45th Union World Conference on Lung Health
FINAL PROGRAMME
BARCELONA, SPAIN • 28 OCTOBER-1 NOVEMBER 2014

International Union Against Tuberculosis and Lung Disease
Union Internationale Contre la Tuberculose et les Maladies Respiratoires
Unión Internacional Contra la Tuberculosis y Enfermedades Respiratorias
Collaboration.
Now that’s what we call a medical breakthrough.

At Janssen, we are making bold advances to solve some of the most important unmet medical needs of our time in oncology, immunology, neuroscience, infectious diseases, and cardiovascular and metabolic diseases.

We are further committed to making a meaningful difference in global public health. Inspired by the legacy of Dr. Paul Janssen and our commitment to patients, we have established the Janssen Global Public Health group to improve access to medicines, foster collaborations, and support public health solutions to sustainably advance health care worldwide.

We believe nothing is more powerful than collaboration and are today working with the global tuberculosis community to bring solutions that aim to both extend and improve the quality of life for people with the disease.

Our mission drives us. Our patients inspire us. We collaborate with the world for the health of everyone in it.

www.janssen.com
Dear Colleagues,

We are pleased that you are attending the 45th Union World Conference on Lung Health, at the Barcelona International Convention Centre (CCIB) in Spain on 28 October–1 November 2014.

The conference theme is “Community-driven solutions for the next generation”. This theme reflects the need to find solutions to the lung health challenges we face by involving all stakeholders from health care professionals and policy-makers to the people and communities they serve. This approach recognises the essential role of affected persons and advocates, whose input must be integrated into the conception, design and implementation of interventions along with clinicians and researchers, government officials and donors.

Whether the focus is on better ways to deliver medications or access health care, create policies to reach under-served populations or leverage resources, sustainable health solutions for both the present and future generations will only be reached through this full and committed participation.

The many applications of this theme are explored throughout the scientific programme, which also presents the latest developments in the inter-related fights against tuberculosis, HIV, lung disease and non-communicable diseases, as well as the global campaign for tobacco control.

We thank you for joining us.

Sincerely,

José Luis Castro
Executive Director

Rajita Bhavaraju
Chair, Coordinating Committee of Scientific Activities
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.
Online Submission of Sessions
(at http://services.theunion.org)

Online submission of Symposia, Workshops and Post-Graduate Courses to be included in the scientific programme of the 46th Union World Conference on Lung Health will open at the end of November 2014.

The conference will be held in Cape Town, South Africa from 2 to 6 December 2015. The conference theme will be “A new agenda: lung health beyond 2015.” We welcome your ideas for sessions relating to TB, HIV, tobacco control and adult and child lung health. We encourage submissions from members of civil society, as well as sessions about public health interventions, including community-based programmes.

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

WHAT: All proposed sessions must be related to lung health

HOW: Online submission is required via: http://services.theunion.org. You are advised to carefully read the guidelines as well as the descriptions of each type of session before submitting your proposed session. You must adhere to the word limit, as the reviewers will only receive the text to the allotted amount. The maximum number of characters allowed for each section, description, target audience, etc. will be indicated in the submission guidelines. Should you wish to receive specific guidance from the specific Scientific Section (TB, HIV, Adult & Child Lung Health or Tobacco Control) for which you are considering a submission, please send an email to scientific@theunion.org.

WHEN: The online submission will open at the end of November 2014 and the deadline will be 15 January 2015.

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 when website traffic is greatest and upload speed slowest.

The selection process:
- All proposed sessions will be reviewed by the Coordinating Committee of Scientific Activities. You will be notified of the outcome of your submission by the end of March 2015.

NOTE: This is not a call for abstracts. Call for abstract submissions for oral and poster presentations will open on 1 February 2015 and submissions will be due by 15 March 2015.

If you have any questions, please contact scientific@theunion.org.
For nearly 100 years, The Union has drawn from the best scientific evidence and the skills, expertise and reach of our staff, consultants and membership in order to advance solutions to the most pressing public health challenges affecting people living in poverty around the world.

Our Partners
The Union works with stakeholders in countries around the world and from every sector, including governments, international agencies, civil society, and the private sector.

Our Issues
- Tuberculosis, including drug-resistant TB, childhood TB, TB/HIV, and TB-diabetes
- Tobacco Use
- HIV and AIDS
- Lung Disease, including asthma and pneumonia
- Non-Communicable Diseases

Join us!
http://services.theunion.org
OUR APPROACH

The Union provides our stakeholders with a full range of services and products that span from generating evidence to taking action to improve public health.

KNOW

- We conduct research, with emphasis on operational research and clinical trials.

SHARE

- We assist governments and other agencies, at their request, to support their management and implementation of large-scale health programmes.
- We publish research through two peer-reviewed scientific journals, The International Journal of Tuberculosis and Lung Disease and Public Health Action.
- We train health professionals through courses building technical expertise, management skills and research capacity.
- We convene communities of practice through international and regional conferences and through our membership network.

ACT

- We deliver essential health services in areas of need where The Union has capacity and comparative advantage.
- We advocate for the public health policies and resources necessary for safeguarding people’s health.

OUR IMPACT: 2013

- More than 150 countries served
- 7.8 million TB patients in 27 countries received faster diagnosis and better care
- 1.6 billion people in 34 countries were protected by smokefree laws
- 17,000 HIV patients received antiretroviral therapy
- 450,000+ MDR-TB patients gained hope from Union research
- 1,571 professionals from 95 countries participated in 64 courses
- More than 140 papers by Union-affiliated researchers were published in peer-reviewed journals

Follow us! @TheUnion_TBLH
Like us on Facebook!
Stay abreast of our latest news in English, French and Spanish: www.theunion.org
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.

Registered journalists at the conference are invited to use the press room located in Rooms 215-216 on the Mezzanine 2 (M2) level. 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, 28 October to Saturday, 1 November, from 08:00 to 18:00

All press conferences will take place in Room 214 unless otherwise noted in the press pack.

The 45th Union World Conference on Lung Health is accredited by the European Board for Accreditation in Pneumology (EBAP). The Union has been accredited by EBAP to provide up to 24 CME credits for this conference.

Delegates will receive the CME application form together with their badge at the Registration Desk. This form should be duly filled in with information on the sessions attended if delegates wish to be awarded CME credits. The form can be left at the Registration Desk or sent by mail to The Union Secretariat by 20 November 2014 (as attested by the postmark).

The Union also sought for CME accreditation with the European Accreditation Council for Continuing Medical Education (EACCME). The EACCME is an institution of the European Union of Medical Specialists (UEMS, www.eums.org). EACCME credits are recognised throughout Europe and can be exchanged for national CME credits by contacting your National Authority. The EACCME’s decision will shortly be released.

The National Press Foundation and The Union are offering the 6th annual Journalist-to-Journalist (J2J) training on lung health issues at the World Conference. The training runs from Monday-Wednesday, 27-29 October 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.

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The Union Centennial Campaign
for Research and Education

The Union Centennial Campaign honours the 100th anniversary of the International Union Against Tuberculosis and Lung Disease (The Union) by raising unrestricted funds to support its independent and innovative research and education programmes. These programmes have been the hallmark of The Union’s contribution to the global fight against tuberculosis and lung disease since its founding in 1920 and continue to be core activities serving 150 countries today.

To learn more or to make a gift, please visit www.theunion.org
ACKNOWLEDGEMENTS

The Union extends its gratitude to all those listed here below for their support in making this conference successful.

- Action Damien
- Agence Française de Développement (AFD)
- Agence Nationale de Recherche sur le Sida et les hépatites virales (ANRS)
- Ajuntament de Barcelona
- Alter Vida (Centro de Estudios y Formacion para el Ecodesarrollo)
- Anonymous
- Baobab Health Trust, Malawi
- Barcelona Turisme Convention Bureau
- Bloomberg Philanthropies
- Commune de Premier Fait, France
- Department for International Development (DFID) of the British Government
- Economic Development Board of Singapore
- Eli Lilly and Company India Pvt Ltd
- Family Health International with funds from the United States Agency for International Development (USAID)
- Fondation Mérieux
- Fondo Financiero de Proyectos de Desarrollo (FONADE)
- France Expertise Internationale (FEI) Initiative 5% Sida, Tuberculosis, Paludisme
- Frequent Flyer Travel Paris
- Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) via Central Tuberculosis Division, Ministry of Health and Family Welfare, India
- Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) through a grant managed by the United Nations Office Project Services (UNOPS) in Myanmar
- Instituto Nicaragüense de Seguridad Social
- International Federation of Red Cross and Red Crescent societies with funds from the Bloomberg Philanthropies
- Jagran Pehel, India
- Ligue Pulmonaire Suisse
- Longhorn Vaccines and Diagnostics LLC
- Ministry of Economy and Finance, Government of Peru
- Ministry of Health, Dominican Republic
- MISERERO
- National Cancer Institute (NCI) via Courtesy Associates Chicago LLC
- National Press Foundation
- New Ways to Work for DWOI (Developing World Outreach Initiative)
- Norwegian Association of Heart and Lung Patients (LHL)
- PAHO Ecuador
- Programme National de Lutte contre la Tuberculose RDC
- Qiangen/Cellestis
- Schwab Charitable Fund
- Secretariat of the Pacific Community, New Caledonia
- TBCARE I and II implemented by the Tuberculosis Coalition for Technical Assistance (TBCTA) with funds from the United States Agency for International Development (USAID)
- The Union North America
- United Nations Development Programme (UNDP Iran)
- University Research Co, LLC funded by USAID
- US Department of Health and Human Services Centers for Disease Control and Prevention (CDC)
- USAID
- Voxiva SRL
- World Diabetes Foundation
- World Health Organization (WHO) through a grant managed by EnCompass LLC
- WHO through grants managed by the Stop TB Partnership
- World Lung Foundation with financial support from Bloomberg Philanthropies
- World Lung Foundation with financial support from the Bill and Melinda Gates Foundation
- The Yadana Consortium operated by 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 US Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organisations imply endorsement by the U.S. Government.

List of sponsors

- American Thoracic Society, ATS (USA)
- Janssen Pharmaceutica NV (Belgium)
- S. Karger AG (Switzerland)
- Elsevier - The Lancet (UK)
- Eli Lilly Export S.A. (Switzerland)
- Oxford Immunotec LTD (UK)
- QIAGEN GmbH (Germany)
- Serveis Clínics (Spain)

EXHIBITION OPENING HOURS

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
</tr>
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<tbody>
<tr>
<td>Tuesday, 28 October</td>
<td>08:00 - 17:00</td>
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<tr>
<td>Wednesday, 29 October</td>
<td>08:00 - 17:30</td>
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<tr>
<td>Thursday, 30 October</td>
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<tr>
<td>Friday, 31 October</td>
<td>08:00 - 17:30</td>
</tr>
<tr>
<td>Saturday, 1 November</td>
<td>08:00 - 14:30</td>
</tr>
</tbody>
</table>
List of exhibitors

- 5th Conference of The Union Asia-Pacific Region (Australia) ........................................................................12
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- BioContainment Infrastructure Services PTY (Ltd) (South Africa) ......29
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- WHO - UNITAID ...........................................................................6
- The Union Village

Abstract reviewers

The Union would like to express its gratitude and thanks to the following people for their contribution in reviewing the abstracts submitted for presentation at the conference.

- Agha M (India)
- Ait-Khaled N (Algeria)
- Amaechi C (Nigeria)
- Amos A (UK)
- Angra P (USA)
- Asaad E (Egypt)
- Benson T (Nigeria)
- Bhavaraju R (USA)
- Bloom A (USA)
- Boillot F (France)
- Burney P (UK)
- Caminero JA (Spain)
- Cannon R O (South Africa)
- Carter E J (USA)
- Chiang C Y (China)
- Cirillo D M (Italy)
- Cobelens F (Netherlands)
- Conradike F (South Africa)
- Cotton M (South Africa)
- Creswell J (USA)
- Date A (USA)
- Delat A (USA)
- Dhiwayo P (Zimbabwe)
- Dodoro R (Zimbabwe)
- Dogar O (UK)
- Edginton M (South Africa)
- El Nahas G (Egypt)
- El Sony A (Sudan)
- Evans E (Peru)
- Fanning A (Canada)
- Farmer M (USA)
- Fujiwara P I (USA)
- Gardner A (Kenya)
- Gilpin C (Switzerland)
- Graham S M (Australia)
- Grant R (South Africa)
- Harries AD (UK)
- Hasan R (Pakistan)
- Heldal E (Norway)
- Jaramillo E (Switzerland)
- Kan A (USA)
- Karpati A (USA)
- Kik S (Canada)
- Koura G (France)
- Kumar B (India)
- Lagarde D (France)
- Latif E (UK)
- Lin H H (China)
- Louis F (USA)
- Makombe R (Botswana)
- Mandalakas A (USA)
- Mangan J (USA)
- Marks G (Australia)
- Maryline Bonnet
- Mason L I (USA)
- Matthew T (USA)
- Mavhunga F (Namibia)
- McCarthy K (South Africa)
- Middelkoop K (South Africa)
- Miller B (USA)
- Millo N (Zimbabwe)
- Molinari M (Mexico)
- Monedero I (Spain)
- Muwonge A (UK)
- Namutamba D (Uganda)
- Nardell E (USA)
- Ncube R (Botswana)
- Ngwenya S (Swaziland)
- Nikisi J (Zambia)
- Obioma A (Nigeria)
- Oey L (Netherlands)
- Ojukwu M (Nigeria)
- Oleo-Popelka F (USA)
- Orr P (Canada)
- Owiti P (Kenya)
- Paramasivan CN (India)
- Patrawalla A (USA)
- Pearson M (USA)
- Pevzner E (USA)
- Rabie H (South Africa)
- Raizes E (USA)
- Ramsay A (Switzerland)
- Reichter M (USA)
- Rieder H L (Switzerland)
- Rusen I D (Canada)
- Ruswa N C (Namibia)
- Sagili K (India)
- Salfinger M (USA)
- Scatena Villa T C (Brazil)
- Schaaf H S (South Africa)
- Schluger N (USA)
- Schwartzman K (Canada)
- Seddon J (UK)
- Shinnick T (USA)
- Shulgina M (Russian Federation)
- Steenhoff A (USA)
- Stender S C (South Africa)
- Swaminathan S (India)
- Talaard J (South Africa)
- Trébuquet A (France)
- Tudor C (South Africa)
- Uys M (South Africa)
- Vernon A (USA)
- Vidhulubala E (India)
- Vivek A R (India)
- Wallstedt H (Sweden)
- Walton W (USA)
- Wang S H (USA)
- Wares F (India)
- Wei X (Canada)
- Well D (Switzerland)
- Williams V (Switzerland)
- Ya Diul M (USA)
- Zezai A (Namibia)
- Zishiri C (Zimbabwe)
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.

CLOAKROOM
A free cloakroom located in the conference venue will be at the disposal of registered delegates. Opening hours will be posted on-site.

CATERING AND COFFEE BREAKS
Coffee breaks will be served to registered delegates and registered accompanying persons during the conference at the following times:

<table>
<thead>
<tr>
<th>Day</th>
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<tbody>
<tr>
<td>Tuesday, 28 October 2014</td>
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<td>Saturday, 1 November 2014</td>
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</tbody>
</table>

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 or to the hosts/hostesses.

INTERNET AREA
An Internet Area located near the registration desk is available free of charge to all registered delegates. It will be open Tuesday, 28 October 2014 through to Saturday, 1 November 2014. 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 in the main entrance area and oral abstract presentations) will be available on the conference website: www.worldlunghealth.org

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WEBINARS
Webinars 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 in the main entrance area and oral abstract presentations) will be available on the conference website: www.worldlunghealth.org

Information for Presenters

PREVIEW ROOM
All presentations will be uploaded via the Speakers Preview Room by technical staff, who will be at the disposal of presenters. Presenters must go to the Speakers Preview Room at least two hours before their session to upload and review their presentations. They should follow the guidelines sent by the conference secretariat prior to the conference.

The opening hours are:

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td>Monday, 27 October 2014</td>
<td>14:00- 19:00</td>
</tr>
<tr>
<td>Tuesday, 28 October 2014</td>
<td>07:00-19:00</td>
</tr>
<tr>
<td>Wednesday, 29 October 2014</td>
<td>07:00-19:00</td>
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</tbody>
</table>

POSTER DESK
The poster desk will be located in the Poster Area. 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, 29 October 2014. If you are presenting on Thursday, 30 October 2014, please make sure that your abstract is posted before 10:15, at which time the session will start.

Take-down: All posters must be removed between 14:00 and 16:00 on Saturday, 1 November 2014.

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

REGISTRATION FEES (ON-SITE RATES)

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Union member</td>
<td>650 €</td>
</tr>
<tr>
<td>Non-Union member</td>
<td>700 €</td>
</tr>
<tr>
<td>Student (in training and under 35 years old)</td>
<td>350 €</td>
</tr>
<tr>
<td>One-day registration</td>
<td>250 €</td>
</tr>
<tr>
<td>Post-graduate (per course)</td>
<td>100 €</td>
</tr>
<tr>
<td>Accompanying person</td>
<td>150 €</td>
</tr>
<tr>
<td>Spanish track – 1-day registration</td>
<td>150 €</td>
</tr>
<tr>
<td>Spanish track – 2-day registration</td>
<td>300 €</td>
</tr>
</tbody>
</table>

1. The deadline for online pre-registration is Sunday, 26 October 2014. All registrations received after this date will be processed on-site at the on-site rates.

2. The deadline for offline pre-registration is on Friday, 10 October 2014. All offline registrations received after this date will be processed on-site at the on-site rates.

3. Registration for the conference includes participation in all scientific sessions, access to the technical exhibition area and the scientific poster exhibition, an invitation to the Welcome Reception on Wednesday, 29 October 2014, coffee breaks and the conference pack.

4. Registered accompanying persons are entitled to attend the Welcome Reception on Wednesday, 29 October 2014, the Closing Reception on Saturday, 1 November and coffee breaks, 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
• Travellers Cheques

Cancellation conditions
As of 20 September 2014: 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 presentation of ID and are subject to a 40 € administration fee.

Conference Registration Desk
Opening hours
<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday, 28 October</td>
<td>08:00 - 18:00</td>
</tr>
<tr>
<td>Wednesday, 29 October</td>
<td>07:00 - 18:00</td>
</tr>
<tr>
<td>Thursday, 30 October</td>
<td>07:30 - 18:00</td>
</tr>
<tr>
<td>Friday, 31 October</td>
<td>07:30 - 18:00</td>
</tr>
<tr>
<td>Saturday, 1 November</td>
<td>07:30 - 16:00</td>
</tr>
</tbody>
</table>

The Global Tuberculosis Symposium on Tuesday, 28 October 2014 is open to all delegates with no specific registration requirements. 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 and will have to show their badge to access the workshop or course.

Certificate of attendance
A certificate of attendance will be given to delegates upon collection of their registration badge at the registration desk.

Delegates wishing to include the title of the session they have attended or contributed to in their certificate of attendance should send their request to scientific@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 45th Union World Conference on Lung Health for subsequent use as Union internal and external promotional material.

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

Barceló Congresos has been appointed as the official housing bureau of the 45th Union World Conference on Lung Health, and is offering you the opportunity to book accommodation in a selection of Barcelona’s best hotels at negotiated rates.

Pl. Europa, 17-19 1st floor
08908 L’Hospitalet de Llobregat (Barcelona, Spain)
T + 34 93 882 38 78
Fax: +34 902 516 257
Email: theunion@barcelocongresos.com
Website: http://barcelocongresos.com.es/theunion/

PRICE RANGES (INCLUDING BREAKFAST):

<table>
<thead>
<tr>
<th>Star Rating</th>
<th>Price Range</th>
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<tbody>
<tr>
<td>★★</td>
<td>77€ to 124€</td>
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<tr>
<td>★★★</td>
<td>123 € to 210€</td>
</tr>
<tr>
<td>★★★★</td>
<td>213€ to 240€</td>
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</tbody>
</table>

Terms and conditions

In order to complete the booking process, a deposit corresponding to one night’s stay will be charged to a credit card provided. This amount will be deducted from the final bill upon hotel check-out. All rates are per room, per night in EUROS and include breakfast and 10% VAT.

Rates have been negotiated for the time of the conference. Should you preferred arrival and/or departure date not be available please contact Barceló Congresos to arrange additional nights.

Group booking

For group bookings (10 or more rooms) different conditions apply. Please send an email to theunion@barcelocongresos.com stating the number of rooms, category and preferred location and you will receive a list of options suitable to your requirements.

If you would like to book between 2 and 9 rooms please send an email to theunion@barcelocongresos.com stating your preferred hotel, the number of rooms required, arrival and departure dates, payment method and whether you wish to pay one night’s deposit or the full stay for each attendee. Once received we will confirm availability and send a link to a separate booking form with a simplified booking process.

Cancellations, changes and no-shows for individuals bookings

- Up to 30 days prior to the congress: refund of the deposit paid less an administrative fee of 50€. There will be no penalty for the reduction in the number of nights
- Less than 28 days prior to the congress: for any cancellation a penalty of 1 night deposit will apply. There will be no penalty for the reduction in the number of nights.
- Less than 2 days prior to the congress or no-shows: all reserved nights will be charged as cancellation penalty.

Please note that all booking changes including cancellations must be made in writing to theunion@barcelocongresos.com, not with the hotels.

Hotel Accommodation Desk

The Hotel Desk will be located in the Registration Area from 28 October to 1 November 2014.

Social Programme

PRESIDENT’S CENTENNIAL DINNER

The 3rd President's Centennial Dinner will be held on Tuesday, 28 October 2014, as part of the 45th Union World Conference on Lung Health in Barcelona. The dinner is a key event in The Union Centennial Campaign to raise unrestricted funds for research and education in the run up to The Union centennial in 2020.

For more information on the Centennial Campaign, please contact aguelton@theunion.org.

WELCOME RECEPTION

The Union would like to invite all registered delegates and accompanying persons to the Inaugural session on Wednesday, 29 October 2014 in the Auditorium. The session will be followed by a welcome reception from 19:00 to 20:30 at the CCIB in the Banquet Hall, Level 2.

STUDENT NETWORKING FORUM

The Union would like to invite all students to attend its brand new student networking forum! This informal event will take place in The Union Village on Friday 31st October from 18:00 to 19:00 and will be a valuable opportunity for students to meet Union experts as well as other students. To find out more, please visit the Membership Stand in The Union Village.

CLOSING RECEPTION

A Closing Ceremony will be held on Saturday, 1 November 2014 from 16:15 to 18:30 at the CCIB. It will feature a review of the highlights of the conference including a rapporteur session. The ceremony will be followed by a reception to honour the Scientific Programme Committee members, session speakers, chairs and coordinators who have contributed to the success of the conference.
THE CCIB
CENTRE DE CONVENCIONS
INTERNACIONAL DE BARCELONA

LEVEL P2

LEVEL M2

LEVEL P1

LEVEL P0

• CATERING
• EXHIBITION
• UNION VILLAGE

• POSTER AREA

• SPEAKERS PREVIEW ROOM

• INTERNET AREA
• REGISTRATION

• PHOTO EXHIBITION

BANQUET HALL
MEETING ROOMS
211 - 217
(SPANISH TRACK)

MEETING ROOMS
M211 - M221
PRESS CONFERENCE
MEDIA

MEETING ROOMS
111 - 117
118 - 125
127 - 134
(ALL SESSIONS)
**WEDNESDAY, 29 OCTOBER 2014**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Location</th>
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<tbody>
<tr>
<td>09:00-17:00</td>
<td>Post-Graduate Courses - Rooms 103-134</td>
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<tr>
<td>17:30-19:00</td>
<td>Inaugural Session followed by Award Ceremony - Auditorium</td>
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**THURSDAY, 30 OCTOBER 2014**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Room 112</th>
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<tbody>
<tr>
<td>08:00-10:00</td>
<td>01. Progress in clinical trials for drug-resistant TB: 2014</td>
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<tr>
<td>08:00-10:00</td>
<td>02. Preparing frontline health workers for community-led change</td>
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<td>08:00-10:00</td>
<td>03. How multi-sectoral approach and community engagement may strengthen programmatic management of TB in prisons. (TB)</td>
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<td>08:00-10:00</td>
<td>04. Tuberculosis and diabetes: evidence from action</td>
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<td>08:00-10:00</td>
<td>05. Next generation of eHealth for TB: systems that communicate</td>
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<tr>
<td>08:00-10:00</td>
<td>06. Empirical treatment for TB among HIV-positive people: who, when, how? Update on trials in progress</td>
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**FRIDAY, 31 OCTOBER 2014**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Room 112</th>
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<tbody>
<tr>
<td>08:00-10:00</td>
<td>07. TB education and training</td>
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<tr>
<td>08:00-10:00</td>
<td>08. TB control in prisons</td>
<td></td>
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<tr>
<td>08:00-10:00</td>
<td>09. TB infection control</td>
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<tr>
<td>08:00-10:00</td>
<td>10. Global indigenous Stop TB Initiative</td>
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<tr>
<td>08:00-10:00</td>
<td>11. Childhood TB</td>
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**SATURDAY, 1 NOVEMBER 2014**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Room 112</th>
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<tbody>
<tr>
<td>08:00-08:30</td>
<td>12. Drug monitoring and adverse events</td>
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<tr>
<td>08:00-08:30</td>
<td>13. Finding cases: how good are our notification systems?</td>
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<tr>
<td>08:00-08:30</td>
<td>14. TB control strategies: what is effective?</td>
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<tr>
<td>08:00-08:30</td>
<td>15. Lessons learnt from implementing Xpert MTB/RIF</td>
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<tr>
<td>08:00-08:30</td>
<td>16. The depth of drinking, drugs and depression in TB</td>
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</tbody>
</table>

**TUESDAY, 28 OCTOBER 2014**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Room 211</th>
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<tbody>
<tr>
<td>09:00-18:30</td>
<td>Global TB Symposium organised by the World Health Organization (WHO) - Room 112</td>
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</tbody>
</table>
### SCHEDULE AT A GLANCE

<table>
<thead>
<tr>
<th>07</th>
<th>08</th>
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<td>07</td>
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<td>09</td>
<td>10</td>
<td>11</td>
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<td>13</td>
<td>14</td>
</tr>
<tr>
<td>Community engagement in tuberculosis control and challenges of high TB risk groups in Europe: MDR-/XDR-TB (TB)</td>
<td>TB drug treatment regimens/ trials (TB)</td>
<td>TB and mental health (TB)</td>
<td>All hands on deck: communication engagement and TB programmes (CS)</td>
<td>Rights based approach, integrating TB and other lung health conditions (TB)</td>
<td>Best practices in patient adherence and support (TB/NAP)</td>
<td>07:00-07:30</td>
<td>07:30-08:00</td>
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</tbody>
</table>

### North America Region

<table>
<thead>
<tr>
<th>North America Region</th>
<th>Europe Region</th>
<th>Middle- East Region</th>
<th>Latin America Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>34. Supervision or support? A debate panel on challenges around DOT and patient-centred care (TB/NAP)</td>
<td>19. TB drug treatment regimens/ trials (TB)</td>
<td>Inter-Regional Meeting (closed meeting) (12:45-14:00)</td>
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<tr>
<td>The pediatric TB drug market: progress and future direction (TB/NAP)</td>
<td>20. TB and diabetes: the new deadly duo (TB)</td>
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<tr>
<td>WHO guidelines on LTB management: challenges and opportunities (TB/NAP)</td>
<td>21. TB and mental health (TB)</td>
<td>02.00-04.50</td>
<td></td>
</tr>
<tr>
<td>Emerging perspectives in the treatment of pediatric MDR-TB (TB/NAP)</td>
<td>22. Best practices in patient adherence and support (TB/NAP)</td>
<td>02:00-04:50</td>
<td></td>
</tr>
<tr>
<td>Developing new regimens from treating MDR-TB (TB)</td>
<td>23. TB drug treatment regimens/ trials (TB)</td>
<td>02.00-04.50</td>
<td></td>
</tr>
<tr>
<td>Reaching the unreached through new civil society initiatives integrating community-based TB activities (CS)</td>
<td>24. TB drug treatment regimens/ trials (TB)</td>
<td>02.00-04.50</td>
<td></td>
</tr>
<tr>
<td>Non-tuberculosis mycobacterial infections: diagnosis and management (TB)</td>
<td>25. Community as partner: creating successful collaborations in TB control (TC)</td>
<td>02.00-04.50</td>
<td></td>
</tr>
<tr>
<td>Community-driven tuberculosis/ nurses and Allied Professionals</td>
<td>26. Community pneumonia: innovative solutions for the next generation (TC)</td>
<td>02.00-04.50</td>
<td></td>
</tr>
<tr>
<td>Tobacco control, trade and international treaties (TC)</td>
<td>27. What practical steps are needed to achieve a patient-centered continuum of care in TB control? (CS)</td>
<td>02.00-04.50</td>
<td></td>
</tr>
<tr>
<td>COPD in low- and middle-income countries</td>
<td>The TREAT TB operational research virtual learning programme (TREAT TB)</td>
<td>02.00-04.50</td>
<td></td>
</tr>
</tbody>
</table>
PLENARY SESSIONS OVERVIEW

Inaugural Session  WEDNESDAY, 29 OCTOBER 2014  17:30-19:00 • Auditorium

CHAIRS: E Jane Carter (USA), Rajita Bhavaraju (USA)

Sir John Crofton Memorial Lecture: The role of legislative advocacy for TB and other lung health conditions

SPEAKER: Rt Hon. Nick Herbert, MP and co-chair of the All Party Parliamentary Group on Global TB (UK)

Old disease, new ambitions: Zero TB deaths in our lifetime

SPEAKER: Dr Aaron Motsoaledi, Minister of Health for South Africa and Chair of the Stop TB Partnership Board

The role of communities in the management and care of persons living with tuberculosis, HIV and other lung health issues

SPEAKER: Ria Grant, Senior Advisor for South Africa’s TB/HIV Care Association, member of the Developing Country NGO Delegation to the Global Fund to Fight AIDS, Tuberculosis and Malaria, South Africa

Richard Riley Plenary Session  THURSDAY, 30 OCTOBER 2014  11:30-12:30 • Room 112

WHO’s new End TB Strategy 2016-2035

SPEAKER: Mukund Uplekar, Senior Offier, Policy, Strategy and Innovations Unit, The Global TB Programme, World Health Organization (WHO), Switzerland

CHAIR: Edward Nardell (USA)

New models of lung health and diabetes care for the poor accessing private providers in Asia

SPEAKER: Aamir Khan, Founder and Executive Director, Interactive Research and Development (IRD), Pakistan

CHAIR: Laia Ruiz Mingote (Spain)

Simultaneous English/Spanish/English/ translation is provided for these sessions
Plenary Session  
**FRIDAY, 31 OCTOBER 2014**  
11:30-12:30  •  Room 112

**Past and future examples of community engagement**

**SPEAKER:** Mark Dybul, Executive Director of The Global Fund to Fight AIDS, Tuberculosis and Malaria, Switzerland  
**CHAIR:** To be confirmed

---

**Robert Koch Lecture on TB vaccines development**

**SPEAKER:** Stefan H E Kaufmann, Founding Director and Managing Director of the Max Planck Institute for Infection Biology in Berlin, Germany  
**CHAIR:** Pere-Joan Cardona (Spain)

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Plenary Session  
**SATURDAY, 1 NOVEMBER 2014**  
11:30-12:30  •  Room 112

**Panel discussion:**  
**Community driven solutions: Present perspectives and future vision**

**Patrick Nsimba Mata,**  
TB advocate,  
Deputy National Secretary and Project Coordinator for Club des Amis Damien, Democratic Republic of Congo

**Mesake Navugona,**  
Rugby league player at 2000 World Cup and former TB patient, Fiji

**Edith Garba,**  
Lawyer and MDR-TB survivor, Nigeria

**Oleksandr Kulchenko,**  
Treatment Programmes Support Unit, All-Ukrainian Network of People Living with HIV, Ukraine

**MODERATORS:** Hara Mihalea (Cambodia), D’Arcy Richardson (USA)

Simultaneous English/Spanish/English/ translation is provided for these sessions
TUESDAY, 28 OCTOBER
Moving out of the box to end the global TB epidemic: with the post-2015 strategy

BACKGROUND: For a world free of TB, out-of-the-box action is needed that builds on the fundamentals of quality TB prevention, care and control.

In May 2014, the World Health Assembly approved the World Health Organization’s Post-2015 Global TB Strategy, which aims to end the global TB epidemic by 2035 with an associated 95% decline in TB deaths, a 90% decline in TB incidence and the elimination of catastrophic costs for TB-affected households. Core actions of the strategy are framed under three pillars:

1. Integrated patient-centred care and prevention
2. Bold policies and supportive systems
3. Intensified research and innovation.

The strategy was developed through broad-based consultations with countries, partner organisations, civil society and academic experts. Among these consultations were two previous Union World Conference on Lung Health symposia, which focused in 2012 on framing the overall targets and strategic framework and, in 2013, on elaborating on the elements of its third pillar on research. Building on these events, the Global TB Symposium in 2014 proposes to address how the strategy now can be taken forward through country adaptation. The strategy will fail if it is formulaically applied in all settings. Defining the right course for adaptation in 2015, and initiating a rapid pace for implementation from early 2016, will be essential. Business as usual won’t suffice. Out-of-the-box actions being taken by some governments, partners and communities today demonstrate that the unusual is possible.

OBJECTIVES OF THE SYMPOSIUM:

1. To offer participants an overview of the epidemiologic, programmatic and political context that set the baseline for implementing the new global TB strategy;
2. To provide examples of locally-specific applications using the innovative elements of the strategy and global support.

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 organisations 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.

The theme for the 2014 Kochon Prize focuses on innovators working with TB communities to reach the three million people who are missed every year.
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker/Institution</th>
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<tbody>
<tr>
<td>09:00 - 10:40</td>
<td>I. INTRODUCTION</td>
<td>José Luis Castro (The Union)</td>
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<tr>
<td>09:00 - 09:25</td>
<td>Welcome Remembrance</td>
<td>Mario Raviglione (WHO)</td>
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<tr>
<td>09:25 - 09:50</td>
<td>Global TB care and control: current progress</td>
<td>Diana Weil (WHO)</td>
</tr>
<tr>
<td>09:50 - 10:15</td>
<td>Pursuing the global TB strategy within post-2015 global health diplomacy</td>
<td>Ambassador Eric Goosby (University of California, San Francisco, UCSF)</td>
</tr>
<tr>
<td>10:15 - 10:20</td>
<td>The role of Parliamentarians in driving progress towards 2035 targets</td>
<td>Rt. Hon. Nick Herbert (Member of Parliament, United Kingdom)</td>
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<tr>
<td>10:20 - 10:40</td>
<td>Questions/Comments</td>
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<tr>
<td>10:40 - 11:10</td>
<td>Coffee Break</td>
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<tr>
<td>11:10 - 12:30</td>
<td>II. ADOPTING AND ADAPTING THE STRATEGY</td>
<td></td>
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<tr>
<td>11:15 - 11:35</td>
<td>Setting the course to 2035: a national perspective</td>
<td>Viet Nhung Nguyen (Ministry of Health, Vietnam)</td>
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<tr>
<td>11:35 - 11:50</td>
<td>A framework towards TB elimination for low-incidence countries</td>
<td>Knut Lonnroth (WHO)</td>
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<tr>
<td>11:50 - 12:05</td>
<td>Framing a response that fits the epidemic: Epidemiology and engagement</td>
<td>Ibrahim Abubakar, Sarah Anderson (Public Health England)</td>
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<td>12:05 - 12:30</td>
<td>Questions/Comments</td>
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<td>12:30 - 13:30</td>
<td>Lunch</td>
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<tr>
<td>13:30 – 14:50</td>
<td>III. PILLAR 1: INTEGRATED, PATIENT-CENTRED CARE &amp; PREVENTION</td>
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<tr>
<td>13:50-14:05</td>
<td>Patient-centred models of care: pursuing the mandate</td>
<td>Ernesto Jaramillo (WHO)</td>
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<tr>
<td>14:05-14:25</td>
<td>Moving on preventive therapy</td>
<td>Haileyesus Getahun (WHO)</td>
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<tr>
<td>14:25-14:50</td>
<td>Questions/Comments</td>
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<tr>
<td>14:50-15:45</td>
<td>IV. PILLAR 2: BOLD POLICIES AND SUPPORTIVE SYSTEMS</td>
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<tr>
<td>15:00-15:15</td>
<td>Removing catastrophic patient costs with universal health coverage financing and social protection</td>
<td>Viorel Soltan (Center for Health Policies and Studies, Moldova)</td>
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<tr>
<td>15:15-15:30</td>
<td>The carrot and the stick: policy &amp; regulation to reduce antimicrobial resistance</td>
<td>To be confirmed</td>
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<tr>
<td>15:30-15:45</td>
<td>Questions/Comments</td>
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<tr>
<td>15:45-16:10</td>
<td>Coffee break</td>
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<tr>
<td>16:10 – 17:00</td>
<td>V. PILLAR 3: INTENSIFIED RESEARCH &amp; INNOVATION</td>
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<tr>
<td>16:15-16:30</td>
<td>Panel: rolling out a policy implementation package for new TB drugs and regimens</td>
<td>Gavin Churchyard (Arum Institute); Norbert Djeka (South Africa Department of Health) Dalene von Delft (TB PROOF)</td>
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<tr>
<td>16:30-16:45</td>
<td>Collaboration for effective TB drug regimen trials</td>
<td>I.D. Rusen (The Union)</td>
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<tr>
<td>16:45-17:00</td>
<td>Questions/Comments</td>
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<tr>
<td>17:00 – 17:45</td>
<td>VI. DEVELOPING THE GLOBAL PLAN TO STOP TB, 2016-2020: INTRODUCTION</td>
<td>Chairman Kim Doo-Hyun (Kochon Foundation) Lucica Ditiu (Stop TB Partnership)</td>
</tr>
<tr>
<td>17:05-17:15</td>
<td>The importance of the Global Plan in achieving the post-2015 strategy</td>
<td>Aaron Motsoaledi (Minister of Health, South Africa)</td>
</tr>
<tr>
<td>17:15-17:35</td>
<td>The creation of the Global Plan, changes from previous plans, and complementarity to WHO’s post-2015 implementation guidelines</td>
<td>Jon Lidén, Suvanand Sahu (The Stop TB Partnership)</td>
</tr>
<tr>
<td>17:35-17:45</td>
<td>Questions/Comments</td>
<td></td>
</tr>
<tr>
<td>17:45-17:55</td>
<td>VII. KOCHON PRIZE AWARD CEREMONY</td>
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<tr>
<td>17:55-18:00</td>
<td>VIII. CONCLUDING REMARKS</td>
<td>Ambassador Eric Goosby (UCSF), Mario Raviglione (WHO)</td>
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</tbody>
</table>
Cured is an exhibition of photographs depicting the everyday lives of people who have one thing in common – they all had multidrug-resistant (MDR-) or extensively-drug resistant tuberculosis (XDR-TB) and were cured.

This project was developed by The Union’s MDR-TB Unit and 7 national tuberculosis programmes in Latin America and Spain, in collaboration with photographer Javier Galeano. It highlights not only the constant presence of TB in our communities, but also that all TB cases, even those with an extensive pattern of resistance, can be cured with a good clinical and operational management.

Javier travelled to Colombia, Dominican Republic, Ecuador, El Salvador, Mexico, Peru and Gran Canaria (Spain) to document the stories of 28 patients cured of MDR- and XDR-TB, to show the full lives they have today and to celebrate their recovery.

This project was made possible with financial support from The Union North America.

At right: Karen, a community TB worker from Colombia, cured of MDR-TB after 24 months of treatment and surgery
MEETINGS

Union Administrative Meetings

Board Meeting
11:00 - 14:00 • Room M211/212
ATTENDEES: All Board members

Coordinating Committee of Scientific Activities (CCSA)
15:00 - 18:00 • Room M211/212
ATTENDEES: CCSA Chair, all section officers, Institute representatives and Union President

Editorial Board of Public Health Action
16:00 - 18:00 • Room 134
ATTENDEES: PHA Editorial Board and Institute representatives

Side Meetings

Strategic Meeting on Ways Forward: Tobacco Control
09:00-17:00 • Room 127/128 • Closed meeting
COORDINATOR: Kayleigh Bleymann (UK)
CHAIR: Myra Wisotsky (USA)

Creation of a platform to store and share TB clinical trial data
14:30- 17:00 • Room 129 • Closed meeting
COORDINATOR: Corinne Merle (UK)
London School of Hygiene and Tropical Medicine
The overall objective of this initiative is to create a technical platform for sharing, combining and interrogating TB clinical trial databases in an efficient, ethical and sustainable manner; and use recent data sets testing fluoroquinolones in first line TB therapy (RIFAQUIN, OFLOTUB, REMOX trials) as a proof of principle for the merits of such a technical platform.

THE 3rd PRESIDENT’S CENTENNIAL DINNER

The 3rd President’s Centennial Dinner will take place on Tuesday, 28 October in the spectacular Sala de la Cúpula Museu Nacional d’Art de Catalunya, Parc de Montjuïc, Barcelona. Envisioned as a series of dinners held each year in conjunction with the World Conference, the President’s Centennial Dinners began in Kuala Lumpur in 2012 as key events supporting the Centennial Campaign 2012-2020. The Union Centennial Campaign honours the lead up to The Union’s 100th anniversary on 20 October 2020 and is raising unrestricted funds to support our independent and innovative research and education programmes.

If you have questions, please write to: aguelton@theunion.org.
WEDNESDAY, 29 OCTOBER
Special Guest Lecture
Sir John Crofton Memorial Lecture: The role of legislative advocacy for TB and other lung health conditions

**SPEAKER:** Rt Hon. Nick Herbert, MP and co-chair of the All Party Parliamentary Group on Global TB (UK)

Nick Herbert is the UK Member of Parliament for Arundel and South Downs.

He was first elected in 1997 as the Conservative Parliamentary member from Berwick Upon Tweed, one of the most rural seats in England. Herbert is passionate about defending rural communities and played a leading role in what is now the Countryside Alliance. He also directed the highly regarded independent think tank, Reform.

In Parliament, he has held the positions of Shadow Minister for Police Reform, Shadow Secretary of State for Justice and Shadow Secretary of State for Environment, Food and Rural Affairs. Herbert also served as Minister of State for Policing and Criminal Justice from 2010 to 2012.

Since becoming an MP, Herbert has worked closely with the development charity Results on the global problem of tuberculosis. In 2006 he helped to form, and was elected co-chairman of, the All Party Parliamentary Group on Global TB. He returned as co-chairman in 2013.

Old disease, new ambitions: Zero TB deaths in our lifetime

**SPEAKER:** Dr Aaron Motsoaledi, Minister of Health for South Africa and Chair of the Stop TB Partnership Board

Dr Motsoaledi became politically aware at a young age. He was in high school at the time of the Soweto uprisings of 1976, and he was active in the liberation struggle as a college and medical student. In 1983 he was instrumental in mobilising students at the University of Natal to form the United Democratic Front. As a medical intern, he was involved in the African National Congress’s armed wing, and in 1980 he was elected chair of the Northern Transvaal Reception Committee. He became deputy chair of the ANC Northern Transvaal (now Limpopo) region when it was launched in 1990 and served on the Limpopo Provincial Executive Committee of the ANC for 19 years. He was then elected to the ANC National Executive Committee, where he serves today.

Dr Motsoaledi holds bachelors’ degrees in medicine and surgery from the University of KwaZulu-Natal and is a member of the Ministerial Advisory Committee for the NHI and South African National AIDS Council.

The role of communities in the management and care of persons living with tuberculosis, HIV and other lung health issues

**SPEAKER:** Ria Grant, Senior Advisor for South Africa’s TB/HIV Care Association, member of the Developing Country NGO Delegation to the Global Fund to Fight AIDS, Tuberculosis and Malaria, South Africa

Ria Grant is both Senior Advisor for South Africa’s TB/HIV Care Association and a member of the Developing Country NGO Delegation to the Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund).

As a long-time TB nurse in the Cape Town area, Mrs Grant became aware of how crucial a TB patient’s social environment is to both causing and curing the disease. She then became a caseworker for TB Care – now the TB/HIV Care Association – working closely with patients to address their clinical, material and psychosocial needs. She was appointed Director of TB/HIV Care Association, and since her retirement in 2009, continues as Senior Advisor.

Mrs Grant has also served as African Regional Communications Focal Point and Lead Communications Focal Point for the Developing Country NGO Delegation to The Global Fund, among other commitments. She has presented papers on TB/HIV Care’s work internationally to communicate the importance of its mission.

**CHAIRS:** E Jane Carter (USA), Rajita Bhavaraju (USA)

Simultaneous English/Spanish/English/ translation is provided for these sessions
Several awards sponsored by The Union, its members and partners are presented each year at the World Conference on Lung Health.

The Princess Chichibu Memorial TB Global Award

The Princess Chichibu Memorial TB Global Award is presented by the Japan Anti-Tuberculosis Association (JATA), a constituent member of The Union. Princess Chichibu of Japan was born as Matsudaira Setsuko in England in 1909. She spent much of her early life and education abroad, including in China and the United States, where her father served as a Japanese diplomat. Although a commoner, her 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. In 1939, Princess Chichibu was appointed as the patroness of the newly established Japan Anti-Tuberculosis Association (JATA). The couple’s life together changed, however, when the Prince contracted TB in 1940. After her husband’s death from TB in 1953, Princess Chichibu continued to dedicate her life to TB control both in and outside Japan. When she herself died in 1995, JATA established the Princess Chichibu Memorial TB Global Award. This US$ 10,000 award recognises 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.

The Otsuka/Union Young Innovator in TB Research Award

The Young Innovator in TB Research Award was established in 2014 through a global partnership between Otsuka SA (Otsuka) and The Union. The aim of the award is to recognise young scientists who have demonstrated a commitment to advancing innovative thinking in TB research. Those eligible for the award are clinicians and researchers from any country who have completed postgraduate training (MPH, PhD, MD or post-doc) no longer than five years ago and who have successfully completed an innovative demonstration project in TB control, management and care, including operational and clinical research. Honorees receive full sponsorship to attend an international training programme on TB control and The Union World Conference on Lung Health, where they will have an opportunity to present their research.

