bruxelles, Ecole de Santé Publique, Centre de Recherche Politiques et Systèmes de Santé - Santé Internationale, Brussels, Belgium, ²HLSP Institute, HLSP, London, United Kingdom, ³Laboratoire National de Santé Publique, LNSP, Ouagadougou, Burkina Faso, ⁴Programme National de Lutte contre la Tuberculose, PNT, Ouagadougou, Burkina Faso.
- PC-530-15** **Financial protection and effective coverage of the rural health insurance scheme in treating uncomplicated tuberculosis patients in China**
X Wei,¹ Q Sun²
¹The Chinese University of Hong Kong, School of Public Health and Primary Care, Shatin, Hong Kong SAR China, ²Shandong University, Center for Health Management and Policy, Jinan, China.
- PC-531-15** **The importance of adhering to WHO and National Infection Control guidelines in a resource-limited country**
A Peters,¹ J Heunis,² P De Jager,³ LD Mametja,⁴ S Dlamini,⁴ J Chehab¹
¹CDC, Care and Treatment (TB-HIV), Pretoria, South Africa, ²University of the Free State, Health System, Bloemfontein, South Africa, ³Counsel for Scientific and Industrial Research, Department Infection Control, Pretoria, South Africa, ⁴National Department of Health, Department TB-HIV, Pretoria, South Africa.
- PC-532-15** **Assessing potential of large public hospitals to enhance TB case detection in Metro Manila, Philippines**
ML Averilla,¹ M Mantala,¹ AL Carillo,¹ AL Teodoro,¹ R Vianzon,² WJ Lew¹
¹World Health Organization Philippines, Stop TB, Manila, Philippines, ²Department of Health, National Center for Disease Prevention and Control, Manila, Philippines.
- PC-533-15** **The hidden costs of installing Xpert in a high-burden country: experiences from Nigeria**
ST Abdurrahman,¹ N Emenyonu,² JO Obasanya,³ L Lawson,² MD Mohammed,¹ LE Cuevas⁴
¹Federal Capital Territory of Abuja Tuberculosis and Leprosy Control Programme, -, Abuja, Nigeria, ²Zankli Medical Centre, Abuja, Nigeria, ³National Tuberculosis and Leprosy Control Programme, -, Abuja, Nigeria, ⁴Liverpool School of Tropical Medicine, Liverpool, United Kingdom.
- PC-534-15** **Can linking the needy TB patients to social welfare schemes improve cure rates? A study from West Bengal, India**
PK Mitra¹
¹German Leprosy and TB Relief Association-India, MSP, Kolkata, India.
- PC-535-15** **Estimates of incurred costs for different TB services in NGO schemes in India**
G Srinivas¹
¹German Leprosy and TB Relief Association-India, MSP, Chennai, India.
- PC-536-15** **Trends of tuberculosis notification rates in Rwanda and scale-up of antiretroviral therapy**
M Gasana,¹ S Nsanzimana¹
¹Ministry of Health, Tuberculosis and Other Respiratory Communicable Diseases Division/Institute of HIV/AIDS and Diseases Prevention and Control/Rwanda Biomedical Center, Kigali, Rwanda.

- PC-537-15 Uncovering Yemeni patient and family experiences of TB diagnostics**
N Al-sunbuli,¹ R Anderson De Cuevas,² N Al-aghbari,¹ M A Yassin,^{2,3} LE Cuevas,² S Theobald²
¹Sana'a University, Medical Faculty, Sana'a, Yemen, ²Liverpool School of Tropical Medicine, -, Liverpool, United Kingdom, ³Global fund to fight AIDS, TB and Malaria, -, Geneva, Switzerland.
- PC-538-15 Settling Community Advisory Boards in TB research: achievements, challenges and goals of a Brazilian initiative**
E Tavora Santos-filho,^{1,2} A Kritski,¹ F Scarparo Cunha,¹ M De Oliveira,¹ A Trajman,¹ K Neves Delogo,^{1,2} S Gander,¹ Edna Ferreira,^{1,3} Hugo Pinto De Almeida^{1,3}
¹REDE TB, Diverse Coordinations, Rio De Janeiro, Brazil, ²UFRJ, Med.Sch.Post Grad St., Rio De Janeiro, Brazil, ³UNIRIO, Nursing School Post Grad, Rio De Janeiro, Brazil.

Poster Discussion Session **10**

10:15-11:15 Hall 4

TB-HIV pharmacology and clinical issues

Chair: Anand Date (USA) - **Section:** HIV

- PC-588-15 Hepatic tolerance among HIV-TB co-infected patients treated with ARV and anti-tuberculosis drugs in a setting with high prevalence of HBV infection**
N Bhatt,¹ M Bonnet,² E Baudin,² M Lugli,³ B Meggi,¹ C Da Silva,² C Michon,⁴ I Jani¹
¹Instituto Nacional de Saúde, Polana Caniço Health Research and Training Center, Maputo, Mozambique, ²Epicentre, Clinical Research Department, Paris, France, ³Médecins sans Frontières - CH, Operations Department, Maputo, Mozambique, ⁴Annecy Hospital, Infectious Diseases Department, Paris, France.
- PC-589-15 Low body mass index as an important additional 'danger sign' in HIV-seropositive TB suspects: an observational cohort study**
D Barr,¹ M Mcphail,² B Patterson,³ K Moore,³ F Figueiredo,³ O Pillay¹
¹Benedictine Hospital, Empilweni Clinic, Nongoma, South Africa, ²Imperial College London, Department of hepatology, London, United Kingdom, ³Hlabisa Hospital, Medicine, Hlabisa, South Africa.
- PC-590-15 Correlating chest radiographs and symptom presentation in HIV patients, presenting for initial care at Connaught Hospital, Freetown, Sierra Leone**
B Temple,^{1,2} S Conteh,³ I Sunesara,⁴ D Kelly,^{5,6} J Kwara²
¹Texas Tech University Health Science Center, Infectious Diseases, Lubbock, United States, ²Warren Alpert Medical School of Brown University, Infectious Diseases, Providence, United States, ³College of Medicine and Allied Health Sciences, Medicine, Freetown, Sierra Leone, ⁴University of Mississippi Medical Center, Bio-Stats, Jackson, United States, ⁵Baylor College of Medicine, Medicine, Houston, United States, ⁶Wellbody Alliance, Clinical, Koidu Town, Sierra Leone.
- PC-591-15 Factors associated with malnutrition in patients co-infected by tuberculosis and HIV/AIDS in Pretoria**
N Malangu,¹ Z Magadani²
¹University of Limpopo, Public Health, Pretoria, South Africa, ²University of Limpopo, Public Health, Pretoria, South Africa.
- PC-592-15 Is non-attendance at health care facilities the reason for lack of regular CD4 testing?**
E Du Toit,¹ K Jennings,² Cari Van Schalkwyk,³ R Dunbar,¹ N Beyers¹
¹Desmond Tutu Tuberculosis Centre, Stellenbosch University, Cape Town, South Africa, ²City Health, Department of Health, Cape Town, South Africa, ³South African Centre for Epidemiological Modelling & Analysis, Stellenbosch University, Cape Town, South Africa.
- PC-593-15 Causes of death among HIV-positive TB patients in 2008-2011 in Bulawayo, Zimbabwe**
S Hove,¹ Z Hwalima,¹ R Dlodlo,² O Ferroussier²
¹Bulawayo city council, Health, Bulawayo, Zimbabwe, ²The Union, HIV, Paris, Zimbabwe.
- PC-594-15 TB treatment outcomes for patients on rifabutin and lopinavir/ritonavir-based antiretroviral therapy regimens**
H Weyenga,¹ JK Sitienei,¹ I Mohamed,² R Muthoka,¹ C Olwande²
¹DLTLD, MoPHS, Nairobi, Kenya, ²NASCOP, MoPHs, Nairobi, Kenya.
- PC-595-15 Burden of HIV-associated tuberculosis in Indonesia: a cohort study**
G Waltman,¹ R Wisaksana,² H Meijerink,¹ A. Van Der Ven,¹ E Nelwan,³ R Van Crevel,¹ B. Alisjahbana²
¹Radboud University Nijmegen Medical Centre, Medicine, Nijmegen, Netherlands, ²Padjadjaran University and Hasan Sadikin Hospital, Internal Medicine, Bandung, Indonesia, ³University of Indonesia, Internal Medicine, Jakarta, Indonesia.

Expansion of the Stop TB strategy – I

Chair: Virginia Williams (Switzerland) - **Section:** Tuberculosis

- PC-619-15 Quality TB care in Nigeria: using smartphone technology for data-driven improvements**
JO Obasanya,¹ K Jimoh,² L Ekblad,³ O Adeleke,⁴ C Omeogu,⁴ J Contini,³ J Takle³
¹Federal Ministry of Health, National TB and Leprosy Program, Abuja, Nigeria, ²National TB and Leprosy Program, Zaria Institute, Zaria, Nigeria, ³Abt Associates Inc., International Health Division, Cambridge, United States, ⁴Abt Associates, Inc., International Health Division, Abuja, Nigeria.
- PC-620-15 An innovative approval to quality improvement of chest radiography in Cambodia: Peer Review Workshop Approach**
S Saint,¹ S Keo,¹ S Peou,¹ CS Prum,¹ S Chet,¹ K Okada,² BR Sokhan,² TE Mao¹
¹National Center for Tuberculosis and Leprosy Control, Research Unit, Phnom Penh, Cambodia, ²Japan International Cooperation Agency/National TB Control Project, Medical officer, Phnom Penh, Cambodia.
- PC-621-15 AFB microscopy services in Kenya through strengthening of EQA systems**
E Ruttoh,¹ G Kahenya,² S T Semegn,³ JK Sitienei,⁴ J Ogoro,⁴ O Njuguna⁴
¹MSH/TB CARE I Kenya, CHS, Nairobi, Kenya, ²Management Sciences for Health, CHS, Lusaka, Zambia, ³TB CARE I/ KNCV, Admin, Nairobi, Kenya, ⁴Ministry of Public Health and Sanitation (DLTLD), DLTLD, Nairobi, Kenya.
- PC-622-15 Driving sustainability through result-based management in Tuberculosis Control Programme in Nigeria**
S John,¹ M Gidado,² S Abdulkarim,³ T Dahiru,⁴ A Namadi,⁴ S Saidu,¹ S Balanga³
¹Adamawa State TB and Leprosy Control, Ministry of Health, Yola, Nigeria, ²KNCV TB CARE, Health, Abuja, Nigeria, ³Gombe State TB and Leprosy control, Ministry of Health, Gombe, Nigeria, ⁴Netherlands Leprosy Relief, Health, Jos, Nigeria.
- PC-623-15 Using innovative approaches to increase TB case detection in northern Tanzania**
E Wandwalo,¹ I Myemba,¹ E Ntulwe,² S Egwaga,² ZH Mkomwa,³ PG Suarez⁴
¹Management Sciences for Health, MSH, Dar Es Salaam, Tanzania, ²National TB and Leprosy Program, Ministry of Health and Social Welfare, Dar Es Salaam, Tanzania, ³PATH, PATH, Dar Es Salaam, Tanzania, ⁴Management Sciences for Health, MSH, Washington DC, United States.
- PC-624-15 Effectiveness and role of TB patient self-help groups in TB control activities in Myanmar: operational research**
S Saw,¹ W Wai Han,¹ T M Khaing,² NH Ko Ko,³ T Lwin,² N Naing³
¹Department of Medical Research (Lower Myanmar), HSR Division, Yangon, Myanmar [Burma], ²National TB Programme, Department of Health, nanyitaw, Myanmar [Burma], ³World Vision, Health, Yangon, Myanmar [Burma].
- PC-625-15 Tuberculosis surveillance and control in Germany: an application of the Berlin Declaration Monitoring and Evaluation Framework**
B Hauer,¹ L Fiebig,¹ B Brodhun,¹ W Haas¹
¹Robert Koch Institute, Department for Infectious Disease Epidemiology, Berlin, Germany.
- PC-626-15 The effect of an incentive "DOT & Shop" scheme on treatment outcome of low-income patients at the Singapore TB Control Unit**
A Chua,¹ LKY Lim,¹ RM Desilva,¹ C Chee,¹ Y T Wang¹
¹Tan Tock Seng Hospital TB Control Unit, Respiratory Medicine, Singapore, Singapore.
- PC-627-15 Time delay and associated factors in diagnosis and treatment of pulmonary tuberculosis in Iran**
A Farazi,¹ M Jabbariasl¹
¹Arak University of Medical Sciences, Infectious Diseases, Arak, Iran.
- PC-628-15 Potential impact of same-day diagnosis and treatment initiation for smear-positive TB in Africa**
DW Dowdy,^{1,2} L Davis,³ S Den Boon,⁴ N Walter,⁵ A Katamba,⁶ A Cattamanchi²
¹Johns Hopkins Bloomberg School of Public Health, Epidemiology, Baltimore, United States, ²Johns Hopkins University School of Medicine, Center for Tuberculosis Research, Baltimore, United States, ³University of California, San Francisco, Pulmonary and Critical Care Medicine, SFGH, San Francisco, United States, ⁴Independent Consultant, (none), Geneva, Switzerland, ⁵University of Colorado, Denver, Pulmonary Sciences and Critical Care Medicine, Denver, United States, ⁶Makerere University, College of Health Sciences, Kampala, Uganda.
- PC-629-15 Application du traitement supervisé de la tuberculose et attentes des patients dans le contexte des grandes villes comme Bujumbura au Burundi**
M Sawadogo,¹ A Shingiro,² T Ndikumana,³ D Havyarimana²
¹Damian Foundation, NTP, Bujumbura, Burundi, ²Ministry of Health, NTP, Bujumbura, Burundi, ³Ministry of Health, Tuberculosis Center, Bujumbura, Burundi.
- PC-630-15 Implementation of revolving loan activity and home gardening as incentives for TB support volunteers in Lusaka, Zambia**
D Siamutondo,¹ Y Toyama,¹ I Njovu,¹ K Koyama,¹ G Samungole,² K Murakami,³ A Shimouchi³
¹Japan Anti-tuberculosis Association Zambia (JATA Zambia), TB project, Lusaka, Zambia, ²Lusaka District Health Management Team, TB-HIV, Lusaka, Zambia, ³Japan Anti-tuberculosis Association (JATA), International Cooperation, Tokyo, Japan.

- PC-631-15 Reaching the targets: lessons learnt in decentralisation of tuberculosis drug resistance testing using the Xpert MTB/RIF assay in Nyanza Province, Kenya**
A Okumu,¹ M Mburu,² F Basiye,² J Odhiambo,² K Laserson,^{1,2} K McCarthy,² K Can,^{1,2} JK Sitienei³
¹KEMRI/CDC, TUBERCULOSIS, KISUMU, Kenya, ²CDC, DTBE, ATLANTA, United States, ³MOPHS, TB/LEP, KISUMU, Kenya.
- PC-632-15 Implementation of Xpert in Pakistan: challenges and constraint**
S Tahseen,¹ E Qadeer,¹ FM Khanzada¹
¹National Tuberculosis Control Programme, National TB reference laboratory, Islamabad, Pakistan.
- PC-633-15 Impact of IT reporting by the TB reference laboratory on MDR-TB management in Kenya**
J Ogoro,¹ JK Sitienei,¹ O Njuguna,¹ T Ogaro David,¹ E Ruttoh²
¹Ministry of Public Health, DLTLD, Nairobi, Kenya, ²Management Science for Health, CHS - TB CARE I, Nairobi, Kenya.

Poster Discussion Session **12**

10:15-11:15 Hall 4

Improving TB surveillance in children

Chair: Charalampos Sismanidis (Switzerland) - **Section:** Lung Health

- PC-660-15 Screening for TB and HIV among children failing to thrive in Botswana**
T Arscott-mills,^{1,2} A Ho-foster,^{1,2} M Lowenstein,² R Makombe,³ H Friedman,^{1,2} J Chirenda,⁴ A Steenhoff,^{1,2,5} N Harari^{1,2}
¹Botswana-UPenn Partnership, Pediatric TB Program, Gaborone, Botswana, ²University of Pennsylvania, School of Medicine, Philadelphia, United States, ³BOTUSA-CDC, Tuberculosis, Gaborone, Botswana, ⁴Ministry of Health, Botswana National Tuberculosis Program, Gaborone, Botswana, ⁵Children's Hospital of Philadelphia, Infectious Disease, Philadelphia, United States.
- PC-661-15 Childhood tuberculosis at the main referral hospital in Lusaka, Zambia: a five-year review of registered child TB cases**
C Chabala,¹ . Somwe,² N Kapata,³ G Chongwe,⁴ E Jumbe-marsden⁵
¹University Teaching Hospital, Paediatrics & Child Health, Lusaka, Zambia, ²University of Zambia, School of Medicine, Paediatrics & Child Health, Lusaka, Zambia, ³Ministry of Health, National TB program, Lusaka, Zambia, ⁴Tropical Diseases Research Centre, Public Health, Ndola, Zambia, ⁵Pendleton Family Health Practice, Pendleton Clinic, Lusaka, Zambia.
- PC-662-15 Management of paediatric TB in provincial and district hospitals of Afghanistan**
F Delawer,¹ M Isono,² M Zhuben,¹ H Ueki,² H Habib,¹ M Zafari,¹ M Rasooli,¹ K Ayoubi¹
¹Ministry of Public Health, National TB Control Program, Kabul, Afghanistan, ²Japan International Cooperation Agency, TB Project, Kabul, Afghanistan.
- PC-663-15 Integrating TB screening, diagnosis and treatment with HIV testing and counselling, and behavioral interventions: the operation ARIFU experience**
RO Ng'ela,¹ M S Mokamba²
¹PATH, Public Health, Nairobi, Kenya, ²National Youth Service, AIDS Control Unit, Nairobi, Kenya.
- PC-664-15 How child-friendly is the Nigerian TB Control Programme? Review of 12-year Data**
A Meka,¹ J Chukwu,¹ C Nwafor,¹ D Oshi,¹ C Ogbudebe,¹ B Omotowo,¹ J Ikebudo,¹ JO Obasanya²
¹German Leprosy and TB Relief Associations, Medical, Enugu, Nigeria, ²Federal Ministry of Health, NTBLCP, Abuja, Nigeria.
- PC-665-15 Childhood tuberculosis: Trends, HIV prevalence and treatment outcomes in Tanzania**
S Matiku,¹ MF Nyamkara,¹ SM Egwaga,¹ A Pegwa,² N Kapalata³
¹Ministry of Health and Social Welfare, Preventive Services - NTLP, Dar es Salaam, Tanzania, ²Regional Health Management Team, Communicable diseases, Lindi, Tanzania, ³Temeke Municipal Council, Communicable Diseases, Dar es Salaam, Tanzania.
- PC-666-15 Finding the vulnerable: is TB intensified case finding feasible for street children and youth in Kenya?**
D Szkwarko,^{1,2} S Kimani,² T Mercer,^{2,3} S Pastakia,^{2,4,5,6,7} P Braitstein,^{2,5,6,7} J Jezmir,⁶ N Buziba,⁷ E J Carter^{6,8}
¹University of Medicine and Dentistry of New Jersey, School of Osteopathic Medicine, Stratford, United States, ²Tumaini Children's Drop-In Center, Tumaini Children's Drop-In Center, Eldoret, Kenya, ³Duke University Medical Center, Medicine and Pediatrics, Durham, United States, ⁴Purdue University, College of Pharmacy, West Lafayette, United States, ⁵Indiana University, School of Medicine, Indianapolis, United States, ⁶USAID Academic Model Providing Access to Healthcare (AMPATH) Partnership, TB Care and Projects Office, Eldoret, Kenya, ⁷Moi University, Medicine, Eldoret, Kenya, ⁸The Warren Alpert Medical School of Brown University, Medicine, Providence, United States.
- PC-667-15 Annual risk of tuberculous infection in Jhuggi-Jhopri colonies and slum areas in an urban setting**
R Sarin,¹ v Vohra,¹ u.k. Khalid,¹ D Behera¹
¹LRS Institute of TB & Respiratory Diseases, TB Control, New Delhi-110030, India.

- PC-668-15 Drug-resistant TB strains in HIV-infected and non-infected young children in India**
S Jain,¹ A Kinikar,² N Gupte,¹ S Hatolkar,² P Raichur,² V Mave,² J Jubulis,¹ A Kagal,² A Gupta,¹ R Bharadwaj,² A Lalvani³
¹Johns Hopkins University School of Medicine, Pediatrics, Baltimore, United States, ²Byramjee Jeejeebhoy Medical College, Microbiology, Pune, India, ³Imperial College, Infectious Diseases, London, United Kingdom.
- PC-669-15 Improving access for diagnosis and treatment of childhood tuberculosis in Bangladesh**
Z Sultana,¹ M Alam,¹ M Siddiqui,¹ M Rifat,¹ S Islam,¹ M Akramul Islam,¹ R Jahan¹
¹BRAC, Health Programme, Dhaka, Bangladesh.
- PC-670-15 Child and adolescent DR-TB case notification following a phased implementation of a paediatric TB project in Tajikistan**
B-T Nyang'wa,¹ N Zarkua,² K Chandaria,² J Batish,² C Gibb,² O Bobokhojaev³
¹Médecins Sans Frontières, Manson Unit, London, United Kingdom, ²Médecins Sans Frontières, Medical, Dushanbe, Tajikistan, ³Republican TB Centre, TB, Dushanbe, Tajikistan
- PC-671-15 Rising burden of TB in children in the African region**
D Kibuga,¹ H Kipruto,² B Keita,¹ J Rongou¹
¹World Health Organization - AFRO, DPC/TB, Brazzaville, Congo - Brazzaville, ²World Health Organization, TB, Nairobi, Kenya
- PC-672-15 Assessing childhood TB training needs in Tanzania: learning what we need to learn CANCELLED**

Poster Discussion Session **13**

10:15-11:15 Hall 4

Tobacco burden and surveillance

Chair: Gihan El Nahas (Egypt) - Section: Tobacco Control

- PC-696-15 Comparison of cigarette and waterpipe smoking among pupils in the urban area of Sousse, Tunisia**
I Harrabi,¹ J Maatoug,¹ S Hmad,¹ H Ghannem¹
¹University Hospital Farhat Hached, Epidemiology, Sousse, Tunisia.
- PC-697-15 Relationship between cigarette smoking and latent tuberculosis infection among the US population, National Health and Nutrition Examination Survey**
E Lam,¹ M Pearson,¹ I Rolle¹
¹Centers for Disease Control and Prevention, Division of Tuberculosis Elimination, Atlanta, United States.
- PC-698-15 Socio-demographic determinants of smoking among women in Romania: implications for public health**
S Irimie,¹ A Curta,¹ I Mirestean,¹ G Blutcher-nelson,² J Hsia²
¹National Institute of Public Health - Centre for Public Health Cluj, Health Promotion, Cluj Napoca, Romania, ²Centres for Disease Control and Prevention, Office on Smoking and Health, Atlanta, United States.
- PC-699-15 The prevalence of smoking among type I and type II diabetic patients in the State Of Penang, Malaysia**
A Blebil,¹ Syed Azhar Syed Sulaiman,¹ Azmi Hassali,² J Dujaili,¹ Karu Subramaniam³
¹School of Pharmaceutical Sciences, USM, Discipline of Clinical Pharmacy, Minden, Malaysia, ²School of Pharmaceutical Sciences, USM, Discipline of Social and Administrative Pharmacy, Minden, Malaysia, ³Penang General Hospital, Department of Outpatient Clinic, Jalan Resideni, Malaysia.
- PC-700-15 Tobacco use and economic cost of treatment of cancer in Nigeria: a five years study**
A O Owdeye¹
¹Nigeria Tobacco Control Alliance, Campaign, Ogbal-Ikeja, Nigeria.
- PC-701-15 Patterns of cigarette smoking, perception and media influence among medical students in a public university in Malaysia**
N Ismail,¹ SM Yasin,¹ MN Norizal,¹ MA Syafiq,¹ T Hanisah,¹ MY Junainah,¹ NS Atirah¹
¹University of Technology MARA, Population Health & Preventive Medicine, Sungai Buluh Campus, Malaysia.
- PC-702-15 Public opinion poll about smoking and smoke-free legislation in a district of North India**
S Goel,¹ RJ Singh,² D Sharma,¹ A.J Singh¹
¹Post Graduate Institute of Medical Education and Research, School of Public Health, Chandigarh, India, ²The UNION, International UNION against tuberculosis and lung disease, New Delhi, India.
- PC-703-15 Behaviour, knowledge and attitudes of Iranian professional athletes towards smoking**
Z Hesami,¹ M Aryanpur,¹ Ghol Heydari,¹ MR Masjedi¹
¹National research institute tuberculosis and lung disease, Tobacco prevention and control research center, Tehran, Iran.
- PC-704-15 Environmental tobacco smoke as a risk factor for increased respiratory childhood infection and pneumonia in South-West region, Nigeria**
S Omiyefa,¹ R Osoba²
¹Youth Action On Tobacco Control And Health, Programs, Ibadan, Nigeria, ²University College Hospital, Hospital Services, Ibadan, Nigeria.
- PC-705-15 Smokeless tobacco use and extrinsic teeth stains among tobacco farmers in South-West Nigeria: a cross-sectional study**
A Atanda¹
¹University of Ibadan, Dentistry, Ibadan, Nigeria.

- PC-706-15 Association between smokeless tobacco use by women and coronary artery disease**
MA Al Mamun,¹ SR Choudhury,¹ M Bhuiyan,¹ F Malik²
¹National Heart Foundation Hospital and Research Institute, Department of Epidemiology and Research, Dhaka, Bangladesh, ²National Heart Foundation Hospital and Research Institute, Department of Cardiology, Dhaka, Bangladesh.
- PC-707-15 Tuberculosis: what to do with tobacco control**
R Md. Masud,^{1,2} Labo Mursida Akter³
¹Bangladesh Anti-Tobacco Alliance (BATA), Media, Dhaka, Bangladesh, ²Madok Drabya-O-Nesha Birodhi Council (Manobik), Tobacco Control, Dhaka, Bangladesh, ³Work for a Better Trust, Health Rights, Dhaka, Bangladesh.
- PC-708-15 The association of smoking and household expenditure in low- and middle-income countries: A multi-country cross-sectional analysis**
YK Do,¹ MA Bautista,¹ K Foo¹
¹Duke-NUS Graduate Medical School Singapore, Health Services and Systems Research, Singapore, Singapore.
- PC-709-15 Prevalence of tobacco smoking among newly diagnosed pulmonary TB patients attending DOTS clinics in Karachi, Pakistan**
A Khan,¹ A Khan,² J Elf,¹ J Golub¹
¹Johns Hopkins Bloomberg School of Public Health, Epidemiology, Baltimore, United States, ²Interactive Research and Development, Indus Hospital, Karachi, Pakistan.

Poster Discussion Session **14**

10:15-11:15 Hall 4

MDR-TB: civil society, costs, counselling and case fatality

Chair: Tiemi Arakawa (Brazil) - **Section:** Tuberculosis

- PC-739-15 Comparative analysis of WHO-recommended Category IV treatment cards versus updated forms to define missed dosages of anti-tuberculosis medicines in Kazakhstan**
A Yedilbayev,¹ M Amantayeva,¹ P Jazybekova,¹ A Golubkov,² M Omarova,³ L Khamitova,⁴ S Ismailov,⁵ T Abildayev⁵
¹Partners In Health, Kazakhstan Project, Almaty, Kazakhstan, ²Partners In Health, Kazakhstan and Russia Projects, Boston, United States, ³Pavlodar Oblast TB Dispensary, Ambulatory, Pavlodar, Kazakhstan, ⁴Karaganda Oblast TB Dispensary, Organization and Methodology, Karaganda, Kazakhstan, ⁵National Center for Tuberculosis Problems, GFATM PIU, Almaty, Kazakhstan.
- PC-740-15 Prevalence of MDR-TB among DOTS attendees in Rural Haryana, India**
R Balu,¹ S Rai,² S Kant,² A Krishnan,² L Dar,³ U Singh³
¹Public Health Foundation of India, STEPS, New Delhi, India, ²All India Institute of Medical Sciences, Centre for Community Medicine, New Delhi, India, ³All India Institute of Medical Sciences, Department of Microbiology, New Delhi, India.
- PC-741-15 Case fatality among patients who failed multidrug-resistant tuberculosis treatment in Tomsk, Russia**
I Gelmanova,¹ N A Zemlyanaya,² S P Mishustin,³ E Andreev,⁴ G Yanova,⁵ S Keshavjee¹
¹Partners in Health, Partners in Health, Boston, United States, ²Partners in Health, Partners in Health, Tomsk, Russia, ³Tomsk TB dispensary, Administration, Tomsk, Russia, ⁴Department of Federal Service of Corrections, Tomsk Department of Federal Service of Corrections, Tomsk, Russia, ⁵Tomsk TB hospital, Administration, Tomsk, Russia.
- PC-742-15 Four fold decrease in TB mortality in the Tomsk region of Russia due to successful patient-oriented MDR-TB treatment**
S Mishustin,¹ P Farmer,² I Gelmanova,² D Taran,² P Golubchikov,¹ A Golubkov,² J Y Kim,² S Keshavjee²
¹Tomsk Oblast TB Dispensary, Tomsk Oblast TB Services, Tomsk, Russia, ²Partners In Health, Partners In Health, Boston, United States.
- PC-743-15 Portable room air cleaners to reduce MDR-TB transmission on a South African Hospital Ward**
M Mphahlele,¹ K Venter,¹ R Mathebula,¹ M Van Der Walt,¹ A Stoltz,² P Jensen,³ A Dharmadhikari,⁴ E Nardell⁴
¹South African Medical Research Council, TB Epidemiology and Intervention Research Unit, Pretoria, South Africa, ²University of Pretoria, Medicine, Pretoria, South Africa, ³Centers for Disease Control and Prevention, Division of Tuberculosis Elimination, Atlanta, United States, ⁴Harvard Medical School, Brigham and Women's Hospital, Boston, United States.
- PC-744-15 The effectiveness of providing counselling and financial support to patients receiving treatment for multidrug-resistant TB**
S Baral,¹ y Aryal,¹ R Bhattari,¹ J Newell²
¹Health and Social Research Forum (HERD), Research, Kathmandu, Nepal, ²University of Leeds, Nuffield Centre for Health and International Development, Leeds, United Kingdom.

- PC-745-15 Can a single sputum specimen be used for follow-up culture monitoring of multi drug-resistant TB treatment?**
S Burugina Nagaraja,¹ A Kumar,² R Ranjani,¹ KS Sachdeva,³ A Sreenivas,¹ P Dewan¹
¹Office of the World Health Organization (WHO) Representative in India, WHO, Delhi, India, ²International Union against Tuberculosis and Lung Diseases (The Union), South East Asia Regional Office, IUATLD, New Delhi, India, ³Central TB Division, Directorate General of Health Services, Ministry of Health and Family Welfare, Central TB Division, New Delhi, India.
- PC-746-15 Health system strengthening interventions to implement community multi drug-resistant tuberculosis care in Gantsi district, Botswana**
F Nywagi Louis,¹ T Abicho Basore,² D Kempanju,³ G Simwanza,³ S Chila,⁴ L Martindale,⁵ E Nyamato²
¹University Research Corporation, Regional Office, Pretoria, South Africa, ²University Research Corporation, Office, Gaborone, Botswana, ³DHMT, Management, Gantsi, Botswana, ⁴Gantsi Primary Hospital, Medical, Gantsi, Botswana, ⁵Kuru Family of Organizations, D'Kar, Gantsi, Botswana.
- PC-747-15 Patient's experiences and perceptions in accessing MDR -TB diagnosis and treatment in Cape Town**
M Van Niekerk,¹ N Leon,² N Beyers,¹ P Naidoo¹
¹University of Stellenbosch, Desmond Tutu TB Centre Cape Town, Cape Town, South Africa, ²Medical Research Council of South Africa, MRC, Cape Town, South Africa.
- PC-748-15 The cost of in-patient treatment for multidrug-resistant tuberculosis at a specialised hospital in South Africa**
K Schnippel,¹ S Rosen,^{1,2} K Shearer,¹ N Martinson,^{3,4} I Sanne,^{1,2} E Variava^{5,6}
¹Health Economics & Epidemiology Research Office, Department of Medicine, University of the Witwatersrand, Johannesburg, South Africa, ²Boston University, Center for Global Health and Development, Boston, United States, ³Perinatal HIV Research Unit, University of the Witwatersrand, Johannesburg, South Africa, ⁴Johns Hopkins University, School of Medicine, Baltimore, United States, ⁵Klerksdorp/Tshepong Hospital Complex, NorthWest Department of Health, Klerksdorp, South Africa, ⁶University of the Witwatersrand, Department of Internal Medicine, Faculty of Health Sciences, Johannesburg, South Africa.
- PC-749-15 Interrupting treatment among MDR-TB patients: exploratory study, Egypt 2012**
S Victor,¹ M Fawzy,¹ E Elmoghazy,¹ A Galal,¹ A Morsy¹
¹National TB control program, Ministry of health and population, Cairo, Egypt.
- PC-750-15 Mortality among MDR- and XDR-TB patients in a community-based programme in Karachi, Pakistan**
A Parekh,¹ N Salahuddin,² U Khan,¹ A Bhurgri,¹ S Khawaja,³ A Khan³
¹Indus Hospital, TB Program, Karachi, Pakistan, ²Indus Hospital, Division of Infectious Diseases, Karachi, Pakistan, ³Indus Hospital, Interactive Research and Development, Karachi, Pakistan.
- PC-751-15 Addressing civic health literacy for the sustainability of tuberculosis treatment: a case of India**
Y-L Theng,¹ L Goh,¹ S Chandra,¹ M O. Lwin,¹ S Foo¹
¹Nanyang Technological University, Wee Kim Wee School of Communication and Information, Singapore, Singapore.
- PC-752-15 Are multiple previous episodes of anti-tuberculosis treatment associated with multidrug-resistant disease?**
F Marx,^{1,2} R Dunbar,² DA Enarson,^{2,3} N Beyers²
¹Charité, Department for Pediatric Pneumology and Immunology, Berlin, Germany, ²Desmond Tutu TB Centre, Faculty of Health Sciences, Stellenbosch University, Tygerberg, South Africa, ³International Union Against Tuberculosis and Lung Disease, The Union, Paris, France.
- PC-753-15 New partnership model for improving access to multidrug-resistant tuberculosis treatment**
K Lunte,¹ S Pal,¹ m Springsklee²
¹World Health Organization (WHO), Stop TB Partnership, Geneva, Switzerland, ²Bayer Pharma AG, Bayer Pharma AG, Leverkusen, Germany.

Poster Discussion Session 15

10:15-11:15 Hall 4

MDR-TB: treatment outcomes

Chair: E. Jane Carter (USA) - Section: Tuberculosis

- PC-782-15 Treatment outcomes in patients with XDR-TB in South Africa**
C Kvasnovsky,^{1,2} R Odendaal,² J Lancaster,² M Van Der Walt²
¹University of Maryland Medical Center, Department of Surgery, Baltimore, United States, ²Medical Research Council of South Africa, TB Epidemiology and Intervention Research Unit, Pretoria, South Africa.
- PC-783-15 High rate of successful and relapse-free outcome of short standardised treatment of multidrug-resistant tuberculosis in Niger**
A Piubello,¹ S Hassane Harouna,¹ I Boukary,¹ S Morou,¹ Y Hanki,¹ B Souleymane,¹ E Declercq,² A Van Deun^{3,4}
¹Damien Foundation, TB, Niamey, Niger, ²Damien Foundation, TB, Brussels, Belgium, ³International Union Against Tuberculosis and Lung Disease, TB, Paris, France, ⁴Institute of Tropical Medicine, Microbiology, Antwerp, Belgium.
- PC-784-15 200 DR-TB patients enrolled on treatment with SLDs in Azerbaijan Penitentiary Sector: treatment results and risk factors**
F Huseynov,¹ E Gurbanova,¹ R Mehdiyev,¹ N Rahmanov¹
¹Ministry of Justice, Main Medical Department, Baku, Azerbaijan.

- PC-785-15 Treatment outcomes of MDR-TB patients enrolled in national tuberculosis control programmes in 2008**
D Falzon,¹ M Zignol,¹ E Jaramillo,¹ F D Wares,¹ S Carai,¹ T Islam,¹ P Nunn¹
¹World Health Organization, STOP TB Department, Geneva, Switzerland.
- PC-786-15 Survival and predictors of mortality among patients on multidrug-resistant tuberculosis treatment in Ethiopia**
T Zemedu,^{1,2} A Bayray,² B Weldearegay,² J Aliy³
¹Ethiopian Health & Nutrition Research Institute, Infectious & Non Infectious, Addis Ababa, Ethiopia, ²Mekelle University, Public Health, Mekelle, Ethiopia, ³Tulane University Technical Assistance Program, Public Health, Addis Ababa, Ethiopia.
- PC-787-15 Good in vitro activity of trimethoprim-sulfamethoxazole against wild type and MDR-TB strains in Taiwan**
G-H Shen,¹ Huan Yi-wen,² W T Yang,³ Chen Jiann-hwa,⁴ Huan Ruiming⁵
¹Division of Respiratory and Critical Care Medicine, Department of Internal Medicine, Taichung Veterans General Hospital, Taichung, Taiwan, ²Changhua Hospital, Department of Health, Executive Yuan, Taiwan, Department of Internal Medicine, Changhua, Taiwan, ³Taichung Hospital, Department of Health, Executive Yuan, Taiwan, Taichung, Taiwan, ⁴Institute of Molecular Biology, National Chung Hsing University, Taichung, Taiwan, ⁵Hua-Lien Hospital, Department of Health, Hua-Lien, Taiwan.
- PC-788-15 Drug-resistant TB in the Tibetan population in India: epidemiological risk factors, resistance profile and treatment outcomes**
K Dorjee,¹ K Dierberg,² F Salvo,³ W Cronin,² DM Cirillo,³ T Dorji Sadutshang,¹ R E Chaisson²
¹Tibetan Delek Hospital and Central Tibetan Administration Department of Health, TB Division, Dharamsala, India, ²The Johns Hopkins University Center for TB Research, Medicine, Baltimore, United States, ³San Raffaele Scientific Institute, Emerging Pathogens Unit, Milan, Italy.
- PC-789-15 Effectiveness of the standardised treatment regimens used in Tajikistan**
Z Maksumova,¹ S Omar,¹ F Bikmetova,¹ Z Safarova,¹ O Bobokhojaev¹
¹UNDP, TB Project, Dushanbe, Tajikistan.
- PC-790-15 Factors associated with treatment default among drug resistant tuberculosis patients in Yerevan, Armenia**
E Sanchez-padilla,¹ C Marquer,¹ M Bastard,² A Hayrapetyan,³ S Qayyum,⁴ S Kalon,⁵ F Varaine,⁴ M Bonnet²
¹Epicentre, Clinical Research Department, Paris, France, ²Epicentre, Clinical Research Department, Geneva, Switzerland, ³National Tuberculosis Programme, Yerevan, Armenia, ⁴Médecins Sans Frontières, Medical Department, Paris, France, ⁵Médecins Sans Frontières, Operational Department, Tokyo, Japan.
- PC-791-15 Long-term outcomes of treatment of new pulmonary TB patients in view of MDR-TB treatment effectiveness**
E Belilovsky,¹ V. Galkin,² I. Danilova¹
¹WHO CO in the Russian Federation, TB Control Programme, Moscow, Russia, ²Saint-Petersburg Research institute of phthysiolpulmonology, TB monitoring, Saint-Petersburg, Russia.
- PC-792-15 Treatment outcomes of MDR-TB patients: cohort 2008 in Russian GLC approved projects within the Global Fund Round 4**
V Testov,¹ T Fomicheva²
¹WHO CO in the Russian Federation, TB control programme, Moscow, Russia, ²Russian Health Care Foundation, TB, Moscow, Russia.
- PC-793-15 Treatment outcomes in community versus inpatient initiation of multidrug-resistant tuberculosis treatment in a rural area of South Africa**
K Shean,¹ D Upadhy,² S Siwendu,³ M Van Der Walt¹
¹Medical Research Council, Tuberculosis Epidemiology & Intervention Research Unit, Pretoria, South Africa, ²Thomas Jefferson University, Medical college, Philadelphia, United States, ³Brooklyn Chest Hospital, MDR unit, Cape Town, South Africa.
- PC-794-15 Analysis of the outcomes from use of second-line drugs for the treatment of isoniazid-resistant, rifampicin-susceptible TB in Karakalpakstan, Uzbekistan**
J Hajek,^{1,2} A Shigayeva,³ O Telnov,³ T Pilipenko,³ J Greig,¹ A Khamraev,⁴ P Du Cros¹
¹Médecins Sans Frontières, Manson Unit, London, United Kingdom, ²University of British Columbia, Infectious Diseases, Vancouver, Canada, ³Médecins Sans Frontières, OCA, Nukus, Uzbekistan, ⁴Ministry of Health, Karakalpakstan, Nukus, Uzbekistan.
- PC-795-15 Treatment outcome of MDR patients with fluoroquinolone (Ofloxacin) resistance with standardised treatment regimen in Nepal**
B Shrestha,¹ B Maharjan,¹ D B Pradhan,¹ BN Jnawali,² M Akhtar,³ A. Beneke,⁴ KK Jha,² K Feldmann⁴
¹German Nepal TB Project, Clinic, Kalimati, Nepal, ²National Tuberculosis Centre, Department of Health Service, Thimi, Nepal, ³WHO Nepal, TB, Thimi, Nepal, ⁴Kuratorium Tuberculose In Der Welt e.v, Laboratory, Gauting, Germany.
- PC-796-15 Preliminary outcomes of a 12-month standardized regimen for the treatment of multidrug-resistant tuberculosis in Cameroon**
C Kuaban,¹ J Noeske,² J-L Abena Foe,³ N Ait-khaled,⁴ HL Rieder,⁴ A Trebucq⁴
¹University of Yaounde 1, Faculty of Medicine and Biomedical Sciences, Yaounde, Cameroon, ²German Technical Cooperation (GTZ), German International Cooperation (GIZ), Yaounde, Cameroon, ³National Tuberculosis Control Programme, Programme National de Lutte Contre la Tuberculose, Yaounde, Cameroon, ⁴Union, Tuberculosis, Paris, France.

PC-797-15

High treatment success rates in Rwanda's national MDR-TB programme, 2005-2011M Gasana,¹ Y Habimana-mucyo,¹ E Kamanzi,² C Nutt,³ C Wagner,⁴ A Binagwaho^{4,5}¹Rwanda Biomedical Center, Tuberculosis Division, Kigali, Rwanda, ²National Reference Laboratory, National Reference Laboratory, Kigali, Rwanda, ³Dartmouth Center for Health Care Delivery Science, Center for Health Care Delivery Science, Hanover, United States, ⁴Harvard Medical School, Global Health and Social Medicine, Boston, United States, ⁵Ministry of Health of Rwanda, Ministry of Health, Kigali, Rwanda.Poster Discussion Session **16****10:15-11:15** Hall 4**MDR-TB: focus on surveillance****Chair:** Amos Omoniyi (Nigeria) - **Section:** Tuberculosis

PC-828-15

Epidemiology of pyrazinamide resistant tuberculosis in the United States, 1999-2009E Kurbatova,¹ P Cegielski,¹ T Dalton,¹ J Cavanaugh¹¹The U.S. Centers for Disease Control and Prevention (CDC), Division of TB Elimination, Atlanta, United States.

PC-829-15

Drug resistance pattern of *Mycobacterium tuberculosis* in Eastern Amhara region, EthiopiaA Esmael,¹ Kass Desta,² Ibra Ali²¹Debre Markose University, microbiology, Debre Markose, Ethiopia, ²Addis Ababa University, SMLT, Addis Ababa, Ethiopia.

PC-830-15

Implementing an electronic system in Nepal to manage data of drug-resistant tuberculosis patientsKK Jha,¹ M Akhtar,² A Habib,³ A Khan,³ M Zignol,⁴ C Gunnenberg,⁴ D Falzon⁴¹National Tuberculosis Centre, Ministry of Health and Population, Bhaktapur, Nepal, ²World Health Organization, Nepal Country Office, Kathmandu, Nepal, ³Interactive Research and Development, Indus Hospital, Karachi, Pakistan, ⁴World Health Organization, Stop TB Department, Geneva, Switzerland.

PC-831-15

Antituberculosis drug resistance in the Adamaoua Region of CameroonC Kuaban,¹ A Um Boock,² S Eyangoh,³ J Noeske⁴¹University of Yaounde I, Medicine, Yaounde, Cameroon, ²FAIRMED, Leprosy/TB control, Yaounde, Cameroon, ³Centre Pasteur du Cameroun, Mycobacteriology, Yaounde, Cameroon, ⁴German Development Cooperation (GIZ), Health/AIDS Program, Yaounde, Cameroon.

PC-832-15

Anti-tuberculosis drug resistance in Tajikistan, 2010 – 2011M Joncevska,¹ P Moonan,² T Bobkova,³ M Abduloeva,⁴ H Hoffmann,⁵ A Trusov⁶¹Project HOPE, Central Asia, Almaty, Kazakhstan, ²U.S. Centers for Disease Control and Prevention, CDC, Atlanta, United States, ³Project HOPE Tajikistan, Tajikistan, Dushanbe, Tajikistan, ⁴Republican Tuberculosis Hospital, NRL, Makheton, Tajikistan, ⁵IML red, Asklepios & Synlab Bayern, WHO Supranational Reference Laboratory, SNL, Gauting, Germany, ⁶Project HOPE, Global Health, Millwood, United States.

PC-833-15

Distribution of MDR-TB strains using molecular biology in the middle district of TaiwanY-W Huang,¹ A Tsai,¹ W T Yang,² C-N Chang³¹Changhua Hospital, Pulmonary and Critical Care Unit, Changhua County, Taiwan, ²Taichung Hospital, Tuberculosis, Taichung, Taiwan, ³Changhua Hospital, Surgery, Changhua County, Taiwan.

PC-834-15

Continuous surveillance of *Mycobacterium tuberculosis* drug resistance in Hong Kong, 2001-2010: changes in a mature DOTS environmentCW Yip,¹ KM Kam¹¹Department of Health, Health, Hong Kong, Hong Kong SAR China.

PC-835-15

The surveillance of drug-resistant tuberculosis in Tak Province, Thailand from 2008-2010R Khummin,¹ Wara Kornakon,² Tane Wongchai²¹The Office of Disease Prevention and Control 9 Phitsanulok, Public Health, Phitsanulok, Thailand, ²Mae Sot Hospital, Public Health, Tak, Thailand.

PC-836-15

Incidence of multidrug resistance in *Mycobacterium tuberculosis* patients, on-going TB and trypanosomiasis research project in Lusaka, ZambiaM Miller,^{1,2} C Habeezu,^{1,3} E Solo,^{1,3} K Kasakwa,^{1,3} P Bwalya,^{1,3} L Kasonka,^{1,3} V Mudenda,^{1,3} Y Suzuki^{1,2}¹JICA TB & Tryps. Research Project, Health, Lusaka, Zambia, ²Hokkaido University, Research Center for Zoonosis Control, Sapporo, Japan, ³University Teaching Hospital, Pathology & Microbiology, Lusaka, Zambia.

PC-837-15

Multidrug-resistant tuberculosis in Somalia: results of a nationwide surveyI Sindani,¹ B Suleiman,² P Arube,³ I Adam,⁴ C Fitzpatrick,⁵ M Zignol,⁵ D Falzon,⁵ S Baghdadi,⁶ A Bassili⁶¹World Health Organization, Stop TB, Nairobi, Kenya, ²World Health Organization, Country Office, Hargeisa, Somalia, ³World Vision International, -, Nairobi, Kenya, ⁴National TB Programme, Ministry of Health, Hargeisa, Somalia, ⁵World Health Organization, Stop TB Department, Geneva, Switzerland, ⁶World Health Organization, Regional Office for the Eastern Mediterranean, Cairo, Egypt.

PC-838-15

Increased burden of multi drug-resistant tuberculosis in Egypt: results of the anti-tuberculosis drug resistance survey, 2011A Mokhtar,¹ E Elmoghazy,¹ A Hegazy,² F Shoukry,¹ M Abdel Aziz,³ S Baghdadi,³ M Zignol,⁴ A Bassili³¹Ministry of Health and Population, National Tuberculosis Control Programme, Cairo, Egypt, ²Ministry of Health and Population, National Public Health Laboratory, National Reference Laboratory, Cairo, Egypt, ³World Health Organization, Regional Office for the Eastern Mediterranean, Stop Tuberculosis Unit, Cairo, Egypt, ⁴World Health Organization, TB Monitoring and Evaluation Unit, Geneva, Switzerland.

- PC-839-15 A nationwide survey of multidrug resistance among tuberculosis patients in Tunisia, 2011-2012**
L Slim-saidi,¹ D Gamara,² F Messadi,³ A Ghariani,¹ R Fourati,² K Hili,² E Mehiri,¹ L Glenza,² D Falzon,⁴ A Bassili,⁵ S Baghdadi,⁵ DM Cirillo,⁶ M Hsairi⁷
¹National Reference Laboratory, TB, Tunis, Tunisia, ²National TB Programme, Ministry of Public Health, Tunis, Tunisia, ³Central Laboratory, TB, Sfax, Tunisia, ⁴World Health Organization, Stop TB Department, Geneva, Switzerland, ⁵World Health Organization, Regional Office for the Eastern Mediterranean, Cairo, Egypt, ⁶WHO Collaborating Centre for Integrated Laboratory Strengthening on TB and other emerging infections, San Raffaele Scientific Institute, Milan, Italy, ⁷National Institute of Public Health, -, Tunis, Tunisia.
- PC-840-15 Improving drug-resistant tuberculosis surveillance in Nyanza, Province, Kenya**
B Mungai,¹ J Odhiambo,² T Malika,³ E Koech,¹ E Mwangi,¹ JK Sitienei,³ M Sheriff,¹ M Hawken¹
¹ICAP, Mailman School of Public Health, Columbia University, Program, Kisumu, Kenya, ²Centres for Disease Control and Prevention, HIV care and Treatment, Kisumu, Kenya, ³Division of Leprosy, Tuberculosis and Lung Diseases, Ministry of Public Health and Sanitation Kenya, Nairobi, Kenya.
- PC-841-15 Scale-up of an electronic medical record system linked to mobile phone-based DOT for MDR-TB management in Sindh and Balochistan provinces, Pakistan**
O Ahmed,¹ AR Khatri,¹ Z Memon,¹ A Habib,¹ A Bhurgri,² D Thomas,³ A Khan¹
¹Interactive Research & Development, Informatics, Karachi, Pakistan, ²Indus Hospital, Infectious Diseases, Karachi, Pakistan, ³Partners In Health, Health Informatics, Boston, United States.
- PC-842-15 Evaluation of an MDR-TB data system in the State of Sao Paulo, Brazil over nine years**
MDL Viude De Oliveira,¹ N Goldgrub,¹ S Fukasava¹
¹Sao Paulo State health Secretariat/ Epidemiological Surveillance Center, TB Division/ TB Control Program, Sao Paulo, Brazil.

Poster Discussion Session **17**

10:15-11:15 Hall 4

TB management: food security and community issues

Chair: Chibuike Amaechi (Nigeria) - **Section:** Tuberculosis

- PC-868-15 Identifying effective health education channels for TB control by community participation in rural and urban areas of Myanmar**
S Saw,¹ M Zaw,² T Lwin,² W Maung,³ A Thu,⁴ H Kluge⁵
¹Department of Medical Research (Lower Myanmar), Health Systems Research Division, Yangon, Myanmar [Burma], ²National TB Programme, Department of Health, Naypyitaw, Myanmar [Burma], ³Department of Health, Ministry of Health, Naypyitaw, Myanmar [Burma], ⁴World Health Organization, TB Unit, Yangon, Myanmar [Burma], ⁵World Health Organization Regional Office for Europe, Division of Health Systems and Public Health, Copenhagen, Denmark.
- PC-869-15 Scaling up community DOTS for early detection and treatment of TB**
S Chum,¹ Soph Kep²
¹HEAD, Tuberculosis Unit, Kampong Chhnang, Cambodia, ²HEAD, HSS, Koh Kong, Cambodia.
- PC-870-15 Beyond drugs: TB patients in Bangladesh need urgent attention for nutrition support during convalescence**
QS Islam,¹ SM Ahmed,² M Akramul Islam³
¹BRAC, RED, Dhaka, Bangladesh, ²BRAC, RED, Dhaka, Bangladesh, ³BRAC, Health, Dhaka, Bangladesh.
- PC-871-15 Ultimate results of TB standard chemotherapy regimens depending on drug resistance patterns**
I Vasilyeva,¹ A. Samoilova,¹ A. Ergeshov,¹ V. Galkin,² Y. Kiseleva,³ S. Kornienko,⁴ A. Mariandyshev,⁵ P. Yablonskiy²
¹Central TB Research Institute, MDR TB, Moscow, Russia, ²SPbNIIFP, TB, Sankt-Peterburg, Russia, ³Orel TB Dispensary, TB, Orel, Russia, ⁴Voronezh TB Dispensary, TB, Voronezh, Russia, ⁵North State Medical University, Phthisiopulmonology, Arkhangelsk, Russia.
- PC-872-15 Comparison of nutritional status and food diversification level of tuberculosis patients and healthy adults in a rural area of China**
Q Wang,¹ Shan Zhao,² X Han,¹ AG Ma,¹ J Zhao,³ YY Sun,¹ I Bygbjerg,⁴ CK Li¹
¹Institution of Nutrition, Medical College of Qingdao University, Human Nutrition, Qingdao, China, ²Linyi People's Hospital, Linyi Chest Hospital, Linyi, China, ³Institution of PTB prevention in Yishui town, Institution of PTB prevention, Linyi, China, ⁴Copenhagen University & Rigshospitalet & Wld Diab Found, Wld Diab Found, Copenhagen, Denmark.
- PC-873-15 Tuberculosis among HIV-infected persons in the country of Georgia**
A Abutidze,^{1,2} T Tsertsvadze,¹ R Kempker,³ L Sharvadze,¹ N Chkhartishvili,¹ N Garuchava,¹ M Magee,² C Del Rio⁴
¹Infectious Diseases, AIDS & Clinical Immunology Research Center, Epidemiology, Tbilisi, Georgia, ²Rollins School of Public Health, Emory University, Department of Epidemiology, Atlanta, United States, ³Emory University School of Medicine, Department of Medicine, Division of Infectious Diseases, Atlanta, United States, ⁴Rollins School of Public Health of Emory University and Emory Center for AIDS Research, Department of Global Health, Atlanta, United States.

- PC-874-15** **Characteristics and treatment outcomes of TB treatment defaulters legally compelled to undergo TB treatment in Singapore**
LKY Lim,¹ K Y Han,¹ C S Wong,² J Cutter,³ C Chee,¹ Y T Wang¹
¹Tan Tock Seng Hospital, TB Control Unit, Singapore, Singapore, ²National University of Singapore, SSH School of Public Health, Singapore, Singapore, ³Ministry of Health, Communicable Diseases Division, Singapore, Singapore.
- PC-875-15** **Identifying populations at risk for tuberculosis, policy and research gaps for care and control in Japan**
L Kawatsu,¹ J Yanai,¹ K Uchimura,¹ K Ito,¹ S Yoshimatsu,¹ A Ohkado,¹ N Koe,¹ N Ishikawa¹
¹The Research Institute of Tuberculosis, Japan Anti-Tuberculosis Association, Research Department, Kiyose, Japan.
- PC-876-15** **Innovative community-based TB control interventions improved access, TB case notification and treatment outcome in southern Ethiopia**
M A Yassin,^{1,2} D Datiko,^{2,3} O Tolluch,² P Markos,³ M Aschalew,⁴ E Shargie,¹ LE Cuevas,² S Theobald²
¹Global Fund to fight AIDS, Tuberculosis and Malaria, Impact, Results and Evaluation, Geneva, Switzerland, ²Liverpool School of Tropical Medicine, International Health, Liverpool, United Kingdom, ³TB REACH Project, Sidama Health Department, Hawassa, Ethiopia, ⁴Southern Region Health Bureau, TB Control Program, Hawassa, Ethiopia.
- PC-877-15** **Active case finding by community health workers in one priority city for tuberculosis control: Ribeirão Preto, Brazil**
BE Scatolin,¹ T Arakawa,¹ ESG Pinto,² R Arcencio,¹ R Andrade,¹ LM Scatena,³ TC Scatena Villa,¹ P Palha¹
¹Ribeirão Preto School of Nursing, University of São Paulo, Public Health, Ribeirão Preto, Brazil, ²Potiguar University, Nursing, Natal, Brazil, ³Federal University of Triângulo Mineiro, Social Medicine, Uberaba, Brazil.
- PC-878-15** **Tuberculosis control in primary health care in Natal, Brazil: community health agents' perceptions**
ESG Pinto,¹ BE Scatolin,² A Aline,² RA Silva-sobrinho,³ T Arakawa,² R Andrade,² LM Scatena,⁴ TC Scatena Villa²
¹Potiguar University, Nursing, Natal, Brazil, ²College of Nursing of Ribeirão Preto – University São Paulo, Public Health, Ribeirão Preto, Brazil, ³State University of West Paraná, Nursing, Foz do Iguaçu, Brazil, ⁴Federal University of Triângulo Mineiro, Social Medicine, Uberaba, Brazil.
- PC-879-15** **Meeting DOTS implementation needs: developing a tool to ensure local success**
D Batangan,^{1,2} N Stadler,^{2,3} D Castillo,^{1,2} D Veskov³
¹The Philippine Business for Social Progress, Manila, Philippines, ²Linking Initiatives and Networking to Control Tuberculosis (TB LINC), USAID, Manila, Philippines, ³Chemonics International, East Asia, Washington, United States.
- PC-880-15** **Income generation activities assessment among TB CBOs in the Zambian Copperbelt Province**
L Lochting,¹ T Mukeya^{2,3}
¹Norwegian Heart and Lung Patient Organisation LHL, International Corporation, Oslo, Norway, ²Copperbelt Health Education Program (CHEP), Health Department, Kitwe, Zambia, ³Affiliation-National AIDS/TB/STI Council, Tuberculosis, Lusaka, Zambia.
- PC-881-15** **Community involvement in tuberculosis case finding among high-risk group in Burkina Faso**
FMG Coulibaly Donessoune,¹ V Bonkougou,¹ O Ky-zerbo,¹ K Lougué,¹ H Lago,¹ I Moyenga²
¹PAMAC, TB program, Ouagadougou, Burkina Faso, ²NTP, TB National Program, Ouagadougou, Burkina Faso.

Poster Discussion Session **18**

10:15-11:15 Hall 4

TB management: innovations in communication

Chair: Liesbeth Oey (Philippines) - **Section:** Tuberculosis

- PC-905-15** **Study of communication approaches to improve public awareness about tuberculosis**
J Azizova,¹ N Aliyev¹
¹Azerbaijan Health Communication Association (AHCA), NA, Baku, Azerbaijan.
- PC-906-15** **Enhanced case detection by integrated interventions (GPs and chest camps) for active case finding using new diagnostic tools, Sindh Province**
RK Fatima,¹ E Qadeer¹
¹National TB Control Programme, Research, Islamabad, Pakistan.
- PC-907-15** **Reaching the underserved with TB diagnostic services in Mozambique**
G Kahenya,¹ D Sacur,² J Melo,² A Cassamo,² E Langa,³ S Kinyanjui⁴
¹Management Sciences for Health, CPM, LUSAKA, Zambia, ²Family Health International, TB CARE I, MAPUTO, Mozambique, ³Ministry of Health, NTP, MAPUTO, Mozambique, ⁴Management Sciences for Health, CHS, NAIROBI, Kenya.
- PC-908-15** **Mobile phone text messaging reminders to aid adherence to tuberculosis care in Eldoret, Kenya**
P Owiti,¹ A Gardner,^{1,2} D Szkwarko,³ L Diero,^{1,4} E J Carter^{1,2}
¹USAID-Academic Model Providing Access to Healthcare partnership, TB-HIV, Eldoret, Kenya, ²Warren Alpert School of Medicine of Brown University, Medicine, Rhode Island, United States, ³University of Medicine and Dentistry of New Jersey – School of Osteopathic Medicine, Medicine, New Jersey, United States, ⁴Moi University School of Medicine, Medicine, Eldoret, Kenya.