The Union Awards

Awards administered by The Union include The Union Young Investigator Prize, The Union Scientific Prize and the Karel Styblo Public Health Prize. All are designed to recognise different types of outstanding contribution to tuberculosis and lung health. Self-nominations and nominations for the awards open each summer, and honorees are selected by members of the Coordinating Committee of Scientific Activities. Winners receive full sponsorship to attend the World Conference and a cash prize of US$ 2,000. For more details, please visit www.theunion.org

The Karel Styblo Public Health Prize

The Union’s Karel Styblo Public Health Prize honours the memory of the man who developed the strategy for TB control, known as DOTS (directly observed treatment, short course), which has been used to treat 5 million people since 1995. This strategy addresses TB from the clinical, operational, political and social perspective and has since been applied to diseases from asthma to HIV. Born in Czechoslovakia, Dr Karel Styblo (1921–1998) was himself a TB survivor, who dedicated his life to studying the disease. He worked with Sir John Crofton in the 1950s, when the "Edinburgh method" of treating TB with a combination of drugs made TB curable for the first time. In 1966, he became head of the TB Surveillance Research Unit (TSRU) founded by the IUAT (The Union), KNVC, WHO and several countries. He also served as IUAT’s Director of Scientific Activities from 1979 to 1991. During these years, he worked closely with IUAT Executive Director Dr Annik Rouillon and partners in nine countries to test the TB model later branded as DOTS, which proved effective even under the adverse conditions in low-income, high-burden settings.

Welcome Reception

The Union invites all registered delegates and accompanying persons to the Welcome Reception.

Awards Ceremony

17:30-19:00 • Auditorium

Princess Chichibu Memorial TB Global Award recognises outstanding contributions to global TB control.

The Young Innovator in TB Research Award was established in 2014 through a global partnership between Otsuka SA (Otsuka) and The Union to recognise young scientists who have demonstrated a commitment to advancing innovative thinking in TB research.

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

• The Union Young Investigator Prize acknowledges a researcher for work in lung health published in the past five years, when age 35 years or 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.

WEDNESDAY 29 OCTOBER | INAUGURAL SESSION - AWARDS CEREMONY
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<th>Post-graduate Courses</th>
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<td>01. Project Management</td>
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<td>02. An introduction to tuberculosis modelling (TB modelling and analysis consortium)</td>
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<td>03. Innovative and effective training for community workers</td>
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<td>04. An introduction to pragmatic randomised controlled trials in low- and middle-income countries</td>
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<td>05. Communicating effectively: in person and on paper</td>
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<td>06. Optimising current and novel TB combination therapy based on PK/PD science and biological variability (half-day, 09:00-12:30)</td>
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<td>07. Update on clinical and programmatic management of MDR-TB and XDR-TB</td>
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## Workshops

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<tr>
<th>Time</th>
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| 09:00 - 17:00 | TB         | Rony Zachariah (Luxembourg)  
              |             | Anthony D Harries (UK)       |
|               | TB         | Andrea Corazza (Belgium)  
              |             | Martin Van Den Boom (Denmark) |
|               | TB/Bact.   | Lynsey Isherwood (South Africa)  
              |             | Siva Danaviah (South Africa)  |
|               | ACLH       | Olivier Marcy (Cambodia)  
              |             | Martina Casenghi (Switzerland) |
|               | CS         | Nonna Turusbekova (Netherlands)  
              |             | Alberto Colorado (Mexico)     |
|               | TB         | Gilles Cesari (Switzerland)  
              |             | Deliana Garcia (USA)          |
|               | TB/ NAPs   | Virginia Williams (Switzerland)  
              |             | Netty Kamp (Netherlands)       |
|               | TB         | Vailantsin Rusovich (Belarus)  
              |             | Wayne Van Gemert (Switzerland) |
|               | TB         | Kaspars Lunte (Switzerland)  
              |             | Chinwe Owunna (USA)            |
|               | CS         | Sugata Mukhopadhyay (India)  
              |             | Gagik Karapetyan (USA)         |
|               | TB         | Anne Detjen (USA)  
              |             | Kitty Van Weezenbeek (Netherlands) |
|               | TB         | Pawan Angra (USA)  
              |             | Armand Van Deun (Belgium)      |

Simultaneous English/Russian/English/ translation is provided for these sessions
Post-graduate Course 1 09:00-17:00 • Room 127

**Project Management**

**SECTION**
All sections

**DURATION**
Full-day

**MAX ATTENDEES**
50

**COORDINATOR**
Christine Hunt (USA)

**CHAIR**
Christine Hunt (USA)

**TARGET AUDIENCE**
Junior- to senior-level managers working in public health, as well as managers who oversee personnel across multiple levels, divisions, and locations.

**DESCRIPTION**
The success of a health project is most often determined by how well a project was planned during its inception. Those in charge of managing aspects of a health initiative find that they must tackle key elements concerning the project, such as identifying project stakeholders, determining the core objectives, establishing a timeline for activities, and crafting a budget. Participants will engage in practical exercises that will build their capacity by strengthening their project management abilities.

**OBJECTIVES**
- To acquire the skills needed to assess projects that identify elements which contribute to desired outcomes
- To acquire skills in using Logical Framework Analysis tools to develop model projects
- To acquire skills to create monitoring and evaluation plans to measure project success

**PRESENTATIONS**
1. Welcome, course overview and introductions – Nathalie Emaille-Léotard (France), Rein Houben (UK), Anna Vassall (Netherlands)
2. Group Discussion: why good projects fail? – Nathalie Emaille-Léotard (France)
3. Introduction to Project Management – Nathalie Emaille-Léotard (France)
4. Logical framework analysis: stakeholder analysis / Exercise: stakeholder analysis – Rein Houben (UK)
5. Logical framework analysis: problem tree and objective tree / Exercise: problem tree – Rein Houben (UK)
6. Logical framework analysis: planning matrix – Rein Houben (UK), Nathalie Emaille-Léotard (France)
7. Exercise: developing indicators and means of verification – Nathalie Emaille-Léotard (France)
8. Group discussion: monitoring and evaluation – Nathalie Emaille-Léotard (France)
9. Personal experiences with project management – José Luis Castro (France)
10. Review, closing and evaluations – Nathalie Emaille-Léotard (France), Rein Houben (UK)

Post-graduate Course 2 09:00-17:00 • Room 128

**An introduction to tuberculosis modelling (TB modelling and analysis consortium)**

**SECTION**
Tuberculosis

**DURATION**
Full-day

**MAX ATTENDEES**
25

**COORDINATOR(S)**
Philip Eckhoff (USA)  
Richard White (UK)

**CHAIR(S)**
Philip Eckhoff (USA)  
Richard White (UK)

**TARGET AUDIENCE**
TB and HIV researchers, heads of national TB programmes, policy-makers, decision-makers, epidemiologists, clinicians.

**DESCRIPTION**
For individuals interested in modelling tuberculosis and the impact of TB care and control programmes. It will introduce participants to the basic structures, assumptions, principles, and concepts of TB modelling, including key aspects of Mtb natural history and the impact and cost-effectiveness of TB care and control programmes. Participants will gain hands-on experience of using a TB model and how to appraise TB modelling papers. We will also highlight the role of modelling for policy and decision making and resources available from the TB Modelling and Analysis Consortium (www.tb-mac.org).

**OBJECTIVES**
- Introduce participants to the basic structures, assumptions, principles, and concepts of TB modelling
- Introduce key aspects of Mtb natural history, impact and cost-effectiveness of TB care and control programmes
- Provide hands-on experience of using a TB model and the insights they can provide
- Provide training in the critical appraisal of modelling papers
- Highlight role of modelling for policy and decision making and modellers resources available from TB MAC

**PRESENTATIONS**
1. Lecture 1: An introduction to tuberculosis modelling – Richard White (UK)
2. Practical 1: Setting up a model of Mtb – Emilia Vynnycky (UK), Tom Sumner (UK)
3. Paper Discussion: How to critically review a modelling paper – Philip Eckhoff (USA), Gwenan Knight (UK)
4. Lecture 2: Tuberculosis modelling – interventions and cost effectiveness – Rein Houben (UK), Anna Vassall (Netherlands)
5. Practical 2: modelling the impact and cost effectiveness of TB interventions – Emilia Vynnycky (UK), Tom Sumner (UK)
6. Summary of the day – Richard White (UK)
Innovative and effective training for community workers

SECTION
Nurses & Allied Professionals (TB, HIV, Tobacco and Lung Health)

DURATION
Full-day

MAX ATTENDEES
35

COORDINATOR
Ineke Huitema (Netherlands)
Abubakar Dalhat (Nigeria)
Zahedul Islam (Ukraine)

TARGET AUDIENCE
Trainers, ACSM professionals, Human Resources Development (HRD) officers and consultants involved in capacity building of community workers.

DESCRIPTION
Competent and motivated community workers can play a vital role in prevention and care of TB control at community level. Quality training and mentoring are needed to build community workers’ competences and feed their motivation. Participants of this post-graduate course will build their capacity in developing a competency based training curriculum by practicing a participatory and action oriented training approach with innovative training methods. The practical training in this course will have a hands-on approach, creating an inspiring and active learning environment for the participants.

OBJECTIVES
- Strengthen competencies to identify community workers’ learning needs
- Strengthen competencies to develop a competency based training curriculum for community workers
- Strengthen competencies to select and apply appropriate training methods
- Strengthen competencies in developing a mentoring plan to follow up the training course

PRESENTATIONS
1. Introduction to capacity building of community workers – Ineke Huitema (Netherlands)
2. Steps to develop a competency-based training curriculum for community workers – Abubakar Dalhat (Nigeria)
3. Defining community workers’ competencies and learning needs – Zahedul Islam (Ukraine)
4. Developing an appropriate training approach for community workers – Ineke Huitema (Netherlands)
5. Selecting and practicing participatory and interactive training methods – Abubakar Dalhat (Nigeria), Ineke Huitema (Netherlands)
6. Develop a mentoring plan to follow up training – Zahedul Islam (Ukraine), Abubakar Dalhat (Nigeria)

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An introduction to pragmatic randomised controlled trials in low- and middle-income countries

SECTION
Tobacco

DURATION
Full-day

MAX ATTENDEES
40

COORDINATOR(S)
Omara Dogar (UK)
Sarwat Shah (UK)

CHAIR
Kamran Siddiqi (UK)

TARGET AUDIENCE
This introductory post-graduate course is directed at clinicians, health services, researchers and managers who wish to lead or collaborate in pragmatic randomised controlled trials (RCT) of healthcare interventions in LMIC.

DESCRIPTION
This course has two main components: 1. Designing, and conducting RCTs. 2. Reporting RCTs in peer-reviewed journals. The course will be divided into three sessions, each session running as follows: a) Introducing the topic b) Case study from one (or two) of the trials c) Facilitators’ presentation d) Ethical issues relevant to the topic e) General discussion and Q&A on the topic

OBJECTIVES
- Design and conduct pragmatic randomised controlled trials (RCT) of healthcare interventions in LMIC context
- Report the findings of a pragmatic RCT according to the standards set in CONSORT statement(s)

PRESENTATIONS
1. To RCT or not to RCT: is RCT appropriate to the research question(s) and timing of the study? If yes, what type of RCT is appropriate? – Kamran Siddiqi (UK)
2. Design of RCT: how to avoid bias – Kamran Siddiqi (UK)
3. Selecting your participants, settings and location including issues related to sample size – Sarwat Shah (UK)
4. Primary and secondary outcome measures including data collection procedures – Sarwat Shah (UK)
5. Randomisation and allocation (individual and clusters) – Omara Dogar (UK)
6. Recruiting participants (clusters and individuals) – Sarwat Shah (UK)
7. Planning the analysis – Omara Dogar (UK)
8. Reporting the trial (CONSORT compliance) – Omara Dogar (UK)
**Post-graduate Course 5** 09:00-17:00 • Room 131

**Communicating effectively: in person and on paper**

**SECTION**
Tuberculosis

**DURATION**
Full-day

**MAX ATTENDEES**
30

**COORDINATOR(S)**
Hedvig Amdal (Norway)
Tristan Bayly (Netherlands)

**CHAIR**
Mona Drage (Norway)

**TARGET AUDIENCE**
The workshop is aimed at anyone who needs to communicate more effectively e.g. programme managers, NTP managers/ coordinators, donor representatives, ASCM professionals, nurses and clinicians.

**DESCRIPTION**
To achieve/share the results we want, it is essential to communicate well. Good communication creates an environment that promotes treatment/healing, facilitates behavioral change, reduces conflict & stress and improves working conditions. Communicating successes, outcomes & results ensures a well informed community, leading to both political will and future funding/support. This course provides two sets of tools: 1. To address the skills needed to improve communication, motivate patients and increase job satisfaction, and 2. To perfect ways to communicate outcomes/results and success stories.

**OBJECTIVES**
- Increased awareness of one’s own communication and its effects on others
- Learn the basics of the “5 minute communication model”
- Learn how to establish trust, ensure understanding, remembering and motivation with patients
- Communicate results in TB control
- Help participants to develop the skills needed to tell their stories

**PRESENTATIONS**
1. The effect of implementing health communication in TB control in Temelk municipal – Dar Es Salaam, Tanzania – Joyce Mgoamwende (Tanzania, United Rep.)
2. I have no difficult patients anymore: experiences from Russia – Anna Kondakova (Russian Federation)
3. The “5 minute communication model” – Hedvig Amdal (Norway)
5. Telling stories: identifying and building success stories – Tristan Bayly (Netherlands)
6. Quality writing – Fran Du Melle (USA)

7. Presenting data: better tables and visuals and presentations – Ersin Topcuoglu (Netherlands)

**Post-graduate Course 6** 09:00-12:30 • Room 132

**Optimising current and novel TB combination therapy based on PK/PD science and biological variability**

**SECTION**
Tuberculosis

**DURATION**
Half-day

**MAX ATTENDEES**
40

**COORDINATOR(S)**
Pasipanodya Jotam (USA)
Beki Magazi (South Africa)

**CHAIR(S)**
Tawanda Gumbo (USA)
Helen Mc Ileron (South Africa)

**TARGET AUDIENCE**
Clinicians (physicians, nurses and laboratory experts) and TB policy experts.

**DESCRIPTION**
The fundamental basis such as the critical drug concentration levels upon which the current approaches used for TB diagnosis and treatment, were derived from studies in the 1960s. Meanwhile, tremendous progress made over the past two decades in PK/PD has improved our understanding of how the shape of the drug exposure curve relates to bacterial kill rates and resistance suppression. PK/PD studies of existing and new anti-TB drugs performed in the hollow-fibre models as well as the murine models have provided insights suggesting that TB therapy can be improved.

**OBJECTIVES**
- To present existing and new PK/PD data of anti-TB drugs and its role in Bayesian dose optimisation
- To present new data on MIC anti-TB drugs from developing countries
- To discuss proposed drug susceptibility breakpoints of first-line anti-TB drugs and their implications
- To discuss the feasibility of routine monitoring of drug concentrations in patient care

**PRESENTATIONS**
1. Background PK/PD of anti-TB drugs: lessons learnt to date – Charles Peloquin (USA)
2. Proposed combination regimens for drug-susceptible and drug-resistant TB – Helen Mc Ileron (South Africa), Beki Magazi (South Africa)
3. Therapeutic drug monitoring in targeted patient populations – Rob Aarnoutse (Netherlands), Jan-Willem C Alffenaar (Netherlands)
4. Biological variability and its role in patients’ outcomes – Beki Magazi (South Africa), Jan-Willem C Alffenaar (Netherlands)
5. Bayesian adaptive feedback control dosing and routine drug concentrations: is it feasible? – Tawanda Gumbo (USA), Pasipanodya Jotam (USA)
6. PK/PD anti-TB drugs 2013 in vitro and in vivo models – Eric Nuermberger (USA)
Update on clinical and programmatic management of MDR-TB and XDR-TB

**DESCRIPTION**

MDR- and XDR-TB pose a significant threat to TB control and challenge clinicians and programme managers world-wide with complexities in diagnosis, treatment, case management and infection control. This course addresses challenges of DR-TB management by presenting updated epidemiologic and surveillance data, and providing clinical and programmatic strategies relevant to a wide-range of practitioners based on the most recent international policies and standards of care. Cutting edge strategies for care and programmatic management of DR-TB will be presented to promote best practices globally.

**OBJECTIVES**

- To update global epidemiology of DR-TB and present principles of MDR-TB prevention, diagnosis, and treatment
- To present recent advances in rapid diagnosis of drug-resistance and to discuss their clinical application
- To discuss evidence-based management and controversial issues in the treatment of MDR/XDR-TB
- To present cutting edge strategies for the management of MDR/XDR-TB including new drugs and diagnostic tools
- To introduce community-based programmatic management of MDR-TB and discuss prevention strategies

**PRESENTATIONS**

1. MDR-TB/XDR-TB global epidemiology (including HIV-coinfection) – Dennis Falzon (Switzerland)
2. Principles of MDR-TB management – Chen-Yuan Chiang (Taiwan)
3. Rapid diagnostics tests: a laboratory-based perspective – Christopher Gilpin (Switzerland)
4. Treatment of MDR-TB: principles and controversial issues – Jose Caminero Luna (Spain)
5. Pharmacovigilance and management of adverse drug effects – Michael Rich (USA)
7. Special situations: HIV coinfection and pregnancy – Jennifer Furin (USA)
8. Surgery in the management of MDR-TB – Andrey Maryandyshev (Russian Federation)
9. Update in MDR-TB studies (9 month short course regimen) – Arnaud Trébucq (France), Ernesto Jaramillo (Switzerland)
10. Introducing bedaquiline and delamanid in the management of MDR-/XDR-TB – Christian Lienhardt (Switzerland)
**Workshop 1** 09:00-17:00  •  Room 117

**Operational research skills in one day**

**SECTION**  
Tuberculosis

**ORGANISED BY**  
International Union Against Tuberculosis and Lung Disease

**DURATION**  
Full-day

**MAX ATTENDEES**  
150

**COORDINATOR(S)**  
Rony Zachariah  
(Luxembourg)  
Anthony D Harries (UK)

**CHAIR(S)**  
Tony Reid (Belgium)  
Sven G Hinderaker  
(Norway)

**TARGET AUDIENCE**  
The workshop is for any individual working in the field of Tuberculosis, HIV or lung health, who is interested in operational research.

**MEETING TYPE**  
Open meeting

**DESCRIPTION**  
This is a one-day workshop on operational research, providing an overview of the topic, the Union-MSF model of operational research capacity building, how to develop a protocol, how to use EpiData to undertake data collection and analysis, how to write a paper and have 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 how it can help in changing policy and practice in low- and middle-income countries.

**OBJECTIVES**  
- To provide an overview of operational research and how this can lead to changes in policy and practice
- To present the WHO-Union-MSF (SORT IT) model of capacity building
- To show how to develop a research protocol and perform data collection and analysis using EpiData
- To understand the principles of writing a paper for publication
- To demonstrate how to move and monitor research to policy and practice

**EXPECTED OUTCOME**  
Participants will finish the one-day workshop understanding the basic principles of operational research and the capacity building that is needed to develop operational research at a country or programmatic level.

**PRESENTATIONS**
1. Operational research, what, why and how? – Rony Zachariah (Luxembourg)
2. Operational research capacity building – Anthony D Harries (UK),  
Andrew Ramsay (Switzerland)
3. Principles and structure of a research protocol – Anthony D Harries (UK)
4. Collection and organisation of data and using EpiData – Hans L Rieder (Switzerland),  
Ajay Kumar (India)
5. Writing the scientific paper and keeping the editor happy – Tony Reid (Belgium)
6. An example of writing a scientific paper – Anthony D Harries (UK)
7. Moving research to policy and practice – Rony Zachariah (Luxembourg)

**Workshop 2** 09:00-12:30  •  Room 114

**Community-driven solutions to the MDR-TB epidemic in the European region**

**SECTION**  
Tuberculosis

**ORGANISED BY**  
WHO Regional Office for Europe

**DURATION**  
Half-day

**MAX ATTENDEES**  
100

**COORDINATOR(S)**  
Andrea Corazza (Belgium)  
Martin Van Den Boom (Denmark)

**CHAIR(S)**  
Fanny Voitzwinkler  
(Belgium)  
Martin Van Den Boom  
(Denmark)

**TARGET AUDIENCE**  
Health practitioners, NTP managers, WHO, civil society organisations, international organisations.

**MEETING TYPE**  
Open meeting

**DESCRIPTION**  
Communities are rarely involved in supporting TB prevention and care in the European region. This session will be an opportunity for practitioners, NTP managers and communities from high burden MDR-TB countries to discuss and find ways to collaborate. Involving communities affected by the disease and civil society representatives in planning, implementing and monitoring national TB programmes is crucial. The workshop will serve as a platform of exchange between communities and national programmes and will help WHO Europe and the TB Europe Coalition develop guidelines on cooperation in the region.

**OBJECTIVES**  
- Raise awareness among NTP managers on added value of CSOs and community involvement
- Raise awareness among community and CSOs on existing mechanisms of collaboration with national programmes
- Exchange best practices on NTP-community cooperation across the region
- Establish guidelines and best practices on community involvement in the European region

**EXPECTED OUTCOME**  
Enhanced cooperation between communities, CSOs and national TB programmes in the European region.

**PRESENTATIONS**
3. Involving people affected by the disease: a key aspect of the fight against TB in the European region – Safar Naimov (Tajikistan)
4. Involving CSOs in every aspect of the TB programmes: the Bulgarian experience –  
Tonka Varleva (Bulgaria)
5. Advocating for resource mobilisation and better TB policies in Moldova –  
Lilian Severin (Moldova)

*Simultaneous English/Spanish/English/ translation is provided for these sessions*
Complexities of molecular and phenotypic diagnostics in clinical management

This workshop provides a platform for the continued debate on the complexities of molecular and phenotypic diagnostics in clinical management. Due to the overwhelming demand stemming from a symposium organised by the same group at the 44th Union World Conference, the session will navigate diagnostic challenges from both the TB clinicians and scientists’ perspective. The workshop will consist of a series of presentations from a panel of TB experts followed by a discussion in which concerns and gaps in research can be identified. Delegates are encouraged to participate.

OBJECTIVES
- To present updated research data on gene mutations conferring resistance to TB drugs, including PZA
- To provide a forum for clinicians to voice their interpretation of diagnostics in clinical management of TB
- To identify key concerns and gaps in research appertaining to molecular and phenotypic diagnostics
- To discuss development of a training manual on molecular and phenotypic diagnostics for clinicians
- To engage in discussions with the panel regarding TB gene mutations and their clinical relevance

EXPECTED OUTCOME
Participants will complete the workshop with a deeper understanding of the advantages and pitfalls of molecular and phenotypic diagnostics when applied to clinical management. The delegates would have also contributed towards the first steps of developing a training manual on molecular and phenotypic diagnostics, for clinicians. A full workshop report will be written and disseminated.

PRESENTATIONS
1. WHO Global Surveillance Project – Christopher Gilpin (Switzerland)
2. Whole genome based diagnostics: the data to knowledge challenge (including PZA) – Stefan Niemann (Germany)
3. To what extent can genotypic DST replace conventional phenotypic techniques? The case of fluoroquinolones and injectable drugs – Daniela M Cirillo (Italy)
4. The use of Xpert MTB/RIF for diagnosing rifampicin resistance and concordance with DST: the South African experience on 2 million Xpert tests – Wendy Stevens (South Africa)
5. rpoB genotyping: connecting the DOTS by reading between the lines – Marinus Barnard (South Africa)
6. Deciding what drugs to treat TB patients: lessons learnt (including Bedaquiline compassionate access) – Francesca Conradie (South Africa)
7. Making clinical decisions using genotypic data – Antonino Catanzaro (USA)
**Workshop 4 09:00-12:30 • Room 115**

**Practical aspects of microbiological diagnostic evaluation in childhood TB**

<table>
<thead>
<tr>
<th>SECTION</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>Adult and Child Lung Health</td>
<td>Laboratory diagnosis of childhood TB remains challenging due to the paucibacillary nature of the disease and the difficulties in obtaining good quality respiratory samples. Optimisation of sampling methods and sample processing represent a critical aspect to address in order to improve current practice for childhood TB diagnosis. This workshop will address practical aspects of microbiological diagnostic evaluation for TB in children at different levels of health care. It will provide participants with state of the art knowledge on methodological approaches and offer a forum for sharing lessons learnt.</td>
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<thead>
<tr>
<th>OBJECTIVES</th>
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<tbody>
<tr>
<td>• Provide practical knowledge on sample collection for children, sample storage and processing methods</td>
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<tr>
<td>• Review critical aspects of the operational implementation of diagnostic approaches for childhood TB</td>
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<tr>
<td>• Discuss most advanced technologies in the TB diagnostic pipeline and their application to children</td>
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<tr>
<td>• Review critical aspects of the design and implementation of clinical research on diagnostic tools in children</td>
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<tr>
<th>EXPECTED OUTCOME</th>
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<tbody>
<tr>
<td>A formal workshop report will be generated, with the view of future publication. If sufficient interest is generated, it is anticipated that a formal childhood TB diagnostics working group will be established in the future.</td>
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<table>
<thead>
<tr>
<th>PRESENTATIONS</th>
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<tbody>
<tr>
<td>1. Optimising sample collection in children: practical guidance – Elisabetta Walters (South Africa), Carlos Perez-Velez (USA)</td>
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<td>2. Field perspectives-implementation challenges at the programme level: what specimen collection methods can be implemented and where? – Emmanuel Fojardo (South Africa)</td>
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<td>3. Field perspective-implementation challenges at the nurse level: tolerability, acceptability and feasibility of sample collection methods – Bunnet Dim (Cambodia)</td>
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<tr>
<td>4. Laboratory perspective to optimise specimen yield: sample processing, laboratory optimisation methods, transport and storage – Andrew Whitelaw (South Africa)</td>
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<tr>
<td>5. Update on novel tools, platforms and strategies and their application to children: improving use of Xpert MTB/RIF for paediatric TB diagnosis – Mark Nicol (South Africa)</td>
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<tr>
<td>6. Diagnostics pipeline and application to children: next generation NAAT-based test and urinary LAM – Luis Cuevas (UK)</td>
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<tr>
<td>7. Critical aspects of study design and implementation for diagnostic studies – Anneke Hesseling (South Africa), Patrick Jean-Philippe (USA)</td>
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**Workshop 5 13:30-17:00 • Room 115**

**Civil Society, tuberculosis and the Global Fund processes**

<table>
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<tr>
<th>SECTION</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>Civil Society</td>
<td>Effective strategies of CSOs engagement in the Global Fund processes will be presented. The workshop will give the latest of community systems strengthening, improving constituency representation, gender mainstreaming and involvement of CSOs and KAPs in TB programmes. This is an invitation to all stakeholders; TB patients, KAPs, CSOs, national TB programmes, technical partners and donors to discuss sustainable community-driven solutions in the framework of Global Fund grants. Focusing on multi-sector collaboration in advocacy for increased domestic financing for TB response will be addressed too.</td>
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<tr>
<th>OBJECTIVES</th>
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<tbody>
<tr>
<td>• Exchange best practices of CSO engagement in various Global Fund processes</td>
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<tr>
<td>• Discuss how to practically promote community-driven solutions</td>
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<tr>
<td>• Stimulate dialogue on how to effectively involve CSOs/KAPs by community systems strengthening</td>
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<tr>
<td>• Discuss multi-sector collaboration to increase domestic financing, including its availability for CSOs</td>
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<tr>
<th>EXPECTED OUTCOME</th>
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<tbody>
<tr>
<td>1. Sharing of the effective strategies of civil society organisations’ (CSOs) participation in strategic planning, country dialogue, country coordinating mechanisms, concept note development, grant monitoring and other Global Fund processes.</td>
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<tr>
<td>2. Discuss practical recommendations on how to increase the engagement and representation of key affected populations (KAPs) by means of community systems strengthening.</td>
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</table>
3. Promote stakeholders’ collaboration and engagement of CSOs and KAPs to advocate for sustainability, increase in domestic financing and making it available to support CSOs’ work in TB.

PRESENTATIONS

1. Integration of gender-based programming in TB reviews, national strategic planning and Global Fund concept note development processes in Kenya – Lucy Chesire (Kenya)
3. Community system strengthening best practices from Eastern Europe & Central Asia: CSO involvement in Global Fund processes – Nonna Tursubekova (Netherlands)
4. Ensuring adequate and effective representation for TB-affected communities on Global Fund Country Coordination Mechanisms in seven African countries – Carol Nawina Nyirenda (Zambia)
5. Preparing for the unimaginable: increasing domestic financing before Global Fund withdrawal in Romania, a middle-income country with a high TB burden – Jonathan Stillo (USA)

Workshop 6 09:00-12:30 • Room 120/121

Participatory development of guiding principles for migrant community-driven projects to eliminate TB

SECTION

Tuberculosis

ORGANISED BY

LHL International, WHO (WPRO Office) IOM, Migrant Clinicians Network

DURATION

Half-day

MAX ATTENDEES

75

COORDINATOR(S)

Gilles Cesari (Switzerland)
Deliana Garcia (USA)

CHAIR(S)

Davide Mosca (Switzerland)
Laia Ruiz Mingote (Spain)

TARGET AUDIENCE

Patients, migrants, associations, advocates, NGOs, policy-makers, public health officials, healthcare professionals, international organisations, WHO, donors

MEETING TYPE

Open meeting

DESCRIPTION

Among the three million people suffering from TB and not diagnosed or treated each year, how many are migrants? With 215 million people living outside their countries of birth, and over 700 million migrating within their countries, we can assume that working with the migrants to further TB elimination is essential. Migrants are hard to reach, have poor access to TB services and are at higher risk of infection. We want this to change and we need guidance. Please join us to develop a tool useful to all stakeholders interested in reaching and supporting the migrant communities.

OBJECTIVES

- To provide an overview of various strategies used in reaching and working with migrant communities worldwide
- To outline previous successful strategies used in general (as well as individual) circumstances
- To guide the audience on ways to build and sustain community-driven projects addressing migrant communities
- To guide the audience on how to build community-driven projects targeting migrant communities
- To provide opportunity for ongoing dialogue with interested participants in formalising guidance

EXPECTED OUTCOME

An overview of various strategies used in reaching and working with migrant communities worldwide will be provided. Four specific and successful examples of community-driven projects targeting migrant communities will be presented. Building on these foundations, the attendees, in three groups facilitated by moderators, will brainstorm, share and develop collectively a guidance for healthcare community-driven projects targeting migrants.

PRESENTATIONS

1. Ensuring regular and irregular migrants access to TB care: experiences from a Somali diaspora community and LHL International in Norway – Ingunn Nordstoga (Norway)
2. Overview of various strategies used in reaching and working with migrant communities worldwide – Poonam Dhavan (Philippines)
3. Recent changes in state policies towards migrants with TB, and how to maximise this progress – Rima Kalush (Bahrain)
4. The impact of massive immigration in Barcelona on TB epidemiology: the role of community health workers in the TB Programme – Joan A Caylà (Spain)
5. Group work facilitated by Nobuyuki Nishikiori (WHO, Philippines), Poonam Dhavan (Philippines) and Rima Kalush (Migrants-Rights.Org, Bahrain)
### Workshop 7  13:30-17:00  Room 120/121

#### Patient-centred planning, funding and implementation

<table>
<thead>
<tr>
<th>SECTION</th>
<th>Nurses &amp; Allied Professionals (TB, HIV, Tobacco and Lung Health)</th>
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<tbody>
<tr>
<td>ORGANISED BY</td>
<td>International Council of Nurses</td>
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<tr>
<td>DURATION</td>
<td>Half-day</td>
</tr>
<tr>
<td>MAX ATTENDEES</td>
<td>50</td>
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<tr>
<td>COORDINATOR(S)</td>
<td>Virginia Williams (Switzerland)</td>
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<td>Netty Kamp (Netherlands)</td>
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#### Target audience
Programme managers, donors, civil society, community, key affected populations, healthcare workers, researchers, civil society organisations

#### Meeting type
Open meeting

#### Description
There remains an urgent need to address the barriers which prevent an estimated 3 million people with TB from accessing treatment and care. The strategic emphasis now placed on patient-centred care is a vital step forward. Of paramount importance is the full adoption and implementation of global policies which embrace patient-centred, ethical and human rights-based approaches to TB care. This workshop will include short presentations from a variety of perspectives with time allowed for discussion about the potential for co-ordinating efforts across the workstreams of different partners.

#### Objectives
- To share lessons learnt in the field by implementers of patient-centred care for those affected by TB
- To reach some consensus regarding the crucial elements required to implement patient-centred care
- To establish a network with a commitment to co-ordinate efforts on agreed priorities and next steps

#### Expected outcome
Consensus will be built on priority challenges in relation to adopting patient-centred planning, funding and implementation. Plans will be made to take advantage of opportunities to reinforce work going forward. A network of interested partners will be established to coordinate across work streams and opportunities will be sought to draw in new partners. A report will be written by the co-ordinators and made available to participants within two weeks of the Union Conference. A symposium proposal will be submitted for the Union conference in 2015 to report progress and share lessons learnt.

#### Presentations
1. The theoretical context: what do we mean by patient-centred care? – Bruno Dujardin (Belgium)
3. Personal experiences: patient and provider perspectives on patient-centred care – Lynette Mabote (South Africa), Phetsile Mamba (Swaziland)
4. A patient-centred approach to the programmatic management of DR-TB – Ernesto Jaramillo (Switzerland)
5. Country examples of effective patient-centred planning and implementation strategies – Manfred Danilovits (Estonia), Daniel Datiko (Ethiopia)

### Workshop 8  09:00-17:00  Room 113

#### Addressing challenges of MDR-TB control in the countries of the former Soviet Union (FSU)

<table>
<thead>
<tr>
<th>SECTION</th>
<th>Tuberculosis</th>
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<tbody>
<tr>
<td>ORGANISED BY</td>
<td>WHO Regional office for Europe</td>
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<tr>
<td>DURATION</td>
<td>Full-day</td>
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<tr>
<td>MAX ATTENDEES</td>
<td>80</td>
</tr>
<tr>
<td>COORDINATOR(S)</td>
<td>Valantisins Rusovich (Belarus)</td>
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<td>Wayne Van Gemert (Switzerland)</td>
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#### Chair(S)
Masoud Dara (Denmark)
Alena Skrahina (Belarus)

#### Description
This initiative is built upon the successful workshop at the 2013 Union Conference in Paris. The countries of the region are implementing the Consolidated Action Plan to Prevent and Combat M/XDR-TB in the WHO European Region, 2011-2015. While FSU countries previously relied on a hospital-based model of care for TB control, an increasing number of examples have shown that ambulatory or community-based care for most patients is feasible and cost-effective in the FSU settings. This workshop will discuss achievements and challenges facing MDR-TB control programmes from a health system perspective.

#### Objectives
- To share experiences and lessons learnt in addressing challenges in MDR-TB control in FSU countries
- To discuss challenges and next steps in adapting a health system approach to MDR-TB control in FSU countries

#### Expected outcome
On the basis of the discussion a report will be presented that will describe best practices from pilots in the countries and lessons learnt from the region in the areas of scaling-up of MDR-TB control, community involvement and ambulatory models of TB care, participation of civil society organisations and addressing the needs of TB patients from vulnerable groups (prisoners, patients with alcohol addiction).

#### Presentations
1. Challenges of TB/MDR-TB/HIV co-infection in Belarus – Alena Skrahina (Belarus), Varvara Solodovnikova (Belarus)
2. Defining optimal models of care for MDR-TB patients in Vladimir region – Grigory Volchenkov (Russian Federation)
How global mechanisms for supply chain contribute to availability of TB medicines at community level

DESCRIPTION
Global mechanisms such as GDF, WHO and Global Fund have immensely contributed to TB service provision and outcome at community level. GDF provided over 23 million first-line treatments valued at approximately 1 billion dollars (2002-2013) and over 100,000 second-line treatments (2007-2013) to more than 110 countries for their communities. USAID SIAPS project has worked with NTPs and counterparts to build capacity and strengthen TB supply chain systems to ensure access to medicines and services at community level. This workshop will discuss strategies and tools to improve access at community level.

OBJECTIVES
• Describe concrete approaches contributing to availability of quality assured TB medicines at community level
• Share country experiences of technical support and impact on availability of TB medicines at community level

EXPECTED OUTCOME
At the end of the workshop, participants will be expected to learn about available approaches, solutions and tools that can enhance community-based interventions to ensure availability of TB commodities and services.

PRESENTATIONS
1. GDF’s model and evolving landscape of global mechanisms for TB medicine supply to ensure availability of quality assured medicines at the community level – Joel Keravec (Switzerland), Kaspars Lunte (Switzerland)
2. Strengthening the capacity of national TB programmes to ensure zero stock-out of TB medicines at the community level – Thierry Cordier-Lassalle (Switzerland), Salama Mwatamala (Tanzania, United Rep.)
3. Enhancing the capacity of TB/HIV providers to promote safety of TB medicines at the community level – Nomsa Shongwe (Swaziland), Chinwe Owunna (USA)
4. Community-based retail outlets to enhance early case detection of TB infection – Eugeny Belilovsky (Russian Federation)
5. QuantTB: forecasting, quantification and early warning for stock-outs at all levels of health system – Andrea Zagorski (USA), Mohammad Kibria (Bangladesh)
6. Are global mechanisms contributing to equitable access to TB medicine at community level? – Andrea De Lucia (Switzerland), Salama Mwatamala (Tanzania, United Rep.)
**Enhancing inter-personal skills of the health-care providers for TB care and control**

**Workshop 10**

**09:00 - 17:00 • Room 125**

**SECTION**
Civil Society

**ORGANISED BY**
World Vision

**DURATION**
Full-day

**MAX ATTENDEES**
60

**COORDINATOR(S)**
Sugata Mukhopadhyay (India)
Gagik Karapetyan (USA)

**CHAIR(S)**
Vijay Kumar Edward (India)
Denis T Cherian (USA)

**TARGET AUDIENCE**
Programme managers, service providers, community caregivers, counselors, advocates, communicators who are involved in TB care and control and interested to improve quality of their services and TB treatment outcome through heightened soft skills.

**MEETING TYPE**
Open meeting

**DESCRIPTION**
Timely and appropriate health seeking for TB is hampered by myths, stigma and discrimination. World Vision’s experiences indicate that effective and skilled communication can mitigate these challenges and improve case detection and patient compliance. This one-day workshop is designed to enhance soft-skills of the participants, and utilise them effectively during different phases of TB case management (following ‘cough to cure pathway’) with phase-wise objective/s setting, fixing roles and responsibilities of various service providers to achieve those objectives and measuring results.

**OBJECTIVES**
- To sharpen skills like communication, negotiation, time-management, team–building and conflict resolution
- To help participants to utilise those skills effectively at different phases of cough to cure pathway
- To equip participants with skills and tools to develop their organisational plan for soft-skill building

**EXPECTED OUTCOME**
1) The participants will have clarity on a) the specific objectives set at different phases of ‘cough to cure’ pathway b) how to achieve those objectives through a set of appropriate and effective soft-skills and c) measure results. 2) They will be equipped with various soft-skills to establish effective, unbiased, transparent and supportive communication with TB affected and vulnerable population that can improve case detection, reduce defaulters, and ensure favourable treatment outcomes. 3) They will learn to develop realistic plans for soft-skills building for their organisations.

**PRESENTATIONS**
1. Basic elements of communication in healthcare – Tina Monique James (USA), Sugata Mukhopadhyay (India)
2. Role-plays to enhance communication and negotiation skills – Tina Monique James (USA), Sushma Cornelius (India)
3. Enhance your time-management skills – Jeannette Ulate (Canada)
4. Conflict resolution – Gagik Karapetyan (USA)
5. How to work in a team – Denis T Cherian (USA)
6. Setting specific objectives at different phases of cough to cure pathway – Vijay Edward (India), Sugata Mukhopadhyay (India)
7. How to achieve those objectives by utilising different sets of soft-skills effectively and how to measure the achievements – Sugata Mukhopadhyay (India), Sushma Cornelius (India)
8. Soft-skills to handle special cases like drug-resistant TB, TB/HIV co-infection and childhood TB – Sugata Mukhopadhyay (India)
9. Experience sharing of good practices of World Vision in soft-skill building for TB care – Vijay Edward (India)
10. Develop organisational plan for soft-skill building for TB care through group works – Sugata Mukhopadhyay (India), Gagik Karapetyan (USA)

**Workshop 11**

**09:00 - 17:00 • Room 122 / 123**

**Tuberculosis programme reviews and technical assistance**

**SECTION**
Tuberculosis

**ORGANISED BY**
International Union Against Tuberculosis and Lung Disease (The Union)

**DURATION**
Full-day

**MAX ATTENDEES**
50

**COORDINATOR(S)**
Anne Detjen (USA)
Kitty Van Weezenbeek (Netherlands)

**CHAIR(S)**
Hans L. Rieder (Switzerland) Malgorzata Grzemska (Switzerland)

**DESCRIPTION**
This workshop will outline the rationale for providing technical assistance and conducting programme reviews, including expected outputs from a country-perspective. It will explain the difference and interdependence between technical assistance and programme reviews. Practical exercises will focus on the use and assessment of surveillance data. Specific topics will be addressed, including strategic planning, human resources, fundraising and different technical areas. Existing tools for assistance and reviews will be introduced.

**OBJECTIVES**
- To define the purpose of technical assistance and TB programme reviews to country programmes
- To present best practices for technical assistance and conducting programme reviews
- To provide practical guidance on the use of surveillance data
- To introduce important aspects of different technical areas to be considered during assistance and reviews
- To outline how to support TB programmes in their strategic planning and fundraising activities

**EXPECTED OUTCOME**
Participants will finish the workshop understanding the basic principles and best practices for providing technical assistance to country TB programmes as well as conducting TB programme reviews.
**Workshop 12** 09:00-17:00 • Room 116

**Practical laboratory issues in low-resource settings**

**SECTION**
TB Bacteriology and Immunology

**ORGANISED BY**
Centers for Disease Control and Prevention (CDC)

**DURATION**
Full-day

**MAX ATTENDEES**
100

**COORDINATOR(S)**
Pawan Angra (USA)
Armand Van Deun (Belgium)

**CHAIR(S)**
Pawan Angra (USA)

**TARGET AUDIENCE**
TB control programme managers, laboratory managers, epidemiologists, programme managers, clinicians, TB consultants, and trainers

**DESCRIPTION**
Laboratories play a major role in the early diagnosis and follow-up of TB cases. The use of proper diagnostics at appropriate levels in the country and for the vulnerable sections in the communities can help in the early detection of cases with disease or infection for a suitable treatment. Early detection of drug-resistant cases can also ensure the proper regimen and control of drug-resistant TB. This requires strengthening of the TB laboratory services and support and co-operation of the national TB control programmes, epidemiologists, clinicians and laboratorians. Important recent advances in TB laboratory diagnostics should now be correctly utilised in early case detection and in choosing appropriate treatment regimen. Lack of understanding, resources, and quality systems have resulted in the neglect of laboratory services including implementation of newer and rapid diagnostic methods. Laboratory safety is another least addressed area. The relative risk of TB infection for laboratorians and health care workers depend upon the type of work or technique they are using. Adherence to proper bio-safety techniques provides high level of safety.

**OBJECTIVES**
- To discuss practical solutions to the challenges encountered in the implementation of newer diagnostic methods at various levels in a country
- To discuss bio-safety, bio security and bio-risk at laboratory and community levels
- To discuss quality management systems and external quality assessment mechanisms for various techniques in the TB diagnostics
- To discuss the role of culture and newer methods in drug susceptibility testing in identification of drug resistance cases

**EXPECTED OUTCOME**
At the end of this workshop participants will be able to understand the challenges and solutions in the implementation of appropriate diagnostics at different level of services. The participants will have understanding on bio-safety, biosecurity, and biorisk related issues. Participants will understand the quality management systems and appropriate use of external quality assurance. Participants will have useful information to their common laboratory and programme specific problems related to training, quality testing, procurement, inventory, EQA, smear microscopy, culture and DST, and implementation of newer diagnostic methods. This will help in providing proper support by the programmes managers resulting in improved quality of laboratory results and appropriate use of laboratory services by clinicians and epidemiologists.

**PRESENTATIONS**
1. Overview of current and newer TB diagnostic technologies – Christopher Gilpin (Switzerland)
2. Quality Management System in TB laboratory – Stella van Beers (Netherlands)
3. Microscopy network assessments for accreditation – TBC
5. GeneXpert- The need for confirmation of Rif resistant results in low prevalence countries – Sabira Tahseen (Pakistan)
6. Biosafety, biosecurity, and bio-risk in TB laboratories – Thomas Shinnick (USA), and Pawan Angra (USA)
**Union Administrative Meetings**

**Communications, Membership & Fundraising Committee meeting (CMFC)**

09:00 - 12:00 • Room M211/212

*Attendees:* Committee members, Regional Board representatives, Civil society representatives, Bureau, CCSA Chair and Institute representatives

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

14:00 - 17:00 • Room M211/212

*Attendees:* IJTLR Editorial Board members, Institute representatives

**Side Meetings**

**New Funding Model of the Global Fund**

09:00-17:00 • Room 111

World Health Organisation G&T/TSC/TBTEAM

GF New Funding Model – Concept note development and technical support from TB partners: what support was provided, what worked well, what were the challenges and what can be done better, lessons learnt.

*Coordinator:* Malgosia Grzemska (Switzerland)

**Annual Meeting of the Stop TB Partnership**


09:00- 12:30 • Room 212 • Meeting open to all delegates

*Coordinators:* John Ridderhof, CDC, NDWG Core Group, and Alessandra Varga, FIN, NDWG Secretariat

*Chairs:* Catharina Boehme, FIN, and Daniela Cirillo, San Raffaele Scientific Institute, NDWG Co-Chairs

In this meeting we will review activities by the New Diagnostics Working Group as a coordination and communication platform to enable effective collaboration of stakeholders for accelerating progress in TB diagnostic research and development. We will more particularly report outcomes of recent meetings that the NDWG convened with partners to facilitate sharing and integration of sequencing data and to build consensus on high-priority Target Product Profiles. The session will also present progress in biomarker research for development of paediatric TB diagnostics, as well as latest study results on new technologies for multiplex drug susceptibility testing and for improved detection of TB at point-of-care and microscopy centre levels.

In the second part of the session a panel of clinical and laboratory experts will explore the state of genotypic and phenotypic testing in the context of low- and middle-income countries with a high burden of MDR-TB. While the knowledge correlating phenotypic and genotypic methods is rapidly evolving and promises to transform detection of drug resistance, the evidence to recommend genotypic methods as a replacement for phenotypic drug susceptibility testing is not yet available. The session will provide perspectives for considering genotyping approaches as the only feasible solution for high-burden countries which don’t have sufficient capacity for phenotypic testing. The panel will also discuss the challenges related to scaling-up genotypic methods into national guidance for treatment and management of MDR-TB in the low income setting.
FIND Symposium
“Partnerships driving innovative diagnostic solutions in support of TB elimination”
13:30- 17:00 • Room 212 • Meeting open to all delegates

COORDINATOR:
Alessandra Varga,
FIND (Switzerland)

CHAIR:
Catharina Boehme,
Chief Executive Officer, FIND (Switzerland)

The first part of the symposium will provide an update on the TB diagnostics pipeline. Presentations will highlight how FIND and partners are addressing diverse diagnostic challenges to support the 2020 Global targets for TB prevention, care and control. Speakers will report recent results of studies on promising technologies for case detection at point-of-care level for all populations, including children and people living with HIV, as well as on molecular solutions for improved identification of resistance to first- and second-line drugs.

In the second part of the session, a panel discussion on the theme of "Connected diagnostics: opportunities in overcoming bottlenecks in delivery" will follow an overview of current e-health efforts in diagnostics. The panel of international experts will include representatives of the public health sector and non-governmental organizations that are leading pioneer projects applying mobile and information technologies to healthcare in low- and middle-income countries, as well as companies providing solutions in this area. Panelists will discuss the potential of connectivity for improving TB diagnosis to effectively and affordably reach the estimated three million people that every year fail to access quality care.
THURSDAY, 30 OCTOBER
Editorials

1421 Diabetes and tuberculosis: a twenty-first century plague?

1423 Interferon-gamma release assays for childhood tuberculosis: what does the future hold?

Communicable and non-communicable diseases in children: give them some thought

Review Articles

1426 Operational research on operational research: much more to be learned

1436 The looming epidemic of diabetes-associated tuberculosis: learning lessons from HIV-associated tuberculosis

S. P. Fisher-Hoch

The Official Journal of the International Union Against Tuberculosis and Lung Disease

November 2011

Number 11

Original Articles

1455 Some oxygen, please, for anoxic poverty alleviation strategies

S. R. Benatar

1461 Increased prevalence of advanced tuberculosis in rural low tuberculosis caseload counties in North Carolina

L. J. Guderian, W. C. Miller, A. C. Seña, J. E. Stout

1478 Pulmonary tuberculosis and risk factors in Portugal: a spatial analysis

D. A. Enarson

1485 Educational inequalities in tuberculosis mortality in sixteen tuberculosis and disease progression in East India

A. Singh, J. P. Gaughan, V. K. Kashyap

1510 Evaluation of a rapid assay for identification of Mycobacterium tuberculosis grown in solid and liquid media

E. V. Kurbatova, V. M. Gammino, J. Bayona, et al.

1515 Experience with rifabutin replacing rifampin in the treatment of tuberculosis

M. O'Donnell, S. Chamblee, et al.

1522 A Programmatic Guide

2013

Guidelines for Clinical and Operational Management of Drug-Resistant Tuberculosis

F. Qazi, U. Khan, S. Khowaja, et al.

Correspondence

1560 Is the delay in diagnosis of pulmonary tuberculosis related to exposure to fluoroquinolones or any antibiotic?

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THURSDAY, 30 OCTOBER 2014

Richard Riley Plenary Session

11:30-12:30 • Room 112

WHO’s new End TB Strategy 2016-2035

SPEAKER: Mukund Uplekar (Switzerland)
CHAIR: Edward Nardell (USA)

Dr Mukund Uplekar is a senior medical officer in the Policy, Strategy and Innovations unit of the Global TB Programme at the World Health Organization in Geneva.

He began his career in private medical practice in Mumbai, India, but, after a year at the Harvard School of Public Health, he switched to international public health. His exposure to both the private sector and public health research in India attracted him to WHO, which he joined in 1999 to help develop and expand work in the area now recognised as public-private mix (PPM). Since its inception, he has led the WHO-based secretariat of the global Subgroup on PPM for TB care and control.

Dr Uplekar also coordinated the development and drafting of WHO’s Expanded DOTS Strategy in 2002 and the Stop TB Strategy in 2006. He also led the team that put together, over a period of two years, WHO’s new post-2015 “End TB Strategy” endorsed by the World Health Assembly in May 2014.

New models of lung health and diabetes care for the poor accessing private providers in Asia

SPEAKER: Aamir Khan (Pakistan)
CHAIR: Lala Ruiz Mingote (Spain)

Dr Aamir Khan is the Founder of Interactive Research & Development (IRD) and has served as Executive Director since 2004.

IRD is a social enterprise incubator committed to improving global health and development through the use of information technologies and market innovations. Current projects focus on MDR-TB treatment and lung health and diabetes care for the poor in Asia and TB-HIV screening and treatment in Africa. Supported by its operational hub in Dubai, IRD implementation teams work in over 15 countries.

Dr Khan trained in medicine and public health at the Aga Khan University and completed his PhD in international health at Johns Hopkins University (JHU). As an Associate of JHU’s Bloomberg School of Public Health, he has worked on infectious disease research for the past 18 years. He is also an inaugural Board Member of OpenMRS and a founding member of openSRP, open source software for medical records and frontline public health workers.

About Richard Riley

Dr Richard Lord Riley (1911-2001) was a pioneering American respiratory physiologist, who contributed greatly to understanding of how TB and other airborne infectious diseases are transmitted, as well as how to disinfect air and thus prevent transmission. He was also a longtime Union member whose generous legacy has supported The Union’s ongoing work.

Simultaneous English/Spanish/English/ translation is provided for these sessions
**Symposia**

**08:00 - 10:00**

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**14:30 - 16:30**

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**E-Poster Sessions**

**10:15 - 11:15**

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**Symposium 1** 08:00-10:00  Room 112

**Progress in clinical trials for drug-sensitive TB: 2014**

**SECTION**
TB Bacteriology and Immunology

**COORDINATOR(S)**
Andrew Vernon (USA)
Gavin Churchyard (South Africa)

**CHAIR(S)**
Christian Lienhardt (Switzerland)
Andrey Borisov (USA)

**TARGET AUDIENCE**
TB clinicians and health care workers, TB programme managers, TB researchers, infectious disease clinicians, TB programme staff, epidemiologists and others involved in clinical trials, pharmacologists, drug developers.

**DESCRIPTION**
The current TB drug development pipeline holds a large number of new and existing TB drugs. Groups involved in the late stages of drug development include the TB Alliance; the commercial pharmaceutical, not-for-profit, and academic sectors; Panacea and EDCTP; Inter-TB at St. George’s Hospital; the TBTC and CDC; the HIV networks of NIAID and the trials of DMD, both at the U.S. NIH; the NRT in Chennai, India; MSF; and the MRCs in United Kingdom and in South Africa. They seek to optimise existing drugs and develop novel compounds. This session presents emerging data from leading groups.

**OBJECTIVES**
- Present information on recent phase 2 & 3 trials of new TB drugs and regimens targeting drug-sensitive TB
- Describe challenges confronting development of new TB therapies through presentation of practical experiences
- Assess the utility of new or imminently available TB drugs and regimens
- Assess programmatic implications of emerging data from clinical trials

**PRESENTATIONS**
08:00-08:15 The role of fluoroquinolones in treatment of drug-sensitive TB: what have we learnt from recent phase 2 and phase 3 trials – Richard E Chaisson (USA)
08:20-08:35 High Dose Rifamycins: the promise of increased efficacy – Martin Boeree (Netherlands)
08:40-08:55 High Dose Rifamycins: insights into kinetics, adverse effects and drug interactions – Rada Savic (USA)
09:00-09:15 The potential impact of 3-and 4-month regimens: insights from modelling – David Dowdy (USA)
09:20-09:35 Rifamycins for latent TB: perspectives from settings of low-and high-incidence – Gavin Churchyard (South Africa)
09:40-09:55 Clofazimine as an anti-tuberculosis drug – Jacques Grosset (USA)

**Symposium 2** 08:00-10:00  Room 117

**Preparing frontline health workers for community-led change**

**SECTION**
Nurses & Allied Professionals (TB, HIV, Tobacco and Lung Health)

**COORDINATOR(S)**
Netty Kamp (Netherlands)

**CHAIR(S)**
Lynette Mabote (South Africa)
Christine Whalen (Netherlands)

**TARGET AUDIENCE**
Programme managers, donors, community representatives, civil society representatives, health care workers.

**DESCRIPTION**
If care for people affected by TB is going to be truly patient-centred, TB services will have to be demand driven and communities will need to be actively involved in the planning and implementation of care. While there has been a significant acknowledgement and discussion about this at a strategic level, it is necessary to consider how front-line healthcare workers need to be prepared, in practical terms, for this fundamental change in approach. This symposium will consider issues which need to be addressed across health and community organisations to achieve this change.

**OBJECTIVES**
- To highlight working conditions required for healthcare workers to provide demand-driven services
- To explore how front-line services can identify and work with different resources in the local community
- To present best practice examples of collaborative working across health and community services
- To appreciate the perspective of community groups and patients who can contribute to care provision

**PRESENTATIONS**
08:00-08:15 The link between working conditions and the quality of care – Kedibone Molo (South Africa)
08:20-08:35 Improving TB services through local health teams at district and health centre level – Jose Antonio Martinez (Mexico)
08:40-08:55 Using innovative means to improve communication between communities and providers – Chris Lunch (UK)
09:00-09:15 Empowered community healthcare workers for improved results – Steven Neri (Namibia)
09:20-09:35 Teaching health care workers a patient-centred mindset in a technical world – Tatiana Fedotkina (Russian Federation)
09:40-10:00 Discussion
Symposium 3 08:00-10:00 • Room 111

How multi-sectoral approach and community engagement may strengthen programmatic management of TB in prisons

SECTION
Tuberculosis

COORDINATOR(S)
Fuad Mirzayev (Switzerland) Rafael Mekhtiyev (Azerbaijan)

CHAIR(S)
Masoud Dara (Denmark) Asgar Ismayilov (Azerbaijan)

TARGET AUDIENCE
Policy-makers, TB programme managers, civil society, development agencies, human right activists, researchers, academicians, health care providers, private companies

DESCRIPTION
Prisons face more concentrated TB epidemics which if not properly addressed may contribute to its amplification and spread in population at large. This requires increased awareness from all partners confronting TB, to have comprehensive approach for prison interventions and the period after release. This symposia will examine policies, practices and support of multi-sectoral TB control measures within different international organisations and share strategies demonstrating progress in collaboration among state and non-state entities contributing to sustainable TB control measures. Related challenges will also be addressed.

OBJECTIVES
• To describe multi-sectoral collaboration experiences in prison TB and HIV programmes
• To discuss the impact of close treatment environments of correctional settings
• To explore successful interventions demonstrating progress towards TB control in prisons and after release
• To discuss the role of communities and broader society involvement for strengthening prison health systems

PRESENTATIONS
08:10-08:15 Continuity of care: collaboration of the MOJ of Azerbaijan with NGOs to ensure treatment follow up after release from prison – Elmira Gurbanova (Azerbaijan)
08:20-08:35 Supporting TB and HIV patients released from prisons of Moldova: a joint effort of prison administration, NTP and civil society – Lilian Severin (Moldova)
08:40-08:55 Assisting TB programmes in prisons: multi-country experience of the ICRC – TBC
09:00-09:15 Bottlenecks to improve TB control in Zambian prisons: what are the solutions? – TBC
09:20-09:35 TB screening and health care in Haitian prisons – TBC
09:40-09:55 Interagency collaboration between civilian and penitentiary TB control services in Tomsk region of the Russian Federation – Sergey Mishustin (Russian Federation)

Symposium 4 08:00-10:00 • Room 113

Tuberculosis and diabetes: from evidence to action

SECTION
Tuberculosis

COORDINATOR(S)
 Kerri Viney (Australia) Richard Brostrom (USA)

CHAIR(S)
 Anthony D Harries (UK) Reinout Van Crevel (Netherlands)

TARGET AUDIENCE
National TB programme managers, clinicians, policy-makers, scientists, nurses, public health administrators interested in TB management and collaboration with diabetes programmes, TB researchers, non-communicable disease programme managers

DESCRIPTION
The alarming growth of type 2 diabetes poses a serious threat to tuberculosis (TB) management worldwide. People with diabetes have three times the risk of developing active TB compared with the non-diabetic population. There is an urgent need for basic knowledge to help understand and control the intertwined epidemics of TB and diabetes. This session will provide an overview of possible mechanisms underlying the association between TB and diabetes, clinical guidance to manage the two conditions, updates on bi-directional screening in a range of settings and a discussion on TB-diabetes policy.

OBJECTIVES
• To provide an overview of TB-diabetes collaborative activities and their implementation in several settings
• To discuss the possible mechanisms that underlie an increased susceptibility of patients with diabetes to TB
• To provide information on field studies on TB and diabetes in four sites as part of the TANDEM project
• To discuss the latest evidence on the clinical management of TB and diabetes
• To discuss progress in implementation of TB-diabetes standards in the Pacific Islands setting

PRESENTATIONS
08:00-08:15 TB-diabetes collaborative activities: from evidence to action – Anthony D Harries (UK)
08:15-08:30 Possible mechanisms underlying increased susceptibility of diabetes patients to TB – Reinout Van Crevel (Netherlands)
08:30-08:45 TANDEM: field studies on TB and diabetes mellitus in Peru, South Africa, Romania and Indonesia – Rovina Ruslami (Indonesia)
08:45-09:00 TB-diabetes collaborative activities in China – Yan Lin (China)
09:00-09:15 TB-diabetes collaborative activities in India – Ajay Kumar (India)
09:15-09:30 Beyond screening: clinical management of concurrent TB and diabetes – Anca Riza (Romania)
09:30-09:45 Progress in implementation of the TB-diabetes standards in the Pacific Islands – Richard Brostrom (USA)
09:45-10:00 Discussion
**Symposium 5** 08:00 - 10:00 • Room 114

**Next generation of eHealth for TB: systems that communicate**

**SECTION**
Tuberculosis

**COORDINATOR(S)**
Job Van Rest (Netherlands)
Dennis Falzon (Switzerland)

**CHAIR(S)**
Nicolaas Kalisvaart (Netherlands)
Haileyesus Getahun (South Africa)

**TARGET AUDIENCE**
Policy-makers, staff of national TB and HIV programmes, academia, physicians, allied health professionals, IT-specialists, civil society, agencies providing technical support, corporate sector and donors.

**DESCRIPTION**
Electronic health information systems are abundant but oftentimes isolated and do not communicate with each other. This challenge occurs at various levels of health care, in the public and private sectors, and within the community. This symposium uses lessons learned from different settings to illustrate innovative solutions to make eHealth systems ‘talk together’ and provide users with comprehensive information for decision making. National staff and experts from TB and HIV fields will share how they overcome barriers related to interoperability of eHealth systems.

**OBJECTIVES**
- To share experiences of different settings and approaches to deal with challenges met in interoperability
- To show how unique identifiers can be established and be used in exchanging patient data between systems
- The implementation of unique patient identifiers using innovative solutions in low-resource settings presented
- Scaling up health information systems for improved decision-making in TB care discussed

**PRESENTATIONS**
08:00 - 08:15 TB data exchange with private sector providers using eHealth solutions in Pakistan – Ali Habib (Pakistan), Aamir Khan (Pakistan)
08:20 - 08:35 Unique identifiers and the linking of Vitimes and eTB manager in Vietnam – TBC
08:40 - 08:55 From data collection to data analysis: a fully digital TB prevalence survey in Zambia using barcode scanning for identification – Pascalina Chanda (Zambia)
09:00 - 09:15 Linking of TIBU with MDR-TB data and in the future laboratory results in Kenya – Hillary Kipchumba Kipruto (Kenya)
09:20 - 09:35 Harnessing the power of information systems for strategic decision-making: summary from five diverse countries – Luis Gustavo Bastos (USA)
09:40 - 09:55 Video-Directly Observed Therapy (VDOT): a solution for monitoring TB treatment adherence – Richard Garfein (USA)

**Symposium 6** 08:00 - 10:00 • Room 115

**Empirical treatment for TB among HIV-positive people: who, when, how? Update on trials in progress**

**SECTION**
HIV

**COORDINATOR(S)**
Alison Grant (UK)
Salome Charalambous (South Africa)

**CHAIR(S)**
Haileyesus Getahun (Switzerland)
Salome Charalambous (South Africa)

**TARGET AUDIENCE**
Clinicians, researchers, policy-makers and advocates with interests in TB treatment among people with HIV.

**DESCRIPTION**
Empirical TB treatment (i.e. starting TB treatment without bacteriological confirmation) is widely practiced, particularly for HIV-positive people, among whom traditional diagnostic tests have inadequate sensitivity. However, the evidence base to define conditions under which the benefits of empirical treatment outweigh the risks is lacking. Several trials are underway to address this question. In this symposium we will discuss the relevance of empirical treatment, outline studies in progress which address this question and discuss implications for policy and practice.

**OBJECTIVES**
- To discuss the role of empirical TB treatment for HIV-positive people in the context of new diagnostic tests
- To report progress with trials investigating the conditions under which empirical TB treatment improves patient outcomes, and highlight methodological and operational challenges
- To give civil society perspectives on empirical TB treatment trials

**PRESENTATIONS**
08:00 - 08:15 Overview: why does empirical TB treatment matter? – Alison Grant (UK)
08:20 - 08:35 Reducing early mortality and early morbidity by empiric tuberculosis treatment regimens: the REMEMBER trial – Amita Gupta (USA)
08:40 - 08:55 Prevention of early mortality by presumptive tuberculosis treatment: the PROMPT trial – Franck Cobelens (Netherlands), William Worodria (Uganda)
09:00 - 09:15 The STATIS trial – Francois-Xavier Blanc (France)
09:20 - 09:35 The TB Fast Track trial – Mpho Tlali (South Africa)
09:40 - 09:55 Civil society perspectives on empirical TB treatment trials – Lucy Chesire (Kenya)
**Symposium 7** 08:00-10:00 • Room 116

**Community engagement and relief of suffering in palliative care**

**SECTION**
Civil Society

**COORDINATOR**
Stephen Connor (USA)

**CHAIR(S)**
Ernesto Jaramillo (Switzerland)
Stephen Connor (USA)

**TARGET AUDIENCE**
Managers of TB programmes, clinicians, community organisers, community based organisations.

**DESCRIPTION**
The integration of palliative care into mainstream DR-TB services is enhanced though increased community participation. Palliative care programmes are most effective when they are rooted in the communities they serve and people are more engaged in the care of seriously ill TB patients. How this can be achieved is through increased family support and through increased volunteerism and home based care worker involvement. Examples of community based organisations that have succeeded in doing this will be presented.

**OBJECTIVES**
- To identify strategies for increasing community involvement in TB care and relief of suffering
- To understand how to modify existing TB programmes to better engage community members
- To describe how palliative care can compliment DR-TB care
- To understand how the use of home based care workers and volunteers can be enhanced in DR TB care

**PRESENTATIONS**
08:00-08:10 Palliative care in drug-resistant TB: guiding principles – Stephen Connor (USA)
08:15-08:30 Community based palliative care and TB care in the Nairobi slum communities – Anne Owiti (Kenya)
08:35-08:50 Community-based care for DR-TB patients in South Africa – Refiloe Matji (South Africa)
08:55-09:10 Community engagement in a mainstream TB programme: how palliative care enhances community involvement – Liga Kuksa (Latvia)
09:15-09:25 The inseparable work of caring and curing: a community-based model of integrated TB treatment – Irena Gelmanova (Russian Federation)
09:30-09:45 Community involvement in DR-TB care in Viet Nam – Eric Krakauer (USA)
09:50-10:00 Discussion

**Symposium 8** 08:00-10:00 • Room 118/119

**Child pneumonia: innovative solutions for the next generation**

**SECTION**
Adult and Child Lung Health

**COORDINATOR(S)**
Stephen M Graham (Australia)
Amy Ginsburg (USA)

**CHAIR(S)**
Keith Klugman (USA)
Amy Ginsburg (USA)

**TARGET AUDIENCE**
Child health workers; respiratory and infectious disease physicians; public health; disease control programmes

**DESCRIPTION**
Pneumonia remains the most common cause of morbidity and mortality in children. Almost all deaths occur in low-and middle-income countries. Pneumonia is due to a wide range of pathogens. Current multi-site studies are providing recent epidemiological data. The potential of interventions from pneumococcal vaccines to improved community-based care and management of hypoxia are recognised, but not yet realised, thus requiring innovative solutions. Rapid and accurate diagnosis of aetiology and co-morbidities has the potential of improving effectiveness of case-management.

**OBJECTIVES**
- To provide an update of child pneumonia epidemiology
- To provide an update on challenges for child pneumonia
- To present progress and potential innovative solutions

**PRESENTATIONS**
08:00-08:15 The burden of child pneumonia: an update – Betuel Siguauwe (Mozambique)
08:20-08:35 PERCH: causes of child pneumonia in high burden settings – Anthony Scott (Kenya)
08:40-08:55 Integrated community case-management of child pneumonia – TBC
09:00-09:15 Innovative solutions for management of hypoxia – Stephen Howie (Gambia)
09:20-09:35 Biomarkers: towards point of care diagnosis – Quique Bassat (Spain)
09:40-09:55 Why does child pneumonia continue to be so neglected? An ethical dilemma requiring innovative solutions – Stephen M Graham (Australia)
**Symposium 9  08:00 - 10:00 • Room 120/121**

**Integrating community-based tobacco control activities in TB programmes: experience from multiple countries**

**SECTION**  
Tobacco

**COORDINATOR**  
Xioalin Wei (Hong Kong)

**CHAIR**  
Thomas Novotny (USA)

**TARGET AUDIENCE**  
Doctors, nurses, allied health workers, policy-makers, and researchers in tobacco control and tuberculosis control programmes.

**DESCRIPTION**  
Tobacco use is one of the most significant health risk factors in public health, and in particular for the global TB epidemic. However, Tobacco Control (TC) strategies have not been fully incorporated into national TB programmes. The two programmes need to jointly face the challenges of cigarettes and other forms of tobacco use, and formulate a national TC research strategy in TB programmes. The symposium aims to present community-based TC experiences in TB control in different countries and how these approaches may be incorporated into national strategies.

**OBJECTIVES**  
- To report a wide range of country experiences on the implementation of TC strategies in TB control programmes
- To share experiences of partnership among TC and TB programmes in different countries
- To discuss barriers and challenges for integrated TC/TB programmes
- To provide a platform for discussion on how to form national TC strategies among TB control programmes

**PRESENTATIONS**  
08:00 - 08:15  
TB and tobacco: joint community-driven intervention and evaluation needs for two global epidemics – Thomas Novotny (USA)

08:15 - 08:30  
Community-based interventions of intensive TB case finding among high-risk smokers in a poor province in China – Xiao lin Wei (Hong Kong)

08:30 - 08:45  
Building local initiative to facilitate integration of tobacco cessation intervention into national TB programme in China – Guanyang Zou (China)

08:45 - 09:00  
Building tobacco control with community-based TB services in improving TB cure rates and tobacco quit rates in urban centres in Bangladesh – Shy ala Islam (Bangladesh)

09:00 - 09:15  
Successful models of tobacco control strategies among TB patients in Pakistan – TBC

09:15 - 09:30  
Developing capacity for integrating tobacco dependence treatment with TB treatment in primary care facilities: the South African experience – Olalekan A Ayo-Yusuf (South Africa)

09:30 - 09:45  
Community-driven research in tobacco and TB control: models for research funding – Mark Parascandola (USA)

09:45 - 10:00  
Discussion

**Symposium 10  14:30 - 16:30 • Room 112**

**Shortened treatment regimens for MDR-TB: results from the field and future direction**

**SECTION**  
Tuberculosis

**COORDINATOR(S)**  
I. D. Rusen (Canada)  
Tara Ornstein (USA)

**CHAIR(S)**  
Robert Horsburgh (USA)  
Chen-Yuan Chiang (Taiwan)

**TARGET AUDIENCE**  
Programme managers, policy-makers, clinicians, academics, donors, technical organisations and community-based organisations involved in the delivery of MDR-TB care.

**DESCRIPTION**  
Since early reports from Bangladesh of a promising, shorter and more tolerable and successful treatment regimen for MDR-TB, there has been great interest in the development and future direction of this revolutionary treatment approach. This session will provide an update of the original pilot population, as well as several additional pilot sites that have implemented the ‘Bangladesh’ regimen. The session will also highlight a global clinical trial on the shortened regimen, community involvement in regimen implementation and future direction of the regimen in light of new treatment options.

**OBJECTIVES**  
- To review the experiences/data to date on shortened MDR-TB regimens in multiple settings
- To update the status and future direction of a global multi-country clinical trial evaluating the regimen
- To review the role of the community in the implementation of the shortened regimen
- To consider the future of the shortened regimen in light of new treatment options

**PRESENTATIONS**  
14:30 - 14:45  
Shortened MDR-TB treatment in Bangladesh: a decade of results – Hans L Rieder (Switzerland)

14:50 - 15:05  
Expanding shortened MDR-TB treatment: the West African experience – Arnaud Trébuch (France)

15:10 - 15:25  
STREAM: a multi-country clinical trial evaluating the shortened MDR-TB regimen – Andrew Nunn (UK)

15:30 - 15:45  
Community involvement in shortened MDR-TB regimen implementation – Salim Hamid (Bangladesh)

15:50 - 16:05  
Future direction for shortened MDR-TB regimens with access to new medicines – Michael Rich (USA)

16:10 - 16:30  
Discussion
Can we reach the post-2015 WHO global TB targets?

**DESCRIPTION**
Pending ratification at the World Health Assembly, the post-2015 WHO Global TB Programme ‘End TB strategy 2016-2035’ has the goal of ‘Ending the Global TB Epidemic’ by 2035. These new targets were said to be ambitious to drive innovation and resource mobilisation, whilst feasible. But how achievable are they at country level? TB MAC and partners will start to explore this question in detail in China, South Africa and India using a multi-model analysis, grounded in data and country expertise.

**OBJECTIVES**
- Describe the post-2015 Global TB targets, Global Plan and current status
- Describe analyses exploring whether we can reach the post-2015 targets in China, South Africa and India
- Discuss country and community perspectives

**PRESENTATIONS**
- **14:30-14:40** Introduction – Richard White (UK)
- **14:45-14:55** Can we reach the post-2015 Targets in China, South Africa and India? – Rein Houben (UK), TBC
- **15:00-15:10** What are the required resources and the cost-effectiveness of strategies to get towards the post-2015 targets in China, South Africa and India? – Anna Vassall (Netherlands)
- **15:15-15:25** Country perspectives: South Africa – Yogan Pillay (South Africa)
- **15:30-15:40** Country perspectives: China – Li-Xia Wang (China)
- **15:45-15:55** Country perspectives: India – Vineet Chadha (India), Kirankumar Rade (India)
- **16:00-16:10** What does this all mean for people suffering from TB? – Thokozile Phiri-Nkhoma (Malawi)
- **16:15-16:30** Summary – Michael Kimerling (USA)

Exploring the intersection between TB and maternal and neonatal health: from research to implementation

**DESCRIPTION**
Maternal and childhood TB can only be effectively addressed through collaboration between communities, health systems, service delivery providers and researchers. It is essential that the needs of pregnant women and their newborns, within the context of their communities, be considered when developing research agendas and determining healthcare priorities. This symposium will provide insight into current research and practice of TB control in mothers and their newborns, outlining what evidence exists and where the global community needs to focus to get to zero TB deaths.

**OBJECTIVES**
- To provide an overview of current evidence and research opportunities in maternal and neonatal TB
- To provide examples of programmatic implementation and provider readiness for integrated TB control

**PRESENTATIONS**
- **14:30-14:45** Maternal and infant outcomes from a study in Cape Town, South Africa – Adrie Bekker (South Africa)
- **14:50-15:05** Diagnosing and treating tuberculosis in pregnant women: current practices and research opportunities – Jyoti Mathad (USA)
- **15:10-15:25** Tuberculosis: a neglected cause of maternal mortality – Clara Menendez (Spain)
- **15:50-16:05** Education and performance of nurses and midwives in essential TB tasks in Lesotho: results from a task analysis – Alice Christensen (Tanzania, United Rep.)
- **16:10-16:25** Integration of TB detection in the focused antenatal care setting in Karonga District in Malawi – Florence Kayambo (Malawi)
**Symposium 13** 14:30-16:30 • Room 113

**Innovations in airborne infection control**

**SECTION**
Tuberculosis

**COORDINATOR(S)**
Amie Shao (USA)
Edward Nardell (USA)

**CHAIR(S)**
Paul Jensen (USA)
Grigory Volchenkov (Russian Federation)

**TARGET AUDIENCE**
Physicians, nurses, industrial hygienists, administrators, architects, and engineers.

**DESCRIPTION**
Outbreaks of highly drug resistant TB, SARS, and the threat of pandemic influenza have stimulated renewed interest in airborne infection control. That interest has led to funding for innovative approaches to reduce risk. This session focuses on innovations aimed primarily at airborne TB, but with implications for other airborne infections.

**OBJECTIVES**
- To introduce innovations in building design for airborne infection control
- To describe new, more efficient approaches to upper room germicidal UV air disinfection
- To consider inhaled antibiotics to reduce TB transmission
- New approaches to evaluating indoor risk of airborne transmission
- To review chemical approaches to airborne infection control

**PRESENTATIONS**
14:30-14:45 Innovations in hospital design to prevent airborne infections – Amie Shao (USA)
14:50-15:05 New approaches to upper room germicidal UV air disinfection – Sonya Milonova (USA)
15:10-15:25 Inhaled antibiotics to prevent TB transmission – Anton Stoltz (South Africa)
15:30-15:45 New approaches to estimating risk of airborne infection: CO2 monitoring – Carl Morrow (South Africa)
15:50-16:05 Total UVGI fixture output: an essential parameter for a new approach to rational room closing – Steve Rudnick (USA)
16:10-16:30 Discussion

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**Symposium 14** 14:30-16:30 • Room 114

**Outstanding issues in HIV/AIDS**

**SECTION**
HIV

**COORDINATOR**
Anand Date (USA)

**CHAIR(S)**
Anthony D Harries (UK)
Anand Date (USA)

**TARGET AUDIENCE**
People affected by HIV, activists, National TB and HIV programme managers, TB and HIV clinicians, epidemiologists, international tuberculosis consultants, laboratory scientists, microbiologists

**DESCRIPTION**
Despite World Health Organization’s recommendation about the use of Xpert MTB/RIF as the initial diagnostic test among people living with HIV/AIDS, many national programmes continue to include sputum smear microscopy in the TB diagnostic algorithm for PLHIV. Despite the limited protective effect against development of TB, WHO recommends 6 months of IPT among PLHIV with no clear recommendation about repeat course of IPT. WHO provisionally recommends longer duration of IPT among PLHIV. These two issues remain outstanding at the programme level and will be discussed extensively at this symposium.

**OBJECTIVES**
- To raise two outstanding issues in HIV and TB to prompt discussion of key issues among experts
  - Topic 1: Is there a role for sputum smear microscopy for TB diagnosis among PLHIV?
  - Topic 2: Does 6 months of IPT among PLHIV have an impact at the programme level?

**PRESENTATIONS**
14:30-14:45 Performance and cost effectiveness of Xpert MTB/RIF in TB diagnosis among PLHIV – TBC
14:50-15:05 Sputum smear microscopy should not be used prior to or in parallel to Xpert MTB/RIF among PLHIV – TBC
15:10-15:25 Xpert MTB/RIF should be performed among PLHIV with presumptive TB with negative sputum smear – Basra Doulla (Tanzania, United Rep.)
15:30-15:45 Benefit of isoniazid preventive therapy among PLHIV – TBC
15:50-16:05 HIV programmes should scale up 6 months of IPT among PLHIV, despite its limited protective effect – TBC
16:10-16:25 PLHIV should be given longer duration of IPT to achieve an impact at the programmatic level – Taraz Samandari (USA)
**Symposium 15** 14:30-16:30 • Room 115

### Systematic screening for active TB: from guideline to implementation

**SECTION**
Tuberculosis

**COORDINATOR**
Knut Lonnroth (Switzerland)

**CHAIR(S)**
Diana Weil (Switzerland)
Sevim Ahmedov (USA)

**TARGET AUDIENCE**
National TB programmes, health care workers, public health experts, researchers and policy-makers

**DESCRIPTION**
In 2013, WHO issued guidelines on systematic screening for active TB that stressed the need for country adaptation and prioritisation based on national and local situation assessments. Several countries have started to operationalise those guidelines, developed draft national screening strategies and implementing screening in selected risk groups. In this symposium, selected country case studies will be presented. A web-based tool to help prioritise risk groups for screening and help choose screening algorithms will also be presented, as well as a draft operational manual.

**OBJECTIVES**
- To share country experiences of the process to develop national TB screening strategies
- To present early results from the implementation of national TB screening strategies in selected countries
- To present tools for the planning and implementation of systematic TB screening

**PRESENTATIONS**
- 14:30-14:45 Screening for TB in risk groups in Cambodia – Tan Eang Mao (Cambodia)
- 14:50-15:05 Screening for TB in risk groups in Myanmar – Thandar Lwin (Myanmar)
- 15:10-15:25 Screening for TB in risk groups in Rwanda – Michel Gosana (Rwanda)
- 15:30-15:45 Screening for TB in risk groups in Ghana – Frank Adua Bonsu (Ghana), Pedro Suarez (USA)
- 15:50-16:05 Tool for screening prioritisation – Cecily Miller (USA)
- 16:10-16:25 Operational guide for systematic TB screening – Knut Lonnroth (Switzerland)

**Symposium 16** 14:30-16:30 • Room 116

### Community as partner: creating successful collaborations in TB control

**SECTION**
Civil Society

**COORDINATOR(S)**
D’Arcy Richardson (USA)
Hara Mihalea (Thailand)

**CHAIR(S)**
Carol Nawina Nyirenda (Zambia)
Louie Zepeda-Teng (Philippines)

**TARGET AUDIENCE**
All conference-goers: patient representatives, community-based organisation representatives, NTP staff, technical partner organisations, and donors.

**DESCRIPTION**
Community-NTP collaborations are essential to TB control, but can be challenging for both sides. This symposium will share different models used to engage community based organisations (CBOs); community success stories and key contributing factors; and challenges communities and NTPs face in trying to work together. Presenters from both CBOs and NTPs will offer alternative suggestions for improving this critical collaboration and discuss how these might be applied in practice.

**OBJECTIVES**
- Describe the approaches countries use in engaging CBOs in health programming, and explore alternatives.
- Present results of successful CBO contributions and examine key elements of their success.
- Discuss challenges CBOs face in working in TB and how they might be overcome.
- Discuss challenges NTPs face in collaborating with CBOs and how they can be addressed.

**PRESENTATIONS**
- 14:30-14:45 Lost in translation: the challenges of creating a shared vision for TB control – D’Arcy Richardson (USA)
- 14:50-15:05 Speaking from experience: patient contributions to TB control – Patrick Ngomba Moto (Congo-Democratic Rep.)
- 15:30-15:45 Integrating TB/HIV: the role of HIV NGOs and other civil society organisations – Gitau Mburu (UK)
- 15:50-16:05 The NTP perspective: overcoming challenges to community partnerships – Joshua Olusegun Obasanya (Nigeria)
- 16:10-16:30 Discussion
DIRECTLY OBSERVED TREATMENT (DOTS)
It’s a W.H.O. Strategy to cure and control TB

Serveis Clínicas is a reference as a DOTS TB clinic in Barcelona

The TB patient can be treated in the clinic, at home or at work, where the process will be supervised by a trained medical team to face the treatment properly until the disease is cured

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Community-based approaches to address lung health

**SECTION**
Adult and Child Lung Health

**COORDINATOR(S)**
Anne Detjen (USA)
Asma El Sony (Sudan)

**CHAIR(S)**
Philip C Hill (New Zealand)
Hind Satti (Lesotho)

**TARGET AUDIENCE**
Policy-makers, CSOs, CBOs, public health specialists, health activists, epidemiologists, development partners, allied professions, researchers.

**DESCRIPTION**
Community-based structures complement the health system, and increase access for difficult to reach and marginalised populations. The community’s role in improving access and impact of lung health (LH) interventions is central. Strengthening equity and welfare concepts require early involvement of local communities at planning stages, throughout the service delivery, technology utilisation, and the monitoring and evaluation. Acclimatisation of lung health interventions in a systematic and scientific manner are the way forward to support positive outcomes and ensure sustainability.

**OBJECTIVES**
- To emphasise the need for community involvement in addressing tuberculosis and lung health
- To promote knowledge and experience sharing on community involvement in lung health projects
- To highlight the role of community-health services for approaching childhood TB as a family-disease
- To share experiences from appropriate technology use in community based interventions for lung health

**PRESENTATIONS**
14:30 - 14:45 Community involvement and linkage to health service: accelerating the move towards prevention and control at community level – Lisa Adams (USA)
14:50 - 15:05 An evaluation of community-based child TB contact management in Indonesia – Rina Triasih (Indonesia)
15:10 - 15:25 Community-based TB care in Rwanda – Michel Gasana (Rwanda)
15:30 - 15:45 Asthma standard case management: the early involvement of local communities and preserving the social value – Sara Hassanain (Sudan)
15:50 - 16:10 Sustainable use of technologies to improve community-based lung health screening and treatment processes and outcomes – Saira Khawaja (Pakistan), Ali Habib (Pakistan)
16:15 - 16:30 Integrated community based-action: maximising impact – Thomas Joseph (India)

Non-tuberculous mycobacterial infections: diagnosis and management

**SECTION**
TB Bacteriology and Immunology

**COORDINATOR(S)**
Kauser Jabeen (Pakistan)

**CHAIR(S)**
Marina Shulgina (Russian Federation)
Rumina Hasan (Pakistan)

**TARGET AUDIENCE**
Medical microbiologists, clinicians, laboratory scientists, infectious diseases specialists

**DESCRIPTION**
The frequency of non-tuberculous mycobacterial (NTM) infections especially pulmonary disease has been increasing. NTM infections are increasingly being reported from both immunocompromised and immunocompetent patients. Optimum diagnosis and management of these infections is challenging especially in resource limited settings. This difficulty highlights the need of increased communication between clinicians and laboratory scientists for better clinical outcomes.

**OBJECTIVES**
- To evaluate importance/significance of NTM in high TB endemic areas
- To discuss diagnostic options of NTM appropriate for all settings
- To discuss management strategies of NTM infections

**PRESENTATIONS**
14:30 - 14:45 Epidemiology of non-tuberculous mycobacteria pulmonary disease: data and trends – Dirk Wagner (Germany)
14:50 - 15:05 Treatment of pulmonary non-tuberculous mycobacterial infections – Rachel Thomson (Australia)
15:10 - 15:25 Antimicrobial susceptibility testing of non-tuberculous mycobacteria: how useful it is for a clinician – Jaakko Van Ingen (Netherlands)
15:30 - 15:45 Pulmonary non-tuberculous mycobacterial isolate: is it a contaminant in high TB endemic setting? – Wouter Hoefsloot (Netherlands)
15:50 - 16:05 Molecular diagnosis and genetic diversity of non-tuberculous mycobacteria – Viacheslav Zhuravlev (Russian Federation)
16:10 - 16:25 Diagnosis and identification of non-tuberculous mycobacterial infection: challenges in a resource-limited setting – Camilla Rodrigues (India)
Tobacco control laws: may the force be with us!

Chair: Omara Dogar (UK) - Section: Tobacco Control

**EP-100-30**  
Capacity building training for the executive magistrates: a unique initiative to implement the tobacco control law in Bangladesh  
MAU Ahsan, SM Mahbubus Sobhan, Huq Syed Mahfuzul Huq, Alam Md. Alamgir Sikder, A-E- Sadat (Bangladesh)

**EP-101-30**  
Creating tobacco-free industries through collaboration and mobilisation  
M Sinha (India)

**EP-102-30**  
Preventing tobacco industry interference in Myanmar: challenges and the way forward  
A Tun, T S Bam, THU Zar Chittin, T Sein, Phyu T Han, THUY Aung, T Myint, SU Mon Myat (Myanmar, Singapore)

**EP-103-30**  
The role of civil society in advancing tobacco tax revenue for health promotion in Indonesia  
D Suhadi, T S Bam, B Nussarrivera, R Sinaga (Indonesia, Singapore)

**EP-104-30**  
Media advocacy and high-level meetings increased compliance with tobacco control laws in educational institutions in Alwar district of Rajasthan  
B Pandya, P Lal, R Parmar (India)

**EP-105-30**  
Compliance level monitoring of smokefree policies as one of MPOWER strategy to protect people from tobacco smoke  
BF Nusarrivera, T S Bam, D Suhadi, R Sinaga (Indonesia, Singapore)

**EP-106-30**  
How well we are performing in compliance towards smoke-free legislation? Monitoring results of 17 sub-national surveys in a state of India  
S Goel, R J Singh, R Gupta (India)

**EP-107-30**  
Kerala voluntary health services: PIL and its state and national implications on tobacco control  
S V Itty (India)

**EP-108-30**  
Ensuring political commitment in tobacco control  
M Syed (Bangladesh)

**EP-109-30**  
Establishing tobacco control in Indonesia  
E Rahajeng, T S Bam, P Yosephine (Indonesia, Singapore)

**EP-110-30**  
Tobacco industry interferences and additives ban in Brazil  
M Pinho (Brazil)

**EP-111-30**  
Public interest litigation for advocacy on gutka ban  
M Bhavna (India)
Poster Discussion Session 1  10:15-11:15  • Poster area

TB in children: latent TB and IPT

Chair: Anneke Hesseling (South Africa)  -  Section: Adult & Child Lung Health

PD-500-30  Safety and completion of a four-month course of Rifampin for latent tuberculosis infection in children
A Cruz, J R Starke (USA)

PD-501-30  IGRA testing in an international adoptee clinic
D Fisher, L Delmar, S Kuhn, S Warner, J Jarand, M Lemay (Canada)

PD-502-30  Childhood TB management in Cambodia improving pulmonary TB diagnosis and IPT management
K Seak, T Bakkhim, K Okada, C Prum, S Kim, T E Mao (Cambodia, Japan)

PD-503-30  Access to HIV service by TB-HIV coinfected children in Lagos, Nigeria: is co-location of services an important factor?
O Daniel, O Adejumo, H Abdur-razzaq, J O Obasanya, Ayo Awe (Nigeria)

PD-504-30  Patient factors associated with acceptance and adherence of pediatric latent tuberculosis treatment in Rio de Janeiro
AP Silva, P Hill, R Menzies, S Garcia Rabelo, K Hornby, C Valiquette, M Belo, A Trajman (New Zealand, Canada, Brazil)

PD-505-30  Optimising latent tuberculosis infection screening in pediatric dialysis patients
A Cruz, J Geer, G Sarasak, S Swartz (USA)

PD-506-30  Do we need to change our screening policy for children exposed to TB? Results from the UK-NIKS-study
B Kampmann, B Williams, S Welch, Z Nademi, J Paton, J Bernatoniene, S Patel, A Riddell (UK)

PD-507-30  Barriers and workable strategies for universal coverage of eligible children with isoniazid preventive therapy under RNTCP
S Samuel, D Dharamraj (India)

PD-508-30  Aspects of epidemiologic children with latent tuberculosis infection in hospital in Brazil
A Mendonca, A Kritski, C Sant’anna (Brazil)

PD-509-30  Acceptance of preventive treatment by immigrants when latent tuberculosis infection is diagnosed
I Schreurs-Jonkeren (Netherlands)

PD-510-30  Status of chemoprophylaxis for children under six years of age exposed to active TB: a looming challenge in India
K Sagili, S Chadha (India)

PD-511-30  Implementation of isoniazid preventive therapy (IPT) at a pediatric HIV clinic in Uganda
F Kanyike, S Kitaka, B Nsangi, M Sekadde, F Baruga, A Kekitiinwa (Uganda)

PD-512-30  Decentralisation of ART care through option B+: an opportunity to improve IPT uptake for children?
J Firth, C Lijinsky, T Arscott-mills, B Phelps, C Powell (USA, Botswana)

Poster Discussion Session 2  10:15-11:15  • Poster area

Lung cancer, occupational exposure and air pollution

Chair: Guy Marks (Australia)  -  Section: Adult & Child Lung Health

PD-513-30  The analysis of factors associated with misdiagnosis of lung cancer in TB hospital
Z Laushkina (Russian Federation)

PD-514-30  Education in lung cancer patients: advocacy project by Indian Cancer NGO  CANCELLED

PD-515-30  Effects of biomass fuel on child acute respiratory infections in Cameroon and Gabon
P Loty (Cameroon)

PD-516-30  Prognosis of Mycobacterium tuberculosis infection in patients with non-curable gastric cancer
S-F Huang, Yee Chao, Li Chung-pin, Kuo Cheng-yu, Su Wei-juan (Taiwan)

PD-517-30  The effect of exposure to wood smoke on treatment outcomes for childhood pneumonia in Botswana
M Kelly, K Wirth, T Arscott-Mills, J Madrigano, M Smieja, C Cunningham, K Feemster, A Steenhoff (USA, Botswana)
TB in children: diagnosis

**Chair:** Mark Nicol (South Africa)  |  **Section:** Adult & Child Lung Health

- **PD-525-30**  Validation of the “Keith Edwards” TB score chart among suspected paediatric TB cases in a West African setting with low-HIV prevalence  
  T Togun, U Egere, A Silliah, J Otu, M Antonio, J Sutherland, P Hill, B Kampmann (Gambia, New Zealand, UK)
- **PD-526-30**  Comparison of MGIT and MODS mycobacterial culture methods for diagnosis of childhood pulmonary tuberculosis in Kenya  
  A Brent, H Twahir, V Bandika, D Mugo, R Musyimi, S Morpeth, M Levin, JAG Scott (UK, Kenya)
- **PD-527-30**  Childhood tuberculosis: retrospective review of samples received at a microbiology laboratory in KwaZulu Natal  
  M Khan Mbchb, P Mahabeer, K Misana (South Africa)
- **PD-528-30**  TB incidence among children contacts of smear-positive cases according initial levels of T.S.T induration and IFN-γ production  
  M N Altet Gomez, MA De Souza-galvao, J Dominguez, MA Jiménez, T Soriano, J Solsona, & Orcau Palau, JA Caylà (Spain)
- **PD-529-30**  Diaskintest® - screening method in mass examination of the child population for tuberculosis in Russia  
  V Aksenova, N.I. Klevno (Russian Federation)
- **PD-530-30**  Interferon-gamma release assay positivity is associated with time since BCG vaccination in infants in rural Malawi  
  P Khan, T Mzembe, D Mulawa, F Simukonda, A Crampin, J Glynn, P Fine (UK)
- **PD-531-30**  Bacteriologically confirmed pulmonary tuberculosis among children with presumptive tuberculosis at the National Referral Hospital in Uganda  
  M Sekadde, E Wobudeya, W Ssenggooba, M Joloba, H Kisembo, S Kitaka, P Musoke (Uganda)
- **PD-532-30**  Use of the Quantiferon®-TB Gold in-tube test in paediatric patients with a “Borderline Positive” tuberculin skin test does not improve compliance  
  L Perkins, J Lewis, W Wang, WG Hunt (USA)
- **PD-533-30**  Tuberculosis bacteremia not detected in febrile children in western Kenya  
  P Pavlinac, J Naulikha, F Onchiri, B Singa, L Cranmer, E Lokken, G John-stewart, Judd Walson (USA)
- **PD-534-30**  Determining the capability of sputum collection through induction for the diagnosis of tuberculosis in children in Kenya  
  J Oliwa, R Oberhelman, D Wamalwa, P Ayieko, D Marangu, J Oyugi, E Obimbo (Kenya)
- **PD-535-30**  Utility of Microscope Observation-Direct Susceptibility (MODS) Sputum Culture & PCR (Xpert®MTB/RIF) in detection of M. Tuberculosis in Kenyan children  
  E Obimbo, D Marangu, P Ayieko, J Oyugi, J Oliwa, D Wamalwa, R Oberhelman (Kenya)
**Poster Discussion Session 4** 10:15-11:15 • Poster area