- ## Notes

Oral Abstract Session 01

12:45-14:15 Plenary Hall

Modern molecular technologies in TB diagnosis

Chairs: Daniela M. Cirillo (Italy), Ganeswrie Raj (Malaysia) - **Section:** Tuberculosis | Bacteriology- Immunology

- 12:45-12:55**
OP-101-15 **Rifampicin resistance as a proxy for multidrug-resistant tuberculosis in Botswana**
V Anisimova,¹ O Kachuwaire,² R Ncube,³ K Radisowa⁴
¹KNCV Tuberculosis Foundation, Unit Africa, Nairobi, Kenya, ²KNCV Tuberculosis Foundation, Unit Africa, Gaborone, Botswana, ³Ministry of Health, National Tuberculosis Programme, Gaborone, Botswana, ⁴National Health Laboratories, National Tuberculosis Reference Laboratory, Gaborone, Botswana.
- 12:55-13:05**
OP-102-15 **Utility of diagnostic modalities for diagnosis of pulmonary and extra-pulmonary tuberculosis: how ready are we?**
C Iravatham,¹ C Tellapragada,² Dr C.E. Prasad,³ VK Marri,⁴ H Hussain,⁵ S Ansari⁶
¹Iravatham's clinical laboratory, Microbiology, Hyderabad, India, ²Kasturba Medical College, Manipal University, Microbiology, Manipal, India, ³Shadhan Medical College, Pulmonology, Hyderabad, India, ⁴AP Chest hospital, Pulmonology, Hyderabad, India, ⁵Mahaveer Hospital, Pulmonology, Hyderabad, India, ⁶Mahaveer Hospital, Pulmonology, Hyderabad, India.
- 13:05-13:15**
OP-103-15 **Molecular characterisation of *Mycobacterium tuberculosis* strains from patients with tuberculous spondylitis**
A Vyazovaya,¹ Nata Solovieva,² I Mokrousov,¹ D Starkova,¹ T Otten,² B Vishnevskiy,² O Narvskaya¹
¹St. Petersburg Pasteur Institute, Laboratory of Molecular Microbiology, St. Petersburg, Russia, ²Research Institute of Phthisiopulmonology, Laboratory of Microbiology, St. Petersburg, Russia.
- 13:15-13:25**
OP-104-15 **Molecular characterisation of the *rpoB* gene mutations of *Mycobacterium tuberculosis* isolates in China**
Wang Shengfen,¹ Bing Zhao,¹ Yuan Song,¹ Y Zhao¹
¹Chinese Center for Disease Control and Prevention, National Center for Disease Control and Prevention, Beijing, China.
- 13:25-13:35**
OP-105-15 **The application of Whole Genome Sequencing to map *M.tuberculosis* transmission in a high-burden setting**
R Houben,^{1,2} T Clark,¹ A Crampin,^{1,2} L Banda,² K Mallard,³ R Mcnerney,³ J Parkhill,⁴ J Glynn^{1,2}
¹London School of Hygiene and Tropical Medicine, Infectious Disease Epidemiology, London, United Kingdom, ²Karonga Prevention Study, Tuberculosis Studies, Chilumba, Malawi, ³London School of Hygiene and Tropical Medicine, Department of Pathogen Molecular Biology, London, United Kingdom, ⁴Wellcome Trust Sanger Institute, Pathogen Genomics, Hinxton, United Kingdom.
- 13:35-13:45**
OP-106-15 **Implementation of Xpert for early diagnosis of Rifampicin resistance: Pakistan experience**
S Tahseen,¹ FM Khanzada,¹ MZ Ali,² F Anwar³
¹National Tuberculosis Control Programme, National TB reference laboratory, Islamabad, Pakistan, ²Dow University of health sciences, provincial TB reference Laboratory, Karachi, Pakistan, ³Provincial TB Control Programme, Provincial TB Reference Laboratory, Peshawar, Pakistan.
- 13:45-13:55**
OP-107-15 **String test: a new tool to diagnose tuberculosis in patients unable to produce sputum**
D Atwine,¹ Y Boum li,¹ M Riera-montes,¹ F Nackers,² N Kamara,³ P De Beaudrap,^{1,4} M Nansumba,¹ M Bonnet²
¹Epicentre Mbarara Research Base, Medical, Mbarara, Uganda, ²Epicentre, Epidemiology and Population Health, Paris, France, ³Mbarara National Referral Hospital, Internal Medicine, Mbarara, Uganda, ⁴Institut de Recherche pour le Développement, UMI 233, Montpellier, France.
- 13:55-14:15** **Discussion**

Oral Abstract Session 02

12:45-14:15 Plenary Theatre

HIV testing and TB screening: the complete package

Chairs: Anna Scardigli (Italy), Sha'ari Ngadiman (Malaysia) - **Section:** HIV

- 12:45-12:55**
OP-108-15 **Providing accessible HIV counselling and testing services: a mutual responsibility between government and civil society?**
S-A Meehan,¹ C Lombard,² N Beyers,¹ P Naidoo¹
¹Stellenbosch University, Desmond Tutu TB Centre, Cape Town, South Africa, ²Medical Research Council, Biostatistics Unit, Cape Town, South Africa.
- 12:55-13:05**
OP-109-15 **Intensified TB case detection among people living with HIV and AIDS: involvement of hospitals for rapid scale-up in Swaziland**
T Dlamini,¹ K Samson,² G Mchunu,¹ S Ginindza¹
¹Ministry of Health, NTCP, Manzini, Swaziland, ²World Health Organization, ATM, Mbabane, Swaziland.

- 13:05-13:15
OP-110-15** **High prevalence of tuberculosis among Zambian HIV care enrolees: urgent need for enhanced screening approach**
G Henostroza,^{1,2} J Harris,^{1,2} M Siyamabango,¹ K Kaunda,¹ K Maggard,^{1,3} S Roberts,^{1,3} A Mwinga,⁴ S Reid^{1,3}
¹Centre for Infectious Research in Zambia, TB Unit, Lusaka, Zambia, ²University of Alabama at Birmingham, Medicine, Birmingham, United States, ³University of North Carolina at Chapel Hill, Medicine, Chapel Hill, United States, ⁴CDC Zambia, CDC, Lusaka, Zambia.
- 13:15-13:25
OP-111-15** **Feasibility and acceptability of in-home, rapid HIV testing among contacts of TB patients in Lima, Peru**
J Galea,¹ CC Contreras Martinez,² R Calderon,² S Shin,³ R Lobaton,² M Becerra,³ L Lecca Garcia,¹ M Murray³
¹Partners In Health, Research, Boston, United States, ²Socios En Salud, Research, Lima, Peru, ³Harvard Medical School, Global Health and Social Medicine, Boston, United States.
- 13:25-13:35
OP-112-15** **Pilot of provider-initiated HIV testing and counselling among TB suspects in the state of Karnataka, India**
A Madhugiri Venkatachalaiah,¹ D Gupta,² B Naik,³ KG Deepak,³ P Bhat,³ S Shastri,⁴ A Kanchar,^{3,5} P Dewan³
¹International Union against Tuberculosis and Lung Disease, South East Asia Office, Research, New Delhi, India, ²Ministry of Health and Family Welfare, Central TB Division, New Delhi, India, ³Office of the WHO representative to India, Tuberculosis, New Delhi, India, ⁴Karnataka State AIDS Prevention and Control Society, HIV, Bangalore, India, ⁵Ministry of Health and Family Welfare, IDS control Organisation, New Delhi, India.
- 13:35-13:45
OP-113-15** **Role of physical exam as an adjunct to World Health Organization (WHO) symptom screening in HIV-infected persons**
J Harris,^{1,2} M Siyamabango,² C Moyo,³ A Kruuner,^{1,2} K Maggard,^{2,4} S Roberts,^{2,4} N Kapata,³ S Reid^{2,4}
¹University of Alabama at Birmingham, Medicine & Epidemiology, Birmingham, United States, ²Centre for Infectious Disease Research in Zambia, TB-HIV, Lusaka, Zambia, ³Ministry of Health, National TB Control Program, Lusaka, Zambia, ⁴University of North Carolina, Medicine, Chapel Hill, United States.
- 13:45-13:55
OP-114-15** **Household chart, a useful tool for improving tuberculosis and HIV case finding among other medical conditions at community level in rural Malawi**
J Bazile,^{1,2} H Makungwa,¹ R Wang,¹ M. A Chingoli,¹ M Peckarsky,² A Michaelis,² L.R Hirschhorn,² J Rigodon^{1,2}
¹Abwenzi Pa Za Umoyo, Community Health, Neno, Malawi, ²Partners In Health, Monitoring and Evaluation, Boston, United States.
- 13:55-14:15** **Discussion**

Oral Abstract Session **03**

12:45-14:15 Banquet Hall

Preventive therapy, populations and pharmacokinetics: special issues in TB-HIV

Chairs: Riitta Dlodlo (Zimbabwe), Suresh Kumar (Malaysia) - **Section:** HIV

- 12:45-12:55
OP-115-15** **Factors associated with non-completion of isoniazid preventive therapy in HIV-infected patients in Cape Town**
T Oni,^{1,2} R Tsekela,¹ B Kwaza,¹ L Manjezi,³ N Bangani,¹ K Wilkinson,^{1,4} D Coetzee,⁵ R Wilkinson^{1,2,4}
¹University of Cape Town, Institute of Infectious Disease and Molecular Medicine, Cape Town, South Africa, ²Imperial College, Division of Medicine, Cape Town, South Africa, ³Khayelitsha Day Hospital, HIV clinic, Cape Town, South Africa, ⁴Medical Research Council, National Institute of Medical Research, London, United Kingdom, ⁵University of Cape Town, Centre for Infectious Disease and Epidemiology Research, Cape Town, South Africa.
- 12:55-13:05
OP-116-15** **One patient, many systems: surveillance of persons coinfecting with tuberculosis and HIV, Western Cape, South Africa, 2011**
S Auld,^{1,2} L Kim,^{1,2} E Webb,³ LJ Podewils,² MA Uys³
¹Centers for Disease Control and Prevention (CDC), Epidemic Intelligence Service, Atlanta, United States, ²CDC, Division of TB Elimination, Atlanta, United States, ³TB, HIV/AIDS Treatment Support and Integrated Therapy (THAT'SIT), Program Office, Johannesburg, South Africa.
- 13:05-13:15
OP-117-15** **HIV testing and counselling, CPT and ART uptake among TB-HIV co-infected patients under routine programme conditions: ten years experience from Malawi**
HS Kanyerere,¹ J Mpunga,¹ I Dambe,¹ K Mbendera,¹ Z Chirwa²
¹National TB Control Program, Ministry of Health, Lilongwe, Malawi, ²Department of HIV and AIDS, Ministry of Health, Lilongwe, Malawi.
- 13:15-13:25
OP-118-15** **Efavirenz 600 mg daily co-administered with rifampicin in HIV-infected adults with body weight ≥ 50 kg**
L Borand,¹ D Laureillard,² Y Madec,³ M Chou,⁴ P Pheng,¹ A Goldfeld,^{5,6} A.M. Taburet,⁷ F.X. Blanc⁷
¹Institut Pasteur in Cambodia, Epidemiology and Public Health Unit, Phnom Penh, Cambodia, ²ANRS, ANRS, Ho Chi Minh City, Vietnam, ³Institut Pasteur, Unité de Recherche et d'Expertise Épidémiologie des Maladies Emergentes, Paris, France, ⁴University of Health Sciences, Faculty of Pharmacy, Phnom Penh, Cambodia, ⁵Cambodian Health Committee, Cambodian Health Committee, Phnom Penh, Cambodia, ⁶Harvard Medical School, Immune Disease Institute, Boston, United States, ⁷Bicêtre Hospital, Assistance Publique - Hôpitaux de Paris, Clinical Pharmacy Department, Le Kremlin-Bicêtre, France.
- 13:25-13:35
OP-119-15** **Pharmacokinetics of Rifampicin and Isoniazid in TB-HIV co-infected patients on Nevirapine or Efavirenz based antiretroviral treatment (ANRS12214)**
N Bhatt,¹ A Amin,² E Baudin,³ B Meggi,¹ C Da Silva,³ C Barau,² M Bonnet,³ AM Taburet²
¹Instituto Nacional de Saúde, Polana Caniço Health Research and Training Center, Maputo, Mozambique, ²Hospital Bicêtre, AP-HP, Clinical Pharmacy Department, Paris, France, ³EPICENTER, Clinical Research Department, Paris, France.

- 13:35-13:45**
OP-120-15 **Modelling the population-level impact of Isoniazid preventive therapy for HIV-infected Brazilian adults**
DW Dowdy,^{1,2} J Golub,^{1,2} V Saraceni,³ L Moulton,⁴ S C Cavalcante,^{3,5} S Cohn,² A Pacheco,⁵ R E Chaisson,^{1,2,4} B Durovni^{3,6}
¹Johns Hopkins Bloomberg School of Public Health, Epidemiology, Baltimore, United States, ²Johns Hopkins University School of Medicine, Center for Tuberculosis Research, Baltimore, United States, ³Municipal Health Secretariat, (none), Rio de Janeiro, Brazil, ⁴Johns Hopkins Bloomberg School of Public Health, International Health, Baltimore, United States, ⁵Fiocruz, (none), Rio de Janeiro, Brazil, ⁶Federal University of Rio de Janeiro, (none), Rio de Janeiro, Brazil.
- 13:45-13:55**
OP-121-15 **Population-based outcomes of HIV-TB co-infections in the United Kingdom**
D Zenner,¹ S Conti,¹ M Kruijshaar,¹ Z Yin,¹ M Kall,¹ B Rice,¹ I Abubakar,¹ V Delpech¹
¹Health Protection Agency, HPS Colindale, London, United Kingdom.
- 13:55-14:15**
Discussion

Oral Abstract Session **04**

12:45-14:15 Conference Hall 1

Pneumonia in adults and children: preventing deaths

Chairs: Andrew Steenhoff (Botswana), Norhaya Razali (Malaysia) - **Section:** Lung Health

- 12:45-12:55**
OP-122-15 **Pulmonary tuberculosis and inadequate anti-tuberculous treatment are important risk factors of chronic obstructive pulmonary disease**
J-Y Wang,¹ C-H Lee,² C-C Shu,³ H-H Lin⁴
¹National Taiwan University Hospital, Internal Medicine, Taipei, Taiwan, ²Buddhist Tzu Chi General Hospital, Internal Medicine, New Taipei, Taiwan, ³National Taiwan University Hospital, Traumatology, Taipei, Taiwan, ⁴National Taiwan University, Graduate Institute of Epidemiology and Preventive Medicine, Taipei, Taiwan.
- 12:55-13:05**
OP-123-15 **Hypoxemia prevalence and the quality of oxygen provision in hospitalised children in an HIV-endemic African country: a multicentre study**
ED Mccollum,¹ E Bjornstad,² G Preidis,³ M Hosseinipour,² N Lufesi⁴
¹Johns Hopkins Children's Center, Pediatric Pulmonology, Baltimore, United States, ²University of North Carolina Project, Pediatrics, Lilongwe, Malawi, ³Baylor College of Medicine, Interdepartmental Program in Translational Biology and Molecular Medicine, Houston, United States, ⁴Ministry of Health, Community Health Sciences Unit, Lilongwe, Malawi.
- 13:05-13:15**
OP-124-15 **A prospective study on clinical and radiological resolution of community acquired pneumonia**
MM A,¹ C Ravindran,¹ Jame Pt¹
¹Govt. Medical College, Pulmonary Medicine, CALICUT, India.
- 13:15-13:25**
OP-125-15 **Impact of concomitant pulmonary tuberculosis in treatment outcomes of hospitalised CAP patients in Taiwan**
J-Y Feng,¹ W-F Fang,² C-L Wu,³ C-J Yu,⁴ M-C Lin,² S-C Ku,⁴ C-W Chen,⁵ C-Y Tu,⁶ W-J Su,¹ K-Y Yang¹
¹Taipei Veterans General Hospital, Department of Chest Medicine, Taipei, Taiwan, ²Kaohsiung Chang Gung Memorial Hospital, Division of Pulmonary and Critical Care Medicine and Department of Respiratory Therapy, Kaohsiung, Taiwan, ³Taichung Veterans General Hospital, Division of Critical Care & Respiratory Therapy, Department of Internal Medicine, Taichung, Taiwan, ⁴National Taiwan University Hospital, Department of Internal Medicine, Taipei, Taiwan, ⁵National Cheng-Kung University Hospital, Medical Intensive Care Unit, Department of Internal Medicine, Tainan, Taiwan, ⁶China Medical University Hospital, Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine, Taichung, Taiwan.
- 13:25-13:35**
OP-126-15 **Validation of a new index to predict mortality from community-acquired pneumonia in Malawi: the SWAT-BP score**
I Buss,¹ E Birkhamshaw,¹ I Magadoro,² M Innes,³ J Rylance,^{2,4} P Waitt²
¹University of Birmingham, Department of International Health, Birmingham, United Kingdom, ²University of Malawi, Department of Medicine, Blantyre, Malawi, ³University of Birmingham, Department of Primary Care, Birmingham, United Kingdom, ⁴Malawi-Liverpool-Wellcome, Clinical Research Program, Blantyre, Malawi.
- 13:35-13:45**
OP-127-15 **Effectiveness of Benzyl Penicillin monotherapy for treatment of severe pneumonia among Kenyan children**
J Oliwa,¹ A Agweyu¹
¹KEMRI-Wellcome Trust Research Programme, Child and Newborn Health Group-Severe Pneumonia Trial, Nairobi, Kenya.
- 13:45-13:55**
OP-128-15 **High mortality among adults presenting with pneumonia in Botswana**
E Greenberger,^{1,2} A Ho-foster,² A Chandra,³ L Molapisi,² J Poloko,⁴ T Gouwe,⁴ HM Friedman,² MK Haas²
¹Geisel School of Medicine at Dartmouth, Medical Student, Hanover, United States, ²Botswana-UPenn Partnership, University of Pennsylvania Perelman School of Medicine, Clinical Research, Philadelphia, United States, ³University of Botswana School of Medicine, Emergency Medicine, Gaborone, Botswana, ⁴Ministry of Labour and Home Affairs, Department of Civil and National Registration, Gaborone, Botswana.

- 13:55-14:05**
OP-129-15 **Respiratory symptoms and tuberculosis among HIV-positive children receiving care and treatment in Central Africa**
M Nduwimana,¹ H Bukuru,¹ P Kariyo,¹ M Mbaya,² N Kamgaing,³ M Obama,³ W Akam,⁴ J Newman⁵
¹Centre Hospitalo-Universitaire de Kamenge, Pediatrics, Bujumbura, Burundi, ²AMO CONGO, Pediatrics, Matadi, Congo - Kinshasa, ³Centre Hospitalier et Universitaire, Pediatrics, Yaoundé, Cameroon, ⁴Limbé Provincial Hospital, Pediatrics, Limbé, Cameroon, ⁵RTI International, Statistics and Epidemiology, Research Triangle Park, United States.
- 14:05-14:15** **Discussion**

Oral Abstract Session **05**

12:45-14:15 Conference Hall 2

Money, meetings and training: best practices to improve TB care

Chair: Carrie Tudor (USA), Jiloris F. Dony (Malaysia) - **Section:** Tuberculosis | Nurses & Allied Professionals

- 12:45-12:55**
OP-130-15 **Identifying the contribution of community health workers to the treatment outcome of TB patients in four provinces of Afghanistan, 2010**
GQ Qader,¹ M Abdul Hafiz,¹ PG Suarez,² M Seddiq,³ M Shefa,¹ D Swetha,² SD Mahmoodi,³ H Hassan⁴
¹Management Sciences for Health, TB CARE I, Kabul, Afghanistan, ²Management Sciences for Health, TB CARE, Washington DC, United States, ³National TB Program, NTP, Kabul, Afghanistan, ⁴Bangladesh Rural Advancement Committee, CB-DOTS, Dhaka, Bangladesh.
- 12:55-13:05**
OP-131-15 **Improving quality and access to care for tuberculosis patients through training of nurses in Russia**
T Fedotkina,¹ S. Mishustin,¹ V. Sarkisova²
¹Tomsk TB Dispensary, Outpatient Care, Tomsk, Russia, ²Russian Nurses Association, Head Office, St Petersburg, Russia.
- 13:05-13:15**
OP-132-15 **Providing financial incentives to rural-to-urban TB migrants in Shanghai: an intervention study**
G Zou,¹ X Wei,² J Yin,¹ J D Walley,¹ M Kliner,¹ HX Yang,³ J Mei⁴
¹University of Leeds, Nuffield Centre for International Health and Development, Leeds, United Kingdom, ²The Chinese University of Hong Kong, School of Public Health and Primary Care, Hong Kong, Hong Kong SAR China, ³Shanghai Changning district Centre for Disease Control and Prevention, TB control department, Shanghai, China, ⁴Shanghai Centre for Disease Control and Prevention, TB control department, Shanghai, China.
- 13:15-13:25**
OP-133-15 **Care perceptions among TB patients in Burundi**
M Sawadogo,¹ T Ndikumana,² J Ndikubagenzi,³ E Ndiokubwayo²
¹Damian Foundation, NTP, Bujumbura, Burundi, ²Ministry of Health, NTP, Bujumbura, Burundi, ³University of Burundi, Public Health, Bujumbura, Burundi.
- 13:25-13:35**
OP-134-15 **Pharmaceutical care service for patients with tuberculosis and diabetes mellitus in Malaysia: issues and challenges**
S Gnanasan,¹ K.N. Ting,² K.T. Wong,² S Mohd. Ali,³ AR Abdul Muttalif,⁴ C Anderson⁵
¹Universiti Teknologi MARA, Faculty of Pharmacy, Puncak Alam, Malaysia, ²University of Nottingham, Malaysia Campus, School of Biomedical Sciences, Semenyih, Malaysia, ³Taylor's University, School of Pharmacy, Subang Jaya, Malaysia, ⁴Institute of Respiratory Medicine, Respiratory, Kuala Lumpur, Malaysia, ⁵University of Nottingham, School of Pharmacy, Nottingham, United Kingdom.
- 13:35-13:45**
OP-135-15 **Developing sustainable TB-HIV management capacity through training of pre-service education teachers in Zambia**
J Nikisi,¹ D Phiri,¹ N Kapata,² C Kayunga,² T Sikateyo,³ L Lwatula,¹ K Asiedu¹
¹Jhpiego- An affiliate of Johns Hopkins University, Zambia Office, Lusaka, Zambia, ²Ministry of Health, National TB program, Lusaka, Zambia, ³General Nursing Council, Education and Training, Lusaka, Zambia.
- 13:45-13:55**
OP-136-15 **The therapeutic meeting: a community-based strategy to reinforce information, education and communication among TB patients**
R Mwape,¹ N Daka,¹ M Daka,¹ B Kashiwa,¹ W Mwape,¹ K Murakami²
¹Community-Based TB-HIV/AIDS Organization, TB-HIV/AIDS, Lusaka, Zambia, ²Japan Anti-tuberculosis Association(JATA), international cooperation, Tokyo, Japan.
- 13:55-14:05**
OP-137-15 **Barriers to tuberculosis control in communities with poverty and high TB incidence, regardless of high treatment success rates**
N Singha-dong¹
¹Suranaee University of Technology, Community Health Nursing, Nakhon Ratchasima, Thailand.
- 14:05-14:15** **Discussion**

Oral Abstract Session **06**

12:45-14:15 Conference Hall 3

Mothers, migrants, military and more: TB in special populations

Chairs: Jeannine Uwimana (South Africa), Goon Ai Khiang (Malaysia) - **Section:** Tuberculosis

- 12:45-12:55**
OP-138-15 **HIV positivity in TB patients accessing care in major Nigeria Military Health facilities**
Lawal,¹ B Keshinro,¹ Y Adamu,¹ I Okoye,¹ T Umar,² E Akintunde,¹ O Ayemoba²
¹US Department of Defense- Walter Reed Program Nigeria, Clinical, Abuja, Nigeria, ²Nigeria Ministry Of Defense, Emergency Plan Implementation Committee, Abuja, Nigeria.
- 12:55-13:05**
OP-139-15 **Southern Health Improvement Samity efforts to serve the underprivileged and difficult-to-reach TB affected people of the islands of Sundarban**
MA Wohab,¹ S Mukhopadhyay²
¹Southern Health Improvement Samity, TB Control, Kolkata, India, ²Universal Health Services, Health & Social Development, New Delhi, India.
- 13:05-13:15**
OP-140-15 **Reaching the unreachable: active TB case finding among the internally displaced population in six provinces of Afghanistan**
A Nasrat,¹ A Sanaie,² H Habib,³ M.A Zhian⁴
¹ACREOD, TB Control, Kabul, Afghanistan, ²ATA-AP, TB Control, Kabul, Afghanistan, ³MoPH/NTP, New Initiative, Kabul, Afghanistan, ⁴ATA-AP, TB Control, Kabul, Afghanistan.
- 13:15-13:25**
OP-141-15 **High prevalence of latent tuberculosis infection among attendees of a Malaysian Drug Rehabilitation Centre**
KC Wong,¹ D Gan,¹ H Al-darraj,^{1,2} J Fu,³ K Loeliger,³ C Pajji,⁴ A Kamarulzaman,^{1,2} F Altice^{2,3}
¹University of Malaya, Faculty of Medicine, Kuala Lumpur, Malaysia, ²University of Malaya, Centre of Excellence for Research in AIDS, Kuala Lumpur, Malaysia, ³Yale University School of Medicine, Department of Internal Medicine, New Haven, United States, ⁴Stanford University, School of Humanities and Sciences, Stanford, United States.
- 13:25-13:35**
OP-142-15 **The influence of gender and caste on knowledge, health seeking behaviour and social impact of TB**
S Baral,¹ H Elsey,² y Aryal,¹ R Bhattari,¹ A Paudel,¹ M Tandan,¹ SC Verma,³ K Jha³
¹Health Research and Social Development Forum, Research, Kathmandu, Nepal, ²University of Leeds, Academic Unit of Public Health, Leeds, United Kingdom, ³National TB Programme, Programme Research, Kathmandu, Nepal.
- 13:35-13:45**
OP-143-15 **Gender-related barriers to and delays in accessing tuberculosis diagnostic and treatment services: a systematic review of quantitative studies**
C Gounder,¹ W Yang,² T Akande,² J De Neve,³ A De Lima Pereira,² N Gummadu,² A Gupta^{2,4}
¹Johns Hopkins University, Center for Tuberculosis Research, Baltimore, United States, ²Johns Hopkins University, Center for Clinical Global Health Education, Baltimore, United States, ³Harvard University, School of Public Health, Boston, United States, ⁴Johns Hopkins University, Bloomberg School of Public Health, Baltimore, United States.
- 13:45-13:55**
OP-144-15 **Does time since arrival affect site of TB disease in UK migrants?**
S Tamne,¹ D Zenner,¹ D Pedrazzoli,¹ I Abubakar¹
¹Health Protection Agency, Tuberculosis, London, United Kingdom.
- 13:55-14:05**
OP-145-15 **Latent TB screening of HIV-negative women in pregnancy and post partum: comparing an interferon-gamma release assay with tuberculin skin testing in India**
J Mathad,¹ S Kanade,² A Nangude,² V Mave,^{2,3} N Gupte,^{2,3} V Sangar,² P Sambarey,⁴ A Gupta^{2,3}
¹Weill Cornell Medical College, Medicine, Division of Infectious Diseases, New York, United States, ²Byramjee Jeejeebhoy Medical College-Johns Hopkins University Clinical Trials Unit, Medicine, Pune, India, ³Johns Hopkins University School of Medicine, Medicine, Division of Infectious Diseases, Baltimore, United States, ⁴Byramjee Jeejeebhoy Medical College- Sassoon Hospital, Obstetrics & Gynecology, Pune, India.
- 14:05-14:15** **Discussion**

Notes

Symposium 10

14:30 - 16:30 Plenary Hall

Rolling out Xpert MTB/RIF: bringing donors, laboratories and programmes together for sustainability

Sections

Tuberculosis | HIV

Coordinators

Bess Miller (USA)
Heather Alexander (USA)

Chairs

Bess Miller (USA)
Souleymane Sawadogo (Namibia)

Target audience

National TB and AIDS control programme managers, National TB reference laboratorians, hospital and health facility laboratory personnel, doctors, nurses and administrators, TB and HIV programme implementing partners and donors

Description

In December 2010 WHO endorsed the use of Xpert MTB/RIF for diagnosis of TB, with priority given to persons with suspected HIV-associated TB or MDR-TB. Within the past year, countries in all regions have begun to purchase GeneXpert machines. The availability of significant donor funding and interest by TB and HIV programme partners has dramatically accelerated these efforts. National TB Control Programmes and laboratories have had to develop approaches and standard operating procedures to begin implementation. This symposium will allow early implementers to share successes, challenges and lessons learnt.

Relation to Conference theme

Rolling out and scaling up Xpert MTB/RIF will require close collaboration between donors, public health laboratories, National TB and National AIDS Control Programmes and civil society.

Objectives

- Learn about performance characteristics of Xpert MTB/RIF and the evaluation studies that led to endorsement by WHO;
- Learn about the impact of implementation of Xpert MTB/RIF on TB laboratories and programmes in resource-limited settings;
- Learn about programmatic and laboratory systems-related experiences in rolling out Xpert MTB/RIF in African and Asian country settings.

Presentations

- 14:30-14:45** Introduction and status of the global roll-out of Xpert MTB/RIF for the diagnosis of tuberculosis – *Christopher Gilpin (Switzerland)*
- 14:50-15:05** Programmatic experience with Xpert MTB/RIF implementation in Indonesia – *Ibu Dyah (Indonesia)*
- 15:10-15:25** Impact and operational challenges of use of Xpert MTB/RIF on TB case finding in PLHIV in Botswana – *Tefera Agizew (Botswana)*
- 15:30-15:45** Experience with implementation of Xpert MTB/RIF in India – *Kuldeep S. Sachdeva (India), Neeraj Raizada (India)*
- 15:50-16:05** Implementing Xpert MTB/RIF for diagnosis of TB in Nigeria: a joint effort with partners – *Joshua Obasanya (Nigeria)*
- 16:10-16:30** Discussion

Symposium 11

14:30 - 16:30 Plenary Theatre

Translating TB projects into sustainable TB programmes: lessons from the WHO-CIDA initiative

Supported by

World Health Organization (WHO)

Section

Tuberculosis

Coordinators

Monica Dias-Yesudian (Switzerland)
Mukund Uplekar (Switzerland)

Chairs

Nathalie Garon (Canada)
Mario Raviglione (Switzerland)

Target audience

Policy-makers, public health practitioners, TB programme staff, clinicians, researchers

Description

Despite significant progress in TB control, increasing case detection remains a major challenge. To address this, WHO, through a 3 year grant from the Canadian International Development Agency, is assisting five high TB incidence countries in implementing specific approaches that contribute to increasing TB case detection. The approaches include intensified hospital engagement, contact investigation and systematic screening for TB among risk groups. With this foundation, this initiative aims for sustainable innovation which is additional to, and complementary to, existing sources of support.

Relation to Conference theme

The burden of TB is declining slowly worldwide, but progress in controlling TB and mitigating its consequences could be expedited if programmes focused on providing early diagnosis and treatment. This symposium will discuss how TB case detection has increased in the 5 countries supported by the CIDA project, through the use of innovative and sustainable approaches. The potential for national scale-up of these approaches as well as replicating efforts in other countries, will be emphasised.

Objectives

- To present experiences and findings from countries on efforts to increase case detection;
- To discuss means for nation-wide scale-up of these approaches;
- To discuss how the lessons from this initiative can be applied in other countries.

Presentations

- 14:30-14:45** Increasing TB case detection through active case finding among people living with HIV in Swaziland – *Themba Dlamini (Swaziland)*
- 14:50-15:05** Detecting TB cases through intensified hospital engagement in the Philippines and Vietnam – *To be confirmed*
- 15:10-15:25** Harnessing contact investigation approaches to detect TB cases in DRC – *Richard Mbumba (DR Congo)*
- 15:30-15:45** Using innovative approaches to increase TB case detection in Ghana – *Frank Bonsu (Ghana)*
- 15:50-16:05** Sustaining and replicating successes from the WHO-CIDA project – *Mukund Uplekar (Switzerland)*
- 16:10-16:30** Discussion

Symposium 12

14:30 - 16:30 Banquet Hall

Tuberculosis screening programmes for healthy migration
and strengthening tuberculosis control programmes

Section

Tuberculosis

Coordinators

Deliana Garcia (USA)

Drew Posey (USA)

Chairs

Paul Douglas (Australia)

Kashi Jha (Nepal)

Target audience

Policy-makers, public health officials, health care workers, NGOs working with migrants, migrant associations, migration authorities

Description

With their movement and risk factors for tuberculosis, globally mobile populations pose a unique challenge to tuberculosis programmes. Different countries, especially those with low-incidence of TB, implement extensive overseas screening programmes as part of the response to this challenge. Others implement migrant screening within their borders or for mobile populations during complex emergencies. This symposium will present experiences and highlight links of such programmes to broader TB control efforts, including building diagnostic and treatment capacity of National TB programmes.

Relation to Conference theme

As migrants and mobile populations cross borders, countries share a mutual responsibility to work together to address issues of tuberculosis control in these populations. TB screening programmes can be an effective tool to ensure quality tuberculosis care for migrants and serve as an innovative catalyst for building capacity of National TB programmes to control TB.

Objectives

- To share research and experiences from tuberculosis screening programmes for migrating populations;
- To provide insights into migrant screening programmes of different countries from policy perspective;
- To highlight the ability to strengthen national laboratory infrastructure through migrant screening programmes;
- To discuss how migrant screening programmes can be used to benefit national tuberculosis control efforts in the source communities/countries of origin.

Presentations

- 14:30-14:45** Public-private partnership for immigration screening in the Dominican Republic – *Angel Contreras (Dominican Republic)*
- 14:50-15:05** Laboratory development for immigrant and refugee screening programmes – *Warren Jones (Kenya)*
- 15:10-15:25** How immigration programmes can benefit Viet Nam – *To be confirmed*
- 15:30-15:45** Health screenings for conflict-affected communities: an opportunity for tuberculosis control – *Dhikrayet Gamara (Tunisia)*
- 15:50-16:05** Capacity building beyond traditional typical health settings – *Navin Kumar Thakur (Nepal)*
- 16:10-16:25** The UK screening programme – *Ibrahim Abubakar (UK)*

Symposium 13

14:30 - 16:30 Conference Hall 1

Challenges and solutions for sustainable TB and TB-HIV care
among migrants and marginalised populations

Sections

Tuberculosis | HIV
| Nurses & Allied
Professionals

Coordinators

Trini Mathew (USA)

Poonam Dhavan
(Philippines)

Chairs

Shu-Hua Wang (USA)

Davide Mosca
(Philippines)

Target audience

Non-government
organisations, funding
organisations,
government
organisations, policy-
makers and primary
care providers

Description

Care of vulnerable and marginalised populations are challenging for TB and HIV programmes. Vulnerable populations include patients with alcohol and substance abuse, migrant population, coal miners and prisoners who are faced with many patient associated and provider associated barriers. The session will highlight difficulties and novel methods for providing TB-HIV care for this population. This symposium will also discuss roles and interactions of nongovernment agencies, community leaders, Policy-makers and researchers for assuring and optimising care.

Relation to Conference theme

This session will complement the main conference session theme by emphasising challenges and solutions for providing TB-HIV care in marginalised populations. It will discuss development of sustainable quality TB-HIV health care in vulnerable patient populations and will highlight innovative partnerships between multiple organisations including government, non-government agencies and academic centers to improve and maintain care.

Objectives

- Discuss challenges and barriers of developing and sustaining TB and HIV care in marginalised populations;
- Present innovative strategies for TB programmes to provide diagnostic and treatment services for migrants and marginalised populations;
- Elaborate issues and bottle necks, in establishing multisectoral and interdisciplinary partnerships;
- Review effective partnerships for sustainable care in marginalised populations.

Presentations

- 14:30-14:45** Bridging the gap between penitentiary and community population for sustained TB-HIV care – *Iagor Kalandadze (Georgia)*
- 14:50-15:05** Enhancing collaborative partnerships for care of TB-HIV and alcohol comorbidities – *Trini Mathew (USA)*
- 15:10-15:25** Ensuring quality and sustainable TB care in coal miners in Lesotho – *Nico Lesia (South Africa)*

- 15:30-15:45** Active case finding of TB among cross-border migrants in Cambodia – *Brett Dickson (Cambodia)*
- 15:50-16:05** TB control strategies among internal migrants in China – *Liu Xiaoqi (China)*
- 16:10-16:25** Managing TB among labour migrants in Jordan – *To be confirmed*

Symposium 14

14:30 - 16:30 Conference Hall 2

Building national and international partnerships to ensure a sustainable response to TB challenges

Section

Tuberculosis

Coordinators

Young-Ae Chu
(Switzerland)
Mandy Slutsker (USA)

Chairs

Giuliano Gargioni
(Switzerland)
Peter Gondrie (Belgium)

Target audience

Partnership brokers,
country-level
implementers, NTP
staff, civil society
organisations (NGOs,
CBOs, FBOs), advocates,
private/business sector,
donor agencies and
staff from multilateral
organisations

Description

The financial crisis, TB-HIV co-infection and the rise of drug-resistant TB are stretching the resources of national TB programmes. In order to optimise resource utilisation and minimise duplication of investment, many countries are forming national stop TB partnerships. Advocates are also building partnerships across national borders to accelerate the global response to TB. This symposium will present methods and examples of why and how national partnerships can build a sustainable response to the TB epidemic in their own countries.

Relation to Conference theme

Partnerships help build a sustainable response to TB challenges. TB control requires sustained financing including support to and/or contributions by all stakeholders. Partnerships bring partners together from different sectors to develop and implement shared action plans to tackle TB. After a mapping of resources, partners are able to agree on a common plan with identified roles and responsibilities and move to a joint resource (financial, technical, human) mobilisation strategy.

Objectives

- To promote discussion among presenters and the audience on how partnerships at country and international level can help build a sustainable response to the TB epidemic;
- To encourage the development and strengthening of national stop TB partnerships in all countries.

Presentations

- 14:30-14:45** Stop TB Afghanistan: successfully developing a local fundraising strategy – *Karam Shah (Afghanistan)*
- 14:50-15:05** Thailand Stop TB Partnership: mitigating the challenges of GFATM grant phasing out – *Chawetsan Namwat (Thailand)*
- 15:10-15:25** Stop TB Italia: hosting fundraising events to help high-burden countries in their fight against TB – *Giorgio Besozzi (Italy)*
- 15:30-15:45** Vietnam Stop TB Partnership: building a sustainable response to the tuberculosis epidemic – *Nguyen Viet Nhung (Viet Nam)*
- 15:50-16:05** Tuberculosis control network in Nepal: joining forces for the MDR-TB management programme – *Kashi Kant Jha (Nepal)*
- 16:10-16:25** Increasing new resources through international advocacy partnerships – *Aparna Barua (UK)*

Symposium 15

14:30 - 16:30 Conference Hall 3

A realistic assessment of programmatic management of DR-TB [PMDT] scale-up achievements, challenges and opportunities

Section

Tuberculosis

Coordinators

Catharina Van Weezenbeek
(Philippines)
Michael Rich (USA)

Chairs

Salmaan Keshavjee
(USA)
Lee B. Reichman (USA)

Target audience

All those interested
in scaling up MDR-
TB care, particularly
Policy-makers, public
health officials, funding
agencies and NGOs,
technical advisors,
programme managers,
care providers
and community
representatives
advocating for change

Description

While political, financial and technical momentum for MDR-TB has been built in the last decade, the effectiveness of countries and the international community to scale-up diagnosis and treatment of DR-TB has been sub-optimal. July 11, 2011 marked the start of the new global framework endorsed by the WHO. This session provides an in depth look at some key structures (gGLC, rGLCs) within the global response for MDR-TB. A discussion on the accountability of countries, international mechanisms, funders' responsibilities and a way forward will take place.

Relation to Conference theme

This is the era of new pursuits against MDR-TB that are hoped to reap dynamic and meaningful results if sustainable. The symposium will explain (and assess) recent changes in two key international mechanisms (gGLC and GDF) that support both countries and partners in scale-up to address DR-TB. The session explores future steps for sustainability, success and scale-up through working together to achieve a common goal. The crucial issue of how to sustain massive scale-up is seriously addressed.

Objectives

- To assess the progress of country scale-up in the programmatic management of drug-resistant TB (PMDT);
- Overview of the functions of two main international mechanisms: the Global Green Light Committee (gGLC) and the Global Drug Facility (GDF);
- To share the experience of PMDT under the new framework of MDR-TB control focusing on the new regional Green Light Committees (rGLC);
- Outline the funding challenges for existing PMDT services and for PMDT scale-up;
- To discuss the accountability of countries, international mechanisms and funders and a way forward.

Presentations

- 14:30-14:45** Sustaining and scaling up PMDT: how Vietnam prepares for a future with less international funding – *Nguyen Viet Nhung (Viet Nam)*
- 14:50-15:05** Can the GDF supply the PMDT scale-up? An overview of challenges and anticipated GDF response – *Kaspars Lunte (Switzerland)*
- 15:10-15:25** Is the regional GLC effective in supporting scale-up? The European experience – *Masoud Dara (Denmark)*
- 15:30-15:45** Global GLC report on pace of PMDT scale-up, key bottlenecks and GLC response – *Charles Daley (USA)*
- 15:50-16:05** International funding for PMDT scale-up: the donors' perspective – *Mohammed A. Yassin (Switzerland)*
- 16:10-16:25** A way forward to promote sustainability, responsibility and scale-up: getting it done – *Lucica Ditiu (Switzerland)*

Symposium 16**14:30 - 16:30** Room 304/305

Effective aid for better lung health: good practices on sustainability and mutual responsibility

Sections

Lung Health |
Tuberculosis

Coordinator

Patrick Bertrand
(France)

Chairs

Charlotte Goyon
(France)
Annick Jeantet (France)

Target audience

CSOs, government
officials, donors,
international
organisations and
private sectors

Description

This session aims to showcase aid effectiveness practices in health, and to galvanise participants to more effectively engage with and promote aid effectiveness mechanisms in this sector. This will be achieved by presenting the AID effectiveness agenda and by sharing best practices. The course will highlight how the recommendations of the Busan OECD Health Working group (part of the High Level Forum on AID effectiveness Busan 2011) have been and could be better translated to the lung health response, as well as the important role of the Civil society.

Relation to Conference theme

Sustainability and mutual accountability are two pillars of the AID effectiveness agenda. Health has been identified by OECD as a tracer sector and the 2011 Busan High Level Forum on AID effectiveness is an important time to assess progress made by donors and countries in delivering better AID for health. Lung health response should build on this agenda.

Objectives

- Highlight best practices with regards to aid effectiveness in health so that participants might use these examples in their efforts at national and international levels;
- Ensure continued commitment to aid effectiveness in health;
- Present the recommendations of the Busan OECD Health Working Group and their potential impact in lung health;
- Share lessons from country engagement with the International Health Partnership and related initiatives (IHP+);
- Energise CSOs to more effectively engage with country level aid effectiveness mechanisms.

Presentations

- 14:30-14:45** Expert recommendations on aid effectiveness in the health sector, how can this be implemented in lung health? – *Annick Jeantet (France)*
- 14:50-15:05** How to ensure effective health and TB response through democratic ownership: the example of Kenyan CSOs and IHP+ – *Evelyn Kibuchi (Kenya)*
- 15:10-15:25** Optimisation, effectiveness and efficiency of service delivery: integration of TB-HIV and health services in South Africa – *Yogan Pillay (South Africa)*
- 15:30-15:45** TB control in India: providing and sustaining universal access to quality assured diagnosis and treatment – *Bobby John (India)*
- 15:50-16:05** Quality response to TB control and care in Europe, through harmonisation and mutual responsibilities: the Framework Action Plan – *Marieke van der Werf (Netherlands)*
- 16:10-16:30** Discussion

Symposium 17**14:30 - 16:30** Room 306

Monitoring the global tobacco epidemic: strategic and sustainable system

Section

Tobacco Control

Coordinators

Yang Song (USA)
Jeremy Morton (USA)

Chair

Rajeev Cherukupalli
(USA)

Target audience

Anyone who is interested in tobacco control or learning about a standardised global health monitoring and surveillance system

Description

Systematic monitoring and tracking are fundamental to the art of managing tobacco control. The Global Adult Tobacco Survey (GATS) is a standardised nationally representative survey that systematically monitors adult tobacco use and tobacco control policy measures. GATS was implemented in Bangladesh, Brazil, China, Egypt, India, Mexico, Philippines, Poland, Russian Federation, Thailand, Turkey, Ukraine, Uruguay and Viet Nam, covering more than half of the world population, and is expanded to Argentina, Indonesia, Malaysia, Nigeria, Panama, Romania, with Thailand and Turkey repeating the survey.

Relation to Conference theme

Within a span of four years, implementation of GATS in 20 countries cover more than 60 percent of the world's smokers, resulting in a more accurate picture of tobacco use. The symposium will demonstrate the ways in which the continual partnerships developed from GATS, track tobacco control indicators and policies to drive change.

Objectives

- Introduce the establishment of a standard system to monitor adult tobacco use and the fundamental ways in which GATS data intersect with global policy and practice of the WHO, FCTC and MPOWER;
- Demonstrate countries' successes on how they adapted the global survey standards in their national contexts involving politics and partnerships, the reduced tobacco use and the tracking of tobacco control policies to drive change;
- Provide a global overview of the hazards of smoking and the benefits of stopping.

Presentations

- 14:30-14:45** Fundamentals of the Global Adult Tobacco Survey (GATS) and intersection with "WHO MPOWER" – *Yang Song (USA)*
- 14:50-15:05** Sustaining monitoring of tobacco use through the implementation of TQS – *Jeremy Morton (USA)*
- 15:10-15:25** Malaysia: the Global Adult Tobacco Survey (GATS) findings and partnership model – *Helen Tee (Malaysia)*
- 15:30-15:45** Tobacco control success in Thailand and Turkey: results to replicate – *Sarunya Benjakul (Thailand), Toker Erguder (Turkey)*
- 15:50-16:05** Using data to drive policy change in tobacco control – *Rajeev Cherukupalli (USA)*
- 16:10-16:30** Discussion

Symposium 18**14:30 - 16:30** Room 401/402**Tuberculosis in prisons: breaking the cycle through integration with community health services****Section**

Tuberculosis

Coordinators

Philipp Du Cros (UK)
Sarabjit Chadha (India)

Chairs

Masoud Dara
(Denmark)
Frederick Altice (USA)

Target audience

Policy-makers,
programme
managers, civil
society, development
agencies, human right
activists, researchers,
academicians, health
care providers

Description

TB is a major cause of morbidity and mortality among prisoners. TB prevalence in prisons is up to 100 times higher than in the community. High turnover of prisoners can contribute to further transmission of TB into the community. In most developing countries, TB prison services are limited and there is lack of integration with the civilian TB services leading to delay in diagnosis and treatment, and failure to complete treatment after release. The complexities of managing HIV-TB coinfecting patients and drug resistant TB requires coordination between many different stakeholders.

Relation to Conference theme

Given that TB in correctional facilities contributes to the TB problem in communities, civilian TB services have the responsibility to implement similar services inside prisons. This symposium provides a platform to discuss the role of the National TB Programmes and other stakeholders, in improving TB control services in prisons and the challenges of integration of HIV and DR-TB care.

Objectives

- To discuss the need for integrating TB civilian services with those provided in prisons;
- To describe the challenges, framework and outline the role of NTP integration in controlling TB in prisons;
- To discuss examples of existing effective integration models and their impact on TB control in prisons;
- To discuss ethical challenges and post-release challenges in TB control;
- To outline research priorities in sustaining TB interventions in prisons and civil society involvement for TB control in prisons.

Presentations

- 14:30-14:45** Challenges facing post-release health-service integration – *Frederick Altice (USA)*
- 14:50-15:05** Harm reduction and HIV services in Malaysian prisons: TB screening and treatment opportunities – *Haider Al-Darraj (Malaysia)*
- 15:10-15:25** Research to policy and practice: tuberculosis control in Malawian prisons – *Anthony D. Harries (UK)*
- 15:30-15:45** Commencing integrated HIV-TB services in prisons in Myanmar – *Myo Set Aung (Myanmar)*
- 15:50-16:05** Role of civil society in effective TB control in prisons – *Sarabjit Chadha (India), Geetanjali Sharma (India)*
- 16:10-16:25** Ethical dilemmas in TB and MDR-TB control in prisons: examples from Kyrgyzstan – *Philippe Calain (Switzerland)*

Sponsored Satellite Symposium 01

17:00 - 18:30 Plenary Theatre

Making markets work for tuberculosis: fostering a healthy micromarket for paediatric TB medicines through innovative market approaches

Organised by
UNITAID**Section**
Tuberculosis**Coordinators**
Katherine Blumer
(Switzerland)
Sarah Mascheroni
(Switzerland)**Chairs**
Melvin Spigelman (USA)
Carol Nawina Nyirenda
(Zambia)**Target audience**
Donors, international
organisations,
regulators, policy-
makers, civil society
organisations,
academics
and industry**Description**

The first-line paediatric market for tuberculosis medicines faces several critical access issues. Product development challenges, unclear regulatory pathways and other market entry costs discourage manufacturers from improving existing medicines and formulations. To date, market-based interventions have fallen short of radically altering this market. This session will consider how international organisations and donors can stimulate sustained growth and foster a dynamic market for paediatric TB medicines.

Relation to Conference theme

Pharmaceutical markets comprise of public and private sector providers as well as consumers. Policies, regulations, donor conditions and guidelines all directly impact the size and structure of these markets. This symposium highlights the importance of partnership models that engage multiple key actors in interventions that promote the healthy, competitive markets critical to tuberculosis treatment scale-up.

Objectives

1. To outline market uncertainties and shortcomings in the paediatric tuberculosis medicines market
2. To explore the interconnectedness, roles and perspective of multiple players that drive market-based partnership models
3. To describe how market interventions could be used to stabilise this fragile market and encourage innovation of new products
4. To discuss new partnership arrangements and innovative approaches to address market and scale-up challenges of the future.

Presentations

- 17:00-17:15** Setting the scene: urgent unmet needs in paediatric TB and targets for future product development – *Stephen M. Graham (Australia)*
- 17:20-17:35** Defining the hurdles: challenges in product development and paediatric regulatory pathway – *Lisa Hedman (Switzerland)*
- 17:40-17:55** Aggregating demand and other 'pull' mechanisms: what has worked and where other tools are needed for paediatric TB – *Sana Mostaghim (India)*
- 18:00-18:15** A donor perspective: activities to foster a healthy micromarket for paediatric TB medicines – *Janet Ginnard (Switzerland)*
- 18:20-18:30** Discussion

Sponsored Satellite Symposium 02

17:00 - 18:30 Conference Hall 1

Virtual implementation (modelling) as a practical tool to evaluate new TB diagnostics

Organised by
TREAT TB**Section**
Tuberculosis**Coordinators**
Tara Ornstein (USA)
Rachael Thomson (UK)**Chairs**
Anne Detjen (USA)
Ya Diul Mukadi (USA)**Target audience**
Health workers,
Ministry of Health
programme staff,
academic researchers,
interested members
of the private sector
and non-governmental
organisations with
interests in diagnostic
tools, programme
implementation and
research**Description**

As new diagnostic tools for TB become available, more information about their likely performance in real-world settings is needed. Programme managers and Policy-makers in high-burden settings require guidance as they decide the best approaches for their unique country circumstances. TREAT TB partners at the Liverpool School of Tropical Medicine, the Harvard School of Public Health and the National University of Taiwan have responded to this need by developing an innovative virtual implementation approach. This approach encompasses both operational and transmission modelling components to provide comprehensive and actionable projections of performance of alternative diagnostic tools and algorithms (such as those including Xpert MTB/RIF) for the specific context being considered. The operational modelling component predicts the potential impact of new tools on the functioning of health systems and patient outcomes by identifying the professional and human resource requirements, as well as the costs associated with the introduction and scale-up of new tools. The transmission modelling element predicts the potential impact of new tools on the transmission of TB within a population. Combining these two approaches provides the necessary details to inform programmatic decisions. This symposium will provide an update of the approaches utilised in this project as well as examples of their practical implementation within a routine programme setting.

Relation to Conference theme

As programmes are faced with increasing demands and decreasing resources, difficult decisions need to be made on the best approaches to utilise the available resources to ensure a sustainable health system. The virtual implementation approach presented during this symposium may assist programme managers and policy-makers in building an effective and sustainable system with regards to diagnostic tools.

Objectives

1. To describe how virtual implementation can be used to explore the impact of new diagnostic tools and provide guidance to programme managers and Policy-makers;

2. To demonstrate, through a case study in Tanzania, how the approach can inform and improve decision making;
3. To discuss future applications for this innovative virtual implementation.

Presentations

- 17:00-17:15** Using transmission modelling to assess impact – *Hsien-Ho Lin (Taiwan)*
17:15-17:30 Operational modelling and cost effectiveness – *Ivor Langley (UK)*
17:30-17:45 A comprehensive approach to virtual implementation – *S. Bertel Squire (UK)*
17:45-18:00 Challenges associated with virtual implementation at country level – *Basra Doulla (Tanzania)*
18:00-18:15 Why do programmes need virtual implementation? – *Andrew Ramsay (Switzerland)*
18:15-18:30 Discussion

Sponsored Satellite Symposium 03**17:00 - 18:30** Conference Hall 3

Systems approach for tobacco control in India: a comprehensive tobacco control model for scale-up

Organised by
Public Health
Foundation of India
(PHFI)

Section
Tobacco Control

Coordinators
Monika Arora (India)
Manu Mathur (India)

Chair
K. Srinath Reddy (India)

Target audience
Public health
researchers; health
promotion experts;
academics, health
professionals; media
representatives,
government officials
from different LMICs;
members of civil
society; affected
communities as well
as donors interested in
multi-component and
multi-sectoral tobacco
control research

Description

Project STEPS offers a multi-component strategic initiative which will strengthen the implementation of tobacco control policies and programmes in India as well as other low- and middle-income countries (LMICs), supported by evidence based advocacy and evidence generating research. It integrates state level multi-stakeholder involvement with national level advocacy and innovative media partnerships. The project intends to strengthen tobacco control in selected sites of India so as to enable replication of this model through scale-up. The five major components of STEPS are: health system, community mobilisation, policy enforcement, Indian Language Print Media (ILPM) and youth empowerment. Each component has specific objectives and works towards a larger goal of achieving tobacco control in both the states as pilot states. This project will provide a working model to the governments of LMICs for district level tobacco control and stimulate further financial resource allocation for scaling-up and provide important lessons for other South Asian countries in particular and LMICs in general.

Relation to Conference theme

Tobacco has been established as a leading preventable cause of various ailments of lungs. Tobacco control programmes should be comprehensive in nature, and ideally, the measures taken should be the strongest possible and go beyond the minimum mandated by the FCTC. The programme should involve all the stakeholders. It should ultimately be integrated into the existing delivery systems through different mechanisms. It is important to involve all stakeholders at all stages of the programme, from development to implementation and evaluation. The STEPS model presents one such scalable model. Our intent is to promote a comprehensive health promotion model engaging multiple stakeholders in different settings for effective tobacco control with a belief that with a sustainable tobacco control effort involving different stakeholders can prove to be an effective tool to control the various deadly diseases caused by tobacco.

Objectives

1. To present an innovative and comprehensive model for tobacco control being tested in developing country context;
2. To present an evaluation design being used in the model for testing cost effectiveness of various components of this multi-intervention model;
3. To present how effectiveness data from specific components of the model are being used for policy improvement and advocacy.

Presentations

- 17:00-17:15** The STEPS model: a multi-sectoral response to the tobacco epidemics in India – *Manu Mathur (India)*
17:20-17:35 Tobacco control in primary health care settings: enabling health service providers to do tobacco counselling by health system intervention (HSI) – *Rajmohan Panda (India)*
17:40-17:55 Tobacco control at multiple settings: tobacco free schools and communities – *Monika Arora (India)*
18:00-18:15 Policy intervention strengthening enforcement – *Amit Yadav (India)*
18:20-18:30 Discussion

Sponsored Satellite Symposium **04**

17:00 - 18:30 Room 304/305

The double burden of tuberculosis and diabetes: evidence and collaborative efforts**Organised by**World Diabetes
Foundation (WDF)**Section**

Tuberculosis

CoordinatorsHanne Strandgaard
(Denmark)
Jamal Butt (Denmark)**Chairs**Alberto Barceló (USA)
Megan Murray (USA)**Target audience**National TB and
diabetes programme
managers; physicians,
nurses and other health
professionals involved
in TB and diabetes care;
health programme
managers and policy-
makers living in
countries with a high
prevalence of TB
and/or diabetes**Description**

The association between TB and diabetes mellitus (DM) and their synergetic role in causing human disease and suffering has been recognised for centuries. However, it is only recently that further evidence has shown that the steadily growing epidemic of diabetes poses a threat for global TB control. The symposium will describe the global data and responses to TB and diabetes, particularly within the context of countries with a high double burden. The symposium will also feature examples of case finding and monitoring initiatives within some Asian and African countries and examples on how to implement the most effective and country-specific strategies.

Objectives

1. In the event of World Diabetes Foundation's (WDF) 10th anniversary to further the issue of the burden of DM in the developing world;
2. To present evidence of the double burden of TB diabetes;
3. To present TB diabetes collaborative activities in a range of WDF funded projects

Presentations

- 17:00-17:15** The link between TB and diabetes and questions that need answering
– *Megan Murray (USA)*
- 17:15-17:30** Diabetes mellitus (DM) burden in the developing world implications for TB control
– *Anil Kapur (Denmark)*
- 17:30-17:45** Association between TB and diabetes in India – *Vijay Viswanathan (India)*
- 17:45-18:00** Diabetes detection in tuberculosis patients in Nigeria – *Okeoghene A. Ogbera (Nigeria)*
- 18:00-18:15** Screening for diabetes in TB patients in China – *Aiguo Ma (China)*
- 18:15-18:30** Panel discussion: collaborative framework for care and control of tuberculosis and diabetes, global monitoring – *Anil Kapur (Denmark), Anthony D. Harries (UK)*

Notes



Photo: Alan Kambele

International, national & custom-designed training



- Tuberculosis
- MDR-TB clinical management
- Applied mycobacteriology
- TB-HIV collaboration
- Children with TB and HIV
- Child lung health management
- Asthma management
- Operational research
- Using EpiData
- Tobacco control

Meetings

Union Scientific Working Group Meetings

The Union currently has 15 working groups that undertake specific projects within fixed time-frames. Activities undertaken by current groups include developing official policy statements, publishing technical guides and other resources, carrying out research projects, raising global awareness of topical TB and lung health issues and providing a forum for discussion and development. Self-funded, working groups rely on the support and dynamism of members in order to flourish and achieve their aims. Non-Union members are welcome to attend the working group meetings and find out more about projects and plans for 2013, as well as how to become involved.

10:15-11:15	Room
TB Infection control	Conference Hall 3
TB social determinants and ethics	Conference Hall 1
Strengthening NCD prevention through tobacco control	306
Best practice for patient care	307
COPD in low- and middle-income countries	310
12:45-13:45	Room
TB and migration	304/305
Countering tobacco industry interference in public health policies	306
Global Indigenous Stop TB Initiative	401/402
Regional mobilisation of Nurses and Allied Professionals	307
Child TB training tools	310
16:45-17:45	Room
TB control in Prisons	Conference Hall 2
Getting research into tobacco control policy at regional and country level	306
TB laboratory accreditation	401/402
TB education and training	307
Tobacco cessation interventions for tuberculosis patients	310

Side Meetings

10:15-11:15 Room: 304/305

Annual RESIST-TB meeting

(Meeting open to all delegates)

description: This meeting is open to all and should be attended by anyone interested in learning about clinical trials to improve the treatment of patients with MDR-TB. Sessions will cover 1) Clinical trials of MDR-TB currently underway; 2) Clinical trials for MDR-TB in the planning stage; and 3) Availability of new drugs for patients with MDR and XDR-TB through Compassionate Use and Expanded Access Programs..