**Xpert MTB/RIF: diagnosis of pulmonary and extrapulmonary TB**

**Chair:** TBC - **Section:** Tuberculosis/Bacteriology & Immunology

- **PD-536-30** Results of RT-PCR examinations in the diagnosis of pulmonary and extra-pulmonary tuberculosis
  T Pryanova, M Primkulova, N Luzina (Russian Federation)

- **PD-537-30** Culture results of presumptive drug-resistant pulmonary TB patients with *Mycobacterium tuberculosis* (MTB) not detected result on Xpert MTB/RIF®
  P Dave, P Patel, B Vadera, B Modi, K Rade, Sand Bharaswadkar, M Ghedia, A Amar Shah (India)

- **PD-538-30** Detection of *Mycobacterium tuberculosis* from faeces sample by Xpert MTB/RIF
  S. Yoshimatsu, H Kokutou, Lina Yi, K Mizuno, Y Sasaki, S Mitarai (Japan)

- **PD-539-30** Utility of string test and stool for diagnosing pulmonary tuberculosis using geneXpert MTB/RIF
  A Dinardo, A Hahn, J Leyden, E Graviss, C Stager, E Baron, A Mandalakas, E Guy (USA)

- **PD-540-30** The role of loop-mediated isothermal amplification (TB-LAMP) and Xpert MTB/RIF for the diagnosis of pleural tuberculosis
  Mulu Getahun, Y Fisila, A Kebede, T Gebeyehu, Z Dagne, A Abebe, S Mitarai, E Lemma (Ethiopia, Japan)

- **PD-541-30** Use of a connectivity solution (GxAlert) in GeneXpert machines improves DR-TB data collection and patient management in Nigeria
  K Jimoh, J Takle, L Ekbladh, J O Obasanya, C Macek, O Adeleke (Nigeria, USA)

- **PD-542-30** Assessment of bacterial load quantitation by Xpert®MTB/RIF to predict the smear microscopy grade of TB patients: a rural lab network in Swaziland
  G Obregon Boltan, B Kerschberger, A Antierens, R Dela Tour (Peru)

- **PD-543-30** Remote calibration: experience from GeneXpert implementation in Malawi
  A Omer, S Dalebout, Stev Neri, B Gadama, M Mkata, A Mwanyimbo, R Nalikungwi, A Trusov (Malawi, Namibia, USA)

- **PD-544-30** Evaluation of cost-effectiveness of MODS vs GeneXpert MTB/rif for the diagnosis of pulmonary TB in an African setting
  P Wikman Jorgensen, J Lienas-garcia, T Perez-porcuna, A Morales-cartagena, M Hobbins, R Abellana, A Mussa, C Ascaso (Mozambique)

- **PD-545-30** A pragmatic randomised trial to assess impact of LPA versus Xpert MTB/RIF versus MGIT in Brazil
  A Kritski, M De Oliveira, D Ramalho, I Langle, P Phillips, A Detjen, P Fujiwara, S Squire (Brazil, UK, USA)

- **PD-546-30** Confirmation of Xpert-detected rifampicin resistance adds unnecessary complexity to treatment decisions
  N Lorent, C Kong, T Kim, W De Rijk, S Thai, L Rigouts (Belgium, Cambodia)

- **PD-547-30** Contribution of Xpert® MTB/RIF real-time PCR in the diagnosis extrapulmonary tuberculosis
  F Doucet-populaire, C Guillet Caruba, N. Bourgeois-nicolaos, A. Vessieres, F. Jaureguy, C. Theis, B. Picard (France)

**Poster Discussion Session 5** 10:15-11:15 • Poster area

**Gene polymorphisms and immunology**

**Chair:** Thomas Shinnick (USA) - **Section:** Tuberculosis/Bacteriology & Immunology

- **PD-548-30** Vitamin D receptor (FOK I) gene polymorphism in pulmonary tuberculosis patients at Mulago hospital
  E Acen, JOSE Erume, W O Worodria (Uganda)

- **PD-549-30** Influence of gene polymorphism (IL-2 and IL-4) and cytokines in patients with recurrent pulmonary tuberculosis on standard chemotherapy
  D Butov, M Kuzhko, A Stepanenko, T Butova (Ukraine)

- **PD-550-30** Associations between human leukocyte antigen class I variants and the *Mycobacterium tuberculosis* subtypes causing disease
  M Salie, L Van Der Merwe, M Moller, P Van Helden, X Gao, R M Warren, M Carrington, E Hoal (South Africa)

- **PD-551-30** Racial differences in neutrophil counts and reported neutropenia in two international TB treatment trials: rifapentine-rifampicin, TBTC-Studies29-29x CANCELLED

- **PD-552-30** Laboratory indices in the patients with pulmonary tuberculosis according to CYP2E1 genotype
  P Antonenko, V. Kresyun, V. Filuk, K Antonenko, N. Gerasimova, Yu Danilenko, G Mozolevich (Ukraine)

- **PD-553-30** Expression of membrane-bound receptors to tumor necrosis factor alpha in active pulmonary tuberculosis
  A Alshevskaya, Z Laushkina, F Kireev, J Lopatnikova, S Sennikov (Russian Federation)
**Poster Discussion Session 6**  10:15-11:15  • Poster area

**Immune responses in TB**

**Chair:** Rumina Hasan (Pakistan)  - **Section:** Tuberculosis/Bacteriology & Immunology

**PD-556-30**  Impaired immune response of peripheral blood mononuclear cells from non-human immuno-deficiency virus infected patients with MAC-LD  
C-C Shu, C-J Yu, J-Y Wang, L-N Lee (Taiwan)

**PD-557-30**  The diagnostic role of inflammatory and anti-inflammatory cytokines and effector molecules of cytotoxic T lymphocytes in tuberculosis pleural effusion  
C-C Shu, C-J Yu, J-Y Wang, L-N Lee (Taiwan)

**PD-558-30**  Interferon-gamma responses to ESAT-6/CFP-10 and PPD are comparable between children of all age groups in the Gambia  
T Togun, M.P Gomez, U Egere, M Daramy, A Sillah, L Tientcheu, J Sutherland, B Kampmann (Gambia, Cameroon, UK)

**PD-559-30**  Mycobacterial antigens disappear from host tissue during latent *Mycobacterium tuberculosis* infection  
T Mustafa, H Wiker, M Harboe, G Bjune (Norway)

**PD-560-30**  Antigen-induced perforin production by populations of cytotoxic (CD8+) T-cells in children and adolescents with tuberculosis infection  
LI Mordovskaya, M Vladimisky, V Aksenova (Russian Federation)

**PD-561-30**  Biomarker candidates for LTBI treatment efficacy: an exploratory study  
M Lisboa Bastos, J Lima, M Siqueira, S Garcia Rabelo, T Pedro, C Ponte, P Antas, A Trajman (Brazil)

**PD-562-30**  Latency-associated antigens: interferon-gamma immunoreactivity evaluation in close contacts recently exposed to *Mycobacterium tuberculosis*  
L Araujo, N Da Silva, R Da Silva, JA Leung, F Mello, TH Ottenhoff, MH Saad (Brazil, Netherlands)

**PD-563-30**  Tuberculosis IFN-y: responses in breastmilk of HIV-infected mothers  
L Cranmer, M Kanyugo, B Lohman-payne, K Tapia, G John-stewart (USA)

**PD-564-30**  Cytokine levels during TB treatment in a paediatric cohort  
L Hasper, M Chachage, N Elias, A Rachow, A Bauer, M Hoelscher, C Geldmacher, I Kroidl (Germany)

**PD-565-30**  Immunological parameters in children with tuberculosis and LTBI  
A Starshinova, I. Dovgaluk, N Korneva, Yu Ovchinnikova, O. Yakunova, S. Ananiev (Russian Federation)

**PD-566-30**  Evidence of lipid antigen presentation by CD1d pathway in murine alveolar epithelial cells against *Mycobacterium bovis* (BCG) infection  
Z Rizvi, Niti Puri, R K Saxena (India)

**PD-567-30**  A cohort study of duration and changes in BCG effectiveness against tuberculosis with time since vaccination in Norway  
P Nguipdop-djomo, P Mangtani, L Rodrigues, K Rønning, I Cappelen, E Heldal, I Abubakar (UK, Norway)

**Poster Discussion Session 7**  10:15-11:15  • Poster area

**Molecular detection of TB and drug resistance - I**

**Chair:** Daniela M Cirillo (Italy)  - **Section:** Tuberculosis/Bacteriology & Immunology

**PD-568-30**  Cost-effectiveness of XDR-TB diagnostics: GCDD results  
E Groessl, N Hillery, A Trolip, L Jackson, R Garfein, T Rodwell, T Ganiats, A Catanzaro (USA)

**PD-569-30**  Isolation and identification of nontuberculous mycobacterium by polymerase chain reaction: restriction enzyme - a simple and robust method  
A K Verma, Gavi Kumar, J Arora, Manp Bhalla, Shas Panchal, Vith Myneedu, S R Sarin (India)
PD-570-30  Rapid molecular detection of *mycobacterium tuberculosis* and drug-resistance to isoniazid, rifampicin, fluoroquinolones and injectable drug from sputum
N Sung, N Lee, JH Jung, J Choi, H Ahn, CT Kim, H Kang (Korea, Republic Of)

PD-571-30  Detecting resistance to nine anti-tuberculosis drugs in a single reaction tube
M De Vos, J Rice, L Rice, B Kreiswirth, E Streicher, P Van Helden, R M Warren, W Wangh (South Africa, USA)

PD-572-30  MDR-TB management in a low-income country: GeneXpert © versus Hain Life science© assays for TB
Z Kashongwe Munogolo, B Bisimwa, s Callens, E Andre (Congo - Democratic Rep., Belgium)

PD-573-30  Impact of a newly-certified LPA laboratory as the only testing facility for the diagnosis of MDR-TB under PPM mode in a State of India
M Mawlong, Mary Kuninemuriyil, M Puthenchirayil, P Varghese, T Rangad, G Singh, S Rynathiang, K Ranee (India)

PD-574-30  Performance of MLPA assay in tuberculosis resistance detection
PF Santos, Elis Dalia Costa, M C Lourenco, S Sengstake, I Bergval, R Anthony, A Kritski, M De Oliveira (Brazil, Netherlands)

PD-575-30  Comparison of two molecular assays with phenotypic rifampicin DST and rpoB gene sequencing
B Magazi, P Jotam , N Maningi, F Ismail, N Mbelle, T Gumbo (South Africa, USA)

PD-576-30  Evaluation of a microbead-based method for simultaneous spoligotyping and detection of INH and Rif resistance in M. tuberculosis strains
B Molina-moya, M Gomgnimbou, C Lafoz, S Samper, C Sola, J Dominguez (Spain)

PD-577-30  Multi-center study to assess the non-inferiority of Nipro NTM+MDRTB and Hain GenoType MTBDRplus V.2 LPAs compared to Hain GenoType MTBDRplus V1
W Sikondzhe, E Vaill, D Hillemann, N Ismail, M Joloba, P Nabella, C Boehme (Switzerland, Germany, South Africa, Uganda)

PD-578-30  Evaluation of basic analytical performance of Pure-TB-Lamp
Y Mori, Y Yuki, N Tomita, H Kanda, S Kojiya, T Notomi (Japan)

P Kunawararak, S Arunothong, A Jongpaeng, S Kongsin, P Pokaew, C Chuchottaworn, N Namwat (Thailand)

Poster Discussion Session 8  10:15-11:15  •  Poster area

Opening the door to community engagement in TB

Chair: Chibuike Amaechi (Nigeria)  •  Section: Civil Society

PD-580-30  Kids role, tuberculosis and health promotion: new communication strategies
G Israel, C Lima, C Cruz, L Lima (Brazil)

PD-581-30  Mobilising community care-givers in providing TB care in hard-to-reach areas of India: experiences of World Vision India and partners
S Mukhopadhyay, S Cornelius, V K Edward, B Samuel, M Jose (India)

PD-582-30  Role of NGO to detect hidden tuberculosis cases in Kathmandu urban slum
RS Gopali, N Ishikawa, L Lochting, R Pant (Nepal, Japan, Norway)

PD-583-30  Increasing access to TB drug susceptibility testing: a community-based organisation to the rescue of National TB Programme, Mumbai, India
I Syed, M Khetarpal, A Sreenivas, KS Sachdeva, J Salve, P Malik (India)

PD-584-30  Collaboration with the Republican Women’s Committee to fight tuberculosis in Uzbekistan
S Gamtsemlidze, J Ismoilova, T Mohr, B Babamuradov, S Sayfiddinova, U Yuldasheva, M Rahimova (Uzbekistan, Tajikistan, Kazakhstan)

PD-585-30  Local self-government involvement in tuberculosis control programme in Kasaragod district, Kerala, India: standard for TB care in India
K Dsa, R Kadambalithaya, PP Sunilkumar, S Balakrishnan, A Sreenivas, S Mrihnuyanjan, J Subramoniappillai, A Kumar (India)

PD-586-30  Community involvement in raising awareness about TB among Somalian population
M Karels, N Jansen-aaldring (Netherlands)

PD-587-30  Civil society initiative in identifying TB patients from key-affected population through community led sputum collection and transportation
R David, Mr Rajesh Singh, A Rahman (India)

PD-588-30  Health system gaps in community TB/MCH integration
M Wanjuki, D Seyoum, A Tawse, B Mboya, A Gitimu, S Muhula, M Mungai, S Kuria (Kenya, Ethiopia)

PD-589-30  Bridging the gap- Improving the access for TB diagnosis by sputum collection and transport: a field report from Tamilnadu, Southern state in India
K K, Gane M, A Ramya, A Das, N Krishnan (India)
PD-590-30  Community empowerment in TB control activities in Myanmar: national TB control programme and INGOs
    Le L Win, S Saw, Yin Thet Nu Oo, T Lwin, Tin Mi Mi Khaing (Myanmar)

PD-591-30  Novel principles to facilitate cross-cultural community engagement in tuberculosis research
    J Bozza, S Ndlovu, M Mayan, D Fisher, R Cowie, D Wilson (South Africa, Canada)

**Poster Discussion Session 9**  10:15-11:15 • Poster area

**HIV/TB programme links: hand-in-hand screening for TB and HIV**

**Chair:** Keren Middelkoop (South Africa) - **Section:** HIV

PD-592-30  Assessment of TB prevalence in newly diagnosed HIV infected adults attending ART center in Gujarat, India
    D Kapadiya, P Dave, b Vadera, P Patel, S Chawla, A Shah (India)

PD-593-30  Assessment of HIV screening and management in children treated for tuberculosis in the Democratic Republic of Congo: results of the 2012 survey
    F Kitetele, Eliz Talbot, F Alombah, E Kiangala, D Muteteke, G Bakaswa (Congo - Democratic Rep., USA)

PD-594-30  Presumptive tuberculosis in Zomba district, Malawi: an operational prospective study of outcomes and diagnostic process
    M Van Lettow, T Beyeni, H Akello, AK Chan, M Joshua, S Chinomba, J Van Oosterhout, A D Harries (Malawi, UK)

PD-595-30  High indeterminate rates of QFT among HIV-infected individuals in Brazil
    S Leone, A Trajman, A Paniago, A Ruffino-netto, G Bonecini-almeida, J Croda (Brazil)

PD-596-30  Enhancing notification of co-infected cases by engaging networks of PLHIV in TB control activities in Andhra Pradesh, India
    S Mukhopadhyay, AK Kandukuri, S Cornelius, B Samuel, V K Edward, J Banavaliker, U Ramakrishna, A Rameshbabu (India)

PD-597-30  Scale-up of facility integrated counselling and testing centres and Public-Private Partnership ICTC In India: contribution in HIV testing of TB patients
    N Roman, O Pavlova, O Kheylo, M Dolynska (Ukraine)

PD-598-30  Streamlining TB-HIV case detection in Ukraine
    N Roman, O Pavlova, O Kheylo, M Dolynska (Ukraine)

PD-599-30  Improving TB screening in HIV patients
    Y Jean-noel, J Beauchamp, A Val, J Dieudonne, A Tabois, J Saint-fleur (Haiti)

PD-600-30  Universal TB screening opens the door to integrated health service delivery in a rural border village in Northwest Province, South Africa
    M A Uys, Ezet Barnard (South Africa)

PD-601-30  Simplified TB screening algorithms maintaining high sensitivity but with reduced laboratory case load
    S Thai, S Sok, R Pe, S Huy, N Lorent, J Vangriensvan (Cambodia)

PD-602-30  Utility of the Xpert MTB/RIF Assay on stool specimens for TB diagnosis among people living with HIV in western Kenya
    S Mutuku, S Modi, K Mccarthy, A Okumu, J Cavanaugh, K Cain (USA, Kenya)

PD-603-30  Incremental yield of Xpert MTB/RIF and liquid culture over Ziehl-Neelsen smear microscopy among patients with HIV and tuberculosis
    J Cavanaugh, S Modi, A Okumu, H Alexander, K Mccarthy, B Burmen, S Musau, K Cain (USA, Kenya)

**Poster Discussion Session 10**  10:15-11:15 • Poster area

**Community commitments to improving TB treatment adherence**

**Chair:** Helen Wallstedt (Sweden) - **Section:** Tuberculosis/Nurses & Allied Professionals

PD-604-30  Tuberculosis in homeless population of Delhi
    D Kundra, A Narnoliya, M Kumar, B S Banerjee, A Sreenivas (India)

PD-605-30  Strengthening TB treatment adherence in Kazakhstan: a multidisciplinary approach
    S Amatya, Z Beisembinova, F Ginnyett (UK)

PD-606-30  High loss-to-follow-up among HIV-infected Children registered for Pre-antiretroviral therapy care at Madurai, south India
    V Pooranagangadevi, A Kumar, P Chinnakali, S Sahu, M Selvaraj, A S Valan, S Swaminathan (India)
PD-607-30  Experience organising TB patient support groups in the Republic of Kazakhstan
B Babamuradov, Y. Belova, T Mohr, Y. Radionova (Kazakhstan)

PD-608-30  Social movements and the Directly Observed Treatment of tuberculosis in Rocinha, Rio de Janeiro, Brazil: perceptions of nurses
F Assumpção De Souza, G Schuabb, J Siqueira Lima, TC Scatena Vilha, A Ruffino-netto (Brazil)

PD-609-30  Home-based tuberculosis care in Armenia
H Armen, V Khachadourian, M Hovhannisyan, Z Koloyan (Armenia)

PD-610-30  Christmas break not treatment break- promoting TB treatment adherence among mine workers in Swaziland
N Shongwe, Y G Ghebreyesus, S Haumba, C Dlada, V Jele, E Phiri, J Ongole (Swaziland, South Africa, UK)

PD-611-30  Social determinants of health and adherence to tuberculosis therapy for patients living in Karachi: a qualitative study
AA Khan, U Rabbani, S Bawani, M Zafar, A Ahsan, Z Fatmi (Pakistan)

PD-612-30  Interest of the community involvement in the control of tuberculosis in Burkina Faso
F M G Coulibaly Donessoune, K Lougué (Burkina Faso)

PD-613-30  Social approach to reach vulnerable and marginalised communities for tuberculosis, care and control
A K Singh, R David (India)

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**Retrospective TB data analysis: case identification, treatment and control**

**Chair:** Christopher Zishiri (Zimbabwe) - **Section:** Tuberculosis/Nurses & Allied Professionals

E Tsybikova (Russian Federation)

PD-615-30  Outpatients: treatment outcomes after cross-checking registers and records in Lusaka, Zambia
V Mfungwe, M Ota, H Ogata, N Kapata, K Koyama, G Samungole (Zambia)

PD-616-30  Tuberculosis control in security challenged States of north-east Nigeria. Are there significant impact?
M Gidado, Josh Obasanya, J Onazi, R Enegog, N Chukwueme, T Odusote, J Kuye, Sani Useni (Nigeria)

PD-617-30  Clinical audit to evaluate quality of care for cases with TB-HIV co-infection in the Republic of Moldova
S Bivol, V Vlč, V Soltan, S Popovici, O Scuteinicuic (Moldova)

PD-618-30  Inner-urban environmental predictors of tuberculosis infection-sites according to the activity space in Shinjuku, Tokyo from 2003 to 2011
K Izumi, A Ohkado, K. Uchimura, Y Murase, Y Tatsumi, K Fukuuchi, H Watanabe, N Ishikawa (Japan)

E Cruz-ferro, M Ursúa-díaz, JA Taboada-rodríguez, X Hervada-vidal, . Grupo De Trabajo Del Programa Galle (Spain)

PD-620-30  Sistema de información de tuberculosis de Galicia: Búsqueda activa de casos no declarados: Galicia 2008-2012
E Cruz-ferro, M Ursúa-díaz, JA Taboada-rodríguez, X Hervada-vidal, . Grupo De Trabajo Del Programa Galle (Spain)

PD-621-30  Data quality assessment of routine tuberculosis data in Kenya where are we?
H K Kipruto, E Klinkenberg, J Kioko, A Ronoh, F Ngari, B Langat, J Naibongo, M Mwakala (Kenya, Ethiopia)

PD-622-30  Focused interventions to optimise performance under Revised National TB Control Programme, Karnataka, India
NS Vishwanath, S Shastry, P Bhat, S Managuli (India)

PD-623-30  The incidence rate and risk factors of tuberculosis among people living with HIV in Osaka, Japan
A Ohkado, T Shirasaka, T Goto, M Shirano, A Shimouchi (Japan)

PD-624-30  Burden of tuberculosis in nine sub-Saharan African countries
O Adetokunboh, M Oluwasanu, T Balogun (South Africa)

PD-625-30  Risk of tuberculosis: a ten-year follow-up study of contacts in Amsterdam
R S loot, M Schim Van Der Loeff, P Kouw, M W Borgdorff (Netherlands)
**Poster Discussion Session 12**  
10:15-11:15 • Poster area

**TB and diabetes: the rising burden**

**Chair:** TBC - **Section:** Tuberculosis

**PD-626-30** Burden of diabetes among patients with tuberculosis: ten-year experience from an Indian tertiary care teaching hospital  
D Christopher, S Mitra, J Sarojini, V Balaji, M Gupta, M Therese, B Yadav, L Jeyaseelan (India)

**PD-627-30** Mitochondrial mutational load in diabetes: toward a better understanding of diabetes in tuberculosis  
W Wangh, A Osborne, K.C. Hayes (USA)

**PD-628-30** Does HIV modify the association between diabetes mellitus and active tuberculosis?  
SL Bailey, S Floyd, JS Yudkin, P Godfrey-faussett, H Ayles (UK, Zambia)

**PD-629-30** Cost analysis of integrating diabetes screening with a tuberculosis active case finding programme in the private sector  
M Basir, A Zaidi, H Hussain, S Khowaja (Pakistan)

**PD-630-30** High prevalence of latent tuberculosis infection among adults with type 2 diabetes mellitus in Karnataka, India  
M Foote, PA Mahesh, R Kempker, KM Narayan, V Mohan, BS Jayaraj, SM Ray (USA)

**PD-631-30** Has diabetes mellitus an impact on tuberculosis rates in Mexico? Analysis of the Mexican registry of tuberculosis 2000-2012  
L Garcia, Mart Castellanos, G Delgado-sánchez, L Cruz-hervert, V Ortega Baexe, LD Ferreyra-reyes, EE Ferreira-guerrero, A Hernández (Mexico)

**PD-632-30** Joint management of patients with pulmonary tuberculosis and diabetes mellitus is feasible and appears to improve treatment outcomes in Mexico  
L Garcia, Mart Castellanos, G Delgado-sánchez, LD Ferreyra-reyes, L Cruz-hervert, EE Ferreira-guerrero, Mirt Jiménez-mendoza, A Ponce-de-león (Mexico)

**PD-633-30** Variation in TB treatment outcome: the need for population specific interventions  
I Mgbakor, T Badru, M Odo, I Mogaba, O Adebayo, O Itua, B Olusola-faley, T Odusote (Nigeria)

**PD-634-30** Epidemiology of TB, diabetes and non-communicable diseases risk factors in an urban Cape Town township  
T Oni, R Goliath, N Levitt, R Wilkinson (South Africa)

**PD-635-30** Prevalence of diabetes mellitus among tuberculosis patient's in medical colleges of Tamil Nadu, India  
HR Shivaramakrishna, D Ranganathan, S Anjum, J Arivoli, K Ganesh Kumar, S A, P Moonan (India)

**Poster Discussion Session 13**  
10:15-11:15 • Poster area

**TB public private mix: India**

**Chair:** TBC - **Section:** Tuberculosis

**PD-636-30** A community based approach in designing a model TB sensitization programme for Self Help Groups (SHGs): a study from south India  
B Thomas, B Watson, B Priscilla, R Vijayalakshmi, S Swaminathan (India)

**PD-637-30** Public-Private partnership in drug-resistant TB care: a case study of Nagpur model, India  
R Deshmukh, B.O Tayade, A Sreenivas, S P Patil (India)

**PD-638-30** Perceptions of private practitioners about “Standards for TB care in India” and its probable impact on their involvement in TB programme, India  
P Dave, S Bharaswadkar, K Pujara, b Vadera, K Rade, A Sreenivas (India)

**PD-639-30** Experience of Public-Private Partnership (PPP): perception of collaboration by public and rural health-care providors in Karnataka, India  
S Gadala, KR Vishwanath, Tomi Thomas, Mura Krithika, P Banuru Muralidhara, Das Bharati (India)

**PD-640-30** Reaching the “missing tuberculosis” cases: are private health care providers in Pune, India notifying TB patients to the national programme?  
R Yeole, K Khillare, V Chadha, A Kumar (India)

**PD-641-30** Civil society, key shareholder in TB control programme: a solution in increasing TB suspects and cases to 2 times over a period of 24 months  
S Nayak, T Nandy, G Singh, U Bajpai, M S Rana (India)
Poster Discussion Session 14  

10:15-11:15 • Poster area

Diagnostic evaluation of TB: what does and doesn’t work

Chair: Francesca Conradie (South Africa) - Section: Tuberculosis

- PD-648-30  Source of sputum smear positive tuberculosis patients in Rajnandgaon district, Chhattisgarh, India
P Nayak, Pawa Jethani, T K Agrawal, S Chandraker, S Anjam, K Sharma, A Sreenivas (India)

- PD-649-30  Epidemiology and diagnostic techniques of tuberculous lymphadenitis in a TB low-burden country
I Los Arcos, F Salvador, A Sánchez-mentalvá, T Tortola, A Curran, A Villar, J Castellví, I Molina (Spain)

- PD-650-30  Added value of including Xpert MTB/RIF in an algorithm to diagnose smear-negative tuberculosis in a HIV prevalent resource-constraint setting
H Huerga, G Ferlazzo, P Bevilacqua, B Kirubi, Eric Oduor, E Ardizzoni, J Sitienei, M Bonnet (France, Belgium, Switzerland)

- PD-651-30  Health care worker TB investigation practices: did Xpert MTB/RIF change testing practice?
V Chihota, K Fielding, S Ginindza, k Mccarthy, G Churchyard, A Grant (South Africa, UK)

- PD-652-30  Culture positivity rate for Mycobacterium tuberculosis in migrants from Pakistan before immigration to other countries
K Jabeen, Y Shafqat, M Irfan, R Hasan (Pakistan)

- PD-653-30  Infectiousness of untreated, drug susceptible tuberculosis patients in South Africa, using microscopy and geneXpert for diagnosis
A Stoltz, M Mphahlele, E De Kock, M Van Der Walt, A Dharmadhikari, E Nardell (South Africa, USA)

- PD-654-30  Challenges and lessons learnt in conducting national TB prevalence survey in a high-burden and limited-resource country
DB Lolang, iam Pangaribuan, An Musadad, DE Mustikawati, B Dhwihardiani, S Meharmal (Indonesia)

- PD-655-30  Pre-entry screening of migrants to the UK: using probabilistic matching to identify cases of tuberculosis post-migration
R Aldridge, M Muzyamba, P Dhawan, D Zenner, A Hayward, I Abubakar (UK, Philippines)

- PD-656-30  Poor admissions of TB screening tool resulting in low TB case finding in Swaziland
K Sibandze, E Phiri, E Nhlengetwana (Swaziland, UK)

- PD-657-30  A global study of IFN-γ Release Assay (IGRA) reversions in low-risk health-care workers: which cut offs minimise reversions and predict stable results?
W Thanassi, A Noda, J Yesavage, D Marder, D Tripodi, J Torres-costa, A Nienhaus (USA)

- PD-658-30  Analysis of and lessons from the UK’s tuberculosis pre-entry screening programme: January 2006-December 2013
M Muzyamba, R Aldridge, P Dhavan, D Zenner (UK, Philippines)

- PD-659-30  Who should be investigated for TB among people attending for HIV care?
Y Hanifa, K Fielding, S Jawad, V Chihota, A Karstaedt, L Adonis, G Churchyard, A Grant (UK, South Africa)
**Poster Discussion Session 15**  10:15-11:15 • Poster area

**Molecular epidemiology: from Beijing to Brazil and points in between**

**CHAIR:** Adrian Muwonge (UK) - **SECTION:** Tuberculosis

- **PD-660-30** Molecular characterisation of *Mycobacterium tuberculosis* in Benishangul Gumuz region, western Ethiopia
  K Tulu, A Shana, G Chimdi, H Marru (Ethiopia)

- **PD-661-30** Genetic diversity of *Mycobacterium tuberculosis* strains in Salvador, Brazil: needs for further research and implications for regional policy
  A Silva, E Mota, S Pereira, M Reis, J Pedreira (Brazil)

- **PD-662-30** Genetic diversity of MDR-TB in Nepal
  B Maharanj, B Shrestha, P Rajendra, G Mezzabotta, H Hoffmann, A. Beneke, C Nakajima, Y Suzuki (Nepal, Japan)

- **PD-663-30** *Mycobacterium tuberculosis* isolated from pulmonary TB patients with previous treatment history in Makassar, Indonesia
  S Wahyuni, H Saleh, M Massi, S Phyu, I Yusuf, P Bifani (Indonesia)

- **PD-664-30** Whole genome sequencing of *Mycobacterium tuberculosis* strains obtained from patients with pulmonary and extrapulmonary tuberculosis
  E Chernyaeva, M Rotkevich, V Zhuravlev, N Solovieva, M Shulgina, A Lapidus, SJ O’Brien (Russian Federation)

- **PD-665-30** TB lineages and association with patients’ demography and co-morbidities in Ghana
  D Yeaboah-manu, A Asante-poku, ID Otchere, S Osei-wusu, A Forson, H Ganiyu, A Baddoo, S Gagneux (Ghana, Switzerland)

- **PD-666-30** Beijing and H4/Ural genotypes of M.tuberculosis are predominating among M-/XDR-TB patients in Moldova
  V Crudu, E Romancenco, E Noroc, S Alexandru, S Niemann, C Lange, R Garfein, A Catanzaro (Moldova, Germany, USA)

- **PD-667-30** A six-year spoligotyping analysis of *Mycobacterium tuberculosis* (MTB) isolated from a multi-ethnic population in Brescia, northern Italy
  A C Carvalho, F Berroni D’aversa, A Matteelli, G Pinsi, TM Silva, F Castelli, ACB Santos, MH Saad (Brazil)

- **PD-668-30** Using molecular epidemiological data to estimate the extent of recent transmission in a multi-ethnic, high incidence setting in England, 2007-2011
  A Keen, J Evans, S Khanom, R White, P Hawkey, I Abubakar, G Smith, E Vynnycky (UK)

- **PD-669-30** Reverse zoonosis occurred in dairy cows of Bangladesh by Mycobacterium orygis: a new causative agent of tuberculosis
  M Rahim (Bangladesh)

- **PD-670-30** Prevalence of Beijing genotype among clinical isolates of *M. tuberculosis* from different regions of Kazakhstan
  A Akhmetova, U Kozhamkulov, V Bismilda, L Chingisova, E Ramanculov (Kazakhstan)

**Poster Discussion Session 16**  10:15-11:15 • Poster area

**TB public private mix in countries other than India**

**CHAIR:** Gerry Davies (UK) - **SECTION:** Tuberculosis

- **PD-671-30** Cost-effectiveness of TB health services in Sana’a city, Yemen: a comparison between different types of health care providers
  N A A Thabit, A Al-shamiry (Yemen)

- **PD-672-30** Involvement of informal health care providers, pharmacies, in population services international Myanmar’s TB control activities
  P Swe, S Zarni, K Win (Myanmar)

- **PD-673-30** BRAC’s experience in engaging different healthcare providers in TB control programme
  R Amzad, K Fatema, S Islam, G Raihan, M Akramul Islam, MA Husain, M Hossain (Bangladesh)

- **PD-674-30** Strengthening the Public-Private Mix (PPM) initiative in Dhaka, Bangladesh using systematic screening for active pulmonary tuberculosis and GeneXpert
  MT Rahman, A Mahmud, A Nahar, S Ahmed, R Ahmed, M.M. Rahman, MA Husain, S Banu (Bangladesh)

- **PD-675-30** Peer meetings to increase engagement of pulmonologists in private practice
  F Putri, E Burhan, M A Nawas, D Kusumo Sutoyo, F Yunus, B Djojonegoro, P Hopewell, DE Mustikawati (Indonesia, USA)
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<td>Increase in TB case detection through a PPM partnership: community health worker symptomatic screening at a high-volume government hospital in Karachi</td>
<td>N Khaird, N Masood, A Malik, A Zaidi, S Khowaja, R Jawaid, N Rizvi, A Khan (Pakistan)</td>
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<td>PD-677-30</td>
<td>Comprehensive tuberculosis control through joint effort by the private, civil society and public sectors</td>
<td>C Thamsuvan, Y Kasetsaroon (Thailand)</td>
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<td>PD-678-30</td>
<td>The contribution of private practitioners on tuberculosis suspects and cases finding in Denpasar, Bali, Indonesia, 2013</td>
<td>IWG Artawan Eka Putra, A Swandewi, Pase Kardiwinata, CISD Astiti, IM Sutarga, C Umbal Wahyuni, A Probhandari, P Riono (Indonesia)</td>
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<td>PD-679-30</td>
<td>Compliance to national TB treatment guidelines on diagnosis, treatment, and reporting by physicians in the Namibian private health sector</td>
<td>H Mungunda, F Mavhunga, R Amutenya, T N. Shilongo, V Mogotsi, A Thomas (Namibia)</td>
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<td>PD-681-30</td>
<td>Role of private practitioners in TB case detection and treatment, challenges and lesson learnt</td>
<td>M Rafique Mangi, Dr Sharaf Shah, Dr Sarwar Soomro, Dr Ghulam Nabi (Pakistan)</td>
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<td>PD-682-30</td>
<td>Private-Public Mix (PPM) of referral of TB symptomatic by drug sellers in four townships of Myanmar</td>
<td>TT Nwe, K Tin Min Min, S Thein, H G, H Nishiyama, K Okada, N Yamada (Myanmar, Japan)</td>
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<td>PD-683-30</td>
<td>Promoting tuberculosis case findings in the community through Public-Private partnership</td>
<td>I Asieba, O Omeh, D Oqua, A Adesina, P Agada, O Adeboga, A Wutoh, m Od (Nigeria)</td>
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**Poster Discussion Session 17**

10:15-11:15 • Poster area

**TB infection control**

**Chair:** Paul Jensen (USA) - **Section:** Tuberculosis

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<td>Assessment of impact of FAST strategy on tuberculosis case finding, time to diagnosis and treatment in Abia State, south-eastern Nigeria</td>
<td>O Okorie, M Gidado, Fada Omoniyi, E Ubochioma (Nigeria)</td>
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<td>Expérience de riposte à une épidémie de tuberculose dans une prison du Burkina Faso.</td>
<td>A Ouedraogo, A Combarry, T L Sawadogo, T Ouedraogo, G Konseimbo, A Roggi, Y Moyenga (Burkina Faso, Italy)</td>
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<td>PD-686-30</td>
<td>Facility risk assessment and tuberculosis infection control measures in five hospitals in Cambodia</td>
<td>S Saint, S Kien, T E Mao (Cambodia)</td>
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<td>PD-687-30</td>
<td>Tuberculosis infection control and prevention in Mozambique: a gap between daily practice and the guidelines</td>
<td>M Brouwer, E Coelho, C Das Dores Mosse, L Brondi, F Van Leth (Netherlands, UK)</td>
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<td>PD-688-30</td>
<td>Uniting for tuberculosis control: experiences from a collaborative effort in the copperbelt province prisons of Zambia</td>
<td>L Lochtong, O Simooya, N Sanjobo, R Mwilu, B Chikumbi (Norway, Zambia)</td>
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<td>PD-689-30</td>
<td>Resistance to disinfectants of <em>Mycobacterium tuberculosis</em> parallels antibiotic resistance</td>
<td>M Acurio, E Pacheco, Z Puyen, J Sagripanti (Peru, USA)</td>
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<td>PD-690-30</td>
<td>Improving HIV screening of inmates with suspicion of active TB disease through a cough surveillance team in Cipinang detention center</td>
<td>YN Sumari, N Tandirerung, M Samsuri, MR Christian, H Al-darrajhi (Indonesia)</td>
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<td>PD-691-30</td>
<td>Interventions improve TB infection control at hundreds of health facilities in Ethiopia, 2012-2013</td>
<td>B Negash, B. Girma, Y Molla, T Anteneh, Y Haile, d Jerene, M Melese, P Suarez (Ethiopia, USA)</td>
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<td>PD-692-30</td>
<td>Survey of the implementation of tuberculosis infection control at healthcare facilities in four districts in Malawi</td>
<td>D Garone, O Jalon, T Beyene, M Van Lettow, J Van Oosterhout, F Cataldo, M Matchaya, M Murowa (Malawi)</td>
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<td>PD-693-30</td>
<td>Improving infection control practices for TB through consistent mentorship and training of health-care workers in an HIV treatment programme</td>
<td>P Nahirya-ntege, C Sekimpi, D Nangendo, P Ikongit, R Ogwang, J Bitarabeho (Uganda)</td>
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<td>PD-694-30</td>
<td>A baseline assessment of TB infection control practices in health facilities in Kenya</td>
<td>E Masini, J Kiotoko, R Muthoka (Kenya)</td>
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MDR-TB: management

**Poster Discussion Session 18**

**Chair:** Veronica White (UK) - **Section:** Tuberculosis

**PD-695-30**
Use of genetic analysis of multidrug-resistant TB strains for rapid diagnosis in comparison with conventional technique
MK Munir (Pakistan)

**PD-696-30**
Comparison of tuberculosis drug activity and minimum inhibitory concentration among MDR-TB patients at Kibong’oto Hospital
R Kinyaha, S Mpagama (Tanzania, United Rep.)

**PD-697-30**
Decentralisation of programmatic management of drug-resistant tuberculosis (PMDT) services in Nigeria: lessons learnt
M Gidado, Josh Obasanya, R Eneogu, G Akang, O Emmanuel, J Onazi, T Odusote, O Fabiyi (Nigeria)

**PD-698-30**
Tuberculosis multidrug-resistance (MDR) patterns among patients attending public health facilities in Nairobi, Kenya, February-August, 2012
J Limo, W Boru, T Galgalo (Kenya)

**PD-699-30**
Are all eligible tuberculosis patients in national tuberculosis programme screened for drug resistance in Puducherry, India?
H Shewade, S Burugina Nagaraja, J Tripathy, S Govindarajan, P Chinnakali, A Kumar, AK Paulraj, G Roy (India)

**PD-700-30**
Validation of genotype MTB-DR plus assay for rifampicin and isoniazid resistance detection on sputum samples in Côte D’ivoire
K N’guessan, A Tehe, M-S Keita Sow, C Adjie-toure, J Kouakou, M Dosso (Côte D’ivoire, USA)

**PD-701-30**
Evaluation of the impact of line probe assay on time to treatment initiation for MDR-TB patients in Archangelsk region of Russia
P Eliseev, G Balantsev, E Nikishova, DA Enarson, A Detjen, P Phillips, S B Squire, A Maryandyshew (Russian Federation, France, USA)

**PD-702-30**
Assessing GenoType MTBDRplus and sequencing methodologies for detecting resistance in clinical isolates of Mycobacterium tuberculosis
X Montes-rincon, M Orduz, W Ribon (Colombia)

**PD-703-30**
Management of rifampicin resistant TB in the Xpert MTB/RIF era? experiences from South Africa
L Scott, Y De Lima, MP Da Silva, T Wojno, C Hayes, W Stevens, M Patel, A Van Rie (South Africa, USA)

**PD-704-30**
Resistance to first- and second-line drugs amongst MTB strains resistant to isoniazid and/or rifampicin by the MODS assay in Peru
A Mendoza, D Moore, E Castillo, A San Miguel, M Perea, E Leo, N Quispe, A Alarcon (Peru, UK)

**PD-705-30**
Impact of rapid diagnosis of rifampicin resistance by Xpert MTB/RIF on mortality among patients with rifampicin-resistant TB
A Van Rie, P Da Silva, Y Voss De Lima, J Wojno, M Patel, C Hayes, W Stevens, L Scott (USA, South Africa)

**PD-706-30**
High prevalence of inhA promoter mutations among patients with drug-resistant tuberculosis in KwaZulu-Natal, South Africa
J Brust, A Niehaus, N Gandhi, B Mathema, K Mislan (USA, South Africa)

Epidemiology: tuberculosis management and control

**Poster Discussion Session 19**

**Chair:** Adrian Gardner (USA) - **Section:** Tuberculosis

**PD-707-30**
Patterns and direct costs of health service utilisation by tuberculosis patients in Quebec, Canada: a population-based study
L Ronald, JM Fitzgerald, K Schwartzman, A Benedetti, G Bartlett-esquiland, JF Boivin, R Menzies (Canada)

**PD-708-30**
Profile of pulmonary tuberculosis patients associated with poor treatment outcome in Douala, Cameroon
A Nana Yakam, J Noeske (Cameroon)

**PD-709-30**
Does level of access to tuberculosis treatment predict default patterns? a multilevel analysis
S Driver, L J Podewils, M Kramer, C Heidebrecht, C Samuel, J Ngozo (USA, Canada)

**PD-710-30**
Mathematical model of HIV among TB patients using sentinel site surveillance information
B N Jnawali, LR Paudel (Nepal)
| PD-712-30 | Association of gender with successful TB treatment in Kitwe, Zambia | M Kapambwe, S Sizly (Zambia) |
| PD-713-30 | How to achieve sustained reductions in the burden of tuberculosis: examples from two Pacific islands | K Viney (Australia) |
| PD-714-30 | Increased initial defaulter density in urban as compared to rural areas in Maharashtra, India: epidemiological trend analysis, 2011-2013 | B Pawar, O Bera, S Chadha, P Banuru Muralidhara (India) |
| PD-715-30 | National population-based survey of tuberculosis prevalence in Thailand | NTP Thailand |
| PD-716-30 | Tuberculosis retreatment: profile and factors associated with successful treatment outcomes in the Free State Province, South Africa (2003-2012) | G Kigozi, S Van Der Merwe, P Chikobvu, J Heunis (South Africa) |
| PD-717-30 | Effectiveness of a structured network of specialist reference units for tuberculosis control | I Barrabeig, MA Tarres, M Boldu, M Santin (Spain) |

### Poster Discussion Session 20 | 10:15-11:15  •  Poster area

**MDR-TB: treatment and adverse reactions**

**Chair:** Manfred Danilovits (Estonia)  -  **Section:** Tuberculosis

| PD-719-30 | Spectrum of further drug resistance in multidrug-resistant tuberculosis patients from 9 countries in regards to bedaquiline implementation | E Kurbatova, T Dalton, J Ershova, P Cegielski, and Global Petts Investigators (USA) |
| PD-720-30 | Analysis of the work of the MDR-TB councilium in a region with a high level of drug resistance and HIV prevalence | D Ruzanau, A. Khailiaukin, A. Demidova, S. Zhevnyak, N Juravleva, M. Uranova (Belarus) |
| PD-721-30 | Emergence of fluoroquinolone resistance amongst multidrug-resistant tuberculosis suspects at a tertiary care facility in Karachi | N Khalid, A Zaidi, N Rizvi, A Haseeb, A Malik, S Khowaja, N Saifullah, A Mohiuddin (Pakistan) |
| PD-722-30 | Verapamil potentiates the activity of Bedaquiline (BDQ) in the mouse TB model: a strategy to reduce BDQ toxicity | S Gupta, S Tyagi, K Winglee, M Maiga, W Bishai (USA) |
| PD-723-30 | Conditions affecting the minimal inhibitory concentration (MIC) of bedaquiline against *Mycobacterium tuberculosis* | N Lounis, L Vranckx, T Gevers, K Kaniga, K Andries (Belgium, USA) |
| PD-724-30 | Trend of fluoroquinolone resistance in Thai new pulmonary tuberculosis patients | C Chuchottaworn (Thailand) |
| PD-725-30 | Hypokalaemia and elevation of serum creatinine in patients with rifampicin resistant TB treated with kanamycin and capreomycin in Khayelitsha | S Moyo, P Patient, V Cox, J Daniels, O Muller, G Van Cutsem, H Cox (South Africa) |
| PD-726-30 | Quantitative second-line drug susceptibility in patients treated for multidrug-resistant tuberculosis in Bangladesh: implications for regimen choice | S Heysell, S Ahmed, s Rahman, A Mahmud, E Houp, S Banu (USA, Bangladesh) |
| PD-727-30 | What is the prevalence of adverse drug reactions among multidrug-resistant TB patients in a DR-TB centre of India in last four years? | S Sarkar, T Quazi, Dr. Ashok Sen, Dr. Pradhan, dr. Santanu Halder, B Bishnu, Dr. Nilanjan Paty, Dr. Suparna Chattopadhyay (India) |
| PD-728-30 | Laboratory monitored drug adverse events in patients undergoing treatment for drug resistant tuberculosis in Khayelitsha, South Africa | S Moyo, P Patient, V Cox, J Daniels, O Muller, G Van Cutsem, H Cox (South Africa) |
| PD-729-30 | Prevalence of XDR, ofloxacin- and aminoglycosid-resistance among different MDR tuberculosis cases | N. Lutyvynenko, S. Cherenko (Ukraine) |
| PD-730-30 | DNA methylation and its role in the resistance of *Mycobacterium tuberculosis* to levofloxacin | A Nataly, J Robledo, F Rouzaud (Colombia) |
TB in vulnerable populations

CHAIR: Robert Makombe (Malawi) - SECTION: Tuberculosis

PD-731-30  Active screening of pulmonary tuberculosis in migratory nomadic population: a missing link in Iran’s national tuberculosis plan

PD-732-30  Associated factors with prevalence and annual risk infection of tuberculosis among indigenous population from Brazilian Amazon
P Basta, J Malacarne (Brazil)

PD-733-30  Active detection of tuberculosis among miners in Mererani, Tanzania
A Mbuya (Tanzania, United Rep.)

PD-734-30  Mortality due to tuberculosis in the indigenous population Brazil, 2010
T Magalhães, A De Paula Lobo, A Torrens, D Chaves Kühleis, M Jacobs, V Camargo Da Costa, D Barreira (Brazil)

PD-735-30  Fate is the main reason for tuberculosis knowledge about TB among women in Kerala, India
S Gadala, Mura Krithika, Tomi Thomas, H Corrie, Jose Jabun, P Banuru Muralidhara (India)

PD-736-30  Supporting the appropriate management of TB in small mining companies of South Africa
M T Mbatcha, S Thamaga, G Baloyi, D Moleba (South Africa)

PD-737-30  Early detection of tuberculosis in NGOs working with vulnerable groups in Ukraine
Z Islam, S Filippovych, O Smetanina, I Zharuk, S Liudmyla (Ukraine)

PD-738-30  Social inclusion framework for TB risk management in the marginalised population of Delhi, India
Ashw Khanna, S Chandra, N Sharma, K Ashok, A K Vasisht, A Narnoliya, B Neeti (India)

PD-739-30  TB among mining populations: risk perceptions on TB infection: views among Mozambique mining population
A Mataruse, S Machevo Chilundo, D Sacur, S Essama-bibi, E Oliveras, A Abdula, C Juliana (Mozambique, USA)

PD-740-30  Intensified case finding and supportive treatment among vulnerable groups in Thailand: achievement of two-year implementation of the Global Fund Project
J Rattanadilok Na Bhuket, P Pungrassami (Thailand)

PD-741-30  Molecular characterisation of strains of the Mycobacterium tuberculosis in the indigenous and non-indigenous population of Mato Grosso do Sul
E Cunha, L Ferrazoli, L Lempke, M Marques, E Munhoz, R Maia, I Costa (Brazil)

PD-742-30  Tuberculosis incidence among immigrants to the United States compared with WHO estimates in country of origin
S Jonnalagadda, Z Wang, W Zhou, J Painter (USA)

PD-743-30  Gender and tuberculosis: a prospective study exploring risk factors for higher notification of tuberculosis (TB) in adult women in Khyber Pakhtunkhwa
M Aziz, S Campbell, A Esmail (UK)
**Poster Discussion Session 22**  10:15-11:15  •  Poster area

**Tobacco use in women and children: a worrying trend**

**CHAIR:** Kamran Siddiqi (UK)  •  **SECTION:** Tobacco Control

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<td>PD-744-30</td>
<td>Influence of social environment on adolescents smoking behaviour: a risk factor and protective factor study from a hilly state of north India</td>
<td>A Gupta (India)</td>
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<td>PD-745-30</td>
<td>Translation and validation of the Malay version of the second-hand smoker (SHS) questionnaire among pregnant women at hospital Sungai Buloh, Selangor</td>
<td>B Muadz, MN Norizal, N Ismail, B Abdullah, H Halilah (Malaysia)</td>
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<td>PD-746-30</td>
<td>The reasons for violations of the Russian Federal Law No. 15 (as of 23/02/2013) on protecting people from second hand tobacco smoking in Krasnoyarsk</td>
<td>O Kutumova, L Kononova, D Trufanov (Russian Federation)</td>
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<td>PD-747-30</td>
<td>Quitting smokeless tobacco use among low SES women in a community counselling set-up</td>
<td>M Aghi (India)</td>
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<td>PD-748-30</td>
<td>Youth initiatives against the tobacco: a milestone in Bangladesh</td>
<td>A Bakul, I Chowdhury (Bangladesh, India)</td>
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<td>PD-749-30</td>
<td>Prevalence of tobacco use among women: a cross sectional survey from a squatter settlement of Karachi, Pakistan</td>
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<td>PD-750-30</td>
<td>Tobacco threatens Indonesian child right: a policy review</td>
<td>R Fauzi (Indonesia)</td>
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<td>PD-751-30</td>
<td>A study on compliance to prohibition of sale of tobacco products to children in Mizoram, India</td>
<td>J Ralte, R J Singh, Zo Chhakchhuak, L Lalnuntluangi, H Renthlei (India)</td>
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<td>PD-752-30</td>
<td>Social economic determinant of youth smokers in Indonesia</td>
<td>N Kusumawardani, E Rahajeng (Indonesia)</td>
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<td>PD-753-30</td>
<td>Gender-specific health warning on tobacco packaging: an emergent need in India</td>
<td>T Soni, P Lal, R J Singh (India)</td>
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<td>PD-754-30</td>
<td>Dependence among daily smoking youth: cross sectional study from India's first smokefree city, Chandigarh</td>
<td>O Bera, S Goel, P Lal (India)</td>
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<td>PD-757-30</td>
<td>Prevalence and associated factors of tobacco consumption among secondary and higher secondary school students in Morocco</td>
<td>B Zarrouq, K Bendaou, Adil Najdi, I Rammouz, K Elrhazi, C Nejjar (Morocco, France)</td>
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Oral Abstract Presentation Session 1 12:45-14:15 • Room 112

Paediatric and adolescent TB: epidemiology, outcomes and MDR

CHAIRS: Anneke Hesseling (South Africa), Jacquie Firth (USA) - SECTION: Adult & Child Lung Health

OAP-200-30  TB incidence and risk factors in HIV co-infected children in Africa: an analysis of the ARROW trial

OAP-201-30  Issues administering oral second-line medications to children with multi-drug resistant TB (MDR-TB)
12:55-13:05  G Brigiden, J Furin, E Lessem, C Zem Ruffinen, L Mckenna (France, USA, Switzerland)

OAP-202-30  Treatment outcomes of childhood tuberculous meningitis: a systematic review and meta-analysis
13:05-13:15  S Chiang, F Ahmad Khan, M Milstein, A Tolman, A Benedetti, J Starke, M Becerra (USA)

OAP-203-30  High HIV-TB co-infection among young children in rural Mozambique

OAP-204-30  Characteristics of TB-HIV co-infected Nigerian children enrolled in an HIV-TB treatment programme
13:25-13:35  N Sam-agudu, N Otubu, O Olupitan, S Dutt, V Ibeziako, E Ekong, Patr Dakum (Nigeria)

OAP-205-30  Magnitude of tuberculosis among mal-nourished children in Afghanistan
13:35-13:45  A Momand, M Rashidi, Ghul Qader, V Veeda, A Malikzai, M Shah, P Suarez, A Ahmadi (Afghanistan, USA)

OAP-206-30  Evaluation of health care providers knowledge of childhood tuberculosis
13:45-13:55  S Chiang, A Cruz, H Del Castillo Barrientos, C C Contreras, M Becerra, L Lecca (USA, Peru)

OAP-207-30  The missing cohort: adolescents in tuberculosis research
13:55-14:05  L Mckenna, B J Seaworth, M Theunissen, M Frick, S Nachman, J Furin (USA)
14:05-14:15  Discussion

Oral Abstract Presentation Session 2 12:45-14:15 • Room 117

Screening / testing / diagnostics in TB-HIV

CHAIRS: TBC, Wim Vandevelden (South Africa), Sarabjit Chadha (India) - SECTION: HIV

OAP-208-30  Point-of-care testing for tuberculous meningitis in HIV-co-infected adults
12:45-12:55  J Cox, R. Lukande, S. Kalungi, R Colebunders, Y Manabe (Belgium, USA)

OAP-209-30  Rapid urine-based diagnosis of tuberculosis among HIV-infected hospital in-patients with moderate or severe anemia and poor prognosis
12:55-13:05  A D Kerkhoff, G A Meintjes, R Burton, C Schutz, M Nicol, S D Lawn (USA, South Africa, UK)

OAP-210-30  Experience of use of Xpert MTB/RIF for detecting TB in people living with HIV for enhancing TB case detection in a programmatic setting of India
13:05-13:15  N Naizada, K S Sachdeva, A Sreenivas, R Thakur, S Kulsange, C N Paramasivam (India, Switzerland)

OAP-211-30  Point-of-care C-reactive protein-based TB screening to improve the efficiency and reduce the cost of intensified case-finding among PLHIV

OAP-212-30  Higher-than-expected non-tuberculous mycobacteria disease prevalence in HIV setting in Botswana: implications for Xpert MTB/RIF diagnostic algorithms
13:25-13:35  T Agizew, J Basotli, H Alexander, R Boyd, A Auld, A Date, N Ndwap, A Finlay (Botswana, USA)

OAP-213-30  Peer educators improve HIV testing and enrollment in HIV care for TB patients in Lusaka, Zambia
13:35-13:45  J Morse, S Besa, J Harris, M Mubanga, G Samungole, N Kancheya (Zambia)

OAP-214-30  Acceptability of home based HIV testing during household tuberculosis contact investigation in Dar es Salaam, Tanzania
13:45-13:55  E Fair, C Miller, L Samu, M Hudson, G Chami, S G Mfinanga, P Hopewell (USA, Tanzania)

OAP-215-30  Value of urine LAM score and second LAM test for optimising clinic-based screening for active pulmonary tuberculosis among HIV-infected adults
13:55-14:05  P Drain, E Losina, S Coleman, D Ross, R Walensky, K Freedberg, J Giddy, I Bassett (USA)
14:05-14:15  Discussion
Oral Abstract Presentation Session 3 12:45-14:15 • Room 111

m-Health: expanding the frontiers of TB control

CHAIRS: Aamir Khan (Pakistan), Mayowa Joel (Nigeria) - SECTION: Tuberculosis

OAP-216-30 Implementation of e-TB manager in Ukraine: better data for better health outcomes
12:45-12:55 D Moskalyy, J Folmsbee, A Salakaia, O Pavlova (Ukraine, USA)

OAP-217-30 Identifying symptomatics with a contact tracing app
12:55-13:05 S Batra, S Ahuja, A Sinha, S Batra, C Delmore (India)

OAP-218-30 Challenges or practices in implementation of mHealth in tribal district for TB care and control in India
13:05-13:15 S Kumar, A Trivedi, S Prasad, K Sagili, D Tamang, S Chadha (India)

OAP-219-30 Mobile phone text messaging for promoting adherence to anti-tuberculosis treatment: a community-randomised trial in Jiangsu, China

OAP-220-30 On the spot colour-coded automated feedback generated in Smartphone© for TB supportive supervision in Nigeria
13:25-13:35 K Agbaijero, L Ekbladh, O Adeleke, A Dieng, J O Obasanya, T Oduose, O Oladimeji (USA, Nigeria)

OAP-221-30 Mobile health and tuberculosis treatment adherence: a way forward?
13:35-13:45 T S Nguyen, S Dao, NT Nguyen, B Bao, R Byrkit (Viet Nam)

OAP-222-30 Innovative use of mobile technology for community-led TB control intervention
13:45-13:55 A Trivedi, S Kumar, S Prasad, D Tamang, Aha Tandon, Max Izenberg, D Sarin, K Sagili (India)

OAP-223-30 Engagement of rural health-care providers: improves national health program performance in implementing districts
13:55-14:05 A Trivedi, S Prasad, S Satapathy, S Kumar, K Sagili (India)

14:05-14:15 Discussion

Oral Abstract Presentation Session 4 12:45-14:15 • Room 113

TB in health care workers

CHAIRS: Carrie Tudor (South Africa), Dalene Von Delft (South Africa) - SECTION: Tuberculosis/Nurses & Allied Professionals

OAP-224-30 Prevalence of tuberculosis among health-care workers in health service network region 9
12:45-12:55 Kulj Janthima (Thailand)

OAP-225-30 Tuberculosis screening at the St Anne Hospital in Paris: results of first and second IGRA
12:55-13:05 A Nienhaus, PK Gariepy (Germany)

OAP-226-30 Establishing a serial testing algorithm using interferon-y-release assays (IGRA) in health care workers in low prevalence countries
13:05-13:15 W Thassai, A Noda, B Hernandez, D Marder, P Terpeluk, J Yesavage (USA)

OAP-227-30 Tuberculosis in health care workers in the UK

OAP-228-30 Saving those who save lives! Integrated approach to surveillance of TB among health care workers in a TB hospital in Mumbai

OAP-229-30 Tuberculosis and HIV infection in health workers in the Maputo Central Hospital, the national reference hospital of Mozambique

OAP-230-30 TB screening for health-care workers in Swaziland
13:45-13:55 M Matshebula, M Dlamini, J Ongole, S Haumba, P Mamba, N Shongwe, A Smith-arthur (Swaziland, USA)

OAP-231-30 Analysis of occupational tuberculosis in the Brazilian national recording system, 2007-2011
13:55-14:05 G Nunes, T Do Prado, F Souza, Lia Possuelo, C Sales, E Leonor Noia Maciel (Brazil)

14:05-14:15 Discussion
Oral Abstract Presentation Session 5 12:45-14:15 • Room 114

**Tuberculosis epidemiology: predicting the future**

**CHAIRS:** Timothy Rodwell (USA), Timothy Walker (UK) - **SECTION:** Tuberculosis/Bacteriology & Immunology

**OAP-232-30** Tuberculosis treatment delays and associated factors within the Zimbabwe National Tuberculosis programme

12:45-12:55

B Nyathi, K Takarinda, M Ngwenya, A D harries, T Apollo, C Sandy, M Nqobile, N Siziba (Zimbabwe, UK)

**OAP-233-30** Non-adherence in tuberculosis treatment: predictors in Brazil

12:55-13:05

M Silva, J Da Cruz Pereira, RR Da Costa, ICG Leite (Brazil)

**OAP-234-30** Undiagnosed tuberculosis cases among previously tuberculosis-affected families: results of a prevalence survey in Peru

13:05-13:15

M Tovar, T Wingfield, R Montoya, E Ramos, T Valencia, M Rivero, S Carrera, C Evans (Peru)

**OAP-235-30** Modelling the tuberculosis epidemic in Taiwan: the importance of age-dependent reactivation rates

13:15-13:25

H Fu, H-H Lin (Taiwan)

**OAP-236-30** Prevalence of *Mycobacterium africanum* (Maf) did not change during eight years of follow-up in Bamako, Mali

13:25-13:35

B Diarra, A Togo, B Baya, M Sanogo, S Diallo, MH Kaba, O Koita, R Murphy (Mali)

**OAP-237-30** High initial loss to follow-up after tuberculosis diagnosis in South African gold miners

13:35-13:45

B Lange, K Fielding, V Chihota, A Grant, G Churchyard, J Lewis (Germany, UK, South Africa)

**OAP-238-30** *Mycobacterium tuberculosis* genotype distribution in tuberculosis patients from Papua and Java, Indonesia

13:45-13:55

L Chaidir, S Sengstake, E Burhan, A Oktavian, J De Beer, D Van Soolingen, B. Alisjahbana, R Van Crevel (Indonesia, Netherlands)

**OAP-239-30** Tuberculosis in pregnancy: an estimate of the global burden of disease

13:55-14:05

J Sugarman, C Colvin, R Menzies, A Moran, O Oxblade (USA, Canada)

14:05-14:15 Discussion

Oral Abstract Presentation Session 6 12:45-14:15 • Room 115

**Developing new regimen for MDR-TB treatment**

**CHAIRS:** Christoph Lange (Germany), Andrew Nunn (USA) - **SECTION:** Tuberculosis

**OAP-240-30** Cost effectiveness of bedaquiline for the treatment of multidrug-resistant tuberculosis

12:45-12:55

L Wolfson, R Hettle, A Walker, X Lu, C Kambili, A Murungi, G Knerer (Belgium, USA, UK)

**OAP-241-30** High rate of successful outcome of a nine-month standardised treatment of multidrug-resistant tuberculosis in Niger

12:55-13:05

B Souleymane, S Hassane Harouna, A Piubello, S Morou, I Boukary, T Sanda, D Fundi, A Van Deun (Niger, Belgium)

**OAP-242-30** Effect of acquired resistance to second line anti-TB drugs on treatment outcomes among multidrug-resistant (MDR-TB) patients from eastern Europe

13:05-13:15

J Ershova, E Kurbatova, T Dalton, G Volchenkov, V Leimane, K Kliman, B. Kazennyy, P Cegielski (USA, Russian Federation, Latvia, Estonia)

**OAP-243-30** Efficacy and safety of MDR-TB clofazimine containing regimen: the Brazilian cohort experience

13:15-13:25

M P Dalcomo, R Gayoso, J Braga Ueleres, J Rocha, L Borga, J Keravec (Brazil)

**OAP-244-30** Preliminary results with a 9-month regimen for multidrug-resistant tuberculosis (MDR-TB) in francophone Africa

13:25-13:35


**OAP-245-30** Discrepancies between Xpert MTB/RIF rifampicin resistant results and confirmatory tests

13:35-13:45

E Ardizzoni, C Hewison, R Dela Tour, E Sanchez, A Van Deun, F Varaine, B De Jong (Belgium, France)

**OAP-246-30** Unacceptable treatment outcomes among India’s initial cohorts of MDR-TB programme

13:45-13:55

M Parmar, KS Sachdeva, R S Gupta, K Rade, R Pant, A Sreenivas, P Dewan (India)

**OAP-247-30** Treatment of drug-resistant pulmonary tuberculosis: the clinical effectiveness and tolerability of fluoroquinolones including gemifloxacin

13:55-14:05

V Petrenko, G Radynsh, V Krasiluk, N Rybak, T Flanigan (USA)

14:05-14:15 Discussion
Clearing the smoke: the synergistic role of the FCTC and MPOWER

**OAP-248-30** Smoke-free legislations in sub-Saharan African countries: progress update  
12:45-12:55  
M Oluwasanu, O Adetokunbboh (Nigeria, South Africa)

**OAP-249-30** Cigarettes pricing in India: impact of tax raise in 2009-2014  
12:55-13:05  
A Pandey, P Lal, R Kumar (India)

**OAP-250-30** The supply chain of smokeless tobacco in south Asia: Is it feasible to analyse it?  
13:05-13:15  
A Khan, R Huque, K Scammell, K Siddiqi (Pakistan, Bangladesh, UK)

**OAP-251-30** Documentation of tobacco advertising, promotion and sponsorship in Bangladesh  
13:15-13:25  
M E H Bhuiany, A Sikder (Bangladesh)

**OAP-252-30** A study on compliance to smokefree rules in Mizoram: analysis of 3 compliance studies (2009-2013)  
13:25-13:35  
J Ralte, R J Singh, L Lalanuntluangti, Zho Chhakchhuak, H Renthlei (India)

**OAP-253-30** Smokefree environments, second-hand smoke, and air quality monitoring: a study across six low- and middle-income countries  
13:35-13:45  
F Aslam, K Bleymann (Pakistan, UK)

**OAP-254-30** Influence of second-hand smoke exposure at home on acute respiratory conditions of under five children  
13:45-13:55  
KK Paul, MS Flora (Bangladesh)

**OAP-255-30** Predictors of cessation in smokers suspected of tuberculosis and enrolled in a cluster randomised controlled trial in Pakistan  
13:55-14:05  
O Dogar, H Elsey, K Siddiqi (UK)

14:05-14:15 Discussion

Evaluation of diagnostics, drugs and vaccines

**OAP-256-30** Induction of autophagy by phenylbutyrate in human macrophages is mediated by LL-37 with subsequent killing of *Mycobacterium tuberculosis*  
12:45-12:55  
R Rekha, SSV Muvva, M Wan, P Bergman, R Raqib, S Brighenti, GH Guðmundsson, B Agerberth (Sweden, Bangladesh)

**OAP-257-30** Clinical trial of oral phenylbutyrate and vitamin D adjunctive therapy in pulmonary tuberculosis in Bangladesh  
12:55-13:05  
R Raqib, A Mily, S M M Kamal, S Brighenti, M Rahim, R Rekha, B Agerberth, GH Guðmundsson (Bangladesh, Sweden)

**OAP-258-30** Factors associated with Quantiferon-TB Gold in Tube negative status in South African adults  
13:05-13:15  
A Luabeza, Sara Suliman, P Bang, S Hoff, S Zhongkai, P Andersen, M Hatherill, T Scriba (South Africa, Denmark)

**OAP-259-30** Pre-clinical evaluation of a replication-deficient intranasal influenza vector vaccine expressing two *Mycobacterium* antigens  
13:15-13:25  
A-P Shurygina, B Khairullin, T Vinogradova, N Zabolotnykh, M Kassenov, J Buzitskaya, A Nurepeysova, M Stukova (Russian Federation)

**OAP-260-30** Designing and conducting a TB trial with an adaptive design: lessons learnt from PanACEA MAMS-TB 01  
13:25-13:35  
P Phillips, N Heinrich, S Rehal, G Plemper Van Balen, R Aarnoutse, S Gillespie, M Boeree, M Hoelscher (UK, Germany, Netherlands)

**OAP-261-30** Diagnostic accuracy of rapid urine LAM test for diagnosing active tuberculosis among in HIV infected adults in Ghana  
13:35-13:45  
S Bjerrum, E Kenu, M Larney, M Newman, K.K. Addo, A Bengaard Andersen, IS Johansen (Denmark)

**OAP-262-30** A novel serum derived protein signature to distinguish children and adult with active tuberculosis from latent infection and other diseases  
13:45-13:55  
S Hamilton, LJM Coin, B Eley, H Dockrell, R Wilkinson, P Heyderman, P Langford, M Levin (UK, South Africa)

**OAP-263-30** Systematic review of the determine TB LAM Ag lateral flow urine lipoarabinomannan assay for active TB in people living with HIV: preliminary findings  
13:55-14:05  
M Shah, C Hanrahant, K Steingart, S D Lawn, N Dendukuri (USA, UK, Canada)

14:05-14:15 Discussion
Present Your Abstracts and Case Reports at the ATS 2015 International Conference

Researchers and clinicians get the first look at the most exciting research in pulmonary, critical care, and sleep medicine each year at the American Thoracic Society International Conference. You are invited to submit an abstract on your research or a unique case report to be considered for ATS 2015, which will be held May 15 to 20 in beautiful Denver, a mountainous metropolis celebrated for groundbreaking discoveries in respiratory medicine and care.

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- **Case Reports**, which must describe a single, unique case.

The contribution of nearly 6,000 abstracts and case reports each year is what makes the ATS International Conference the preeminent meeting in respiratory medicine.

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—Nadine Al Naamani, MD
Clinical and Translational Science Institute Tufts University
Oral Abstract Presentation Session 9 12:45-14:15 • Room 120/121

TB and diabetes: the new deadly duo

**CHAIRS:** Derek Sloan (UK), Ajay Kumar (India) - **SECTION:** Tuberculosis

**OAP-264-30** Low isoniazid and pyrazinamide levels in patients with tuberculosis and diabetes mellitus
12:45-12:55  HK Agibothu Kupparam, G Ramachandran, C Vedachalam, R Vijayalakshmi, VN Azger, L J, K Periaswamy, S Swaminathan (India)

**OAP-265-30** Tuberculosis is frequently diagnosed within 12 months of a diabetes mellitus incidence
12:55-13:05  EY Heo, N-K Choi, B-R Yang, B-K Koo, SS Hwang, CH Lee, YA Kang (Korea, Republic Of)

**OAP-266-30** Screening of tuberculosis patients for diabetes mellitus in Kerala, India: How well are we doing?

**OAP-267-30** The impact of diabetes on the control of tuberculosis in high tuberculosis burden countries
13:15-13:25  S-C Pan, C-C Ku, CT Fang, H-H Lin (Taiwan)

**OAP-268-30** Tuberculosis infection among diabetes mellitus patients in Hasan Sadikin Hospital, Bandung, Indonesia
13:25-13:35  R Koesoemadinata, S Mcallister, R Livia, A Verrall, N Nathalia, R Ruslami, B. Alisjahbana, R Van Crevel (Indonesia, Netherlands)

**OAP-269-30** Impact of diabetes mellitus on clinical presentation and treatment outcome of pulmonary tuberculosis in an urban area in China
13:35-13:45  Discussion

**OAP-270-30** Implementation of systematic screening of people with diabetes for tuberculosis and HIV in Tanzania: a case for integrated care

**OAP-271-30** Screening individuals with diabetes for tuberculosis (TB); preliminary data from the TANDEM programme in Peru, South Africa, Romania and Indonesia
13:55-14:05  C Ugarte-gil, B. Alisjahbana, A Riza, G Walzl, S. Kerry, P Hill, R Van Crevel, J Critchley (Peru, Indonesia, Romania, South Africa, New Zealand, Netherlands, UK)

Oral Abstract Presentation Session 10 12:45-14:15 • Room 122/123

All hands on deck: communication engagement and TB programmes

**CHAIR:** Laia Ruiz (Spain) - **SECTION:** Civil Society

**OAP-272-30** Pharmacists and rural health care providers in TB care and control, including all stakeholders
12:45-12:55  V Panibatla, J Banavaliker, S Prasad (India)

**OAP-273-30** Effectiveness of sputum collection center and transportation model and its impact on Tuberculosis notification in Chhattisgarh, India
12:55-13:05  P Nayak, A Kumar, S Srinath, P Chinnakali, K Khaparde, T K Agrawal, S Chandraker, A Sreenivas (India)

**OAP-274-30** Drama sets the stage for adolescent TB vaccine trials
13:05-13:15  M Tameris, A Abrams, V Baxter (South Africa)

**OAP-275-30** Assessment of NGO PP schemes implemented at CHFs in TB case finding activity

**OAP-276-30** Supporting the capacity of community level civil society organisations to increase TB case detection in high-burden districts in South Africa
13:25-13:35  E Mlopo, R Makombe, A Ratshefola (South Africa, Malawi)

**OAP-277-30** Engaging the Rural Health Care Providers (RHCPS) in TB control: report from Tamilnadu, Southern India
13:35-13:45  K K, A Ramya, A Das, N Krishnan (India)

**OAP-278-30** Improving contact investigation and tracking of treatment interrupters through engagement of civil society organisations in Kenya: Amref Health Africa
13:45-13:55  D Moegi, B Ulo, m Mungai, A Munene, J Kitonga, T Kiptai, C Mwamsidu, S Musau (Kenya)

**OAP-279-30** Creating TB-free environment through community-based TB activities in Merak
13:55-14:05  D Yuliastanti, N Harsini, MR Christian, E Varella (Indonesia)

14:05-14:15  Discussion
Sponsored Satellite Symposium 1  CANCELLED

Innovations and models of financing to improving diagnostic services under the East Africa Laboratory Project

Sponsored Satellite Symposium 2  17:00-18:30 • Room 113

Expansion of M/XDR-TB programmatic management in the Russian Federation

SECTION
Tuberculosis

COORDINATOR(S)
Vadim Testov (Russian Federation)

CHAIR(S)
Teresa Kasheva (Russia)
Irina Vasilyeva (Russian Federation)

TARGET AUDIENCE
NTP managers, TB consultants, TB specialists, TB laboratory specialists.

ORGANISED BY
Regional public organization for the disabled people (RPODP) «Human Health», Russia

DESCRIPTION
For the past few years the Russian Federation has been demonstrating significant decreasing of TB notification and TB mortality rates. However, increasing rates of M/XDR-TB is a remaining challenge for TB control in the country. The overall aim of the programme is to present modern approaches to TB control and national best practices focused on effective M/XDR-TB management.

OBJECTIVES
• To share experiences and best practices of M/XDR-TB management in a MDR-TB high-burden country
• To discuss challenges and opportunities for improvement of M/XDR-TB management in the Russian Federation.

PRESENTATIONS
17:00-17:15 M/XDR-TB: the challenges for TB control in the Russian Federation – Irina Vasilyeva (Russian Federation)
17:15-17:30 Diaskin-test: new variation of TB skin test – Ludmila Slogotskaya (Russian Federation)
17:30-17:45 New national laboratory algorithm for TB detection, diagnostic and DST – Larisa Chernousova (Russian Federation)
17:45-18:00 MDR-TB treatment outcomes in the Russian Federation – Vadim Testov (Russian Federation)
18:00-18:15 Treatment of M/XDR-TB: challenges and new opportunities – Anastasia Samoilova (Russian Federation)
18:15-18:30 MSF activities for PMDT implementation in the North Caucasus, Russian Federation (example of collaboration) – Animesh Sinha (Netherlands)

Sponsored Satellite Symposium 3  17:00-18:30 • Room 114

Streamlining treatment for drug-resistant TB: market approaches for better TB care

SECTION
Tuberculosis

COORDINATOR(S)
Janet Ginnard (Switzerland)
Katherine Blumer (Switzerland)

CHAIR(S)
Brenda Waning (Switzerland)
Carol Nawina Nyirenda (Zambia)

TARGET AUDIENCE
Many stakeholders have an interest in understanding needs and likely evolution of TB medicines markets, including implementers, governments, donors, international organisations, regulators, policy-makers, civil society, academics, and industry.

ORGANISED BY
UNITAID

DESCRIPTION
A wide range of treatment options exist with the use of around 20 drug-resistant TB medicines. While some variation is vital, other options may be clinically unnecessary. This complicates TB care and fragments an already small market, leading to supply shortages and high prices. Simpler, shorter TB treatment could foster healthier markets, better enabling appropriate TB medicines to be provided to people who urgently need them. But evidence is needed to inform effective use of new and existing medicines. This session will explore market trends and potential impact of streamlining drug-resistant TB treatment.

OBJECTIVES
• Review the urgent need for shorter, safer, effective drug-resistant TB treatment
• Examine the TB landscape to understand the potential impact of streamlined treatment
• Describe tangible first steps in transforming markets for drug-resistant TB treatment
• Discuss further strategies to improve drug-resistant TB care through market approaches

PRESENTATIONS
17:00-17:15 Perspectives from the community: the need for shorter, safer effective drug-resistant TB treatment – Dalene Von Delft (South Africa), Thato Mosidi (South Africa)
17:20-17:35 Insights from the TB medicines landscape: pre-conditions for new drugs impact – Carmen Perez Casas (Switzerland)
17:40-17:55 Priority drug-resistant TB regimens: improving the knowledge base to transform the market – Michael Rich (USA)
18:00-18:15 Further strategies to consolidate demand: addressing non-essential variation and other opportunities – Regina Osih (South Africa)
18:20-18:30 Discussion
Sponsored Satellite Symposium 4  CANCELLED
A rights-based approach: the key to zero TB and HIV infections

Sponsored Satellite Symposium 5  17:00-18:30 • Room 116
Implementing innovation: MDR-TB advancements for adults and children

SECTION
Tuberculosis

COORDINATOR(S)
Marc Destito (Switzerland)

CHAIR
Wiel de Lange (Netherlands)

TARGET AUDIENCE
Scientists, researchers, public health representatives, advocates and others involved in TB care and control

ORGANISED BY
Otsuka

DESCRIPTION
The symposium will focus on advancements in clinical research for MDR-TB in adults and children and profile the Young Innovator in TB Research Award winner. Questions to be addressed: following regulatory approval of two new MDR-TB medicines, what can be done to ensure responsible access? What are the challenges of conducting MDR-TB trials in children? Dr Wiel de Lange, University Medical Center Groningen, will provide an overview of the MDR-TB drug development landscape. Dr Lawrence Geiter, Otsuka, will provide an update on delamanid clinical development, including safety/efficacy data for XDR-TB. Dr Melchor Frias, De La Salle Health Sciences Institute, will present new research on dosing for paediatric MDR-TB patients. Dr Francis Drobniewski, Imperial College London, will conclude with how these new tools can be successfully implemented in a programmatic context.

OBJECTIVES
• Present progress on the development and implementation of new anti-TB compounds
• Share the latest available clinical data on delamanid research and impact on XDR-TB sub-populations
• Provide an overview of the challenges and progress in facilitating clinical trials for MDR-TB in children

PRESENTATIONS
17:00-17:10 Welcome and introduction – Wiel de Lange (Netherlands)
17:10-17:35 Delamanid for multidrug-resistant tuberculosis (MDR-TB) – Lawrence Geiter (USA)
17:35-17:55 Conducting early drug development trials in children with MDR-TB – Melchor Frias (Philippines)
17:55-18:15 Two new TB drugs: what more do we need? – Francis Drobniewski (UK)
18:15-18:30 Refreshments and discussion with Global Winner of 2014 Young Innovator in TB Research Award

Sponsored Satellite Symposium 6  17:00-18:30 • Room 118/119
The TREAT TB Operational Research Virtual Learning Programme

SECTION
Tuberculosis

COORDINATOR
Tara Ornstein (USA)

CHAIR(S)
Ya Diul Mukadi (USA), Lynne Franco (USA)

TARGET AUDIENCE
Policy-makers, health professionals, government officials, major donors and others interested in operational research.

ORGANISED BY
TREAT TB

DESCRIPTION
Current health challenges can only be overcome when a wide array of stakeholders work together to conduct operational research that illuminates effective solutions. But this also requires an understanding of operational research concepts and techniques. Because stakeholders frequently lack the time and resources needed to attend traditional face-to-face courses, TREAT TB has developed an approach to web-based learning that provides stakeholders with the knowledge and training they need to conduct high-quality and programatically-relevant operational research.

OBJECTIVES
• Demonstrate how new technology can bring high-quality operational research training to health professionals.
• Explain how complex technical subjects can be mastered using interactive software.

PRESENTATIONS
17:00-17:15 Virtual OR Training: early experiences within the TREAT TB Initiative – I. D. Rusen (Canada)
17:15-17:30 Pulmonary TB contact tracing in a priority municipality for disease control in Brazil – Anneliese Wysocki (Brazil)
17:30-17:45 Which combination of the six tuberculosis screening questions predicts sputum smear which highest accuracy – Stephen Kisorio (Kenya)
17:45-18:00 Early anti-retroviral therapy initiation of MDR-TB and HIV co-infected patients in Swaziland – Janet Ongole (Swaziland)
18:00-18:15 Factors associated with unsuccessful treatment outcomes of MDR-TB patients in Tamil Nadu state, India – Sree T Sucharitha (India)
18:15-18:30 Discussion
Union Scientific Working Group Meetings

**Attendees:** All members

The Union currently has 14 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 2015, as well as how to become involved.

The Working Group on ‘Creating global awareness of Zoonotic TB will meet on Saturday, 1 November 2014 from 14:00 to 15:00 in Room 122/123.

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<td>Childhood TB</td>
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<td>COPD in low- and middle-income countries</td>
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<td>Countering tobacco industry interference in public health policies</td>
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<td>Getting research into tobacco control policy at regional and country level</td>
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<td>Global Indigenous Stop TB Initiative</td>
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<td>TB and mental health</td>
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<td>TB control in prisons</td>
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<td>TB, HIV and Tobacco</td>
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<td>10:15-12:15</td>
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<tr>
<td>Best practice for patient-centred care / Regional mobilisation of Nurses &amp; Allied Professionals</td>
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RESIST-TB Annual Meeting
08:00-9:00 • Room 122/123 • Meeting open to all delegates

COORDINATOR:
Carly Rodriguez (USA)

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

This meeting is open to all interested in learning about clinical trials to improve the treatment of patients with MDR-TB and other work of RESIST-TB to advance the MDR-TB treatment agenda. This meeting will cover:

1) Clinical trials of MDR-TB;
2) Effect of GeneXpert on increasing MDR-TB diagnosis;
3) Availability of new drugs through Compassionate Use and Expanded Access.

The event will conclude with an update on the STREAM trial and STREAM Stage II plans for bedaquiline containing regimens, presented by Drs. Andrew Nunn and Sarah Meredith.

Friends of Pakistan
14:00-15:00 • Room 127 • Meeting open to all delegates

COORDINATOR:
Ejaz Qadeer, National TB Control Programme (Pakistan)

Friends of Pakistan is an annual meeting of national and international partners, collaborating organizations and individuals working with National TB control programme in Pakistan. The meeting provides opportunity to share progress, highlight challenges and identify opportunities in TB control in Pakistan, one of the top 10 TB high burden countries in the world. The meeting is open to all participants;
FRIDAY, 31 OCTOBER
Join The Union’s network of public health experts in 156 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.

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.

Student member benefits include

✓ online membership for only 20 euros
✓ opportunities to access and participate in an internationally recognised network of experts, mentors and colleagues working to find health solutions for the poor
✓ 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

Join us for a student networking forum - Union Village, Friday, 31 October, 18:00-19:00

Dr Adrian Gardner, Indiana University School of Medicine – USA

Dr Rose Kosgei, University of Nairobi – Kenya

Join online at www.theunion.org
FRIDAY, 31 OCTOBER 2014

Plenary Session
11:30-12:30 • Room 112

Past and future examples of community engagement

**SPEAKER:** Mark Dybul (Switzerland)
**CHAIR:** To be confirmed

Dr Mark Dybul is the Executive Director of The Global Fund to Fight AIDS, Tuberculosis and Malaria. Dybul has worked on HIV and public health for more than 25 years as a clinician, scientist, teacher and administrator.

A graduate of Georgetown Medical School, he joined the National Institute of Allergy and Infectious Diseases, where he conducted HIV research, including the first randomised, controlled clinical trial with combination antiretroviral therapy in Africa. He was a driving force behind the creation of the President’s Emergency Plan for AIDS Relief (PEPFAR) and became its leader as US Global AIDS Coordinator from 2006 to 2009. He went on to serve as co-director of the Global Health Law Program at Georgetown, where he was also a Distinguished Scholar. In 2012 he was appointed to his current position as Executive Director of The Global Fund.

Robert Koch Lecture on TB vaccines development

**SPEAKER:** Stefan H E Kaufmann (Germany)
**CHAIR:** Pere-Joan Cardona (Spain)

Prof Stefan H E Kaufmann is the Founding Director and Managing Director of the Max Planck Institute for Infection Biology in Berlin, where he heads the Department of Immunology. He is also Professor for Microbiology and Immunology at Charité University Clinics Berlin.

Author of more than 700 papers, Prof Kaufmann’s current scientific interests focus on immunity to bacterial pathogens with emphasis on tuberculosis and rational vaccine and biomarker design. He is the co-developer of a recombinant BCG vaccine candidate, which is in a phase II clinical trial, and the coordinator of several other international and interdisciplinary projects. His professional activities have ranged from serving as an Alternate Board Member for the GAVI Alliance and editorship of more than 20 scientific journals to participation in numerous professional societies and initiation of the Day of Immunology, which raises awareness of the importance of immunology to health and well-being.

About the Robert Koch Memorial Lecture

Sponsored by the German Central Committee against Tuberculosis (DZK), the Robert Koch Memorial Lecture commemorates Prof Robert Koch of Berlin, who discovered the tubercle bacillus in 1882. The lecture series was inaugurated at the 1994 Union World Conference on Lung Health in Mainz, Germany by Rudolf Ferlinz, then President of The Union and Secretary General of the DZK. The lectures are given at the World Conference every four years, and each lecturer is one of the world’s most eminent researchers from the different fields of tuberculosis research:

- 1994: Sir John Crofton (UK)
- 1998: Jacques Grosset (France)
- 2002: Stewart T Cole (UK)
- 2006 (postponed to 2007): Anthony D Harries (UK)
- 2010: Giorgio Rosigno (Italy)
- 2014: Stefan H E Kaufmann (Germany)

Simultaneous English/Spanish/English/ translation is provided for these sessions
Symposia

08:00 - 10:00

19. The Union / CDC Late Breaker
   TB
   Richard Hafner (NIH)
   C N Paramasivan (The Union)
   Sarita Shah (CDC)
   Room Page
   112 97

20. Community-driven psychosocial support: don’t forget medication counselling!
   TB/NAPs
   Niranjan Konduri (USA)
   Antonia Kwecien (USA)
   Room Page
   117 98

21. Practical considerations for successful contact tracing and linkage to care in low and middle-income countries
   TB
   E Jane Carter (USA)
   Anna Mandalakas (USA)
   Room Page
   111 98

22. Countries’ experience in decentralising PMDT: community-based MDR-/XDR-TB care
   TB
   Agnes Gebhard (Netherlands)
   Alexander Golubkov (USA)
   Room Page
   113 99

23. QMS implementation and accreditation of TB laboratories
   TB/Bact.
   Stella Van Beers (Netherlands)
   Heidemarie Albert (South Africa)
   Room Page
   114 99

24. Mathematical approaches to better understand and tackle tuberculosis
   TB
   Cris Vilaplana (Spain)
   Pere-joan Cardona (Spain)
   Room Page
   115 100

25. Tobacco control, trade and international treaties
   TC
   Pranay Lal (India)
   Room Page
   116 100

26. Know your epidemic: fundamental to solutions for child TB
   ACLH
   Stephen M Graham (Australia)
   Room Page
   118/119 101

27. What practical steps are needed to achieve a patient-centered continuum of care in TB control?
   CS
   Virginia Williams (Switzerland)
   Sara Massaut (Netherlands)
   Room Page
   120/121 101

14:30 - 16:30

   ACLH
   Lisa Nelson (Switzerland)
   Room Page
   112 102

29. Management of latent tuberculosis infection: from evidence to policy
   TB
   Alberto Matteelli (Italy)
   Andreas Sandgren (Sweden)
   Room Page
   117 102

30. TB in Europe: MDR-/XDR-TB control and challenges of high risk groups
   TB
   Dominik Zenner (UK)
   Andrei Dadu (Moldova)
   Room Page
   111 103

31. Implementing «FAST»: a re-focused approach to institutional TB transmission control
   TB
   Edward Nardell (USA)
   Room Page
   113 103

32. Changing the status quo in TB drug and regimen R&D
   TB
   Grania Brigden (France)
   Room Page
   114 104

33. TB patients: learning from the experience of those personally affected
   CS
   Victoria Garland (USA)
   Jenniffer Dietrich (Switzerland)
   Room Page
   115 104

34. Supervision or support? A debate panel on challenges around DOT and patient-centered care
   TB/NAPs
   Tiemi Arakawa (Brazil)
   Room Page
   116 105

35. Biosafety for TB laboratories: involving local professional associations in practical sustainable approaches
   TB/Bact.
   Maureen Ellis (Canada)
   Room Page
   118/119 105

36. Tobacco, poverty and possible solutions: health promotion funding models
   TC
   Kayleigh Bleymann (UK)
   Jonathan Romo (Mexico)
   Room Page
   120/121 106

E-Poster Sessions

10:15 - 11:15

02. Multi-disciplinary approach to TB control
   TB
   Rajita Bhavaraju (USA)
   Room Page
   Poster Area 107
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<tr>
<td>23. TB in children: outcomes, extra pulmonary TB, BCG and other</td>
<td>ACLH</td>
<td>Elisabetta Walters (South Africa)</td>
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<td>24. COPD and outcomes post-TB</td>
<td>ACLH</td>
<td>TBC</td>
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<td>25. Asthma, spirometry and ARIs</td>
<td>ACLH</td>
<td>Jean-William Fitting (Switzerland)</td>
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<td>27. External quality assurance for TB: getting better all the time!</td>
<td>TB/Bact.</td>
<td>Stella Van Beers (Netherlands)</td>
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<td>28. Culture and phenotypic drug susceptibility testing</td>
<td>TB/Bact.</td>
<td>Marina Shulgina (Russian Federation)</td>
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<td>29. AFB smear microscopy</td>
<td>TB/Bact.</td>
<td>TBC</td>
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<tr>
<td>30. What do singers, football and maps have in common: new horizons in TB community engagement</td>
<td>CS</td>
<td>TBC</td>
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<td>31. Inextricably linked: integrating TB and HIV care</td>
<td>HIV</td>
<td>Erica Lessem (USA)</td>
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<td>32. Best practices in supporting clients to complete TB treatment</td>
<td>TB/NAPs</td>
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<td>33. Tuberculosis and diabetes: look out for both</td>
<td>TB</td>
<td>Jean-Pierre Zellweger (Switzerland)</td>
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<td>34. TB in special populations</td>
<td>TB</td>
<td>Roberto Assael (Mexico)</td>
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<td>35. Social determinants and quality of TB care</td>
<td>TB</td>
<td>Latha Rajan (USA)</td>
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<td>36. Comorbidity and deadly TB</td>
<td>TB</td>
<td>TBC</td>
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<td>37. TB active case finding</td>
<td>TB</td>
<td>Lovett Lawson (Nigeria)</td>
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<td>38. Tuberculosis: a contact sport</td>
<td>TB</td>
<td>Ya Diul Mukadi (USA)</td>
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<td>39. MDR-TB: outcomes of treatment</td>
<td>TB</td>
<td>Zohar Mor (Israel)</td>
<td>Poster Area</td>
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<tr>
<td>40. MDR-TB management</td>
<td>TB</td>
<td>Valérie Schwobal (France)</td>
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<td>41. Case-finding: special interventions</td>
<td>TB</td>
<td>Nunurai Ruswa (Namibia)</td>
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<td>42. A potpourri of TB issues</td>
<td>TB</td>
<td>Ronald Ncube (Botswana)</td>
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<td>43. Bidis, Bloomberg, Bali and Behaviour: frontiers in tobacco control</td>
<td>TC</td>
<td>Anne Jones (Australia)</td>
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<td>44. David vs Goliath: fighting the media war against the tobacco industry</td>
<td>TC</td>
<td>Rana Singh (India)</td>
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**Oral Abstract Presentation Sessions**

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<tr>
<td>11. Drug monitoring and adverse events</td>
<td>TB</td>
<td>Danaviah Siva (South Africa) Ivan Solovic (Slovakia)</td>
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<td>12. Finding cases: how good are our notification systems?</td>
<td>TB</td>
<td>James Mpunga (Malawi)</td>
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<td>13. Epidemiology: where is TB? Hotspots, hospitals and the highlands of Mexico</td>
<td>TB</td>
<td>Alberto Colorado (Mexico) Luis Cuevas (UK)</td>
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<td>14. TB control strategies: what is effective?</td>
<td>TB</td>
<td>Joseph Burzynski (USA) Lesli Odendal (UK)</td>
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<td>15. Lessons learnt from implementing Xpert MTB/RIF</td>
<td>TB/Bact.</td>
<td>Heidi Albert (South Africa) Christopher Gilpin (Switzerland)</td>
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<td>16. The depths of drinking, drugs and depression in TB</td>
<td>TB</td>
<td>Adam Karpati (USA) TBC</td>
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<td>17. Prophylactic therapies</td>
<td>HIV</td>
<td>Carol Nawina Nyirenda (Zambia) Mamodikoe Makhene (USA)</td>
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<td>18. MDR-TB management: new approaches</td>
<td>TB</td>
<td>TBC Lucy Chesire (Kenya)</td>
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<td>19. TB drug treatment regimens/trials</td>
<td>TB</td>
<td>Andrey Borisov (USA) Jacob Creswell (Switzerland)</td>
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<td>20. Best practices in patient adherence and support</td>
<td>TB/ NAPs</td>
<td>Virginia Williams (Switzerland) Teresa Scatena Villa (Brazil)</td>
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**Sponsored Satellite Symposia**

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<td>07. The paediatric TB drug market: progress and future direction</td>
<td>ACLH</td>
<td>TB Alliance &amp; UNITAID</td>
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<td>08. The sustainable OR capacity building initiative in Ethiopia, CORE and MORE for TB</td>
<td>TB</td>
<td>USAID TB CARE 1/KNCV Tuberculosis Foundation</td>
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<td>09. Responding to MDR-TB from the ground up: case studies on community-driven solutions</td>
<td>TB</td>
<td>The Lilly MDR-TB Partnership</td>
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The Union/CDC Late-breaker session on TB

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<tr>
<td>08:00-08:15</td>
<td>Transmission of Multidrug-Resistant and Drug Susceptible Tuberculosis Within Households: A Prospective Cohort Study</td>
</tr>
<tr>
<td></td>
<td>Louis Grandjean, Robert Gilman, Laura Martin, Esther Soto, Beatriz Castro, Sonia Lopez, Jorge Coronel, Edith Castillo, Valentina Alarcon, Virginia Lopez, Angela San Miguel, Neyda Quispe, Luis Asencios, Christopher Dye DPhil, David AJ Moore (UK / Peru)</td>
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<tr>
<td>08:15-08:30</td>
<td>Xpert MTB/RIF Misses the Vast Majority of TB Among Symptomatic Household Contacts</td>
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<td>Kavindhran Velen, Salome Charalambous, Laura Podewils, Sarita Shah, Gavin Churchyard, Tiro Dinake, Mary Reichler (South Africa / USA)</td>
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<tr>
<td>08:30-08:45</td>
<td>Pilot Study of a Novel Reporter Phage to Predict TB Treatment Response and Measure Early Emergent TB Drug Resistance on Treatment</td>
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<tr>
<td>08:45-09:00</td>
<td>The New Abbott RealTime MTB Assay for the Detection of Mycobacterium Tuberculosis</td>
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<td>Ning Tang, Andrea Frank, Vihanga Pahalawatta, John Lampinen, Gavin Cloherty, Klara Abravaya Gregor Leckie (USA)</td>
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<tr>
<td>09:00-09:15</td>
<td>The Bactericidal Activity of Clofazimine Against Mycobacterium Tuberculosis is Delayed in vitro and in vivo</td>
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<td>ASA Tapley, Nicole Ammerman, Rosemary Swanson, Deepak Almeida, Afton Dorasamy, Chivonne Moodley, Sashen Moodley, Zinhle Mgaga, Logan Pillay, Bongani Ncobo, Linda Bester, Sanil Singh, Sandeep Tyagi, Jacques Grosset (South Africa / USA)</td>
</tr>
<tr>
<td>09:15-09:30</td>
<td>Safe and Effective Bedaquiline Treatment of Drug-resistant Tuberculosis (DR-TB) within the National Bedaquiline Clinical Access Programme in South Africa</td>
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<tr>
<td>09:30-09:45</td>
<td>A Systematic Evaluation of Signs and Symptoms Reported While Taking Weekly Isoniazid and Rifapentine During the iAdhere Study</td>
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<td>Robert Belknap, Andrey Borisov, Ruth N. Moro, David P. Holland, Neil Martinson, Joan-Pau Millet, Pau-Jean Feng, Joan A. Caylà and Jose M. Miró for the TB Trials Consortium (TBTC) (USA / Spain / South Africa)</td>
</tr>
<tr>
<td>09:45-10:00</td>
<td>Efficacy and Safety of 3- and 4-month Moxifloxacin Regimens for Treatment of Sputum-positive Pulmonary TB in South India: Preliminary Report of a Randomized Clinical Trial</td>
</tr>
</tbody>
</table>
**Symposium 20** 08:00-10:00 • Room 117

**Community-driven psychosocial support: don’t forget medication counselling!**

**SECTION**
Nurses & Allied Professionals (TB, HIV, Tobacco and Lung Health)

**COORDINATOR(S)**
Niranjan Konduri (USA)
Antonia Kwiecien (USA)

**CHAIR(S)**
Blessina Kumar (India)
Grania Brigden (France)

**TARGET AUDIENCE**
Patients, civil society, doctors, nurses, social workers, pharmacists, health care providers, NTP programmes, MDR-TB programmes, Stop TB DOTS working group.