Coordinators: Nadza Durakovic (USA), Tara Ornstein (USA)

Chair: C. Robert Horsburgh Jr, Boston University School of Public Health (USA)

Join The Union's network of public health experts in 150 countries

As a student member, you become part of the global fight against TB, HIV/AIDS, NCDs, lung disease and tobacco-related diseases.

Student members are

- ✓ first-time members
- ✓ in training
- ✓ under 35 years of age

Being a member of The Union helps me in my work on TB and pregnancy. I am able to access information, get mentored and publish my work.



Dr Rose Kosgei, University of Nairobi – Kenya

It's a great opportunity for young people to meet collaborators and senior investigators in TB. I've really made some connections with people who are going to help me grow my TB work.



Dr Adrian Gardner, Indiana University School of Medicine – USA



Student member benefits include

- ✓ 2-year online membership for only 40 euros*
- ✓ subscription to the *International Journal of Tuberculosis and Lung Disease*
- ✓ access to members-only online resources
- ✓ discount on registration at The Union World Conference on Lung Health
- ✓ opportunities to access and participate in an internationally recognised network of experts, mentors and colleagues working to find health solutions for the poor

* about US\$ 50



International Union Against
Tuberculosis and Lung Disease
Health solutions for the poor

Join online at
www.theunion.org

Friday, 16 November 2012

Plenary Session

11:30-12:30

Plenary Hall

Preparing the workforce for the responsible rollout of new tools

Speaker: Sheila Tlou (Botswana)

Chairs: Stacie Stender (South Africa),
Dato' Seri Yeo Jr. bin Jj. Yeop Adlan (Malaysia)



**Sheila D Tlou
(Botswana),**
MS, MEd, PhD
Director, UNAIDS
Regional Support
Team for East and
Southern Africa

Symposia [morning]

8:00-10:00	Section (s)	Coordinators	Room	Page
19 State of the art on childhood TB treatment and diagnostics	LH/TB	Anneke Hesselting (South Africa) Sharon Nachman (USA)	Plenary Hall	82
20 Tuberculosis and diabetes collaborative activities: policy and practice	TB	Kerri Viney (New Caledonia) Richard Brostrom (USA)	Plenary Theatre	82
21 Saving lives in areas of conflict or disaster: partnering for results	TB	Morgan Richardson (USA) Eliud Wandwalo (Tanzania)	Banquet Hall	83
22 Thinking out of the box: catalysing innovations and expansion of mHealth in TB care	TB/NAPs	Dennis Falzon (Switzerland) Suvanand Sahu (Switzerland)	Conference Hall 1	83
23 Former TB patients: effective community engagement - lessons learnt	HIV-TB	Carol Nawina Nyirenda (Zambia) Victoria Treland (USA)	Conference Hall 2	84
24 Advancing molecular diagnosis with a sustainable approach to impact patient care	TB/Bact.	Daniela M. Cirillo (Italy) Michael Iademarco (USA)	Conference Hall 3	84
25 NCDs and chronic respiratory diseases: global burden and response	LH	Chen-Yuan Chiang (Taiwan) Guy Marks (Australia)	304/305	85
26 The importance of public policy on tobacco control: a global view	TC	Jesus Felipe Gonzalez Roldan (Mexico) Jonathan Romo (Mexico)	306	85
27 NGO and civil societies role in sustainable approaches for scaling up DR-TB programmes	TB	Grania Brigden (Switzerland)	401/402	86

Poster Discussion sessions

10:15-11:15	Section (s)	Chairs	Room	Page
19 Molecular epidemiology – I	TB/Bact.	C.N. Paramasivan (India)	Hall 4	87
20 Occupational health and infection control	TB/Bact.	Grigory Volchenkov (Russian Federation)	Hall 4	88
21 Immunology: pathogenesis and vaccines	TB/Bact.	Alfred A. Lardizabal (USA)	Hall 4	88
22 MPOWER and tobacco control policies - 1	TC	Trish Fraser (New Zealand)	Hall 4	89
23 Advocacy and public education	TC	Elangoyan Vidhubala (India)	Hall 4	91
24 Epidemiology: TB in high and low burden countries - 2	TB	Eric Pevzner (USA)	Hall 4	92

25	Medical management of TB - 2	TB	Lee B. Reichman (USA)	Hall 4	93
26	Stop TB strategy public-private mix – 1	TB	Drew Posey (USA)	Hall 4	94
27	Public policy – 2	TB	Asma Elsony (Sudan)	Hall 4	96
28	Surveillance, TB screening and HIV testing	HIV	Soumya Swaminathan (India)	Hall 4	97
29	Expansion of the Stop TB strategy - 2	TB	Haileyesus Getahun (Switzerland)	Hall 4	98
30	Improving diagnosis and treatment of childhood TB	LH	Heather Menzies (USA)	Hall 4	99
31	MDR-TB: focus on laboratories	TB	Frank Cobelens (Denmark)	Hall 4	100
32	MDR-TB: clinical aspects	TB	Catharina van Weezenbeek (Philippines)	Hall 4	102
33	TB management: costs, smoking and more	TB	Nevin Wilson (India)	Hall 4	103
34	MDR-TB: programmatic aspects	TB	Amy Bloom (USA)	Hall 4	104
35	Managing asthma in adults and children	LH	Chen-Yuan Chiang (Taiwan)	Hall 4	105
36	Diabetes and TB / NCD / co-morbidities	TB	Anil Kapur (Denmark)	Hall 4	106

Oral Abstract sessions

12:45-14:15	Section (s)	Chairs	Room	Page
07	Co-location and integration of TB-HIV services: breaking the barriers	HIV	Paula I. Fujiwara (USA) Suzana Hashim (Malaysia)	Plenary Hall 108
08	Childhood TB in high-burden settings	LH	Anneke Hesseling (South Africa) Kamarul Azhar Mohamad Razali (Malaysia)	Plenary Theatre 109
09	Cures, deaths and failures: issues in the management of TB	TB	Bonita T. Mangura (USA) Hjh Aziah Bt Ahmad Mahayiddin (Malaysia)	Banquet Hall 109
10	New frontiers in the management of MDR- and XDR-TB	TB	Jose Caminero (Spain) Abdul Razak Muttalif (Malaysia)	Conference Hall 1 110
11	Newer TB diagnostics: rolling out and their impact	TB	Michael Iademarco (USA) Zubaidah Abdul Wahab (Malaysia)	Conference Hall 2 111
12	Stirring it up: labs, pharmacies and motorcycle riders in the public-private mix	TB	Mukund Uplekar (Switzerland) Faridah Bt Kusnin (Malaysia)	Conference Hall 3 111

Symposia [afternoon]

14:30-16:30	Section (s)	Coordinators	Room	Page
28 Advances in the treatment of MDR-TB: current recommendations, short course MDR-TB regimens, and new drugs	TB	Chen-Yuan Chiang (Taiwan) C. Robert Horsburgh (USA)	Plenary Hall	113
29 Evaluation of tobacco control programmes: experiences to improve the effectiveness of resources used and sustainability	TC	Angela Jackson-Morris (UK)	Plenary Theatre	113
30 Implementation and evaluation of TB contact investigation in high burden settings	TB	Naranzul Dambaa (Mongolia) Cecily Miller (USA)	Banquet Hall	114
31 Best practice in the application of new technologies and innovations	TB/NAPs	Virginia Williams (Switzerland)	Conference Hall 1	114
32 Nutritional support in the prevention of TB and WHO guidelines following TB diagnosis	TB	Joann McDermid (USA) Knut Lonnroth (Switzerland)	Conference Hall 2	115
33 Using geographic information systems	TB	Stella van Beers (Netherlands)	Conference Hall 3	115
34 Occupational health encouragement : a pathway to attaining sustainability	LH	Asma Elsony (Sudan) Sara Hassanain (Sudan)	304/305	116
35 Ensuring sustainable surveillance, diagnosis, prevention and control of zoonotic tuberculosis	ZTB	Francisco Olea-Popelka (USA) Alejandro Perera (Mexico)	306	116

Sponsored Satellite Symposia

17:00-18:30	Section (s)	Coordinators	Room	Page
05 ENGAGE-TB: integrating community-based TB activities in the work of NGOs and other CSOs	TB	Thomas Joseph (Switzerland) Lana Tomaskovic (Switzerland)	304/305	117
06 Early diagnosis and treatment of difficult TB cases: utilising (the need for) complementary diagnostic tests	TB	Diane Flayhart (USA) Olia Wang (China)	Conference Hall 1	117

Symposium 19

8:00 - 10:00 Plenary Hall

State of the art on childhood TB treatment and diagnostics

SectionsLung Health |
Tuberculosis**Coordinators**Anneke Hesseling
(South Africa)
Sharon Nachman (USA)**Chair**Stephen M. Graham
(Australia)**Target audience**Childhood
tuberculosis, drugs,
diagnostics, efficacy,
pharmacokinetics,
regulatory framework**Description**

There are limited data on the pharmacokinetics, safety and efficacy of many established TB drugs in children. For the first time in decades, new TB agents are in clinical development. Legislation in the USA and the EU now compels developers of all new pharmaceutical agents to present an evaluation plan in children. We present state of the art data on the PK, toxicity and efficacy of TB drugs in children. Trials of TB therapy require the inclusion of appropriate target populations and standard case definitions. Data on the application of novel diagnostic tools in children are presented.

Relation to Conference theme

This symposium will address the mutual responsibility of academic partners, industry, the public sector, regulators and funders to allow inclusion of children in research of new TB treatment strategies and better access to child-specific diagnostic tools. Rapid dissemination of emerging data and partnerships to drive the paediatric TB research agenda will be emphasised.

Objectives

- To present emerging data on the pharmacokinetics, efficacy and toxicity of second line TB therapy in children;
- To highlight specific TB treatment considerations in neonates, infants and HIV-infected children;
- To present a framework for the timely evaluation of novel TB agents in children;
- To present emerging data on TB diagnostics relevant to clinical trials of novel TB agents and treatment strategies in children.

Presentations

- 08:00-08:15** TB treatment considerations for neonates and infants – *Adrie Bekker (South Africa)*
08:20-08:35 Pharmacokinetics of second line TB therapy in children – *Anneke Hesseling (South Africa)*
08:40-08:55 Efficacy and safety of MDR therapy in children – *Simon Schaaf (South Africa)*
09:00-09:15 A framework for the evaluation of new TB drugs in children – *Carl Mendel (USA)*
09:20-09:35 GeneXpert in children: emerging data – *Mark Nicol (South Africa)*
09:40-09:55 Use of novel TB sampling approaches in children – *Luis Cuevas (UK)*

Symposium 20

8:00 - 10:00 Plenary Theatre

Tuberculosis and diabetes collaborative activities: policy and practice

Section

Tuberculosis

CoordinatorsKerri Viney
(New Caledonia)
Richard Brostrom (USA)**Chairs**Anthony D. Harries (UK)
Anil Kapur (Denmark)**Target audience**National TB and
diabetes programme
managers, physicians,
nurses and other health
professionals involved
in TB and diabetes care,
health programme
managers and policy-
makers living in
countries with a high
prevalence of TB and/or
diabetes**Description**

The association between TB and diabetes has been established for many years and epidemiological studies show an association between TB and diabetes, demonstrating its importance as a public health problem. The symposium will describe the international policy response to TB and diabetes, including recommendations for bi-directional screening for both diseases. The symposium will also provide participants with information on TB diabetes research and collaborative activities in multiple settings including Africa, the Pacific, the Texas/Mexico border region, India and China.

Relation to Conference theme

The aim of TB/diabetes collaborative activities is to promote a mutually responsible approach to the management of both diseases. Bi-directional screening is an activity that assumes mutual responsibility by TB and Diabetes Programmes. Further, sustainable approaches to TB diabetes collaborative activities will be highlighted through the presentation of: a) evidence based policy, and b) practical examples of TB diabetes collaborative activities in a range of low-, middle- and high-income settings.

Objectives

- To present the newly developed guideline on TB/diabetes collaborative activities: the collaborative framework for care and control of tuberculosis and diabetes;
- To describe bi-directional screening activities in China and India;
- To describe TB/diabetes collaborative research and collaborative activities in a range of international settings;
- To present the United States Affiliated Pacific Islands standards for the management of tuberculosis and diabetes.

Presentations

- 08:00-08:15** WHO guidelines on TB/diabetes: collaborative framework for care and control of TB and diabetes – *Knut Lonnroth (Switzerland)*
08:20-08:35 Bi-directional screening for TB and diabetes in India – *Satyannarayana Srinath (India)*
08:40-08:55 TB/diabetes research and collaborative activities in Western Kenya – *Nicholas Kirui (Kenya)*
09:00-09:15 Bi-directional screening for TB and diabetes in China – *Yan Lin (China)*
09:20-09:35 TB/diabetes in the Texas/Mexico border region – *Blanca Restrepo (USA)*
09:40-09:55 TB/diabetes in the Pacific: implementation of standards for management and research into TB and diabetes mellitus (DM) – *Richard Brostrom (USA), Kerri Viney (New Caledonia)*

Symposium 21

8:00 - 10:00 Banquet Hall

Saving lives in areas of conflict or disaster: partnering for results

Section

Tuberculosis

Coordinators

Morgan Richardson
(USA)
Eliud Wandwalo
(Tanzania)

Chairs

Morgan Richardson
(USA)
Eliud Wandwalo
(Tanzania)

Target audience

NTPs, technical
assistance
organisations, civil
society representatives
and individuals working
in areas affected by
conflicts or disasters

Description

Providing universal access to TB prevention, diagnosis and care is a particular challenge in settings of conflict or natural disaster. Often NTPs must rely on local organisations and resources to extend their reach to unserved or isolated areas. Although a major challenge, this is also an opportunity to expand access by fully engaging communities as partners in TB control. This symposium will describe successes and challenges in DR Congo, South Sudan, Afghanistan and elsewhere that can be applied across areas where conflicts or disasters are important barriers to reaching global TB targets.

Relation to Conference theme

TB services must be supported by the communities they serve to attain sustainability. By actively engaging a diverse range of actors in TB control activities, and dividing responsibilities clearly among them, programmes can expand and strengthen their responses to difficult TB control challenges.

Objectives

- Present specific examples of TB control work in DR Congo, South Sudan, Afghanistan and elsewhere to illustrate challenges;
- Describe the key elements of success in working through TB control challenges in areas of conflict or disaster;
- Discuss lessons learnt that can inform similar efforts in other areas of conflict or disaster.

Presentations

08:00-08:15 People to people: supporting TB care in DR Congo through ex-patient networks
– *Maxime Lunga (DR Congo)*

08:20-08:35 Partnership for DOTS expansion in post-conflict situations: experience from South Sudan – *To be confirmed*

08:40-08:55 Integrating TB into primary health care in South Sudan: challenges and lesson learnt
– *Steven Macharia (South Sudan, Republic of)*

09:00-09:15 Community contribution in TB control in Afghanistan – *Khakerah Rashidi (Afghanistan)*

09:20-09:35 Urban TB control: expanding TB services in Kabul – *Mohammad K. Seddiq (Afghanistan)*

09:40-10:00 Discussion

Symposium 22

8:00 - 10:00 Conference Hall 1

Thinking out of the box: catalysing innovations and expansion of mHealth in TB care

Section

Tuberculosis | Nurses &
Allied Professionals

Coordinators

Dennis Falzon
(Switzerland)
Suvanand Sahu
(Switzerland)

Chairs

Dyah Erti Mustikawati
(Indonesia)
Aamir Khan (Pakistan)

Target audience

Staff of national TB
and AIDS programmes,
Policy-makers,
potential donors and
the corporate sector,
IT developers, civil
society, academia,
physicians, allied health
professionals, specialists
and agencies providing
technical assistance

Description

Success stories illustrating the implementation of innovative solutions in TB case finding and patient care in low-resource settings will be used to present new ways of addressing long-standing and critical barriers in access to TB care. The discussion will identify potential synergies between the implementers, innovators and the corporate sector or donors.

Relation to Conference theme

A number of useful technologies using state-of-the-art methodology are now within reach of people and practitioners in low-resource settings. These new technologies are needed in order to be more efficient and to sustain our fight against TB. On the other hand, constant change and enhancements in technology, particularly the IT landscape, make sustainability a challenge. The project achievements will be presented in this symposium to highlight the roles of different actors in handling change effectively whilst sustaining results.

Objectives

- Discussion of innovative solutions exploiting the effective use of mobile health and other information technology;
- Presentation of the potential impact for mHealth initiatives in TB and HIV care in different settings;
- Information provided about leading-edge innovation in laboratory and case finding approaches in TB-REACH projects;
- Discussion and lessons learnt in the sustainable scaling up of innovative projects and opportunities for partnerships between implementers and donors/corporate bodies.

Presentations

08:00-08:15 Mobile health (mHealth) innovation in TB care and control under different conditions
– *Ali Habib (Pakistan)*

08:15-08:30 Use of cell phones in HIV patients in Kenya – *Sarah Karanja (Kenya)*

08:30-08:45 Reaching the unreachable with high-tech and low-tech innovations in Uganda and Lesotho – *Kekeletso Kao (Switzerland)*

08:45-09:00 Expanded online training in TB and MDR/XDR-TB to increase accessibility and outreach
– *Julia Seyer (Switzerland)*

09:00-09:15 An electronic system for the management of laboratory data on tuberculosis diagnosis and treatment – *Archil Salakaia (USA)*

09:15-09:30 Innovative methods and novel technologies to improve TB case finding – *Nguyen Viet Nhung (Viet Nam)*

09:30-09:45 Innovations in childhood TB diagnosis and care – *Luis Cuevas (UK)*

09:45-10:00 Discussion

Symposium 23

8:00 - 10:00 Conference Hall 2

Former TB patients: effective community engagement and lessons learnt

Sections

HIV | Tuberculosis

Coordinators

Carol Nawina Nyirenda
(Zambia)

Victoria Treland (USA)

Chair

Carol Nawina Nyirenda
(Zambia)

Target audience

NTP and NAP managers, donors, researchers, clinicians, government representatives, patient representatives, global health initiative representatives, NGOs and any other stakeholders involved in TB service provision and improvement

Description

Patient involvement in TB-HIV programmes is beneficial and patient representatives need to be involved at all levels, especially in the decision making level. Although not usually acknowledged, patient volunteers work on the ground in many hospitals in low-income countries, helping the medical staff by taking on roles like counselling, DOTS support, defaulter tracing, case detection and emotional support to those on treatment. Former patients have set up local NGOs working in collaboration with NTP and NAC, to supplement government efforts to bridge the gap between affected communities and national programmes.

Relation to Conference theme

The involvement of patient groups in many developing countries helps in supplementing efforts of national and local programmes. For as long as TB and HIV still exist, patients will be there to take part in the management of their illness and therefore help sustain programmes. Acknowledging patients as a resource and empowerment will go a long way to motivate their efforts. The advocacy carried out by the patients helps keep national and global programmes responsible and accountable.

Objectives

- Learn and understand how to create and sustain TB patient groups and use them as a resource;
- Identify key challenges and issues in fully engaging patients in programmes;
- Share experiences and best practices for successful partnerships of patient led groups at national and community level;
- Identify the needs of patient advocates in order to offer comprehensive empowerment support and capacity building.

Presentations

08:00-08:15 Working and supporting patients as equal partners: the benefits – *Nelson Otswana (Kenya)*

08:20-08:35 ACSM from a patients perspective: tools for outreach – *Chibuike Amaechi (Nigeria)*

08:40-08:55 The role of former patients as partners in TB case detection: defaulter tracing and adherence support – *Thokozile Phiri-Nkhoma (Malawi)*

09:00-09:15 Building, supporting and sustaining patient groups – *Mable Sibbuku (Zambia)*

09:20-09:35 Patient led community based organisations: community, national and international advocacy – *William Mbewe (Zambia)*

09:40-10:00 Discussion

Symposium 24

8:00 - 10:00 Conference Hall 3

Advancing molecular diagnosis with a sustainable approach to impact patient care

Section

Tuberculosis |
Bacteriology-
Immunology

Coordinators

Daniela M. Cirillo (Italy)
Michael Iademarco
(USA)

Chairs

Ruwen Jou (Taiwan)
Michael Iademarco
(USA)

Target audience

Microbiologists, laboratory directors, clinicians, programme managers, policy-makers and donors

Description

New molecular tests for TB and associated resistance are in the pipeline and being evaluated. However, there is a role for regional and reference laboratories in rapid testing and it is time to re-assess technologies on the horizon and their potential, with an eye on the role for centralisation. Lessons can be learnt from centralised testing for other diseases and in industrialised countries to guide programmes and laboratories in low- and middle-resource settings to improve access to accurate services, balance molecular and conventional testing, impact patient care and promote sustainability

Relation to Conference theme

This symposium will explore key issues faced by regional and national laboratories, to accommodate and adapt to the new and fast moving wave of diagnostic tests for tuberculosis. The resulting analysis is a critical part for thinking through and enabling of sustainable laboratory networks. Such networks are critical to advance towards elimination. Examples of new and innovative approaches and tools to address these sustainability issues will be presented.

Objectives

- To explore the interface needed between molecular diagnostic tests and conventional mycobacteriology and drug susceptibility testing, in light of recent advances;
- To provide an update on the latest molecular diagnostic tests in development, drawing from application in other fields (apart from tuberculosis) and from promising next generation platforms for tuberculosis;
- To discuss what planning and actions regional and national laboratories need to take, to put in place and optimise the use of the next wave of molecular diagnostic tests.

Presentations

08:00-08:15 Analysis of needed interface between molecular diagnostic tests and conventional mycobacteriology – *Wendy Stevens (South Africa)*

08:20-08:35 Use of automatic platform for diagnosis of TB and other respiratory diseases in Hong Kong – *Kai Man Kam (Hong Kong)*

08:40-08:55 High-throughput RT-PCR for TB and other respiratory pathogens – *Ismail Nazir (South Africa)*

09:00-09:15 The scope of modern technologies in the diagnosis of new cases of pulmonary TB in Moscow region, Russia – *Kseniya Galkin (Russian Federation)*

09:20-09:35 Implementing molecular diagnostic platforms for poverty-related diseases – *Daniela M. Cirillo (Italy)*

09:40-09:55 Results from Xpert®MTB/RIF implementation in MSF field projects – *Elisa Ardizzoni (Italy)*

Symposium 25

8:00 - 10:00 Room 304/305

NCDs and chronic respiratory diseases: global burden and response

Section

Lung Health

Coordinators

Chen-Yuan Chiang
(The Union)
Guy Marks (Australia)

Chairs

Peter Burney (UK)
Guy Marks (Australia)

Target audience

Development partners, Policy-makers, government officials, civil society, international non-governmental organisations, lung health specialists, clinicians and epidemiologists

Description

Non communicable diseases (NCDs) represent a growing public health burden, expected to account for 73% of deaths and 60% of disease burden in the year 2020. The burden of diseases can be measured in terms of both the premature mortality and the disability (DALYs). The recent Global Burden of Disease, Injuries and Risk Factors (GBD) study has included a comprehensive evaluation of the global burden of lung disease. Unfortunately, prevention and control of NCDs and chronic respiratory diseases remain dramatically neglected and under-funded, particularly in low- and middle-income countries.

Relation to Conference theme

This symposium will reflect on the threat and challenge of NCDs and chronic respiratory diseases, the importance of mutual responsibility in establishing equitable and sustainable interventions for prevention and control of NCDs and chronic respiratory disease, especially in low- and middle-income countries.

Objectives

- To reflect on economic impact of NCDs and the benefits of investment on NCDs;
- To report the burden of asthma and COPD;
- To reflect on The Union response to chronic respiratory disease in past decades;
- To discuss the way forward in the prevention and control of chronic respiratory disease.

Presentations

- 08:00-08:15** The economic impact of NCDs and the benefits of investment on NCDs prevention and control – *To be confirmed*
- 08:20-08:35** Global burden of asthma and COPD – *Peter Burney (UK)*
- 08:40-08:55** The Union response to chronic respiratory disease: lessons learnt – *Chen-Yuan Chiang (Taiwan)*
- 09:00-09:15** Strategy and plan to reduce NCD/CRD burden: the way ahead – *Donald A. Enarson (Canada)*
- 09:20-09:35** A plea towards NCD/CRD: the public health concern – *Nils E. Billo (Switzerland)*
- 09:40-09:55** Global response to chronic respiratory disease: call for action – *Asma Elsony (Sudan)*

Symposium 26

8:00 - 10:00 Room 306

The importance of public policy on tobacco control: a global view

Section

Tobacco Control

Coordinators

Jesus Felipe Gonzalez Roldan (Mexico)
Jonathan Romo (Mexico)

Chairs

Jesus Felipe Gonzalez Roldan (Mexico)
Jonathan Romo (Mexico)

Target audience

Health personnel, civil society organisations and public policy-makers for tobacco control.

Description

Different regions have followed different paths in their progress towards implementing the FCTC, resulting in a variety of public policies. It is necessary to analyse these policy differences in order to have a complete picture of the progress made and facilitate worldwide implementation of the FCTC. This course will offer a global and comprehensive view of the current situation and outline the public policies necessary for adequate tobacco control. It will review the progress, barriers and other difficulties that exist in the implementation of these policies in the different regions of the world.

Relation to Conference theme

The symposium reflects on the need for sustainable public policies on tobacco control and the existing mutual accountability of governments and civil society to implement them.

Objectives

- Learn about the implementation of public policies in different regions of the world;
- Visualise the importance of seeking a comprehensive and global instrumentation of public policies for adequate tobacco control;
- Learn about the different experiences and developments of tobacco control in each world region;
- Emphasise the importance of the advocacy for the proper implementation of public policies in tobacco control;
- Identify the strategies used by the tobacco industry to block public policy on tobacco control.

Presentations

- 08:00-08:15** Public policy as a linchpin of FCTC and sustainability – *Ehsan Latif (UK)*
- 08:20-08:35** Overview of public policy progress and challenges across low- and middle-income countries – *Angela Jackson-Morris (UK)*
- 08:40-08:55** In-depth focus on Latin America: case study of policy development – *Jonathan Romo (Mexico)*
- 09:00-09:15** Public policy development in the Western Pacific Region – *Bill Bellew (New Caledonia)*
- 09:20-09:35** Tobacco industry interference in public policy for tobacco control, and strategies to overcome this – *Anne Jones (Australia)*
- 09:40-10:00** Discussion

Section

Coordinator

Chairs

Target audience

Description

Relation to Conference theme

Objectives

- ## Presentations

09:40-09:55 Civil society partnership to improve treatment and support needs of MDR-TB patients in Timor-Leste – *Manica Balasegaram (Switzerland)*

This image shows a single sheet of white paper with horizontal blue lines, similar to standard notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Chair: C.N. Paramasivan (India) - **Section:** Tuberculosis | Bacteriology

- PC-236-16 Genetic diversity of *Mycobacterium tuberculosis* isolates obtained from patients with pulmonary tuberculosis in Beira city, Mozambique**
A Saifodine,¹ J Fyfe,² H Hamene,³ K Azam,³ J Black⁴
¹Faculty of Medicine, Eduardo Mondlane University, Community Health, MPH Program, Maputo, Mozambique, ²Victorian Infectious Diseases Reference Laboratory, Mycobacterium Reference Laboratory, Melbourne, Australia, ³Ministry of Health, TB National Laboratory, Maputo, Mozambique, ⁴The University of Melbourne, The Nossal Institute for Global Health, Melbourne, Australia.
- PC-237-16 Evaluation of *Mycobacterium tuberculosis* Beijing family in Kaliningrad oblast Russia**
G Balasanynts,¹ E.A. Torkaktyuk,¹ N.Y. Isaeva¹
¹St. Petersburg Institute of Phthysiolpulmonology, epidemiology, Saint-Petersburg, Russia.
- PC-238-16 Rapid detection of rifampin and isoniazid resistance of *Mycobacterium tuberculosis* complex in positive liquid cultures by an oligonucleotide array**
YS Huang,¹ PL Lu,^{2,3} R Jou,^{4,5} SC Huang,² HH Huang,¹ TC Chang¹
¹National Cheng Kung University, Department of Medical Laboratory Science and Biotechnology, Tainan, Taiwan, ²Kaohsiung Medical University Hospital, Department of Laboratory Medicine, Kaohsiung, Taiwan, ³Kaohsiung Medical University Hospital, Department of Internal Medicine, Kaohsiung, Taiwan, ⁴National Yang-Ming University, Institute of Microbiology and Immunology, Taipei, Taiwan, ⁵Centers for Disease Control, Reference Laboratory of Mycobacteriology, Taipei, Taiwan.
- PC-239-16 Targeted screening of multidrug-resistant tuberculosis among high-risk populations using a line-probe assay**
WL Huang,¹ TF Wang,¹ R Jou^{1,2}
¹Centers for Disease Control, Reference Laboratory of Mycobacteriology, Taipei, Taiwan, ²National Yang-Ming University, Institute of Microbiology and Immunology, Taipei, Taiwan.
- PC-240-16 Spoligotyping study on the population structure of *Mycobacterium tuberculosis* in Rwanda, Nepal, Nigeria and Yemen**
K Kremer,¹ A Umubyeyi Nyaruhirira,² S Van Den Hof,³ L Rigouts,⁴ R Zwaan,¹ D Van Soolingen¹
¹Tuberculosis Reference Laboratory, RIVM, Bilthoven, Netherlands, ²MSH, CPM -Lab services, Kigali, Rwanda, ³KNCV Tuberculosis Foundation, Epidemiology, Den Haag, Netherlands, ⁴Institute for Tropical Medicine, Prince Leopold, Mycobacteriology, Antwerpen, Belgium.
- PC-241-16 Simple direct drug susceptibility testing: a simple, cost-effective solution for resource-poor high-burden countries**
S Tahseen,¹ A Hussain,¹ M Qadir¹
¹National TB Control Programme, National TB reference laboratory, Islamabad, Pakistan.
- PC-242-16 Diversity of *Mycobacterium tuberculosis* strains in Nairobi, Kenya.**
W Githui,¹ G Kikuvu,² T Ogara,³ V Ongaya,¹ T Victor Phd,⁴ J Annemie,⁴ J Ogoro,³ E Wangui³
¹Kenya Medical Research Institute, CRDR, Nairobi, Kenya, ²Jomo Kenyatta University of Agriculture and Technology, ITROMOD, Nairobi, Kenya, ³Ministry of Public Health and Sanitation, Disease control and prevention, Nairobi, Kenya, ⁴Stellenbosch University, Molecular Biology, Cape Town, South Africa.
- PC-243-16 Simple direct drug susceptibility testing for diagnosis of multi and extensively drug-resistant tuberculosis**
C K Kim,¹ YT Joo,¹ BS Lee,¹ H J Kim¹
¹The Korean Institute of Tuberculosis, Department of Laboratory Medicine, Osong, South Korea.
- PC-244-16 Drug resistance patterns of hospitalised treatment failure TB patients in Bangladesh**
M Rahim¹
¹ICDDR,B, Tuberculosis Laboratory, Dhaka, Bangladesh.
- PC-245-16 Large differences in *Mycobacterium tuberculosis* genotypes between Papua and Java Island in the Indonesian archipelago**
L Chaidir,¹ I Kusumadewi,¹ E Burhan,² A Oktavian,³ I Parwati,¹ R Van Crevel,⁴ B. Alisjahbana¹
¹Padjadjaran University/Hasan Sadikin Hospital, Faculty of Medicine, Bandung, Indonesia, ²Persahabatan Hospital, Pulmonology, Jakarta, Indonesia, ³Ministry of Health, National Institute of Health Research, Jayapura, Indonesia, ⁴University Medical Centre Nijmegen, Internal Medicine, Nijmegen, Netherlands.
- PC-246-16 Rapid testing of *Mycobacterium tuberculosis* resistance to second-line drugs by use of the XDR-test**
L Domotenko,¹ M Khramov,¹ T Morozova,¹ N Akimova,¹ I Dorozhkova²
¹State Research Center for Applied Microbiology & Biotechnology, Diagnostic preparations, Obolensk, Russia, ²Moscow Science and Practical Center of TB Control, Bacteriological Lab, Moscow, Russia.
- PC-247-16 Kanamycin resistance for common genetic families of *M. tuberculosis* in central regions of Russia**
S Popov,¹ V Stepanshina,² A Nizova,² N Aparina¹
¹Phthisiopulmonology, Ministry of Health, Moscow, Russia, ²Microbiology, MH, Moscow, Russia.

Poster Discussion Session **20**

10:15-11:15 Hall 4

Occupational health and infection control

Chair: Grigory Volchenkov (Russian Federation) - **Section:** Tuberculosis | Bacteriology

- PC-271-16** **A photovoice intervention to promote infection control among Russian health care workers**
W Woith,¹ A Bykova,² M Abdulrehman¹
¹Illinois State University, Nursing, United States, ²Vladimir Oblast TB Dispensary, Staff Education, Vladimir, Russia.
- PC-272-16** **High latent tuberculosis infection test conversion rates among health care workers in the country of Georgia**
J Whitaker,¹ V Mirtskhulava,² M Kipiani,² D Harris,¹ H Blumberg¹
¹Emory University, Infectious Diseases, Atlanta, United States, ²National Center for Tuberculosis and Lung Diseases, National Tuberculosis Program, Tbilisi, Georgia.
- PC-273-16** **Improvement in infection control practices through provision of additional mobile clinics in 5 high-burden TB case load health facilities in Swaziland**
VDB Hyla,¹ F Nywagi Louis,¹ S Haumba,¹ R Matji¹
¹University Research Co., LLC, Regional Office, Pretoria, South Africa.
- PC-274-16** **Assessment of tuberculosis infection control practices in Inner Mongolia**
H Guo,¹ H He,¹ SM Cheng,¹ L-X Wang,¹ LP Ren²
¹China CDC National Center for TB Prevention and Control, National Center for TB Prevention and Control, Beijing, China, ²Inner Mongolia Center for TB Prevention and Control, TB control, Inner Mongolia, China.
- PC-275-16** **Tuberculosis among public health facility staff in Eastern Province, Kenya: a three-year observational study**
E Masini,¹ J Kangwele¹
¹Division of TB, Disease Control, Embu, Kenya.
- PC-276-16** **Latent tuberculosis infection among village doctors in Inner Mongolia, China**
G He,¹ L-X Wang,¹ SM Cheng,¹ H Guo,¹ Y Hou,¹ Y Xiong,¹ L Ren,² Yu Wang¹
¹Chinese Center for Disease Control and Prevention, National Center for Tuberculosis Control and Prevention, Beijing, China, ²Inner Mongolia Tuberculosis Control Center, TB Control, Hohhot, China.
- PC-277-16** **Tuberculosis as the most common occupational infection among health care workers in the Limpopo Province of South Africa**
N Malangu¹
¹University of Limpopo, Public Health, Pretoria, South Africa.
- PC-279-16** **Prevalence of positive tuberculin skin test and associated factors among Makerere medical students, Kampala, Uganda**
J Lou,¹ M Nwang, Mbchb,² A Katamba³
¹Ministry of Health, Republic of South Sudan, Tuberculosis, Juba, Sudan, ²Ministry of Health, Mulago National Referral Hospital, Kampala, Uganda, ³Makerere University College of Health Sciences, Medicine, Kampala, Uganda.
- PC-280-16** **Latent TB infection and TB infection control knowledge, attitudes, and practices survey of health care workers in the country of Georgia**
V Mirtskhulava,¹ J Whitaker,² M Kipiani,¹ D Harris,² H Blumberg²
¹National Center for Tuberculosis and Lung Diseases, Program Planning and Surveillance Department, Tbilisi, Georgia, ²Emory University, School of Medicine, Atlanta, United States.
- PC-281-16** **Occupational health and safety issues among research staff working with and within a TB study in urban Lima, Peru**
CC Contreras Martinez,¹ L Lecca Garcia,² M Becerra,³ J Galea,² Kare Tintaya,¹ Judi Jimenez,¹ M Murray³
¹Socios en Salud Sucursal Peru, Lima, Lima, Peru, ²Partners In Health, Boston, Boston, United States, ³Department of Global Health and Social Medicine, Harvard Medical School, Boston, Boston, United States.

Poster Discussion Session **21**

10:15-11:15 Hall 4

Immunology: pathogenesis and vaccines

Chair: Alfred A. Lardizabal (USA) - **Section:** Tuberculosis | Bacteriology

- PC-309-16** **Temporal changes of Apoptosis-associated biomarkers in the development of tuberculosis**
C-C Shu,¹ MF Wu,² J-Y Wang¹
¹National Taiwan University Hospital, Internal Medicine, Taipei, Taiwan, ²National Yang-Ming University, Immunology, Taipei, Taiwan.
- PC-310-16** **The dynamics of cytokines in patients with newly diagnosed and recurrent pulmonary TB and before and after treatment with standard therapy**
D Butov,¹ M Kuzhko,² A Stepanenko,¹ G Kutsyna,³ O Maksimenko⁴
¹Kharkiv National Medical University, Phthisiatry and Pulmonology, Kharkiv, Ukraine, ²F.G. Yanovsky National Institute of Phthisiatry & Pulmonology, National Academy of Medical Sciences, Phthisiopulmonology, Kiev, Ukraine,

³Luhansk State Medical University, Infectious Diseases and Epidemiology, Luhansk, Ukraine, ⁴Regional TB Dispensary № 4, Closed forms of TB, Izyum, Ukraine.

PC-311-16 Characteristics of immunologic patterns in children with tuberculosis

A Starshinova,¹ I. Dovgaluk,¹ o. Yakunova¹

¹St.Petersburg Institute of Phthiopulmonology, children's department of the Saint-Petersburg Institute for Phthiopulmonology, St-Petersburg, Russia.

PC-312-16 The polymorphisms of the detoxification gene in adverse drug reactions among patients with pulmonary tuberculosis

R-M Huang,¹ S-T Chien,² W-P Wei,³ P-F Wu,⁴ T-A Chiang³

¹Hua-Lien Hospital Department of Health, Taiwan, Chest, Hua-Lien, Taiwan, ²Chest Hospital, Department of Health, Taiwan, Chest medicine, Tainan, Taiwan, ³College of Medicine and Life Science, Chung-Hwa University of Medical Technology, Department of Medical Laboratory Science and BioTechnology, Tainan, Taiwan, ⁴Tajen University, Department of Occupational Safety and Hygiene, Ping-Tung, Taiwan.

PC-313-16 Mycobacterium tuberculosis genotype influence upon morphological changes

V Swistunov,¹ V Zinserling²

¹Regional Clinical Hospital, Pathology, Irkutsk, Russia, ²SPbNII Ph, Pathology, Saint-Petersburg, Russia.

PC-314-16 Studies on plasmid-based DNA vaccine to be used for providing protection against tuberculosis

MI Shahzad,¹ I Khan,² IN Awan,¹ M Mukhtar,¹ G Rhodes,² P Luciw,² A Khanum³

¹University College of Veterinary and Animal Sciences, The Islamia University of Bahawalpur, Basic Sciences, Bahawalpur, Pakistan, ²University of California, Center for comparative medicine, Davis, United States, ³PMAS Arid Agriculture University Rawalpindi, Biochemistry, Rawalpindi, Pakistan.

PC-315-16 Relationship between calcium, oxidative stress and immune response in tuberculosis patients

K Rohini,¹ S Jyoti,² A Mahesh Kumar,³ S Annie Jeyachristy,⁴ PS Srikumar⁵

¹AIMST University, Biochemistry, Bedong, Malaysia, ²B.T.Kumaon Institute of Technology, Biochemical Engineering, Dwarahat, India, ³Madras Medical Mission Hospital, Pulmonology, Chennai, India, ⁴AIMST University, Biochemistry, Bedong, Malaysia, ⁵AIMST University, Psychiatry, Bedong, Malaysia.

PC-316-16 Utility of simple laboratory tests for diagnosis of tuberculous meningitis in resource-constrained settings

A Soto,^{1,2} L Solari,³ J Agapito,⁴ V Acurio,² D Vargas,² Y Bravo,⁴ E Gotuzzo,⁴ P Van Der Stuyft¹

¹Institute of Tropical Medicine, General Epidemiology and Disease Control Unit, Antwerp, Belgium, ²Hospital Nacional Hipolito Unanue, Departamento de Patología Clínica, Lima, Peru, ³Instituto Nacional de Salud, Departamento de Salud Pública, Lima, Peru, ⁴Universidad Peruana Cayetano Heredia, Instituto de Medicina Tropical Alexander von Humboldt, Lima, Peru.

PC-317-16 In vitro and in vivo effects of HIV on cytotoxic lymphocyte activation by mycobacteria

V Ongaya,^{1,2} M Huante,³ M Ferguson,⁴ E Amukoye,¹ P Waiganjo,¹ J Endsley³

¹Kenya Medical Research Institute (KEMRI), Centre for Respiratory Diseases Research (CRDR), NAIROBI, Kenya, ²Mount Kenya University, Medical Laboratory Sciences, Nairobi, Kenya, ³University of Texas Medical Branch, Microbiology/Immunology, Galveston, United States, ⁴University of Texas Medical Branch, Internal Medicine, Division of Infectious Diseases, Galveston, United States.

PC-318-16 Dextran against granulomatosis and fibrosis

S Pustynnikov¹

¹Novosibirsk TB Research Institute, Group of Molecular Biology Research, Novosibirsk, Russia.

PC-319-16 IL-6, IL-8, GCSF, GMCSF, MCP1, MIP-1b as candidates for diagnosing pleural TB

P Antas,¹ M Siqueira,¹ L Peres,¹ J Lima,¹ M Lisboa Bastos,^{2,3} P Soares,^{2,3} E Belo,^{3,4} A Trajman^{2,3,5}

¹Fundação Oswaldo Cruz, Imunologia, Rio de Janeiro, Brazil, ²Gama Filho University, medicine, Rio de Janeiro, Brazil, ³Tuberculosis Scientific League, Medicine, Rio de Janeiro, Brazil, ⁴Fundação Técnico Educacional Souza Marques, Medicine, Rio de Janeiro, Brazil, ⁵McGill University, Medicine, Montreal, Canada.

PC-320-16 Relationship between the Mycobacterium tuberculosis properties and character of the inflammatory reaction of patients with pulmonary tuberculosis

O Manicheva,¹ O.T. Titarenko,¹ D.S. Esmelyaeva,¹ M.E. Dyakova,¹ M.Z. Dogonadze,¹ N. Alexeyeva¹

¹Research Institute of Phthiopulmonology, bacteriology, St. Petersburg, Russia.

Poster Discussion Session **22**

10:15-11:15 Hall 4

MPOWER and tobacco control policies - 1

Chair: Trish Fraser (New Zealand) - **Section:** Tobacco Control

PC-348-16 Levels of suspended particulate matter (PM2.5) as a marker of exposure to second-hand smoke in workplaces and hospitality settings in Egypt

G Nasr Radwan,¹ M Momen,² A Aboul Fotouh,² C Loffredo³

¹International Union Against Tuberculosis and Lung Disease, Tobacco Control, Cairo, Egypt, ²Faculty of Medicine, ³Public Health and Occupational Medicine, Cairo, Egypt, ³Georgetown University, Lombardi Cancer Center, Washington DC, United States.

- PC-349-16 Health care workers' exposure to tobacco smoke in Egypt: findings of the respiratory health survey**
G Nasr Radwan,¹ S Labib,² N Ahmed,³ E Attia²
¹International Union Against Tuberculosis and Lung Disease, Tobacco Control, Cairo, Egypt, ²Ministry of Health and, Tobacco Control, Cairo, Egypt, ³Egyptian National Tobacco Control Coalition, Tobacco Control, Cairo, Egypt.
- PC-350-16 Smoking prevention in Bangladesh: smoke-free homes**
Z Ullah,¹ K Siddiqi,² R Huque,³ S Akter,⁴ S Nasreen,⁴ I Cameron,⁵ H Thompson⁵
¹University of Leeds, Nuffield Centre for International Health and Development, Leeds, United Kingdom, ²University of York, Institute of Health Sciences, York, United Kingdom, ³Dhaka University, Economics, Dhaka, Bangladesh, ⁴Society for Empowerment, Education and Development (SEED), SEED, Dhaka, Bangladesh, ⁵National Health Service (NHS), NHS Leeds, Leeds, United Kingdom.
- PC-351-16 Exposure of young people in rural Nigeria to secondhand smoke**
O Ogunnika¹
¹Educare Trust, Nigeria, Tobacco Advocacy, Ibadan, Nigeria.
- PC-352-16 Smoke-free Budgam**
M Dar^{1,2}
¹Voluntary Health Association of India, Tobacco Control, New Delhi, India, ²J&K Voluntary Health Association, Tobacco Control, Srinagar, India.
- PC-353-16 Compliance monitoring survey of smoke-free law in a district of North India**
S Goel,¹ R J Singh,² R Khaiwal,¹ A J Singh¹
¹Post Graduate Institute of Medical Education and Research, School of Public Health, Chandigarh, India, ²The UNION, The International Union Against Tuberculosis and Lung Disease, New Delhi, India.
- PC-354-16 Principles primary health care is the key for tobacco control programmes and tobacco control legislation: a way forward**
S Elango¹
¹Sri Muthukumaran Medical College, Community Medicine, Chennai, India.
- PC-355-16 Egyptians in public places are exposed to dangerous levels of PM2.5 air pollution: urgent need for rigorous enforcement of smoke-free laws**
G Nasr Radwan,¹ S Labib,² H Rajab³
¹International Union Against Tuberculosis and Lung Disease (The Union), Tobacco Control, Cairo, Egypt, ²Ministry of Health and Population, Tobacco Control, Cairo, Egypt, ³Johns Hopkins University, IGTC, Cairo, Egypt.
- PC-356-16 Making educational institutions tobacco free: Tamil Nadu Experience**
E Vidhubala,¹ L Premalatha,² S Vijayalakshmi³
¹Cancer Institute (WIA), Resource Centre for Tobacco Control, Chennai, India, ²Cancer Institute (WIA), Psycho-oncology, Chennai, India, ³Cancer Institute (WIA), Psycho-oncology, Chennai, India.
- PC-357-16 Community mobilisation in smoke-free policy implementation in Bangladesh**
I Syed Tarikul Islam,¹ Md. Shamsul Alam Mian,¹ T Mahabbub,² M Akramul Islam³
¹Alliance for Cooperation and Legal Aid Bangladesh, Legal Aid, Dhaka, Bangladesh, ²Work for a Better Bangladesh (WBB Trust), Programme and Planning, Dhaka, Bangladesh, ³BRAC, Health Programme, Dhaka, Bangladesh.
- PC-358-16 Role of NGOs in facilitating tobacco control law enforcement in Bangladesh**
I Syed Tarikul Islam,¹ Md. Shamsul Alam Mian,¹ T Mahabbub,² M Akramul Islam³
¹Alliance for Cooperation and Legal Aid Bangladesh, Legal Aid, Dhaka, Bangladesh, ²Work for a Better Bangladesh (WBB Trust), Program & Planning, Dhaka, Bangladesh, ³BRAC, Health Programme, Dhaka, Bangladesh.
- PC-359-16 Policy and legal advocacy for a ban on Gutka**
M Bhavna,¹ Tanu Sharma¹
¹Voluntary Health Association Of India, Tobacco Control, New Delhi, India.
- PC-360-16 Mouth freshener/pan masala: a proxy product for surrogate advertisements of tobacco products in India?**
R Kumar,¹ V Mehta,² N Sharma³
¹The Union South East Asia Office, Tobacco Control, New Delhi, India, ²SHFWTC, Parimahal, Shimla, India, ³HPVHA, Administration, Shimla, India.
- PC-361-16 Networking to monitor tobacco control law violation by tobacco company**
T Mahabbub,¹ A I Sujon¹
¹Work for a Better Bangladesh (WBB) Trust, Health Rights, Dhaka, Bangladesh.
- PC-362-16 Countering the tobacco industry interference/tactics in implementation of pictorial health warnings on all tobacco packs through media interventions**
B Mathew¹
¹Voluntary Health Association of India, Tobacco Control, Delhi, India.
- PC-363-16 The necessity of continuous public actions to maintain behaviour changes in health: an analysis of the implementation of the Recife tobacco control policy's Implementation**
E Barbosa Filho,¹ M Pinto De Menezes¹
¹University of Pernambuco - UPE, Integrated Nucleus of Public Health - NISC, Recife, Brazil.

Chair: Elangoyan Vidhubala (India) - **Section:** Tobacco Control

- PC-392-16** **Impact evaluation of smoke-free mass media campaign on knowledge, attitude and behavior of the target audience in India**
B Modi,¹ P Dave,² N Murukutla,³ T Turk,³ S Mullin³
¹Johns Hopkins University, Institute for Global Tobacco Control, Baltimore, United States, ²Government of Gujarat, Public Health, Gandhinagar, India, ³World Lung Foundation, Mass Media, New York, United States.
- PC-393-16** **Case study: implementation of the ban on surrogate advertisements**
D Chadha¹
¹Salaam Bombay Foundation, Advocacy, Mumbai, India.
- PC-394-16** **Using community festivals to strengthen implementation of the ban on surrogate advertising**
R Kadam,¹ D Chadha¹
¹Salaam Bombay Foundation, Advocacy, Mumbai, India.
- PC-395-16** **Enforcing the law on ban of sale of tobacco products within 100 yards of educational institutions**
T Bhutia,¹ D Chadha,¹ N Lad¹
¹Salaam Bombay Foundation, Communication and Advocacy, Mumbai, India.
- PC-396-16** **A study: smoking is uncool**
B Thomas,¹ D Chadha¹
¹Salaam Bombay Foundation, Advocacy, Mumbai, India.
- PC-397-16** **Well orchestrated mass media campaign makes a big difference!**
S Islam,¹ N Haque,¹ T Turk,² M Shahjahan¹
¹Bangladesh Center for Communication Programs (BCCP), Tobacco Control, Dhaka, Bangladesh, ²World Lung Foundation, Mass Media, New York, United States.
- PC-398-16** **Evaluation of a low-cost social marketing campaign in the Province of Nueva Vizcaya, Philippines**
MA Balane,¹ M Antonio,¹ MTH Velasco,² R Del Rosario,³ V Galapon,⁴ J Alday,⁵ V Licudine⁶
¹Department of Health, Philippines OC-400 Bloomberg Initiative Project, Manila City, Philippines, ²University of the Philippines Los Banos, College of Development Communication, Los Banos, Philippines, ³Framework Convention on Tobacco Control Alliance Philippines, Framework Convention on Tobacco Control Alliance Philippines, Quezon City, Philippines, ⁴Provincial Government of Nueva Vizcaya, Provincial Health Office, Bayombong, Philippines, ⁵World Lung Foundation, Policy and Communications, New York, United States, ⁶Social Weather Stations, Deputy Director, Quezon City, Philippines.
- PC-399-16** **Who do people know: a study in 14 high-burden low- and middle-income countries regarding people's knowledge of harm caused by smoking**
L Zhao,¹ R Caixeta,² H Fouad,² R Khoury,² N Ramanandraibe,² J Rarick,² S Dhirendra,² S Asma¹
¹Centers of Disease Control and Prevention, Office on Smoking and Health, Atlanta, United States, ²World Health Organization, Regional Offices, Geneva, Switzerland.
- PC-400-16** **Do clinical students have better perception towards smoking habits than pre-clinical students?**
MN Norizal,¹ SM Yasin,¹ N Ismail¹
¹University of Technology MARA, Faculty of Medicine, Sg. Buloh, Malaysia.
- PC-401-16** **A stitch in time: anti-tobacco youth advocacy strategy in Western Kenya**
H Were,¹ J Wamukaya,² C Tenge,³ P Were²
¹Tobacco Alcohol Free Initiative (TAFI), Public Education & Research, Eldoret, Kenya, ²Moi Teaching & Referral Hospital, Nursing, Eldoret, Kenya, ³Moi University, Medicine, Eldoret, Kenya.
- PC-402-16** **Communication in tobacco control: the health care providers perspective**
D Persai,¹ R Panda,¹ P Jena¹
¹Public Health Foundation of India, Health System Research, Delhi, India.
- PC-403-16** **Influence of health education on tobacco control**
JHB Masud¹
¹Bangladesh Institute of Health sciences (BIHS), Health Informatics, Dhaka, Bangladesh.
- PC-404-16** **Coordinated campaign and advocacy effort against tobacco cultivation: an example from Bangladesh**
A I Sujon¹
¹Work for a Better Bangladesh (WBB) Trust, Health Right, Dhaka, Bangladesh.
- PC-405-16** **Media advocacy for implementation of stronger pictorial health warnings on all tobacco packs**
B Mathew¹
¹Voluntary Health Association of India, Tobacco Control, Delhi, India.
- PC-406-16** **Using the right to information act as a tool for pro-active advocacy on tobacco control**
B Mathew¹
¹Voluntary Health Association of India, Tobacco Control, Delhi, India.
- PC-407-16** **Expenditure on tobacco product: using economy for advocacy**
P Jena,¹ S Das,² A Khillar³
¹Public Health Foundation of India, STEPS, New Delhi, India, ²Central Institute of Psychiatry, Nursing, Ranchi, India, ³Asian Institute of Public Health, Health Informatics, Bhubaneswar, India.

Chair: Eric Pevzner (USA) - **Section:** Tuberculosis

- PC-439-16 Time to adjust national TB guidelines in Belarus: insights from a nationwide drug resistance survey**
A Skrahina,¹ A Zalutskaya,¹ A Astrauko,¹ S Hoffner,² P De Colombani,³ M Dara,³ W Van Gemert,⁴ M Zignol⁴
¹Republican Research and Practical Centre for Pulmonology and Tuberculosis, Clinical Department, Minsk, Belarus, ²Swedish Institute for Communicable Disease Control, Department of Preparedness, Stockholm, Sweden, ³World Health Organization Regional Office for Europe, TB and M/XDR-TB Programme, Copenhagen, Denmark, ⁴World Health Organization, Stop TB Department, Geneva, Switzerland.
- PC-440-16 A validation study of the Malay version of Minnesota nicotine withdrawal scale for adults with medical illness**
A Blebil,¹ Azmi Hassali,² Syed Azhar Syed Sulaiman,¹ J Dujaili,¹ Alf. Md Zin³
¹School of Pharmaceutical Sciences, USM, Discipline of Clinical Pharmacy, Minden, Malaysia, ²School of Pharmaceutical Sciences, USM, Discipline of Social and Administrative Pharmacy, Minden, Malaysia, ³Penang General Hospital, Quit Smoking Clinic, Jalan Residensi, Malaysia.
- PC-441-16 Epidemiological impact of mass tuberculosis screening: a two-year follow-up after a national tuberculosis prevalence survey**
K Okada,^{1,2} I Onozaki,³ N Yamada,² S Saint,⁴ S Peou,⁴ TE Mao⁴
¹JICA National TB Control Project, CENAT, Phnom Penh, Cambodia, ²Research Institute of Tuberculosis, JATA, International Cooperation, Tokyo, Japan, ³World Health Organization, STOP TB Department, Geneva, Switzerland, ⁴National Center for Tuberculosis and Leprosy Control, CENAT, Phnom Penh, Cambodia.
- PC-442-16 Tuberculosis prevalence rate declines in Cambodia, but still remains the top in Asia: the 2nd National Prevalence Survey 2011**
S Saint,¹ S Peou,¹ SH Pheng,¹ P Koeut,¹ TE Mao,¹ K Okada,^{2,3} I Onozaki,⁴ N Yamada³
¹National Center for Tuberculosis and Leprosy Control, Research Unit, Phnom Penh, Cambodia, ²JICA/National TB Control Project, JICA/CENAT, Phnom Penh, Cambodia, ³Research Institute of Tuberculosis, Japan Anti-Tuberculosis Association, Int Department, , Tokyo, Japan, ⁴Stop TB Department, World Health Organization, STOP/TB, Geneva, Switzerland.
- PC-443-16 TB in less symptomatic cases and TB in the elderly are big challenges to the NTP, Cambodia**
K Okada,^{1,2} N Yamada,² I Onozaki,³ S Saint,⁴ S Peou,⁴ SH Pheng,⁴ P Koeut,⁴ TE Mao⁴
¹JICA National TB Control Project, CENAT, Phnom Penh, Cambodia, ²Research Institute of Tuberculosis, JATA, International Cooperation, Tokyo, Japan, ³World Health Organization, STOP TB Department, Geneva, Switzerland, ⁴National Center for Tuberculosis and Leprosy Control, CENAT, Phnom Penh, Cambodia.
- PC-444-16 Mortality rate and cause of death by time on tuberculosis treatment**
N Field,¹ M Lim,¹ J Murray,² R Dowdeswell,³ J Glynn,⁴ P Sonnenberg¹
¹University College London, Research Department of Infection and Population Health, London, United Kingdom, ²National Institute for Occupational Health, National Health Laboratory Service and School of Public Health, University of the Witwatersrand, South Africa, ³Rustenburg Platinum Mines Limited, Rustenburg, Johannesburg, South Africa, ⁴London School of Hygiene and Tropical Medicine, Department of Infectious Disease Epidemiology, London, United Kingdom.
- PC-445-16 Incidence of smear-positive tuberculosis at Dabat Health and Demographic Surveillance System in Ethiopia: a longitudinal study**
Y Kebede,¹ M Abebe²
¹University of Gondar, Public Health, Gondar, Ethiopia, ²Armauer Hansen Research Institute, Immunology and infectious disease, Addis Ababa, Ethiopia.
- PC-446-16 How long is the journey to tuberculosis diagnosis and treatment in India?**
A Sreenivas,¹ S Srinath,² S Chadha,² V Kamineni,² S Yadav,² A Choudhury,¹ N Wilson,² P Dewan¹
¹Office of the WHO Representative to India, Tuberculosis, New Delhi, India, ²International Union Against Tuberculosis and Lung Disease, South East Asia Office, New Delhi, India.
- PC-447-16 Drug resistance survey among Tibetan refugees in India**
F Salvo,¹ K Dorjee,² K Dierberg,³ G De Iaco,⁴ C Rodrigues,⁵ R E Chaisson,³ T Dorji Sadutshang,² DM Cirillo¹
¹San Raffaele Scientific Institute, Emerging Pathogens Unit, Milan, Italy, ²Tibetan Delek Hospital, Department of Health, CTA, Dharamsala, India, ³Johns Hopkins University, Center for TB Research, Baltimore, United States, ⁴Azienda Ospedaliero-Universitaria delle Marche, Clinica di Malattie Infettive, Ancona, Italy, ⁵P.D. Hinduja National Hospital and Medical Research Centre, Laboratory Medicine, Mumbai, India.
- PC-448-16 Adherence to national treatment guidelines and impact on treatment outcome among tuberculosis patients in three provinces of South Africa**
J Ershova,¹ LJ Podewils,¹ L Bronner,¹ H Stockwell²
¹Centers for Disease Control and Prevention, NCHHSTP/DTBE, Atlanta, United States, ²University of South Florida, Epidemiology, Tampa, United States.