**DESCRIPTION**
Psychosocial support has been shown to improve outcomes and treatment adherence, yet TB programmes under-emphasise patient counselling. Not just as recipients of care, patients can become engaged in their treatment and those who successfully complete treatment can become skilled patient counsellors. Moreover, the term counselling may encompass various dimensions (i.e., emotional, social support, motivation, treatment literacy, medication counselling) but not be well aligned to local realities. The symposium will address this topic from diverse geographical and programmatic settings.

**OBJECTIVES**
- Recognise opportunities in the design and implementation of counselling and psychosocial support programmes
- Describe the importance of patient experiences and inputs on counselling services offered
- Identify the tools needed by health care providers, communities and patient groups for promoting adherence
- Share lessons learnt from diverse settings with recommendations on programmatic aspects of counselling
- Discuss various dimensions of counselling, options for prioritising interventions and research needs

**PRESENTATIONS**
- 08:00-08:15 Psychosocial patient support as essential element for management of DR-TB cases – Gulnara Kaliakbarova (Kazakhstan)
- 08:20-08:35 Patient perspective on treatment literacy, counselling and adherence – Jennifer Hughes (South Africa)
- 08:40-08:55 Counselling and adherence to an arduous treatment: lessons learnt from an HIV programme – Upasna Agarwal (India)
- 09:00-09:15 Merging mental health and medication counselling – Aneeta Pasha (Pakistan)
- 09:20-09:35 Medication counselling and psychosocial support as part of MDR-TB control strategy – Renzhong Li (China)
- 09:40-09:55 Multiple dimensions of counselling and options for prioritisation and intervention – Niranjan Konduri (USA)

**Symposium 21** 08:00-10:00 • Room 111

**Practical considerations for successful contact tracing and linkage to care in low-and middle-income countries**

**SECTION**
Tuberculosis

**COORDINATOR(S)**
E Jane Carter (USA)
Anna Mandalakas (USA)

**CHAIR(S)**
Anna Mandalakas (USA)
Anne Detjen (USA)

**TARGET AUDIENCE**
Epidemiologists, programme managers, clinicians and other health care workers, academia and researchers

**DESCRIPTION**
The WHO recently developed recommendations for investigating contacts of persons with infectious tuberculosis in low- and middle-income countries. The WHO TB REACH programme aims to achieve early and increased TB case detection using innovative approaches in populations that are poor and vulnerable and have limited access to care. This symposium provides new insight into projects targeting vulnerable populations to enhance case detection, linkage to care, and uptake of preventive treatment. Program outcomes including time to detection and linkage of contacts to IPT services will be discussed.

**OBJECTIVES**
- To describe the WHO Household Contact tracing guidelines and highlight strengths, and limitations
- To highlight the WHO TB REACH initiative, programme priorities and outcomes
- To present contact tracing strategies aimed at enhanced TB case detection in unique target populations
- To discuss practical implementation challenges of HHC tracing and linkage to IPT services
- To review effectiveness of varying IPT delivery strategies

**PRESENTATIONS**
- 08:00-08:15 An overview of the WHO Household contact tracing guidelines – Philip Hopewell (USA)
- 08:15-08:30 The TB REACH Initiative: driving global case finding in vulnerable populations – Jacob Creswell (Switzerland)
- 08:30-08:45 TB REACH in Kenya: linking patients to care through nontraditional contact tracing – E Jane Carter (USA)
- 08:45-09:00 TB REACH finding TB cases in the aftermath of civil war in Sierra Leone – Don Kelly (Sierra Leone), Mohamed Bailar Barrie (Sierra Leone)
- 09:00-09:15 TB REACH enhanced case finding among miners returning to Lesotho – Koen Frederix (Lesotho)
- 09:15-09:30 TB REACH optimising traditional and reverse contact tracing among children in Swaziland – Pilar Ustero (Swaziland)
- 09:30-09:45 TB CARE: a systematic overview of IPT delivery strategies comparing uptake, usage and completion – Lisa Adams (USA)
- 09:45-10:00 Discussion
Symposium 22 08:00-10:00 • Room 113

Countries’ experience in decentralising PMDT: community-based MDR-/XDR-TB care

SECTION
Tuberculosis

COORDINATOR(S)
Agnes Gebhard
(Netherlands)
Alexander Golubkov (USA)

CHAIR(S)
Kitty Van Wezenbeek
(Netherlands)
Anh Innes (Thailand)

TARGET AUDIENCE
Staff of national TB and HIV programmes, physicians, allied health professionals, civil society organisations, agencies providing technical support, policy makers, donor organisations, health care professionals involved in organisation and delivery of outpatient M/XDR-TB services

DESCRIPTION
The scale-up of programmatic management of drug-resistant TB is well under way in many countries. While increasing numbers of patients with MDR are diagnosed and starting treatment, patients and health workers struggle to make treatment a success. This symposium demonstrates and shares how countries build their capacity for quality of M/XDR-TB care for scale-up and decentralisation through outpatient care, involving communities and different providers. The session speakers will share experiences and lessons learnt for scale-up from Africa and East and Central Asia.

OBJECTIVES
• To share experiences on implementation of community based M/XDR-TB care and how countries ensure quality of M/XDR care during scale-up
• To propose solutions for rapid expansion of community based PMDT in high-burden MDR-TB countries
• To disseminate potential innovative strategies increasing successful treatment of M/XDR-TB patients

PRESENTATIONS
08:00-08:15 Experiences in geographical scale-up/decentralisation of MDR-TB management – Thandar Lwin (Myanmar)
08:15-08:30 Experience with scale-up of community-based XDR-TB programme in South Africa – Refiloe Matji (South Africa)
08:30-08:45 A network of treatment councils, ensuring quality of care in decentralised, mainly ambulatory management of drug-resistant TB in Ethiopia – Anteneh Kassa (Ethiopia)
08:45-09:00 Developing country ownership and expanding PMDT through engaging communities: experience from Bangladesh – Mohamed Akramul Islam (Bangladesh)
09:00-09:20 Patients information needs and multimedia solutions in support of integrated outpatient care in Pakistan – Ali Habib (Pakistan), Tamsyn Seimon (Pakistan)
09:20-09:35 Transition from hospital-based care to ambulatory care for MDR-TB: Kazakhstan experience – Elmira Berikova (Kazakhstan)
09:35-09:50 Developing a model for community-PMDT: the China experience in Yunnan – Xu Lin (China)
09:50-10:00 Discussion

Symposium 23 08:00-10:10 • Room 114

QMS implementation and accreditation of TB laboratories

SECTION
TB Bacteriology and Immunology

COORDINATOR(S)
Stella Van Beers
(Netherlands)
Heidemarie Albert
(South Africa)

CHAIR(S)
Marija Joncevska (USA)
Alaine Umubyeyi
Nyaruhirira (South Africa)

TARGET AUDIENCE
The laboratoryans interested in the implementation of innovative tools (SLMTA, GLI – QMS for quality management of TB laboratories.

DESCRIPTION
The improvement of the quality of services in public laboratories is actually high priority in many countries. The Stepwise Laboratory Improving Process Towards Accreditation (SLIPTA) framework, aimed at achieving the ISO 15189 standards, was implemented in public health laboratories in WHO regions, leading to laboratory accreditation and certification and promoting country ownership and sustainability of the laboratory Quality Management System (QMS). To compliment this framework targeting TB Lab networks, The Global Laboratory Initiative (GLI) has developed a QMS to guide TB laboratories.

OBJECTIVES
• Share experiences in the process of accreditation of TB laboratories
• Platform to showcase countries’ experiences
• Provide solutions to attendants
• Accreditation and its pivotal role in strengthening TB treatment and control efforts

PRESENTATIONS
08:00-08:15 SLIPTA programme, SLMTA, and GLI TB tools complementarity in strengthening laboratory management system – Aloine Umubyeyi Nyaruhirira (South Africa)
08:15-08:30 SLMTA Programme: transforming the laboratory landscape in developing countries and customisation for TB laboratories – Heidemarie Albert (South Africa)
08:30-08:45 Implementation of quality management system towards accreditation: the SLIPTA experience – Talkmore Maruta (Zimbabwe)
08:45-09:00 GLI/ QMS tool : updates and uptake – Stella Van Beers (Netherlands)
09:00-09:15 Practical issues and challenges in implementation QMS for TB laboratories in Central Asian Republics – Marija Joncevska (Macedonia, Yugoslav Rep.)
09:15-09:30 Process of accreditation of TB laboratories in Kazakhstan – Bekzat Toksanbaeva (Kazakhstan)
09:30-09:45 The road to achievement of ISO 15189 accreditation – Moses Joloba (Uganda)
09:45-10:00 Discussion
International treaties establish a role for governments in ensuring the conditions for human health. Alternatively international trade agreements, prioritise the rights of corporations over health/human rights. The tobacco industry has a history of using international trade agreements to force open new markets in LMICs, sharply increasing tobacco use and the death/disease it causes. Tobacco companies are also challenging measures to reduce tobacco use as violations of trade and investment agreements, threatening the authority of nations to protect the health and wellbeing of their citizens.

**OBJECTIVES**
- To present mathematical models to better understand TB natural history, the disease course and transmission
- To make clinicians and basic researchers aware of mathematical tools to design better diagnostic approaches
- To make drug and vaccine developers aware of mathematical tools to design better therapeutic approaches
- To teach about mathematical resources to be used in research

**PRESENTATIONS**
- 08:00-08:15 A two-proaged data-mining approach to biomarker discovery in Tuberculosis – Denise Kirschner (USA)
- 08:20-08:40 The bubble model: mathematically explaining how active TB is possible – Clara Prats (Spain), Quim Valls (Spain)
- 08:45-09:00 Spatiotemporal analysis of tuberculosis and its risk factors – Carla Nunes (Portugal)
- 09:05-09:20 Mathematical models to understand transmission and to improve case detection – Daniel Okuonghae (Nigeria)
- 09:25-09:40 Mathematical modelling of the epidemiology of tuberculosis – Peter White (UK)
- 09:45-10:00 Discussion

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**Tobacco control, trade and international treaties**

International treaties establish a role for governments in ensuring the conditions for human health. Alternatively international trade agreements, prioritise the rights of corporations over health/human rights. The tobacco industry has a history of using international trade agreements to force open new markets in LMICs, sharply increasing tobacco use and the death/disease it causes. Tobacco companies are also challenging measures to reduce tobacco use as violations of trade and investment agreements, threatening the authority of nations to protect the health and wellbeing of their citizens.

**OBJECTIVES**
- Discuss how international trade agreements are threatening existing TC policies and international treaties
- Share experience of tobacco industry tactics and global best practices on how these can be eliminated

**PRESENTATIONS**
- 08:00-08:15 Trade and bilateral agreements: an emerging issue – Matthew Allen (New Zealand)
- 08:20-08:35 Global experience in tobacco buyouts and quota-based restrictions of crops – Quan Gan (China)
- 08:40-08:55 Eliminating subsidies and investments – Pranay Lal (India)
- 09:00-09:15 International treaties and tobacco control: an emerging issue – Collin Jeffrey (UK)
- 09:20-09:35 Children and young people are the primary victims of tobacco in the 21st Century: a human rights issue? – Mira Aghi (India)
- 09:40-09:55 The illicit trade in tobacco products as part of the FCTC – Cynthia Callard (Canada)
**Symposium 26** 08:00 - 10:00 • Room 118/119

**Know your epidemic: fundamental to solutions for child TB**

**SECTION**
Adult and Child Lung Health

**COORDINATOR**
Stephen M Graham (Australia)

**CHAIR(S)**
Stephen M Graham (Australia)

**TARGET AUDIENCE**
Public health; epidemiologists; TB control programmes; child health

**DESCRIPTION**
Childhood tuberculosis is receiving increasing attention-and providing many challenges. A fundamental need is to “know your epidemic” globally and nationally-important for a wide range of reasons from improved ability to monitor and evaluate progress in tuberculosis control in children to development and procurement of suitable treatments. Barriers include current poor case-finding and reporting along with lack of accurate diagnostics that confirm disease. There are data potentially available that could be better used but innovative solutions are also required.

**OBJECTIVES**
- To review recent progress in improving estimates for child TB
- To learn of new data from high burden settings
- To consider and discuss innovative solutions to greatly improve data

**PRESENTATIONS**
- 08:00 - 08:15 Improving estimates for child TB: making progress – Charalambos Sismanidis (Switzerland)
- 08:20 - 08:35 Disease burden and challenges estimating child TB in rural Mozambique – Elisa Lopez Varela (Mozambique)
- 08:40 - 08:55 Burden and diagnostic challenges of child TB in rural Kenya – Andrew Brent (UK)
- 09:00 - 09:15 How much child TB is managed in the private sector? – Farhana Amanullah (Pakistan)
- 09:20 - 09:35 Can mathematical modelling improve our estimates? – Pete Dodd (UK)
- 09:40 - 10:00 Discussion

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**Symposium 27** 08:00 - 10:00 • Room 120/121

**What practical steps are needed to achieve a patient-centered continuum of care in TB control?**

**SECTION**
Civil Society

**COORDINATOR(S)**
Virginia Williams (Switzerland)
Sara Massaut (Netherlands)

**CHAIR(S)**
Netty Kamp (Netherlands) Mustapha Gidado (Nigeria)

**TARGET AUDIENCE**
Physicians, nurses, patient representatives, community and civil society representatives, managers, laboratory personnel, policy-makers

**DESCRIPTION**
Patient-centeredness is a state of mind and shared responsibility. It will be discussed as the continuum of care which starts in the patient’s home, continues to the health facility and finishes back in the patient’s home. Health services, communities and patients must work as partners for care to be patient-centered at every stage. TB CARE’s package offers practical approaches that help achieve this. Patient, provider and management perspectives will present examples of what is required to ensure that patient-centered care is not a luxury but an essential component of every TB programme.

**OBJECTIVES**
- To outline the commitment required for patient-centred approach to planning, funding and implementation
- To enable people to identify and strengthen linkages to improve the continuum of care they provide
- To demonstrate the value of investment in the full TB care continuum to reduce future costs
- Share practical experiences to apply a patient-centered approach at country level.

**PRESENTATIONS**
- 08:00 - 08:15 Patient-centeredness: a realist inquiry – Sara Massaut (Netherlands)
- 08:20 - 08:35 A patient-centereded continuum of care: what is it and can we afford not to do it? – Lilas Weber (Belgium)
- 08:40 - 08:55 Patient centeredness and the reputation of the providers: Zambia experience – Seraphine Kaminsa (Zambia)
- 09:00 - 09:15 Quality of care from patient perspective: Indonesia experience – Jhon Sugiharto (Indonesia)
- 09:20 - 09:35 Establishing a strong continuum of care for people with MDR-TB – Khaya Mlandu (South Africa)
- 09:40 - 09:55 Discussion
Symposium 28 14:30-16:30 • Room 112

Adolescent TB, TB-HIV and MDR-TB: addressing a vulnerable population with unique needs using innovative solutions

SECTION
Adult and Child Lung Health

COORDINATOR(S)
Lisa Nelson (Switzerland)

CHAIR(S)
Meg Doherty (Switzerland), Sabrina Kitaka (Uganda)

TARGET AUDIENCE
Policy-makers, clinicians, TB and HIV programme managers, civil society and community stakeholders.

DESCRIPTION
Adolescents with TB typically present with adult-type disease, but represent a vulnerable population that falls between child and adult TB control efforts. They face unique challenges of TB exposure, adherence, retention and support, and also face the risk of MDR-TB and TB-HIV coinfection. Efforts are needed to understand the epidemiology, disease manifestations and best means of treating and supporting this vulnerable population.

OBJECTIVES
• To highlight the needs and experiences with this vulnerable population
• To share new guidance and best practices related to adolescents
• To disseminate research findings and highlight the need for greater study in this population

PRESENTATIONS
14:30-14:45 What do adolescents need from the TB and HIV communities? – Layce Mahiru (Zimbabwe)
15:10-15:25 Summary of new adolescent HIV guidelines and implications for programmes and policy-makers – Meg Doherty (Switzerland)
15:30-15:45 Adolescents who are also key populations: implications for effective programming – TBC
15:50-16:05 Successful strategies to engage adolescents in their care – Alice Armstrong (South Africa)
16:10-16:25 Treatment of adolescents with MDR-TB – Carlos Perez-Velez (USA)

Symposium 29 14:30-16:30 • Room 117

Management of latent tuberculosis infection: from evidence to policy

SECTION
Tuberculosis

COORDINATOR(S)
Alberto Matteelli (Italy), Andreas Sandgren (Sweden)

CHAIR(S)
Haileyesus Getahun (Switzerland), Marieke Van Der Werf (Sweden)

TARGET AUDIENCE
Clinicians and public health practitioners working on TB, and policy makers responsible for national TB control activities

DESCRIPTION
Latent TB infection (LTBI) is responsible for most TB cases in low incidence countries. Reactivation TB significantly contributes to transmission in high burden countries. Diagnosis and treatment of LTBI decreases the overall TB burden, it is one of the key activities in low incidence countries and included in the post 2015 Global TB Strategy. WHO and ECDC are developing policy guidance, based on evidence, to position management of LTBI as a key intervention for TB elimination. The symposium will discuss the results and process of the policy development and debate their advanced utility.

OBJECTIVES
• To highlight LTBI significance particularly in the context of post 2015 Global TB Strategy
• To present and discuss the process and results of WHO and ECDC policy on LTBI
• To summarise the research gaps for LTBI management and highlight research questions and hypothesis

PRESENTATIONS
14:30-14:45 Latent tuberculosis infection beyond HIV positives: why is it important? – Alison Grant (UK)
14:50-15:05 LTBI Management: Who should we target? – Katharina Kranzer (UK)
15:30-15:45 Interventions to improve initiation, adherence and completion of LTBI treatment – Andreas Sandgren (Sweden)
15:50-16:05 WHO Policy guidance on LTBI management – Alberto Matteelli (Italy)
16:10-16:30 Discussion
Symposium 30 14:30-16:30 • Room 111

TB in Europe: MDR-/XDR-TB control and challenges of high-risk groups

SECTION
Tuberculosis

COORDINATOR(S)
Dominik Zenner (UK)
Andrei Dadu (Moldova)

CHAIR(S)
Masoud Dara (Denmark)
Ibrahim Abubakar (UK)

TARGET AUDIENCE
A joint session by WHO Europe, ECDC and Urban TB in Europe group targeting national programme managers, TB clinicians and nurses, epidemiologists, public health specialists, laboratory specialists, surveillance experts, civil society organisations

DESCRIPTION
The control of drug resistant tuberculosis is a high priority identified in the post 2015 strategy for TB control. Success of concerted action within Europe to tackle drug resistance is critical to the global effort. Prevention and control of TB among high risk groups is an important part of preventing the spread of M/XDR TB in Europe. This symposium would assess the overall progress with implementing the action plan including in the diagnosis and measures to curb transmission of M/XDR TB in Europe and of treatment and innovation in service delivery in high burden settings.

OBJECTIVES
• To review progress and share country experiences with the implementation of the MDR-TB action plan
• To identify specific lessons from the European context with relevance to the wider global MDR-TB epidemic
• To review the state of the art in progress towards the control and eventual elimination of TB in European

PRESENTATIONS
14:30-14:45 Epidemiology of TB in the EU/EEA: recent trends in demographic, clinical and laboratory characteristics and implications for control – Andreas Sandgren (Sweden)
14:50-15:05 Epidemiology and control of MDR-TB burden in Russia – Irina Vasilyeva (Russian Federation)
15:10-15:25 MDR-TB in Belarus, the role of psychosocial care – Alena Skrahina (Belarus)
15:30-15:45 Targeted interventions in urban risk group: The experience – Gerard De Vries (Netherlands)
15:50-16:05 Future perspectives: progress with the implementation of the action plan to date and where next? – Masoud Dara (Denmark)
16:10-16:30 Discussion

Symposium 31 14:30-16:30 • Room 113

Implementing “FAST”: a re-focused approach to institutional TB transmission control

SECTION
Tuberculosis

COORDINATOR
Edward Nardell (USA)

CHAIR(S)
Edward Nardell (USA)
Refiloe Matji (South Africa)

TARGET AUDIENCE
Physicians, nurses, infection control practitioners, health care system administrators.

ORGANISED BY
University Research Co., LLC

DESCRIPTION
The traditional hierarchy of TB IC interventions is perceived as complex and difficult to implement in high-burden settings. Although administrative controls are said to be the most effective and least expensive, they are less well defined compared to engineering controls and respiratory protection. This symposium presents the implementation of a re-focused set of administrative controls called FAST, finding cases actively through cough surveillance and molecular testing, temporary separation to reduce risk, and rapid start of effective treatment based on molecular drug susceptibility testing.

OBJECTIVES
• To define FAST and explain its scientific rationale
• To detail the essential components of FAST
• To learn from recent experiences implementing FAST
• To discuss how the impact of FAST might be measured

PRESENTATIONS
14:30-14:45 What is FAST and why do we need it? – Edward Nardell (USA)
14:45-15:00 FAST in Bangladesh – Amy Elizabeth Barrera-Cancedda (USA)
15:00-15:15 FAST in Nigeria – Amos Amoniyi (Nigeria)
15:15-15:30 FAST in Russia – Victoria Livchits (Russian Federation)
15:30-15:45 FAST in Peru – Ashwin Dharmadhikari (USA)
15:45-16:00 FAST in Viet Nam – Hien Le (Viet Nam)
16:00-16:15 Panel Discussion: FAST forward—the future of FAST. Lessons learnt – Edward Nardell (USA)
16:15-16:30 Discussion
### Symposium 32  14:30-16:30  •  Room 114

**Changing the status quo in TB drug and regimen R&D**

<table>
<thead>
<tr>
<th>SECTION</th>
<th>Tuberculosis</th>
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<tbody>
<tr>
<td>COORDINATOR</td>
<td>Grania Brigden (France)</td>
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<td>CHAIR(S)</td>
<td>Christian Lienhardt (Switzerland)</td>
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**TARGET AUDIENCE**
Researchers in early and late phase drug development, researchers in new regimen development, pharmaceutical companies and funders of drug development.

**DESCRIPTION**
The ultimate goal in TB treatment is the development of drug combinations to effectively, safely and quickly treat all forms of TB. In order for these new combinations to be developed it is vital that there is a healthy TB drug pipeline with a number of compounds in all phases of development, which is not the case currently. The market for TB regimens is not lucrative and TB R&D is chronically underfunded which translates into slow or stalled scientific progress. A range of stakeholders will examine the current system and look for ways to improve the drug and regimen pipeline. companies and funders of drug development.

**OBJECTIVES**
- Outline the current barriers and issues with TB R&D in TB drug and regimen development
- Examine weaknesses at various stages of the TB drug pipeline
- Outline funding trends and gaps
- Discuss potential novel mechanisms to stimulate a healthier drug pipeline

**PRESENTATIONS**

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<th>Time</th>
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<tr>
<td>14:30-14:45</td>
<td>Barriers in early drug development – Stewart Cole (Switzerland)</td>
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<tr>
<td>14:50-15:05</td>
<td>Eli Lilly perspective on issues with TB drug and regimen development – TBC</td>
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<td>15:10-15:25</td>
<td>Barriers for combination trials – Robert Horsburgh (USA)</td>
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<td>15:30-15:45</td>
<td>Existing funding mechanisms for TB R&amp;D – Colleen Daniels (USA)</td>
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<td>15:50-16:05</td>
<td>A novel solution to the current R&amp;D problem – Monica Balasegaram (Switzerland)</td>
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<td>16:10-16:30</td>
<td>Discussion</td>
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### Symposium 33  14:30-16:30  •  Room 115

**TB patients: learning from the experience of those personally affected**

<table>
<thead>
<tr>
<th>SECTION</th>
<th>Civil Society</th>
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<tr>
<td>COORDINATOR(S)</td>
<td>Victoria Garland (USA)</td>
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<td>Jennifer Dietrich (Switzerland)</td>
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<td>CHAIR(S)</td>
<td>Thokozile Phiri Nkhoma (Malawi)</td>
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<td>Lucy Chesire (Kenya)</td>
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</tbody>
</table>

**TARGET AUDIENCE**
Researchers in early and late phase drug development, researchers in new regimen development, pharmaceutical companies and funders of drug development.

**DESCRIPTION**
This first ever symposium of TB patients will feature former TB patients who will share their stories and experience with diagnosis, treatment and care, and also share their perspectives on health systems, issues of access, and other challenges faced by patients. The road to sustainable community-driven solutions needs to begin by listening to these experiences and learning from those with first-hand understanding of what the gaps and challenges are and working with them to find the most appropriate patient-centered solutions.

**OBJECTIVES**
- To understand, from a TB patient perspective, challenges in patient advocacy and in accessing TB care
- To discuss what patients feel are the biggest challenges and possible solutions

**PRESENTATIONS**

<table>
<thead>
<tr>
<th>Time</th>
<th>Presentation</th>
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<tbody>
<tr>
<td>14:30-14:45</td>
<td>South African experience with occupational TB – Bart Willems (South Africa)</td>
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<td>14:50-15:05</td>
<td>Take That TB: online platform for patients, created by patients to address information gap – Cordula Ehlers (Germany)</td>
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<tr>
<td>15:10-15:25</td>
<td>Living with disability after wrong diagnosis and adverse side effects of medicine – Louie Zepeda-Teng (Philippines)</td>
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<td>15:30-15:45</td>
<td>Patient perspectives from Indonesia – Lusiana Aprilawati (Indonesia)</td>
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<tr>
<td>15:50-16:05</td>
<td>Dual experience from nurse and former TB patient – TBC</td>
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<tr>
<td>16:10-16:25</td>
<td>Experience of doctor with MDR-TB in Mexico – TBC</td>
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**Symposium 34**  14:30-16:30 • Room 116

**Supervision or support? A debate panel on challenges around DOT and patient-centered care**

**DESCRIPTION**
Directly observed treatment might be understood as directly observing patients taking their drugs. But we also know that treatment support demands more than treatment supervision. The variety of concepts discussed in theory and strategies applied in the daily basis of health services and communities need to be brought to light. This symposium aims to raise a debate on strategies of treatment support for TB patients, clarifying concepts around DOT, adherence, social protection and comprehensive care.

**OBJECTIVES**
- To clarify issues regarding treatment adherence strategies under a patient-centered care perspective
- To engage professionals in a debate on the challenges of translating policies into practices
- To empower nurses, social workers and other professionals in achieving comprehensive care for TB patients

**PRESENTATIONS**
14:30-14:50 Treatment support in South Africa: TB/HIV Care Association experiences – Celestine Jaftha (South Africa), Maria Grant (South Africa)
14:55-15:10 An ethical reflection on DOT: supervision X support – Justin Denholm (Australia)
15:15-15:30 Engaging communities: BRAC innovative strategies to TB treatment in Bangladesh – Mohamed Akramul Islam (Bangladesh)
15:35-15:50 Delivering TB treatment in the Rocinha community, Rio de Janeiro: nurses’ perspective on DOT in Brazil – Fabiana Assumpção De Souza (Brazil)
15:55-16:10 A patient’s voice on TB-MDR treatment: a long path to the cure – Chibuike Amaechi (Nigeria)
16:15-16:30 WHO perspective on treatment support strategies – Ernesto Jaramillo (Switzerland)

**Symposium 35**  14:30-16:30 • Room 118/119

**Biosafety for TB laboratories: involving local professional associations in practical sustainable approaches**

**DESCRIPTION**
Many TB laboratories lack adequate biosafety practices and infrastructure. The International Federation of Biosafety Association’s global network of local NGOs is implementing practical and cost-effective biosafety and TB laboratory design solutions including natural ventilation. IFBA’s local members understand local challenges in operating safe TB laboratories and are well placed to implement simple yet effective and sustainable biosafety solutions. The IFBA, a member of Stop TB Partnership, is also advocating for national authorities to work with biosafety associations.

**OBJECTIVES**
- To demonstrate how local NGO partnerships can identify practical and sustainable TB biosafety approaches
- To present simple and practical risk-based solutions to TB biosafety practices, equipment and infrastructure
- To show how local NGOs are providing a valuable contribution to national TB control strategies
- To present a cost-effective modular approach to TB laboratories in a low resource setting
- To present natural ventilation approaches for TB laboratories

**PRESENTATIONS**
14:30-14:45 The role of non-governmental biosafety professional associations in implementing practical approaches to TB biosafety – Maureen Ellis (Canada)
14:50-15:10 Natural ventilation approaches for TB laboratories – Paul Jensen (USA)
15:35-15:50 A locally driven modular approach to TB laboratory in Haiti – Keith Landy (USA)
15:55-16:10 Locally practical and sustainable approaches to TB laboratory biosafety in Asia-Pacific – TM Chua (Singapore)
16:15-16:30 Discussion
This session intends to draw lessons from global perspectives and country studies on how to progress tobacco control policies addressing poverty, inequalities, and development issues. The focus will be on tobacco and establishing and delivering a dedicated tobacco control fund, and will also cover variations to this model (e.g. where some other health promotion priorities are addressed as well as tobacco). The session will also cover the fundamental considerations of HPFs, including legislation, scope, governance, and the different challenges.

- Provide a global perspective on how to analyse the relationship between tobacco and poverty
- Discuss sustainable funding models for tobacco control and the fundamental considerations

**PRESENTATIONS**

14:30-14:45 Global perspective on tobacco and poverty – Montserrat Meiro-Lorenzo (USA)
14:50-15:05 Health promotion funding models: How they can contribute toward universal healthcare and poverty reduction – Anne Jones (Australia)
15:10-15:25 Legislative frameworks for health promotion funding models – Addy Carroll (UK)
15:30-15:45 Health promotion funding models: experiences and lessons – Lisa Wood (Australia)
15:50-16:05 Sub-national tobacco tax: an initiative to build and sustain tobacco control in Indonesia – Tara Singh Bam (Singapore)
16:10-16:25 Taxation as a tobacco control policy to reduce inequalities in Mexico – Belen Saenz (Mexico)
Multi-disciplinary approach to TB control

CHAIR: Rajita Bhavaraju (USA)  SECTION: Tuberculosis

EP-112-31  Strengthening politico-administrative commitment: UP, India
L Reza, A Das, M Ubaid, S Chadha, S Mohanty (India)

EP-113-31  Competence of primary healthcare to take role in tuberculosis control in Serbia
V Kuruc, D Kukavica, M Stosic, L Ristic, M Ilic (Serbia)

EP-114-31  Progress and implementation of surveillance of Directly Observed Treatment, Short-Course (DOTS)
for tuberculosis in Taiwan
SH Huang, CB Hsu, K-F Wang, S-L Yang, Y-F Huang, C-H Chen (Taiwan)

M Hammerle, R Souza, J N Lima, D Barreira, A Trajman, Pam Chedore, S Kik (Brazil)

EP-116-31  Disseminating operational research: converting a problem into a knowledge resource while re-engaging
national priorities
A Jacob, S Chadha, K Sagili, N Wilson (India)

C Oliveira Dantas, P Werlang, A Paranagua Fraga, J Veloso, F Moherdaui, D Barreira (Brazil)

EP-118-31  Computerising TB registers: our response to our current and changing needs
T Raphael, N Larme (Papua New Guinea)

EP-119-31  Impact of nutritional support to patients on first line anti-TB treatment in India: a case control study
A Pandey, K Rade, S Mannan, N Kulshreshtha, R S Gupta, P Maheshwari, P Malik, A Sreenivas (India)

EP-120-31  A user-friendly model to evaluate cost-effectiveness of shortened first-line treatment regimens for TB
A Zwerling, J Pennington, G Knight, R White, G Gomez, A Vassall, F Cobelens, D Dowdy (USA, UK, Netherlands)

K Vaughan, T N. Shilongo, V Remi, D Witbooi, M Samahiya, F Mavhunga, A Zezai, R Indongo (Netherlands, Namibia)

EP-122-31  Incentives for tuberculosis care in the private sector in India: a qualitative study
V Yellappa, N Rao (India)

EP-123-31  Mapping TB campaigns for local politicians in high-burden settings
A Davids, E Hoosain (South Africa)

EP-124-31  Evaluating the effective coverage of new rural cooperative medical scheme on the costs of tuberculosis
treatment in China
X Wei, G Zou, J Yin, J D Walley, Q Sun, X Zhang (Hong Kong, China, UK)
**Poster Discussion Session 23**  
10:15-11:15 • Poster area

**TB in children: outcomes, extra pulmonary TB, BCG and other**

**CHAIR:** Elisabetta Walters (South Africa)  
**SECTION:** Adult & Child Lung Health

**PD-758-31**  
Sickle cell disease and tuberculosis in children living in a low-incidence setting  
A Cruz, G Airewele, J R Starke (USA)

**PD-759-31**  
Vitamin D status of Batswana children with and without active TB: a pilot study  
J Ludmir, L Mazhani, M Cary, U Chakalisa, J Pettifor, M Molefi, R Gross, A Steenhoff (USA)

**PD-760-31**  
Treatment outcome of TB-HIV positive and TB-HIV negative children in Lagos, Nigeria  
O Adejumo, O Daniel, H Abdur-razaq, J O Obasanya, Aye Awe, E Jaiyesimi, O Odusanya (Nigeria)

**PD-761-31**  
The Mbaye Advanced Pediatric TB Centre: a partnership between Baylor Tanzania, Mbaye Medical Research Centre (MMRC) and Mbaye Referral Hospital (MRH)  
J Bacha, L Campbell, B Kasambala, L Mwita, C Mangu, P Clowes, K Ngo, A Mandalakas (Tanzania, United Rep., USA)

**PD-762-31**  
High prevalence of abdominal tuberculosis in children: experience from the indus TB control programme, Karachi, Pakistan  
F Amanullah, F Khatoon, A Malik, S Hussain, U Qazi, S Shahid, L Samad, A Khan (Pakistan)

**PD-763-31**  
Characteristics and risk factors of extrapolmonary tuberculosis in children from low-burden country: GREENITA Study Group  
B Santiago, F Baquero-artigao, MJ Mellado Peña, D Blázquez Gamero (Spain)

**PD-764-31**  
Childhood TB: experience from the largest private pediatric TB programme in Pakistan  
A Malik, F Amanullah, F Khatoon, R Hashmi, M Jaswal, A Khan, H Hussain (Pakistan)

**PD-765-31**  
The peculiarities of bone and joint TB (BJTB) confirmed by M.tuberculosis isolates in pediatric patients  
A Mushkin, Nata Solovieva, E. Malyarova, V. Vatutina, A. Inozemtseva, S. Mazokhina (Russian Federation)

**PD-766-31**  
Evolution of the BCG lesion in neonates and adults  
M Van Rooyen, K Luabea, M Hatheerll, M Tameris, G Saxon, J Foster, D Zehrung, H Geldenhuys (South Africa)

**PD-767-31**  
BCG associated lymphadenitis in the country of Georgia  
G Kuchukhidze, A Kasradze, T Dolakidze, B Ballashvili, H Blumberg, R Kempker (Georgia, USA)

**PD-768-31**  
Occurrence and treatment outcomes of TB in an urban pediatric HIV clinic in Kampala, Uganda  
F Kanyike, M Sekadde, B Nsangi, A Kekitiinwa, A Mandalakas (Uganda, USA)

**PD-769-31**  
A baseline assessment of tuberculosis outcomes and diagnostic practices to inform development of a community-based TB-HIV programme in central Malawi  
R Flick, A Munthali, K Simon, C Buck, A Dimba, Y Lo, P Kazembe, S Ahmed (Malawi, Mozambique)

**PD-770-31**  
Mothers and caretakers understanding and care-seeking practices for paediatric tuberculosis in a rural district of southern Mozambique  
K Munguamba, C Mindu, E Lopez Varela, A Garcia-basteiro, O Augusto, K Gondo, P Alonso, J Sacarlal (Mozambique)

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**Poster Discussion Session 24**  
10:15-11:15 • Poster area

**COPD and outcomes post-TB**

**CHAIR:** TBC  
**SECTION:** Adult & Child Lung Health

**PD-771-31**  
ACE2 deficiency promotes pathological imbalance of MMPs/TIMPs expression in the early stage of chronic obstructive pulmonary disease  
Y-H Hung, W-Y Hsieh, J-S Hsieh, FC Liu, C-L Wu, C-S Lin (Taiwan)

**PD-772-31**  
Scintigraphic parameters of patients with pulmonary tuberculosis in chronin obstructive pulmonary disease  
T Ageeva, Anna Dubodiele, S Mishustina, E Mishustina, N Krivonogov (Russian Federation)

**PD-773-31**  
Prevalence of COPD in a rural area of sub-Saharan Africa: FRESH AIR Uganda survey  
F Van Gemert, B Kirenga, N Chavannes, M Kamya, P Musinguzi, C De Jong, R Jones, T Van Der Molen (Netherlands, Uganda, UK)

**PD-774-31**  
Impact of chronic respiratory symptoms in a rural area of sub-Saharan Africa  
F Van Gemert, N Chavannes, N Nabadda, S Luzige, B Kirenga, C De Jong, C Eggermont, T Van Der Molen (Netherlands, Uganda)

**PD-775-31**  
Profile and risk factors of patients with obstructive airway diseases at Tikur Anbessa Specialised Hospital Chest Clinic, Addis Ababa, Ethiopia  
T Bayisa, M Parekh, J Tewodros, F Oumer, A Bineigdie Bekele, O Braendli, C Sherman, N Schluger (Ethiopia, USA, Switzerland)
Sequelae of patients treated for pulmonary tuberculosis in Chest Clinic, Tikur Anbessa Specialized Hospital (TASH), Addis Ababa, Ethiopia
A Binegdie Bekele, M Parekh, T Bayisa, F Oumer, O Braendli, E J Carter, C Sherman, N Schluger (Ethiopia, USA, Switzerland)

Minimally invasive extra-pleural thoracoplasty in the treatment of patients with destructive pulmonary tuberculosis
D Krasov, D Skvortsov, M Reihrud, Y Petrova, M Chernova (Russian Federation)

Pulmonary tuberculosis sequel
J De Los Rios, Y Bravo, E Mori (Brazil)

Poster Discussion Session 25 10:15-11:15  •  Poster area

Asthma, spirometry and ARIs

Chair: Jean-William Fitting (Switzerland)  •  Section: Adult & Child Lung Health

PD-779-31 Asthma and allergy among adults in Stockholm (3-HE study): associations with energy use, maintenance and the home environment in multi-family houses
D Norback, E Lampa, K Engvall (Sweden)

PD-780-31 Increasing prevalence of complicated pneumonia in children after routine pneumococcal vaccination
G Wong (Hong Kong)

PD-781-31 Effects of pharmacist counseling in inhalation medication adherence and asthma control in asthma patients at one stop service clinic
P Junlaor, Visa Boontod, N Chindaivech (Thailand)

PD-782-31 Tuberculosis en pacientes ingresados, como Neumonía adquirida en la comunidad en sala de emergencia de un hospital público del Perú
M Paredes Moreno, O Gayoso, J Alave, G Mas (Peru)

PD-783-31 Spirometry reference values and predictive equations for elderly north Indians
A K Janmeja, P Mohapatra, R Gupta (India)

PD-784-31 Changes in severity of pandemic influenza A H1N1/2009 Infection from pandemic to post pandemic period, Himachal Pradesh, India
V Mehta, P Sharma, R Guleria, S Ganju, D Singh, A Kanga (India)

PD-785-31 School-based asthma screening: state of asthma for undeserved population in Bogotá
D Crispin Cruz, J Jurado, A Casas, J Berrio, M González-garcía, E Duenas, D Maldonado, C A Torres-duque (Colombia)

PD-786-31 Economic burden of acute respiratory infections in a rural community in north India
R Amarchand, DR Purkayashtha, SK Peasah, FS Dawood, M-A Widdowson, RB Lal, CS Pandav, A Krishnan (India)

PD-787-31 Influence of abdominal obesity on pulmonary function indices of abdominal surgery patients
A Akinremi, A Otutokun, A Sanya (Nigeria)

PD-788-31 Ethnic differences in adverse drug reaction of asthma medication: a systematic review
Y Hu, L Cantarero Arévalo (Denmark)

PD-789-31 Pulmonary hydatid cyst: clinical features and outcome
A Ayari, S Bacha, N Chaouech, H Blibeck, H Racil, S Cheikh Rouhou, M Zarrouk, A Chabbou (Tunisia)

Poster Discussion Session 26 10:15-11:15  •  Poster area

Xpert MTB/RIF: implementation and performance

Chair: Sanne Van Kampen (Netherlands)  •  Section: Tuberculosis/Bacteriology & Immunology

PD-790-31 The utility of Xpert® MTB/RIF as a screening tool among medical in-patients
C Heidebrecht, L J Podewils, A Pym, T Cohen, T Mthiyane, D Wilson (Canada, USA, South Africa)

PD-791-31 Xpert MTB/RIF test implementation in a resource-limited setting with high MDR-TB and HIV burden
K Oh, A Tesfaye, JY Kim, A Endris, H Kumssa, G Yosef, EJ Park, BH Lee (Korea, Republic Of)

PD-792-31 Role of Xpert MTB/RIF to detect rifampicin resistant tuberculosis among the presumptive drug-resistant tuberculosis patients in Bangladesh
S Hossain, M Akramul Islam, S Islam, M Siddiqui, A Hossen, M Rahman, S Sultana (Bangladesh)

PD-793-31 GeneXpert early implementation experience in Ethiopia: how to plan for implementation and address challenges before further roll out
E Mengesha, d Jerene, J Seid, M Melese, Y Haile, E Melese, G Ayana, P Suarez (Ethiopia, USA)
Effectiveness of introducing Xpert MTB/RIF for individuals at risk of TB and MDR-TB in Kazakhstan
S Van Kampen, A Tursynbayeva, A Koptleuova, L Murzabekova, L Bigalieva, M Aubakirova, S Van Den Hof, S Pak (Kazakhstan, Netherlands)

Assessment of the Xpert MTB/RIF assay for rapid diagnosis and treatment of tuberculosis in a setting with limited laboratory resources
CS Jang, WL Huang, KK Yang, MS Li, S-H Wei, R Jou (Taiwan)

Market analysis of South African tuberculosis diagnostics in 2012
L Berrie, K Schnippe, W Stevens, S Kik, M Pai, Pam Chedore, TB Diagnostics Market Analysis Consort (South Africa, Canada)

Point-of-Care implementation of Xpert: evaluating the impact of product and process innovation in TB diagnosis
D Christopher, C Denkinger, B Thangakunam, J Sarojini, M Pai, S Schumacher (India, USA, Canada)

Use of Xpert MTB/RIF for the identification of TB and drug resistance among smear-negative and re-treatment cases in Sidama zone, Ethiopia
M Agonafir, M Yassin, M A Yassin, D Datiko, S Theobald, L Cuevas (Ethiopia, Switzerland, UK)

Performance of the Xpert MTB/RIF in MTB and Rifampin resistance detection among Pulmonary TB suspects in Georgia
N Tukvadze, N Babishvili, N Lomtadze, T Chkhutiashvili, M Jarapidze, R Kempker (Georgia, USA)

Evaluation of Xpert MTB/RIF for rapid detection of multidrug-resistant tuberculosis in Korea
C K Kim, SW Choi, KH Oh, H J Kim (Korea, Republic Of)

EXPAND-TB: strengthening TB laboratories in resource limited settings - focus on existing challenges
A Korobitsyn, D Orozco, K Kao, J Wambugu, C N Paramasivam, J Lemaire, T Verges, F Mirzayev (Kyrgyzstan, Switzerland)

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A Korobitsyn, D Orozco, K Kao, J Wambugu, C N Paramasivam, J Lemaire, T Verges, F Mirzayev (Kyrgyzstan, Switzerland)

External Discussion Session 27 10:15-11:15: Poster area

External quality assurance for TB: getting better all the time!