- PC-449-16 Integrity of smear results used for TB patient management and determining treatment outcomes, KwaZulu-Natal, South Africa**
A Dilraj,¹ C Bristow,² C Connolly,¹ B Margot,³ S Dlamini,⁴ LJ Podewils⁵
¹South African Medical Research, Tuberculosis Research Unit, Durban, South Africa, ²U.S. Centers for Disease Control and Prevention, Global AIDS Program, Pretoria, South Africa, ³Republic of South African Provincial Department of Health, KwaZulu-Natal, Tuberculosis Program, Pietermaritzburg, South Africa, ⁴Republic of South Africa National Department of Health, Tuberculosis Control and Management, Pretoria, South Africa, ⁵U.S. Centers for Disease Control and Prevention, Division of Tuberculosis Elimination, Atlanta, United States.
- PC-450-16 Lack of patient registration in ETR.Net for sputum smear-positive patients in KwaZulu-Natal, South Africa**
C Bristow,¹ A Dilraj,² LJ Podewils,³ A Pym,² S Dlamini,⁴ B Margot⁵
¹U.S. Centers for Disease Control and Prevention, Global AIDS Program, Pretoria, South Africa, ²South African Medical Research Council, Tuberculosis Research Unit, Durban, South Africa, ³U.S. Centers for Disease Control and Prevention, Division of Tuberculosis Elimination, Atlanta, United States, ⁴Republic of South Africa National Department of Health, Tuberculosis Control and Management, Pretoria, South Africa, ⁵Republic of South Africa Provincial Department of Health, KwaZulu-Natal, Tuberculosis Control and Management, Pietermaritzburg, South Africa.
- PC-451-16 Challenges for recruiting and retaining participants in a large, population-based TB study in Lima, Peru**
L Lecca Garcia,¹ CC Contreras Martinez,² S Soto,² R Lobaton,² J Galea,¹ R Seje,² M Becerra,³ M Murray⁴
¹Partners In Health, Research, Boston, United States, ²Socios En Salud Sucursal Peru, Direccion de Proyectos e Investigaciones, Lima, Peru, ³Harvard Medical School, Department of Global Health and Social Medicine, Boston, United States, ⁴Harvard Public Health School, Department of Epidemiology, Boston, United States.
- PC-452-16 Factors associated with the implementation of the RHZE-DFC scheme for the treatment of tuberculosis in Brazilian Municipalities**
J Braga Uelers,¹ A Trajman,² D Conceição³
¹UERJ, IMS, Rio de Janeiro, Brazil, ²Universidade Gama Filho, Faculdade de Medicina, Rio de Janeiro, Brazil, ³FIOCRUZ, Biomanguinhos, Rio de Janeiro, Brazil.

Poster Discussion Session 25

10:15-11:15 Hall 4

Medical management of TB - 2

Chair: Lee B. Reichman (USA) - Section: Tuberculosis

- PC-471-16 Improving TB case detection by implementing Standard Operating Procedures in selected health facilities of Ethiopia**
HA Worku,¹ B Woldemariam,¹ A Imma,² T Tesfaye,² Z Habtamu,³ m Kenea,³ E Wandwalo,⁴ PG Suarez⁴
¹TB CARE I, TB-HIV, Addis Ababa, Ethiopia, ²West Arsi ZHD, TB-HIV, Shshamene, Ethiopia, ³Oromia RHB, TB-HIV, Addis Ababa, Ethiopia, ⁴Management Sciences for Health, TB, Arlington, United States.
- PC-472-16 Addressing the challenges to IPT uptake among PLWHA in Nigeria: the Anambra State TB-HIV TWG experience**
B Odume,¹ D Igboelina,² O Ndibe,³ O Ezeaku⁴
¹National Tuberculosis and Leprosy Control Program, Public Health, Federal Ministry of Health, Abuja, Nigeria, ²Institute of Human Virology (IHVN), Medical Services, Abuja, Nigeria, ³State Tuberculosis and Leprosy Control Program, Public Health, Awka, Nigeria, ⁴State AIDS and STI Control Program, Public Health, Ministry of Health, Awka, Nigeria.
- PC-473-16 Early and improved tuberculosis case detection through the use of GeneXpert in Nepal**
B Rai,¹ O Gorbacheva¹
¹International Organization for Migration, TB REACH, Kathmandu, Nepal.
- PC-474-16 Evaluation of the impact of an electronic information system for tuberculosis monitoring in the Archangelsk region of Russia**
G Balantsev,¹ E Nikishova,² A Maryandyshev,³ E Heldal⁴
¹Northern (Arctic) Federal University, Electricity and Power Systems department, Archangelsk, Russia, ²Archangelsk Regional Antituberculosis Dispensary, TB monitoring and management department, Archangelsk, Russia, ³Northern State Medical University, Phthisiopulmonology department, Archangelsk, Russia, ⁴Norwegian Association of Heart and Lung Patients, TB, Oslo, Norway.
- PC-475-16 Multidrug-resistant tuberculosis in Pskov region, north-western Russia: critical impact of the *Mycobacterium tuberculosis* Beijing genotype**
I Mokrousov,¹ A Vyazovaya,¹ T Otten,² V Zhuravlev,² B Vishnevskiy,² O Narvskaya¹
¹St. Petersburg Pasteur Institute, Laboratory of Molecular Microbiology, St. Petersburg, Russia, ²Research Institute of Phthisiopulmonology, Laboratory of Microbiology, St. Petersburg, Russia.
- PC-477-16 Factors associated with default and treatment failure among pulmonary TB patients in Plateau state; Nigeria, 2011**
L Ibrahim,¹ S Ogiri,² Ayo Awe,³ JO Obasanya,⁴ T Odusote⁵
¹Ministry of Health, TB and Leprosy Control Program, Jos, Nigeria, ²World Health Organisation, National Professional Office, Minna, Nigeria, ³World Health Organisation, National Professional Office, Abuja, Nigeria, ⁴Federal Ministry of Health, Public Health, Abuja, Nigeria, ⁵USAID, USAID, Abuja, Nigeria.

- PC-478-16 Serum microRNAs as biomarker for active and latent tuberculosis infection**
G Mwangoka,¹ P Miotto,² K Reither,^{1,3} N Heinrich,⁴ G Sotgiu, PhD,⁵ L Codecasa,⁶ F Aloï,⁷ DM Cirillo²
¹Ifakara Health Institute, Bagamoyo, Branch, Bagamoyo, Tanzania, ²San Raffaele Scientific Institute, Emerging Bacterial Pathogens Unit, Division of Immunology, Transplantation and Infectious Diseases, Milan, Italy, ³Swiss Tropical and Public Health Institute (Swiss TPH), Tropical Diseases, Basel, Switzerland, ⁴Ludwig Maximilian University (LMU), Division for Infectious Diseases and Tropical Medicine, Munich, Germany, ⁵University of Sassari, Epidemiology and Medical Statistics Unit, Department of Biomedical Sciences, Sassari, Italy, ⁶Brescia University, Institute of Infectious and Tropical Diseases, Brescia, Italy, ⁷St. Francis, Nsambya Hospital, Hospital, Kampala, Uganda.
- PC-479-16 Risk factors for treatment default in adult tuberculosis patients in urban Indonesia**
W Maharani,¹ M Rutherford,^{1,2} P Hill,² R Ruslami¹
¹Padjadjaran University, Health Research Unit, Bandung, Indonesia, ²University of Otago, Centre for International Health, Dunedin, New Zealand.
- PC-480-16 Case fatality among HIV-infected TB patients with CD4 count > 350 cells/mm³**
A Madhugiri Venkatachalaiah,¹ D Gupta,² B Naik,³ KG Deepak,³ S Shastri,⁴ S Srinath,¹ P Dewan,³ A D Harries¹
¹International Union Against TB and Lung Disease, Research, New Delhi, India, ²Ministry of Health and Family Welfare, Central TB Division, New Delhi, India, ³Office of the WHO representative in India, Tuberculosis, New Delhi, India, ⁴KSAPS, HIV, Bangalore, India.
- PC-481-16 Village health workers, horse riders and text messaging contribute to improved TB case detection in Lesotho**
H Albert,¹ K Kao,² T Maqhama,³ M Ramainoane,³ D Gelvin,⁴ M Mareka,⁵ L Maama-maime⁵
¹Foundation For Innovative New Diagnostics, Expand TB, Cape Town, South Africa, ²Foundation For Innovative New Diagnostics, Expand TB, Geneva, Switzerland, ³Foundation For Innovative New Diagnostics, TB, Maseru, Lesotho, ⁴Kibotecnologies, IT, Kampala, Uganda, ⁵Ministry of Health and Social Welfare, National Tuberculosis Programme, Maseru, Lesotho.
- PC-482-16 Impact of Xpert MTB/RIF on MDR-TB case detection in one South African district one year after implementation**
L Matsoso,¹ B Khumalo,¹ T Luthuli,² R Matji¹
¹University Research Corporation, USAID TB Program, Johannesburg, South Africa, ²Gert Sibande District, TB Directorate, Mpumalanga, South Africa.
- PC-483-16 Combined treatment for patients with HIV-HCV-TB co-infection**
V Iljina¹
¹Ida-Viru Central Hospital, Tuberculosis, Kohtla-Järve, Estonia.
- PC-484-16 Positioning of the Xpert® MTB/RIF diagnostic system in rural KwaZulu-Natal, South Africa: preliminary findings from a cluster randomised trial**
R Lessells,^{1,2} G Cooke,^{2,3} M Nicol,⁴ N Mcgrath,^{2,5} ML Newell,² P Godfrey-faussett¹
¹London School of Hygiene and Tropical Medicine, Department of Clinical Research, London, United Kingdom, ²Africa Centre for Health and Population Studies, -, Mtubatuba, South Africa, ³Imperial College, Department of Infectious Diseases, London, United Kingdom, ⁴University of Cape Town, Department of Medical Microbiology, Cape Town, South Africa, ⁵London School of Hygiene and Tropical Medicine, Department of Infectious Disease Epidemiology, London, United Kingdom.
- PC-485-16 The potential utility of Xpert® MTB/RIF for real-time surveillance of drug resistance in rural KwaZulu-Natal, South Africa**
R Lessells,^{1,2} G Cooke,^{2,3} M Nicol,⁴ N Mcgrath,^{2,5} T De Oliveira,² ML Newell,² P Godfrey-faussett¹
¹London School of Hygiene and Tropical Medicine, Department of Clinical Research, London, United Kingdom, ²Africa Centre for Health and Population Studies, Mtubatuba, South Africa, ³Imperial College, Department of Infectious Diseases, London, United Kingdom, ⁴University of Cape Town, Department of Medical Microbiology, Cape Town, South Africa, ⁵London School of Hygiene and Tropical Medicine, Department of Infectious Disease Epidemiology, London, United Kingdom.

Chair: Drew Posey (USA) - **Section:** Tuberculosis

- PC-511-16 Initiative to engage private providers in the Revised National TB Control programme to improve case finding and holding in Karnataka urban slums**
O George,¹ R Ganesan,¹ S Subramaniam,² S Cherian,² R Washington,³ M.D. Suryakanth,⁴ B Naik⁵
¹Abt Associates Inc., Market-based Partnerships for Health, New Delhi, India, ²Population Services International, Tuberculosis, New Delhi, India, ³Karnataka Health Promotion Trust, HIV-TB, Bengaluru, India, ⁴State TB Cell, Ministry of Health, Govt. of Karnataka, Bengaluru, India, ⁵World Health Organization, Tuberculosis, Bengaluru, India.

- PC-512-16 Public-private partnerships for TB control in Bangladesh: a framework for sustainable partnerships with private sector health care providers**
Z Ullah,¹ R Huque,² S Akter,³ A Husain,⁴ M Akramul Islam,⁵ J Newell¹
¹University of Leeds, Nuffield Centre for International Health and Development, Leeds, United Kingdom, ²Dhaka University, Economics, Dhaka, Bangladesh, ³Society for Empowerment, Education and Development (SEED), SEED, Dhaka, Bangladesh, ⁴National TB Control Programme (NTP), MBDC, Dhaka, Bangladesh, ⁵BRAC, Health Programme, Dhaka, Bangladesh.
- PC-513-16 Quality of tuberculosis services from patients' perspective: a cross-sectional study at public and private hospitals in North Jakarta, Indonesia**
F Zainuddin,¹ Y Mahendradhata,² A Probandari³
¹Universitas Muhammadiyah Jakarta, Faculty of Medicine, Jakarta, Indonesia, ²Universitas Gadjah Mada, Department of Public Health, Faculty of Medicine, Yogyakarta, Indonesia, ³Universitas Sebelas Maret, Department of Public Health, Faculty of Medicine, Surakarta, Indonesia.
- PC-514-16 Novel methodology to assess sputum smear microscopy quality in private laboratories**
A Codlin,¹ M Javaid,² F Qazi,¹ M Khan^{1,3}
¹Interactive Research and Development, Epidemiology, Karachi, Pakistan, ²Indus Hospital, Laboratory Services, Karachi, Pakistan, ³London School of Hygiene and Tropical Medicine, Clinical Research, London, United Kingdom.
- PC-515-16 Tuberculosis management practices by private practitioners in Visakhapatnam, South India**
S Achanta,¹ J Jaju,¹ A Kumar,² S B Nagaraja,^{1,3} A Sreenivas,¹ S Motta Shamrao,⁴ A D Harries,⁵ P Dewan¹
¹Office of the World Health Organization (WHO) Representative in India, WHO RNTCP Technical Assistance Project, New Delhi, India, ²International Union against Tuberculosis and Lung Diseases (The Union), South East Asia Regional Office, Technical Officer (Research), New Delhi, India, ³Central TB Division, Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India, RNTCP Public Health, New Delhi, India, ⁴State TB Cell, Directorate General of Health Services, Ministry of Health and Family Welfare, Government of Andhra Pradesh, State TB Cell, Hyderabad, India, ⁵International Union Against Tuberculosis and Lung Disease (The Union)
- PC-516-16 Experience of the new model of integrating TB services with general hospitals in Zhejiang, China**
J Yin,¹ X Wei,² XM Wang,³ JM Zhong,³ G Zou,¹ Q Sun⁴
¹University of Leeds, Nuffield Center for International Health and Development, Leeds, United Kingdom, ²The Chinese University of Hong Kong, School of public health and primary care, Hong Kong, Hong Kong SAR China, ³Zhejiang CDC, TB control department, Hangzhou, China, ⁴Shandong University, Center for Health Management and Policy, Jinan, China.
- PC-517-16 Contribution of private-public mix DOTS programme to the TB programme in Ethiopia and its performance: a five year retrospective analysis**
Y Hailemariam,¹ T Gabre Kidan,¹ A G/yohannes¹
¹USAID/PHSP, Ethiopia, TB and HCT, Addis Ababa, Ethiopia.
- PC-518-16 Improving tuberculosis control through public-private collaboration in Viet Nam**
B Vu,¹ THL Tran,¹ NT Le,¹ Huon Trinh¹
¹PATH, TB, Hanoi, Vietnam.
- PC-519-16 Factors associated with patient and health systems delays in the diagnosis and initiation of treatment of tuberculosis in Karnataka, India, 2011**
S Bastian,¹ V Sharma,¹ O George,¹ R Ganesan¹
¹Abt Associates Inc., MBPH, New Delhi, India.
- PC-520-16 Dramatic increase in childhood TB case detection with private sector engagement**
F Amanullah,^{1,2} S Hussain,¹ S Khowaja,³ F Khan,³ I Lotia,³ A Habib,³ M Becerra,² A Khan³
¹The Indus Hospital, Pediatrics, Karachi, Pakistan, ²Harvard Medical School, Program in Infectious Disease and Social Change, Department of Global Health and Social Change, Boston, United States, ³Interactive Research and Development, PMDT, Karachi, Pakistan.
- PC-521-16 Success of GeneXpert MTB/RIF use as a case-finding strategy in private laboratories in Pakistan and Bangladesh**
A Codlin,¹ S Banu,² M Khan,^{1,3} MT Rahman,² F Qazi,¹ A Mahmud,⁴ A Khan,¹ C Boehme⁵
¹Interactive Research and Development (IRD), N/A, Karachi, Pakistan, ²Centre for Diarrhoeal Disease Research, Bangladesh (icddr), N/A, Dhaka, Bangladesh, ³London School of Hygiene and Tropical Medicine, Clinical Research, London, United Kingdom, ⁴Institute of Epidemiology, Disease Control & Research, N/A, Dhaka, Bangladesh, ⁵Foundation for Innovative New Diagnostics (FIND), N/A, Geneva, Switzerland.
- PC-522-16 Findings from a simulated patient study among non-allopathic health care providers in 30 districts of India**
D Lekharu,¹ S Subramaniam,¹ S Dham,¹ K Prosad,¹ S Srinath,² S Chadha²
¹Population Services International, Programs, New Delhi, India, ²The Union South East Asia office, TB, New Delhi, India.
- PC-523-16 Performance-based cash incentives for TB screeners in the private sector in Karachi, Pakistan**
S Mohammed,^{1,2} F Khan,^{1,2} I Lotia,² S Khowaja,^{1,2} A Habib,¹ N Baig-ansari,² S Keshavjee,³ A Khan¹
¹Interactive Research & Development (IRD), IRD, Karachi, Pakistan, ²Indus Hospital, Indus Hospital Research Center, Karachi, Pakistan, ³Harvard Medical School, Global Health and Social Medicine, Boston, United States.

- PC-524-16 Effectiveness of enhanced case-finding strategies in private-sector settings in Karachi, Pakistan**
A Codlin,¹ S Khowaja,¹ H Hussain,¹ F Khan,¹ M Khan,^{1,2} J Creswell,³ M Becerra,⁴ A Khan¹
¹Interactive Research and Development (IRD), N/A, Karachi, Pakistan, ²London School of Hygiene and Tropical Medicine, Clinical Research, London, United Kingdom, ³Stop TB Partnership TB REACH Secretariat, N/A, Geneva, Switzerland, ⁴Harvard Medical School, Program in Infectious Disease and Social Change, Department of Global Health and Social Medicine, Boston, United States.

Poster Discussion Session **27**

10:15-11:15 Hall 4

Public policy – 2

Chair: Asma Elsony (Sudan) - **Section:** Tuberculosis

- PC-547-16 Costs faced by (multidrug-resistant) tuberculosis patients during diagnosis and treatment**
S Van Den Hof,^{1,2} C Suraratdecha,³ D Collins,³ A Ohkado,⁴ E Tiemersma^{1,2}
¹KNCV Tuberculosis Foundation, Asia, Central Asia and Latin America, The Hague, Netherlands, ²Amsterdam Medical Center; Amsterdam Institute of Global Health and Development, Department of Global Health, Amsterdam, Netherlands, ³Management Sciences for Health, Health Care Financing, Boston, United States, ⁴Research Institute of Tuberculosis (RIT) Japan Anti-Tuberculosis Association (JATA), Tuberculosis Surveillance Center (TSC) Dept. of Epidemiology and Clinical Research, Tokyo, Japan.
- PC-548-16 Setting a National Framework for the engagement of TB treatment supporters: the Nigeria TB programme experience**
B Odume,¹ E Ubochioma,¹ JO Obasanya¹
¹National Tuberculosis and Leprosy Control Program, Public Health, Abuja, Nigeria.
- PC-549-16 Expansion with inclusion: to achieve the target of 90/90 in India**
S Muhammed,¹ S Jaysankar,² A Rajakani Vivekanandan,³ S Balakrishnan⁴
¹Indian Medical Association, Global Fund (ATM) RNTCP Project, Kochi, India, ²Government of Kerala, Directorate of Health Services, State TB Cell, Trivandrum, India, ³Indian Medical Association, National Working Group, RNTCP, New Delhi, India, ⁴World Health Organization, RNTCP Technical assistance project, New Delhi, India.
- PC-550-16 Using a customised “case finding cohort tool” in the Nigeria TB programme: a critical initiative in the year 2011 to improve data quality**
JO Obasanya,¹ N Chukwueme,¹ M Gidado,² L Odoemene,¹ F Oluwafunmilayo,¹ C Osakwe,³ A F Omoniyi³
¹National TB Programme, Federal Ministry of Health, Public Health, Abuja, Nigeria, ²KNCV/TBCARE I, TB, Abuja, Nigeria, ³World Health Organisation, Tuberculosis, Abuja, Nigeria.
- PC-551-16 The modelised analysis of patient pathway: a systemic approach to improve the quality of TB control programmes**
B Dujardin,¹ L Weber,¹ A Labat,¹ S Laokri,¹ M Drabo²
¹Université Libre de Bruxelles, Ecole de Santé Publique, Politiques et systèmes de santé - Santé internationale, Bruxelles, Belgium, ²Laboratoire National de Santé Publique, LNSP, Ouagadougou, Burkina Faso.
- PC-552-16 The burden of tuberculosis and other lung disease in a large urban hospital in a high HIV prevalence country: the case of South Africa**
L Long,¹ C Sauls,¹ K Schnippel,¹ S Rosen²
¹Health Economics and Epidemiology Research Office, Department of Medicine, Faculty of Health Sciences, University of Witwatersrand, Johannesburg, South Africa, ²Boston University, Center for Global Health and Development, Boston, United States.
- PC-553-16 Tuberculosis infection control measures in health care facilities in Mukono and Wakiso districts, Uganda**
S Verver,¹ F Nuwaha,² B Criel,³ R Colebunders,^{3,4} E Buregyeya,^{2,4} E Mitchell¹
¹KNCV Tuberculosis Foundation, Research Unit, The Hague, Netherlands, ²Makerere University School of Public Health, Disease Control & Environmental Health, Kampala, Uganda, ³Institute of Tropical Medicine, Antwerp, Public Health, Antwerp, Belgium, ⁴University of Antwerp, Infectious Diseases, Antwerp, Belgium.
- PC-554-16 Alarming high failure among polyresistant TB cases treated with first-line anti-tuberculosis drugs under National TB programme in Kerala, India**
S Mrithunjayam,¹ S Jaysankar,¹ S Balakrishnan,^{1,2} DSA Karthickeyan,^{1,2} S Nair,³ S Praveen,¹ A Sreenivas²
¹State TB Cell, Tuberculosis, Thiruvananthapuram, India, ²WHO India Office, Tuberculosis, New Delhi, India, ³Thiruvananthapuram Medical College, Tuberculosis, Thiruvananthapuram, India.
- PC-555-16 Use of smart phones for supportive supervision in Nigeria: a need to collaborate with partners for rapid scale-up**
O Okorie,¹ JO Obasanya,² O Madukwe,¹ N Chukwueme,² M Gidado,³ E Ubochioma,² K Jimoh,⁴ O Adeleke⁵
¹Abia State TB Programme, State Ministry of Health, Disease control, Umuahia, Nigeria, ²National TB Programme, Federal Ministry of Health, Public Health, Abuja, Nigeria, ³KNCV/TBCARE I, TB, Abuja, Nigeria, ⁴National TB Training Centre, Federal Ministry of Health, Training, Zaria, Nigeria, ⁵HS 20 20, Abtassociate, Abuja, Nigeria.
- PC-556-16 Approaches to reducing financial barriers to TB diagnostic and treatment tools**
C Suraratdecha,¹ D Collins,¹ A Nyaruhirira,¹ C Mundy,¹ A Zagorski¹
¹Management Sciences for Health, Center for Health Services, Arlington, United States.

- PC-557-16** **Intensive tuberculosis screening in HIV-infected persons not yet on antiretroviral treatment, in Macha, rural Zambia**
J. Sikalima,¹ J Van Dijk,^{2,3} G.M. Hagoort,² L.M. Chikobolo,¹ M. Musonda,¹ J.L. Nouwen, PhD²
¹Macha Research Trust, Clinical Research Department, Choma, Zambia, ²Erasmus University Rotterdam, Internal Medicine - Infectious Diseases, Rotterdam, Netherlands, ³Macha Research Trust / Macha Mission Hospital, Clinical Research Department / HIV Care, Choma, Zambia.
- PC-558-16** **Advocacy Communication and Social Mobilization as a convergence and sustainable tool for Universal Access in India: Satara, a model Axshya District**
ER Babu,¹ N Wilson,¹ S Chadha,¹ S Mohanty,¹ S Srinath,¹ S A Pawar,² C Chatla,² B R Bhosale³
¹International Union Against Tuberculosis and Lung Disease (The Union), TB Unit, New Delhi, India, ²Catholic Health Association of India, Global Fund Round 9 TB Project, Hyderabad, India, ³District TB Society, Satara, Health, Satara, India.
- PC-559-16** **Effectiveness of patient referral and linkage to care from community active TB case-finding efforts in Kampala, Uganda**
H Sempeera,¹ J Sekandi Nabbuye^{2,3}
¹Makerere University School of Public Health, Epidemiology and Biostatistics, Kampala, Uganda, ²University of Georgia, College of Public Health, New York, U.S. Minor Outlying Islands, ³Makerere University School of Public Health, Epidemiology and Biostatistics, Kampala, Uganda.
- PC-560-16** **Perspectives of community-based approaches for tuberculosis case finding in Southern Ethiopia: qualitative research to support sustainability**
S Theobald,¹ O Tulloch,¹ T Mamo,² G Asnake,² H Jamal,² LE Cuevas,¹ M A Yassin^{1,3}
¹Liverpool School of Tropical Medicine, -, Liverpool, United Kingdom, ²TB REACH project, Sidama Zone, Awassa, Ethiopia, ³Global Fund to Fight AIDS, TB and Malaria, -, Geneva, Switzerland.
- PC-561-16** **Voices from the diagnostic window for TB in Ethiopia**
R Anderson De Cuevas,¹ M Aschalew,² M A Yassin,^{1,3} T Mamo,² G Asnake,² LE Cuevas,¹ S Theobald¹
¹Liverpool School of Tropical Medicine, -, Liverpool, United Kingdom, ²TB REACH Project, Sidama Zone, Awassa, Ethiopia, ³Global Fund to Fight AIDS, TB and Malaria, -, Geneva, Switzerland.
- PC-562-16** **Active TB and labour force participation in low- and middle-income countries: results from the World Health Survey**
YK Do,¹ MA Bautista,¹ K Foo¹
¹Duke-NUS Graduate Medical School Singapore, Health Services and Systems Research, Singapore, Singapore.

Poster Discussion Session **28**

10:15-11:15 Hall 4

Surveillance, TB screening and HIV testing

Chair: Soumya Swaminathan (India) - **Section:** HIV

- PC-580-16** **Integrating TB case detection information in medical clinical records improves TB screening and detection among HIV and AIDS patients: a case TASO Uganda**
S Okoboi,¹ M Odongo¹
¹The AIDS Support Organization, Medical, Tororo, Uganda.
- PC-581-16** **Active TB surveillance could improve the linkages between TB and HIV care: an impact assessment of a self-developed system in a rural district of Zambia**
S Muvuma,¹ S Miyano,^{2,3} H Kapyata,¹ N Ishikawa,^{2,3} I Sikazwe,⁴ C Moyo,⁴ C Msiska,¹ G Syakantu⁴
¹Chongwe District Medical Office, DMO, Chongwe, Zambia, ²Japan International Cooperation Agency (JICA), Zambia Office, Lusaka, Zambia, ³National Center for Global Health and Medicine (NCGM), Department of International Cooperation, Tokyo, Japan, ⁴Ministry of Health, Zambia, Department of Clinical Care and Diagnostic Services, Lusaka, Zambia.
- PC-582-16** **Monitoring the trend of the desire for HIV counselling and testing in Nigeria: reference for policy measures and appropriate strategies for procurement**
R Fakolade,¹ A Hassan,¹ L Okwuonye,¹ K Osinowo,¹ C Ogbuji,¹ J Osho,¹ R Kusimo,¹ O Ladipo¹
¹Association for Reproductive and Family Health (ARFH), Tuberculosis Unit, Abuja, Nigeria.
- PC-583-16** **Scale-up of provider-initiated HIV testing and counselling for tuberculosis patients in Viet Nam**
T Vu,¹ LH Thai,² An Chu,¹ Nhan Do,¹ Khan Vu,¹ VN Nguyen,³ Pham Nguyen³
¹VAAC/LIFE-GAP, Care and Treatment, Hanoi, Vietnam, ²U.S. Centers for Disease Control and Prevention, Care and Treatment, Hanoi, Vietnam, ³National Lung Hospital, Network Steering, Hanoi, Vietnam.
- PC-584-16** **HIV Surveillance in India: an overview and implications for the future**
D Persai¹
¹Public Health Foundation of India, Health System Research, Delhi, India.
- PC-585-16** **Assessing the microbiological effectiveness of HIV care using dried blood spots in DR Congo**
J Muwonga,¹ L Serrano,² A Kambale,³ J-P Kabuayi Nyengele,¹ A Okenge,¹ D Byamungu,⁴ M Peeters,⁴ F Boillot⁵
¹Ministry of Health, National AIDS Program, Kinshasa, Congo - Kinshasa, ²IRD/UM1, UMI 233, Montpellier, France, ³Ministry of health, Inspection provinciale du Nord Kivu, Goma, Congo - Kinshasa, ⁴The Union, DRC Office, Kinshasa, Congo - Kinshasa, ⁵The Union, HIV, Paris, France.

- PC-586-16 Evaluation of screening for HIV-associated tuberculosis in Indonesia**
G Waltman,¹ H Meijerink,¹ R Wisaksana,² A. Van Der Ven,¹ E Nelwan,³ R Van Crevel,¹ B. Alisjahbana²
¹Radboud University Nijmegen Medical Centre, Internal Medicine, Nijmegen, Netherlands, ²Padjadjaran University and Hasan Sadikin Hospital, Internal Medicine, Bandung, Indonesia, ³University of Indonesia, Internal Medicine, Jakarta, Indonesia.
- PC-587-16 Contribution of CBOs to active case finding among contact people living with HIV/AIDS in Burkina Faso**
V Bonkougou,¹ FMG Coulibaly Donessoune,¹ K Lougué,¹ I Moyenga,² O Ky-zerbo¹
¹PAMAC, TB Programme, Ouagadougou, Burkina Faso, ²Ministère de la Santé, PNT, Ouagadougou Burkina Faso.

Poster Discussion Session **29**

10:15-11:15 Hall 4

Expansion of the Stop TB strategy - 2

Chair: Haileyesus Getahun (Switzerland) - **Section:** Tuberculosis

- PC-604-16 Engaging elderly to access TB service at public health facilities CANCELLED**
- PC-605-16 Reducing TB patient delays: frequency and causes**
M Insua,¹ S Haumba,² F Zannat,³ A Smith-arthur,¹ N Kak,¹ R Matji⁴
¹URC, PST, Bethesda, United States, ²URC, TB CARE II, Mbabane, Swaziland, ³URC, TB CARE II, Dhaka, Bangladesh, ⁴URC, TB CARE II, Pretoria, South Africa.
- PC-606-16 Beyond collaboration: exploring partnership with the corporate sector for sustainable TB control activities in Bangladesh**
Z Ullah,¹ J Newell,¹ H Akter,² R Huque,³ S Akter,⁴ M Husain⁵
¹University of Leeds, Nuffield Centre for International Health and Development, Leeds, United Kingdom, ²Institute of Health Sciences, University of Leeds, LIHS, Leeds, United Kingdom, ³Dhaka University, Economics, Dhaka, Bangladesh, ⁴Society for Empowerment, Education and Development (SEED), SEED, Dhaka, Bangladesh, ⁵National TB Control Programme (NTP), MBDC, Dhaka, Bangladesh.
- PC-607-16 High yield of community-based TB-HIV intensive case finding in rural South Africa**
S Sheno,¹ AP Moll,² A Mntambo,³ RP Brooks,¹ D Upadhy,¹ N Ntumba,³ G Friedland¹
¹Yale University, AIDS Program, New Haven, United States, ²Church of Scotland Hospital, HIV, Tugela Ferry, South Africa, ³Philanjalo NGO, Research, Tugela Ferry, South Africa.
- PC-608-16 Strengthening facility and community structures increases access to TB-HIV services: lessons from East Central Uganda**
A Batwaula,¹ S Kironde,¹ R Kimuli,¹ R Mweisgwa,¹ V Gwokyalaya¹
¹JSI/STAREC, HIV, Jinja, Uganda.
- PC-609-16 A "Blitz" approach to active TB case finding in the community, Eastern Province, Zambia**
M Sikandangwa,¹ K Malama,¹ C Fanaka,¹ W Miyanda¹
¹Eastern Provincial Health Office, Ministry of Health, Chipata, Zambia.
- PC-610-16 Exploring the effectiveness of incentivising health staff for increased case detection in 47 health facilities of five provinces in Afghanistan**
A Sanaie,¹ M.A Zhian,² A Nasrat,³ G.A Omer⁴
¹ATA-AP, TB Control, Kabul, Afghanistan, ²ATA-AP, TB Control, Kabul, Afghanistan, ³ACREOD, TB Control, Kabul, Afghanistan, ⁴ACREOD, TB Control, Kabul, Afghanistan.
- PC-612-16 Humanising TB case detection and treatment through implementation of rural DOTS in 3 Provinces of Afghanistan: Wardak, Samangan, Sar-e-Pul**
N Noor,^{1,2} Dr Shams-ul-islam Shams,¹ Gul Samar Gul Hamidi¹
¹Swedish Committee for Afghanistan, Health, Kabul, Afghanistan, ²Asian Medical Institute, Midwifery, Kabul, Afghanistan.
- PC-613-16 Reaching seasonal labour migrants with active TB case finding in Nepal**
S Pandey,¹ M Chaulagain²
¹FHI 360, Country Office, Kathmandu, Nepal, ²FHI 360, SI Unit, Kathmandu, Nepal.
- PC-614-16 Evaluating the impact of decentralising tuberculosis microscopy services to rural township hospitals in Shandong and Gansu Province, China**
X Wei¹
¹The Chinese University of Hong Kong, School of Public Health and Primary Care, Shatin, Hong Kong SAR China.
- PC-615-16 Improvement of TB treatment outcome under TB-HIV intensified case finding and community DOTS project in Zambia**
K Murakami,¹ C Habeenzu,² D Siamutondo,³ G Samungole,⁴ Y Toyama,³ K Inaba,¹ M Ota,¹ S Mitarai,¹ N Yamada,¹ A Shimouchi¹
¹Japan Anti-tuberculosis Association(JATA), International Cooperation, Tokyo, Japan, ²University Teaching Hospital, TB laboratory, Lusaka, Zambia, ³Japan Anti-tuberculosis Association Zambia (JATA Zambia), TB project, Lusaka, Zambia, ⁴Lusaka District Health Management Team, TB-HIV, Lusaka, Zambia.

- PC-616-16 Awareness about NTP services among TB patients identified in a community-based survey in India**
S Srinath,¹ AN Sreenivas,² S Chadha,¹ S Mohanty,¹ G Sharma,¹ S Yadav,¹ V Kamineni,¹ N Wilson¹
¹The Union, South-East Asia Regional Office, New Delhi, India, ²WHO, India Country Office, New Delhi, India.
- PC-617-16 Improving outreach of diagnostic services through a sputum collection and transportation system under programmatic conditions**
K Rade,¹ P Dave,² PG Patel,² K Pujara,² A Sreenivas,³ N Kulshreshta,⁴ P Dewan,³ A Kumar⁴
¹WHO-RNTCP TSN, Central TB Division, New Delhi, India, ²State TB Cell, Dept of health & family Welfare, Gandhinagar, India, ³WHO India, TB, New Delhi, India, ⁴Central TB Division, Ministry of Health & Family Welfare, New Delhi, India.
- PC-618-16 Measuring the impact of technical assistance with the aim to improve Global Fund TB grant performance**
M Olszak-olszewski,¹ A Godfrey,² S Pothapregada,¹ C Gunnenberg²
¹The Global Fund, Strategy, Investment &, Geneva, Switzerland, ²World Health Organisation, Stop TB Department, Geneva, Switzerland.

Poster Discussion Session **30**

10:15-11:15 Hall 4

Improving diagnosis and treatment of childhood TB

Chair: Heather Menzies (USA) - **Section:** Lung Health

- PC-647-16 Helminth infections and cytokine profiles are strongly associated with risk of infection in Warao Amerindian childhood TB contacts**
L Verhagen,^{1,2} PWM Hermans,^{1,3} M Maes,² A Warris,^{1,3} R De Groot,^{1,3} D Van Soolingen,⁴ E Pinelli,⁵ J De Waard²
¹Department of Pediatrics, division of Pediatric Infectious Diseases, Radboud University Nijmegen Medical Centre, Department of Pediatrics, division of Pediatric Infectious Diseases, Nijmegen, Netherlands, ²Laboratorio de Tuberculosis, Instituto de Biomedicina, Laboratorio de Tuberculosis, Caracas, Venezuela, ³Nijmegen Institute for Infection, Inflammation and Immunity, Radboud University Nijmegen Medical Centre, Nijmegen Institute for Infection, Inflammation and Immunity, Nijmegen, Netherlands, ⁴Tuberculosis Reference Laboratory, National Institute for Public Health and the Environment (RIVM), Tuberculosis Reference Laboratory, Bilthoven, Netherlands, ⁵Department of Parasitology, National Institute for Public Health and the Environment (RIVM), Department of Parasitology, Bilthoven, Netherlands.
- PC-648-16 Linezolid-containing regimens for the treatment of drug-resistant tuberculosis in South African children**
P Rose,¹ Ute Hallbauer,^{2,3} J Seddon,^{1,4} A Hesselting,¹ H S Schaaf^{1,5}
¹Desmond Tutu TB Centre, Stellenbosch University, Department of Paediatrics and Child Health, Cape Town, South Africa, ²Pelononi Hospital, Department of Paediatrics, Bloemfontein, South Africa, ³Free State University, Department of Paediatrics and Child Health, Bloemfontein, South Africa, ⁴London School of Hygiene and Tropical Medicine, Department of Clinical Research, London, United Kingdom, ⁵Tygerberg Children's Hospital, Department of Paediatrics and Child Health, Cape Town, South Africa.
- PC-649-16 Effect of Ascaris lumbricoides specific IgE on tuberculin skin test responses in children**
N Van Soelen,¹ A Mandalakas,^{1,2,3} H Kirchner,⁴ G Walzl,⁵ H Grewal,⁶ A Hesselting¹
¹Desmond Tutu TB Centre, Stellenbosch University, Department of Paediatrics and Child Health, Cape Town, South Africa, ²Section on Retrovirology and Global Health, Baylor College of Medicine, Department of Paediatrics, Houston, United States, ³Center for Global Health, Texas Children's Hospital, Houston, United States, ⁴Division of Medicine, Geisinger Clinic, Danville, United States, ⁵Immunology Research Group, Stellenbosch University, Department of Biomedical Sciences, Cape Town, South Africa, ⁶Section of Microbiology and Immunology, The Gade Institute, University of Bergen and Department of Microbiology, Haukeland University Hospital, Bergen, Norway.
- PC-650-16 Pharmacokinetics of anti-tuberculosis drugs in Venezuelan children: supportive evidence for revised World Health Organization recommendations**
L Verhagen,^{1,2} D López,³ PWM Hermans,^{2,4} A Warris,^{2,4} R De Groot,^{2,4} JF García,³ J De Waard,^{1,5} RE Aarnoutse⁶
¹Laboratorio de Tuberculosis, Instituto de Biomedicina, Laboratorio de Tuberculosis, Caracas, Venezuela, ²Department of Pediatrics, division of Pediatric Infectious Diseases, Radboud University Nijmegen Medical Centre, Department of Pediatrics, division of Pediatric Infectious Diseases, Nijmegen, Netherlands, ³Departamento de Pediatría Infectología, Hospital de Niños 'J.M. de los Ríos', Departamento de Pediatría Infectología, Caracas, Venezuela, ⁴Nijmegen Institute for Infection, Inflammation and Immunity, Radboud University Nijmegen Medical Centre, Nijmegen Institute for Infection, Inflammation and Immunity, Nijmegen, Netherlands, ⁵Universidad Central de Venezuela, Facultad de Medicina, Caracas, Venezuela, ⁶Department of Pharmacy, Radboud University Nijmegen Medical Centre, Department of Pharmacy, Nijmegen, Netherlands.
- PC-651-16 Modifiable risk factors for tuberculosis disease in children in Lima, Peru: a case control study**
M Franke,^{1,2,3} H Del Castillo Barrientos,⁴ M Becerra,^{1,3} Y Pereda,³ L Lecca García,³ J Fuertes,³ L Cardenas,⁴ M Murray^{1,2}
¹Harvard Medical School, Department of Global Health and Social Medicine, Boston, United States, ²Harvard School of Public Health, Department of Epidemiology, Boston, United States, ³Socios En Salud Sucursal Peru / Partners In Health, Lima, Peru, ⁴Instituto Nacional de Salud del Niño, Lima, Peru.

- PC-652-16 A prospective cohort study to evaluate the incidence of tuberculosis in infants, Western Kenya**
G Kaguthi,¹ V Nduba,¹ V Cardenas,² A V'ant Hoog,^{1,3} K Laserson^{1,4}
¹KEMRI/CDC, Tuberculosis Research Branch, Kisumu, Kenya, ²AERAS, Epidemiology, Rockville, Kenya, ³University of Amsterdam, Academic Medical Centre, Amsterdam, Netherlands, ⁴Centers for Disease Control and Prevention CDC, Office of Global Health, Atlanta, United States.
- PC-653-16 Tuberculous meningitis in children: a prospective observational study**
Max Caws,^{1,2} J Jeremy Day,^{1,2} Thom Pouplin,² B Nguyen Duc,^{2,3} D Tran Duong³
¹Oxford University, Centre for Tropical Medicine, Oxford, United Kingdom, ²Hospital for Tropical Diseases, Oxford University Clinical Research Unit, HCMC, Vietnam, ³Pham Ngoc Thach Hospital, Oxford University Clinical Research Unit, HCMC, Vietnam.
- PC-654-16 Sputum induction for paediatric tuberculosis in Botswana: programme description and findings**
D Joel,¹ A Steenhoff,² P Mullan,³ B.R Phelps,⁴ M Tolle,¹ V Mabikwa,¹ A Ho-foster,² G Anabwani¹
¹Botswana-Baylor Children's Clinic, Paediatrics, Gaborone, Botswana, ²Botswana-UPenn Partnership, Paediatrics, Gaborone, Botswana, ³Baylor College of Medicine, Emergency Room, Houston, United States, ⁴U.S. Agency for International Development, Office of HIV/AIDS, Washington DC, United States.
- PC-655-16 Assessing symptoms of pulmonary tuberculosis diagnosed by gastric aspirates in Botswana children, 2008-2010**
A Steenhoff,^{1,2,3} J Dipesalema,^{4,5} M Ntshimane,¹ A Ho-foster,^{1,6} P Mullan,⁵ R Ncube,⁷ T Arscott-mills,^{1,3,6} H Friedman^{1,6}
¹Botswana-UPenn Partnership, Research, Gaborone, Botswana, ²Perelman School of Medicine, University of Pennsylvania, Pediatrics, Philadelphia, United States, ³The Children's Hospital of Philadelphia, Infectious Diseases, Philadelphia, United States, ⁴Botswana-Baylor Partnership, Pediatrics, Gaborone, Botswana, ⁵Baylor College of Medicine, Pediatrics, Houston, United States, ⁶Perelman School of Medicine, University of Pennsylvania, Medicine, Philadelphia, United States, ⁷Ministry of Health, National TB Programme, Gaborone, Botswana
- PC-656-16 Yield of multiple sampling methods to diagnose children with tuberculosis in Yemen**
N Al-sunbuli,¹ N Al-aghbari,¹ O Tulloch,² R Anderson De Cuevas,² M A Yassin,^{2,3} S Theobald,² LE Cuevas²
¹Sana'a University, Medical Faculty, Sana'a, Yemen, ²Liverpool School of Tropical Medicine, Liverpool, United Kingdom, ³The Global Fund to Fight AIDS, TB and Malaria, Geneva, Switzerland.
- PC-657-16 Drug-resistant tuberculosis in Pakistani children: clinical characteristics, treatment and outcome**
F Amanullah,^{1,2} A Parekh,³ S Hussain,¹ N Salahuddin,¹ S Khowaja,³ U Khan,^{1,2} M Becerra,² A Khan³
¹The Indus Hospital, Pediatrics, Karachi, Pakistan, ²Harvard Medical School, Program in Infectious Disease and Social Change, Department of Global Health and Social Medicine, Boston, United States, ³IRD, PMDT, Karachi, Pakistan.
- PC-658-16 Hearing and renal impairment in children treated for drug-resistant tuberculosis**
J Seddon,^{1,2} S Thee,^{1,3} A Hesselting,¹ H S Schaaf^{1,4}
¹Desmond Tutu TB Centre, Pediatrics and Child Health, Cape Town, South Africa, ²London School of Hygiene and Tropical Medicine, Clinical Research, London, United Kingdom, ³Universitätsmedizin Berlin, Paediatric Pneumology and Immunology, Berlin, Germany, ⁴Tygerberg Children's Hospital, Infectious Diseases, Cape Town, South Africa.
- PC-659-16 Stool analysis by GeneXpert MTB/RIF for the diagnosis of paediatric tuberculosis: a pilot study**
E Walters,¹ S Friedrich,² A Diacon,² R Gie,¹ A Hesselting¹
¹Desmond Tutu TB Centre, Stellenbosch University, Paediatrics and Lung Health, Cape Town, South Africa, ²Division of Medical Physiology, Stellenbosch University, Biomedical Sciences, Cape Town, South Africa.

Poster Discussion Session **31**

10:15-11:15 Hall 4

MDR-TB: focus on laboratories

Chair: Frank Cobelens (Denmark) - **Section:** Tuberculosis

- PC-681-16 Evaluation of the MTBDRsl® LPA from direct sputum in a high-volume diagnostic laboratory.**
M Barnard,^{1,2} RM Warren,¹ M Bosman,¹ G Coetzee³
¹DST/NRF Centre of Excellence in Biomedical Tuberculosis Research US/MRC Centre for Molecular and Cellular Biology Division of Molecular Biology and Human Genetics Faculty of Health Sciences Stellenbosch University, Department of Biomedical Sciences, Cape Town, South Africa, ²National Health Laboratory Services, Tuberculosis Laboratory, Green Point, Cape Town, South Africa, ³National Health Laboratory Service, National Tuberculosis Reference Laboratory, Sandringham, Johannesburg, South Africa.
- PC-682-16 Mutations in genes of *M. tuberculosis*, are coding for drug resistance to isoniazid and rifampicin in patients without detection of pathogen**
T Morozova,¹ T.Yu Salina¹
¹Medical University, Department of phthysiology, Saratov, Russia.

- PC-683-16 Pyrazinamide resistance in *Mycobacterium tuberculosis* complex is associated with phylogenetic lineages**
E Kurbatova,¹ T Dalton,¹ J Cavanaugh,¹ P Cegielski¹
¹The U.S. Centers for Disease Control and Prevention (CDC), Division of TB Elimination, Atlanta, United States.
- PC-684-16 Performance of the Xpert MTB/RIF test for detection of *M. tuberculosis* and rifampicin resistance in sputum specimens in two regions of Russia**
VV Erokhin,¹ G Volchenkov,² D Kaminski,³ O Demikhova,¹ N Natalia V. Kaunetis,² J Ershova,³ P Cegielski,³ E Kurbatova³
¹Central TB Research Institute of the Russian Academy of Medical Sciences, TB, Moscow, Russia, ²Vladimir Oblast TB Dispensary, Vladimir, Russia, TB Laboratory, Vladimir, Russia, ³U.S. CDC, NCHHSTP, Atlanta, United States.
- PC-685-16 Comparison of Xpert MTB/RIF with TB-Biochip MDR assay for rapid detection of drug-resistant *Mycobacterium tuberculosis* in Russia**
T Smirnova,¹ D Kaminski,² S Andreevskaya,¹ E Larionova,¹ A Vorobyeva,¹ J Ershova,² P Cegielski,² E Kurbatova²
¹Central TB Research Institute of the Russian Academy of Medical Sciences, TB Laboratory, Moscow, Russia, ²U.S. CDC/NCHHSTP/DTBE, IRPB, Atlanta, United States.
- PC-686-16 Comparison of drug susceptibility testing using solid and liquid media yield to identify patients with MDR-TB in Nigeria**
L Lawson,¹ N Emenyonu,¹ ST Abdurrahman,² J Lawson,¹ G Uzoewulu,³ O Sogaolu,⁴ M A Yassin,^{5,6} LE Cuevas⁵
¹Zankli Medical Centre, -, Abuja, Nigeria, ²National Tuberculosis and Leprosy Control Programme, Abuja, Nigeria, -, Abuja, Nigeria, ³Nnamdi Azikiwe Teaching Hospital, -, Nnewi, Nigeria, ⁴University College Hospital, -, Ibadan, Nigeria, ⁵Liverpool School of Tropical Medicine, -, Liverpool, United Kingdom, ⁶Global Fund to fight AIDS, TB and Malaria, -, Geneva, Switzerland.
- PC-687-16 Reporting Xpert MTB/RIF resistance data from South Africa's National programme**
W Stevens Denoo,^{1,2} L Erasmus,³ S Candy,⁴ M Potgieter,⁴ F Olsen,² S Molapo,² L Scott¹
¹University of the Witwatersrand, Molecular Medicine and Haematology, Johannesburg, South Africa, ²National Health Laboratory Services, National Priority Program, Johannesburg, South Africa, ³National Institute of Communicable Diseases, Centre for Tuberculosis, Johannesburg, South Africa, ⁴National Health Laboratory Services, CDW, Johannesburg, South Africa.
- PC-688-16 Consequences of acquired resistance to anti-tuberculosis second-line drugs: time to culture conversion in the US, 1993-2008**
J Ershova,¹ P Moonan,¹ E Kurbatova,¹ P Cegielski¹
¹Centers for Disease Control and Prevention, NCHHSTP/DTBE, Atlanta, United States.
- PC-689-16 Detecting XDR-TB phenotypes with single nucleotide polymorphisms**
T Rodwell,¹ F Valafar,² R Garfein,¹ J Douglas,³ T Victor Phd,⁴ C Rodrigues,⁵ V Crudu,⁶ A Catanzaro¹
¹University of California, San Diego, Dept. of Medicine, San Diego, United States, ²San Diego State University, Computer Science, San Diego, United States, ³University of Hawaii, Microbiology, Honolulu, United States, ⁴Stellenbosch University, Molecular Biology and Human Genetics, Stellenbosch, South Africa, ⁵Hinduja Hospital, Tuberculosis, Mumbai, India, ⁶Phthisiopneumology Institute, Microbiology, Chisinau, Moldova.
- PC-690-16 Genotypic analysis of drug-resistant *Mycobacterium tuberculosis* strains isolated from pulmonary tuberculosis Sudanese patients**
A Elegail,¹ Nuha Ibrahim,¹ E Osman,¹ N Saeed,¹ M Alameen,² El Khalil³
¹National Public Health Laboratory, NRL, Khartoum, Sudan, ²Ribat University, Medicine, Khartoum North, Sudan, ³Endemic Diseases - Khartoum University, Molecular and immunology, Khartoum, Sudan.
- PC-691-16 Mutation analysis using PCR-RFLP in the genes associated with isoniazid and streptomycin-resistant *Mycobacterium tuberculosis* stains**
A Elegail,¹ Nuha Ibrahim,¹ E Osman,¹ N Saeed,¹ M Alameen,² El Khalil³
¹National Public Health Laboratory, NRL, Khartoum, Sudan, ²Ribat University, Medecine, Khartoun North, Sudan, ³Endemic Diseases - Khartoum University, Molecular & immunology, Khartoum, Sudan.
- PC-692-16 Evaluation of GenoType MTBDR for molecular detection *mycobacterium tuberculosis* multidrug-resistant strains at the tuberculosis central reference laboratory**
SW Matu,¹ J Ogoro,² J Ong'ang'o,¹ H K Kipruto,³ JK Sitienei²
¹Kenya Medical Research Institute, Centre for Respiratory Diseases Research, Nairobi, Kenya, ²Ministry of Public Health and Sanitation, Division of Leprosy, Tuberculosis and Lung Diseases, Nairobi, Kenya, ³WHO, Kenya Office, Nairobi, Kenya.
- PC-693-16 The biological fitness of MDR and XDR clinical strains of the F15/LAM4/KZN and Beijing families**
C Naidoo,¹ M Pillay¹
¹UKZN, Medical Microbiology, Durban, South Africa.
- PC-694-16 Culture conversion among multidrug-resistant tuberculosis patients on second-line antituberculosis drugs in Nigeria**
O Eltayeb,¹ O Oladimeji¹
¹Damien Foundation, Medical, Ibadan, Nigeria.

Chair: Catharina van Weezenbeek (Philippines) - **Section:** Tuberculosis

- PC-725-16 Study of very infectious (super-spreader) multidrug-resistant tuberculosis in Japan and Asia**
M Okada,¹ Y Kita,¹ N Kanamaru,¹ K Tsuyuguchi,¹ S Kato,² N Kobayashi,³ T Kirikae,³ T Hattori⁴
¹National Hospital Organization Kinki-chuo Chest Medical Center, Clinical Research Center, Sakai, Japan, ²Japan Anti-Tuberculosis Association, The Research Institute Tuberculosis, Kiyose, Japan, ³National Center for Global Health and Medicine, Department of Infectious Diseases, Tokyo, Japan, ⁴Tohoku University School of Medicine, Department of Internal Medicine, Sendai, Japan.
- PC-726-16 Resistance to anti-tuberculosis treatment: study conducted on 960 smear-positive patients under first-line anti-tuberculosis care in Burundi**
H Desire,^{1,2,3,4,5} A Nkeshimana,^{1,2,6} P Nyawenda,^{3,7} C Francois⁵
¹Burundi University, Medicine, Bujumbura, Burundi, ²Medical Teaching Hospital, Internal Medicine, Bujumbura, Burundi, ³YOWLI BURUNDI: Young Women's Knowledge and Leadership Institute Burundi, Standing Committee on Sexuality and HIV/AIDS, Bujumbura, Burundi, ⁴Association Burundaise des Etudiants en Médecine, Standing Committee on Public Health, Bujumbura, Burundi, ⁵Prince Régent Charles Hospital, Internal Medicine, BUJUMBURA, Burundi, ⁶CANKUZO Hospital, Internal Medicine, Cankuzo, Burundi, ⁷Burundi University, Psychology, Bujumbura, Burundi.
- PC-727-16 Quantifying the burden of second-line drugs resistance in previously treated patients in Niger**
B Souleymane,¹ I Boukary,¹ A Piubello,¹ S Hassane Harouna,¹ S Morou,¹ Y Hanki,¹ E Dopico,² A Van Deun^{3,4}
¹Damien Foundation, TB, Niamey, Niger, ²Catalan Institute of Health, TB, Barcelona, Spain, ³Institute of Tropical Medicine, TB, Antwerp, Belgium, ⁴International Union Against Tuberculosis and Lung Disease, TB, Paris, France.
- PC-728-16 Successful 12-month treatment for MDR-TB patients in Benin**
F Kassa,¹ D Affolabi,¹ G Ade,¹ S Anagonou,¹ M Gninafon,¹ A Trebucq²
¹National TB Programme, Ministry of Health, Cotonou, Benin, ²The Union, TB, Paris, France.
- PC-729-16 Experiences on using second-line anti-tuberculosis drugs in patients with a previous treatment history in a Chinese setting**
B Xu,¹ Q Zhao,¹ Yi Hu,¹ W Jiang,¹ Qian Li,¹ W Wang¹
¹Fudan University, School of Public Health, Shanghai, China.
- PC-730-16 Diagnosis and treatment of MDR-TB in 3 Chinese Cities**
Q Sun,¹ RZ Li,² L-X Wang,² S Huan,³ D Chin³
¹Center for Health Management and Policy, Shandong University, Jinan, China, ²National Center of TB Control & Prevention, China CDC, Beijing, China, ³Bill and Melinda Gates Foundation, Bill and Melinda Gates Foundation, Beijing, China.
- PC-731-16 Pulmonary TB treatment based on DST results in Arkhangelsk region**
E Nikishova,¹ P Eliseev,¹ D. Perkhin,¹ G Balantsev,² A Maryandyshev³
¹Arkhangelsk Regional TB Dispensary, TB, Arkhangelsk, Russia, ²Northern Arctic Federal University, Informatics, Arkhangelsk, Russia, ³Northern State Medical University, Phthisiopulmonology, Arkhangelsk, Russia.
- PC-732-16 The impact of Genotype MTBDRplus Line Probe Assay in reducing MDR-TB treatment commencement time**
P Naidoo,¹ E Du Toit,¹ R Dunbar,¹ N Beyers,¹ DA Enarson,² J Caldwell³
¹Stellenbosch University, Desmond Tutu TB Centre, Cape Town, South Africa, ²International Union against TB and Lung Disease, TREAT TB, Paris, France, ³Health Directorate, TB-HIV, Cape Town, South Africa.
- PC-733-16 Initial XDR-TB resistance and treatment outcomes in Tomsk, Russia**
N Polyakova,¹ I Gelmanova,² S Mishustin,³ A Golubkov²
¹Partners In Health, NGO, Tomsk, Russia, ²Partners In Health, Russia Team, Boston, United States, ³Tomsk Oblast TB Dispensary, Clinical, Tomsk, Russia.
- PC-734-16 Prevalence and incidence of hearing loss in a cohort of patients treated for drug-resistant TB in South Africa**
F Conradie,^{1,2} R Louw,³ S Mabosa,² T Mabiletsa,² M Sefoka,² Y Nkosi,² L Isherwood,¹ A Van Rie⁴
¹University of Witwatersrand, Faculty of Health Sciences, Johannesburg, South Africa, ²Right to Care, Clinical TB, Johannesburg, South Africa, ³Sizwe Tropical Diseases Hospital, Gauteng Dept of Health, Johannesburg, South Africa, ⁴University of North Carolina at Chapel Hill, Epidemiology, North Carolina, United States.
- PC-735-16 Risk factors for MDR-TB among new TB cases in Lima, Peru**
L Otero,^{1,2} C Seas,¹ E Gotuzzo,¹ P Van Der Stuyft²
¹Instituto de Medicina Tropical Alexander von Humboldt, Universidad Peruana Cayetano Heredia, Unidad de Tuberculosis, Lima, Peru, ²Institute of Tropical Medicine, Unit of Epidemiology, Antwerp, Belgium.
- PC-736-16 Genotype MTBDRplus effect on multidrug-resistant tuberculosis therapy initiation in a rural TB hospital, South Africa**
K Jacobson,¹ D Theron,² E Kendall,¹ MF Franke,³ T Victor Phd,⁴ E Streicher,⁴ M Murray,¹ RM Warren⁴
¹Massachusetts General Hospital, Infectious Diseases Division, Boston, United States, ²Brewelskloof Hospital, Medicine, Worcester, South Africa, ³Harvard Medical School, Global Health & Social Medicine, Boston, United States, ⁴Stellenbosch University, Faculty of Health Sciences, Tygerberg, South Africa.

- PC-737-16** **Prevalence of serum electrolyte and renal disturbance in patients being treated for drug-resistant TB in Windhoek Namibia**
N Ruswa,¹ E Sagwa,² A Mengistu,² R Shikongo¹
¹Ministry of Health & Social Services, NTLP, Windhoek, Namibia, ²MSH, SPS, Windhoek, Namibia.
- PC-738-16** **Adverse reactions among hospitalised MDR-TB patients on intensive phase: experience from Nigeria**
O Eltayeb,¹ O Oladimeji¹
¹Damien Foundation Belgium, Medical, Ibadan, Nigeria.