CHAIR: Stella Van Beers (Netherlands) - SECTION: Tuberculosis/Bacteriology & Immunology

Review of EQA on sputum AFB microscopy in Myanmar
TT Mar, T Lwin, TL Swe, D Ti Ti, A Fuji (Myanmar, Japan)

Implementation of a decentralized AFB microscopy quality assurance system in the Amhara and Oromia Regions of Ethiopia, 2014
J Seid, B. Girma, g Alemu, Z Habtamu, d Jerene, M Melese, Y Haile, P Suarez (Ethiopia, USA)

Proficiency testing of detecting M. tuberculosis and DST in Russian Federation
L Domotenko, NI Mezentseva, V Malakhov, T Morozova, M Khramov (Russian Federation)

Strengthening TB laboratory performance: Role of external quality assurance (EQA) system in BRAC supported areas
D-U- Mesbah, K Uddin, M Siddiqui, S Reza, MA Husain, M Akramul Islam, S Islam (Bangladesh)

Long-term results of smear microscopy External Quality Assurance (EQA) in Ukraine's tuberculosis (TB) control system
M Karnaukhova, A Barbova, O Pavlova, O Kheylo, A Chaika, M Dolynska (Ukraine)

Implementing national EQA scheme for first- and second-line DST services in Pakistan
S Tahseen, A Hussain, E Qadeer (Pakistan)

Proficiency testing as measurement tool for quality of service of laboratory personnel in Nigeria: a method for training impact evaluation
A Hassan, F Sarkinfada, G. T Ojika, R Olukolade, L Okwuonye, K Osinowo, C Ogbugui, O Ladipo (Nigeria)

Implementation of blinded rechecking method for external quality assessment (EQA) for smear microscopy in Tajikistan
Z Baydulloeva, G. Kasyava, M Joncevskva (Tajikistan, USA)

External quality assessment of Mycobacterium tuberculosis drug susceptibility testing in Peru, 2006-2009
G Obregon Bolton, N Quispe, M Acurio (Peru)

The use of archived results of Xpert MTB/RIF testing for data triangulation in improving data quality from four GeneXpert sites in Nigeria
E Oyama, A Awe, J O Obasanya, A F Omoniyi, E Elom, M Gidado, J Onazi (Nigeria)

Quality assessment of AFB microscopy in tuberculosis laboratories in Kyrgyzstan
G Kalmambetova, A Kadyrova, A Adambekova, K Takieva, M Sydykova, A Iskakova (Kyrgyzstan)
Culture and phenotypic drug susceptibility testing

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

**Poster Discussion Session 28**  
10:15-11:15  •  Poster area

**PD-814-31**  
Surveillance of anti-tuberculosis drug resistance in Cuba, 2010-2012  
D Lemus, M Echemendia, R Diaz, A Llop, M J Llanes-cordero (Cuba)

**PD-815-31**  
Exploring anti-tuberculosis activity from actinobacteria from mangrove sediment in Papua Island, Indonesia  
H Krismawati, L Salim, A Oktavian, I Wike, Eva Fitriana, O Karapa (Indonesia)

**PD-816-31**  
Limited access to diagnosis of drug-resistant TB among high-risk groups in a central province in Thailand  
W Kateudomsup, S Jittimanee (Thailand)

**PD-817-31**  
Analysis of cross resistance between kanamycin and amikacin in extensive drug resistant tuberculosis isolates  
A K Verma, Gavi Kumar, J Arora, Vith Mynneedu, R Sarin (India)

**PD-818-31**  
Successful replication of the Tanzanian tuberculosis detection rat programme in Mozambique  
E Valverde, N Beyene, I Manhica, T Edwards, A Mahoney, S Viegas, C Cox, C Mulder (Mozambique, Tanzania, United Rep.)

**PD-819-31**  
Pattern of anti-tuberculosis drugs resistance among Pakistani population: a six-years study  
M Javaid, S Asif, A Ahmed, S Siddiqi (Pakistan, USA)

**PD-820-31**  
Validation of thin layer agar assay for direct rifampicin and isoniazid drug susceptibility testing in rural Shiselweni, Swaziland, 2012  
G Obregon Boltan, B Kierschberger, G Maphalala, A Antieren, R Dela Tour (Peru, Swaziland)

**PD-821-31**  
Prevalence of ofloxacin resistance among DR-, MDR- and XDR-TB patients in a TB centre, Karachi  
A Ahmed, M Javaid, S Asif (Pakistan)

**PD-822-31**  
Evaluation first line anti-tuberculosis drugs of the nitrate reductase assay for detection of resistance to the S Fourati, M Kaffel, c Marouane, S Kammoun, L Slim-saidi, F Messadi (Tunisia)

**PD-823-31**  
Antimycobacterial activity of 22 Malian medicinal plants used against Mycobacterium tuberculosis, H37Rv  
M Ballo, M Sanogo, B Diarra, A Sombore, M Maiga, O Koita, R Sanogo, D Diallo (Mali)

**PD-824-31**  
Resistance aux antituberculeux de première ligne dans les maisons d'arrêt à propos de 28 cas au Mali  
F Camara, A Cisse, S Diarra, K Traore, L Keita, F Bougoundogo, A Van Deun (Mali, Belgium)

**PD-825-31**  
Estimating the operational costs of tuberculosis diagnosis in Peru  
T Wingfield, E Ramos, T Valencia, S Carrera, M Ching, Tom Wingfield, M Tovar, C Evans (Peru)

**PD-826-31**  
High-tuberculosis diagnostic yield from culturing salivary sputum samples  
E Ramos, A Sloutsky, CE Osorio, T Valencia, M Llacza, M Ching, M Tovar, C Evans (Peru, USA)

**Poster Discussion Session 29**  
10:15-11:15  •  Poster area

**AFB smear microscopy**

**Chair:** TBC  -  **Section:** Tuberculosis/Bacteriology & Immunology

**PD-827-31**  
Tests de sensibilité aux antituberculeux de première ligne à Kayes (Mali): utilisation du transport public pour l'acheminement des prélèvements  
A Cisse, H Touré, B Diarra, K Traore, F Camara, J Kamaté, MH Kaba, F Bougoudogo (Mali)

**PD-828-31**  
Comparative yielding of acid fast bacilli from three specimen examinations: experience from a high-burden laboratory in Bangladesh  
S M M Kamal, MS Hossain, Ms Mousumi Chawdhury, Mr Sujan Kumar Sarker, Mr Ohiuddin Ahmed, Ms Ummme Habiba, Ms Razia Sultana, MA Husain (Bangladesh)

**PD-829-31**  
A novel automated microscope system for detection of mycobacteria in acid-fast stain procedures via image recognition technology  
Y Lin, Y Sun, J Chen, J Chen, Z Chen, C Lee, F Huang, Y Lee (Taiwan)

**PD-830-31**  
Evaluation of TBDx, an automated platform for fluorescence smear microscopy in Abuja, Nigeria  
L Lawson, R Dacombe, J O Obasanya, S T Abdurrahman, O Oladimeji, C Iweha, C Okoli, L Cuevas (Nigeria, UK)

**PD-831-31**  
Strengthening TB specimen referral in Zambia to improve diagnostic capacity: a stepwise approach  
G Kahenywa, R Chibumba, S Kaminsa, M Muvwimi, C Mulenga, N Kapata (Zambia)
Participation de la communauté dans la prise en charge de la tuberculose au
ension schemes for tuberculosis patients: an advocacy effort from TB forum members of
eaching the unreached by involving religious forum

What do singers, football and maps have in common: new horizons in TB community engagement

**Poster Discussion Session 30 10:15-11:15 • Poster area**

**What do singers, football and maps have in common: new horizons in TB community engagement**

**Chair:** Wim Vandeveld (South Africa)  -  **Section:** Civil Society

M Alemu, J Seid, A Alem, Y. Kassie, M Melese, B. Girma, d Jerene, P Suarez (Ethiopia, USA)

**PD-833-31** Quality of sputum specimen samples submitted for culture and drug susceptibility testing to the National Tuberculosis Reference Laboratory in Uganda
L Bulage, J Imoko, B Kirenga, T Lo, H Byabajungu, K Musisi, M Joloba, E Bloss (Uganda, USA)

**PD-834-31** The contribution of light-emitting diode fluorescence microscopy (LED-FM) to smear positive TB case detection in the Tigary region of Ethiopia
P Nano, C Kagoma, B Woldemariam, N Fituwi, G Ayana, P Suarez (Ethiopia, Tanzania, United Rep., USA)

**PD-835-31** Evaluation of cellScope-based digital LED fluorescence microscopy in Hanoi, Vietnam
C Reber, H Nguyen, L Chaisson, F Meyers, V N Nguyen, P Nahid, D Fletcher, A Cattamanchi (Viet Nam, USA)

**PD-836-31** A cross-sectional study of factors associated with tuberculosis diagnostic delay for smear microscopy in Namibia
I Mwaningange, E Shipiki, F Mavhunga, B Bayer, H Zaire, E H Mitchell, A Zezai (Namibia, Netherlands)

**PD-837-31** Auramine staining and fluorescent microscopy for TB diagnosis: a controlled comparison of sputum smear microscopy protocols
S Datta, M Ching, T Valencia, E Ramos, M Tovar, D Coleman, C Evans (UK, Peru)

**PD-838-31** To assess the workload of designated microscopy centers (DMC) under national tuberculosis programme, India
S Dhawan, S Manann, P Patel, KS Sachdeva (India)

**PD-839-31** Participation de la communauté dans la prise en charge de la tuberculose au Sénégal
M T Mbojdi (Senegal)

**PD-840-31** Measuring community involvement and engagement in TB care and control: experience from the GF supported TB projects of World Vision India and partners
S Mukhopadhyay, S Cornelius, V K Edward (India)

**PD-841-31** Factors associated with tuberculosis stigma: a systematic review
J Crispim, L Silva, M Yamamura, T Freitas, TRS Silveira, ACV Ramos, IC Pinto, RA Arcêncio (Brazil)

**PD-842-31** Pension schemes for tuberculosis patients: an advocacy effort from TB forum members of Kerala, India
S Gadala, C Joltin, RV Jinesh Lal, Tomi Thomas, Mura Krithika, P Banuru Muralidhara (India)

**PD-843-31** How to develop a patient advocacy association
O Rucśnieanu (Moldova)

**PD-844-31** Increasing TB treatment success by engaging community volunteers; Mapping method in Cimahi City, West Java Indonesia
I Tochija, F Manan, M Reksoprodjo, H Diatmo (Indonesia)

**PD-845-31** 2014 Brazilian TB campaign: a collective revolution
A Paranagua Frag, D Barreira, C Oliveira Dantas, P Werlang, L Seara, V Camargo Da Costa (Brazil)

**PD-846-31** Increasing TB knowledge and action: lessons from “We Beat TB” campaign!
L Legaobe, J Benkie (South Africa)

**PD-847-31** Kick TB: from South Africa to Brazil - a TB campaign for the FIFA World Cup momentum
C Oliveira Dantas, A De Paula Lobo, P Werlang, J Brandao, E Ishimoto, A Paranagua Frag, D Barreira (Brazil)

**PD-848-31** Understanding tuberculosis stigma in Dar es Salaam, Tanzania
C Miller, L Samu, S G Mfinanga, P Hopewell, E Fair (USA, Tanzania, United Rep.)

**PD-849-31** Reaching the unreached by involving religious forum
M Ubaid, P Varghese, G Singh, B Entoor Ramachandran (India)
Inextricably linked: integrating TB and HIV care

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- **PD-850-31** Intensified TB case finding (ICF) in HIV high risk groups with the help of GF-supported civil society organisations? TB project in India
  - S Mukhopadhyy, AK Kandukuri, S Cornelius, B Samuel, V K Edward, J Banavaliker, U Ramakrishna, T Kailashditya (India)
- **PD-851-31** Successful decentralisation of TB care but high mortality among HIV co-infected patients in the rural Shiselweni region, Swaziland
  - B Kerschberger, A Telnov, A Mafukidze, S M Kabore (Swaziland)
- **PD-852-31** Survey of the level of HIV-TB service integration in health facilities in 4 districts in Malawi: towards implementation of the national framework
  - D Garone, O Jalon, T Beyene, M Van Lettow, J Van Oosterhout, F Cataldo, M Matchaya, M Murowa (Malawi)
- **PD-853-31** Exploring patients' perspective on HIV and TB service integration in the southern regions of Malawi
  - F Cataldo, M Van Lettow, O Jalon, T Beyene, J Van Oosterhout, L Trivino, D Garone (Malawi)
- **PD-854-31** Timing of ART initiation among HIV-infected TB patients in Kenya: going behind service coverage
  - E Masini, J Kiko, G Kasera, M Mwakaala, H Weyenga, R Muthoka (Kenya)
- **PD-855-31** Linkage between TB and HIV programmes: provider-initiated HIV testing and counseling for tuberculosis patients in 26 provinces in Viet Nam, 2007-2013
  - K Do, T Vu, Nhan Do, Khan Vu, V N Nguyen (Viet Nam)
- **PD-856-31** New integrated TB-HIV model in prison: Salemba Prison, Jakarta
  - A Murni, ET Putri, L Nurhidayaty, LD Khrisianti, M Andeska, M Ibrahim, C Natpratan, M Samsuri (Indonesia)
- **PD-857-31** Integration of "One-Stop" TB-HIV services at a methadone site in Dushanbe, Tajikistan
  - O Bobokhojoev, d Iskandarov, R Abdilbekova, B Babamuradov, T Mohr (Tajikistan, Kazakhstan)
- **PD-858-31** Improving TB-HIV linkages through integration of services in Northern Uganda
  - E Nyamugisa, F Ocom (Uganda)
- **PD-859-31** Factors associated with successful treatment outcomes for new TB-HIV co-infected cases in the Free State Province (South Africa)
  - M Engelbrecht, G Kigozi, P Chikobvu, S Van Der Merwe, HCJ Van Rensburg (South Africa)
- **PD-860-31** Missed opportunities for tuberculosis screening among patients in pre-ART care in Nigeria
  - EK Dokubo, S Agolory, R Shiraiishi, S Odafe, D Onotu, I Dalhatu, M Swaminathan, A Bashorun (USA)
- **PD-861-31** Roll-out of TB-HIV activities in Democratic Republic of Congo: major outcomes and drawn lessons
  - G Kabuya, S Bisuta Fueza, F Teto Mamona, JL Matala, F Fwamba, G Bakaswa (Congo - Democratic Rep.)

Best practices in supporting clients to complete TB treatment

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- **PD-862-31** Tuberculosis patients under treatment: pathway in a municipality of southeastern Brazil, 2013
  - ME Brunello, MF Simiele, NH Orfao, A Wysocki, G Magnabosco, R Andrade, T Arakawa, TC Scatena Villa (Brazil)
- **PD-863-31** Role of financial support in identifying different types of TB cases from community and their management: BRAC experience
  - S Munim, S Islam, M Akramul Islam, S Alam, K Fatema, A Husain, V Begum (Bangladesh)
- **PD-864-31** Modify Directly Observed Treatment Short-course (DOTS) for tuberculosis control programme in Hualien and Nantou mountain areas of Taiwan
  - Y-W Huang, J-J Lee, Y-C Chen, C-Y Tsao (Taiwan)
- **PD-865-31** Community volunteers as messengers of tuberculosis control: a study from Faridkot, India
  - S Gadala, A Kumar, Tomi Thomas, Mura Krithika, P Banuru Muralidhar (India)
- **PD-866-31** Overcoming access barriers to DOTS in Nigeria: the case of distance
  - T Ensor, O Chukuwoogu (Nigeria)
- **PD-867-31** Delay in treatment initiation among the TB patients: findings from a knowledge, attitude and practice survey conducted in 30 districts in India
  - K Sagili, S Srinath, N Wilson, S Chadha (India)
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**Tuberculosis and diabetes: look out for both**

**Chair:** Jean-Pierre Zellweger (Switzerland)  •  **Section:** Tuberculosis

**PD-872-31**  
Impact of diabetes mellitus on epidemiological rates of pulmonary tuberculosis
V Punga, M Yakimova, L Rusakova (Russian Federation)

**PD-873-31**  
Diabetic tuberculosis cases characteristics in Baghdad
M Abdulrazaq, Lyat Salih, A Alfartoosi (Iraq)

**PD-874-31**  
Efficacy of MDR-tuberculosis in patients with different type’s of diabetes mellitus
O.G Komissarova, o.o. Konyayeva, R Abdullaev, I Vasilyeva (Russian Federation)

**PD-875-31**  
Comparison of anti-tuberculosis drug susceptibility in new cases of tuberculosis patients with and without diabetes mellitus
P Baghaei Shiva, P Tabarsi, M Marjani, A Moniri, MR Masjedi (Iran, Islamic Rep. Of)

**PD-876-31**  
Multidrug-resistant tuberculosis (MDR-TB) and diabetes mellitus in Brazil, 2007-2011: a descriptive study
F. Dockhorn, H Barroso Bernal, J Toledo, O Rodrigues, C David, D Barreira, J N Lima (Brazil)

**PD-877-31**  
Prevalence of diabetes among TB patients attending DOTS clinics in South-South Nigeria: the need for comprehensive TB patient care
V Obot, V Adams, M Gidado, A Ekpeudom (Nigeria)

**PD-878-31**  
Diabetes in a cohort of tuberculosis patients in Rome, Italy
E Caraffa, M Sane Schepsi, A Gualano, A Rianda, V Galati, C Pinnetti, F Palmieri, E Girardi (Italy)

**PD-879-31**  
Risk stratification for diabetes screening at a tuberculosis referral hospital in Tanzania
M Sariko, G Kibiki, J Gratz, E Houpt, S Mpajama, S Heysell (Tanzania, United Rep., USA)

**PD-880-31**  
Implementación de Estrategia Nacional para la atención integral de la comorbilidad tuberculosis-diabetes mellitus en México
M A García, Y Dávila, Mart Castellanos (Mexico)

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**TB in special populations**

**Chair:** Roberto Assael (Mexico)  •  **Section:** Tuberculosis

**PD-881-31**  
Alteraciones respiratorias en pacientes que han padecido tuberculosis pulmonar en el Hospital Nacional San Rafael y Hospital Nacional Zacamil
M R Soto Villalta (El Salvador)

**PD-882-31**  
La adherencia al tratamiento de la tuberculosis: vulnerabilidades grupo inmigrante en São Paulo/Brasil
R Biapolini, M Bertolozzi, T Figueiredo, K Ferreira (Brazil)

**PD-883-31**  
Acciones volcadas al control de la tuberculosis en población en situación de calle
L Sá, KRSM Kelma Rayanne Santos Moura, KKSB Khvia Kiss Da Silva Barbosa, RPFQ Rodrigo Pinheiro Fernandes De Queir, AA Romera, TAR Tainá De Araújo Romão, LAL Laiene Alves Lima, CLC Cícera Luana Alves Lima (Brazil)

**PD-884-31**  
Impacto de búsqueda de casos de tuberculosis en personas privadas de la libertad en México
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**Social determinants and quality of TB care**

**Chair:** Latha Rajan (USA)  
**Section:** Tuberculosis

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<td>Y Zegiorgis, M Legesse, d Jerene, S Negash, Y. Kassie, B. Girma, Y Haile, P Suarez (Ethiopia, USA)</td>
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<td>Análisis de varianza aplicada en nuevos casos de tuberculosis en los principales municipios reportados en los estados de la región Nordeste de Brasil</td>
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Comorbidty and deadly TB

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JA Nogueira, ROG Romero, L Sá, TC Scatena Vilá, CMC Ribeiro (Brazil)

PD-904-31 A tuberculosis mortality register study in municipalities of the department of Chocó, Colombia, 2012
J M Hernández, H Andrade, L Murillo, L Velasquez, M Mejía, A Gomez, J Robledo (Colombia)

PD-905-31 Antibiotic prescriptions in tuberculous pneumonia associated with hemodynamic instability and toxicity to first-line drugs
R Martínez, C Jimenez, C Bueno, A Valencia (Colombia)

PD-906-31 The causes of death among patients with tuberculosis in institute for lung diseases and tuberculosis, Skopje, Macedonia
Lj Simonovska, M Trajcevska, Vlad Mitreski, I Simonovska (Macedonia, Yugoslav Rep.)

PD-907-31 Increased mortality risk in HIV-infected patients is limited to those with low CD4 counts in the stride study
S Swindells, M Kendall, L Chinula, R Escada, R Mngqibisa, D Havlir (USA)

PD-908-31 Etude des facteurs associés au décès chez les patients tuberculeux mis sous traitement au Centre national de lutte antituberculeuse, Burkina Faso
E Zounggrana, M Drabo, J-F Tessier, Y Moyenga, A Zigan, B Kaboré (Burkina Faso, France)

PD-909-31 Who are the patients that died with Tuberculosis in 2012 in the northern region of Portugal
A Franco Spinola, Ana Correia, M Gomes, R Duarte (Portugal)

PD-910-31 Resultados de los tratamientos antituberculosos instaurados en Galicia en periodo 2008-2012
E Cruz-ferro, Ml Ursúa-díaz, X Hervada-vidal, JA Taboada-rodríguez, Grupo De Trabajo Del Programa Galle (Spain)

PD-911-31 Control of TB death structure in the Moscow city, Russia
E Belilovsky, P Seltsovsky, L Rybka, O Chizhova, S Borisov (Russian Federation)

PD-912-31 Intestinal helmint co-infections among smear-positive tuberculosis patients in Dar es Salaam, Tanzania
F Mhimbira, J Hella, N Kapalata, M Sasamalo, L Fenn (Tanzania, United Rep.)

PD-913-31 Performance of clinicians in identifying tuberculosis as cause of death using verbal autopsy questionnaires in Siaya County, Kenya
S Murthi, H Kipruto, E Amukoye, Y Kombe, E Mitchell, C Muturi, B Langat (Kenya, Netherlands)

PD-914-31 Patient characteristics and determinants of tuberculosis mortality in the Free State Province, South Africa: 2003-2012
S Van Der Merwe, G Kigozi, P Chikobvu, J Heunis (South Africa)

PD-915-31 Comparison of lipid profiles between pulmonary tuberculosis and community acquired pneumonia
J He, Yu Wang, Wei Mao, G Ji, J Wu (China)

TB active case finding

CHAIR: Lovett Lawson (Nigeria) - SECTION: Tuberculosis

PD-916-31 Need for public-private mix approach as priority to reduce under-reporting in the country
R K Fatima, E Qadeer, Enar Donald, S Gudmund Hinderaker (Pakistan)

PD-917-31 Increasing access to slum populations in Abuja, Nigeria
S T Abdurrahman, O Oladimeji, L Lawson, J O Obasanya, S Adeshina, R Dacombe, L Cuevas (Nigeria, UK)

PD-918-31 Active case finding of tuberculosis among marginalised and vulnerable population from two districts in India: a retrospective cohort study
T Soni, K Sagilli, B Thapa, S Chadha, N Wilson (India, Nepal)

PD-919-31 Improving TB case finding among HIV-positive patients in Northwest Cameroon
F Sauter, S Mboi, E Mbu, A Zoufaly, J Jochem, J Noeske, J-L Abena Foe, M Sander (Cameroon)

PD-920-31 Estudio de contactos de tuberculosis: Galicia 2008-2012
MI Ursúa-díaz, E Cruz-ferro, X Hervada-vidal, JA Taboada-rodríguez, Grupo De Trabajo Del Programa Galle (Spain)

PD-921-31 Contribution of TB infection control (TBIC) implementation to the TB case detection trend in Afghanistan
A Momand, GQ Qader, M Rashidi, A Zarabi, SM Sayedi, M Seddiqui, Mr Sadri, P Suarez (Afghanistan, USA)
Where might 6-8 year-olds be exposed to tuberculosis in northern KwaZulu-Natal?: Preliminary results from a large social contact pattern survey
T Yates, F Tanser, I Abubakar (UK)

Higher yield for tuberculosis cases using enhanced case finding compared to passive case finding in Cambodia
S Ahuja, S Batra, J Chen (India, Cambodia)

Characteristics of smear-positive tuberculosis persons identified by active contact tracing in Port-au-Prince, Haiti, November 2012-June 2013
S Galbaud, S Koenig, L Hashiguchi, P Julma, J.W. Pape (Haiti, USA)

Characteristics of undiagnosed tuberculosis cases identified through periodic intensified case finding in Blantyre, Malawi
A Choko, L Corbett (Malawi, UK)

A theory-informed approach to identifying barriers to routine implementation of household TB contact investigation in Kampala, Uganda
I Ayakaka, A Cattamanchi, P Kajubi, M Handley, E Fair, S Ackerman, A Katamba, L Davis (USA, Uganda)

Active case finding in urban slums: experience from a pilot under Axshya project in India
S Muhammed, C Joltin, P Banuru Muralidhara, Nair Arun (India)

Concordancia entre la prueba de la tuberculina (Xpert) de pacientes con tuberculosis pulmonar.
X Martinez Lacasa, R. Font, A. Jaen, E. Cuchi, J. Lite (Spain)

Size and growth of molecular strain typing clusters in the UK: 2010-2012
M Lalor, L Anderson, L Thomas, I Abubakar (UK)

Spatial Clustering of Mycobacterium tuberculosis in Eastern China
W Wang (China)

Role of casual contacts in the recent transmission of tuberculosis in settings with high disease burden
W Wang, Yi Hu, Q Zhao, B Xu, W Jiang (China)

Is early tuberculosis death associated with increased TB transmission? A case-control study in Canada
A Parhar, Z Gao, C Heffernan, R Ahmed, R Long (Canada)

Yield of household contact tracing for tuberculosis in rural South Africa
K Little, R Msandiwa, N Martinson, J Golub, R E Chaissen, D Dowdy (USA, South Africa)

Rates, timing and risk factors for tuberculosis among children in close contact with infectious tuberculosis patients
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Comparison of the yield from contact screening among smear positive versus smear negative tuberculosis patient in north western Ethiopia
Y. Kassie, M Demissie, B. Girma, A Mekonnen, Z Zewdie, d Jerene, Y Haile, P Suarez (Ethiopia, USA)

Early results from a large scale implementation of health facility-based contact investigation in Amhara and Oromia regions of Ethiopia, 2013-2014
B. Girma, Y. Kassie, Z Zewdie, S Hamusse Daba, Y Haile, d Jerene, M Melese, P Suarez (Ethiopia, USA)

Profile of tuberculosis among household contacts of MDR-TB patients in Delhi, India
R Singla, N Singla, Vith Myneedu, D Behera, R Sarin, A Kumar (India)

Four years tuberculosis case contact tracing among contacts of MDR-TB cases in Paris
A Fournier, C Bernard, W Soungakoff, S Quellet, F Antoun, I Dormant, MO Dufour, N Veziris (France)

Factores asociados a la subnotificación de la Tuberculosis en España
C Morales García, t Rodrigo, F Casas, P Bermudez, M García-clemente, S Maria, M Casals, J A Caylà (Spain)

Providing sustainable household contact tracing and screening in TB patients and families: a cluster randomised trial in Blantyre Malawi
K Kaswaswa, M Mukaka, B Ngwira, J Mpunga, H Maheshwaran, L Corbett (Malawi, UK)

New smear-positive tuberculosis among household contacts in Lima, Peru
L Otero, F Barietta, F Gehre, T Battaglioli, B De Jong, C Seas, L Rigouts, P Van Der Stuyft (Peru, Belgium)
MDR-TB: outcomes of treatment

**Chairs:** Zohar Mor (Israel) - **Section:** Tuberculosis

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**MDR-TB: outcomes of treatment**

**PD-942-31** Risk factors associated with default among multidrug and extensively drug resistant tuberculosis patients in Georgia, 2013
- M Gegia, I Kachkachishvili, N Korinteli, T Gabunia (Georgia)

**PD-943-31** An evaluation of tuberculosis retreatment in Brazil, 2007-2011
- M.S. Evangelista, F. Dockhorn, R Maia, J Toledo, J N Lima, F Moherdaui, D Barreira (Brazil)

**PD-944-31** Loss to follow up and acquired drug-resistance during treatment of multidrug-resistant tuberculosis
- E Kurbatova, J Ershova, T Dalton, P Cegielski, and Global Petts Investigators (USA)

**PD-945-31** Risks of multi and extensively drug-resistant tuberculosis in patients with multiple previous treatments in rural China
- B Xu, Q Zhao, Yi Hu, Y Shi, W Wang, V Diwan (China)

**PD-946-31** Monitoring of MDR-TB treatment outcomes in the Russian Federation
- V Testov, I Vasilev, Serg Sterlikov, V Erokhin, T Kasaeva (Russian Federation)

**PD-947-31** Amplified drug resistance and association with poor outcomes among patients with multidrug-resistant tuberculosis
- R Kemperk, M Kipliani, V Mirtskhulava, N Tukvdzde, M Magee, H Blumberg (USA, Georgia)

**PD-948-31** Extensive drug resistance acquired during treatment of multidrug-resistant tuberculosis
- P Cegielski, T Dalton, J Campos Caoli, C C Contreras, J Ershova, E Kurbatova, C Kvasnovsky, and Global Petts Investigators (USA, Philippines, Peru, UK)

**PD-949-31** Impact of acquired drug resistance on treatment outcomes among patients treated for multidrug-resistant tuberculosis
- P Cegielski, E Kurbatova, J Campos Caoli, C C Contreras, T Dalton, J Ershova, C Kvasnovsky, and Global Petts Investigators (USA, Philippines, Peru, UK)

**PD-950-31** Ability of early sputum culture conversion to predict long-term outcomes in an MDR-TB clinical trial
- P Meyvisch, A Gaddah, B Dannemann, K Andries, C Kambili, M Haxaire-theeuwes (Belgium, USA)

**PD-951-31** Time of sputum culture conversion of MDR-TB-HIV co-infected patients on second-line anti-tuberculosis drugs
- N Nwokoye, C C Onubogu, Phd, A Bowale, N Tochukwu, Segu Adesanse, O Idigbe (Nigeria)

**PD-952-31** Good treatment outcomes among drug-resistant tuberculosis: hope from Baku, Azerbaijan and a challenge to the TB world
- R Mekhdiyev, C Auer, E Gurbanova, F Huseynov, N. Rakhmanov, N. Karimova, R Tahirli, G B Migliori (Azerbaijan, Switzerland, Italy)

**PD-953-31** Trend of the drug-resistance surveillance in Thailand, 199-2012
- S Rienthong, D Rienthong, C Boonin, N Phothong, C Namwat (Thailand)

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**MDR-TB management**

**Chairs:** Valérie Schwobel (France) - **Section:** Tuberculosis

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**MDR-TB management**

**PD-954-31** "I’m fed up": Experiences of prior tuberculosis treatment in patients with drug-resistant tuberculosis and HIV CANCELLED

**PD-955-31** Epidemic levels of drug-resistant tuberculosis in HIV-infected patients in metropolitan Mumbai, India
- P Isaakidis, A Kumar, M Khetarpal, B Adsul, A Bhamne, M Manglani, A Kanchar, A Deshpande (India)

**PD-956-31** Impact of decentralisation of treatment services on management of drug-resistant tuberculosis
- S Balakrishnan, DSA Karthickeyan, A Kumar, A Sreenivas, S Mrithunjayan, J Subramoniapillai (India)

**PD-957-31** Ambulatory /Community MDR-TB management in Oyo State of Nigeria
- S Okewoye, O Lawal, B.O. Okewoye, A. Adekola, S. Olopade (Nigeria)

**PD-958-31** eHealth for multidrug-resistant tuberculosis management and care
- A Vladzymyrskyy, T.A. Tsyganok, V.V. Mozgovoy, A.G. Kovaleva, T.A. Borodina (Ukraine)

**PD-959-31** Community-based MDR-TB treatment supervision is associated with improved treatment outcomes in rural Swaziland
- B Kerschberger, A Telnov, A Mafukidze, H Cox (Swaziland, South Africa)
PD-960-31  Psychological fallouts of MDR-TB  
A K Vasisht, K Wason (India)

PD-961-31  Drivers and trajectories of resistance to new first-line drug regimens for tuberculosis  
S Shrestha, G Knight, M Fofana, T Cohen, R White, F Cobe lens, D Dowdy (USA, UK, Netherlands)

PD-962-31  Drug resistant tuberculosis patient characteristics as reported in the South African electronic drug-resistant tuberculosis register  
K Schnip pel, M Kamkuemah, R Berhanu, K Shearer, M Naicker, N Nd jeka (South Africa)

PD-963-31  The causing of MDR-TB patients not accepting treatment  
Z Xu, D Gong, C Zhang (China)

PD-964-31  Household infection control: are we ready for community DR-TB care in Nigeria?  
M Odo, A Adamu, B Olusola-faleye, H Khamofu, K Ochei, K Torpey, T Badru, J O Obasanya (Nigeria)

PD-965-31  e-TB manager implementation in Nigeria: progress and challenges  
J O Obasanya, LF Recirolino, R Eneogu, O Emmanuel, A Adeyomoye, O Oluwadare, B Woldemariam, P Suarez (Nigeria, Brazil, Ethiopia, USA)

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Case-finding: special interventions

CHAIR: Nunurai Ruswa (Namibia)  -  SECTION: Tuberculosis

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A Zaidi, N Khalid, R Philip sen, B Van Gin neken, S Khowaja, A Khan (Pakistan)

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PD-968-31  Contribution of NGO health facility in TB control: an experience from Rawthamkuppam of Villupuram District in Tamilnadu, India  
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S A S Hossain, N L Huq, N Haque, R Gazi, MD Iqbal, A Ahmed, H Kabir, K Zaman (Bangladesh)

PD-970-31  High yield of contact investigation among household contacts of smear-positive pulmonary tuberculosis patients using GeneXpert MTB/RIF in Ethiopia  
B Tessema, B Anagaw, F Moges, Y Kassie, B. Girma, S Yifru, YK Haile, M Melese (Ethiopia)

PD-971-31  Feasibility study of the WHO recommendations for TB contact investigation in low- and middle-income countries: a pilot in a rural district, Zambia  
S Miyano, V Chipeta, K Komada, K Chibwe (Zambia)

PD-972-31  Intensified community-based active tuberculosis case finding in Nepal: challenges and lessons learnt  
S Gurung Pradhan, M Caws, R Dhit al, P Shrestha, A Khatiwa, R Sha (Nepal)

PD-973-31  Could better access to CXR improve tuberculosis notifications in community-based active tuberculosis case finding in Cambodia?  
N Lorent, C Kong, R Pe, W De Rijk, S Thai, J Van Griensven, T Kim, L Lynen, L Rigouts (Belgium, Cambodia)

PD-974-31  Health counseling and testing and TB screening provide a vital link between clinics and communities for better health outcomes in Eden district, South Africa  
M A Uys, A Volschenk, S Smit (South Africa)

PD-975-31  Cost-effectiveness analysis of household contact investigation and community active case finding for tuberculosis case detection in Urban Africa  
J Sekandi, K Dobbin, J Oloya, A Okwera, CC Whalen, P Corso (Uganda)

PD-976-31  Outcomes of tuberculosis contact tracing in a teaching hospital in Barcelona: an eight-years experience  
L González, MR Guerra, L Muñoz, J Dorca, M Santin (Spain)
**Poster Discussion Session 42**  
10:15-11:15  •  Poster area

**A potpourri of TB issues**

**CHAIR:** Ronald Ncube (Botswana)  -  **SECTION:** Tuberculosis

**PD-977-31**  
Patient and health system delays: health-care seeking behaviour among tuberculosis patients in Sanaa, Yemen, 2013  
A Al-shamiry, N A A Thabit, Abdu Al-hamady (Yemen)

**PD-978-31**  
Barriers in accessing TB control in Son La and Gia Lai provinces, Viet Nam: a qualitative and quantitative study  
TH Truong Thi, DC Nguyen (Viet Nam)

**PD-979-31**  
Increasing trend in non-tuberculous mycobacteria isolation in Shanghai, China: results from a population-based study  
W Jie (China)

**PD-980-31**  
Evaluation of Löwenstein-Jensen medium culture, MGIT 960 culture and different specimen types in diagnosis of bone and joint tuberculosis  
H Huang, GR Wang, LP Zhao, WJ Dong, X Yu, ST Chen, YH Fu, SB Qin (China)

**PD-981-31**  
Evaluation of TB follow-up sputum smears examinations in Brazil  
A Wysocki, BE Scatolin, R Andrade, T Arakawa, A Beraldo, ME Brunello, SHF Vendramini, TC Scatena Villa (Brazil)

**PD-982-31**  
Feedback of TB test results using Skype© SMS messages for rapid treatment decisions in Abuja, Nigeria  
S T Abdurrahman, O Oladimeji, L Lawson, J O Obasanya, G Ezugwu, B Opoola, R Dacombe, L Cuevas (Nigeria, UK)

**PD-983-31**  
Factors associated with non-adherence to tuberculosis treatment among patients treated under DOTS in Akwa Ibom, South South, Nigeria  
V Obot, V Adams, E Peters (Nigeria)

**PD-984-31**  
Does type of tuberculosis treatment regimen, daily or intermittent, taken in the past affects recurrence of TB, a study in GTB Chest Clinic, Delhi?  
R Nagar, D Kundu, S Chandra, A Khanna (India)

**PD-985-31**  
True outcomes of notified lost to follow-up patients in a TB reference hospital in Douala, Cameroon  
J Noeske, A Wandji, C Kamgue, C Kuaban (Cameroon)

**Poster Discussion Session 43**  
10:15-11:15  •  Poster area

**Bidis, Bloomberg, Bali and Behaviour: frontiers in tobacco control**

**CHAIR:** Anne Jones (Australia)  -  **SECTION:** Tobacco Control

**PD-987-31**  
Analysis of PM2.5 and air nicotine concentration in selected indoor public places  
W Li, W Zheng, GH Jiang, Y Yang, Yi Pan (China)

**PD-988-31**  
Assessment on smokefree venues establishment in national chronic disease demonstration areas and tobacco control status  
LH Wang, JX Ma, YM Bai, J Yang, N Ji (China)

**PD-989-31**  
Opinion of the people in Bali regarding the presence and the implementation of the Bali provincial smokefree law  
K Suarjana, IMK Duana, IWG Artawan Eka Putra, KH Mulyawan, A Swandewi, T S Bam (Indonesia, Singapore)

**PD-990-31**  
Photographic evidence can strengthen tobacco control interventions  
B Pandya, P Lal, R Parmar (India)

**PD-991-31**  
The role of Bloomberg Philanthropist funding support in advancing tobacco control programmes in India  
B Gopalan, R J Singh, R Kumar (India)

**PD-992-31**  
Muslim communities learning about second-hand smoking: a pilot clustered randomised controlled trial  

**PD-993-31**  
e-cigarettes: The Union responds to an evolving challenge to public health  
M Wisotzky, G Gan (USA, China)

**PD-994-31**  
Community level determinants of tobacco use in Ballabgarh Block, north India  
A Krishnan, RS Rath, P Misra, B Nongkynrih (India)
PD-995-31 Developing a behaviour change intervention for smoking cessation within primary care in Nepal
S Baral, BB Sharma, B Khadka, S Khanal, R Pant, S Manandhar, H Elsey, J Newell (Nepal, UK)

PD-996-31 A cross country comparison of social determinants of health and tobacco use: findings from the Global Adult Tobacco Survey (GATS)
GH Tee, J Morton, T Aris, L Zhao, J Rarick (Malaysia, USA)

PD-997-31 Smoking behaviour and motivation to quit among patients with chronic obstructive pulmonary disease
M Smirnova, E Yastrebinskaya, O Sukhovskaya (Russian Federation)

**Poster Discussion Session 44 10:15-11:15 • Poster area**

**David vs Goliath: fighting the media war against the tobacco industry**

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

PD-1000-31 Behaviour change among tobacco retailers after enforcement of COTPA Act 2003: a rapid survey in Nagaur, Rajasthan
B Pandya, P Lal, R Parmar, R Kumar (India)

PD-1001-31 Tobacco advertisement, promotion and sponsorship in Naogaon district: a baseline survey
MAU Ahsan, SM Mahbubus Sobhan, huq Syed Mahfuzul Huq, Sobu Md. Abdus Sobur (Bangladesh)

PD-1002-31 China experience: developing evidence-based Integrated mass media campaigns to support national and sub-national smokefree initiative and policy
W Chen (China)

PD-1003-31 Assessing compliance to Indian tobacco control legislation on print media in India
M Sharma (India)

PD-1004-31 Rural penetration through media involvement for effective implementation of COTPA in Himachal Pradesh, India
N Sharma, R J Singh (India)

PD-1005-31 TAPS Ban: the Bangladesh experience
A-E- Sadat (Bangladesh)

PD-1006-31 Effect of mass media campaign in Jinan city on public attitudes and perceptions involving implementation of the law
R Cao, SM Ruan, Jun Zhang, Caix Chang, XH Zhang, Xin Zhang (China)

PD-1007-31 Direct advertisements of tobacco products still exist in Indian outdoor media? Results of a compliance survey across three jurisdictions in India
R Kumar, A Chauhan, P Lal, R J Singh (India)

PD-1008-31 Health warnings on cigarette packages and interest in quitting: findings from the Global Adult Tobacco Survey (GATS)
T Aris, J Morton, GH Tee, L Zhao, J Rarick (Malaysia, USA)

PD-1009-31 Pictorial health warning: a breakthrough in tobacco control in Indonesia
L.S. Sulistyowati, A.S. Bunga Untung, T S Bam (Singapore)

PD-1010-31 Media advocacy for implementation of stronger pictorial health warnings on all tobacco packs in India
B Mathew (India)

PD-1011-31 Media advocacy for the implementation of regulating smoking in films
M Bhavna (India)

PD-1012-31 Field-based study in seven states of India to evaluate and recommend an effective strong pictorial health warning on tobacco product packages
S Gupta (India)

PD-1013-31 Tobacco industry interference in India: games the industry plays
B Mathew (India)
Oral Abstract Presentation Session 11 12:45-14:15 • Room 112

Drug monitoring and adverse events

**CHAIR:** Siva Danaviah (South Africa), Ivan Solovic (Slovakia) - **SECTION:** Tuberculosis

**OAP-280-31** Therapeutic drug monitoring for first-line tuberculosis agents in adults
12:45-12:55 K Wilby, M Ensom, F Marra (Canada)

**OAP-281-31** Comparative characterisation of mycobacteria isolates using conventional and molecular methods

**OAP-282-31** A randomised controlled trial of protein calorie supplementation in HIV-infected patients with tuberculosis

**OAP-283-31** Genetic polymorphism NAT2 gene and incidence of hepatotoxic adverse reactions in patients with pulmonary tuberculosis

**OAP-284-31** Paradoxical reactions in HIV-negative patients with spinal TB: our experience
13:25-13:35 L Ramani, M Mehta, K Tiwari, M Darmalingam (UK)

**OAP-285-31** No evidence of QT prolongation with a four-month TB regimen with gatifloxacin at 400mg/day substituting for ethambutol
13:35-13:45 P Oliaro, C Merle, B Bah, F Kassa, T Mthiyane, A Ndiaye, E Amukoye, K Fielding (Switzerland, UK, Guinea, Benin, Senegal)

**OAP-286-31** Pharmacokinetic and safety/tolerability study of higher oral and intravenous doses of rifampicin in adult tuberculous meningitis patients
13:45-13:55 vyck Yunniva, S Dian, A.R Ganiem, E Hayati, T.H Achmad, R Van Crevel, R Aarnoutse, R Ruslami (Indonesia, Netherlands)

**OAP-287-31** Rapid oral desensitisation: alternative therapeutic very useful in major anti-tuberculosis drugs allergy
13:55-14:05 H Daghfous, Z Haifa, S Ben Saad, moun Ben Khlifa, F Tritar (Tunisia)
14:05-14:15 Discussion

Oral Abstract Presentation Session 12 12:45-14:15 • Room 117

Finding cases: how good are our notification systems?