Poster Discussion Session **33**

10:15-11:15 Hall 4

TB management: costs, smoking and more

Chair: Nevin Wilson (India) - Section: Tuberculosis

- PC-768-16** **Assessment of patient costs and patient perspectives of TB treatment in Tanzania**
E Gospodarevskaya,¹ O Tulloch,¹ W Wells,² C Bunga,³ A Jonas,³ G Praygod,³ G Mann,^{1,4} S B Squire¹
¹Liverpool School of Tropical Medicine, Clinical Group, Liverpool, United Kingdom, ²Global Alliance for TB Drug Development, New York, United States, ³National Institute for Medical Research, Mwanza, Tanzania, ⁴Department for International Development, -, London, United Kingdom.
- PC-769-16** **Missed opportunities for preventive therapy for contacts screened in Singapore's national TB programme**
KM Kyi Win,¹ C Chee,¹ SH Gan,¹ p Mariappan,¹ c k Koh,¹ SG Chan,¹ k y Han,¹ Y T Wang¹
¹Tan Tock Seng Hospital, TB Control Unit, Singapore, Singapore.
- PC-770-16** **Is TB control financially sustainable in the absence of major donor funding? Reflections from Indonesia**
D Mustikawati,¹ D Collins,² F Hafidz,³ A Parihatin⁴
¹Ministry of Health, National Tuberculosis Control Program, Jakarta, Indonesia, ²Management Sciences for Health, Centre for Health Services, Cambridge, United States, ³Universitas Gadjah Mada, Centre for Health Finance Policy and Insurance Management, School of Public Health, Yogyakarta, Indonesia, ⁴KNCV, HSS, Jakarta, Indonesia.
- PC-771-16** **Pulmonary tuberculosis and bronchial asthma: possible inverse relationship**
A Bashir,¹ I Abdallah,² O Musa³
¹Faculty of Medicine, University of Imam El-Mahdi, Physiology, Kosti, Sudan, ²Faculty of Medicine, Kordofan University, Physiology, Obeid, Sudan, ³Faculty of Medicine, National Ribat University, Khartoum, Sudan.
- PC-772-16** **Treatment outcomes of pulmonary tuberculosis in Istanbul, Turkey**
A Babalik,¹ Zeki Kilicaslan,² S. Gulhan,³ G Gungor,⁴ G Ortakoylu,⁵ S Gencer,⁶ S Mccurdy⁷
¹Ministry of Health Süreyyapaşa Chest Disease and Thoracic Surgery Education and Research Hospital, Chest Disease, Istanbul, Turkey, ²Istanbul University Istanbul Faculty of Medicine Department of Chest Disease, Chest Disease, Istanbul, Turkey, ³Ministry of Health Dışkapı Yıldırım Beyazıt Educations and Research Hospital, Chest Disease, Ankara, Turkey, ⁴Ministry of Health Süreyyapaşa Chest Disease and Thoracic Surgery Education and Research Hospital, Chest Disease, Istanbul, Turkey, ⁵Yedikule Chest Disease and Thoracic Surgery Education and Research Hospital, Chest Disease, Istanbul, Turkey, ⁶Istanbul Kartal Dr. Lütfi Kıdar Education and Research Hospital, Department of infection disease, Infection Disease, Istanbul, Turkey, ⁷Division of Environmental and Occupational Health, Department of Public Health Sciences, University of California, Davis School of Medicine, Public Health, San Francisco, United States.
- PC-773-16** **Effect of financial incentives for community-based organisations for TB patient support**
C Mamvura,^{1,2} M Kliner,^{1,2} S Ndwandwe,¹ S Nkwanyana,¹ F Basulwa,^{1,3} Y Atosha,¹ W Welfare,² M Munachitombwe³
¹Good Shepherd Hospital, HIV-TB Department, Siteki, Swaziland, ²University of Leeds, Nuffield Centre for International Health and Development, Leeds, United Kingdom, ³Swaziland Stop TB Partnership, Nuffield Centre for International Health and Development, Mbabane, Swaziland.
- PC-774-16** **Self-reporting of symptoms in TB cases: influence of smoking, HIV and hyperglycaemia**
S Sattar,¹ N Beyers,¹ H Ayles,² P Godfrey-faussett,³ Cari Van Schalkwyk,⁴ S Floyd,³ R Dunbar,¹ DA Enarson⁵
¹Stellenbosch University, Desmond Tutu TB Centre, Department of Paediatrics and Child Health, Cape Town, South Africa, ²ZAMBART PROJECT, University of Zambia, Ridgeway Project, Lusaka, Zambia, ³London School of Hygiene and Tropical Medicine, Epidemiology, London, United Kingdom, ⁴South African Centre for Epidemiological Modelling and Analysis, SACEMA, Cape Town, South Africa, ⁵The Union, Tuberculosis, White Rock, Canada.
- PC-775-16** **Influence of contact with TB patients on drug resistance pattern of new TB patients**
A. Samoilova,¹ A. Ergeshov,¹ Y. Kiseleva,² B. Kazenny,² M. Burakova,¹ I Vasilyeva¹
¹Central TB Research Institute, MDR TB, Moscow, Russia, ²Orel TB Dispensary, TB, Orel, Russia.
- PC-776-16** **Impact of cigarette smoking on rates and clinical prognosis of pulmonary tuberculosis in Southern Mexico**
R Bonacci,¹ L Cruz-Hervet,¹ L Garcia,¹ LD Ferreyra-Reyes,¹ L Reynales-Shigematsu,¹ S Canizalez-Quintero,¹ EE Ferreira-Guerrero,¹ G Delgado-Sánchez¹
¹Instituto Nacional de Salud Pública de México, Centro de Investigaciones Sobre Enfermedades Infecciosas, Unidad de Tuberculosis, Mexico DF, Mexico.

- PC-777-16 Smoking prevalence among pulmonary tuberculosis patients in the Republic of Georgia**
M Gegia,¹ I Kalandadze,¹ T Chakhaia,¹ L Hepp,² R Kempker,³ H Blumberg,³ J Golub⁴
¹National Center for Tuberculosis and Lung Diseases, National Center for Tuberculosis and Lung Diseases, Tbilisi, Georgia, ²Johns Hopkins University, Johns Hopkins Bloomberg School of Public Health, Institute for Global Tobacco Control, Baltimore, United States, ³Emory University, Emory University, Atlanta, United States, ⁴Johns Hopkins University, Center for Tuberculosis Research, Baltimore, United States.
- PC-778-16 Characteristics of patients with recurrence of tuberculosis in the State of São Paulo, Brazil (2006-2010)**
T Arakawa,¹ R Andrade,¹ MA Ponce,¹ A Wysocki,¹ VMN Galesi,² LAR Santos,² LM Scatena,³ TC Scatena Villa¹
¹Ribeirão Preto School of Nursing, University of São Paulo, Public Health, Ribeirão Preto, Brazil, ²Coordination for Disease Control, Center for Epidemiological Surveillance Professor Alexandre Vranjac, Division of Tuberculosis, Ribeirão Preto, Brazil, ³Federal University of Triângulo Mineiro, Social Medicine, Ribeirão Preto, Brazil.
- PC-780-16 Cost-effectiveness analysis of a new tuberculosis diagnostic algorithm**
E Talbot,¹ S Powell,² K Allen,^{1,2} J Bayona,¹ L Adams¹
¹Geisel School of Medicine at Dartmouth, Medicine/Infectious Disease and International Health Section, Hanover, United States, ²Tuck School of Business at Dartmouth, Business Administration, Hanover, United States.
- PC-781-16 Household costs associated with diagnosis and treatment of susceptible and multi drug-resistant tuberculosis in Karachi, Pakistan**
H Hussain,¹ F Qazi,¹ A Qureshi,¹ E Jaramillo,² K Lonroth,² D Falzon,² A Khan¹
¹Interactive Research & Development, TB Control, Karachi, Pakistan, ²World Health Organization, Stop TB Department, Geneva, Switzerland.

Poster Discussion Session **34**

10:15-11:15 Hall 4

MDR-TB: programmatic aspects

Chair: Amy Bloom (USA) - **Section:** Tuberculosis

- PC-813-16 A review of ten years of TB control in the Torres Strait between Australia and Papua New Guinea**
L Robertus,^{1,2} G Simpson,³ A Konstantinos¹
¹Queensland Health, Queensland Tuberculosis Control Centre, Brisbane, Australia, ²The University of Queensland, Centre for Clinical Research, Brisbane, Australia, ³Cairns Base Hospital, Department of Thoracic Medicine and Regional Tuberculosis Control Centre, Cairns, Australia.
- PC-814-16 Multidrug resistance in new tuberculosis patients: burden and implications**
S Royce,¹ D Falzon,² K L Van Weezenbeek,³ M Dara,⁴ K Hyder,⁵ P Hopewell,⁶ D Richardson,⁷ M Zignol²
¹University of California, Global Health Sciences, San Francisco, United States, ²World Health Organization, Stop TB Department, Geneva, Switzerland, ³World Health Organization, Western Pacific Regional Office, Manila, Philippines, ⁴World Health Organization, European Regional Office, Copenhagen, Denmark, ⁵World Health Organization, South East Asia Regional Office, New Delhi, India, ⁶University of California, Division of Pulmonary and Critical Care Medicine, San Francisco, United States, ⁷PATH, TB, Washington DC, United States.
- PC-815-16 The impact of six-month sputum conversion in multidrug-resistant tuberculosis patients**
W T Yang,¹ Y-W Huang,² J-J Lee,³ C-C Huang,¹ N C Zheng¹
¹Taichung Hospital Department of Health, segment of tuberculosis, internal medicine, Taichung, Taiwan, ²Chang Hua Hospital, Department of Health, pulmonary and critical care unit, Chang Hua, Taiwan, ³Department of Tzu Chi Foundation, Buddhist Tzu Chi General Hospital, Hualien, Taiwan.
- PC-816-16 Control of (multi) drug resistance and TB incidence over 25 years in the context of a well-supported TB programme in rural Malawi**
S Mboma,¹ R Houben,^{1,2} J Glynn,^{1,2} F Drobniewski,³ J Mpunga,⁴ P Fine,^{1,2} N French,⁵ A Crampin^{1,2}
¹Karonga Prevention Study, Tuberculosis Studies, Chilumba, Malawi, ²London School of Hygiene and Tropical Medicine, Infectious Disease Epidemiology, London, United Kingdom, ³Health Protection Agency, National Mycobacterium Reference Laboratory, London, United Kingdom, ⁴Ministry of Health, National Tuberculosis Programme, Lilongwe, Malawi, ⁵University of Liverpool, Institute of Infection & Global Health, Liverpool, United Kingdom.
- PC-817-16 Obstacles hindering successful treatment of multidrug-resistant tuberculosis in rural, high HIV-prevalent settings in South Africa**
R Odendaal,¹ J Lancaster,¹ J Brand,¹ M Van Der Walt¹
¹Medical Research Council, TB Epidemiology and Intervention Research Unit, Pretoria, South Africa.
- PC-818-16 Accelerated progress towards nationwide scale-up of programmatic management of MDR-TB in India**
M Parmar,^{1,2} KS Sachdeva,¹ A Kumar,¹ A Sreenivas,² P Dewan²
¹Central TB Division, Ministry of Health and Family Welfare, New Delhi, India, ²Office of WHO Representative to India, Communicable Diseases, New Delhi, India.
- PC-819-16 Phased implementation of Xpert MTB/RIF technology for the diagnosis of DR-TB in Nigeria**
E Oyama,¹ E Van Der Grinten,² JO Obasanya,³ A Awe,¹ E Elom,³ Fada Omoniye,¹ M Gidado,² I Mosunmola⁴
¹World Health Organization, Tuberculosis, Abuja, Nigeria, ²KNCV, TBCARE 1, Abuja, Nigeria, ³Federal Ministry of Health, National TB and Leprosy Control Programme, Abuja, Nigeria, ⁴Institute of Human Virology, Nigeria, Clinical Laboratory Molecular Diagnostics and TB Unit, Zaria, Kaduna, Nigeria.

- PC-820-16 Does conventional drug susceptibility testing guide tuberculosis case management?**
N Lorent,^{1,2} K Choun,² C Nhep,² S Thai,² L Lynen,¹ L Rigouts¹
¹Institute of Tropical Medicine, Clinical Sciences, Antwerp, Belgium, ²Sihanouk Hospital Center of HOPE, Infectious Diseases, Phnom Penh, Cambodia.
- PC-822-16 Treatment outcome among patients with multidrug-resistant tuberculosis in a low-income setting, DR Congo, 2007-2008**
S Bisuta Fueza,^{1,2} Z Kashongwe Munogolo,¹ JM Kayembe Ntumba,¹ G Kabuya,^{2,3} JP Simelo Kahodi Sykalon^{2,3}
¹Cliniques Universitaires de Kinshasa, MI/Pneumologie, Kinshasa, Congo - Kinshasa, ²Programme National Tuberculose, Ministère Sante, Kinshasa, Congo - Kinshasa, ³Laboratoire National de Reference, PNL, Kinshasa, Congo - Kinshasa.
- PC-823-16 Improved survival among HIV-infected MDR-TB patients diagnosed and treated in a community-based programme in Khayelitsha, South Africa**
H Cox,^{1,2} J Hughes,¹ V Azevedo,³ A Boule,² J Daniels,¹ G Van Cutsem^{1,2}
¹Médecins sans Frontières, Khayelitsha, Cape Town, South Africa, ²University of Cape Town, Public Health, Cape Town, South Africa, ³City of Cape Town, Health Department, Cape Town, South Africa.
- PC-824-16 Time to treatment initiation and to switching to second-line drugs among new MDR-TB cases in Lima, Peru**
A De Orbegoso,¹ L Otero,^{1,2} C Seas,¹ E Gotuzzo,¹ P Van Der Stuyft²
¹Instituto de Medicina Tropical Alexander von Humboldt, Universidad Peruana Cayetano Heredia, Unidad de Tuberculosis, Lima, Peru, ²Institute of Tropical Medicine, Unit of Epidemiology, Antwerp, Belgium.
- PC-825-16 Xpert MTB-RIF diagnosis and decentralised management of drug-resistant TB in rural South Africa**
H Hausler,^{1,2} J Mcloughlin,¹ V Skiti¹
¹TB-HIV Care Association, Head Office, Cape Town, South Africa, ²University of the Western Cape, School of Public Health, Cape Town, South Africa.
- PC-826-16 Innovative approaches to establishing and sustaining a drug-resistant tuberculosis in-patient facility in a secondary level hospital in Lagos, Nigeria**
M Odo,¹ f Nwagbo,¹ s Olarewaju,¹ J Okhifo,¹ h Khamofu,¹ JO Obasanya,² R Chiegil,¹ K Torpey¹
¹FHI 360, Prevention, Care & Treatment, Abuja, Nigeria, ²FMOH, NTBLCP, ABUJA, Nigeria.
- PC-827-16 Nationwide implementation of PMDT in a resource-limited setting: experiences from the field**
F Mavhunga,¹ G Platt,¹ N Nashilongo,¹ A Muadinohamba,¹ EK Shihepo,¹ N Ruswa,¹ M Lagria¹
¹Ministry of Health and Social Services, Directorate of Special Programmes, Windhoek, Namibia.

Poster Discussion Session **35**

10:15-11:15 Hall 4

Managing asthma in adults and children

Chair: Chen-Yuan Chiang (Taiwan) - **Section:** Lung Health

- PC-858-16 Prevalence of asthma symptoms in adults in Sudan: modified ISAAC project**
A Magzoub,¹ O Musa,¹ A El Sony,² G Elmahi,¹ A Elawad,³ O Dawod⁴
¹National Ribat University, Physiology, Khartoum, Sudan, ²Epi-Lab, Asthma section, Khartoum, Sudan, ³Elneelain University, Physiology, Khartoum, Sudan, ⁴Kassala University, Physiology, Kassala, Sudan.
- PC-859-16 Validation of the modified ISAAC questionnaire: is wheeze alone is enough for asthma symptoms prevalence?**
O Musa,¹ A Magzoub,¹ A El Sony,² G Elmahi,¹ A Elawad,³ O Dawod⁴
¹National Ribat University, Physiology, Khartoum, Sudan, ²Epi-Lab, Asthma section, Khartoum, Sudan, ³Elneelain University, Physiology, Khartoum, Sudan, ⁴Kassala University, Physiology, Kassala, Sudan.
- PC-860-16 Effect of Buteyko Breathing Technique & Diaphragmatic Breathing Exercises in bronchial asthma: a prospective study from India**
P.R Sreelatha,¹ R.S Nisha¹
¹Medical College, Medical Education, Alappuzha, India.
- PC-861-16 Prevalence of asthma symptoms in children in Sudan: ISAAC project**
O Musa,¹ A El Sony,² A Magzoub,¹ A Bashir,³ A Adam,³ M Elfaki⁴
¹National Ribat University, Physiology, Khartoum, Sudan, ²Epi-Lab, Asthma Section, Khartoum, Sudan, ³El Imam Elmahdi University, Physiology, Kosti, Sudan, ⁴Nile Valley University, Physiology, Atbara, Sudan.
- PC-862-16 Facteurs de persistance de l'asthme au Burundi**
F Ndikumwenayo¹
¹CHUK, Médecine Interne, Bujumbura, Burundi.
- PC-863-16 Effect of zinc supplementation on partially controlled and uncontrolled bronchial asthma**
P Sumartono¹
¹Airlangga University, Pulmonology and Respiriology, Surabaya, Indonesia.
- PC-864-16 Association between interleukin 5 polymorphism and eosinophilia among Sudanese asthmatics**
A Gundi,¹ Mont Eltayb,² H Mohamed,² O Musa³
¹The National Ribat University, Biochemistry, Khartoum, Sudan, ²Institute of Endemic Diseases, Uof K, Molecular Biology, Khartoum, Sudan, ³The National Ribat University, Physiology, Khartoum, Sudan.

- PC-865-16** **The association between solid fuel smoke and prevalence of asthma symptoms in Sudanese urban and rural states**
O Musa,¹ A Magzoub,¹ R Khalid,² A El Sony²
¹National Ribat University, Physiology, Khartoum, Sudan, ²Epi-Lab, Asthma section, Khartoum, Sudan.
- PC-866-16** **Association of asthma control with medication adherence and quality of life among out-patient adult asthmatics at the Chest Clinic, Hospital Melaka**
N Ismail,¹ S Ahad,^{1,2} K Mahendran²
¹Universiti Teknologi MARA Kampus Puncak Alam, Clinical Pharmaceutics Research Group, Inhalational Delivery Research Unit, Biomedical Analysis Lab & Pharmacy Practice, Bandar Puncak Alam, Malaysia, ²Hospital Melaka, Chest Clinic, Jalan Mufti Hj Khalil, Bandar Melaka, Malaysia.
- PC-867-16** **The patient's role in asthma management: a case study of Kerugoya district hospital Kenya**
E Nyagaki,¹ C Mureithi,¹ M Muhwa,^{1,2} GN Karanja¹
¹KAPTL, Communication, Nairobi, Kenya, ²KEMRI, CRDR, Nairobi, Kenya.

Poster Discussion Session **36**

10:15-11:15 Hall 4

Diabetes and TB / NCD / co-morbidities

Chair: Anil Kapur (Denmark) - **Section:** Tuberculosis

- PC-894-16** **Diabetes mellitus in TB patients at tuberculosis control unit of Singapore and its impact on the clinical presentation**
SH Gan,¹ KW Khinmar,¹ C Chee,¹ Y T Wang¹
¹Tan Tock Seng Hospital, TB Control Unit, Singapore, Singapore.
- PC-895-16** **Diabetes mellitus and risk of recurrent TB: a population-based case-control study**
P-H Lee,^{1,2} H-C Lin,¹ A Huang,¹ P-C Chan,¹ S-H Wei,¹ C-H Chen,¹ M-S Lai,² H-H Lin²
¹Centers for Disease Control, Department of Health, Taipei, Taiwan, ²Institute of Epidemiology and Preventive Medicine, National Taiwan University, Taipei, Taiwan.
- PC-896-16** **Use of inhaled corticosteroids and the risks of tuberculosis**
CH Lee,^{1,2} KJ Kim,¹ MK Hyun,¹ EJ Chang,¹ NR Lee,¹ J-J Yim^{1,2}
¹National Evidence-based Healthcare Collaborating Agency, ., Seoul, South Korea, ²Seoul National University College of Medicine, Department of Internal Medicine, Seoul, South Korea.
- PC-897-16** **Deaths of tuberculosis patients in urban China: a retrospective cohort study**
W Wang,¹ Q Zhao,¹ M Liu,¹ B Xu¹
¹Fudan University, Epidemiology, Shanghai, China.
- PC-898-16** **Association of diabetes and tuberculosis: impact on outcomes and transmissibility to household contacts**
M Jiménez-corona,¹ L Cruz-hervet,¹ L Garcia,¹ G Delgado-sánchez,¹ LD Ferreyra-reyes,¹ EE Ferreira-guerrero,¹ R Baez-saldaña,¹ N Mongua-rodriguez¹
¹Instituto Nacional de Salud Pública, Centro de Investigaciones Sobre Enfermedades Infecciosas, Unidad de Tuberculosis, Cuernavaca, Mexico.
- PC-899-16** **Alarming prevalence of diabetes among tuberculosis patients in Kerala, India: policy implications**
S Balakrishnan,^{1,2} S Jayasankar,¹ S Mrithunjayan,¹ S Nair,³ DSA Karthickeyan,^{1,2} S Vijayan,¹ A Sreenivas²
¹State TB Cell, Tuberculosis, Thiruvananthapuram, India, ²WHO India Office, Tuberculosis, New Delhi, India, ³Thiruvananthapuram Medical College, Tuberculosis, Thiruvananthapuram, India.
- PC-900-16** **Diabetes mellitus and time to tuberculosis sputum culture conversion among patients with multidrug-resistant in the country of Georgia**
M Magee,¹ M Gegia,² R Kempker,³ T Chakhaia,² I Kalandadze,² KM Narayan,¹ H Blumberg^{1,3}
¹Emory University, School of Public Health, Epidemiology and Global Health, Atlanta, United States, ²Georgian National Tuberculosis Program, National Center for Tuberculosis and Lung Diseases, Tbilisi, Georgia, ³Emory University, School of Medicine, Division of Infectious Diseases, Atlanta, United States.
- PC-901-16** **Intensified case finding for tuberculosis in two diabetes clinics in Western Kenya**
N Kirui,¹ J Kamano,¹ S Cheng,² S Pastakia,^{1,2,3} E Manuthu,⁴ P Chege,^{3,5} A Gardner,⁶ E J Carter^{3,6}
¹Academic Model Providing Access to Health Care (AMPATH)/ Moi Teaching & Referral Hospital, Chronic Disease Management Program, Eldoret, Kenya, ²Purdue College of Pharmacy, Clinical Pharmacy, West Lafayette, United States, ³Moi University School of Medicine, Clinical Medicine, Eldoret, Kenya, ⁴Kitale District Hospital, Clinical Medicine, Kitale, Kenya, ⁵Webuye District Hospital, Family Medicine, Webuye, Kenya, ⁶Brown University Warren Alpert School of Medicine, Clinical Medicine, Providence, Kenya.
- PC-902-16** **Tuberculosis and gender, but not HIV, are universal predictors of both cholesterol levels and body composition among adults in Uganda**
E Mupere,¹ I Parraga,² D Tisch,³ H Mayanja,⁴ CC Whalen⁵
¹College of Health Sciences, Makerere University, Paediatrics and Child Health, Kampala, Uganda, ²Case Western Reserve University, Nutrition, Cleveland, United States, ³Case Western Reserve University, Epidemiology & Biostatistics, Cleveland, United States, ⁴College of Health Sciences, Makerere University, Internal Medicine,

PC-903-16

C Ugarte-gil,¹ P Ruiz,² C Zamudio,¹ L Canaza,¹ H Kruger,² L Otero,¹ C Seas¹

¹Universidad Peruana Cayetano Heredia, Instituto de Medicina Tropical Alexander Von Humboldt, Lima, Peru,

²Universidad Peruana Cayetano Heredia, Mental Health Working Group, Lima, Peru.

PC-904-16

Diabetes, pre-diabetes and tuberculosis in an Asian mega-city: Karachi, Pakistan

A Codlin,¹ A Nadeem,¹ I Lotia,¹ F Khan,¹ A Bhurgri,¹ A Khan,¹ S Khowaja,¹ S Fisher-hoch²

Notes

Chairs: Paula I. Fujiwara (USA), Suzana Hashim (Malaysia) - **Section:** HIV

- 12:45-12:55
OP-146-16** **Retention between TB and HIV care in the field: an operational cohort study of TB-HIV co-infected patients in a resource-limited setting, Zambia**
S Miyano,^{1,2} S Muvuma,³ H Kapyata,³ N Ishikawa,^{1,2} I Sikazwe,⁴ C Moyo,⁴ C Msiska,³ G Syakantu⁴
¹National Center for Global Health and Medicine (NCGM), Department of International Cooperation, Tokyo, Japan, ²Japan International Cooperation Agency (JICA), Zambia Office, Lusaka, Zambia, ³Chongwe District Medical Office, TB-HIV care, Chongwe, Zambia, ⁴Ministry of Health, Zambia, Department of Clinical Care and Diagnostic Services, Lusaka, Zambia.
- 12:55-13:05
OP-147-16** **Provision of antiretroviral treatment in TB facilities in Cape Town South Africa: impact on TB treatment outcomes**
R Kaplan,¹ J Caldwell,² L-G Bekker,¹ K Jennings,² C Lombard,³ DA Enarson,⁴ N Beyers,⁵ R Wood¹
¹Desmond Tutu HIV Centre, University of Cape Town, Institute for Infectious Disease and Molecular Medicine, Cape Town, South Africa, ²City Health, City of Cape Town, Cape Town, South Africa, ³Medical Research Council, Biostatistics Unit, Cape Town, South Africa, ⁴International Union Against Tuberculosis and Lung Disease, Paris, Paris, France, ⁵Desmond Tutu TB Centre, Stellenbosch University, Department of Paediatrics & Child Health, Cape Town, South Africa.
- 13:05-13:15
OP-148-16** **Timing of initiation of antiretroviral treatment after diagnosis of tuberculosis: impact of the revised 2010 WHO guidelines**
K Choun,¹ R Pe,¹ S Thai,¹ N Lorent,² L Lynen,² J Vangriensvan²
¹Sihanouk Hospital Center of HOPE, Infectious Disease Department, Phnom Penh, Cambodia, ²Institute of Tropical Medicine, Infectious Disease, Antwerp, Belgium.
- 13:15-13:25
OP-149-16** **Barriers to implementing integrated TB-HIV service delivery in an antenatal care facility in Frances Baard District, Northern Cape, South Africa**
J Peters,¹ M Van Der Walt,² J Heunis,³ S Masuku,² T Osoba¹
¹University of Liverpool, Department of Public health, School of Medicine, Liverpool, United Kingdom, ²Medical Research Council South Africa, Tuberculosis Epidemiology & Intervention Unit, Pretoria, South Africa, ³University of the Free State, Centre for Health System Research and Development, Bloemfontein, South Africa.
- 13:25-13:35
OP-150-16** **The impact of HIV and ART on recurrent tuberculosis in northern Malawi**
R Houben,^{1,2} J Glynn,^{1,2} T Mzembe,² S Mboma,² L Mwaungulu,² J Mpunga,³ N French,⁴ A Crampin^{1,2}
¹London School of Hygiene and Tropical Medicine, Infectious Disease Epidemiology, London, United Kingdom, ²Karonga Prevention Study, Tuberculosis Studies, Chilumba, Malawi, ³Ministry of Health, National Tuberculosis Programme, Lilongwe, Malawi, ⁴University of Liverpool, ⁴. Institute of Infection & Global Health, Liverpool, United Kingdom.
- 13:35-13:45
OP-151-16** **Barriers to antiretroviral therapy initiation among Mozambican patients with active pulmonary tuberculosis co-infected with HIV**
J Manhique,¹ A Saifodine,² E Langa,³ M Sidat,¹ D Sacur²
¹Eduardo Mondlane University, Community Health Department, Maputo, Mozambique, ²Family Health International, TB CARE Project, Maputo, Mozambique, ³Ministry of Health, Mozambique, National TB Programme, Maputo, Mozambique.
- 13:45-13:55
OP-152-16** **Barriers and facilitators to accessing antiretroviral therapy among HIV-infected TB patients identified in TB clinics, Nyanza Province, Kenya**
C Emerson,¹ A Nakashima,¹ H Muttai,² D Oloo,² O Muhenje,² I Akello,² K Laserson,² M Ackers¹
¹Centers for Disease Control and Prevention (CDC), DGHA, Atlanta, United States, ²KEMRI, CDC, Kisumu, Kenya.
- 13:55-14:05
OP-153-16** **The impact assessment of South Africa's ARV down referral system on AIDS patients and the health care system, February 2011-March 2012**
Y Pakade¹
¹Frere Hospital, Health, East London, South Africa.
- 14:05-14:15** **Discussion**

Oral Abstract Session **08**

12:45-14:15 Plenary Theatre

Childhood TB in high-burden settings

Chairs: Anneke Hesselning (South Africa), Kamarul Azhar Mohamad Razali (Malaysia) - **Section:** Lung Health

- 12:45-12:55
OP-154-16** **Active case finding to identify secondary TB cases among children, women and the elderly in Sana'a, Yemen**
N Al-sunbuli,¹ N Al-aghabari,¹ O Tulloch,² R Anderson De Cuevas,² M A Yassin,^{2,3} S Theobald,² LE Cuevas²
¹Medical Faculty, Sana'a University, Yemen, ²Liverpool School of Tropical Medicine, Liverpool, United Kingdom, ³Global Fund to fight AIDS, Tuberculosis and Malaria, Geneva, Switzerland.
- 12:55-13:05
OP-156-16** **A successful tuberculosis contact investigation programme among children in Northern Thailand**
P Oberdorfer¹
¹Faculty of Medicine, Chiang Mai University, Pediatrics, Chiang Mai, Thailand.
- 13:05-13:15
OP-157-16** **Evaluating the roll-out of Lesotho's guidelines for intensified case finding for TB and isoniazid preventive therapy in maternal and child health clinics**
A Tiam,¹ M Sahu,² L Maama-maime,³ R Machekano,⁴ A Isavwa,¹ K Ntene,³ C Gounder,² S Kassaye⁴
¹Elizabeth Glaser Pediatric AIDS Foundation, EGPAF Lesotho, Maseru, United States, ²Johns Hopkins University, Center for Tuberculosis Research, Baltimore, United States, ³Lesotho Ministry of Health and Social Welfare, MOHSW, Maseru, Lesotho, ⁴Elizabeth Glaser Pediatric AIDS Foundation, EGPAF USA, Washington, DC, United States.
- 13:15-13:25
OP-158-16** **Childhood TB: case notification, treatment outcome and INH preventive therapy for children in 26 countries supported by the Global Drug Facility**
C Auer,^{1,2} A Zeindl-cronin,³ K Wyss^{1,2}
¹Swiss Tropical and Public Health Institute, Swiss Centre for International Health, Basel, Switzerland, ²University of Basel, Swiss TPH, Basel, Switzerland, ³Global Drug Facility (GDF), Stop TB Partnership, World Health Organization, Geneva, Switzerland.
- 13:25-13:35
OP-159-16** **Risk of death during TB treatment in paediatric TB cases in Médecins Sans Frontières TB-HIV projects in Africa and Asia**
G Russell,¹ c Merle,¹ G Cooke,² E Casas,³ M Silveira Da Fonseca,³ P Du Cros⁴
¹London School Of Hygiene and Tropical Medicine, Epidemiology, London, United Kingdom, ²Imperial College, Infectious Diseases, London, United Kingdom, ³Médecins Sans Frontières, HIV, Amsterdam, Netherlands, ⁴Médecins Sans Frontières, Manson Unit, London, United Kingdom.
- 13:35-13:45
OP-160-16** **Risk factors for mortality in Malawian children with HIV-TB co-infection**
C Buck,^{1,2,3} D Olson,⁴ M Kabue,¹ S Ahmed,^{1,2} L Nchama,^{1,2} A Munthali,¹ P Kazembe¹
¹Baylor College of Medicine - Abbott Fund Children's Clinical Centre of Excellence, Pediatrics, Lilongwe, Malawi, ²Baylor College of Medicine International Pediatric AIDS Initiative (BIPAI), Pediatrics, Houston, United States, ³Denver Health/University of Colorado, Pediatrics, Denver, United States, ⁴Fogarty International Clinical Research Fellow, UNC Project, Pediatrics, Lilongwe, Malawi.
- 13:45-14:15** **Discussion**

Oral Abstract Session **09**

12:45-14:15 Banquet Hall

Cures, deaths and failures: issues in the management of TB

Chairs: Bonita T. Mangura (USA), Hjh Aziah Bt Ahmad Mahayiddin (Malaysia) - **Section:** Tuberculosis

- 12:45-12:55
OP-161-16** **Study on curative effect and adverse reactions between different treatment approaches using fixed-dose anti-tuberculosis combination**
N Wang,¹ Lin Zhou,¹ J Chi,¹ M Chen¹
¹Chinese Center for Disease Control and Prevention, National Center for Tuberculosis Control and Prevention, Beijing, China.
- 12:55-13:05
OP-162-16** **Time to consider failure for MDR-TB cases**
P-C Chan,¹ JR Lin,¹ M-C Yu,² Shih Lee,³ C-J Lin,³ Y-W Huang,⁴ S-T Chien,⁵ J-J Lee⁶
¹Centers for Disease Control, Department of Health, Taipei, Taiwan, ²Taipei Medical University-Wan Fang Hospital, Internal medicine, Taipei, Taiwan, ³Tao-Yuan General Hospital, Department of Health, Tao-Yuan, Taiwan, ⁴Chang-Hua Hospital, Department of Health, Chang-Hua, Taiwan, ⁵Chest Hospital, Department of Health, Tainan, Taiwan, ⁶Buddhist Tzu Chi General Hospital, Internal medicine, Hualien, Taiwan.
- 13:05-13:15
OP-163-16** **A retrospective cohort study of clofazimine in the treatment of extensively drug resistant tuberculosis in South Africa**
M Gopal,¹ R Naidoo,² M O'donnell,¹ N Padayatchi²
¹Montefiore Medical Center, Albert Einstein College of Medicine, Division of Pulmonary Medicine, Department of Internal Medicine, New York, United States, ²Centre for AIDS Programme of Research in South Africa (CAPRISA), Doris Duke Medical Research Institute, Nelson R Mandela School of Medicine, University of KwaZulu Natal, CAPRISA, Durban, South Africa.

- 13:15-13:25
OP-164-16** **How many sputum samples need to be examined for tuberculosis treatment management decisions during follow-up?**
M Toshniwal,¹ A Kumar,² P Dewan,¹ A Sreenivas,¹ S Srinath³
¹Office of the World Health Organization (WHO) Representative in India, Tuberculosis, New-Delhi, India, ²South East Asia Regional Office, International Union Against Tuberculosis and Lung Disease (The Union), Research, New-Delhi, India, ³South East Asia Regional Office, International Union Against Tuberculosis and Lung Disease (The Union), Monitoring & Evaluation, New-Delhi, India.
- 13:25-13:35
OP-167-16** **Treatment results of clofazimine used in the management of MDR-TB patients during the intensive phase of treatment**
S Lyepshina,¹ O Serduk,² H Tyshchenko¹
¹Donetsk National Medical University, Department of Phthisiology and Pulmonology, Donetsk, Ukraine, ²Regional Clinical TB Hospital, Department for MDR TB patients, Donetsk, Ukraine.
- 13:35-13:45
OP-168-16** **Increased risk of deaths in TB-hepatitis C virus co-infected patients in Karachi, Pakistan**
U Khan,^{1,2} A Codlin,¹ A Nadeem,³ A Parekh,³ A Bhurgri,³ N Salahuddin,⁴ S Keshavjee,² A Khan¹
¹Interactive Research & Development, Interactive Research & Development, Karachi, Pakistan, ²Program in Infection Disease and Social Change, Department of Global Health and Social Change, Harvard Medical School, Department of Global Health and Social Change, Boston, United States, ³Indus Hospital Research Center, Indus Hospital Research Center, Karachi, Pakistan, ⁴Indus Hospital, Division of Infectious Diseases, Karachi, Pakistan.
- 13:45-14:15** **Discussion**

Oral Abstract Session 10

12:45-14:15 Conference Hall 1

New frontiers in the management of MDR- and XDR-TB

Chairs: Jose Caminero (Spain), Abdul Razak Muttalif (Malaysia) - **Section:** Tuberculosis

- 12:45-12:55
OP-169-16** **Novel therapeutic vaccines against tuberculosis and their synergistic efficacy using chemotherapy**
M Okada,¹ Y Kita,¹ N Kanamaru,¹ S Hashimoto,¹ S Nishimatsu,¹ T Nakajima,² Y Kaneda,³ E.V Tan⁴
¹National Hospital Organization Kinki-Chuo Chest Medical Center, Clinical Research Center, Sakai, Japan, ²Genomidea Inc., Ikeda Laboratory, Ikeda, Japan, ³Osaka University, Division of Gene Therapy Science, Suita, Japan, ⁴Leonard Wood Memorial, Laboratory Branch, Mandaue, Philippines.
- 12:55-13:05
OP-170-16** **Treatment outcome of multidrug-resistant tuberculosis patients in modified DOTS-PLUS, a new strategy: two year experience**
R Prasad,¹ A Singh,² R Srivastava,² RAS Kushwaha,² R Garg,² A Jain³
¹U.P Rural Institute of Medical Sciences & Research, Pulmonary Medicine, Saifai, Etawah, India, ²CSM Medical University (Erstwhile King Georges Medical University), Pulmonary Medicine, Lucknow, India, ³CSM Medical University (Erstwhile King Georges Medical University), microbiology, Lucknow, India.
- 13:05-13:15
OP-171-16** **Successful management of multidrug-resistant tuberculosis in Myanmar**
M Zaw,¹ M Zaw,² E Nathanson,² Phyu Noe,³ Yu Yu Wai,⁴ Tin Mi Mi Khaing,¹ T Lwin,¹ TM Cho⁵
¹National Tuberculosis Programme, Department of Health, Nay Pyi Taw, Myanmar [Burma], ²World Health Organization, Tuberculosis, Yangon, Myanmar [Burma], ³Aung San TB Hospital, MDR-TB clinic, Yangon, Myanmar [Burma], ⁴Pathengyi TB Hospital, MDR-TB clinic, Mandalay, Myanmar [Burma], ⁵Expert Drug Resistance Tuberculosis Committee, Tuberculosis, Yangon, Myanmar [Burma].
- 13:15-13:25
OP-173-16** **Genomic characterisation of drug resistance mutations in XDR-TB isolates from Delhi**
U Singh,¹ Chha Porwal,¹ Amit Kaushik,¹ Naya Makkar¹
¹All India Institute of Medical Sciences, Microbiology, New Delhi, India.
- 13:25-13:35
OP-174-16** **Mortality among tuberculosis patients with acquired resistance to second-line anti-tuberculosis drugs in the US, 1993–2008**
J Ershova,¹ E Kurbatova,¹ P Moonan,¹ P Cegielski¹
¹Centers for Disease Control and Prevention, NCHHSTP/DTBE, Atlanta, United States.
- 13:35-13:45
OP-175-16** **Market interventions to increase access to MDR-TB treatment: the UNITAID approach**
R Matiru,¹ G Martin¹
¹UNITAID, OPERATIONS, GENEVA, Switzerland.
- 13:45-13:55
OP-176-16** **The access pipeline: timelines for new drugs**
E Gardiner¹
¹TB Alliance, Market Access, New York, United States.
- 13:55-14:15** **Discussion**

Oral Abstract Session **11**

12:45-14:15 Conference Hall 2

Newer TB diagnostics: rolling out and their impact

Chairs: Michael Iademarco (USA), Zubaidah Abdul Wahab (Malaysia) - **Section:** Tuberculosis

- OP-177-16** **Assessment of the quantitative capabilities of Xpert MTB/RIF assay in Russia** CANCELLED
- 12:55-13:05** **Improved TB case-finding and MDR-TB detection among Tibetan refugees in India**
OP-178-16 K Dierberg,¹ K Dorjee,² W Cronin,¹ F Salvo,³ R E Chaisson,¹ T Dorji Sadutshang²
¹Johns Hopkins University, Center for TB Research, Baltimore, United States, ²Tibetan Delek Hospital, Central Tibetan Administration Department of Health, Dharamsala, India, ³San Raffaele Scientific Institute, Emerging Pathogens Unit, Milan, Italy.
- 13:05-13:15** **Global roll-out of Xpert MTB/RIF**
OP-179-16 W Van Gemert,¹ F Mirzayev,¹ J Iragena,¹ C Gilpin,¹ K Weyer¹
¹World Health Organization, Stop TB Department, Geneva, Switzerland.
- 13:15-13:25** **The impact of the Xpert MTB/RIF assay for detecting *Mycobacterium tuberculosis* among TB suspects in Cambodia**
OP-180-16 S Boy,^{1,2} S Song,¹ SH Pheng,¹ Yada Rajendra,² TE Mao,¹ M Sa¹
¹National Center for TB and Leprosy Control, Tuberculosis, Phnom Penh, Cambodia, ²World Health Organization, Stop TB, Phnom Penh, Cambodia.
- 13:25-13:35** **Performance of the MTBDRsl assay in the detection of XDR-TB in the country of Georgia**
OP-181-16 N Tukvadze,¹ R Kempker,² R Aspindzelashvili,¹ N Bablishvili,¹ M Kipiani,¹ H Blumberg²
¹National Center for Tuberculosis and Lung Diseases, Reference Laboratory, Tbilisi, Georgia, ²Emory University School of Medicine, Infectious Diseases, Atlanta, United States.
- 13:35-13:45** **A rapid detection of XDR-TB: comparison of the genotype MTBDRsl assay with indirect second-line susceptibility testing**
OP-182-16 Y Coovadia,¹ M Pillay,¹ A Kaje,² K Mlisana³
¹NHLS, Microbiology, Durban, South Africa, ²NHLS, Microbiology, Durban, South Africa, ³NHLS, Microbiology, Durban, South Africa.
- 13:45-13:55** **Responsible technology: success, challenges and key lessons from a novel XPERT MTB/RIF deployment at a major public event in South Africa**
OP-183-16 L Page-shipp,¹ W Stevens Denooy,^{2,3} L Scott,³ F Olsen,² B Sehume,¹ H Kisbey-green,¹ LD Mametja,⁴ D Clark¹
¹The Aurum Institute, Health Programmes, Johannesburg, South Africa, ²National Health Laboratory Service, Priority Programme, Johannesburg, South Africa, ³University of the Witwatersrand, Molecular Medicine and Haematology, Johannesburg, South Africa, ⁴National Department of Health, TB, Pretoria, South Africa.
- 13:55-14:05** **Does the introduction of the Xpert® MTB/RIF test result in an increased TB diagnostic yield in a routine operational setting in Cape Town?**
OP-184-16 P Naidoo,¹ E Du Toit,¹ R Dunbar,¹ J Caldwell,² N Beyers,¹ DA Enarson³
¹Stellenbosch University, Desmond Tutu TB Centre, Cape Town, South Africa, ²City Health Directorate, TB-HIV, Cape Town, South Africa, ³International Union Against TB and Lung Disease, TREAT TB, Paris, France.
- 14:05-14:15** **Discussion**

Oral Abstract Session **12**

12:45-14:15 Conference Hall 3

Stirring it up: labs, pharmacies and motorcycle riders in the public-private mix

Chairs: Mukund Uplekar (Switzerland), Faridah Bt Kusnin (Malaysia) - **Section:** Tuberculosis

- 12:45-12:55** **Strengthening of TB- HIV coordination: involving NGOs through public-private partnership**
OP-185-16 Y Dholakia,¹ V Pawar²
¹The Maharashtra State Anti TB Association, Tuberculosis, Mumbai, India, ²The Maharashtra State Anti TB Association, Tuberculosis, Mumbai, India.
- 12:55-13:05** **Tuberculosis management practices of private medical practitioners in Pune Municipal Corporation, India**
OP-186-16 S Bharaswadkar,¹ A Kanchar,¹ N Thakur,² S Shah,² B Patnaik,³ A Kumar,^{4,5} P Dewan¹
¹Office of the WHO Representative to India, WHO RNTCP TAP, New Delhi, India, ²Office of the Commissioner, Pune Municipal Corporation, Health, Pune, India, ³MIMER Medical College Talegaon, Department of Preventive and Social Medicine, Pune, India, ⁴Ministry of Health & Family Welfare, Central TB division, New Delhi, India, ⁵International Union against Tuberculosis and Lung Disease, South East Asia office, TB, New Delhi, India.
- 13:05-13:15** **Improving TB case detection and quality of care in Kabul through implementation of Urban DOTS**
OP-187-16 A Hamim,¹ M Abdul Hafiz,¹ Ghul Qader,¹ PG Suarez,² SM Sayedi,¹ L Manzoor,³ F Habibuddin,³ A Enayatullah³
¹MSH, TB CARE I, Kabul, Afghanistan, ²MSH, TB CARE I, Washington, United States, ³MoPH, NTP, Kabul, Afghanistan.
- 13:15-13:25** **Improving primary health care access to laboratory-based TB diagnosis and HIV monitoring in Lesotho via Riders for Health's Sample Transport System**
OP-188-16 D O'farrell,¹ K Harrison,² K Nichols,³ M Hlasa⁴

13:25-13:35
OP-189-16

OP-189-16

¹The Union, USEA, New Delhi, India, ²WHO, SEARO, New Delhi, India.

13:35-13:45
OP-191-16

Z Win,¹ T Aung¹

¹PSI Myanmar, HQ, Yangon, Myanmar [Burma].

13:45-13:55
OP-192-16

S Vijayan,¹ M Gharat,² S Prasad,³ P Sheth⁴

¹Global Health Advocates India, Health, New Delhi, India, ²Indian Pharmaceutical Association, Pharmacy, Mumbai, India, ³Lilly MDR TB Partnership, Health, New Delhi, India, ⁴South East Asian Regional Forum WHO-FIP, Health, New Delhi, India.

13:55-14:15

Discussion

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Symposium 28

14:30 - 16:30 Plenary Hall

Advances in the treatment of MDR-TB: current recommendations, short course MDR-TB regimens and new drugs

Section

Tuberculosis

Coordinators

Chen-Yuan Chiang
(The Union)
C. Robert Horsburgh
(USA)

Chairs

Kenneth G. Castro (USA)
Christian Lienhardt
(Switzerland)

Target audience

Stop TB partners, policy-makers, Green Light Committee, national TB programmes, national and international organisations, lung health specialists, clinicians, and epidemiologists

Description

WHO recommends an intensive phase of 8 months and a total treatment duration of at least 20 months in the treatment of MDR-TB. Van Deun et al reported that a 9-month standardised MDR-TB regimen in Bangladesh achieved a cure rate of 88%. Whether it is applicable in other settings is unclear. Moreover, new drugs for MDR-TB treatment are now in phase 3 clinical trials. Given the uncertainty of a shorter duration of MDR-TB treatment, the low success rate of a longer duration of treatment and the impending availability of new drugs, it is important to discuss what can be done in the years to come.

Relation to Conference theme

The proposed symposium involving representatives of WHO, donor agencies, academic professionals, drug developers and national and international non-governmental organisations (NGOs) working in low- and middle-income countries is a good example of driving sustainability through mutual responsibility.

Objectives

- To describe the evidence for current recommendations on the treatment of MDR-TB;
- To present experience in applying short duration standardised MDR-TB regimens in Bangladesh and in Cameroon;
- To describe potential for optimal use of TMC-207 (Bedaquiline) for MDR-TB treatment;
- To describe potential for optimal use of OPC-67683 (Delamanid) for MDR-TB treatment;
- To hold an expert panel discussion on potential for short course MDR-TB regimens, including the role of new drugs for MDR-TB treatment.

Presentations

- 14:30-14:45** Rationale and limitations of the current recommendations of WHO for the treatment of MDR-TB – *Ernesto Jaramillo (Switzerland)*
- 14:50-15:05** 9-month standardised MDR-TB regimen in Bangladesh: an update – *Armand Van Deun (Belgium)*
- 15:10-15:25** 12-month standardised MDR-TB regimen: experience in Cameroon – *Christopher Kuaban (Cameroon)*
- 15:30-15:45** Use of Bedaquiline (TMC-207) for treatment of MDR-TB – *Myriam Haxaire-Theeuwes (Belgium)*
- 15:50-16:05** Delamanid: a promising new treatment for MDR-TB – *Charles Wells (USA)*
- 16:10-16:30** Panel discussion: GLC, Ethics Advisory Group, WHO, The Union, Treatment Action Group – *Chuck Daley (USA), Mary E. Edginton (South Africa), Mark Harrington (USA), Mario Raviglione (Switzerland), Nils E. Billo (Switzerland)*

Symposium 29

14:30 - 16:30 Plenary Theatre

Evaluation of tobacco control programmes: experiences to improve the effectiveness of resources used and sustainability

Section

Tobacco Control

Coordinator

Angela Jackson-Morris
(UK)

Chair

Angela Jackson-Morris
(UK)
Ehasan Latif (UK)

Target audience

Policy-makers, tobacco control advocates, public health professionals, health professionals, NGOs

Description

As The Union continues to develop and facilitate TC programmes through its regional offices and partners, we need to assess the effectiveness of these programmes to ensure that these are leading to sustainable outcomes. The regional offices of The Union will document their experiences from the start of the Bloomberg Initiative, and evaluate their progress. Five case studies will be presented on the progress made within these countries of increasing the sustainability of tobacco control, and show the lessons learnt from these programmes to increase effectiveness.

Relation to Conference theme

The session addresses an important facet of TC and explores the ways in which evaluation and sustainability can be introduced in tobacco control and other health programmes. Evaluation is often a weak side of public health programmes and needs to be emphasised if we are to explore mechanisms of introducing sustainability in our programmes. The session will share experiences of the last four years from different speakers from low- and middle-income countries represented by The Union offices.

Objectives

- Introduce the need of evaluation of tobacco control programmes focusing on their effectiveness in introducing sustainability to tobacco control;
- Document and share the challenges facing incorporating evaluation in tobacco control programmes and sustainability in low- and middle- income countries.

Presentations

- 14:30-14:50** Two case studies of learning from tobacco control evaluation: China and Latin America – *Yan Lin (China), Jonathan Romo (Mexico)*
- 14:55-15:15** Can evaluation be linked to sustainability?: lessons from the field – *Gihan El Nahas (Egypt)*

- 15:20-15:40** Evaluating programmes at 'grassroots' level: are such programmes sustainable? – *Rana J. Singh J. (India)*
- 15:45-16:05** Is a regional approach to evaluation better than a national approach?: experience from Russia – *Irina Berezhnova (Russian Federation)*
- 16:10-16:30** Discussion

Symposium **30****14:30 - 16:30** Banquet Hall

Implementation and evaluation of TB contact investigation in high burden settings

Section

Tuberculosis

Coordinators

Naranzul Dambaa
(Mongolia)
Cecily Miller (USA)

Chairs

Elizabeth Fair (USA)
Salah-E. Ottmani
(Switzerland)

Target audience

NTP managers and
workers; TB programme
and academic
researchers, policy-
makers; programme
planners, physicians
laboratory staff, nurses

Description

In most low- and middle-income countries TB contact investigation is not undertaken as an activity of TB control, in part, because global guidance is lacking. Clear definitions, procedures and human resources required to perform contact investigation are not clearly identified. Data on effects of implementing contact investigation under programme conditions in high burden settings are scarce and not standardised. In 2012, WHO launched policy guidelines on TB contact investigation to help NTPs establish strategies to implement contact investigation and document experience in country settings.

Relation to Conference theme

This symposium will demonstrate how contact investigation has been implemented in a variety of settings as a tool to improve case finding. Implementation experience includes engaging a variety of personnel to conduct contact investigation (community volunteers, NGO staff, medical officers) in order to develop sustainable systems and infrastructure.

Objectives

- To review findings from contact investigation studies in high risk patient populations (MDR-TB, HIV);
- To share experience from countries who have implemented TB contact investigations;
- To present data evaluating impact of contact investigation under programme conditions.

Presentations

- 14:30-14:45** Introduction to the development of WHO contact investigation policy guidelines – *Philip Hopewell (USA)*
- 14:50-15:05** Morbidity and mortality among household close contacts of multi-drug resistant TB in Mongolia – *Nyamdawa Naranbat (Mongolia)*
- 15:10-15:25** TB contact investigation and HIV testing in South Africa – *To be confirmed*
- 15:30-15:45** Using community volunteers to conduct TB contact investigation in Tanzania under programme conditions – *To be confirmed*
- 15:50-16:05** Lessons learnt from standardising approaches to contact investigation in Kenya – *Joseph Sitienei (Kenya)*
- 16:10-16:25** Multi-center approach to tuberculosis contact investigation in VietNam – *Greg Fox (Australia)*

Symposium **31****14:30 - 16:30** Conference Hall 1

Best practice in the application of new technologies and innovations

Section

Tuberculosis | Nurses & Allied Professionals

Coordinator

Virginia Williams
(Switzerland)

Chairs

Stacie Stender
(South Africa)
Virginia Williams
(Switzerland)

Target audience

Donors, managers,
doctors, nurses, social
workers, trainers

Description

This symposium will use a variety of practical examples of the impact of new innovations and technologies in the care, prevention and management of tuberculosis. There is often a well-placed enthusiasm for new approaches to old problems however, as will be shown by the presentations, consideration needs to be given to the environment and existing activities in order to achieve the best results. It is therefore important to take a best practice approach and learn from both positive and negative experiences when considering the application of new innovations and technologies.

Relation to Conference theme

New innovations and technologies need to be applied responsibly to have any chance of being sustainable. As more and more developments and ideas emerge, both innovators and implementers need to be responsible and sensitive to existing local challenges and solutions before applying something new. Above all, every effort must be made to avoid placing a greater strain on resources (both human and financial) and overriding something which is already working.

Objectives

- To promote discussion regarding the pros and cons of new innovations and technologies;
- To present examples of successes and challenges associated with new innovations and technologies.

Presentations

- 14:30-14:45** Best practice for using Genxpert to diagnose and initiate treatment for someone who may have MDR-TB – *Sharon Fynn (South Africa)*
- 14:50-15:05** Health education in schools lead to health education in the home – *To be confirmed*
- 15:10-15:25** The role of KAPTLTD in linking the private sector into the National TB programme in Kenya – *Felicitas K. Leli (Kenya)*
- 15:30-16:05** The value of 'patient schools' for patients with TB as well as psychiatric disorders – *Elena Girfanova (Russian Federation)*
- 16:10-16:30** Discussion

Symposium 32

14:30 - 16:30 Conference Hall 2

Nutritional support in the prevention of TB and WHO guidelines following TB diagnosis

Section

Tuberculosis

Coordinators

Joann McDermid (USA)
Knut Lonnroth
(Switzerland)

Chair

Joann McDermid (USA)

Target audience

Nutritionists, Policy-makers, clinicians, public health practitioners, allied health professionals, TB programme staff, researchers, epidemiologists

Description

Nutritional status and dietary interventions will be discussed in the prevention of TB and also TB diagnosis. TB prevention strategies using interventions that may influence (i.e. microfinance, cash transfers) or be influenced by (i.e. vaccine efficacy) nutritional-related TB risk factors will be discussed. In 2010, WHO initiated the development of international guidelines on nutritional support for TB patients and TB-affected families. The results of the commissioned systematic reviews informing these guidelines will be discussed, and the draft guidelines presented.

Relation to Conference theme

Nutritional health is important in TB prevention and treatment. Mutual responsibility will be strengthened based upon evidence demonstrating impacts of nutritional health and interventions on modifiable TB risk factors and outcomes after TB diagnosis. Major investments need justification if nutritional support is to be provided within national TB programmes, and we will discuss how national programmes can collaborate with others for improved integration, efficiency and sustainability.

Objectives

- To present findings from systematic reviews on nutrition and TB;
- To present draft WHO guidelines on TB and nutritional support after TB diagnosis;
- To discuss unique methodological issues related to studying nutrition and TB;
- To describe evidence of nutritional risk factors and TB susceptibility;
- To review intervention strategies, like microfinance and cash transfers, and their impact on nutritional TB risk factors

Presentations

- 14:30-14:45** Impact of nutritional support on TB treatment outcomes and nutritional rehabilitation – *Peggy Papathakis (USA)*
- 14:50-15:05** WHO guidelines on nutritional support for TB patients – *Knut Lonnroth (Switzerland)*
- 15:10-15:25** Methodological considerations and the complexity of studying nutrition as a TB risk factor – *Megan Murray (USA)*
- 15:30-15:45** BCG vaccination: a role for vitamin D – *Maeve Lalor (UK)*
- 15:50-16:05** Financial interventions and modulation of malnutrition/food security in the context of TB – *Carlton Evans (Peru)*
- 16:10-16:30** Discussion

Symposium 33

14:30 - 16:30 Conference Hall 3

Using geographic information systems (GIS): new possibilities for improving TB control

Section

Tuberculosis

Coordinator

Stella van Beers
(Netherlands)

Chair

Stella van Beers
(Netherlands)

Target audience

TB programme managers, laboratory managers, policy-makers and others interested in strengthening national TB control and TB diagnostic laboratory services

Description

Proper strategic planning and management is indispensable for an adequate TB control programme that is supported by effective diagnostic services. There is not one simple answer on how to best organise these services, as this depends on the situational context in each country. Geographic Information Systems (GIS) is a powerful tool for planning and assessment of health interventions and is increasingly recognised as an essential instrument in disease control. This session will explore how GIS can usefully be applied to improve planning and assessment of TB control.

Relation to Conference theme

GIS is a proven technology that many government agencies and other organisations are using as a decision support tool and information management system but it has been underused for disease control purposes. By analysing and visualising location-based information of control programme services and activities - and by engaging policy and decision-makers in the process - the optimal and most cost-effective system of service delivery can be designed that promotes sustainability and mutual responsibility.

Objectives

- To give an overview on how GIS can be used for planning and management of TB control;
- In particular: i) for epidemiological assessment of patterns of tuberculosis disease;
ii) for planning of diagnostic services and allocation of resources;
iii) for visualisation and evaluation of programme and performance indicators.

Presentations

- 14:30-14:45** GIS: what is it and how can we use it to improve TB control programmes? – *Mirjam Bakker (Netherlands)*
- 14:50-15:05** Where are our patients?: real-time visualisation with Google Earth – *Aamir Khan (Pakistan)*
- 15:10-15:25** How to design an effective TB laboratory network: evaluating coverage and accessibility using GIS – *Dissou Affolabi (Benin)*
- 15:30-15:45** GIS: an indispensable tool for monitoring performance of TB diagnostic services? – *Moses Joloba (Uganda)*
- 15:50-16:05** Bringing it all together: using GIS and spatial pattern analysis for effective surveillance and response to TB – *Stella van Beers (Netherlands)*
- 16:10-16:30** Discussion

Symposium 34

14:30 - 16:30 Room 304/305

Occupational health encouragement: a pathway to attaining sustainability

Section

Lung Health

CoordinatorsAsma Elsony (Sudan)
Sara Hassanain (Sudan)**Chair**Donald A. Enarson
(Canada)**Target audience**All policy-makers,
health workers and
activists engaged in
occupational health**Description**

ILO reported that 2.3 million people die because of work related injuries and disease. Informal work entails no protective legislation and no social security. Nevertheless, "precarious workers" are neglected in much of the research on occupational safety and health. Research could avail magnitude and risks so as to recommend strong effective mutual regulation, enforcement, partnership, legislation and sustainability.

Relation to Conference theme

The primary focus of this symposium is to highlight the issue that improving occupational health is a mutual responsibility of all stakeholders and is its back bone for sustainability. The session is solution oriented. Thus, it is closely related to the conference theme aiming at availing gaps, and needs for partnership and legislation promotion, to improve occupational lung health of workers in low- and middle-income countries.

Objectives

- To update the burden and trend of occupational health;
- To highlight the importance of partnerships in improving occupational health;
- To discuss the potential of regulations, enforcements and legislation that engage all partners and stakeholders for safe work environments and promotion of occupational lung health in developing countries.

Presentations

- 14:30-14:45** Occupational lung disease in the South African mining industry: research and policy implementation – *David Rees (South Africa)*
- 14:50-15:05** Occupational lung health in developing country-wide prospects: Sudan case – *Mohd Ali (Sudan)*
- 15:10-15:25** Latent tuberculosis among health care workers – *Retneswari Masilamani (Malaysia)*
- 15:30-15:45** Quantifying the burden and trends of occupational lung diseases – *Krishna G. Rampal (Malaysia)*
- 15:50-16:05** Strategy and programmatic prospective of occupational lung health – *Donald A. Enarson (Canada)*
- 16:10-16:30** Discussion

Symposium 35

14:30 - 16:30 Room 306

Ensuring sustainable surveillance, diagnosis, prevention and control of zoonotic tuberculosis

Section

Tuberculosis | Zoonotic TB

CoordinatorsFrancisco Olea-Popelka
(USA)
Alejandro Perera
(Mexico)**Chairs**Alejandro Perera
(Mexico)
Francisco Olea-Popelka
(USA)**Target audience**Physicians, nurses,
microbiologists,
epidemiologists, public
health specialists,
veterinarians, scientists
interested in TB in
humans, livestock
and wildlife, policy-
makers of public health
programmes, civil
society organisations
and donors**Description**

There is a great need for human and veterinary health workers to coordinate activities relating to surveillance, diagnosis, training, prevention and control of zoonotic tuberculosis. However, donors, civil society organisations and affected communities, policy-makers, researchers and implementers also have a role to play in order to ensure a sustainable approach to prevent and control zoonotic tuberculosis. This symposium will discuss different approaches from various countries for ensuring sustainable surveillance, diagnosis, prevention and control of zoonotic tuberculosis.

Relation to Conference theme

The World Health Organisation's technical report entitled "Future Trends in Veterinary Public Health" and article "Converging Issues in Veterinary and Public Health" underscore the mutual need for the benefit of developing and strengthening the partnership between veterinary medicine and human health care. Through speakers' presentations, collaboration among different stakeholders will be emphasised with an emphasis on sustainability of such collaboration.

Objectives

- To present, discuss and analyse the experiences developed in different countries in the coordination of surveillance, diagnosis, prevention and control of zoonotic TB activities;
- To develop strategies to improve and increase the coordination and education programmes for human health care professionals and the public in general.

Presentations

- 14:30-14:45** Epidemiology of tuberculous and non tuberculous mycobacteria among human TB patients in Mubende district, Uganda – *Adrian Muwonge (Uganda)*
- 14:50-15:05** Myths, perceptions knowledge, attitudes, and practices linked to mycobacterial infection management among the pastoralist communities of Uganda – *Clovica Kankya (Uganda)*
- 15:10-15:25** Sharing TB between humans and other mammals – *David Barber (US)*
- 15:30-15:45** Mycobacterium orygis a new subspecies of M. tuberculosis infecting humans and animals – *Zeaur Rahim (Bangladesh)*
- 15:50-16:05** Zoonotic tuberculosis: experience from Sudan – *Adel Elduma (Sudan)*
- 16:10-16:30** Discussion

Sponsored Satellite Symposium **05**

17:00 - 18:30 Room 304/305

ENGAGE-TB: integrating community-based TB activities in the work of NGOs and other CSOs

Organised by
World Health
Organization (WHO)

Section
Tuberculosis

Coordinators
Thomas Joseph
(Switzerland)
Lana Tomaskovic
(Switzerland)

Chairs
Haileyesus Getahun
(Switzerland)
Phangisile Mtshali
(South Africa)

Target audience
Civil society
organisations, TB
(and HIV) programme
managers and
representatives,
service providers, and
different agencies
working on TB, HIV,
or other health and
development themes

Description

Although TB targets linked to the MDGs have been reached, case detection is stagnating at about 65%, MDR care is expanding too slowly and external funding sources are increasingly scarce. These challenges call for refined sustainable approaches in order to maintain the achievements, find missing persons with TB and ensure quality care. Integration of TB in a variety of existing community-based initiatives, such as MCH, HIV, NCD and any developmental theme linked to TB and/or poverty, is aimed at promoting TB ownership by local communities in a sustainable fashion. WHO's ENGAGE-TB approach, along with examples from implementing countries, will be presented at the symposium.

Relation to Conference theme

Partnerships between NTPs and CSOs for community-based action to address TB are key for ensuring sustainability and impact in TB response. Synergies with CSO-led initiatives associated with TB, focusing on health and development related themes, will help harmonise resources and address the needs of affected communities in a comprehensive manner. The symposium will highlight WHO's ENGAGE-TB approach and successful experiences in its implementation, with the aim of facilitating uptake by other countries.

Objectives

1. To promote integration of TB for community-based action and NGO and other CSO involvement through the ENGAGE-TB approach;
2. To share experiences and good practices in the implementation of the ENGAGE-TB approach.

Presentations

17:00 - 17:20 ENGAGE-TB: integrating community based TB activities in the work of NGOs and other CSOs. – *Thomas Joseph (Switzerland)*

17:20 - 17:35 Country experience of implementing ENGAGE-TB – *To be confirmed*

17:35 - 17:55 Integration of TB into MCH services through ENGAGE-TB approach: initial results – *Aweke Tasew (Ethiopia)*

17:55 - 18:05 Verbal commentary: BMSF STF Technical Assistance Programme – *To be confirmed*

18:05 - 18:30 Discussion

Sponsored Satellite Symposium **06**

17:00 - 18:30 Conference Hall 1

Early diagnosis and treatment of difficult TB cases: utilising [the need for] complementary diagnostic tests

Organised by
BD Diagnostics

Section
Tuberculosis

Coordinators
Diane Flayhart (USA)
Olivia Wang (China)

Chair
Diane Flayhart (USA)

Target audience
NTP managers,
laboratory directors,
policy-makers,
non-government
organisations interested
in implementing
multiple technologies,
donors and clinicians

Description

Clinicians and TB programmes have often had limited diagnostic options, especially with hard to diagnose patients. With different diagnostic options now available, each has a place in the disease pathway from diagnosis, to treatment through monitoring. This symposium will look at the options from both the clinical view as well as the laboratory view.

Relation to conference theme

Implementing and utilising different diagnostic tools requires mutual effort from the clinicians, health care workers, laboratory directors and TB programmes.

Objectives

1. To describe the clinical challenges in diagnosing HIV positive TB patients;
2. To stimulate discussion on the different diagnostic options, how, when and where they might be utilised;
3. To understand diagnostic and monitoring options for patients already diagnosed with drug resistant TB;

Presentations

17:00-17:25 Diagnosing active TB in HIV-infected and uninfected patients: a clinicians view – *Francesca Conradie (South Africa)*

17:25-17:50 TB diagnostic algorithms and the need to implement different diagnostic methods within the NTP and laboratory network – *Sarman Singh (India)*

17:50-18:10 Utilising second-line DST to guide treatment options and monitor patients – *Salman Siddiqi (USA)*

18:10-18:30 Discussion

Meetings

Union Administrative Meetings

15:15-18:00

Communications, Membership and Fundraising Committee
(by invitation only)

Room

307

18:30-20:30

Scientific Programme Committee
(by invitation only)

307

Union Region Meetings

All conference delegates are encouraged to attend the meeting of their region.

The Union is divided into seven regions to provide a platform to address lung health and related issues from a regional perspective. This structure offers members opportunities to network with colleagues who face the same regional challenges and contributes to The Union's deep understanding of local issues. All conference delegates (members and non-members) are encouraged to attend their region's meeting to share ideas for strengthening their region and turning The Union's vision 'health solutions for the poor' into a reality at a local level.

10:15-11:15

Africa

Room

310

Asia-Pacific

Conference Hall 3

Europe

306

Latin America

307

Middle East

401/402

North America

304/305

South-East Asia

Conference Hall 1

12:45-15:00

Inter-Regional Meeting
(by invitation only)

310

Union Sub-Section Meetings

Open to all delegates

The Tuberculosis Scientific Section is split into three sub-sections that give members the option of focusing on key TB issues and approaches. Non-members are welcome to attend the sub-section meetings to find out how to become more involved.

12:45-13:45	Room
TB/ Bacteriology and Immunology	304/305
TB/ Nursing & Allied Professionals	401/402
TB/ Zoonotic TB	306

Union Scientific Section Meetings

Open to all delegates

The Union's scientific sections give members the opportunity to affiliate with others who share the same interests and collaborate on research, publications and projects. One of their principal activities is to propose sessions and contribute to the planning of The Union World Conference on Lung Health, the largest annual conference focusing on lung health issues as they affect low- and middle-income populations. They also participate in the governance of The Union through the General Assembly. Non-members are welcome to attend the section meetings to find out more.

16:45-18:15	Room
HIV	401/402
Lung Health	306
Tobacco Control	310
Tuberculosis	Conference Hall 3



CHRISTMAS SEALS EXHIBIT AND CONTEST

The idea of raising money for TB treatment with colourful Christmas seals originated with a Danish postman named Einar Holboell in 1904. The tradition was quickly adopted by other countries and continues today.

The Union holds an annual Christmas Seals Exhibit and Contest during the World Conference in recognition of this colourful tradition. Constituent and organisational members are invited to submit their Christmas Seals for exhibit in Hall 3.

Union members vote for their favourite seals at the General Assembly, which will be held on Saturday, 17 November. Winners are announced at that meeting and posted on The Union website.



Above,
2011
1st prize:
Japan Anti-
tuberculosis
Association
(JATA).
Beside, 2011
2nd prize:
Korean
National
Tuberculosis
Association



Saturday, 17 November 2012

Plenary Session

09:00-10:00

Plenary Hall

Childhood TB: we need to do more

Speaker: Anneke Hesseling (South Africa),

Chairs: Anna Mandalakas (USA), Stephen M. Graham (Australia)



Dr Anneke Hesseling (South Africa),
Director of
the Paediatric
TB Research
Programme at
the Desmond Tutu
TB Centre

Meet the Experts

08:00-08:50

Page

124

Special Events

16:00-17:00

Conference Hall 1

General Assembly of The Union

17:00-18:00

Conference Hall 2

Closing Ceremony

This year the conference will wind up with a closing ceremony including a colourful photo recap and a summary of the key scientific outcomes, followed by a closing cocktail

18:00-19:00

Conference Hall 2

Closing Cocktail

Symposia [morning]

10:15-12:15	Section (s)	Coordinators	Room	Page
36 Controversies in HIV/AIDS	HIV	Anthony D. Harries (UK) Reuben Granich (Switzerland)	Plenary Hall	126
37 Sustainable TB laboratory networks	TB/Bact.	Christopher Gilpin (Switzerland) Akos Somoskovi (Switzerland)	Plenary Theatre	126
38 Changing the landscape in TB: how civil society and communities can increase the impact of GF in countries	TB	Jennifer Dietrich (Switzerland) Mohamed A. Yassin (Switzerland)	Banquet Hall	127
39 Palliative care in drug-resistant and complicated tuberculosis: models of community-based care	TB/NAPs	Stephen Connor (USA) Günar Gunther (Germany)	Conference Hall 1	127
40 Sustainable practices, building design and engineering to reduce TB transmission in resource limited settings	TB	Luciana Brondi (UK) Grigory Volchenkov (Russian Federation)	Conference Hall 2	128
41 Biomarkers in tuberculosis: from discovery to clinical application	TB/Bact.	Bonita T. Mangura (USA) Alfred A. Lardizabal (USA)	Conference Hall 3	128
42 Health system strengthening for childhood tuberculosis: policy to practice	LH	Anne Detjen (USA) Anneke Hesseling (South Africa)	304/305	129
43 Tobacco taxation: a sustainability tool for tobacco control and health programmes	TC	Ehsan Latif (UK)	306	129

Poster Discussion sessions

12:30-13:30	Section (s)	Chairs	Room	Page
37 Molecular epidemiology 2	TB/Bact.	Rumina Hasan (Pakistan)	Hall 4	130
38 TB diagnostics - culture and rapid detection 2	TB/Bact.	Nguyen Van Hung (Viet Nam)	Hall 4	131
39 Expansion of the Stop TB strategy 3	TB	Anne Fanning (Canada)	Hall 4	132
40 TB in prisons	TB	Masoud Dara (Denmark)	Hall 4	133
41 Epidemiology: TB in high and low burden countries 3	TB	Yogan Pillay (South Africa)	Hall 4	134
42 Medical management of TB 3	TB	Christopher Kuaban (Cameroon)	Hall 4	135
43 Stop TB strategy public-private mix 2	TB	Sarabjit Chadha (India)	Hall 4	136
44 Community contributions to TB control	TB	Mohammad Amir Khan (Pakistan)	Hall 4	136
45 Integration and co-location	HIV	Cheri Vincent (USA)	Hall 4	137
46 MPOWER and tobacco control policies 2	TC	Bill Bellew (New Caledonia)	Hall 4	138
47 Management of MDR-TB and contacts	TB	Alasdair Reid (South Africa)	Hall 4	139
48 New approaches to TB prevention in children	LH	Simon Schaaf (South Africa)	Hall 4	140
49 Environmental and other determinants of lung health	LH	Peter Burney (UK)	Hall 4	141
50 MDR-TB: focus on social and community support	TB	Stacie Stender (South Africa)	Hall 4	142
51 TB management: laboratory, monitoring and surveillance	TB	Kevin Schwartzman (Canada)	Hall 4	143
52 TB management: health systems and human resources	TB	Karin Bergstrom (Switzerland) Wanda Walton (USA)	Hall 4	144
53 Medical management / TB outbreak and contact investigation	TB	Armand Van Deun (Belgium)	Hall 4	145
54 Tuberculosis: public health practice	TB	Amera Khan (USA)	Hall 4	146

Oral Abstract sessions

12:30-13:30	Section (s)	Chairs	Room	Page
13 TB outbreaks and contact investigations	TB	Arnaud Trébucq (France) Purvaneswari Subramaniam (Malaysia)	Conference Hall 1	148
14 TB hotspots: from the genome to the community	TB	Keren Middelkoop (South Africa) Ngeow Yun Fong (Malaysia)	Conference Hall 2	148
15 TB-HIV: the promise of life but the reality of death	HIV	Barnet Nyathi (Zimbabwe) Anita Bt Suleiman (Malaysia)	Conference Hall 3	149

Symposia (afternoon)

13:45-15:45	Section (s)	Coordinators	Room	Page
44 Defining and sustaining the Impact of new tools for TB	TB	Jennifer Woolley (USA) Elizabeth Talbot (Switzerland)	Plenary Hall	150
45 Community Participation and CAB: paths for effective and sustainable TB control interventions	TB	Giselle Israel (Brazil) Subrat Mohanty (India)	Plenary Theatre	150
46 The Union/CDC late-breaker session		C. N. Paramasivan (India) Michael Iademarco (USA) Elsa Villarino (USA)	Banquet Hall	151
47 Models of care and engagement for sustaining a competent workforce for MDR-TB-HIV care and management	TB/NAPs	Jason Farley (USA)	Conference Hall 1	151
48 Contact investigation: operational research to increase case detection and drive sustainability	TB	Salah E. Ottmani (Switzerland) Mary R. Reichler (USA)	Conference Hall 2	152
49 Translating policies into practice: building lasting solutions for TB laboratory networks in countries	TB/Bact.	Fuad Mirzayev (Switzerland) Kefas Samson (Swaziland)	Conference Hall 3	152
50 Management of common respiratory infections in children	LH	Khurshid-E-Khuda Talukder (Bangladesh)	304/305	153
51 Countering tobacco industry interference in tobacco control: sustaining our efforts through collaboration	TC	Bill Bellew (New Caledonia) Anne Jones (Australia)	306	154

Meet the experts

Plenary Theatre

01. Impact of treatment on TB transmission, and implications for in- and out patient therapy

Edward Nardell (USA)

This session will emphasise a new, focused approach to TB transmission control that we are calling F-A-S-T: Finding cases Actively by cough surveillance, Separation and exposure reduction, and prompt, effective Treatment based on rapid molecular DSTs. We will review the evidence supporting an extremely rapid impact of DST-based treatment on transmission, even while sputum smear and culture remain positive. We will discuss the steps needed to implement FAST on the ground and how to monitor its success in reducing exposure time in institutions.

Conference Hall 1

02. Monitoring and evaluation for advocacy, communication and social mobilisation

Carol Nawina Nyirenda (Zambia), Chibuike Amaechi (Nigeria)

Monitoring starts at the conception of tuberculosis control project by developing a clear, simply SMART objectives. The objectives will at first sight show the indicators to be monitored and evaluated. There are five categories of evaluation that could be used at different times in the life of the project to determine the effectiveness of the project. These categories are; baseline, formative, process, outcome and impact.

Conference Hall 2

03. Best rational use of available anti-tuberculosis drugs: building a treatment regimen for drug-resistant tuberculosis

Jose Caminero (Spain), Ignacio Monedero (Spain)

MDR-TB and XDR-TB are generally thought to have high mortality rates and they are a challenge for the TB control. However, even patients with TB with a very extensive pattern of resistance can be cured using adequately the available antituberculosis drugs. In this Meet the Expert session the role of all the anti-TB drugs in the treatment of the DR-TB will be analyzed, even those with suspect or confirmed «in vitro» resistance. The next important questions regarding the treatment of DR-TB will be addressed in this Meet the Expert session: 1). What is the possible role of the first line anti-TB drugs in the treatment of DR-TB; 2). What is the best fluoroquinolone and its role in the XDR-TB treatment, 3). What is the best logical sequence to introduce the second line drugs (SLD) injectables. 4). What is the most rational introduction of the other SLD (thioamides, cycloserine, aminosalicylic acid). 5. What is the role of the other possible anti-TB drugs like clofazimine, amoxicillin with clavulanate, linezolid, carbapenems, thioacetazone, clarithromycin, bedaquiline, delamanid, and other new drugs in investigation. 6. Pharmacological issues around management of TB and MDR-TB in HIV-infected patients.

Conference Hall 3

04. Laboratory Accreditation

Christopher Gilpin (Switzerland)

This session will present the Global Laboratory Initiative (GLI) Stepwise Process towards Laboratory Accreditation and discuss how this tool developed by the GLI is complementary to the Stepwise laboratory improvement process towards accreditation (SLIPTA) being rolled out in the African region. A variety of training materials on quality management system implementation are available and ready to use which will be highlighted during this session. The session will also discuss the available guidance to meet requirements for TB laboratory network accreditation.

Room 304/305

05. Management of paediatric MDR-TB

Simon Schaaf (South Africa), James Seddon (South Africa)

This will be an interactive session on the management of MDR- and XDR-TB in children with a brief introductory talk and 1-2 case discussions to get the discussion going. We will address issues such as who should be treated and why (confirmed vs. presumed diagnosis), drug treatment and adverse effects, preventive therapy and HIV co-infection

Room 306

06. Application of Mpower

Bill Bellew (New Caledonia), Nevin Wilson (India)

The World Health Organization's MPOWER is a policy package of measures intended to assist in the country-level implementation of effective interventions to reduce the demand for tobacco, contained in the WHO FCTC. This interactive session will discuss the practical and operational issues related to the implementation of MPOWER in high tobacco burden settings. The session will include a quick over view of some of the emerging learning for each of these measures from India, as well as consideration of how governments can approach the issue of appropriate levels of investment for comprehensive tobacco control.

Room 307

07. Cost-effective care for asthma in low-income settings

Guy Marks (Australia)

In this session we will consider criteria for selecting disease management interventions for widespread implementation in resource-poor settings. We will then apply these criteria to the case of asthma in order to identify the «best buys» for asthma management. The presentation will focus in particular on inhaled corticosteroids but will also consider other, non-pharmacological aspects of asthma management.

Symposium 36

10:15 - 12:15 Plenary Hall

Controversies in HIV/AIDS

Section

HIV

Coordinators

Anthony D. Harries (UK)
Reuben Granich
(Switzerland)

Chairs

Anthony D. Harries (UK)
Reuben Granich
(Switzerland)

Target audience

People affected by HIV,
activists, National TB
and HIV programme
managers, lung
health specialists, TB
and HIV, clinicians,
epidemiologists,
international
tuberculosis
consultants,
laboratory scientists,
microbiologists

Description

In 2011, a new World Health Organisation (WHO) HIV-TB policy, based on recent and updated evidence, was released. Two important new components of that policy are the use of long term-isoniazid preventive therapy for HIV-infected persons without the need for prior tuberculin skin testing and early use of antiretroviral therapy in the HIV-infected partner of serodiscordant couples to prevent transmission of HIV. Both these components are controversial, especially with respect to implementation, and will be debated in the symposium.

Relation to Conference theme

The uptake and implementation of isoniazid preventive therapy and early, life-long antiretroviral therapy require the mutual responsibility of donors, governments, civil society and affected communities to ensure that the common goals of TB and HIV prevention are realised. Controversies symposia allow open discussion on difficult topics and encourage innovative thinking and debate.

Objectives

- To raise two potentially controversial issues in HIV and TB to prompt discussion of key issues among experts;
- Topic 1: Should isoniazid preventive therapy be given to HIV-infected persons without prior tuberculin skin testing?;
- Topic 2: During couples HIV counselling in TB clinics, should the HIV-positive discordant couple receive antiretroviral therapy to prevent HIV infection?

Presentations

- 10:15-10:30** Should IPT be given to HIV-infected persons without prior tuberculin testing? – *Stephen D. Lawn (South Africa)*
- 10:35-10:50** Speaker to support IPT use without tuberculin testing – *To be confirmed*
- 10:55-11:10** Speaker to oppose IPT use without tuberculin testing – *Anand Date (USA)*
- 11:15-11:30** During couples HIV counselling, should the HIV-positive discordant couple receive ART? – *To be confirmed*
- 11:35-11:50** Speaker to support early ART in HIV-positive discordant couples – *Elizabeth Marum (Tanzania)*
- 11:55-12:10** Speaker to oppose early ART in HIV-positive discordant couples – *Anthony D. Harries (UK)*

Symposium 37

10:15 - 12:15 Plenary Theatre

Sustainable TB laboratory networks

Section

Tuberculosis |
Bacteriology-
Immunology

Coordinators

Christopher Gilpin
(Switzerland)
Akos Somoskovi
(Switzerland)

Chairs

Thomas Shinnick (USA)
Somsak Rienthong
(Thailand)

Target audience

National TB and TB-HIV
programme managers,
TB Laboratorians,
Policy-makers,
clinicians, donors and
partners, technical
assistance consultants

Description

Long-term improvements in TB diagnosis, treatment and control will require the availability of sustainable laboratory services. This symposium will explore strategies for establishing sustainable and effective laboratory systems that provide quality diagnostic services. The strategies include: promoting country and community ownership and responsibility; using a systems approach to providing service; emphasising good laboratory management practices; developing innovative in-country programmes for meeting accreditation and regulatory requirements; and implementing laboratory strategic plans.

Relation to Conference theme

Sustaining laboratory services involves using a systems approach to ensure access to reliable diagnostic testing in a cost-effective manner. Developing a national TB laboratory strategic plan, employing appropriate tests and diagnostic algorithms, and coordinating efforts of implementing partners are critical to building a sustainable laboratory network. Ensuring the quality of laboratory testing and demonstrating the impact of laboratory testing builds sustainable support from Policy-makers.

Objectives

- To understand the role and importance of a systems approach to providing reliable diagnostic services;
- To provide examples of effective strategies for building sustainable laboratory systems in resource poor countries;
- To learn about innovative approaches to building sustainable laboratory systems and networks;
- To stimulate discussion on different perspectives of stakeholders on country ownership and shared responsibility for sustaining laboratory networks as an integral part of the overall health system;
- To describe the role and responsibility of local, national and international partner.

Presentations

- 10:15-10:30** A systems approach for providing sustainable, reliable TB laboratory testing – *Thomas Shinnick (USA)*
- 10:35-10:50** The national TB laboratory strategic plan: cornerstone of a sustainable laboratory system – *Yanlin Zhao (China)*
- 10:55-11:10** Coordinating activities of implementing partners to build a sustainable laboratory system – *Nguyen Van Hung (Viet Nam)*
- 11:15-11:30** The Uganda experience in using a systems approach to ensure sustainable access to laboratory testing – *Moses Joloba (Uganda)*
- 11:35-11:50** In-country driven accreditation efforts and lessons learnt – *C.N. Paramasivan (India)*
- 11:55-12:10** The role of scientific professional societies in local, regional and international networking – *To be confirmed*

Symposium 38

10:15 - 12:15 Banquet Hall

Changing the landscape in TB: how civil society and communities can increase the impact of GF in countries

Supported by

Stop TB Partnership
/ World Health
Organization (WHO)

Section

Tuberculosis

Coordinators

Jennifer Dietrich
(Switzerland)
Mohammed A. Yassin
(Switzerland)

Chair

Representative
from Ukrainian
Government (Ukraine)
Representative
from Communities
Delegation of the
Global Fund Board

Target audience

People living with
and affected by
TB, civil society
organisations, technical
partners, Global Fund
stakeholders

Description

The Communities Delegation on the Global Fund Board and the Stop TB Partnership are uniting efforts to increase awareness of the importance of effective partnership in ensuring accountability and sustainability of Global Fund grants. This is in line with the Stop TB strategy to empower communities and people living with TB. Civil society and communities are key partners in GF grant implementation and their involvement enhances overall responsibility and sustainability of TB grants.

Relation to Conference theme

With diminished global resources, this session will explore strategies on how to maximise value for money by engaging CSOs, adding to the sustainability of Global Fund interventions. Civil society are important advocates to ensure increased budgetary allocation to TB through various mechanisms, e.g. innovative financing. Responsible implementation of Global Fund grants would increase due to the monitoring by civil society.

Objectives

- Share lessons learnt and emerging information on increasing impact of Global Fund (GF) grants via involvement of civil society partners;
- Support participants with the identification of practical skills to take part or support these type of activities;
- Identify strategies that enhance and sustain accountability of Global Fund grants.

Presentations

- 10:15-10:30** Stop TB Partnership vision for changing the landscape in TB to ensure a greater role for civil society – *Lucica Ditiu (Switzerland)*
- 10:35-10:50** Civil society engagement in monitoring of Global Fund grants – *Ibrahim Umore (Nigeria)*
- 10:55-11:10** Experience of the impact of civil society in Global Fund's Country Coordinating Mechanism (CCM) – *Carol Nawina Nyirenda (Zambia)*
- 11:15-11:30** How NTPs can work with civil society to enhance impact of GF grants – *Frank Bonsu (Ghana)*
- 11:35-11:50** The role of civil society PR in expanding coverage, improving outcomes and impact of GF grant – *Faruque Ahmed (Bangladesh)*
- 11:55-12:10** Community voice in Global Fund mechanisms – *Representative from Communities Delegation of the Global Fund Board*

Symposium 39

10:15 - 12:15 Conference Hall 1

Palliative care in drug-resistant and complicated tuberculosis: models of community-based care

Supported by

Stop TB Department,
Open Society
Foundation, Worldwide
Palliative Care Alliance

Section

Tuberculosis

Coordinators

Stephen Connor (USA)
Günar Günther
(Germany)

Chairs

Christoph Lange
(Germany)
Phan Vuong Khac Thai
(Viet Nam)

Target audience

Clinicians who care
for patients with
complicated TB or
who may do so in the
future, public health
officials, representatives
of civil society, and
representatives of
communities most
affected by TB

Description

A large proportion of patients with M/XDR-TB and TB-HIV become chronically infected despite anti-TB drug treatment. Among these patients suffering is prevalent. Palliative care, the relief of suffering of any kind is essential to their care, and it is viewed as a human right. Palliative care improves the QOL of patients with complicated TB and may improve their chance for cure. This symposium will delineate the essential roles of palliative care within a model of comprehensive, community-based care for patients with complicated TB that is replicable, sustainable and socially responsible.

Relation to Conference theme

Treatment failure and death are frequent in M/XDR- tuberculosis. Programmes only fulfill basic ethical standards, if treatment failure concerns are included. Affected communities must respond to the needs of society, but society and gov't also must be responsive to the rights and needs of affected individuals. Considering these competing responsibilities, this symposium will put forth models of comprehensive community-based care for TB patients that offer both palliative care and a chance for cure.

Objectives

- To highlight the increasing challenges of care for drug-resistant tuberculosis patients with treatment failure
- To gather insight in different management approaches of patients with failure of drug-resistant tuberculosis treatment
- To put forth a comprehensive, community-based model of care for patients with complicated TB that includes palliative care and is sustainable, socially responsible, and humane.

Presentations

- 10:15-10:30** What is palliative care, and why is it a human right? – *Stephen Connor (USA)*
- 10:35-10:50** How to handle the realities: experiences with failures of M/XDR- TB treatment in South Africa – *Helen Cox (South Africa)*
- 10:55-11:10** Psychosocial distress and ethical issues in caring for patients with complicated TB – *Eric Krakauer (USA)*
- 11:15-11:30** How long to treat M/XDR- TB?: palliative clinical and public health approaches in India – *To be confirmed*
- 11:35-11:50** The care for patients with M/XDR- TB treatment failure in Latvia – *Līga Kuksa (Latvia)*
- 11:55-12:10** The inseparable work of caring and curing: a community-based model of integrated TB treatment – *Irina Gelmanova (Kazakhstan)*

Symposium 40

10:15 - 12:15 Conference Hall 2

Sustainable practices, building design, and engineering to reduce TB transmission in resource limited settings

Section

Tuberculosis

Coordinators

Luciana Brondi (UK)
Grigory Volchenkov
(Russian Federation)

Chairs

Edward Nardell (USA)
Paul Jensen (USA)

Target audience

TB-HIV and infection control programme planners and implementers, health care professionals, administrators, programme managers, architects, engineers, advocates, educators and government representatives

Description

The Global Fund, PEPFAR, and other sources have provided funds for building renovations for the care of TB, HIV and other diseases. They have also funded evaluations and capacity building activities to support TB infection control implementation in resource-limited settings. Yet the capacity to design sustainable, safe buildings is limited and the weakened health systems in these countries struggle to sustain such interventions. Building on the content of the Harvard summer course, we will inform participants on advances in building design and engineering for TB transmission control.

Relation to Conference theme

Sustainable interventions are crucial to improve TB Infection Control in resource-limited settings. Safe, sustainable buildings (hospitals, clinics, prisons, shelters, etc) are the common ground for achieving our goals and represent the intersection of the interests of funders, governments, NGOs, workers, patients, and civil society. For the first time we will focus specifically on the infrastructure of all of our endeavours and review advances in safer design and engineering.

Objectives

- To review advances in the design and engineering of sustainable buildings to prevent airborne infections, TB in particular, and to assess what makes a design or intervention successful;
- Give examples of how different partners assuming their responsibility, can enhance the implementation of sustainable interventions in HIV-TB high burden countries;
- To compare the cost effectiveness of various air disinfection strategies;
- To present various examples of hospitals from around the world which employ advanced principles of design and engineering.

Presentations

- 10:15-10:30** TB infection control evaluations leading to changes in guidelines and policies in Mozambique – *Miranda Brouwer (Netherlands), Egidio Langa (Mozambique)*
- 10:35-10:50** TB infection control in primary health care facilities in South Africa – *Mareli Claassens (South Africa)*
- 10:55-11:10** TB transmission paradigm shift in FSU countries and development of updated TB infection control regulations – *Dmitry Ruzanov (Belarus)*
- 11:15-11:30** Efficacy of upper room UVGI-air mixing system in a hospital in South Africa – *Matsie Mphahlele (South Africa)*
- 11:35-11:50** Sustainable hospital designs in Africa and Haiti – *Sierra Bainbridge (USA)*
- 11:55-12:10** Cost effectiveness in a cold climate: mechanical ventilation, room air cleaners or upper room UVGI – *Grigory Volchenkov (Russian Federation)*

Symposium 41

10:15 - 12:15 Conference Hall 3

Biomarkers in tuberculosis: from discovery to clinical application

Section

Tuberculosis |
Bacteriology-
Immunology

Coordinators

Bonita T. Mangura (USA)
Alfred A. Lardizabal
(USA)

Chairs

Marila Gennaro (USA)
Alfred A. Lardizabal
(USA)

Target audience

All students of tuberculosis disease, physicians, tuberculosis programme and health care providers, basic and translational science researchers

Description

Integration and interaction among multiple disciplines promotes future application of novel and appropriate strategies to treatment of tuberculosis. Basic science research defines its responsibility in tuberculosis control by investigating the core interaction of the human host with *mycobacterium tuberculosis*. The objective of this symposium is to disseminate novel concepts of biomarker research in tuberculosis and to integrate concepts on biomarker discovery with those on biomarker assessment.

Relation to Conference theme

Our mutual responsibility is the translation of evidence-based results into effective use in clinical settings. This application is based on sound and safe operational field/programme methods resulting from the multidisciplinary interaction of providers, ensuring long term sustainable solutions to the care of patients and treatment of the disease.

Objectives

- To discuss and integrate recent advances in basic science research of biomarkers in multiple areas of TB control (diagnostics, vaccine, drugs);
- To disseminate new findings in the area of tuberculosis biomarker research in lung, peripheral blood and other body fluids;
- To discuss how to integrate basic and clinical research for biomarker discovery and assessment.

Presentations

- 10:15-10:30** A dynamic view of biomarker research – *Marila Gennaro (USA), Alfred A. Lardizabal (USA)*
- 10:35-10:50** Mycobacterial lipids as infection biomarkers – *Markus Wenk (Singapore)*
- 10:55-11:10** Metabolic biomarkers in peripheral blood and other fluids – *John Belisle (USA)*
- 11:15-11:30** Immune biomarkers in peripheral blood – *Gerhard Walzl (South Africa)*
- 11:35-11:50** The who, what and how of biomarker assessment: study design, population and methods – *Richard Menzies (Canada)*
- 11:55-12:15** Discussion

Symposium 42

10:15 - 12:15 Room 304/305

Health system strengthening for childhood tuberculosis: policy to practice

Sections

Lung Health |
Tuberculosis

Coordinators

Anne Detjen (USA)
Anneke Hesselning
(South Africa)

Chairs

Farai Mavhunga
(Namibia)
Salah E. Ottmani
(Switzerland)

Target audience

Policy-makers,
implementers, health
care workers and NGOs.

Description

TB in children is recognised as a contributor to child morbidity and mortality, yet remains largely under-diagnosed and under-reported. The symposium emphasises the need for improved programmatic management of childhood TB by implementing existing guidelines, ongoing training and capacity building. Operational research is a key tool to address challenges and improve programmes. The symposium will review current challenges and present successful examples of improved TB control in children.

Relation to Conference theme

The symposium will address the mutual responsibilities of different stakeholders to improve child TB management. Building awareness and capacity at country and local level will lead to sustainable implementation of child TB into NTPs. Global and local stakeholders need to take responsibility and collaborate. Gaps in operational research and opportunities for sustainable, collaborative interventions will be shared.

Objectives

- To highlight the need for improved childhood TB activities into TB programmes;
- To present existing guidance for childhood TB;
- To give examples on successful collaborative activities to implement childhood TB activities;
- To present ways to assess childhood TB activities for implementation and monitoring purposes.

Presentations

- 10:15-10:30** Building a successful child TB programme: the link between implementation and operational research – *Stephen M. Graham (Australia)*
- 10:35-10:50** Are we making progress?: measuring the burden of childhood TB – *Charalampos Sismanidis (Switzerland)*
- 10:55-11:10** Successful collaborative activities to build childhood TB programmes – *Jamie Tonsing (Cambodia)*
- 11:15-11:30** Linking hospital to community TB care in children – *Karen Du Preez (South Africa)*
- 11:35-11:50** Community-based child contact screening and management – *Rina Triasih (Indonesia)*
- 11:55-12:10** Operational implementation of an IPT register in a high-burden setting – *Nelda Van Soelen (South Africa)*

Symposium 43

10:15 - 12:15 Room 306

Tobacco taxation: a sustainability tool for tobacco control and health programmes

Section

Tobacco Control

Coordinator

Ehsan Latif (UK)

Chairs

Ehsan Latif (UK)
Rajeev Cherukupalli
(USA)

Target audience

Policy-makers, tobacco
control advocates,
public health
professionals, health
professionals, NGOs

Description

The FCTC emphasises both demand and supply side measures to reduce the burden of tobacco related diseases. Taxation is an effective mechanism for decreasing the use of tobacco, especially with poor communities and young adults. As countries look at taxation as a source of curbing the tobacco epidemic, there is also a realisation of its potential to raise revenue to fund public health programmes through dedicated funding. There is a need to learn from countries which have established mechanisms as well as from those still struggling to get this on their government's political agenda.

Relation to Conference theme

The session addresses an important facet of TC and explores the ways in which sustainability can be introduced in TC and other health programmes, through taxation and various mechanisms available within each country. It will introduce the concept of sustainability to the health programmes, for tobacco control and other lung health areas. It is essential that all stakeholders are engaged effectively, contributing towards this focus of TC and sustainability, and sharing of best practice.

Objectives

- To explore the feasibility of introducing sustainability mechanisms within in-country health programmes through tobacco taxation, and to assess the levels at which tobacco taxation need to be raised to become an effective tool in reducing the incidence of tobacco use;
- To share the challenges facing tobacco taxation and sustainability in low-and middle-income countries.

Presentations

- 10:15-10:35** Tobacco taxation as a tool for tobacco control – *Rajeev Cherukupalli (USA)*
- 10:40-11:00** How tobacco taxation can contribute to sustainability – *Ehsan Latif (UK)*
- 11:05-11:25** Tobacco tax and the tobacco industry – *Anne Jones (New Zealand)*
- 11:30-11:50** Tobacco tax: progress and challenges in Viet Nam – *Huynh Vuong Nam (Viet Nam), Luong Ngoc Khue (Viet Nam)*
- 11:55-12:15** Discussion

Chair: Rumina Hasan (Pakistan) - **Section:** Tuberculosis | Bacteriology

- PC-223-17** ***Mycobacterium tuberculosis* CAS1 lineage strains display a lower 15 MIRU loci based diversity as compared with non-CAS1 isolates**
A Ali,¹ Z Hasan,¹ Sana Jafri,¹ R Inayat,¹ R Hasan¹
¹Aga Khan University, Pathology and Microbiology, Karachi, Pakistan.
- PC-224-17** **Molecular diversity of *Mycobacterium tuberculosis* isolates from tuberculosis patients in Cuba**
Y Herrera Avila,¹ R Diaz Rodriguez¹
¹Pedro Kouri Institute Of Tropical Medicine, Bacteriology-Mycology, Havana, Cuba.
- PC-225-17** **Cluster patterns of *Mycobacterium tuberculosis* DNA fingerprinting in the metropolitan area of Vitória, Brazil and the relationship with RDRio genotype**
S Vinhas,¹ M Palaci,¹ HS Marques,¹ P Poloni,¹ F Ribeiro,¹ R Peres,¹ H Gomes,² R Dietze,¹ P Suffys,² L Riley,³ EL Maciel¹
¹Núcleo de Doenças Infecciosas - NDI/UFES, UFES, Vitória, Brazil, ²Laboratório de Biologia Molecular Aplicada a Micobactérias, Instituto Oswaldo Cruz, FioCruz, Rio de Janeiro, Brazil, ³Division of Infectious Disease and Vaccinology, School of Public Health, University of California., Division of Infectious Disease and Vaccinology, Berkeley, United States.
- PC-226-17** **Frequency of non-tuberculous mycobacteria in pulmonary infections in Burkina Faso**
S Diandé,¹ Isid Moyenga,¹ L Sangare,² Eric Zoungrana,¹ T L Sawadogo,³ A Ouedraogo¹
¹Programme National Tuberculose, Programme National Tuberculose, Ouagadougou, Burkina Faso, ²Laboratoire de bactériologie-Virologie du Centre Hospitalier Universitaire-Yalgado Ouedraogo (CHU-YO), UFR/SDS, Ouagadougou, Burkina Faso, ³Centre National de Lutte Contre la Tuberculose (CNLAT), Ministère Santé, Ouagadougou, Burkina Faso.
- PC-227-17** **Molecular epidemiology of tuberculosis in Swaziland**
F Jochims,¹ E Sanchez,² M Bonnet,² M Merker,³ T Dlamini,⁴ M Bastard,² H Karakozian,¹ S Niemann³
¹Médecins Sans Frontières, Medical Department, Geneva, Switzerland, ²Epicentre, TB department, Paris, France, ³National Reference Centre for Mycobacteria, Forschungszentrum Borstel, Borstel, Germany, ⁴Ministry of Health, National Tuberculosis Control Program, Mbabane, Swaziland.
- PC-228-17** **Antituberculosis drug resistance survey in pulmonary tuberculosis cases in Ankara, Turkey**
N Albayrak,¹ F. Sezen,¹ S Ozkara,² H. Simsek,¹ M. Atasever,² A. Alp,³ T. Muderris,⁴ F. Duyar Agca,⁵ A Inan Suer,⁶ C. Oztug Onal,⁷ T. Sagiroglu⁸
¹Refik Saydam National Public Health Agency, National Tuberculosis Reference Laboratory, Ankara, Turkey, ²Ataturk Chest Diseases & CSRE Hospital, 10A Clinic, Ankara, Turkey, ³Hacettepe University, School of Medicine, Medical Microbiology, Ankara, Turkey, ⁴Regional Public Health Laboratory, none, Ankara, Turkey, ⁵TB Dispensary, No. 5, none, Ankara, Turkey, ⁶TB Dispensary, No. 3, none, Ankara, Turkey, ⁷TB Dispensary, No. 4, none, Ankara, Turkey, ⁸Central TB Dispensary, none, Ankara, Turkey.
- PC-229-17** **Genotyping of *Mycobacterium tuberculosis* with RD105 and variable numbers of tandem repeat-mycobacterial interspersed repetitive unit in Eastern China**
M Liu,¹ Lu Huaichun,² Wang Xuegao,³ Dong Xiaolian,⁴ Zhou Bibo,² Y Liu,¹ W Jiang,¹ W Wang¹
¹School of Public Health, Fudan University, Epidemiology, Shanghai, China, ²Yinzhou Center for Disease Control and Prevention, Tuberculosis Control, Ningbo, China, ³Funing Center for Disease Control and Prevention, Tuberculosis, Funing, China, ⁴Deqing Center for Disease Control and Prevention, Tuberculosis Control, Huzhou, China.
- PC-230-17** **Evaluation of the genechip for rapid diagnosis of drug-resistant tuberculosis in China**
Yu Pang,¹ Yuan Song,¹ Y Zhao¹
¹Chinese Center for disease control and prevention, National tuberculosis reference laboratory, Beijing, China.
- PC-231-17** **Molecular epidemiology and transmission dynamics of *Mycobacterium tuberculosis* in Northwest Ethiopia**
B Tessema,¹ J Beer,² M Merker,³ AC Rodloff,² U Sack,⁴ F Emmrich,⁴ S Niemann³
¹University of Gondar, Medical Laboratory Technology, Gondar, Ethiopia, ²University Hospital of Leipzig, Medical Microbiology and Epidemiology of Infectious Diseases, Leipzig, Germany, ³National Reference Centre for Mycobacteria, Research Centre, Molecular Mycobacteriology, Borstel, Germany, ⁴University Hospital of Leipzig, Clinical Immunology, Leipzig, Germany.
- PC-232-17** **No and low IS6110 copy strains: same molecular background?**
H Mai,¹ E Tiemersma,² K Kremer,³ TNL Nguyen,⁴ B Tran Ngoc,⁴ F Cobelens,⁵ D Van Soolingen⁶
¹Pham Ngoc Thach Hospital, MICROBIOLOGY, HO Chi Minh, Vietnam, ²KNCV Tuberculosis Foundation, Unit Asia & Latin America, The Hague, Netherlands, ³WHO Regional Office for Europe, Tuberculosis and M/XDR-TB Programme (DCE/TBM), Copenhagen, Denmark, ⁴Pham Ngoc Thach Hospital, MICROBIOLOGY, HO Chi Minh, Vietnam, ⁵Health and Development, Academic Medical Centre, Center for Poverty-related Communicable Diseases, Amsterdam, Netherlands, ⁶National Institute for Public Health and the Environment, Tuberculosis Reference Laboratory, Bilthoven, Netherlands.

- PC-233-17** **The Uganda-T2 *Mycobacterium tuberculosis* genotype shows negative association with anti-tuberculosis drug resistance but no association with HIV infection**
D Lukoye,¹ M Joloba,² N Ezati,¹ F Cobelens³
¹Ministry of Health, National Tb/Leprosy program, Kampala, Uganda, ²Makerere University College of Health Sciences, Medical Microbiology, Kampala, Uganda, ³Academic Medical Centre, Amsterdam Institute for Global Health and Development, Amsterdam, Netherlands.
- PC-234-17** **Isolation of non-tuberculous mycobacteria in children investigated for tuberculosis, Cambodia**
S Sam,¹ T Sok,¹ V Cardenas,² Prah Ung,¹ Sokl Cheng,³ Guil Bertrand,³ A Goldfeld,^{1,4} Song Rinn^{1,5}
¹Cambodian Health Committee, TB HIV and Research, Phnom Penh, Cambodia, ²Aeras, Research, Rockville, United States, ³Institute Pasteur du Cambodge, Mycobacteriology, Phnom Penh, Cambodia, ⁴Immune Disease Institute and Program in Cellular and Molecular Medicine at Children's Hospital Boston, Harvard Medical School, Boston, United States, ⁵Children's Hospital Boston, Harvard Medical School, Division of Infectious Diseases, Boston, United States.
- PC-235-17** **Prevalence and cofactors for non-tuberculous *Mycobacteria* among newly arrived immigrants and refugees in the United States**
S Jonnalagadda,¹ K Cuff,¹ J Painter¹
¹Centers for Disease Control and Prevention, Immigrant, Refugee and Migrant Health Branch, Division of Global Migration and Quarantine, Atlanta, United States.

Poster Discussion Session **38**

12:30-13:30 Hall 4

TB diagnostics - culture and rapid detection - 2**Chair:** Nguyen Van Hung (Viet Nam) - **Section:** Tuberculosis | Bacteriology

- PC-262-17** **Differentiation of *M. tuberculosis* and non-tuberculous mycobacteria by gas chromatography**
N.A. Dang,¹ A Kolk,¹ S Kuiper,¹ M Claassens,² E Walters,² G Vivo Truyols,¹ H-G Janssen³
¹University of Amsterdam, Analytical chemistry & Forensic Science, Amsterdam, Netherlands, ²Stellenbosch University, Desmond Tutu TB Centre, Cape Town, South Africa, ³Unilever Research and Development, Advanced Measurement and Data Modelling, Vlaardingen, Netherlands.
- PC-263-17** **Validation of increased blood storage times for T-SPOT®.TB with T-Cell Xtend® in individuals with different tuberculosis risk factors**
S-H Wang,¹ S Stew,² D Gomez,² J Posey,³ I Zarate,² C Hines,¹ J Turner,¹ R Restrepo²
¹The Ohio State University, College of Medicine, Columbus, United States, ²University of Texas Health Sciences Center, Epidemiology, Brownsville, United States, ³Columbus College of Art and Design, Biological/Physical Sciences, Columbus, United States.
- PC-264-17** **Development of a microsphere-based suspension assay for rapid differentiation of *Mycobacterium tuberculosis* complex**
P-C Chuang,¹ WL Huang,¹ R Jou^{1,2}
¹Centers for Disease Control, Reference Laboratory of Mycobacteriology, Taipei, Taiwan, ²National Yang-Ming University, Institute of Microbiology and Immunology, Taipei, Taiwan.
- PC-265-17** **Using surface-enhanced raman scattering for differential diagnosis of mycobacteria**
WC Cheng,¹ Y Chen,² CH Lin,³ Y-L Wang,¹ R Jou^{3,4}
¹Academic Sinica, Institute of Atomic and Molecular Science, Taipei, Taiwan, ²National Yang-Ming University, Institute of Clinical Medicine, Taipei, Taiwan, ³National Yang-Ming University, Institute of Immunology and Microbiology, Taipei, Taiwan, ⁴Centers for Disease Control, Reference Laboratory of, Taipei, Taiwan.
- PC-266-17** **Evaluation of the MTP gene as a putative biomarker for *Mycobacterium tuberculosis***
N Pillay,¹ N Chotun,¹ N Mhlongo,¹ M Pillay¹
¹University of KwaZulu-Natal, Infection, Prevention and Control, Durban, South Africa.
- PC-267-17** **Utilisation of two real-time PCR assays for the identification of *Mycobacterium tuberculosis* complex in a high throughput laboratory**
KW Yu,¹ HS Tang,¹ SW Leung,¹ KL Leung,¹ CW Yip,¹ KM Kam¹
¹Department of Health, Health, Hong Kong, Hong Kong SAR China.
- PC-268-17** **Robotics application in routine laboratory practice for molecular diagnostics of tuberculosis**
D.A. Varlamov,¹ T Smirnova,² L Chernousova,² S Andreevskaya,² A Vorobyeva,² E Larionova,² VV Erokhin²
¹All-Russia Research Institute of Agricultural Biotechnology, Center of Collective Use, Moscow, Russia, ²Central TB Research Institute of RAMS, Microbiology, Moscow, Russia.
- PC-269-17** **Performance of urine determine tuberculosis lipoarabinomannan antigen test for the diagnosis of tuberculosis suspects with and without HIV infection**
S Niguse,¹ Kass Desta,¹ Mulu Getahun,² atsb Gebrezgabher,² Habt Hailu,² Amel Alemu,² Dest Kassa²
¹Addis Ababa University, Clinical Laboratory Science, Addis Ababa, Ethiopia, ²Ethiopian Health and Nutrition Institute, HIV and other Viral disease, Addis Ababa, Ethiopia.
- PC-270-17** **Automated TB microscopy: recent results and a model to increase pre-test probability with gene-based diagnostics**
D Clark¹
¹The Aurum Institute, Executive, Johannesburg, South Africa.

Chair: Anne Fanning (Canada) - **Section:** Tuberculosis | Bacteriology

- PC-295-17 Understanding factors related to health-seeking behaviour of tuberculosis patients in Madang, Papua New Guinea**
S Phuanukoonnon,¹ P Namuigi,¹ P Siba¹
¹PNG Institute of Medical Research, ORU, Goroka, Papua New Guinea.
- PC-296-17 Long-term effectiveness of community participation to improve TB case detection among the urban poor in Phnom Penh, Cambodia**
R Pe,¹ K Choun,¹ S Thai,¹ C Nhep,¹ J Vangriensvan²
¹Sihanouk Hospital Center of HOPE, Infectious Disease Department, Phnom Penh, Cambodia, ²Institute of Tropical Medicine, Clinical Sciences, Antwerp, Belgium.
- PC-297-17 "Are two weeks up?": media strategies for improving TB case detection**
P Dalal,¹ S Chadha,² S Miller,¹ G Sharma,² S Subramaniam,³ D Lekharu,³ F Banaji,¹ N Kumar¹
¹BBC World Service Trust, TB Control, New Delhi, India, ²The International Union Against Tuberculosis and Lung Disease, TB Control, New Delhi, India, ³Population Services International, TB Control, New Delhi, India
- PC-298-17 Anti-tuberculosis drug resistance profile among previously treated patients at the National Reference Laboratory in Kenya**
J Ogoro,¹ JK Sitienei,¹ O Njuguna,¹ T Ogaro David,¹ E Ruttoh²
¹Ministry of Public Health, DLTLD, Nairobi, Kenya, ²Management Science for Health, CHS - TB CARE I, Nairobi, Kenya.
- PC-299-17 Challenge in replacing old technology: case study of introducing LED fluorescent microscopy in 200 medical college DMCs in 23 Indian states**
A Pandey,¹ L Reza,¹ D N M,¹ G Singh,¹ S Kumar,¹ L Anand¹
¹The Union, Administration, New Delhi, India.
- PC-300-17 Mid-term evaluation of tuberculosis advocacy, communication and social mobilisation interventions**
F Naureen,¹ A Noor,¹ A Abbas,¹ S Khan,¹ E Qadeer²
¹Mercy Corps, Health, Islamabad, Pakistan, ²National TB Control Program, Health, Islamabad, Pakistan.
- PC-301-17 Patient charter for TB care: empowering TB patients in India**
G Sharma,¹ S Chadha,¹ S Mohanty,¹ S Srinath¹
¹The Union, Tuberculosis, New Delhi, India.
- PC-302-17 Baseline KAP survey of private health-care providers on TB DOTS**
A Abbas,¹ E Qadeer,² F Naureen,¹ S Khan,¹ A Noor,¹ M Yusuf¹
¹Mercy Corps, Health, Islamabad, Pakistan, ²National TB Control Program, Health, Islamabad, Pakistan.
- PC-303-17 Pilot for developing a TB screening tool for coughers admitted for in-patient care in an area of high TB prevalence**
S Mudakha,¹ M Kestler,¹ A Ho-foster,¹ R Macgregor,² G Pelaelo,¹ H Friedman²
¹Botswana-UPENN Partnership, TB-HIV, Francistown and Gaborone, Botswana, ²University of Pennsylvania, Infectious Diseases Division, Philadelphia, United States.
- PC-304-17 Enhanced community-based screening in remote areas: BRAC experience in the TB control programme**
R Jahan,¹ M Rifat,¹ S Rahman,¹ M Akramul Islam,¹ S Ferdous,¹ B Siddiquea,¹ N Haque²
¹BRAC, Health, Dhaka, Bangladesh, ²National Tuberculosis Control Programme, DGHS, Dhaka, Bangladesh.
- PC-305-17 Improving capacity for implementing TB operational research in Indonesia: achievements and challenges**
B. Alisjahbana,¹ Y Mahendradhata,² D Mustikawati³
¹Medical Faculty, Padjadjaran University, Hasan Sadikin Hospital, Internal Medicine, Bandung, Indonesia, ²Faculty of Medicine, Gadjah Mada University, Public Health, Yogyakarta, Indonesia, ³Ministry of Health, National TB Program, Communicable Disease Control, Jakarta, Indonesia.
- PC-306-17 Meso level multi-disciplinary approach for reduction of initial defaults in revised National Tuberculosis Control programme, Delhi, India**
S Chandra,¹ M Dhuria,² N Sharma,³ K Chopra,² MM Singh,³ N Aggarwal,² R Saha³
¹Revised National Tuberculosis Control Program, State TB Control Office, New Delhi, India, ²New Delhi TB Centre, State TB training and Demonstration Centre, New Delhi, India, ³Maulana Azad Medical College, Department of Community Medicine, New Delhi, India.
- PC-307-17 Successful community-based tuberculosis directly observed treatment: a case study in Southern Brazil**
A Rossoni,¹ B Gabardo,² A Trajman,³ M Hammerle,² M Rossoni,¹ B Gabardo,¹ C Cruz,¹ A Ruffino-netto⁴
¹Federal University of Parana, Pediatrics, Curitiba, Brazil, ²State Program of Tuberculosis Control of Paraná, Control of Tuberculosis, Curitiba, Brazil, ³Gama Filho University, Medical Clinic, Rio de Janeiro, Brazil, ⁴Medical School of Ribeirão Preto- USP, Epidemiology, Ribeirão Preto, Brazil.
- PC-308-17 The tuberculosis technical assistance mechanism global database: a tool to examine global trends in technical assistance**
C Gunnenberg,¹ S Labelle,¹ A Godfrey,¹ M Grzemska¹
¹World Health Organization, Stop TB Department, Geneva, Switzerland.

TB in prisons

Chair: Masoud Dara (Denmark) - **Section:** Tuberculosis

- PC-335-17 Active case finding results and early TB detection during 2008-2011 in the Penitentiary system of Azerbaijan**
R Tahirli,¹ R Mekhdiyev,¹ S Huseynov,¹ A Ismayilov²
¹Ministry of Justice, Main Medical Department, Baku, Azerbaijan, ²Global Fund to fight AIDS/HIV, Tuberculosis and Malaria, PIU MoJ, Baku, Azerbaijan.
- PC-336-17 Implementation of TB activities in Prisons in Cambodia**
M Ly,¹ J Tonsing,¹ TE Mao,² BK Team,² B Buth,³ C Keo⁴
¹FHI 360, Tuberculosis Unit, Phnom Penh, Cambodia, ²Ministry of Health, CENAT, Phnom Penh, Cambodia, ³Ministry of Interior, General Department of Prison, Phnom Penh, Cambodia, ⁴Provincial Health Department, Tuberculosis, Kampong Cham, Cambodia.
- PC-337-17 HIV and TB prevalence in Salemba prison, Jakarta, 2011**
A Murni,¹ Y Gunawan²
¹Salemba prison, Salemba prison clinic, Jakarta Pusat, Indonesia, ²Yayasan Partisan Club, Post release, Jakarta Selatan, Indonesia.
- PC-338-17 Partnering with prisons in curbing TB: a case from Bhandara District Jail**
J Katekhaye,¹ S Anishetty,¹ B Entoor Ramachandran,² D Paripalli,¹ Tomi Thomas,¹ C Chatla¹
¹Catholic Health Association of India, GFR9TB, Hyderabad, India, ²The International Union Against Tuberculosis and Lung Diseases, AXSHYA, New Delhi, India.
- PC-339-17 High TB burden in prisons of Tajikistan**
Z Abdulloeva,¹ Z Maksumova,¹ T Mezemir,¹ H Abdualimova,¹ A Mardonov,¹ R Nurov,¹ Z Abdulloev¹
¹UNDP, TB Project, Dushanbe, Tajikistan.
- PC-340-17 Control of pulmonary tuberculosis in Dhaka Central Jail, Bangladesh**
S Banu,¹ MT Rahman,¹ M KM Uddin,¹ R Khatun,¹ T Ahmed,² MA Husain,³ M.M. Rahman³
¹International Centre for Diarrhoeal Disease Research, Tuberculosis and Leprosy Unit, Centre for Communicable Diseases, Dhaka, Bangladesh, ²International Centre for Diarrhoeal Disease Research, Centre for Nutrition and Food Security, Dhaka, Bangladesh, ³National TB Control Program, Directorate of Health Services, Dhaka, Bangladesh.
- PC-341-17 Scaling up tuberculosis services at prison for care and referral in Bangladesh**
S Ferdous,¹ K Uddin,¹ M Rana,¹ I Uddin,¹ B Siddiquea,¹ N Haque,² M Akramul Islam¹
¹BRAC, Health Programme, Dhaka, Bangladesh, ²National Tuberculosis Control programme, DGHS, Dhaka, Bangladesh.
- PC-342-17 Epidémiologie de la tuberculose en milieu carcéral au Bénin**
A Wachinou,¹ G Agodokpessi,¹ SS Ade,¹ F Kassa,¹ L Tawo,¹ G Ade,¹ M Gninafon¹
¹Programme National Contre la Tuberculose, Faculté des Sciences de la Santé, Ministère de la santé, Cotonou, Benin.
- PC-343-17 Lack of continuity of care undermines tuberculosis treatment success in Zambian prisons**
K Maggard,^{1,2} S Hatwiinda,¹ J Harris,^{1,3} L Mwambanabantu,⁴ N Kapata,⁵ C Chileshe,⁴ S Reid,^{1,2} G Henostroza^{1,3}
¹Centre for Infectious disease Research in Zambia, TB Unit, Lusaka, Zambia, ²University of North Carolina at Chapel Hill, Medicine, Chapel Hill, United States, ³University of Alabama at Birmingham, Medicine, Birmingham, United States, ⁴Ministry of Home Affairs, Zambia Prisons Health Service, Lusaka, Zambia, ⁵Ministry of Health, National TB Program, Lusaka, Zambia.
- PC-344-17 Incidence rates of tuberculosis and associated risk factors in Cameroonian prisons**
J Noeske,¹ S Mbondi Mfondih,¹ E Dopico,² F Bekang¹
¹German Development Cooperation (GIZ), Health/AIDS Program, Yaounde, Cameroon, ²Catalan Institute of Health, Mycobiology, Barcelona, Spain.
- PC-345-17 Public and private partners contributing to improvements in TB-HIV interventions in Thai prisons**
N Ngamtrairai,¹ C Charuenporn,² S Jittimanee³
¹Medical Services Division, Department of Corrections, Ministry of Justice, Muang, Thailand, ²Medical Services Division, Department of Corrections, Ministry of Justice, Muang, Thailand, ³TB Bureau, Department of Disease Control, MOPH, Bangkok, Thailand.
- PC-346-17 Case finding of MDR-TB in prison populations in Thailand**
S Homkeaw,¹ W Akeplakorn,² S Jittimanee,³ N Ngamtrairai⁴
¹Thailand Business Coalition on AIDS, TBCA, Bangkok, Thailand, ²Faculty of Medicine, Ramathibodi Hospital, Mahidol University, Bangkok, Thailand, ³TB Bureau, Department of Disease Control, MOPH, Bangkok, Thailand, ⁴Department of Corrections, Ministry of Justice, Muang, Thailand.
- PC-347-17 Continuation of care after being released during the course of treatment in prison settings, Thailand**
R Tawong,¹ A Sriwichai,¹ P Traichan,¹ S Jittimanee²
¹National Catholic Commission on Migration and Prisoners, Health Unit, Bangkok, Thailand, ²TB Bureau, Department of Disease Control, MOPH, Bangkok, Thailand.

Chair: Yogan Pillay (South Africa) - **Section:** Tuberculosis

- PC-380-17 Analysis of the population structure of *Mycobacterium tuberculosis* in Saudi Arabia**
S Al-hajj Al-nakhli,¹ Brig Varghese,¹ Fara Al Habobe,² D Van Soolingen³
¹King Faisal Specialist Hospital and Research Centre, Mycobacteriology Research Section, Department of Infection and Immunity, Riyadh, Saudi Arabia, ²University of Utrecht, Medical Microbiology, Utrecht, Netherlands, ³National Institute of Public Health and the environment, Tuberculosis Reference Laboratory, Centre for Infectious Disease Control, Bilthoven, Netherlands.
- PC-381-17 Incidence and risk factors of pulmonary tuberculosis using health check-up programme**
H J Kim,¹ E H Cho,² E P Lee,¹ Y-S Park,² K I Na,² K H Lee,¹ M H Kim¹
¹The Korean Institute of Tuberculosis, Epidemiology department, Osong, South Korea, ²Korea Centers for Disease Control and Prevention, Division of HIV and Tuberculosis Control, Osong, South Korea.
- PC-382-17 Influence of earthquake and tsunami on tuberculosis control in East Japan in 2011**
A Shimouchi,¹ N Kobayashi,¹ Y Nagata,¹ N Ishikawa¹
¹The Research Institute of Tuberculosis, Vice Director, Kiyose, Japan.
- PC-383-17 Risk factors for treatment default among tuberculosis patients in three provinces of South Africa**
J Ershova,¹ LJ Podewils,¹ L Bronner¹
¹Centers for Disease Control and Prevention, NCHHSTP/DTBE, Atlanta, United States.
- PC-384-17 Are patients who have recovered from tuberculosis still at risk of premature death? Results of a 10 year follow-up of all Israeli patients**
Z Mor,¹ Jenn Shuldiner,² N Cedar,¹ A Leventhal^{2,3}
¹Ministry of Health, TB and AIDS, Jerusalem, Israel, ²Hebrew University Hadassah, School of Public Health, Jerusalem, Israel, ³Ministry of Health, International Relations, Jerusalem, Israel.
- PC-385-17 Tuberculosis disparity in a high burden province of Thailand**
N Singha-dong,¹ K Wongkri²
¹Suranaree University of Technology, Institute of Nursing, Nakhon Ratchasima, Thailand, ²Sisaket Public Health Office, Center for Disease Control, Sisaket, Thailand.
- PC-386-17 Calculating the annual risk of infection with *Mycobacterium tuberculosis* among adolescents in Western Kenya in preparation for TB vaccine trials**
V Nduba,¹ A V'ant Hoog,¹ E Mitchell,² P Onyango,¹ K Laserson,¹ MW Borgdorff³
¹KEMRI/CDC, TB Research Branch, Kisumu, Kenya, ²KNCV Tuberculosis Foundation, Epidemiology, The Hague, Netherlands, ³Public Health Service Amsterdam, Department of Infectious Diseases, Amsterdam, Netherlands.
- PC-387-17 Implementation of a field epidemiology research protocol to screen households for TB infection and disease**
L Lecca Garcia,¹ M Murray,² CC Contreras Martinez,¹ N Garcia Leyva,¹ R Calderon,¹ J Galea,¹ M Becerra²
¹Partners In Health, Socios En Salud, Lima, Peru, ²Harvard Medical School, Global Health and Social Medicine, Boston, United States.
- PC-388-17 Validation of approaches to estimate recent transmission of tuberculosis in three US States, 1998–2000**
AM France,¹ J Grant,¹ S Kammerer,² T Navin¹
¹Centers for Disease Control and Prevention, Division of Tuberculosis Elimination, Atlanta, United States, ²Northrop Grumman Corporation, Public Health Operating Unit, Atlanta, United States.
- PC-389-17 Assessing TST and QFT for tuberculosis screening among population with a high prevalence of TB**
J Painter,¹ EA Graviss, PhD,² K Wall,³ H Hai,⁴ D Nhung,⁴ L Manangan,¹ M Parker,³ R Reves³
¹U.S. Centers for Disease Control and Prevention, Immigrant, Refugee, and Migrant Health Branch, Atlanta, United States, ²Methodist Hospital Research Institute, MHRI, Houston, United States, ³Denver Health and Hospital Authority, DHHA, Denver, United States, ⁴Cho Ray Hospital, Visa Medical Unit, Ho Chi Minh City, Vietnam.
- PC-390-17 Risk of ever having had tuberculosis disease is associated with self-reported diabetes and lower body mass index in a transitional community in Peru**
T Wingfield,^{1,2,3,4} K Zevallos,^{1,3,4} A Gavino,^{1,3,4} M Tovar,^{1,3} R Montoya,^{1,3} J Alva,^{1,3} J Franco,^{1,3} C Evans^{1,3,4,5}
¹Asociacion Benefica PRISMA, Research, Lima, Peru, ²The Monsall Unit, North Manchester General Hospital, Department of Infectious Diseases and Tropical Medicine, Manchester, United Kingdom, ³Innovations for Health and Development (IFHAD), Research, Lima, Peru, ⁴Universidad Peruana Cayetano Heredia, Tropical Medicine, Lima, Peru, ⁵Imperial College, Wellcome Centre for Clinical Tropical Medicine & Department of Infectious Diseases and Immunity, London, Peru.
- PC-391-17 Probabilistic record linkage to identify individuals with multiple episodes of treatment for smear-positive tuberculosis in a high-incidence setting**
R Dunbar,¹ F Marx,^{1,2} DA Enarson,^{1,3} N Beyers¹
¹Desmond Tutu TB Centre, Faculty of Health Sciences, Stellenbosch University, Cape Town/Tygerberg, South Africa, ²Charité, Department for Pediatric Pneumology and Immunology, Berlin, Germany, ³International Union Against Tuberculosis and Lung Disease, The Union, Paris, France.

Chair: Christopher Kuaban (Cameroon) - **Section:** Tuberculosis

- PC-424-17 Analysis of factors associated with delayed diagnosis of tuberculosis**
Z Laushkina,¹ P Filiimonov¹
¹Research TB Institute, Pulmonary TB department, Novosibirsk, Russia.
- PC-425-17 Diagnostic delay in tuberculosis in Yemen: a cross-sectional study**
A.H Aldhubhani,¹ M.I. Mohamed Izham,² I. Pazilah,¹ M.S. Anaam¹
¹Universiti Sains Malaysia, School of Pharmaceutical Sciences, Penang, Malaysia, ²Qatar University, College of Pharmacy, Doha, Qatar.
- PC-426-17 Treatment outcomes in a cohort of new cases of paediatric TB in Lima, Peru**
HO Jave Castillo,¹ J Spear,² AM Chavez Pachas,³ J C Yamanija-kanashiro²
¹Hospital 2 de Mayo, Lima, Lima, Peru, ²Partners In Health/ Socios En Salud, Lima, Lima, Peru, ³DISA V Lima Ciudad, Lima, Lima, Peru.
- PC-427-17 Treatment of drug-resistant tuberculosis in Azerbaijan**
E Mammedbekov,¹ I Akhundova,¹ K Hasanova,² R Abuzarov¹
¹Scientific-Research Institute of Lung Diseases, National Tuberculosis Program, Baku, Azerbaijan, ²Ministry of Health, Project Implementation Unit, Baku, Azerbaijan.
- PC-428-17 Delay from diagnosis to treatment among TB patients in Burundi**
M Sawadogo,¹ T Ndikumana,² E Ndiokubwayo,² J Ndikubagenzi³
¹Damian Foundation, NTP, Bujumbura, Burundi, ²Ministry of Health, NTP, Bujumbura, Burundi, ³University of Burundi, Public Health, Bujumbura, Burundi.
- PC-429-17 Health seeking behaviour among people with cough of two weeks or more in India**
S Srinath,¹ A Sreenivas,² S Chadha,¹ G Sharma,¹ S Yadav,¹ S Mohanty,¹ V Kamineni,¹ N Wilson¹
¹The Union, South-East Asia Regional Office, New Delhi, India, ²WHO, India Country Office, New Delhi, India.
- PC-430-17 Improving quality of infection control at Engels TB Dispensary, Saratov Oblast, Russia**
I Ovsyannikova,¹ N Veretentseva,¹ N Vezhnina¹
¹University Research Co., LLC, Quality Improvement, Moscow, Russia.
- PC-431-17 Development of a model of community DOTS in Pynmana township, Myanmar**
M Zaw,¹ W Win Mar,¹ T Lwin,¹ H G,² H Nishiyama²
¹Ministry of Health, Department of Health, National TB control program, Nay Pyi Taw, Myanmar [Burma], ²Major Infectious Disease Control Project, JICA, Yangon, Myanmar [Burma].
- PC-432-17 The timing of NAAT considering cost and effect on the diagnosis of tuberculosis in a chest hospital**
CW Tsai,¹ Shun Chien,¹ Hung Cheng,¹ Meng Chen,¹ Y-S Wu¹
¹Chest Hospital, Internal Medicine, Tainan, Taiwan.
- PC-433-17 Intermittent intravenous chemotherapy in new cases of pulmonary tuberculosis**
T Petrenko,¹ V Krasnov¹
¹Novosibirsk TB Research Institute, Clinical Department, Novosibirsk, Russia.
- PC-434-17 Multidisciplinary interventions for successful TB-HIV integration in 178 South African health facilities**
F Nywagi Louis,¹ M Ratshikana Moloko,² V Makwambeni,² R Shamu,² N Sigwebela,² R Matji¹
¹University Research Corporation, Regional Office, Pretoria, South Africa, ²University Research Corporation, USAID TB project, Pretoria, South Africa.
- PC-435-17 Stubborn TB knowledge and skills gaps among health care providers in Kenya: how can the ever escalating training needs be addressed?**
H K Kipruto,^{1,2} M Muhwa,^{3,4} JK Sitienei,² GN Karanja,⁴ M Maina,⁵ B Langat²
¹World Health Organization- Kenya Country office, ATM, Nairobi, Kenya, ²Division of Leprosy, TB and Lung Disease- Ministry of Public Health and Sanitation, Kenya, ATM, Nairobi, Kenya, ³Kenya Medical Research Institute, CRDR, Nairobi, Kenya, ⁴Kenya Association for the Prevention of Tuberculosis and Lung Disease, DPC, Nairobi, Kenya, ⁵USAID-Kenya, OPH, Nairobi, Kenya.
- PC-436-17 A partnership to reduce the rate of pulmonary tuberculosis cases initiated on treatment without smear microscopy, Motheo district, South Africa**
C Dladla,¹ F Nywagi Louis,² L Matsoso,¹ J Ramaku,¹ M Ratshikana Moloko¹
¹University Research Corporation, USAID TB project, Pretoria, South Africa, ²University Research Corporation, Regional Office, Pretoria, South Africa.
- PC-437-17 User interaction with an interactive two-way SMS medication reminder system for tuberculosis patients**
S Mohammed,¹ R Glennerster,² O Siddiqi,¹ F Haqqi,¹ M Kausar,¹ A Habib,¹ A Khan¹
¹Interactive Research and Development, N/A, Karachi, Pakistan, ²Massachusetts Institute of Technology, Abdul Lateef Jameel Poverty Action Lab, Cambridge, United States.
- PC-438-17 Community based organisations as key players in tuberculosis control: a success story from uThungulu district, South Africa**
E Mhlope,¹ F Nywagi Louis,² A Ratshefola,¹ F Khumalo,¹ M Ratshikana Moloko¹
¹University Research Corporation, USAID TB project, Pretoria, South Africa, ²University Research Corporation, Regional Office, Pretoria, South Africa.

Poster Discussion Session **43**

12:30-13:30 Hall 4

Stop TB strategy public-private mix - 2

Chair: Sarabjit Chadha (India) - **Section:** Tuberculosis

- PC-462-17 Completeness of tuberculosis case registrations: evaluation of a surveillance information system, São Paulo State, Brazil (2006-2010)**
T Arakawa,¹ R Andrade,¹ BE Scatolin,¹ A Aline,¹ VMN Galesi,² LAR Santos,² LM Scatena,³ TC Scatena Villa¹
¹Ribeirão Preto School of Nursing, University of São Paulo, Public Health, Ribeirão Preto, Brazil, ²Coordination for Disease Control, Center for Epidemiological Surveillance Professor Alexandre Vranjac, Division of Tuberculosis, São Paulo, Brazil, ³Federal University of Triângulo Mineiro, Social Medicine, Uberaba, Brazil.
- PC-463-17 Urban DOTS contribution to treatment outcomes of new sputum smears-positive TB cases in Kabul city, 2008-2011**
SM Sayedi,¹ A Hamim,¹ Ghul Qader,¹ M Abdul Hafiz,¹ S Dil Aga,¹ PG Suarez,² L Manzoor,³ F Habibuddin³
¹MHS, TB CARE I, Kabul, Afghanistan, ²MSH, TB CARE I, Washington, United States, ³MoPH, NTP, Kabul, Afghanistan.
- PC-464-17 Driving sustainability through involvement of corporate sector in handling TB in uncovered areas**
S A Pawar,¹ S Anishetty,¹ B Entoor Ramachandran,² S Chadha,² S Mohanty,² D Paripalli,¹ Tomi Thomas,¹ C Chatla¹
¹Catholic Health Association of India, GFR9TB, Hyderabad, India, ²International Union Against Tuberculosis and Lung Diseases, Axshya, New Delhi, India.
- PC-465-17 Sustaining involvement of private practitioners in PPM initiative in Chennai, India**
R Ananthakrishnan,^{1,2} N Krishnan,¹ S Augusteen,¹ N Karunakaran¹
¹REACH, Projects, Chennai, India, ²Sree Balaji Medical College & Hospital, Community medicine, Chennai, India.
- PC-466-17 Medical association as a manager of public-private mix in the RNTCP, India**
S Muhammed,¹ Joju Pomson¹
¹Indian Medical Association, Global fund(ATM) RNTCP Project, Kochi, India.
- PC-467-17 Role of informal health care providers in TB control in selected township, Myanmar**
ST Aung,¹ T Lwin²
¹National TB Programme, Department of Health, Nay Pyi Taw, Myanmar [Burma], ²National TB Programme, Department of Health, Nay Pyi Taw, Myanmar [Burma].
- PC-468-17 Driving and engaging non-allopathic health care providers in TB care and control: a sustainable approach**
D Lekharu,¹ S Subramaniam,¹ S Dham,¹ S Chadha,² N Wilson²
¹Population Services International, Programs, New Delhi, India, ²The Union South East Asia Office, TB, New Delhi, India.
- PC-469-17 Sustainable tuberculosis control effort of Bangladesh through partnership**
M Rifat,¹ MA Islam,¹ M Alam,¹ A Hosain²
¹BRAC, Health Programme, Dhaka, Bangladesh, ²National Tuberculosis Control Programme, NTP, Dhaka, Bangladesh.
- PC-470-17 Linking public, private and civil society networks to strengthen TB control in Bangladesh**
Z Gill,¹ A Islam,¹ D Veskov,¹ K Amin¹
¹Chemonics International, Bangladesh Smiling Sun Franchise Program (SSFP), Washington, United States.

Poster Discussion Session **44**

12:30-13:30 Hall 4

Community contributions to TB control

Chair: Mohammad Amir Khan (Pakistan) - **Section:** Tuberculosis

- PC-500-17 Optimising enrolment and retention through community engagement in an adolescent tuberculosis incidence Cohort study in Western Kenya**
V Nduba,¹ V Obiero,¹ C Lwanga,¹ D Gethi¹
¹KEMRI/CDC Research and Public Health Collaboration, Tuberculosis, Kisumu, Kenya.
- PC-501-17 Engaging well-to-do Thai women volunteers to support the poorest patients with tuberculosis**
J Yanai,^{1,2} S Luangjina,² P Kantipong,^{2,3} S Nedsuwan,^{2,3} J Wongyai,² N Ishikawa¹
¹The Research Institute of Tuberculosis, Japan Anti-Tuberculosis Association (RIT/JATA), Research and epidemiology, Kiyose, Japan, ²TB-HIV Research Foundation (THRF), TB-HIV Research Foundation (THRF), Muang, Thailand, ³Chiang Rai Prachanukroh Hospital, Internal Medicine, Muang, Thailand.
- PC-502-17 A novel community-based strategy for increasing adherence to TB treatment: experience from the Kenya Wildlife Service clinic in Isiolo, Northern Kenya**
RO Ng'ela,¹ S Kangethe,² M Muthui³
¹PATH, Public Health, Nairobi, Kenya, ²Kenya Wildlife Services, AIDS Control Unit, Nairobi, Kenya, ³CDC, Public Health, Nairobi, Kenya.

- PC-504-17 A TB patients association in Afghanistan**
H Akhgar,¹ F Delawer,¹ M Rasooli,¹ H Habib,¹ N Malalai,² NA Zahid,¹ H Manochehr¹
¹Ministry of Public Health, National TB Control Program, Kabul, Afghanistan, ²World Health Organization, STB, Kabul, Afghanistan.
- PC-505-17 Barriers to accessing TB treatment in a refugee settlement in Masindi District, Uganda: perspectives from patients and the community**
C Grimshaw,¹ K Siddiqi²
¹Hinchinbrooke Hospital, Critical Care, Huntingdon, United Kingdom, ²Hull York Medical School, Hull York Medical School, York, United Kingdom.
- PC-506-17 Community systems strengthening initiatives promote TB care and control across 16 Project Axshya Districts of Karnataka**
K Vunnamatla,¹ V Kamineni,¹ A Kumar,¹ S Chadha,¹ S Srinath,¹ N Wilson¹
¹International Union Against Tuberculosis and Lung Disease, Tuberculosis, New Delhi, India.
- PC-507-17 TB control among a tribal population in Eastern India: key learning of 5 years**
V Shibu George¹
¹German Leprosy and TB Relief Association India, MSP, Chennai, India.
- PC-508-17 Community involvement in TB care and control in England**
T Marshall,¹ E Okereke,² P Davies,³ L Crouzil,¹ H Bobat,¹ M Mandelbaum,¹ E Phiri,¹ A Mcconville⁴
¹TB Alert, UK Team, Brighton, United Kingdom, ²Health Protection Agency, Communicable Disease Control, Leeds, United Kingdom, ³Liverpool Heart and Chest Clinic, Respiratory, Liverpool, United Kingdom, ⁴TB Action Group, UK Team, London, United Kingdom.
- PC-509-17 L'intérêt des visites à domicile réalisées par les organisations à base communautaire dans le succès du traitement des malades de tuberculose**
FMG Coulibaly Donessoune,¹ V Bonkougou,¹ O Ky-zerbo,¹ K Lougué,¹ I Moyenga²
¹PAMAC, TB program, Ouagadougou, Burkina Faso, ²NTP, TB National Program, Ouagadougou, Burkina Faso.
- PC-510-17 TB services for the high-risk groups of HIV programmes through targeted intervention –TB collaboration: good practices from South-East Asia**
S Mukhopadhyay¹
¹Universal Health Services, Health & Development, New Delhi, India.

Poster Discussion Session **45**

12:30-13:30 Hall 4

Integration and co-location

Chair: Cheri Vincent (USA) - Section: HIV

- PC-539-17 Adverse events among HIV and MDR-TB co-infected patients receiving antiretroviral and second-line anti-tuberculosis treatment in Mumbai, India**
P Isaakidis,¹ B Varghese,¹ H Mansoor,¹ H Cox,² J Lodomirski,¹ P Saranchuk,² G Sotgiu, PhD,³ T Reid⁴
¹Médecins Sans Frontières, OR, Mumbai, India, ²Médecins Sans Frontières, South African Medical Unit (SAMU), Cape Town, South Africa, ³University of Sassari, Epidemiology and Medical Statistics Unit, Department of Biomedical Sciences, Sassari, Italy, ⁴Médecins Sans Frontières, Operational Research Unit, Brussels, Belgium.
- PC-540-17 Adherence to concurrent tuberculosis treatment and HIV antiretroviral treatment regimens among people with TB and HIV in South Africa**
E Webb,¹ L Kim,^{2,3} S Masuku,⁴ J Lancaster,⁴ R Odendaal,⁴ MA Uys,¹ LJ Podewils,² M Van Der Walt⁴
¹Tuberculosis HIV/AIDS Treatment Support and Integrated Therapy, that'sit, Johannesburg, South Africa, ²Centers for Disease Control and Prevention, Division of TB Elimination, Atlanta, United States, ³Centers for Disease Control and Prevention, Epidemic Intelligence Service, Atlanta, United States, ⁴South African Medical Research Council, Tuberculosis Epidemiology and Intervention Research Unit, Pretoria, South Africa.
- PC-541-17 Overlapping risk factors but no association between HIV and drug resistance among TB patients in Kazakhstan**
A Tursynbayeva,¹ S Pak,² S Van Den Hof,^{3,4} S Ismailov⁵
¹National TB Center Ministry of health Kazakhstan, M&E, Almaty, Kazakhstan, ²KNCV tuberculosis Foundation, CAR representative office, Almaty, Kazakhstan, ³KNCV Tuberculosis Foundation, research, Amsterdam, Netherlands, ⁴Center for Infection and Immunity Amsterdam, Academic Medical Center, Amsterdam, Netherlands, ⁵PIU GFATM in Kazakhstan, manedger, Almaty, Kazakhstan.
- PC-542-17 Models of TB-HIV integration and accomplishments in Nyanza Province, Kenya**
J Odhiambo,¹ J Gondi,² F Miruka,¹ H Muttai,¹ K Can,¹ B Ochanda,¹ JK Sitienei,² L Nganga,¹ D Soti²
¹Centers for Disease Control and Prevention, DGHA, Nairobi, Kenya, ²Ministry of Public Health and Sanitation, DLTLD, Nairobi, Kenya.
- PC-543-17 Integration of TB-HIV/PMTCT services in a rural district of South Africa: healthcare providers and patients' perspectives**
J Uwimana,^{1,2} D Jackson,¹ H Hausler,² C Zarowsky,¹ NS Radebe³
¹University of the Western Cape, School of Public Health, Cape Town, South Africa, ²TB-HIV Care Association, Monitoring and Evaluation, Cape Town, South Africa, ³Department of Health, Sisonke Health District, Ixopo, South Africa.

- PC-544-17 Adherence to antiretroviral therapy in the Federal Capital Territory, Abuja, Nigeria**
B Obembe¹
¹Institute of Human Virology, Nigeria, Clinical, Abuja, Nigeria.
- PC-545-17 Integrated TB/ART clinics in Lusaka, Zambia: an evaluation of enrolment into HIV care and early initiation of ART in TB-HIV co-infected patients**
J Morse,^{1,2} D Luhanga,¹ J Harris,^{1,3} R Musopole,¹ S Besa,¹ V Nhandu,¹ G Samungole,⁴ N Kanchea¹
¹Centre for Infectious Disease Research in Zambia, Tuberculosis, Lusaka, Zambia, ²University of North Carolina at Chapel Hill, Medicine, Chapel Hill, United States, ³University of Alabama at Birmingham, Medicine, Birmingham, United States, ⁴Lusaka District Health Management Team, Tuberculosis, Lusaka, Zambia.

Poster Discussion Session **46**

12:30-13:30 Hall 4

MPOWER and tobacco control policies - 2

Chair: Bill Bellew (New Caledonia) - **Section:** Tobacco Control

- PC-563-17 Reasons underlying the lack of interest in quitting smoking among current smokers from Romania and implications for health education**
S Irimie,¹ A Curta,¹ I Mirestean,¹ G Blutcher-nelson,² J Hsia²
¹National Institute Of Public Health - Centre Of Public Health Cluj, Health Promotion, Cluj Napoca, Romania, ²Centre For Disease Control And Prevention, Office On Smoking And Health, Atlanta, United States.
- PC-564-17 Effectiveness of smoking cessation skills building workshops in educating physicians about smoking cessation techniques**
M Irfan,¹ AS Haque,¹ Z Waheed,¹ J Khan¹
¹Aga Khan University, Medicine, Karachi, Pakistan.
- PC-565-17 The development and effectiveness of a smoke-free policy in taxis in Tianjin, China**
GH Jiang,^{1,2} W Li,¹ H Liu,¹ Yi Pan,¹ W Zheng¹
¹Tianjin Centers for Disease Control and Prevention, NCD Control and Prevention, Tianjin, China, ²Tianjin Medical University, School of Public Health, Tianjin, China.
- PC-566-17 Analysis of cigarette affordability and increasing tax impact in Indonesia**
A Ahsan,¹ T Rumbogo¹
¹Demographic Institute, Faculty of Economics, University of Indonesia, Depok, Indonesia.
- PC-567-17 Socio-economic differences in consumption of different smoking products in India**
V Gupta,¹ M Arora,¹ K.S Reddy¹
¹Public Health Foundation of India, Project STEPS, New Delhi, India.
- PC-568-17 Promoting smoke-free homes in India**
R Madhu,¹ M Arora,¹ V Gupta,¹ K.S Reddy¹
¹Public Health Foundation of India, Project STEPS, New Delhi, India.
- PC-569-17 Prevalence of exposure to passive smoking among health care professionals in Chennai, India: a cross sectional study**
V Ramesh,¹ V Elangovan,² S. Parameshwari,¹ M. Joseph,¹ S. Valarmathi,¹ S Jasmine,¹ R Kalpana¹
¹The Tamilnadu Dr.MGR Medical University, Chennai, India., Department of Epidemiology., Chennai., India, ²Adyar Cancer Institute., Department of Psycho Oncology., Chennai., India.
- PC-570-17 Smoke-free rule enforcement in India: importance of leadership and networking**
A Pandey¹
¹The Union, Administration, New Delhi, India.
- PC-571-17 Creative communication for strategic advocacy on tobacco control**
C Ramakrishnan,¹ M Bhavna¹
¹Voluntary Health Association of India, Tobacco Control, New Delhi, India.
- PC-572-17 Second-hand smoke exposure of health care providers and implementation of smoke-free policy the health facility**
R Panda,¹ P Jena,¹ D Persai¹
¹Public Health Foundation of India, STESP, New Delhi, India.
- PC-573-17 Smoke-free district headquarter: results of a compliance survey in Himachal Pradesh, India**
R Kumar,¹ G Chauhan²
¹The Union South East Asia Office, Tobacco Control, New Delhi, India, ²Directorate of Health Service, Tobacco control, Shimla, India.
- PC-574-17 Activities for the development of smoke-free public places in Bangladesh**
I Chowdhury,¹ T Mahabbub²
¹The Union, Tobacco Control, Dhaka, Bangladesh, ²WBB Trust, Programme and Planning, Dhaka, Bangladesh.
- PC-575-17 Cost of NRT provision under the RNTCP, India: policy implication for developing countries**
P Jena,¹ M Kandher,¹ A Khillar,² S Das³
¹Public Health Foundation of India, STEPS, New Delhi, India, ²Asian Institute of Public Health, Center for Public Health Informatics, Bhubaneswar, India, ³Central Institute of Psychiatry, Nursing, Ranchi, India.

- PC-576-17 Strategic advocacy to generate evidence to support the government of India in implementing strong graphic health warnings**
C Ramakrishnan¹
¹Voluntary Health Association of India, Tobacco Control, New Delhi, India.
- PC-577-17 Garnering multi-stakeholder support for effective implementation of smoke-free policies: promoting lung health in Districts of Orissa, India**
A Bassi,¹ A Yadav,^{1,2} N Sharma,¹ M Chatterjee,^{1,2} M. Arora^{1,2}
¹HRIDAY (Health Related Information Dissemination Amongst Youth), HRIDAY, New Delhi, India, ²Public Health Foundation of India (PHFI), PHFI, New Delhi, India.
- PC-578-17 Smoke-free Budgam District: first district in Jammu and Kashmir State where all public places declared smoke-free**
B Mathew¹
¹Voluntary Health Association of India, Tobacco Control, Delhi, India.
- PC-579-17 Compliance with smoke-free laws: an over-reported status**
G Kumar,¹ M Arora¹
¹Public Health Foundation of India, Project STEPS, New Delhi, India.

Poster Discussion Session 47

12:30-13:30 Hall 4

Management of MDR-TB and contacts

Chair: Alasdair Reid (South Africa) - **Section:** Tuberculosis

- PC-596-17 Poor prognostic factors for tuberculosis-related mortalities in hospitalised patients**
G Haque,¹ F Saifuddin,¹ A Panjwani,¹ S Ismail,¹ N Rizvi¹
¹Jinnah Postgraduate Medical Centre, Pulmonology, Karachi, Pakistan.
- PC-597-17 Feasibility of a centralised mechanism for management of MDR-TB patients at the peripheral level in the Tibetan community in India**
F Salvo,¹ K Dierberg,² K Dorjee,³ G De Iaco,⁴ R E Chaisson,² DM Cirillo,¹ T Dorji Sadutshang³
¹San Raffaele Scientific Institute, Emerging Pathogens Unit, Milan, Italy, ²Johns Hopkins University, Center for TB Research, Baltimore, United States, ³Tibetan Delek Hospital, Department of Health, CTA, Dharamsala, India, ⁴Azienda Ospedaliero-Universitaria delle Marche, Clinica di Malattie Infettive, Ancona, Italy.
- PC-598-17 Incorporation of GeneXpert MTB/RIF assay in the TB diagnostic algorithm in a sub-district hospital in a high MDR area in India**
F Salvo,¹ K Dorjee,² K Dierberg,³ R E Chaisson,³ T Dorji Sadutshang,² DM Cirillo¹
¹San Raffaele Scientific Institute, Emerging Pathogens Unit, Milan, Italy, ²Tibetan Delek Hospital, Department of Health, CTA, Dharamsala, India, ³Johns Hopkins University, Center for TB Research, Baltimore, United States.
- PC-599-17 Prevalence of drug-resistant tuberculosis in retreatment cases and implications for treatment with the Kenya standardised national retreatment regimen**
D Nyukuri,¹ A Gardner,^{1,2} L Diero,^{1,3} E J Carter^{1,2}
¹USAID-Academic Model Providing Access to Healthcare (AMPATH) Partnership, TB Project Office, Eldoret, Kenya, ²Brown University, Warren Alpert School of Medicine, Providence, United States, ³Moi University, School of Medicine, Eldoret, Kenya.
- PC-600-17 Petiveria alliace a new alternative for treatment of susceptible and multi-resistant Mycobacterium tuberculosis**
YM Mulyana,¹ Elin Yulinah Sukandar,¹ I Ke Adnyana,¹ El Fahmi¹
¹Bandung Institute of Technology, School of Pharmacy, Bandung, Indonesia.
- PC-601-17 To find an equilibrium point of the quality and quantity of MDR-TB treatment: an evaluation of a standardised MDR-TB medical service package**
J Zhao,¹ Y Ruan,¹ RZ Li,¹ C Cheng,¹ M Chen,¹ C Xu¹
¹China CDC, National Centre for Tuberculosis Control and Prevention, Beijing, China.
- PC-602-17 Tuberculin skin testing and chest X-ray for tracing tuberculosis contacts: costs and practicality**
M Atif,^{1,2} Syed Azhar Syed Sulaiman,¹ AA Shafie,³ I Ali,⁴ N Ahmad¹
¹Discipline of Clinical Pharmacy, School of Pharmaceutical Sciences, University Sains Malaysia, Discipline of Clinical Pharmacy, Penang, Malaysia, ²School of Pharmacy, Alliances University College of Medical Sciences, School of Pharmacy, Penang, Malaysia, ³Discipline of Social and Administrative Pharmacy, School of Pharmaceutical Sciences, University Sains Malaysia, Discipline of Social and Administrative Pharmacy, Penang, Malaysia, ⁴Respiratory Department, Penang General Hospital, Respiratory Department, Penang, Malaysia.
- PC-603-17 Active case finding among contacts of smear positive patients in a high TB burden country using Xpert assays**
TE Mao,¹ S Peou,¹ R-P Yadav²
¹National Center for TB and Leprosy Control, National TB Program, Phnom Penh, Cambodia, ²World Health Organization, Stop TB Unit, Phnom Penh, Cambodia.

Chair: Simon Schaaf (South Africa) - **Section:** Lung Health

- PC-634-17** **Increasing uptake of INH prophylaxis for children under 6 of TB contacts through task shifting: a case study, Gombe state TB programme, Nigeria**
S Abdulkarim,¹ M Gidado,² S John,³ A Ayuba,⁴ A Namadi,⁵ K Ishaya⁴
¹Gombe State TB and Leprosy Control Programme, Health, Gombe, Nigeria, ²KNCv TB CARE1, Health, Abuja, Nigeria, ³Adamawa State TB and Leprosy Control Programme, Health, Yola, Nigeria, ⁴Ministry of Health, Health, Gombe, Nigeria, ⁵Netherlands Leprosy Relief, Health, Jos, Nigeria.
- PC-636-17** **Yield of contact tracing among household contacts of children diagnosed with TB in Gaborone, Botswana**
S Puryear,^{1,2,3} G Seropola,² A Ho-foster,^{2,4} T Arscott-mills,^{2,4,5} L Mazhani,⁶ R Ncube,⁷ G Bisson,^{2,4,8} A Steenhoff^{2,4,5}
¹Johns Hopkins University School of Medicine, N/A, Baltimore, United States, ²Botswana-UPenn Partnership, N/A, Gaborone, Botswana, ³Doris Duke Clinical Research Fellowship Program, University of Pennsylvania, N/A, Philadelphia, United States, ⁴Perelman School of Medicine, University of Pennsylvania, n/a, Philadelphia, United States, ⁵Children's Hospital of Philadelphia, N/A, Philadelphia, United States, ⁶University of Botswana Medical School, N/A, Gaborone, Botswana, ⁷National TB Program, Botswana Ministry of Health, N/A, Gaborone, Botswana, ⁸Center for Clinical Epidemiology and Biostatistics & Division of Infectious Diseases, University of Pennsylvania, N/A, Philadelphia, United States.
- PC-637-17** **Improving uptake of IPT among under-6 children contacts of index cases in Nigeria from 2010 to 2011; "protecting the child of today"**
Jo Obasanya,¹ N Chukwueme,¹ M Gidado,² R Eneogu,³ B Odume,⁴ A Babawale,¹ A F Omoniyi,⁵ F Oluwafunmilayo¹
¹National TB Programme, Federal Ministry of Health, Public Health, Abuja, Nigeria, ²KNCV, TB CARE I, Abuja, Nigeria, ³Management Sciences for Health, TB, Abuja, Nigeria, ⁴Centres for Disease Control, TB-HIV, Abuja, Nigeria, ⁵World Health Organisation, Tuberculosis, Abuja, Nigeria.
- PC-638-17** **Evaluation of a quality assurance tool used for the identification of child contacts for Isoniazid preventive therapy in Cape Town**
M Osman,¹ I D Rusen,² S Van Wyk,³ N Beyers,³ A Hesselings³
¹City of Cape Town, City Health, Cape Town, South Africa, ²International Union Against Tuberculosis and Lung Disease (The Union), Tuberculosis, Stratford, Canada, ³Desmond Tutu TB Centre, Department of Paediatrics and Child Health, Stellenbosch University, Cape Town, South Africa.
- PC-639-17** **Improving case finding for childhood TB in Cambodia: contact tracing for childhood TB**
Yoeu Prum Chom,¹ S Keo,¹ K Seak,² Mony Chey,² T Thien,² S Saint,¹ K Okada,² TE Mao¹
¹National Center for Tuberculosis and Leprosy Control, TB Department, Phnom Penh, Cambodia, ²Japan Anti-Tuberculosis Association, International Department, Phnom Penh, Cambodia.
- PC-640-17** **Timing of TB source case contact information and TB in HIV-infected and HIV-exposed, non-infected children from Southern Africa: IMPAACT P1041**
E Maritz,¹ Li Liu,² G Montepiedra,³ C Mitchell,⁴ S Madhi,⁵ R Bobat,⁶ A Hesselings,⁷ M Cotton⁸
¹Stellenbosch University, South To South/KIDCRU, Paediatrics & Child health, Cape Town, South Africa, ²Harvard School of Public Health, Center for Biostatistics in AIDS Research, Boston, United States, ³Harvard School of Public Health, Center for Biostatistics in AIDS Research, Boston, United States, ⁴University of Miami, Leonard M. Miller School of Medicine, Miami, United States, ⁵University of Witwatersrand, Johannesburg, MRC Respiratory and Meningeal Pathogens Research Unit, Johannesburg, South Africa, ⁶University of Kwa Zulu-Natal, Paediatrics, Durban, South Africa, ⁷Stellenbosch University, Desmond Tutu TB Center, Paediatrics & Child Health, Cape Town, South Africa, ⁸Stellenbosch University, KIDCRU, Paediatrics & Child Health, Cape Town, South Africa.
- PC-641-17** **Risk factors for tuberculosis infection in children living with a sputum positive case in Indonesia**
M Rutherford,^{1,2,3} W Maharani,² R Cundarani,² L Apriani,² R Van Crevel,³ R Ruslami,^{2,3} P Hill,¹ B Alisjahbana^{2,3}
¹University of Otago, Centre for International Health, Dunedin, New Zealand, ²Padjadjaran University, Health Research Unit, Bandung, Indonesia, ³Radboud University, Centre of Internal Medicine and Infectious Diseases, Nijmegen, Netherlands.
- PC-642-17** **Pulmonary tuberculosis screening in antenatal clinics in Lusaka, Zambia**
D Luhanga,¹ J Morse,^{1,2} J Harris,^{1,3} S Roberts,^{1,2} G Henostroza,^{1,3} N Kapata,⁴ S Reid,^{1,2} N Kancheya¹
¹Centre for Infectious Disease Research in Zambia, Tuberculosis, Lusaka, Zambia, ²University of North Carolina at Chapel Hill, Medicine, Chapel Hill, United States, ³University of Alabama at Birmingham, Medicine, Birmingham, United States, ⁴Ministry of Health, National Tuberculosis Program, Lusaka, Zambia.
- PC-643-17** **Reasons for non-attendance for assessment for child contacts of multidrug-resistant tuberculosis**
K Zimri,¹ A Hesselings,¹ P Godfrey-faussett,² H S Schaaf,^{1,3} J Seddon^{1,2}
¹Desmond Tutu TB Centre, Paediatrics and Child Health, Cape Town, South Africa, ²London School of Hygiene and Tropical Medicine, Clinical Research, London, United Kingdom, ³Tygerberg Children's Hospital, Infectious Diseases, Cape Town, South Africa.

- PC-644-17 Risk factors for infection in child contacts of multidrug-resistant tuberculosis**
J Seddon,^{1,2} A Hesselning,¹ P Godfrey-faussett,² K Fielding,² H S Schaaf^{1,3}
¹Desmond Tutu TB Centre, Paediatrics and Child Health, Cape Town, South Africa, ²London School of Hygiene and Tropical Medicine, Clinical Research, London, United Kingdom, ³Tygerberg Children's Hospital, Infectious Diseases, Cape Town, South Africa.
- PC-645-17 Isoniazid preventive therapy in HIV-infected children, Nairobi, Kenya**
A Langat,¹ J Houston,² V Maina,³ A Njoroge,³ N Wambua,¹ L Nganga,¹ S Modi²
¹Centers for Disease Control and Prevention, Division of Global HIV/AIDS, Nairobi, Kenya, ²Centers for Disease Control and Prevention, Division of Global HIV/AIDS, Atlanta, United States, ³Eastern Deanery AIDS Relief Program, HIV Care and Treatment, Nairobi, Kenya.
- PC-646-17 Toxicity and tolerability of multidrug-resistant tuberculosis preventive treatment in children**
J Seddon,^{1,2} A Hesselning,¹ H Finlayson,³ H S Schaaf^{1,3}
¹Desmond Tutu TB Centre, Paediatrics and Child Health, Cape Town, South Africa, ²London School of Hygiene and Tropical Medicine, Clinical Research, London, United Kingdom, ³Tygerberg Children's Hospital, Infectious Diseases, Cape Town, South Africa.

Poster Discussion Session 49

12:30-13:30 Hall 4

Environmental and other determinants of lung health

Chair: Peter Burney (UK) - Section: Lung Health

- PC-673-17 Fatal case of pulmonary cryptococcosis in an immunocompetent host**
K Jabeen,¹ N Fasih,¹ S Irfan,¹ R Ahmed,¹ A Zubairi,¹ A Zafar¹
¹Aga Khan University, Pathology Microbiology, Karachi, Pakistan.
- PC-674-17 Oxidative stress is first effect of coal dust exposure followed by metaplasia of rats lung**
N Kania,¹ BS Hernowo,² E Widjajanto,³ MA Widodo,⁴ HMSC Kusuma⁵
¹Ulin General Hospital Faculty of Medicine University of Lambung Mangkurat, Pathology Anatomy, Banjarmasin, Indonesia, ²Hasan Sadikin Hospital Faculty of Medicine University of Padjadjaran, Pathology Anatomy, Bandung, Indonesia, ³Saiful Anwar General Hospital Faculty of Medicine University of Brawijaya, Clinical Pathology, Malang, Indonesia, ⁴Faculty of Medicine University of Brawijaya, Pharmacology, Malang, Indonesia, ⁵Saiful Anwar General Hospital Faculty of Medicine University of Brawijaya, Pediatric, Malang, Indonesia.
- PC-675-17 The early lung cancer detection initiative in Corby, Northamptonshire, United Kingdom**
J Campbell,¹ S Rogers,² M Pyer,¹ R Reddy³
¹University of Northampton, School of Health, Northampton, United Kingdom, ²NHS Northamptonshire, Public Health, Northampton, United Kingdom, ³Kettering General Hospital, Respiratory Medicine, Kettering, United Kingdom.
- PC-676-17 Does prolonged exposure to high levels of fluoride in drinking water affect the lungs ?**
I Ahmed,¹ S Qayyum,¹ N Khan,¹ MH Khan¹
¹Dow University of Health Sciences Karachi, medicine, Karachi, Pakistan.
- PC-677-17 Correlation between high-resolution computer tomography findings and lung function in stable bronchiectasis**
KB Gupta¹
¹Post Graduate Institute of Medical Sciences, Respiratory Medicine, Rohtak, India.
- PC-678-17 La sarcoïdose médiastino-pulmonaire au CHU Tokoin de Lomé : à propos d'une étude prospective sur trois ans (1^{er} janvier 2008 au 31 décembre 2010)**
A Wachinou,¹ K Adjoh,¹ O Tidjani¹
¹Centre Hospitalier Universitaire Tokoin, Lomé-TOGO, Programme National Contre la Tuberculose, Bénin, Ministère de la Santé, Cotonou, Benin.
- PC-679-17 Role of measurement of C-reactive protein in the rational use of antibiotics in primary health care centres**
H Elkheir,¹ S.E Ahmed,² O.A. Amir,³ E.G. Elshareif,² S.M. Mustafa,² O.H. Hassan,³ S.E. Idris,³ A.H. Khamis¹
¹Epi-lab, research, Khartoum, Sudan, ²Tropical Diseases teaching Hospital, MIC, omdurman, Sudan, ³Health Insurance Khartoum state HIKS, Research, Khartoum, Sudan.
- PC-680-17 A comparison of laboratory polysomnography and a home sleep study in the diagnosis of obstructive sleep apnoea syndrome (OSAS)**
O Kokturk,¹ A Kanbay,² T U. Ciftci,¹ H Inonu³
¹Gazi University Faculty of Medicine, Pulmonary Medicine, Ankara, Turkey, ²Erciyes University Faculty of Medicine, Pulmonary Medicine, Kayseri, Turkey, ³Gaziosmanpasa University Faculty of Medicine, Pulmonary Medicine, Tokat, Turkey.

Chair: Stacie Stender (South Africa) - **Section:** Tuberculosis

- PC-710-17 Community based approach to management of DR-TB in the Nigeria: perception of MDR-TB patients**
A Awe,¹ JO Obasanya,² O Daniel,¹ S Ogiri,¹ T Odusote,³ A F Omoniyi,¹ G Akang,² O Eltayeb⁴
¹World Health Organization, Tuberculosis, Abuja, Nigeria, ²NTBLCP, Public Health, Abuja, Nigeria, ³USAID, TB-HIV, Abuja, Nigeria, ⁴DFB, Tuberculosis, Abuja, Nigeria.
- PC-711-17 Characteristics of MDR patients and preferences for social support: a descriptive study**
RK Fatima,¹ E Qadeer¹
¹National TB Control Programme, Research, Islamabad, Pakistan.
- PC-712-17 Experience of implementation of interferon tiloron for comprehensive treatment of patients with pulmonary MDR-TB**
A Alenova,¹ Mali Adenov,¹ Nadi Osmanova¹
¹National Center for TB problems, Microbiological, Almaty, Kazakhstan.
- PC-713-17 Counselling practices on anti-tuberculosis drugs among community pharmacies in Manila**
RR Carandang,¹ JP Alvarez,¹ E Aslahon,¹ J Datuemam,¹ R Fernandez,¹ N Mangondato,¹ J Mosqueda¹
¹Adamson University, College of Pharmacy, Manila, Philippines.
- PC-714-17 Favourable outcomes among highly drug-resistant pulmonary tuberculosis patients undergoing adjunctive surgery**
S Vashakidze,¹ S Gogishvili,¹ K Nikolaishvili,¹ N Dzidzikashvili,¹ N Tukvadze,¹ H Blumberg,² R Kempker²
¹National Center for Tuberculosis and Lung Diseases, Surgical, Tbilisi, Georgia, ²Emory University School of Medicine, Infectious Diseases, Atlanta, United States.
- PC-715-17 Anti-tuberculosis drug resistance in Nairobi, Kenya**
G Kikui,¹ T Ogara,^{1,2} W Githui,³ V Ongaya,³ J Okari,² E Wangui²
¹Jomo Kenyatta University of Agriculture and Technology, ITROMID, Nairobi, Kenya, ²Ministry of Public Health and Sanitation, Disease Control and Prevention, Nairobi, Kenya, ³Kenya Medical Research Institute, CRDR, Nairobi, Kenya.
- PC-716-17 Nutrition supplementation helps in increasing adherence among TB patients on treatment**
S Chintalapudi,¹ Sr. Fransisca,² M Arulanantham,¹ B K Mariyala,¹ D Paripalli,¹ Tomi Thomas,¹ C Chatla¹
¹Catholic Health Association of India, GFR9TB, Hyderabad, India, ²St. Mary's Leprosy and TB Centre, Leprosy, Salem, India.
- PC-717-17 In vitro antimycobacterial activity of new potent (R)-2-aminobutanol derived acyl thioureas**
V Valcheva,¹ GM Dobrikov²
¹Institute of microbiology, Infectious microbiology, Sofia, Bulgaria, ²Institute of Organic Chemistry with Centre of Phytochemistry, Organic Chemistry, Sofia, Bulgaria.
- PC-718-17 Evaluation of the GenoType® MTBDRsl assay in a cohort of multi and extensively drug-resistant tuberculosis patients in South Africa**
L Isherwood,¹ F Conradie,^{1,2} R Louw,³ A Duse,⁴ C N Beylis,⁴ P Diniso,¹ C Veldsman,⁵ A Axcell⁶
¹University of the Witwatersrand, Faculty of Health Sciences, Johannesburg, South Africa, ²Right-to-Care, Clinical TB, Johannesburg, South Africa, ³Gauteng Department of Health, Sizwe Tropical Diseases Hospital, Johannesburg, South Africa, ⁴University of the Witwatersrand, Department of Clinical Microbiology & Infectious Diseases, Johannesburg, South Africa, ⁵Hain Lifescience, SA (Pty) Ltd, Johannesburg, South Africa, ⁶National Institute of Communicable Diseases, NHLS, Centre for Tuberculosis, Johannesburg, South Africa.
- PC-719-17 Resections of lung in cases of cavitary MDR-TB**
M Kobak,¹ A Avetisyan,¹ E Sokolovich,¹ I Vasilyev,¹ P Yablonsky¹
¹SPb Research Institute of Phthisiopulmonology, Thoracic surgery, Saint-Petersburg, Russia.
- PC-720-17 Aminocoumarin derivatives as potential candidate drug against multi drug-resistant tuberculosis**
M Bose,¹ R Tandon,² A S Baghel,³ A Prasad,² H G Raj,³ V S Parmar²
¹Department of Microbiology, V P Chest Institute, Microbiology, New Delhi, India, ²Department of Chemistry, university of Delhi, Chemistry, New Delhi, India, ³Department of Biochemistry, Biochemistry, New Delhi, India.
- PC-721-17 Evaluation of the impact of Line Probe Assay on time to treatment initiation for smear-positive MDR-TB cases in the Archangelsk region of Russia.**
P Eliseev,¹ G Balantsev,² E Nikishova,¹ P Phillips,³ R Dacombe,⁴ E V Gospodarevskaya,⁴ A Maryandyshev,¹ S Squire⁴
¹Northern State Medical University, TB department, Arkhangelsk, Russia, ²Northern Arctic Federal University, TB department, Arkhangelsk, Russia, ³MRC Clinical Trials Unit, TB department, London, United Kingdom, ⁴Liverpool School of Tropical Medicine, TB department, Liverpool, United Kingdom.
- PC-722-17 A decentralised community-based MDR-TB model of care in Northern Uganda**
E Casas,¹ S Mohamed,² K Velivela,³ S Sharmin,³ P Seshadri,³ S Kasozi,⁴ M Verputten¹
¹Médecins Sans Frontières, Public Health Department, Amsterdam, Netherlands, ²Médecins Sans Frontières, Medical Coordination, Kampala, Uganda, ³Médecins Sans Frontières, Medical, Kitgum, Uganda, ⁴Ministry of Health, National MDR TB program, Kampala, Uganda.

- PC-723-17 Building partnerships for project sustainability: the case of MDR-TB diagnostic and treatment centres in Nigeria**
O Ajayi,¹ S Tumwikirize,¹ J Okhifo,¹ S Dada,¹ K Torpey¹
¹FHI 360, PROGRAM MANAGEMENT, ABUJA, Nigeria.
- PC-724-17 Rifampicin mono-resistant TB and pre-XDR-TB in Johannesburg: implications for testing algorithms and treatment guidelines**
C Beylis,^{1,2} L Jenkin^{1,2}
¹National Health Laboratory Service, Mycobacteriology Referral Laboratory, Johannesburg, South Africa,
²University of the Witwatersrand, Department of Clinical Microbiology & Infectious Diseases, Johannesburg, South Africa.

Poster Discussion Session 51

12:30-13:30 Hall 4

TB management: laboratory, monitoring and surveillance

Chair: Kevin Schwartzman (Canada) - Section: Tuberculosis

- PC-754-17 Surveillance of second-line drug resistance among multidrug-resistant tuberculosis in Taiwan, 2007-2011**
MH Wu,¹ YM Deng,¹ R Jou^{1,2}
¹Centers for Disease Control, Reference Laboratory of Mycobacteriology, Taipei, Taiwan, ²National Yang-Ming University, Institute of Microbiology and Immunology, Taipei, Taiwan.
- PC-755-17 Pattern of drug resistance among tuberculosis patients with and without HIV infection in Ibadan, Nigeria**
S Cadmus,¹ O Falodun,¹ OA Ogunlade,^{1,2} O Fagade,¹ I Adewole,² D Van Soelingen,³ B Taiwo,⁴ R Murphy⁴
¹University of Ibadan, Ibadan, Nigeria, Department of Veterinary Public Health & Preventive Medicine, Ibadan, Nigeria, ²University College Hospital, Ibadan, Department of Medicine, Ibadan, Nigeria, ³National Institute for Public Health and Environment, National Tuberculosis Reference Laboratory, Bilthoven, Netherlands, ⁴Northwestern University, Feinberg School of Medicine, Division of Infectious Diseases, Chicago, United States.
- PC-756-17 Blood levels of tuberculosis drugs and affecting factors of drug levels**
A Babalik,¹ I Ulus,² N Bakirci,³ T Kuyucu,¹ H Arpag,¹ L Dagylidizi¹
¹Süreyyapaşa Chest Disease and Thoracic Surgery Education and Research Hospital, Chest Disease, Istanbul, Turkey, ²Acibadem University, School of Medicine, Department of Pharmacology, Pharmacology, Istanbul, Turkey, ³Acibadem University, School of Medicine, Department of Public Health, Public Health, Istanbul, Turkey.
- PC-757-17 Pharmacokinetic analysis of tuberculosis drugs**
A Babalik,¹ I Hakkı Ulus,² N Bakirci,³ T Kuyucu,¹ H Arpag,¹ L Dagylidizi¹
¹Süreyyapaşa Chest Disease and Thoracic Surgery Education and Research Hospital, Chest Disease, Istanbul, Turkey, ²Acibadem University, School of Medicine, Department of Pharmacology, Pharmacology, Istanbul, Turkey, ³Acibadem University, School of Medicine, Department of Public Health, Public Health, Istanbul, Turkey.
- PC-759-17 Whole blood killing of mycobacteria is greater at high altitude than at sea-level**
L Pealing,¹ S Eisen,¹ R Aldridge,¹ L Caviedes,² T Valencia,² A Necochea,² I Leybell,² C Evans²
¹University College Hospital Medical School, Medicine, London, United Kingdom, ²Universidad Peruana Cayetano Heredia, Innovation for Health and Development and Laboratory Research and Development, Lima, Peru.
- PC-760-17 An attempt to identify biomarker(s) in urine of pulmonary TB patients**
U Singh,¹ Amit Kaushik,¹ Chha Porwal,¹ Naya Makkar¹
¹All India Institute of Medical Sciences, Microbiology, New Delhi, India.
- PC-761-17 An evaluation of the Genotype MTBDR+ Assay for the rapid and accurate detection of *Mycobacterium tuberculosis*/MDR-TB in extra-pulmonary specimens**
M Pillay,¹ Y Coovadia,¹ K Mlisana¹
¹National Health Laboratory System, Microbiology, Durban, South Africa.
- PC-762-17 Evaluating the performance of the new version 2 Genotype MTBDR+ Assay for the rapid detection of multidrug-resistant tuberculosis**
M Pillay,¹ Y Coovadia,¹ K Mlisana²
¹National Health Laboratory Service, Microbiology, Durban, South Africa, ²National Health Laboratory Service, Microbiology, Durban, South Africa.
- PC-763-17 Two-month sputum non-conversion trends among male and female TB patients in the Free State, South Africa**
S Van Der Merwe,¹ G Kigozi,² P Chikobvu,¹ J Heunis,² N Beyers³
¹Free State Department of Health, Tuberculosis Management, Bloemfontein, South Africa, ²University of the Free State, Centre for Health Systems Research & Development, Bloemfontein, South Africa, ³Stellenbosch University, Desmond Tutu Centre, Faculty of Health Sciences, Stellenbosch, South Africa.
- PC-764-17 Detection of DNA extracted from AFB smears with Xpert MTB/RIF assay (preliminary data)**
L Jugheli,^{1,2} M Sasamalo,² K Reither^{1,2}
¹Swiss Tropical and Public Health Institute, TB research unit, Basel, Switzerland, ²Ifakara Health Institute, TB, Bagamoyo, Tanzania.

- PC-765-17 Validation of a uniform scoring system for Tuberculous Meningitis in a hospital setting in Indonesia**
S Dian,¹ A.R Ganiem,² L Chaidir,¹ Ida Parwati,² R Van Crevel³
¹Universitas Padjadjaran, Medical Faculty, Bandung, Indonesia, ²Hasan Sadikin Hospital, Neurology, Bandung, Indonesia, ³Radboud University Nijmegen Medical Center, Internal Medicine, Nijmegen, Netherlands.
- PC-766-17 Towards improved tuberculosis treatment data outcomes in uMkhanyakude district, KwaZulu Natal, South Africa: a monitoring and evaluation approach**
V Makwambeni,¹ F Nywagi Louis,² F Khumalo,¹ N Sigwebela,¹ N Mdimba,¹ R Shamu,¹ M Ratshikana Moloko¹
¹University Research Corporation, USAID TB project, Pretoria, South Africa, ²University Research Corporation, Regional Office, Pretoria, South Africa.
- PC-767-17 Field assessment of TB culture techniques in a resource-poor jungle setting**
C Rocha,¹ D. Tilley,¹ M. Ching,² E Ramos,³ M Tovar,³ E. Rivera,² L. Cortegana,² C Evans³
¹U.S. Naval Medical Research Unit-6 (NAMRU-6), Bacteriology, Lima, Peru, ²Dirección Regional de Salud de Madre de Dios, Estrategia Regional de Control y Prevención de Tuberculosis, Puerto Maldonado, Peru, ³Universidad Peruana Cayetano Heredia, IFHAD, Lima, Peru.

Poster Discussion Session **52**

12:30-13:30 Hall 4

TB management: health systems and human resources

Chairs: Karin Bergstrom (Switzerland), Wanda Walton (USA) - **Section:** Tuberculosis

- PC-798-17 Engaging all care providers for estimation of TB disease Burden in Pakistan**
RK Fatima,¹ E Qadeer¹
¹National TB Control Programme, Research, Islamabad, Pakistan.
- PC-799-17 Identify the impact of standard operation procedure implementation on early TB case detection in Afghanistan**
GQ Qader,¹ M Abdul Hafiz,¹ PG Suarez,² M Seddiq,³ SD Mahmoodi,³ D Swetha,² M.I Mayar,¹ A Hamim¹
¹Management Sciences for Health, TB CARE I, Kabul, Afghanistan, ²Management Sciences for Health, TB CARE, Washington DC, United States, ³National TB Program, NTP, Kabul, Afghanistan.
- PC-800-17 Task shifting: an option for increasing TB case notification in Nigeria – a case study in Gombe State, Nigeria**
S Abdulkarim,¹ B Odume,² J Obasanya²
¹State Tuberculosis and Leprosy Control Program, Public Health, Gombe, Nigeria, ²National Tuberculosis and Leprosy Control Program (NTBLCP), Public Health, Federal Ministry of Health, Abuja, Nigeria.
- PC-801-17 Impact of TBIC implementation on magnitude of TB infection among health care workers in ten hospitals in two Afghanistan provinces, 2011**
A Momand,¹ GQ Qader,¹ PG Suarez,¹ M.I Mayar,¹ M Abdul Hafiz,¹ M Seddiq,² Shaw Maroofi,² K Ayoubi²
¹Management Sciences for Health, TB CAREI, Kabul, Afghanistan, ²Ministry of Public Health, National Tuberculosis Program, Kabul, Afghanistan.
- PC-802-17 Role of mentoring in strengthening state TB programme performance in Nigeria. Is it useful?**
JO Obasanya,¹ E Van Der Grinten,² M Gidado,² N Chukwueme,¹ A F Omoniyi,³ E Oyama,³ O Onazi²
¹Federal Ministry of Health, Public Health, Abuja, Nigeria, ²KNCV, TB CARE 1, Abuja, Nigeria, ³World Health Organisation, Tuberculosis, Abuja, Nigeria.
- PC-803-17 Factors associated with reporting low TB notification in Mutare District Manicaland Province, Zimbabwe**
M Chemhuru¹
¹Ministry of Health and Child Welfare, Medical Health, Gweru, Zimbabwe.
- PC-804-17 Analysis of capacity building of TB prevention and control institutions in Guizhou Province**
H Chen,¹ Jie Yang¹
¹Disease Control and Prevention Center, TB control and Prevention, Guiyang, China.
- PC-805-17 Determinants of health system and patient related delay among tuberculosis cases in Western Australia**
KRH Perera,^{1,2,3} H Farah,¹ J Waring^{1,2}
¹WA TB Control program, 311 Wellington St, Perth, Department of Health, Perth, Australia, ²Royal Perth Hospital, Perth, Department of Health, Perth, Australia, ³School of Medicine and Pharmacology, University of Western Australia, Perth, Australia.
- PC-806-17 Intensified case finding of tuberculosis in an HIV care clinic in Kenya: implementation and outcomes**
E Masini,¹ B Syombua²
¹Division of TB, Disease Control, Embu, Kenya, ²Division of TB, Disease Control, Makindu, Kenya.
- PC-807-17 Overcoming work climate challenges of human resource management in the delivery of quality procurement and supply management services: the Nigerian experience**
M Gidado,¹ JO Obasanya,² L Odoemene,² A Ekpeno,² I Kana,² N Chukwueme²
¹KNCV/TB CARE I, Program, Abuja, Nigeria, ²Federal Ministry of Health, Public Health, National TB & Leprosy Control Program, Abuja, Nigeria.

- PC-808-17 The integrated pharmaceuticals logistics system reduces drug stock outs in Ethiopia's Amhara and Ormia Regions**
M Melese,¹ M Legesse,¹ F. Mikru,¹ B. Girma,¹ A. Hadgu,¹ T. Benyam,¹ PG Suarez,² Y. Kassie¹
¹MSH/HEAL TB, Heal TB Project, Addis Ababa, Ethiopia, ²Management Sciences for Health (MSH), Center for Health Services, Arlington, United States.
- PC-809-17 A case for decentralisation: health centres surpass hospitals in tuberculosis outcomes within two Ethiopian regions**
M Melese,¹ B. Girma,¹ Y. Kassie,¹ T. Benyam,¹ A. Hadgu,¹ F. Mikru,¹ PG Suarez²
¹MSH/HEAL TB, Heal TB Project, Addis Ababa, Ethiopia, ²Management Sciences for Health, Center for Health Services, Arlington, United States.
- PC-810-17 Evaluation of the effectiveness of health services in the diagnosis of tuberculosis at the triple border of Brazil, Paraguay and Argentina**
RA Silva-sobrinho,¹ T Arakawa,² R Andrade,² MA Ponce,² ESG Pinto,³ A Aline,² LM Scatena,⁴ TC Scatena Villa²
¹State University of West Paraná, Nursing, Foz do Iguaçu, Brazil, ²Ribeirão Preto School of Nursing, University of São Paulo, Public Health, Ribeirão Preto, Brazil, ³Potiguar University, Nursing, Natal, Brazil, ⁴Federal University of Triângulo Mineiro, Social Medicine, Ribeirão Preto, Brazil.
- PC-811-17 A hard look at soft skills training assessment: developing and piloting a soft skills assessment tool for TB health care staff in Tamilnadu, India**
R Ananthakrishnan,¹ N Krishnan,¹ K Kumar,¹ M Ganesh,¹ S Augusteen¹
¹REACH, Projects, Chennai, India.
- PC-812-17 Do they know how to correctly categorise a TB patient? Findings from the effects of DOTS clinic staff training in Nigeria, West Africa**
R Fakolade,¹ A Hassan,¹ L Okwuonye,¹ K Osinowo,¹ C Ogbuji,¹ J Osho,¹ R Kusimo,¹ O Ladipo¹
¹Association for Reproductive and Family Health (ARFH), TB, Abuja, Nigeria

Poster Discussion Session 53

12:30-13:30 Hall 4

Medical management / TB outbreak and contact investigation

Chair: Armand Van Deun (Belgium) - Section: Tuberculosis

- PC-843-17 Spatial statistics: a tool to guide active case finding of tuberculosis cases in the community**
A Bassili,¹ M Abdel Aziz,¹ A Galal,² D Khalil,³ R Alhabsy,⁴ A Hassan⁵
¹World Health Organization, Regional Office for the Eastern Mediterranean, Stop Tuberculosis Unit, Cairo, Egypt, ²Ministry of Health and Population, National Tuberculosis Control Programme, Cairo, Egypt, ³Quality Standards Information Technology, GIS Data Management Unit, Cairo, Egypt, ⁴Independent GIS Specialist, Independent GIS Specialist, Cairo, Egypt, ⁵Institute of Environmental Studies & Research, Ain Shams University, Environmental Studies & Research, Cairo, Egypt.
- PC-844-17 SF36v2 Norms and discriminative properties among healthy households of tuberculosis patients in Malaysia**
M Atif,^{1,2} Syed Azhar Syed Sulaiman,¹ AA Shafie,³ Azmi Hassali,³ N Ahmad¹
¹Discipline of Clinical Pharmacy, School of Pharmaceutical Sciences, University Sains Malaysia, Discipline of Clinical Pharmacy, Penang, Malaysia, ²School of Pharmacy, Allainze University College of Medical Sciences, School of Pharmacy, Penang, Malaysia, ³Discipline of Social and Administrative Pharmacy, School of Pharmaceutical Sciences, University Sains Malaysia, Discipline of Social and Administrative Pharmacy, Penang, Malaysia.
- PC-845-17 Evaluation of TB case finding through systematic contact investigation, Chhattisgarh, India**
K Khaparde,¹ Pawa Jethani,² P Dewan,¹ A Sreenivas,¹ M R Deshpande,³ S Srinath,⁴ P Moonan⁵
¹Office of the WHO Representatives to India, Revised National TB Control Programme, New Delhi, India, ²District TB Cell, Directorate of Health & Family Welfare, Government of Chhattisgarh, Rajnandgaon, India, ³State TB Cell, Directorate of Health Services, Ministry of Health & Family Welfare, Government of Chhattisgarh, Raipur, India, ⁴International Union against Tuberculosis and Lung Diseases (The Union), South East Asia Regional Office, New Delhi, India, ⁵U.S. Centers for Disease Control and Prevention, Division of Tuberculosis Elimination, Atlanta, GA, United States.
- PC-846-17 Development of a TB contact investigation interviewing skills course**
P Hopkins,¹ S Segerlind,¹ A Khan,¹ D Tuckey,¹ K Musoke,² J Quintero,³ J Campbell,⁴ L Fernandez⁵
¹Centers for Disease Control and Prevention, Division of Tuberculosis Elimination, Atlanta, United States, ²Curry International Tuberculosis Center, Curry International Tuberculosis Center, San Francisco, United States, ³Heartland National Tuberculosis Center, Heartland National Tuberculosis Center, San Antonio, United States, ⁴New Jersey Medical School Global Tuberculosis Institute, New Jersey Medical School Global Tuberculosis Institute, Newark, United States, ⁵Southeastern National Tuberculosis Center, Southeastern National Tuberculosis Center, Gainesville, United States.
- PC-847-17 Reaching the unreachable: active case finding among SS+ TB patient's household contacts living in remote areas in five provinces of Afghanistan**
A Sanaie,¹ M Seddiq,² M.A Zhian,³ A Nasrat⁴
¹ATA-AP, TB Control, Kabul, Afghanistan, ²MoPH, NTP, Kabul, Afghanistan, ³ATA-AP, TB Control, Kabul, Afghanistan, ⁴ACREOD, TB Control, Kabul, Afghanistan.

- PC-848-17 Integration of tuberculosis diagnosis and treatment into primary health care services: experience and lessons learnt from South Sudan**
S Macharia,¹ G Anyo,¹ H Lasu,² J Lou,² PG Suarez,¹ E Wandwalo¹
¹Management Sciences for Health, Center for Health Services, TB CARE I, Juba, Sudan, ²Ministry of Health, Republic of South Sudan, National TB/Leprosy/Buruli Ulcer Control Program, Juba, Sudan.
- PC-849-17 Improving quality of TB detection at the primary health care system in Bryansk and Saratov oblasts, Russia**
N Veretentseva,¹ I Ovsyannikova,¹ N Vezhnina,¹ S Smerdin²
¹University Research Co., LLC, Quality Improvement, Moscow, Russia, ²Research Institute of Phthisiopulmonology of the Sechenov First Moscow Medical University (RIPP), Organizational-methodological, Moscow, Russia.
- PC-850-17 Setting up TB treatment follow-up after release from prison**
E Mukhtarli,¹ I Akhundova,² F Huseynov³
¹"Support for Health" NGO, Health, Baku, Azerbaijan, ²Scientific-Research Institute of Lung Diseases, National Tuberculosis Program, Baku, Azerbaijan, ³Ministry of Justices, Main Medical Department of Ministry of Justice, Baku, Azerbaijan.
- PC-851-17 Feasibility and effectiveness of systematic TB household contact investigation: The Philippine experience**
M Mantala,¹ ML Averilla,¹ AL Carillo,¹ J Manabat,¹ R Vianzon,² WJ Lew,¹ A Medina,³ M Uplekar⁴
¹World Health Organization Philippines, Stop TB, Manila, Philippines, ²Department of Health, National Center for Disease Prevention and Control, Manila, Philippines, ³Department of Health, Center for Health Development, Manila, Philippines, ⁴World Health Organization, Stop TB, Geneva, Switzerland.
- PC-852-17 Features of tuberculous pleural effusion in HIV-infected patients**
K Vladimirov,¹ V Zhuravlev,^{1,2} A Ivanov²
¹I.I.Mechnikov' North-West State Medical University, Phthisiopulmonology, St.Petersburg, Russia, ²Scientific Research Institute of Phthisiopulmonology, Therapy, St.Petersburg, Russia.
- PC-853-17 Improving tuberculosis programme performance through championing selected health facilities in South Africa**
F Nywagi Louis,¹ N Sigwebela,² M Ratshikana Moloko,² V Makwambeni,² R Matji¹
¹University Research Corporation, Regional Office, Pretoria, South Africa, ²University Research Corporation, USAID TB project, Pretoria, South Africa.
- PC-854-17 Sustained improvement in tuberculosis programme performance after partner's exit: Ilembe district, KwaZulu Natal, South Africa**
F Khumalo,¹ F Nywagi Louis,² S Mndaweni,¹ R Matji,² I Moutloatse- Makine¹
¹University Research Corporation, USAID TB project, Pretoria, South Africa, ²University Research Corporation, Regional Office, Pretoria, South Africa.
- PC-855-17 Comparison of immune recovery among HIV and TB-HIV co-infected patients on antiretroviral therapy in Nigeria**
M Odo,¹ S Olarewaju,¹ E Oladele,¹ O Adedokun,¹ O Ogbanufe,¹ S Odafé,¹ H Khamofu,¹ K Torpey¹
¹FHI 360, Prevention Care & Treatment, Abuja, Nigeria.
- PC-856-17 The mortality of patients with HIV-associated tuberculosis after prescription of antiretroviral therapy in different terms of anti-tuberculosis treatment**
S Lyepshina,¹ N Vodzygan,² L Smagyna,² M Mindrul,¹ L Stryga³
¹Donetsk National Medical University, Department of Phthisiology and Pulmonology, Donetsk, Ukraine, ²Shachtersk town clinical TB hospital, Department for TB patients, Shachtersk, Ukraine, ³Donetsk regional clinical TB hospital, Department for MDR TB patients, Donetsk, Ukraine.
- PC-857-17 Nécessité de la durabilité des acquis du Projet TB Reach dans les 6 districts à faible détection, cas du Kasai Occidental Ouest**
G Kabuya,¹ F Mukuba,¹ M Kaswa-kayomo,¹ A Shoma,¹ J-P Okiata,¹ H Nguelyi Kumakinga¹
¹Programme National de lutte contre la tuberculose, Direction des Maladies, Lingwala, Congo - Kinshasa.

Poster Discussion Session **54**

12:30-13:30 Hall 4

Tuberculosis: public health practice

Chair: Amara Khan (USA) - **Section:** Tuberculosis

- PC-882-17 One-stop TB HIV services for healthy outcomes for uniformed Services Populations in Metropolitan Nairobi.**
S G Nyaga,¹ RO Ng'ela,² M Muthui,³ J Kose-otieno⁴
¹Administration Police, AIDS Control Unit, Nairobi, Kenya, ²PATH, Public Health, Nairobi, Kenya, ³CDC, Public Health, Nairobi, Kenya, ⁴EGPAF, Public Health, Nairobi, Kenya.
- PC-883-17 Factors that could improve adherence to treatment among pulmonary TB patients: a qualitative study among TB patients in Tomsk, Russia**
N Sidorenko,¹ S Mishustin,² G Yanova,³ V Bayerlen,⁴ T Fedotkina,² T Julina,³ U Demidova,³ A Golubkov⁵
¹Humanitarian Organization "Partners in Health" (USA), Representative Office in Russia, Tomsk, Russia, ²Tomsk Oblast TB Dispensary, Tomsk Oblast TB Dispensary, Tomsk, Russia, ³Tomsk Oblast TB Hospital, Tomsk Oblast

TB Hospital, Tomsk, Russia, ⁴International Red Cross, Tomsk Division of International Red Cross, Tomsk, Russia, ⁵Humanitarian Organization "Partners in Health" (USA), Humanitarian Organization "Partners in Health" (USA), Boston, United States.

- PC-884-17** **Detection of active TB among people living with HIV/AIDS and vulnerable population groups (commercial sex workers and injecting drug users)**
A Solovyeva,¹ E.M. Borzunova,² A Golubkov,³ A Sasarov²
¹Partners In Health, RF Representative Office, Tomsk, Russia, ²Tomsk-AntiAIDS Foundation, Tomsk-AntiAIDS Foundation, Tomsk, Russia, ³Partners In Health, Partners In Health, Boston, United States.
- PC-885-17** **Use of medication monitors to improve TB treatment adherence in China**
J Li,¹ SM Cheng,¹ H Zhang,¹ S Huan,² J Lewis,³ S Zhang,⁴ HB Xie,¹ J Chi¹
¹Chinese Center for Disease Control and Prevention, National Center for TB Control and Prevention, Beijing, China, ²Bill&Melinda Gates Foundation, Beijing Representative Office, Beijing, China, ³London School Of Hygiene And Tropical Medicine, Department of Epidemiology and Population Health, London, United Kingdom, ⁴Chongqing institution of TB prevention and treatment, governor, Chongqing, China.
- PC-886-17** **Tuberculosis among intravenous drug users in Georgia: The Global Fund Project**
N Kiria,¹ N Lomtadze,¹ M Kavtaradze,² M Japaridze¹
¹National Center for Tuberculosis and Lung Diseases, Treatment Department, Tbilisi, Georgia, ²Global Fund Projects Implementation Center, Tuberculosis, Tbilisi, Georgia.
- PC-887-17** **Strengthening treatment adherence among TB patients after release from prison in the Republic of Azerbaijan**
R Mehdiyev,¹ E Mukhtarli,² E Gurbanova,¹ A Ismayilov,¹ I Akhundova³
¹Main Medical Department of Ministry of Justice of the Republic of Azerbaijan, Tuberculosis, Baku, Azerbaijan, ²"Support to Health" Non-government Organization, Tuberculosis, Baku, Azerbaijan, ³Scientific-research Institute for Lung Diseases, Ministry of Health, Tuberculosis, Baku, Azerbaijan.
- PC-888-17** **Role of tertiary level hospitals in detection of smear-negative, extra-pulmonary and child tuberculosis**
S Islam,¹ M Rifat,¹ N Dey,¹ A Husain,² M Akramul Islam,¹ N Ishikawa,³ F Ahmed¹
¹BRAC, Health Programme, Dhaka, Bangladesh, ²National Tuberculosis Control Programme, DGHS, Dhaka, Bangladesh, ³Research Institute of TB, TB, Tokyo, Japan.
- PC-889-17** **Challenges encountered in Tuberculosis (TB) diagnosis and treatment of apparently healthy prospective migrants**
A Das,¹ B Hossein,¹ M Faruq,¹ A A Davies¹
¹International Organization for Migration, Migration Health, Dhaka, Bangladesh.
- PC-890-17** **A systems breakthrough: partnering with public hospitals for DOTS provision in the Philippines**
AL Teodoro,¹ ML Averilla,¹ W Asuncion,¹ M Mantala,¹ R Vianzon,² WJ Lew,¹ A Medina²
¹Office of the WHO Representative in the Philippines, Stop TB, Manila, Philippines, ²Department of Health, National TB Program, Manila, Philippines.
- PC-891-17** **Engaging large hospitals helps make substantial gain in TB case detection: lessons from Metro Manila, Philippines**
R Vianzon,¹ M Mantala,² ML Averilla,² AL Carillo,² A Medina,³ WJ Lew,² M Uplekar⁴
¹Department of Health, National Center for Disease Prevention and Control, Manila, Philippines, ²WHO Philippines, Stop TB, Manila, Philippines, ³Department of Health, Center for Health Development, Manila, Philippines, ⁴WHO, Stop TB, Geneva, Switzerland.
- PC-892-17** **Barriers to tuberculosis treatment access and adherence in Myanmar refugees in Malaysia**
L Rajan,¹ J Mather,¹ S Verghis²
¹Tulane University, Tropical Medicine, New Orleans, United States, ²Health Equity Initiative, Executive Director, Kuala Lumpur, Malaysia.
- PC-893-17** **Linking TB patients to welfare schemes increases treatment completion rates**
M Larkin,¹ K Roy,¹ B Sengupta²
¹CARE USA, Child Survival, Atlanta, United States, ²CARE India, TB IMPACT, West Bengal, India

Notes

Oral Abstract Session **13**

12:30-13:30 Conference Hall 1

TB outbreaks and contact investigations

Chairs: Arnaud Trébucq (France), Purvaneswari Subramaniam (Malaysia) - **Section:** Tuberculosis

- 12:30-12:40
OP-193-17** **Feasibility and reliability of mobile health application as an innovative M&E tool for TB contact tracing in eThekweni District, South Africa**
C Marra,¹ C Knudson,² F Nywagi Louis,¹ J De Vos,³ R Matji,¹ M Ratshikana Moloko¹
¹University Research Co, Tuberculosis control, Pretoria, South Africa, ²Albert Einstein University, Medicine, New York, United States, ³GEOMED, IT, Cape Town, South Africa.
- 12:40-12:50
OP-194-17** **Cost of setting up contact investigation in a high TB incidence setting in Tanzania**
A Kahwa,¹ E Fair,² S G Hinderaker,³ S G Mfinanga,¹ B Robberstad³
¹National Institute of Medical Research, Muhimbili Medical Research Centre, Dar es Salaam, Tanzania, ²Curry International Tuberculosis Center, University of California, San Francisco, San Francisco, United States, ³Centre for International Health, University of Bergen, Bergen, Norway.
- 12:50-13:00
OP-195-17** **Tuberculosis among health care workers in KwaZulu-Natal, South Africa: a cohort analysis**
C Tudor,¹ M Van Der Walt,² S Dorman,³ J Farley,¹ W Pan⁴
¹Johns Hopkins University, School of Nursing, Baltimore, United States, ²South African Medical Research Council, TB Epidemiology and Intervention Research Unit, Pretoria, South Africa, ³Johns Hopkins University, School of Medicine, Baltimore, United States, ⁴Duke University, Environmental Sciences, Durham, United States.
- 13:00-13:10
OP-196-17** **Factors influencing compliance with tuberculosis contact investigation in Viet Nam**
G Fox,¹ PL Le,¹ NS Dinh,² VN Nguyen,² G Marks,¹ W Britton³
¹Woolcock Institute of Medical Research, Epidemiology Group, Sydney, Australia, ²National Lung Hospital, National Tuberculosis Program, Hanoi, Vietnam, ³Centenary Institute of Cancer Medicine and Cell Biology, Mycobacterial Research Group, Sydney, Australia.
- 13:10-13:20
OP-197-17** **Demographic characteristics and bacteriological status of pulmonary TB cases detected using active case finding**
TE Mao,¹ S Peou,¹ R-P Yadav,² N Nishikiori³
¹National Center for TB and Leprosy Control, National TB Program, Phnom Penh, Cambodia, ²World Health Organization, Stop TB Unit, Phnom Penh, Cambodia, ³World Health Organization, Stop TB Unit, Manila, Philippines.
- 13:20-13:30
OP-198-17** **Active case finding among contacts of smear-positive TB Patients (PTB+) experience and key recommendations**
V Bonkougou,¹ K Lougué,¹ FMG Coulibaly Donessoune,¹ P Ouedraogo,¹ I Moyenga²
¹PAMAC, TB Programme, Ouagadougou, Burkina Faso, ²Ministère De La Santé, PNT, Ouagadougou, Burkina Faso.

Oral Abstract Session **14**

12:30-13:30 Conference Hall 2

TB hotspots: from the genome to the community

Chairs: Keren Middelkoop (South Africa), Ngeow Yun Fong (Malaysia) - **Section:** Tuberculosis

- 12:30-12:38
OP-199-17** **Exposure to secondhand smoke and risk of active tuberculosis: prospective cohort study**
H-H Lin,¹ YT Chiang,¹ H-Y Chang²
¹National Taiwan University, Institute of Epidemiology and Preventive Medicine, Taipei, Taiwan, ²National Health Research Institute, Center for Health Policy Research and Development, Miaoli, Taiwan.
- 12:38-12:46
OP-200-17** **What is the prevalence of extensively drug resistant tuberculosis in Andhra Pradesh, India?**
H Potharaju,¹ PK Moonan,² P Dewan,³ N Selvakumar,⁴ C Vennapusa,¹ R Ranjani,³ S B N,³ J Jaju³
¹STDC, Health, Hyderabad, India, ²U.S. Centers for Disease Control and Prevention, CDC, Atlanta, United States, ³WHO, South East Asia Regional Office, New Delhi, India, ⁴National Institute for Research in Tuberculosis, Health, Chennai, India.
- 12:46-12:54
OP-201-17** **Characteristics of pncA mutations in multidrug-resistant tuberculosis isolates cultured from Queensland migrants and Papua New Guinea residents**
S Pandey,¹ J Congdon,¹ C Coulter¹
¹Pathology Queensland, Microbiology, Brisbane, Australia.
- 12:54-13:02
OP-202-17** **Are we overestimating the impact of new diagnostic tests for tuberculosis? A model-based analysis**
DW Dowdy,^{1,2,3} S Basu,^{4,5} J Andrews⁶
¹Johns Hopkins Bloomberg School of Public Health, Epidemiology, Baltimore, United States, ²Tuberculosis Clinical Diagnostics Research Consortium, none, Baltimore, United States, ³Johns Hopkins University School of Medicine, Center for Tuberculosis Research, Baltimore, United States, ⁴University of California, San Francisco, Medicine, San Francisco, United States, ⁵London School of Hygiene and Tropical Medicine, Public Health and Policy, London, United Kingdom, ⁶Massachusetts General Hospital, Medicine, Boston, United States.
- 13:02-13:10
OP-203-17** **Heterogeneity in tuberculosis transmission and the role of geographic hotspots in propagating epidemics**
DW Dowdy,^{1,2} J Golub,^{1,2} R E Chaisson,^{1,2} V Saraceni³
¹Johns Hopkins Bloomberg School of Public Health, Epidemiology, Baltimore, United States, ²Johns Hopkins University School of Medicine, Center for Tuberculosis Research, Baltimore, United States, ³Municipal Health Secretariat, (none), Rio de Janeiro, Brazil.

- 13:10-13:18
OP-204-17** **Improving tuberculosis case finding in the urban slums of a high TB burden country: what works best?**
GN Karanja,¹ M Muhwa,^{1,2} S Sahu,³ I Mbithi,¹ J Mutenyo,¹ E Nyagaki,¹ L Chesire,⁴ JK Sitienei⁵
¹Kenya Association for Prevention of Tuberculosis and Lung Disease (KAPTLD), Tuberculosis, Nairobi, Kenya, ²Kenya Medical Research Institute, ³Centre for Respiratory Diseases Research, Nairobi, Kenya, ⁴STOP TB Partnership, TBREACH secretariat, Geneva, Switzerland, ⁵TB Action Group, TB advocacy, Nairobi, Kenya, ⁶Ministry of Public Health and Sanitation, Kenya, Division of Leprosy, Tuberculosis and Lung Diseases, Nairobi, Kenya.
- 13:18-13:26
OP-205-17** **Triage test characteristics for increasing the cost-effectiveness of Xpert MTB/RIF in the diagnosis of tuberculosis: a decision analytical model**
A Van't Hoog,^{1,2} F Cobelens,^{1,2} A Vassall,³ S Van Kampen,⁴ D Alland,⁵ S Dorman,⁶ J Ellner⁷
¹University of Amsterdam, Academic Medical Center, Department of Global Health / Amsterdam Institute for Global Health and Development, Amsterdam, Netherlands, ²Amsterdam Institute for Global Health and Development, TB epidemiology, Amsterdam, Netherlands, ³London School of Hygiene and Tropical Medicine, Health Policy Unit, London, United Kingdom, ⁴KNCV Tuberculosis Foundation, PMU TB CARE I, The Hague, Netherlands, ⁵UMDNJ - New Jersey Medical School, Department of Medicine, Newark, United States, ⁶Johns Hopkins University School of Medicine, Center for Tuberculosis, Boston, United States, ⁷Boston University School of Medicine, and Boston Medical Center, Boston, United States.
- 13:26-13:34
OP-206-17** **Costs associated with tuberculosis evaluation in rural Uganda**
C Miller,¹ P Haguma,² L Davis,^{1,2} A Cattamanchi,^{1,2} A Katamba²
¹University of California San Francisco, Medicine, San Francisco, United States, ²Makerere University, Makerere University-University of California San Francisco Research Collaboration, Kampala, Uganda.

Oral Abstract Session **15**

12:30-13:30 Conference Hall 3

TB-HIV: the promise of life but the reality of death

Chairs: Barnet Nyathi (Zimbabwe), Anita Bt Suleiman (Malaysia) - **Section:** HIV

- 12:30-12:40
OP-207-17** **Mortality among HIV-infected adults presenting for antiretroviral therapy with unexplained weight loss, chronic fever or chronic diarrhoea in Malawi**
M Van Lettow,^{1,2} Ann Akesson,³ A Martiniuk,^{1,2} A Ramsay,⁴ AK Chan,^{1,2} A D Harries,⁵ S Anderson,⁶ L Corbett,^{6,7} R Heyderman,⁶ R Zachariah,³ R Bedell¹
¹Dignitas International, Research, Zomba, Malawi, ²University of Toronto, Dalla Lana School of Public Health, Toronto, Canada, ³Médecins Sans Frontières, Operations Research, Thyolo, Malawi, ⁴World Health Organization, Tropical Disease Research Programme, Geneva, Switzerland, ⁵International Union Against Tuberculosis & Lung Disease, Operations Research, Paris, France, ⁶Malawi-Liverpool-Wellcome Trust, ⁷MaClinical Research Programme, Blantyre, Malawi, ⁸London School of Hygiene & Tropical Medicine, Tropical Medicine, London, United Kingdom.
- 12:40-12:50
OP-209-17** **Impact of TB-HIV collaborative activities on case fatality of HIV-infected TB patients registered under the TB programme in Gujarat, India**
D Kapadiya,¹ P Dave,¹ R Solanki,² B Modi,³ P Patel,¹ A Shah,¹ B Vadera,¹ A Kumar⁴
¹State Tuberculosis Cell, Department of Health and Family Welfare, Gandhinagar, India, ²B. J. Medical College, Department of Pulmonary Medicine, Ahmedabad, India, ³John Hopkins University, Department of Public Health, Baltimore, United States, ⁴International Union Against Tuberculosis and Lung Disease, South East Asia Office, New Delhi, India.
- 12:50-13:00
OP-210-17** **Elevated blood lactate is an independent predictor of mortality among hospitalised patients with HIV-associated TB in rural South Africa**
V Subbarao,¹ C Van Halsema,² S Subba Rao,³ D Cohen,⁴ T Boyles,⁵ R Wilkinson,^{6,7,8} GA Meintjes^{5,6,7}
¹Madwaleni Hospital, Department of Medicine, Elliotdale, South Africa, ²North Manchester General Hospital, Monsall Unit, Department of Infectious Diseases and Tropical Medicine, Manchester, United Kingdom, ³Texas A&M University, Department of Statistics, College Station, United States, ⁴St George's Hospital, Department of Medicine, London, United Kingdom, ⁵University of Cape Town, Department of Medicine, Cape Town, South Africa, ⁶University of Cape Town, Clinical Infectious Diseases Research Initiative, Institute of Infectious Diseases and Molecular Medicine, Cape Town, South Africa, ⁷Imperial College, Department of Medicine, London, United Kingdom, ⁸Medical Research Council, National Institute for Medical Research, London, United Kingdom.
- 13:00-13:10
OP-211-17** **Survival in HIV-tuberculosis co-infected patients at 48 weeks after starting antiretroviral therapy: CARINEMO trial ANRS 12146**
M Bonnet,¹ E Baudin,¹ M Lugli,² A Sobry,² H Lopes,³ A Calmy,⁴ R Bastos,³ N Bhatt⁵
¹Epicerne, Clinical research department, Paris, France, ²Médecins Sans Frontières, MSF-OCG, Maputo, Mozambique, ³Hospital Central de Maputo, Departamento de Medicina Interna, Maputo, Mozambique, ⁴University Hospital, HIV unit, Geneva, Switzerland, ⁵Instituto Nacional de Saúde, Immunological laboratory, Maputo, Mozambique.
- 13:10-13:20
OP-212-17** **Cerebral toxoplasmosis mimicking tuberculous meningitis in HIV-infected patients: a cohort study from Indonesia**
A.R Ganiem,¹ S Dian,² A. Indrati,¹ L Chaidir,² R Van Crevel³
¹Hasan Sadikin Hospital, Clinical Pathology, Bandung, Indonesia, ²Universitas Padjadjaran, Faculty of Medicine, Bandung, Indonesia, ³Radboud University Nijmegen Medical Center, Internal Medicine, Nijmegen, Netherlands.
- 13:20-13:30** **Discussion**

Symposium 44

13:45 - 15:45 Plenary Hall

Defining and sustaining the impact of new tools for TB

Section

Tuberculosis

Coordinators

Jennifer Woolley (USA)
Elizabeth Talbot
(Switzerland)

Chair

Lucy Ghati (Kenya)

Target audience

This session is targeted towards a broad audience interested in TB control and the development of new TB tools; including NTPs, government officials, donors, researchers, developers, clinicians, regulatory affairs, civil society and implementers

Description

Several new technologies have recently entered the market or are in or near late stage development. This session will foster dialogue on potential challenges and strategies for introduction, scale-up and sustainability of these new technologies to ensure that they reach their maximum effectiveness in combatting TB. The session will focus on the contributions of new technologies to strengthening health systems, cost-effectiveness and market access of new tools, and cross-sector and community commitment that will be needed to successfully bring new technologies into practice.

Relation to Conference theme

In order to ensure that new diagnostics, drug regimens, or vaccines are successfully developed and introduced into existing infrastructures, there is a need to come to consensus across sectors on the requirements for effective scale-up and sustained supply chain. The session presentations will bring further understanding and consensus regarding the implementation and sustainability of new TB tools in relevant settings.

Objectives

- To discuss the importance and challenges of moving new technology for tuberculosis (TB) from research into practice;
- To review the concepts, as well as present evidence for the sustainability of, new diagnostics under programmatic conditions;
- To present results of various cost-effectiveness and market access studies related to introducing new drug regimens and vaccines into clinical practice;
- To discuss the importance of community engagement in the development and introduction of a new technology for TB.

Presentations

- 13:45-14:00** Budget impact analysis of national Xpert implementation in Brazil – *To be confirmed*
14:05-14:20 Financing and sustaining the national implementation of new TB diagnostics in South Africa – *Wendy Stevens (South Africa)*
14:25-14:40 Virtual implementation of TB diagnostics to model impacts and sustainability in Tanzania – *Basra Doulla (Tanzania)*
14:45-15:00 Cost-effectiveness of drugs and vaccines for TB – *Ann Ginsberg (USA)*
15:05-15:20 The role of communities in the development and scale-up of new tools for TB – *Albert Makone (Zimbabwe)*
15:25-15:45 Discussion

Symposium 45

13:45 - 15:45 Plenary Theatre

Community participation and CAB: paths for effective and sustainable TB control interventions

Section

Tuberculosis

Coordinators

Giselle Israel (Brazil)
Subrat Mohanty (India)

Chairs

Netty Kamp
(Netherlands)
Mark Harrington (USA)

Target audience

Policy-makers, programme managers, civil society, community leaders, development agencies, human right activists, researchers, academicians, health care providers, advocates

Description

TB control requires persistent and sustained efforts by public health programmes and by community participation. Sustainability is a concern common to many community health programmes, having invested significant human, fiscal, technical resources and community mobilisation. Participation in CAB is a learning opportunity for those involved. CAB is a powerful tool in promoting collective responsibility and ensuring sustainability of positive research results.

Relation to Conference theme

As the ultimate beneficiary, it is essential that the community is actively involved with the public health programmes in the planning, designing and execution of the interventions. Likewise, CAB facilitates community access to information on TB research development and strengthens community engagement in TB research.

Objectives

- The mechanisms for community systems strengthening in TB control;
- To share the different CAB experiences in following TB research;
- To give greater visibility to the CAB initiatives taking place in many countries, in order to implement the WHO 3 Is;
- The roles and responsibility of the community systems in accelerating the progress towards tuberculosis control;
- The role of programmes and funding agencies for strengthening and sustaining the various community systems.

Presentations

- 13:45-14:00** Giving a voice to the affected communities – *To be confirmed*
14:05-14:20 Community and research: a path to sustainability of public health policies – *Ezio T. Santos Filho (Brazil)*
14:25-14:40 Community mobilisation for a TB free India: Project Axshya – *Geetanjali Sharma (India)*
14:45-15:00 International TB CAB: a network to increase community involvement and to mobilise political will – *To be confirmed*
15:05-15:20 Operational research and mutual responsibility: role of communities – *Satyanarayana Srinath (India)*
15:25-15:40 Community participation in TB and HIV research: together we are making the difference – *Raquel Piller (Brazil)*

Symposium 46

13:45-15:45 Banquet Hall

The Union/CDC Late-breaker session

DEPARTMENT
OF HEALTH &
HUMAN SERVICESPublic Health
Service Centers
for Disease Control
and Prevention
(CDC)C.N. Paramasivan,
Michael Iademarco
and Margarita Elsa
VillarinoInternational Union
Against Tuberculosis
and Lung Disease
& Centers for
Disease Control
and Prevention

The 43th Union World Conference on Lung Health and the Centers for Disease Control and Prevention, Atlanta, Georgia, USA are pleased to co-sponsor the TB Late Breaker Session. The session will feature 10 interesting presentations from around the world. Each presentation will be 10 minutes in length, followed by 5 minutes discussion time. Copies of the presentation abstracts will be available at the session. We look forward to seeing you there and to having a stimulating discussion around these issues.

Presentations

- 13:45-14:00** Environmental interventions should be an integral part of tuberculosis control programs in prisons – *Sánchez A, Santos M, França P, Larouzé B (Brazil)*
- 14:00-14:15** Strengthening Tuberculosis Advocacy Communication and Social Mobilization (ACSM) Program - Learning and Perspectives from a Multi-state, Multi- stakeholder National Level Implementation – *Cherian D, Karapetyan G, Kumah H, Edwards V (USA, India)*
- 14:15-14:30** First Findings from Post-Marketing Surveillance of 12-dose Isoniazid and Rifapentine for Treatment of Latent TB Infection, United States 2011–2012 – *Ho C, Jereb J, Sandul A, Mase S, Chorba T (USA)*
- 14:30-14:45** Intensified antibiotic treatment for TB meningitis; a randomized controlled trial – *Ruslami R, Ganiem AR, Dian S, Apriani L, Achmad TH, van der Ven AJ, Borm G, Aarnoutse RE, van Crevel R (Indonesia, Netherlands)*
- 14:45-15:00** Are the WHO targets for mortality and default realistic? Outcomes of 40510 patients from 22 TB treatment sites in Africa and Asia – *du Cros P, Greig J, Ford N, Casas E, Nyang'wa B, Ssonko C, Cooke G, Silveira da Fonseca M, O'Brien DP, Shanks L (United Kingdom, Switzerland, South Africa, Netherlands)*
- 15:00-15:15** Assessing two algorithms for TB diagnosis using GeneXpert MTB/RIF in primary health care settings in Lusaka, Zambia – *Muyoyeta M, Moyo M, Maduskar P, Kasene N, Milimo D, Spooner R, Kapata N, Hogeweg L, van Ginneken B, Godfrey-Faussett P, Ayles H (Zambia, United Kingdom)*
- 15:15-15:30** Extensively and multidrug resistant tuberculosis (XDR/MDR TB) in Tugela Ferry, South Africa; five years later – *Friedland G, Moll A, Shenoi S, Brooks R, Brust J, Marra C, Margot B (South Africa, USA)*
- 15:30-15:45** Does Xpert MTB/RIF reduce DS-TB treatment commencement times in a routine operational setting in Cape Town? – *Naidoo P, du Toit E, Dunbar R, Caldwell J, Lombard C, Enarson D, Beyers N (South Africa, France)*

Symposium 47

13:45 - 15:45 Conference Hall 1

Models of care and engagement for sustaining a competent workforce
for MDR-TB-HIV care and management

Sections

Tuberculosis | HIV
| Nurses & Allied
Professionals

Coordinator

Jason Farley (USA)

Chair

Wanda Walton (USA)

Target audience

Clinicians in TB-
HIV and DR-TB-HIV
(nurses, physicians,
interdisciplinary
care providers),
scientists, researchers,
policymakers, NGOs,
CSOs and stakeholders
(patients/families/
communities, funders)
and human resource
development specialists

Description

Shortages of available, trained healthcare workers continue to pose a significant threat to TB programmes. This symposium will highlight efforts to develop and sustain the nursing workforce to meet the growing drug-resistant TB (DR-TB) epidemic. Presentations will include ongoing operational research and programmatic implementation strategies in high HIV burden settings, and provide recommendations for improving DR-TB treatment, quality of care and patient outcomes.

Relation to Conference theme

Evaluating models of care, management and competency building of nursing's role in TB, DR-TB and HIV, provide evidence of cost-effectiveness, increased access to quality care and improved treatment outcomes. Such models are vital to provide sustainable services, as well as a shared interdisciplinary responsibility for patient care management across settings faced with limited human resources.

Objectives

- Detail nursing models of care for patients with DR-TB (i.e., case management, nurse-initiated care, community-based teams) in hospital and community settings in Southern Africa;
- Identify key partnerships and policy frameworks needed to reduce structural barriers preventing nurses from having a more active leadership role in the evaluation and management of patients with DR-TB;
- Describe operational research to help participants evaluate nurse-led models of DR-TB care and their associated treatment outcomes in low and high HIV burden settings.

Presentations

- 13:45-14:00** Quality MDR-TB care in the healthcare workforce crisis: utilising contract workers – *Alexinah Muadinohamba (Namibia)*
- 14:05-14:20** Nurse case management of MDR-TB-HIV Care in KwaZulu-Natal, South Africa – *To be confirmed*

- 14:25-14:40** Nurse-driven MDR-TB: collaboration among primary healthcare, NTP and hospitals for sustainability TBD – *Judy Caldwell (South Africa)*
- 14:45-15:00** Nurse-initiation and management of MDR-TB-HIV: lessons Learnt from operational research – *Jason Farley (USA)*
- 15:05-15:20** Utilising regional training centers: collaboration and responsibility to ensure competent providers – *Francine Birungi (Rwanda)*
- 15:25-15:45** Discussion

Symposium 48

13:45 - 15:45 Conference Hall 2

Contact investigation: operational research to increase case detection and drive sustainability

Section

Tuberculosis

Coordinators

Salah E. Ottmani
(Switzerland)

Mary R. Reichler (USA)

Chairs

Mary R. Reichler (USA)

Salah E. Ottmani
(Switzerland)

Target audience

NTP managers,
paediatricians, lung
health specialists,
epidemiologists,
infectious diseases
specialists, nurses
and allied health
professionals and
international public
health research and
policy specialists

Description

Although tuberculosis contact investigation is recognised as an important TB control activity, in many countries it is inconsistently implemented and clear approaches are yet to be established. The symposium will include presentations from countries with intermediate and high rates of TB, focusing on the yield of contact investigations for new cases of pediatric and adult TB, integrating HIV testing, and developing strategies to promote coordination between NTP, HIV, community and government programmes in an effort to drive sustainability through mutual responsibility.

Relation to Conference theme

Wide implementation of contact investigation is likely to substantially contribute to early detection of active TB cases among close contacts. This will result in a decrease in TB transmission, thereby strengthening TB control efforts and driving sustainability. Gathering information through operational research relevant to improving the efficiency, defining the yield and ensuring a coordinated and sustainable health response, will be presented.

Objectives

- To determine the yield of contact investigation for new cases of active TB among exposed contacts;
- To gather information through operational research relevant to eliminating barriers to implementation of contact investigation, increasing case detection, promoting delivery of IPT to children and HIV-positive contacts ensuring a coordinated and sustainable health response;
- To review and discuss TB contact investigation experiences developed in various country settings;
- To share the new international guidance on TB contact investigation.

Presentations

- 13:45-14:00** Contact investigation in India: results of a prospective study – *Kshitij Khaparde (India)*
- 14:05-14:20** Outcomes of routine TB contact investigation implementation for fifteen years in Morocco – *Kenza Bennani (Morocco)*
- 14:25-14:40** Models for community and TB programme partnership to enhance contact investigation yield in Cambodia – *Mao Tang Eang (Cambodia)*
- 14:45-15:00** Approaches to contact investigation as a means of intensified case finding in South Africa – *David Mametja (South Africa)*
- 15:05-15:20** Overview of TB contact investigation experience in TB REACH projects – *Suvanand Sahu (Switzerland)*
- 15:25-15:40** WHO/ATS guidelines on TB contact investigation – *Philip Hopewell (USA)*

Symposium 49

13:45 - 15:45 Conference Hall 3

Translating policies into practice: building lasting solutions for TB laboratory networks in countries

Section

Tuberculosis |
Bacteriology-
Immunology

Coordinators

Fuad Mirzayev
(Switzerland)
Kefas Samson
(Swaziland)

Chairs

Fuad Mirzayev
(Switzerland)
Kefas Samson
(Swaziland)

Target audience

National TB-HIV control programme and laboratory managers, staff, TB technical organisations, international donors

Description

Detecting more TB cases, detecting them early and rapidly identifying drug resistance, are essential for improving individual patient health and reaching epidemiological impact targets. This requires universal access and early detection using contemporary tools and innovative strategies, reaching the poorest and most vulnerable groups of patients. This symposium will discuss challenges faced by National TB programmes and their partners striving to improve diagnosis, and will discuss examples of sustainable solutions that have been found to accelerate implementation of new diagnostics at country level.

Relation to Conference theme

This symposium will present challenges faced by NTPs striving to improve TB diagnosis, and will discuss solutions that were found to be efficient. The challenges range from securing political commitment to integration of new diagnostics into existing diagnostic pathways, ensuring

sustainability of laboratory strengthening. Rapid progress has been seen in many countries despite these challenges and the need for building national capacity is evident to reinforce ownership as well as ensuring sustainability.

Objectives

- To review progress and achievements of TB laboratory strengthening efforts;
- To share with countries and their technical partners the challenges and real-life solutions that have been found and applied in various country settings;
- To describe how gaps in diagnosis affect overall TB prevention, care and control in the public and private sectors, using country case studies.

Presentations

- 13:45-14:00** Rapid TB diagnostics scale up in countries: EXPAND-TB and Xpert MTB/RIF roll out. – *Fuad Mirzayev (Switzerland)*
- 14:05-14:20** WHO-GLI supranational laboratory network: technical assistance to countries – *Christopher Gilpin (Switzerland)*
- 14:25-14:40** Main challenges of TB control in Swaziland and declaration of national emergency – *To be confirmed*
- 14:45-15:00** Large-scale introduction of new diagnostics: India experience – *C.N. Paramasivan (India)*
- 15:05-15:20** Role of new rapid TB diagnostic tools in strengthening TB-HIV interventions – *Hayk Karakozian (Switzerland)*
- 15:25-15:40** Making new technologies work in low resource settings: experience of Swaziland and Myanmar – *Sindy Dlamini (Swaziland), Thandar Lwin (Myanmar)*

Symposium 50

13:45 - 15:45 Room 304/305

Management of common respiratory infections in children

Section

Lung Health

Coordinator

Khurshid-E-Khuda
Talukder (Bangladesh)

Chairs

Stephen M. Graham
(Australia)
Kurshid E. Khuda
Talukder (Bangladesh)

Target audience

Paediatricians,
primary health care
physicians, WHO Policy-
makers, researchers,
epidemiologists,
advocacy experts,
government health
Policy-makers, Health
NGO Policy-makers,
IMCI/ARI programmes,
national Ministry
of Health

Description

Recent analyses from Bangladesh have shown that the peak seasons for deaths among children under five years of age from pneumonia correspond with the two seasons for acute bronchiolitis in young children. Children with acute bronchiolitis are being misdiagnosed with pneumonia using the WHO algorithm and this is leading to deaths from hypoxia in children placed on antibiotics without any oxygen. This symposium will bring together leading workers in acute bronchiolitis and pneumonia to raise awareness in the global paediatric lung health community on what needs to be done to save millions of lives.

Relation to Conference theme

The current management of young children with acute respiratory illness in resource-limited settings is primarily based on WHO recommendations. There is a need for raising awareness of acute bronchiolitis so that treatments can be more rational and the need for oxygen therapy is highlighted. When health care professionals become more aware of this serious problem they will act with mutual responsibility and advocate for sustainable solutions such as oxygen supplies in resource-poor settings.

Objectives

- To highlight the global burden of mortality and morbidity from acute bronchiolitis in young children;
- To highlight important challenges for improving the prevention and management of pneumonia in children;
- To improve correct diagnosis and treatment of acute bronchiolitis in resource-poor settings;
- To reduce indiscriminate use of antibiotics and nebulised bronchodilators in resource-poor settings;
- To call to action for improving oxygen supply for admitted children in resource-poor settings.

Presentations

- 13:45-14:00** Epidemiology of acute bronchiolitis in resource poor settings – *Martin Weber (Indonesia)*
- 14:05-14:20** How and why we miss acute bronchiolitis – *Luthful A.R.M. Kabir (Bangladesh)*
- 14:25-14:40** Addressing the misuse of antibiotics in the Asian setting – *Indah Kartika (Indonesia)*
- 14:45-15:00** Community-based management of severe pneumonia: a health solution for the poor? – *Tabish Hazir (Pakistan)*
- 15:05-15:20** Oxygen is an essential medicine: a call for international action – *Stephen M. Graham (Australia)*
- 15:25-15:45** Discussion

Section
Tobacco Control

Coordinators

Bill Bellew
(New Caledonia)
Anne Jones (Australia)

Chairs

Bill Bellew
(New Caledonia)
Anne Jones (Australia)

Target audience

Government policy-maker, international public health policy, philanthropic organisations, civil society organisations, research, public health practice

Description

Under the WHO Framework Convention on Tobacco Control (FCTC), governments and partners are required to work together to prevent tobacco industry interference in health policies (Article 5.3). Although governments continue to experience interference, progress has been made and more tools and resources have become available to boost that progress further. This symposium will update the progress made, as well as challenges in preventing or limiting the interference of the tobacco industry in public health.

Relation to Conference theme

The symposium focusses on the theme of sustainable health responses and mutual responsibility of donors, governments, CSOs and others for achieving common goals. The goal is to implement the FCTC Article 5.3, shown in strategies such as The Unions' 'Strategic Directions for Tobacco Control 2010-2015'. The goal underpins efforts to tackle tobacco use, the leading cause of preventable death, estimated to kill more than 5 million people each year worldwide.

Objectives

- Highlight the ways in which governments in selected countries are working to address their responsibilities and obligations under the WHO Framework Convention on Tobacco Control [FCTC] with respect to Article 5.3 (Tobacco industry interference);
- Describe the types and levels of sustainable supportive engagement by a range of governmental partners - including donors, civil society organisations, policy-makers, researchers, and implementers - through partnerships, coalitions and other collaborative approaches towards successful acquittal of FCTC obligations in each country.

Presentations

- 13:45-14:00** What new and diverse tactics is the tobacco industry using to undermine effective tobacco control? – *Elif Dagli (Turkey)*
- 14:05-14:20** Tobacco industry interference in Indonesia: where have we been and what lessons have we learnt? – *Tara Singh Bam (Indonesia)*
- 14:25-14:40** Progress and challenges in the Philippines implementation of the WHO FCTC Article 5.3 – *Maria Soledad Antonio (Philippines)*
- 14:45-15:00** Strategies, tools and resources to counter industry interference: international perspectives – *Xi Yin (USA), Jorge Alday (USA)*
- 15:05-15:20** Strategies, tools and resources to counter industry interference: international perspectives II – *Matthew Allen (New Zealand)*
- 15:25-15:45** Discussion

Notes

Meetings

Union Administrative Meetings

10:15 - 13:15	Room
The Union Board of Directors (by invitation only)	401/402
16:00-17:00	Room
General Assembly	Conference Hall 1
17:00-18:00	Room
Closing Ceremony	Conference Hall 2
18:00-19:00	Room
Closing Cocktail	Conference Hall 2
19:00-20:00	Room
The Union Board of Directors (by invitation only)	401/402

Conference History

<i>Year</i>	<i>City</i>	<i>President</i>
2012	Kuala Lumpur, Malaysia	Dr E Jane Carter
2011	Lille, France	Dr S Bertel Squire
2010	Berlin, Germany	Dr S Bertel Squire
2009	Cancún, Mexico	Dr S Bertel Squire
2008	Paris, France	Dr S Bertel Squire
2007	Cape Town, South Africa	Dr Asma El Sony
2006	Paris, France	Dr Asma El Sony
2005	Paris, France	Dr Asma El Sony
2004	Paris, France	Dr Asma El Sony
2003	Paris, France	Prof Anne Fanning
2002	Montreal, Canada	Prof Anne Fanning
2001	Paris, France	Prof Anne Fanning
2000	Florence, Italy	Dr Kjell Bjartveit
1999	Madrid, Spain	Dr Kjell Bjartveit
1998	Bangkok, Thailand	Dr Songkram Supcharoen
1997	Paris, France	Dr Songkram Supcharoen
1996	Paris, France	Dr Songkram Supcharoen
1995	Paris, France	Dr Songkram Supcharoen
1994	Mainz, Germany	Prof Rudolf Ferlinz
1990	Boston, USA	Mr James Swomley
1986	Singapore, Singapore	Dr N C Sen Gupta
1982	Buenos Aires, Argentina	Prof H Rodriguez Castells
1978	Brussels, Belgium	Prof A Gyselen
1975	Mexico, Mexico	Mr Miguel Jimenez
1973	Tokyo, Japan	Mr T Shimatzu
1971	Moscow, USSR	Prof V Chebanov
1969	New York, USA	Dr James E Perkins
1967	Amsterdam, Netherlands	Prof Jan K Kraan
1965	Munich, Germany	Prof Erich Schröder
1963	Rome, Italy	Prof Attilio Omodei Zorini
1961	Toronto, Canada	Dr G J Wherrett
1959	Istanbul, Turkey	Prof Ismail Tewk Saglam
1957	New Delhi, India	Dr P V Benjamin
1954	Madrid, Spain	Prof A Crespo Alvarez
1952	Rio de Janeiro, Brazil	Prof Manoel de Abreu
1950	Copenhagen, Denmark	Prof K A Jensen
1937	Lisbon, Portugal	Dr Loro de Carvalho
1934	Warsaw, Poland	Dr Eugenjusz Piestrzynski
1932	Amsterdam, Netherlands	Prof Willem Nolen
1930	Oslo, Sweden	Prof Théodor Frölich
1928	Rome, Italy	Dr F A Piomarta
1926	Washington, USA	Dr Theobald Smith
1924	Lausanne, Switzerland	Dr F Morin
1922	Brussels, Belgium	Dr E Dewez
1921	London, United Kingdom	Prof Robert Philip
1920	Paris, France	Constitutional conference

The Union Officials

The Union Bureau

President: E. Jane Carter (UK)
Vice-President: Dean Schraufnagel (USA)
Secretary General: Camilo Roa Jr. (Philippines)
Treasurer: James de Viel Castel (Switzerland)

The Union Board of Directors

Members representing the regions:

Africa: Osséni Tidjani (Togo)
Asia Pacific: Camilo Roa Jr. (Philippines)
Europe: Maryse Wanlin (Belgium)
Latin America: Jesus Felipe Gonzalez Roldan (Mexico)
Middle East: Mohamed Awad Tag Eldin (Egypt)
North America: E. Jane Carter (USA)
South-East Asia: Mukul Khairuddin Ahmed (Bangladesh)

Individual Members:

Carol Nawina Nyirenda (Zambia)
 Dean Schraufnagel (USA)
 Maruschka Sebek (Netherlands)
 Muhammad Amir Khan (Pakistan)
 Nobukatsu Ishikawa (Japan)
 Reuben Granich (Switzerland)
 S. Bertel Squire (UK)
 Siphwe Ngwenya (Swaziland)

Members nominated by the President:

Treasurer: James De Viel Castel (Switzerland)
Chair, Coordinating Committee of Scientific Activities: Rajita Bhavaraju (USA), Mikkel Vestergaard Frandsen (Switzerland)

Members representing the scientific sections

HIV: Soumya Swaminathan (India)
Lung Health: Guy Marks (Australia)
Tobacco Control: Wang Jie (China)
Tuberculosis: Richard Zaleskis (Denmark)

Organising Committee

Nils E. Billo
 Anuradha Castan
 Agnes Djengue
 Cecile Castel
 Sam Miano

Coordinating Committee of Scientific Activities

Chair: Rajita Bhavaraju (USA)

Sub-Group I:

Directors of the Technical Departments of the Institute

TB and HIV: Paula I. Fujiwara (USA)
Lung Health and NCDs: Chen-Yuan Chiang (Taiwan)
Tuberculosis: Paula I. Fujiwara (USA)
Tobacco Control: Ehsan Latif (UK)
Research: Anthony D. Harries (UK)

Chairs of Scientific Sections:

HIV: Soumya Swaminathan (India)
Lung Health: Guy Marks (Australia)
Tobacco Control: Wang Jie (China)
Tuberculosis: Richard Zaleskis (Denmark)

Chairs of Sub-sections

TB Bacteriology and Immunology: Rumina Hasan (Pakistan)
TB Nurses and Allied Professionals: Kerrie Shaw (Australia)
Zoonotic TB: Alejandro Perera (Mexico)

Sub-Group II (Scientific Programme Committee):

Programme Secretaries of Scientific Sections:

HIV: Alasdair Reid (South Africa)
Lung Health: Anneke Hesselting (South Africa)
Tuberculosis: Chinnambedu N Paramasivan (India)
Tobacco Control: Elangoyan Vidhubala (India)

Programme Secretaries of Sub-Sections:

Bacteriology and Immunology: Marina Shulgina (Russian Federation)
Nursing and Allied Professionals: Stacie Stender (South Africa)
Zoonotic TB: Francisco Olea-Popelka (USA)

Civil Society Representative: Chibuike Amaechi (Nigeria)

Institute Representative: Paula I. Fujiwara (USA)

The Union Scientific Sections, Sub-Sections and Working Groups

TUBERCULOSIS SECTION

Chair: Richard Zaleskis (Denmark)

Vice Chair: Edward Nardell (USA)

Programme Secretary: C.N. Paramasivan (India)

Secretary: Bonita Mangura (USA)

Working Groups Leaders

TB control in prisons
Masoud Dara (Netherlands)

Sarabjit Chadha (India)

TB and migration
Deliana Garcia (USA),
Michael Voniatis (Cyprus)

TB infection control
Grigory Volchenkov (Russian Federation)
Rose Pray (USA), Matsie Mphahlele (South Africa)
TB social determinants and ethics
Carlton Evans (Peru),
Delia Boccia (UK)

TB-HIV data management and development
Mitesh Desai (USA),
Omoniyi Amos (Nigeria)
Global Indigenous Stop TB Initiative
Anne Fanning (Canada)

TUBERCULOSIS SUB-SECTIONS

BACTERIOLOGY AND IMMUNOLOGY

Chair: Rumina Hasan (Pakistan)
Programme Secretary: Marina Shulgina (Russian Federation)

Working Groups Leaders

TB laboratory accreditation
Christopher Gilpin (Australia),
Tom Shinnick (USA),
Armand Van Deun (Belgium)

NURSING AND ALLIED PROFESSIONALS

Chair: Kerrie Anne Shaw (Australia)
Programme Secretary: Stacie Stender (South Africa)

Working Groups Leaders

Best practice for patient care
Gini Williams (UK),
Inge Schreurs (Netherlands)
Regional mobilisation of NAPs
Tiemi Arakawa (Brazil)
TB education and training
Allison Mauri (USA)

ZOONOTIC TB

Chair: Alejandro Perera (Mexico)
Programme Secretary: Francisco Olea-Popelka (USA)

LUNG HEALTH SECTION

Chair: Guy Marks (Australia)
Vice Chair: Gregory Erhabor (Nigeria)

Programme Secretary: Anneke Hesseling (South Africa)
Secretary: Andrew Steenhoff (USA)

Working Groups Leaders

COPD in low- and middle-income countries
Peter Burney (UK)

Child TB training tools
Anne Detjen (USA),
James Seddon (UK)

Tobacco cessation interventions for tuberculosis patients
Tara Singh Bam (India)

HIV SECTION

Chair: Soumya Swaminathan (India)
Vice Chair: Anand Date (USA)
Programme Secretary: Alasdair Reid (South Africa)
Secretary: Sandya Wellwood (Namibia)

TOBACCO CONTROL SECTION

Chair: Wang Jie (China)
Vice Chair: Xiaolin Wei (Hong Kong)
Programme Secretary: E. Vidhubala (India)
Secretary: Ehab Asaad (Egypt)

Working Group Leaders

Strengthening NCD prevention through tobacco control
Trish Fraser (New Zealand)

Countering tobacco industry interference in public health policies
Anne Jones (Australia)
Matthew Allen (New Zealand)
Getting research into Tobacco Control policy at regional and country level
Md. Akramul Islam (Bangladesh)

The Union Offices

The Union Headquarters

68, boulevard Saint-Michel, 75006 Paris, France
union@theunion.org

The Union China Office

151 & 152 No. 1 Unit - No.6 Building
No.1 Xindong Road Chaoyang district
100600 Beijing, China
China@theunion.org

The Union DR Congo Office

Avenue Sénégalais n°1, C/GOMBE
Kinshasa, DR Congo
DRCongo@theunion.org

The Union Middle East Office

11, Hassan Sadek St, Apt # 3, El Merghany, Heliopolis
11341 Cairo | Egypt
MiddleEast@theunion.org

The Union South-East Asia Office

C-6, Qutub Institutional Area, New Delhi – 110016, India
SouthEastAsia@theunion.org

The Union Mexico Office

Rio Danubio 49, Colonia Cuauhtemoc,
06500 Mexico - Distrito Federal, Mexico
Mexico@theunion.org

The Union Office in Myanmar

No.36, 27th Street, between 72nd & 73rd Street
Chan Aye Thar Zan
Mandalay, Myanmar
Myanmar@theunion.org

The Union Peru Office

Avenida Manuel Vicente, Villaran N° 426,
Urbanización El Rosal,
Miraflores, Lima, Peru
Peru@theunion.org

The Union Russia Office

19 building 1, Kuznetsky most st.,
107031 Moscow, Russia
Russia@theunion.org

The Union Asia Pacific Office

146 Robinson Road, #06-01, Singapore 068909, Singapore
AsiaPacific@theunion.org

The Union Uganda Office

Plot 2, Lourdel Road, Nakasero Hill Kampala, P.O. Box 16094
Wandegeya, Uganda
Uganda@theunion.org

The Union Europe Office

10 Queen Street, Edinburgh, EH 2 1JQ, United Kingdom
Europe@theunion.org

The Union North America Office

61 Broadway, Suite 1720, New York, New York 10006, USA
NorthAmerica@theunion.org

The Union Zimbabwe Office

13 Van Praagh Avenue, Milton Park, Harare, Zimbabwe
Zimbabwe@theunion.org

THE INTERNATIONAL MANAGEMENT DEVELOPMENT PROGRAMME

Programme management training in:

Mass Media and Communications

Supply-Chain Management

Budgeting and Finance

Project Management

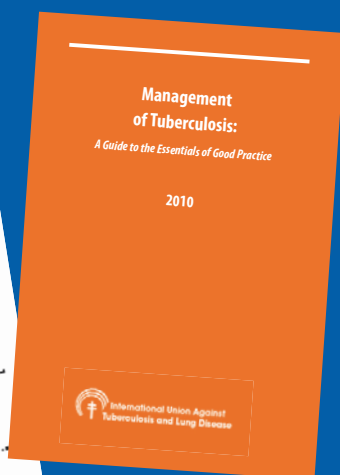
Strategic Planning

Leadership



International Union Against
Tuberculosis and Lung Disease
Health solutions for the poor

www.theunion.org
www.union-imdp.org



- Stay up to date on the latest research
- Work with colleagues around the world
- Gain a regional perspective
- Access resources developed by experts
- Participate in Union conferences at a discount
- Keep in touch
- Help shape the future of lung health

Join The Union

at www.theunion.org



International Union Against
Tuberculosis and Lung Disease
Health solutions for the poor

Health Solutions for

The Union Institute's 300 staff and consultants offered technical assistance, provided education and training and conducted research in 89 countries in 2011.

With headquarters in Paris, The Union also has offices close to the people we serve in Africa, Asia, Europe, Latin America, the Middle East and North America.

In addition, The Union's 2,838 individual and organisational members were active in 150 countries around the world, working towards our common vision: health solutions for the poor.



the Poor



International Union Against
Tuberculosis and Lung Disease
Health solutions for the poor



44th

Union World Conference on Lung Health

30 October–3 November 2013

Palais des Congrès

Paris, France

www.worldlunghealth.org



Air partagé, air pur?
Shared air, safe air?
¿Aire compartido, aire puro?



International Union Against Tuberculosis and Lung Disease
Union Internationale Contre la Tuberculose et les Maladies Respiratoires
Unión Internacional Contra la Tuberculosis y Enfermedades Respiratorias