**CHAIR:** James Mpunga (Malawi), TBC - **SECTION:** Tuberculosis

**OAP-288-31** Active case finding: a much needed strategy to increase TB case detection in unreached areas
12:45-12:55 R K Fatima, E Qadeer, Enar Donald, S Gudmund Hinderaker (Pakistan)

**OAP-289-31** How much is TB screening worth?: estimating the value of active case finding for tuberculosis in South Africa, China and India
12:55-13:05 A Azman, J Golub, D Dowdy (USA)

**OAP-290-31** Tuberculosis incidence among person born in the 22 high-burden countries now living in the United States
13:05-13:15 P K Moonan, J Oeltermann (USA)

**OAP-291-31** Case notification rate and risk factors for tuberculosis among HIV-infected patients after ART initiation in Myanmar

**OAP-292-31** Strengthening tuberculosis notification by private health sector: a way forward for improving tuberculosis care, Jharkhand, India

**OAP-293-31** Aetiology of “TB symptoms” amongst people attending for HIV care in South Africa
13:35-13:45 Y Hanifa, S Toro Silva, F Sahid, A Von Gottberg, N Ndlovu, V Chiplota, S Charalambous, A Grant (UK, South Africa)

**OAP-294-31** Finding missing TB patients: impact of a dedicated “cough corner” in a busy out-patient public health setting of Maharashtra, India
13:45-13:55 S Dapkekar, B Pawar, A Kumar, P Malik, A Sreenivas, N Wilson, A Nikam (India)

**OAP-295-31** Using epidemiologic data and community engagement to address the burden of tuberculosis among foreign-born populations in New York City
13:55-14:05 S Ahuja, J Sullivan Meissner, L Trieu, M Macaraig, M Alexander, J Burzynski (USA)
14:05-14:15 Discussion
**Oral Abstract Presentation Session 13**  
12:45-14:15 • Room 111

**Epidemiology: where is TB? Hotspots, hospitals and the highlands of Mexico**

**Chair:** Alberto Colorado (Mexico), Luis Cuevas (UK) - **Section:** Tuberculosis

**OAP-296-31** Spatial and temporal distribution of tuberculosis in the highlands region of Chiapas, Mexico: preliminary results  
12:45-12:55  

**OAP-297-31** Spatial relationship between territories with socioeconomic vulnerability and deaths for pulmonary tuberculosis, in Sao Luis, Maranhão, Brazil  
12:55-13:05  
M Yamamura, M Santos Neto, F Chiaravalloti Neto, M Popolin, MCC Garcia, L B B Rodrigues, I Fronteira, R Arcencio (Brazil)

**OAP-298-31** Spatial scan statistic in the detection of risk areas to the hospitalisations for tuberculosis in Ribeirão Preto, São Paulo, Brazil  
13:05-13:15  
MP Popolin, M Yamamura, I Freitas, MCC Garcia, M Santos Neto, M Touso, LH Arroyo, RA Arcêncio (Brazil)

**OAP-299-31** Mortality and associated factors of Chinese patients with extensively drug-resistant tuberculosis and pre-extensively drug-resistant tuberculosis  
13:15-13:25  
N Chu, XL Zeng, Y Zhang, Wei Jing, H Duan, Jun Wang, QF Wang, LH Nie (China)

**OAP-300-31** Tuberculosis in New York City: insights from a dynamic transmission model  
13:25-13:35  
N Stennis, S Ahuja, A Azman, D Dowdy (USA)

**OAP-301-31** Reduced tuberculosis notification and trends in gender disparities during large scale-up of TB-HIV care in rural Swaziland (2009-2013)  
13:35-13:45  
B Kerschberger, A Antierens, A Telnov (Swaziland)

**OAP-302-31** Detection of tuberculosis infection hotspots according to activity spaces in an inner urban setting in Shinjuku, Tokyo, 2003-2011  
13:45-13:55  
K Izumi, A Ohkado, K. Uchimura, Y Murase, Y Tatsumi, K Fukuuchi, H Watanabe, N Ishikawa (Japan)

**OAP-303-31** Incorporating tuberculosis strain typing data into routine contact tracing investigations: experience from the field  
13:55-14:05  
M Munang, C Browne, S Khanom, J Evans, G Smith, P Hawkey, S Welch, M Dedicoat (UK)

14:05-14:15 Discussion

**Oral Abstract Presentation Session 14**  
12:45-14:15 • Room 113

**TB control strategies: what is effective?**

**Chair:** TBC - **Section:** Tuberculosis

**OAP-304-31** Treatment outcome of patients with isoniazid mono-resistant tuberculosis in Taiwan  
12:45-12:55  
CANCELLED

**OAP-305-31** Improving the quality and usage of TB surveillance data in Uganda  
12:55-13:05  
D Tollefson, A Naguudi, D Mumpe Mwanja, D Muwonge, J Imoko, F Mugabe, E Bloss (USA, Uganda)

**OAP-306-31** High relapse among successfully treated new smear positive TB patients under National TB Programme: retrospective cohort study from Gujarat, India  
13:05-13:15  
P Dave, A Shah, Sand Bharaswadkar, K Rade, A Sreenivas, P Malik, B Modi, N Kulshreshtha (India)

**OAP-307-31** Non-smear conversion at two months follow-up and treatment outcomes in new smear positive cases of pulmonary tuberculosis in Cotonou, Benin  
13:15-13:25  
A Wachinou, W Bekou, D Affolabi, G Agodokpessi, SS Ade, S Azon, E Vitohode, S Anagonou (Benin)

**OAP-308-31** Public health solutions for combatting TB in a low income country: experience from Afghanistan  
13:25-13:35  
GO Qader, M Rashidi, M Seddiq, SD Mahmoodi, Mr Persaud, SM Sayedi, Moha Akhgpar, P Suarez (Afghanistan, USA)

**OAP-309-31** The relevance of cost-effectiveness analysis in the implementation of tuberculosis-related interventions in the community  
13:35-13:45  
Y Agbassi, S Touré (Côte D’ivoire)

**OAP-310-31** The Management and Organizational Sustainability Tool (MOST) contributes to improved management and technical capacity at Uganda’s National TB Programme  
13:45-13:55  
M G Nabukanya, D Mumpe Mwanja, S Balcha, E Birabwa, M Ruhweza, A Nkolo, F Mugabe, P Suarez (Uganda, USA)

**OAP-311-31** The effectiveness of BCG vaccination in preventing *Mycobacterium tuberculosis* infection and disease in Greenland  
13:55-14:05  
S Michelsen, B Soborg, A Koch, L Carstensen, S Hoff, E Agger, J Wohlfahrt, M Melbye (Denmark)

14:05-14:15 Discussion
Lessons learnt from implementing Xpert MTB/RIF

**Chair:** Heidi Albert (South Africa), Christopher Gilpin (Switzerland)  -  **Section:** Tuberculosis/Bacteriology & Immunology

**OAP-312-31** Determinants of Xpert MTB/RIF performance, including bacterial load and PCR inhibition, using specimens from different body compartments  
G Theron, J Peter, G Calligaro, R Meldau, C Hanrathan, H Khalfey, B Mayosi, K Dheda (South Africa, UK)

**OAP-313-31** Use of Xpert MTB/RIF in decentralised public health settings and its effect on pulmonary TB and DR-TB case finding in India  
KS Sachdeva, N Raizada, A Sreenivas, R Thakur, S Kulsange, C N Paramasivan (India, Switzerland)

**OAP-314-31** Understanding the diagnostic cascade of tuberculosis: insights from a transmission model  
A Sun, C Denkinger, D W Dowdy (USA)

**OAP-315-31** rpoB mutations not detected by phenotypic and genotypic DST methods in a population with high MDR-TB burden  
A O Ojo, E Ardizzoni, B De Jong, A Van Deun, L Rigouts, T Kotrikadze, G Torrea (Belgium)

**OAP-316-31** Implementing GXP in a Pediatric HIV-TB Clinic in Swaziland  
R Golin, P Ustero, G Mtezwa, K Ngo, M Muyaya, M Matshaba, A Mandalakas (Swaziland, USA)

**OAP-317-31** Factors associated with adherence to the South African algorithm for the diagnosis of TB amongst persons living with HIV  
k McCarthy, V Chihota, A Grant, S Ginindza, S Charalambous, G Churchyard, K Fielding (South Africa, UK)

**OAP-318-31** High rates of early initiation of weakened MDR-TB regimens based on South Africa’s Xpert MTB/RIF diagnostic algorithm  
K Jacobson, M Barnard, O Shapira, M Bosman, P Van Helden, R M Warren (USA, South Africa)

**OAP-319-31** GeneXpert module failures: South Africa’s Xpert MTB/RIF national programme experience and impact on costs  
S Molapo, L Berrie, P Marokane, V Magida, L Scott, W Stevens (South Africa)

14:05-14:15 Discussion

The depths of drinking, drugs and depression in TB

**Chair:** Adam Karpati (USA)  -  **Section:** Tuberculosis

**OAP-320-31** Tuberculosis and alcoholism in Brazil: a cross-sectional study (2007-2011)  
O Rodrigues, A De Paula Lobo, J Toledo, H Barroso Bernal, F Moherd, J N Lima, D Barreira (Brazil)

**OAP-321-31** Emotional distress in Angolan patients with several types of tuberculosis  
B Xavier, B Peixoto (Portugal)

**OAP-322-31** TB and excess alcohol use among the foreign born, USA, 1997-2012  
T Volkmann, P Moonan, R Miramontes, E Pevzner, J Oeltmann (USA)

**OAP-323-31** Harm, liberty and tuberculosis in persons with severe and persistent mental illnesses  
CANCELLED

**OAP-324-31** Alcohol use is a strong independent risk factor for tuberculosis in urban Tanzania  
N Boilat Blanco, C Daubenerger, S Gagneux, LT Minja, A Kelemen, M Mganga, K Reither, N Probst-hensch (Tanzania, United Rep., Switzerland)

**OAP-325-31** The “Sputnik” programme as effective approach for treatment of tuberculosis in people with drug dependence  
A Solovyeva, D Taran, I Gelmanova (Russian Federation)

**OAP-326-31** Facteurs associés à la dépression chez les patients tuberculeux à Yaoundé, Cameroun  
EW Pfura-yone, L Simo (Cameroon)

**OAP-327-31** Prevalence of substance dependence among susceptible TB patients in a private sector hospital in Karachi, Pakistan  
Z. Barry, M Jaswal, S Khowaja, A Bhurgri, H Hussain (Pakistan)

14:05-14:15 Discussion
**Oral Abstract Presentation Session 17**  
12:45-14:15  •  Room 116

**Prophylactic therapies**

**CHAIR**: Carol Nawina Nyirenda (Zambia), Mamodikoe Makhene (USA) - **SECTION**: HIV

**OAP-328-31**  
*Improving the uptake of INH preventive therapy through sensitisation and individualised mentoring*
12:45-12:55  
V Ibeziako, S Dutt, O Olupitan (Nigeria)

**OAP-329-31**  
*High completion rate of isoniazid preventive therapy among HIV-infected patients receiving care in two clinics in Kinshasa, DR Congo*
12:55-13:05  
M Yotebieng, P Lelo, P Ndjibiu, J Lusiami, L Wenzi, E Edmonds, J-P Kabuayi Nyengele, W Behets (USA, Congo - Democratic Rep.)

**OAP-330-31**  
*Tuberculin skin test response in HIV-infected patients in Benin, West Africa*
13:05-13:15  
A Wachinou, D Affolabi, SS Ade, G Agodokpessi, W Bekou, G Ade, S Anagonou, M Gninafon (Benin)

**OAP-331-31**  
*Clinician barriers, enablers, and incentives associated with use of isoniazid preventative therapy among people living with HIV in Ethiopia*
13:15-13:25  
J Lal, DJ Dare, Z Gashu, R Fantu, A Meressa, B Feleke, A Abashaw (USA, Ethiopia)

**OAP-332-31**  
*Implementation of isoniazid preventative therapy in an HIV clinic in Cambodia: high rates of toxicity when combined with antiretroviral therapy*
13:25-13:35  
K Choun, S Thai, N Lorent, B Chim, J Vangriensvan (Cambodia)

**OAP-333-31**  
*Initial results of isoniazid preventative therapy in Lesotho*
13:35-13:45  
J Sanders, M Mokhali, E Mohapi (Lesotho)

**OAP-334-31**  
*Coverage of antiretroviral and cotrimoxazole prophylactic therapies among HIV-positive tuberculosis patients in Africa region*
13:45-13:55  
O Adelokunboh, T Balogun, M Oluwasanu (South Africa)

**OAP-335-31**  
*Implementation of isoniazid preventative therapy (IPT) among HIV-positive female sex workers in Mombasa, Kenya*
13:55-14:05  
S Lacourse, R Deya, S Graham, L Masese, W Jaoko, K Mandaliya, R.S. Mcclelland (USA, Kenya)

14:05-14:15  Discussion

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**Oral Abstract Presentation Session 18**  
12:45-14:15  •  Room 118/119

**MDR-TB management: new approaches**

**CHAIR**: Lucy Chesire (Kenya), TBC - **SECTION**: Tuberculosis

**OAP-336-31**  
*Resistance to ethambutol, pyrazinamide, streptomycin and second-line drugs amongst MTB strains susceptible to isoniazid and rifampicin by the MODS assay*
12:45-12:55  
A Mendoza, A Alarcon, E Castillo, A San Miguel, E Leo, L Asencios, N Quispe, D Moore (Peru, UK)

**OAP-337-31**  
*Association between regimen composition and sputum culture conversion in patients with multidrug-resistant tuberculosis*
12:55-13:05  
C Yuen, E Kurbatova, J Ershova, T Dalton, P Cegielski, and Global Petts Investigators (USA)

**OAP-338-31**  
*Mycobacterium tuberculosis* resistance to bedaquiline
13:05-13:15  
K Andries, C Villelas, N Coeck, N Lounis, D De Jong, A Koul (Belgium)

**OAP-339-31**  
*A single-tube single-color assay for all allelic variants of the first line gene targets inhA, katG and rpoB that cause MDR-TB*
13:15-13:25  
W Wangh, J Rice, K. Pierce, V Allerheiligen, M Eckart, D Hain (USA, Germany)

**OAP-340-31**  
*Treatment outcomes in a large cohort of patients with drug-resistant tuberculosis co-infected with the HIV*
13:25-13:35  
M Bastard, M Bonnet, T Diamini, K Kiménye, A Hayrapetyan, . Msf Tb Advisory Group, F Varaine, E Sanchez-padilla (France, Switzerland, Swaziland)

**OAP-341-31**  
*Dose-ranging activity of clofazimine in the mouse model of tuberculosis chemotherapy*
13:35-13:45  
D Almeida, N Ammerman, C Moodley, B Ncgobo, R Swanson, A Dorasamy, J Adamson, J Grosset (South Africa, USA)

**OAP-342-31**  
*The individual-tailored treatment regimens for multidrug-resistant tuberculosis*
13:45-13:55  
T Ivanushkina, S Borisov, N Litvinova (Russian Federation)

**OAP-343-31**  
*Association of previous treatment history with treatment outcome among patients with multidrug-resistant tuberculosis*
13:55-14:05  
P Cegielski, J Ershova, C Kvasnovsky, E Kurbatova, T Dalton, C C Contreras, J Campos Caoli, and Global Petts Investigators (USA, UK, Peru, Philippines)

14:05-14:15  Discussion
The Union Courses

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- 13 Operational Research Fellows completed 79 projects with papers published.
Oral Abstract Presentation Session 19  12:45-14:15  •  Room 120/121

TB drug treatment regimens/trials

Chair: Andrey Borisov (USA), Jacob Creswell (Switzerland) - Section: Tuberculosis

OAP-344-31  12:45-12:55
A novel five-month regimen for category II pulmonary tuberculosis patients in China: a multi-center, randomised and controlled cohort study
W Sha, H Xiao, Q Zhang (China)

OAP-345-31  12:55-13:05
A randomised, 2-stage design trial of rifapentine 450mg or 600mg in place of rifampicin for intensive phase treatment of smear-positive pulmonary TB
R Dawson, K Narunsky, J Hoffman, H Mcilleron, A Whitelaw, K Dooley, N Gupte, S Dorman (South Africa, USA, India)

OAP-346-31  13:05-13:15
Evaluating the efficacy and safety of latent tuberculosis treatment regimens through Bayesian network analysis: a systematic review and meta-analysis
D Zenner, H Stagg, R Harris, L Muñoz, I Abubakar, M Lipman (UK, Spain)

The addition of clofazimine to the first-line drug regimen leads to relapse-free cure in three months in the mouse model of tuberculosis
N Ammerner, D Almeida, S Tyagi, S-Y Li, P Converse, J Grosset (South Africa, USA)

Understanding the RIFQUAN trial: risk factors for unfavourable outcome on a four-month intermittent rifapentine and moxifloxacin regimen

OAP-349-31  13:35-13:45
High dose rifampicin: a phase II trial comparing 10, 15 and 20 mg/kg rifampicin for two months
M Boeree, G Kibiki, P Phillips, K Reither, S Gillespie, M Hoelsger, G Plemer Van Balen, R Aarnoutse (Tanzania, United Kingdom, UK, Switzerland, Germany, Netherlands)

Randomised trial of bactericidal activity of eight-weeks treatment with moxifloxacin, Pa-824 and pyrazinamide in drug sensitive & Multidrug-resistant TB
D Everitt, R Dawson, A Diacon, B Burger, A Conradie, R Schall, C Van Niekerk, C Mendel (USA, South Africa)

OAP-351-31  13:55-14:05
Pharmacokinetic-pharmacodynamic analysis of an intensified regimen containing high dose rifapentine and moxifloxacin for tuberculous meningitis
L Te Brake, S Dian, A.R Ganiem, C Ruesen, T.H Achmad, R Ruslami, R Van Crevel, R Aarnoutse (Netherlands, Indonesia)

14:05-14:15  Discussion

Oral Abstract Presentation Session 20  12:45-14:15  •  Room 122/123

Best practices in patient adherence and support

Chair: Virginia Williams (Switzerland), Teresa Scatena Villa (Brazil) - Section: Tuberculosis/Nurses & Allied Professionals

OAP-352-31  12:45-12:55
Preferential adherence to antiretroviral therapy over TB treatment: a qualitative study of drug-resistant TB-HIV co-infected patients in South Africa
A Daftary, N Padayatchi, M O’donnell (Canada, South Africa)

OAP-353-31  12:55-13:05
Strengthening community-based TB care improves TB case notification rates in Amhara and Oromia regions, Ethiopia
M Ensermu, Z Habtam, K Gessese, d Jerene, Y Haile, B. Girma, P Suarez, M Melese (Ethiopia, USA)

OAP-354-31  13:05-13:15
Self-care of TB patients: association between socio-demographic and clinical variables in a priority city for tuberculosis control, Brazil, 2012
A Beraldo, BE Scatolin, NH Orfao, R Andrade, A Wysocki, T Arakawa, MA Ponce, TC Scatena Villa (Brazil)

Factors contributing to good TB treatment adherence among patients in north-west region of Cameroon
W Mbacham, M Sander, L Ayuk, A Z Achidi, I Ndong, P Aseh (Cameroon)

Community care improves TB Conversion rates in sub-district C in the Nelson Mandela Metro District (NMB) in the Eastern Cape in South Africa
T Dayimani, L Canzibe, B Mpini (South Africa)

OAP-357-31  13:35-13:45
The factors supporting self-care by clients under treatment for pulmonary tuberculosis (PTB) in Depok, west Java, Indonesia
Ay Nursasi, V Williams, Budi Keliati (Indonesia, Switzerland)

OAP-358-31  13:45-13:55
Innovative patient’s diary tool improves patients’ adherence
V Gultai, M Dolynska, O Kheylo (Ukraine)

OAP-359-31  13:55-14:05
Engaging corporate social responsibility (CSR) for extensively drug-resistant (XDR) tuberculosis patients in Mumbai
M Khetarpal, S Kumta, A Bamne, S Kunte, S Deshmukh, V Venkat, C Mehra, A Nayyar (India)

14:05-14:15  Discussion
The paediatric TB drug market: progress and future direction

SECTION
Adult and Child Lung Health

COORDINATOR(S)
Joanna Breitstein (USA)
Janet Ginnard (Switzerland)

CHAIR(S)
Phillipe Duneton (Switzerland)
Clemax Sant Anna (Brazil)

TARGET AUDIENCE
NTP managers, health programme managers and policy-makers, specialists and agencies providing technical assistance, manufacturers, donors, paediatricians.

ORGANISED BY
TB Alliance and UNITAID

DESCRIPTION
Paediatric TB is one of the top causes of death in children worldwide. The lack of appropriate medicine has contributed to this problem, however the market for paediatric TB medicines is finally changing, with important recent progress. This session presents new data to clarify the size and dynamics of the paediatric TB drug market; provides updates on progress to bring new, child-friendly formulations of both existing and new drugs to the field; and offers perspectives on how to maximise uptake, improving children’s access to appropriate, affordable, quality TB medicine.

OBJECTIVES
• Present new market research data to clarify the volume and dynamics of the current paediatric treatment market
• Provide update on progress of current efforts to make paediatric drugs in the correct dosages
• Discuss strategies to ensure maximum uptake of new paediatric treatments coming to market
• Offer overview of new treatments in development and their potential impact

PRESENTATIONS
17:00 - 17:10  Market understanding: new data on the purchasing habits of 22 high-burden countries – Cherise Scott (USA)
17:15 - 17:25  Progress and challenges in optimising and delivering new paediatric products – Vijay Agarwal (India)
17:30 - 17:40  Finding the most neglected: identifying and treating more children with TB – Dyah Mustikawati (Indonesia)
17:45 - 17:55  Strategies to promote uptake of appropriately formulated paediatric TB drugs – Malgorzata Grzemska (Switzerland)
18:00 - 18:10  Tomorrow’s treatments: outlook for the paediatric TB drug pipeline – Annek Hesseling (South Africa)
18:15 - 18:30  Discussion

The sustainable OR capacity building initiative in Ethiopia, CORE and MORE for TB

SECTION
Tuberculosis

COORDINATOR(S)
Dawit Assefa Lemma (Ethiopia)
Eveline Klinkenberg (Ethiopia)

CHAIR(S)
Andargachew Kumsa (Ethiopia)
Abraham Aseffa (Ethiopia)

TARGET AUDIENCE
TB researchers, policy-makers and representative of national TB programmes who like to learn how operational research capacity can successfully be build.

ORGANISED BY
USAID- TB CARE I / KNCV
Tuberculosis Foundation

DESCRIPTION
In October 2012, the Ethiopian government with key national and international partners launched a multiyear initiative to build sustainable capacity for operational research (OR) funded under the USAID TB CARE I initiative with the aim to develop strong technical capacity at national and regional levels to enhance the use of TB research for evidence based TB control. Using a “learning by doing approach” and a local mentorship programme, new capacity was built and existing capacity enhanced. During this symposium the OR initiative and results of OR projects conducted will be presented focusing on the impact on TB control and how to continue building sustainable OR capacity.

OBJECTIVES
• To share experience on sustainable operational research capacity building
• To share result of OR projects conducted under the Ethiopian OR initiative and their implications for TB control
• To discuss best practices and way forward in building sustainable operational research capacity that is used to improve programme performance

PRESENTATIONS
17:00 - 17:10  Overview of the Ethiopia OR initiative – Dawit Assefa Lemma (Ethiopia)
17:10 - 17:20  Centralised versus decentralised tuberculosis care: the case of Oromia Region, Ethiopia – Kassa Halu (Ethiopia)
17:20 - 17:30  A quarter of health centers had poor symptomatic tuberculosis screening practice in Amhara region, Ethiopia – Gebremedhin Gebregergis (Ethiopia)
17:30 - 17:40  Opportunities and challenges in the management of MDR-TB patients in the treatment follow-up centers in Addis Ababa – Daniel Fiseha Adhana (Ethiopia)
17:40 - 17:50  Factors associated with case notification of smear-positive TB in Southern Nations, nationalities and Peoples’ Region – Tarekogn Solomon (Ethiopia)
17:50 - 18:00  Building sustainable capacity for operational research, lessons learnt and the way forward – Eveline Klinkenberg (Ethiopia)
18:00 - 18:30  Roundtable discussing the best approach to build OR capacity
Responding to MDR-TB from the ground up: case studies on community-driven solutions

**DESCRIPTION**
This session showcases creative, effective and low-cost solutions to improving MDR-TB treatment outcomes. Experience shows supporting people on treatment at the one-on-one level improves treatment success rates. This session highlights models that can be easily replicated: collaborating with religious groups and traditional medicine in China; building pharmacist and rural healthcare provider capacity as community support in India; developing a sustainable approach for groups at greatest risk of loss to follow-up in Russia; strengthening the support web by partnering with government in South Africa; and tipping the scales on treatment outcomes through small investments in social support.

**OBJECTIVES**
- To illustrate concrete examples of models which address MDR-TB in a variety of community-based settings
- To share implementation of lessons learnt
- To enhance MDR-TB care and outcomes through community-based approaches

**PRESENTATIONS**
17:00 - 17:05 Welcome – Evan Lee (Switzerland)
17:05 - 17:10 Setting the stage: the need for community-based solutions in addressing MDR-TB – Eliud Wandwalo (Switzerland)
17:10 - 17:20 Strengthening community engagement: working with religious groups, media and all traditional hospital in China – Yongcheng Ma (China)
17:20 - 17:30 Tapping into a cadre of community-based pharmacists and rural health care providers to tip the scales in India – Vikas Panibatla (India)
17:30 - 17:40 Replicating the Sputnik model to reach groups at greatest risk in Russia – Salmaan Keshavjee (USA)
17:40 - 17:50 Connecting community with follow up in the Eastern Cape, South Africa: clinics, homes, schools and prisons – Mike Brunt (South Africa)
17:50 - 18:00 Improving adherence one individual at a time: lessons from the Red Cross approach – Lasha Goguadze (Switzerland)
18:00 - 18:30 Panel discussion
**Union Administrative Meetings**

**Scientific Programme Committee**  
(CCSA: sub-group 2)  
18:30-20:30 • Room M211/212  
**Attendees:** CCSA Chair, Programme Secretaries, Civil Society representative and Institute representative

**Union Region Meetings**

**Attendees:** 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.

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<td>Africa</td>
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**Inter-Regional Meeting**

12:45-14:00 • Rooms 127/128  
**Attendees:** Region officers, Union Regional & Country Office Directors, Bureau and Institute representatives

The Inter-regional meeting is held annually during the World Conference to bring together Union members from every region and representatives from The Union offices around the world to share ideas and best practice.

**Union Sub-section Meetings**

**Attendees:** All members

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.

The Zoonotic TB sub-section will meet on Saturday, 1 November 2014 from 15:00 to 16:00 in Room 122/123.

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Union Scientific Section Meetings

ATTENDEES: All members

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

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Side Meeting

Tuberculosis Infection Control Consultation:
What Are High Burden Countries Doing and How Can These Efforts be Strengthened?

17:30-20:30 • Room 122/123 • Meeting open to all delegates

Please join us and share your wealth of experience to help strengthen TB infection control around the world. Working together, learning from each other, we will make a difference!

SPONSORED BY:
Centers for Disease Control and Prevention, World Health Organization, and International Union Against Tuberculosis and Lung Disease

TARGET AUDIENCE:
Health professionals, policy makers, and program implementers involved in TB infection control

CONTACT:
Susan A. Maloney, MD, MHS; Global TB Coordinator, Office of the Director, Center for Global Health, US Centers for Disease Control and Prevention, szm7@cdc.gov

DESCRIPTION:
This facilitated TB IC consultation will engage the panel, composed of country representatives and TB IC experts, and the audience in a discussion on the best TBIC practices currently being implemented in-country, the TB IC tools currently being used and available for adaptation, and the best practices in scaling-up TBIC activities, including healthcare worker surveillance. A summary report from this consultation will be prepared and provided to the sponsors and other governmental entities involved in global TB prevention and control.

BACKGROUND:
TB infection control (TBIC) is an important but neglected aspect of TB prevention, diagnosis and treatment. Absence of effective TBIC has led to outbreaks of drug-susceptible and drug-resistant TB in inpatient and outpatient settings causing unnecessary and preventable morbidity and mortality among patients and health care workers (HCWs). HCWs are exposed to TB in their work place settings and have a higher incidence of TB than the general population. HIV infected individuals are more vulnerable to TB when their cellular immune systems decline, both because they reactivate latent TB and because they progress rapidly from infection to disease when exposed. The nosocomial transmission of multi-drug resistant (MDR) and extensively drug resistant (XDR) TB among persons ill with AIDS in hospitals and congregate settings has resulted in extremely high case fatality rates.
SATURDAY, 1 NOVEMBER
General Assembly 2014  08:00-09:00  • Room 111

All members are encouraged to participate and cast their votes to help shape The Union’s future!

The General Assembly is the annual meeting of all Union members to review the past year and plans for the coming one, elect new Board members and officers, and conduct other business.

Highlights this year will be the presentation of The Union Medal – The Union’s highest honour awarded to a member for outstanding contributions to TB control or lung health – and the appointment of new Honorary Members. Finally, the winners of the annual Christmas Seal Contest will be announced.

Closing Ceremony and Reception  16:15-18:30  • Room 112

The Closing Ceremony on Saturday, 1 November 2014 from 16:15 to 17:15 includes a rapporteur’s session on the scientific highlights of the week. This event also honours all those who have given their time and support in 2014, in particular the members of the Scientific Programme Committee, whose collaboration and commitment are so essential to involvement in the organisation of the conference and the scientific programme.

This session is followed by a reception from 17:15 to 18:30 in the conference centre.
Panel discussion:
Community driven solutions: present perspectives and future vision

MODERATORS: Hara Mihalea (Cambodia), D’Arcy Richardson (USA)

SPEAKERS: Patrick Nsimba Mata (Democratic Republic of Congo), Edith Garba (Nigeria), Mesake Navugona (Fiji), Oleksandr Kulchenko (Ukraine)

Patrick Nsimba Mata, TB advocate, Deputy National Secretary and Project Coordinator for Club des Amis Damien (Democratic Republic of Congo)

Patrick Nsimba Mata is a former TB patient from the DR Congo, who has been an activist in the fight against TB since 2001. He joined the Club des Amis Damien (CAD) where he took on the role of referring possible TB patients, offering psychosocial support to critically ill patients and providing information to communities. Formerly trained as a mathematician and physicist, he has since completed undergraduate and graduate degrees in international relations. Through this advocacy work, he has also received extensive training in areas from HIV testing and counselling to computer skills. In 2013, he participated in the external review of the National TB Control Programme. He is the Deputy National Secretary and Project Coordinator for CAD and an Alternate Member of the Global Fund/DRC CCM representing TB patients.

Edith Garba, lawyer and MDR-TB survivor (Nigeria)

Edith Garba was raised in Kaduna state in northern Nigeria. She attended the Ahmadu Belo University Zaria Nigeria and Nigerian Law School and is a lawyer by profession. She successfully completed her 20-month multi-drug resistant tuberculosis (MDR-TB) treatment without any adverse effects. The testimony of her treatment success is summarised in the poem “MDR-TB Leap”. She was an active participant in the National Strategic Plan (NSP) workshop held in Nigeria in November 2013 and is currently a member of the Global Drug-Resistant Initiative (GDI).

Mesake Navugona, rugby league player at 2000 World Cup and former TB patient (Fiji)

Mesake Navugona comes from Fiji, where he is a plumber by trade and works as a Technical Officer for Fiji’s Water Authority. He has been involved with sports since he was 10 years old and has represented Fiji in soccer, rugby and rugby league. He does a great deal of voluntary work helping the young people with sports and managing the National Rugby League teams at various overseas tournaments. He is a TB survivor and advocate who helps Fiji’s young people through awareness programmes.

Oleksandr Kulchenko, Treatment Programmes Support Unit, All-Ukrainian Network of People Living with HIV (Ukraine)
### Symposia

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<td>38. Progress and lessons learnt from national TB prevalence surveys</td>
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<td>Ikushi Onozaki (Switzerland) Marina Tadolini (Italy)</td>
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<td>39. Engaging communities of special risk groups in conflict affected communities</td>
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<td>Oriol Ramis (Spain) Lucie Blok (Netherlands)</td>
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<td>40. Tuberculosis infection control and occupational TB among health care workers: a time for action</td>
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<td>Carrie Tudor (USA) Rose Pray (USA)</td>
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<td>41. Moving the next generation of TB diagnostics for drug resistance closer to patients: data sharing</td>
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<td>John Ridderhof (USA) Siva Danaviah (South Africa)</td>
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<td>42. Emerging perspectives in the treatment of paediatric MDR-TB</td>
<td>ACLH</td>
<td>Anneke Hesseling (South Africa) James Seddon (UK)</td>
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<td>43. Magic bullet? Data-driven insights on the impact of community workers on case detection and treatment outcomes</td>
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<td>Ellen H Mitchell (Netherlands)</td>
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<td>44. Zoonotic tuberculosis: a global socio-economic problem</td>
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<td>Thomas Mohr (Kazakhstan) Jenniffer Dietrich (Switzerland)</td>
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<td>46. Innovative solutions in surveillance of drug-resistant TB: from phenotypic to molecular testing</td>
<td>TB/Bact.</td>
<td>Ananta Nanoo (South Africa) Alaine Umubyeyi Nyaruhirira (South Africa)</td>
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<td>47. Engaging communities in the fight against TB and HIV</td>
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<td>Mandy Slutsker (USA) Alisha Smith-arthur (USA)</td>
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<td>48. Multi-faceted regional response to tuberculosis in the mining sector in Southern Africa</td>
<td>TB</td>
<td>Okore Okorafor (South Africa) M. Thulani Mbatha (South Africa)</td>
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<td>49. Developing a roadmap for integration of TB-HIV activities in maternal and child health settings</td>
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<td>Surbhi Modi (USA) Anna Mandalakas (USA)</td>
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<td>50. Enhancing TB control with structural interventions: from incentives and enablers to social protection</td>
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<td>Ernesto Jaramillo (Switzerland) Md. Ashaque Husain (Bangladesh)</td>
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<td>51. COPD: diagnostic and therapeutic challenges in developing countries</td>
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<td>Jean-William Fitting (Switzerland)</td>
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<td>52. Reaching the unreachd through new civil society initiatives integrating community-based TB activities</td>
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<td>Petra Stankard (USA) Thomas Joseph (India)</td>
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<td>53. Non-communicable diseases and tobacco control</td>
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<td>03. TB in children: MDR and training</td>
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<td>James Seddon (UK)</td>
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<td>45. TB in children: epidemiology</td>
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<td>Simon Schaaf (South Africa)</td>
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<td>46. Clinical trials: drugs and vaccines</td>
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<td>47. TB molecular epidemiology: from laboratory diversity to outbreak</td>
<td>TB/Bact.</td>
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<td>48. Molecular detection of TB and drug resistance - II</td>
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<td>49. Factors affecting access and health seeking behaviour</td>
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<td>Asma El Sony (Sudan)</td>
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<td>50. Treatment, management and diagnosis: a potpourri of TB and HIV issues</td>
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<td>Colleen Daniels (USA)</td>
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<td>51. The gamut of training: from patients to professionals</td>
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<td>52. TB case finding: if you look for it, you will find it</td>
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<td>Patrick Nsimba Mata (DRC)</td>
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<td>53. Case finding/LTBI: adults and children</td>
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<td>Beate Kampman (UK)</td>
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<td>55. TB spatial epidemiology in high-burden settings</td>
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<td>Arnaud Trébucq (France)</td>
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<td>56. TB relapses, recurrence and retreatment</td>
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<td>Akira Shimouchi (Japan)</td>
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<td>57. TB control</td>
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<td>Roberto Assael (Mexico)</td>
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<td>58. MDR-/XDR-TB management: new approaches</td>
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<td>Hans L Rieder (Switzerland)</td>
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<td>61. TB information systems: evaluating treatment outcomes</td>
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<td>Abbas Zezai (Namibia)</td>
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<td>Ghislain Koura (France)</td>
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UNIVERSITY OF AMERICA
The 19th Conference of The Union North America Region
26-28 February 2015
Vancouver Wall Centre, Vancouver, BC (Canada)
Conference theme: Stronger together: stopping TB, from laboratory to clinic
Conference website: www.bc.lung.ca/association_and_services/union.html

EGYPT
The 28th Conference of The Union Middle East Region
24-27 March 2015
Cairo, Egypt

AUSTRALIA
The 5th Conference of The Union Asia-Pacific Region
31 August-2 September 2015
Hilton Sydney Hotel, Sydney, Australia
Conference theme: Reducing the Burden of TB and Lung Disease by Increasing and Expanding Regional Partnerships
Conference website: www.aprunion2015.com

SOUTH AFRICA
The 46th Union World Conference on Lung Health
2-6 December 2015
Cape Town International Convention Centre
Cape Town, South Africa
Conference theme: A New Agenda: Lung Health Beyond 2015
Conference website: www.worldlunghealth.org

Please note: A Union Africa Region Conference is also being planned. Location and dates to be confirmed.

2016 Union Region Conferences are in the planning stages for:
Europe (TBD)
Latin America (TBD)
North America (USA)
Southeast Asia (Nepal)
Please visit www.theunion.org for details as they are announced over the coming year.
MEET THE EXPERTS SESSIONS

The experts will meet with small groups of participants to discuss, face to face, the challenges and opportunities presented by working to promote lung health. These sessions are free of charge for registered participants only. The number of persons attending each session should not exceed 30. Registration for the ‘Meet the expert’ sessions is available on-site at the conference registration desk. Participation will be on a first-come, first-served basis.

1A. Short course treatment for MDR-TB 08:00-09:00 • Room 114

Valérie Schwobesel (France), Arnaud Trébucq (France)

The current 20-month internationally recommended treatment for MDR-TB is very disappointing with success rates around 60%, and very expensive. In Bangladesh, Van Deun et al. have shown that it was possible to cure MDR-TB with almost no relapse and no failure in 9 months. Following this example, 9 countries in Sub-Saharan Africa are participating in a study on this regimen coordinated by The Union. A lot of other countries all over the world are willing to test this short-course regimen. Reasons and constraints to implement this regimen will be discussed.

1B. Measuring the impact of diagnostic testing 08:00-09:00 • Room 115

Gavin Churchyard (USA)

There are many studies that have evaluated the performance of diagnostic tests but very few that have evaluated patient, programme and population level impact of TB diagnostics. In this session we will review the pipeline of new TB diagnostics, the need for evaluating the impact of new TB diagnostics, and the pros and cons of various approaches to evaluating the impact of new diagnostics.

2. WHO guidelines on LTBI management: challenges and opportunities 08:00-09:00 • Room 116

Alberto Matteelli (Switzerland)

Latent tuberculosis infection (LTBI) affects about one-third of the world’s population, of which 10% will develop active TB disease in their lifetime. Systematic testing and treatment of LTBI in at-risk populations is a critical component of WHO’s eight-point framework adapted from the post-2015 Global TB Strategy to target pre-elimination and, ultimately, elimination in low incidence countries. Recognizing the importance of expanding the response to LTBI, in 2014 WHO developed Guidelines on the Management of Latent Tuberculosis Infection. In this session, opportunities and challenges of guidelines implementation will be discussed.

3. MDR-TB treatment in children 08:00-09:00 • Room 118/119

Simon Schaaf (South Africa)

There is a worldwide increase in awareness of drug-resistant tuberculosis in children. Although the diagnosis remains a challenge, new genotypic diagnostic tests have made confirmation of drug resistance more feasible compared with phenotypic (culture) testing, but the interpretation of these new tests have their own challenges. Treatment with second-line drugs is effective, but the challenge now is optimising dosages and treatment regimens for children.

4. Indoor air pollution and tuberculosis 08:00-09:00 • Room 120/121

Chen-Yuan Chiang (Taiwan), Hsien-Ho Lin (Taiwan)

The estimated population attributable fraction of indoor air pollution for tuberculosis (TB) in 22 high TB burden countries was substantial (26.2%), implying that reducing exposure to combustion of solid fuels may have considerable impact in global TB control. However, a recent systemic review and meta-analysis reported that the level of evidence for the association between domestic use of solid fuels and TB was very low. High-quality studies are badly needed to clarify this association and to estimate the magnitude of the problem.

5. E-cigarettes: existence of evidence? 08:00-09:00 • Room 122/123

Ehsan Latif (UK), Myra Wisotzky (USA)

The session will discuss the various challenges posed by e-cigarettes on tobacco control efforts and its relation to the discussions on Non-Communicable Disease control. The experts shall outline the efforts that need to be undertaken to ensure e-cigarettes are properly regulated and their availability monitored both by the governments and civil society.
Symposium 37 09:15-11:15 • Room 112

HIV/TB Late-breaker session

The HIV section of The Union in collaboration with the HIV department of the World Health Organization is pleased to present, at the Union World Conference on Lung Health, the HIV/TB Late-breaker session. The session will feature 6 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.

CHAIR(S)
Anand Date (USA)
Paula I Fujiwara (USA)

PRESENTATIONS
9:15-9:30 Yield of repeated screening for TB among people living with HIV in Vietnam
HIV_LB01 ES Pevzner, LH Thai, T Cowger, BD Duong, NV Nhung, DT Nhan, CK Thoa, VT Khanh, T Thin, NH Dung, NTB Yen, DV Ngoc, M McConnell, S Whitehead.
9:30-9:45 Relapse or reinfection with tuberculosis: a whole genome sequencing approach
HIV_LB02 in a large population-based cohort with high HIV prevalence and active follow-up
JA Guerra-Assunção, RMSG Houben, AC Crampin, T Mzembe, K Mallard, F Coll, P Khan, L Banda, A Chiwaya, RPA Pereira, R McNerney, J Parkhill, TG Clark, JR Glynn
9:45-10:00 The impact of routine Xpert MTB/RIF on the diagnosis of smear-negative TB among HIV-infected patients in Uganda
HIV_LB03 S Hermans, J Babirye, O Mbabazi, F Kakooza, B Cole bunders, C Sekagya, R Parkes-Ratanshi, Y Manobe
10:00-10:15 Systematic investigation for tuberculosis in HIV-infected patients on the first day of admission to a South African hospital: incremental diagnostic yield, accuracy and prognostic value of a urine LAM lateral-flow assay
HIV_LB04 SD Lawn, AD Kerkhoff, R Burton, M Vogt, P Pohlmann, MP Nicol, G Meintjes
10:15-10:30 Serum biomarkers for the early detection of tuberculosis in HIV-1 infected adults
10:30-10:45 Successful Private-Public Partnership to harness strengths of institutions for better care of patients with TB-HIV in a resource-limited country
HIV_LB06 R Berba, C Abad, M Alejandria, R Destura, MA Lansang, MF Tayzon, MC Saniel
10:45-11:15 Discussion

Symposium 38 09:15:15 • Room 117

Progress and lessons learnt from national TB prevalence surveys

SECTION Tuberculosis
COORDINATOR(S) Ikushi Onozaki (Switzerland)
Marina Tadolini (Italy)
CHAIR(S) Jaap Broekmans (Netherlands)
Emily Bloss (USA)
TARGET AUDIENCE TB programme managers, TB programme staff, public health specialists, epidemiologists, TB researchers, policy-makers and funders of TB care and control.
ORGANISED BY World Health Organization, WHO Global Task Force on TB Impact Measurement

DESCRIPTION
The Global Task Force on TB Impact Measurement’s strategy is to strengthen the measurement of the burden of TB disease. The scope of work includes the conduct of TB disease prevalence surveys in a set of global focus countries that meet epidemiological and other criteria. There has been unprecedented progress in the implementation of national TB prevalence surveys since 2008 for which a rich source of data to inform programme policy and strategy have been obtained. This symposium will describe the current progress and key lessons learnt from recent national surveys from Asia and Africa.

OBJECTIVES
• To describe the current global status of national TB prevalence surveys
• To share the latest results from recently completed national TB prevalence surveys from Africa and Asia
• To discuss the implications of survey results for national TB programmes
• To understand how survey results impact on TB burden estimation
• To discuss the introduction of new technologies for community-based surveys

PRESENTATIONS
09:15 - 09:30 Overview, progress and the current standard design of national TB prevalence surveys – Irwin Law (Australia)
09:35 - 09:50 Results from the national TB prevalence survey of Malawi – Rhoda Banda (Malawi)
09:55 - 10:10 Results from the national TB prevalence survey of Ghana – Frank Adaoe Bonsu (Ghana)
10:15 - 10:30 Results from the national TB prevalence survey of Indonesia – Dina Lolong (Indonesia)
10:35 - 10:50 How have survey results changed TB burden estimate? – Philippe Glaziou (Switzerland)
Symposium 39 09:15-11:15 • Room 113

Engaging communities of special risk groups in conflict-affected communities

**SECTION**
Tuberculosis

**COORDINATOR(S)**
Oriol Ramis (Spain)
Lucie Blok (Netherlands)

**CHAIR(S)**
Oriol Ramis (Spain)
Sushil Baral (Nepal)

**TARGET AUDIENCE**
Clinicians, NTP staff and managers, voluntary workers with experience (or interest) in TB control in conflict zones, international officials and media staff covering conflicts

**ORGANISED BY**
HLSP (Mott MacDonald Group) and KIT (Amsterdam) acting as the independent M&E agency for TBREACH

**DESCRIPTION**
During conflict situations such as war or extensive social turmoil, essential survival resources are lacking, basic services are disrupted and social and community networks are affected by fear and hatred. Specific TB affected groups, either pre-existing or created by the conflict, such as minorities, displaced, refugees or people in congregate settings, including armed personnel and factories, are even more affected. Opportunities to engage communities in TB control present specific challenges and adopt specific forms in time of conflict or immediately after.

**OBJECTIVES**
- To present results of programmes focused on engaging key TB affected populations under conflict.
- To identify lessons learned from TB activities in conflict zones while engaging high risk population.
- To enhance the understanding of how conflict and its aftermath affects the deployment of services.

**PRESENTATIONS**
- 09:15-09:30 How could TB control be organised within an open conflict? – Akmal Nasrat (Afghanistan)
- 09:35-09:50 When the problems explode. How to continue TB control? – Khurshid-Ekhoda Talukder (Bangladesh)
- 09:55-10:10 High Prevalence of TB / HIV and Rifampicin - resistant TB among military population of Eastern DRC – Emmanuel André (Congo-Democratic Rep.)
- 10:15-10:30 Challenges and opportunities of building tuberculosis control in a newly defined health system after over 20 years of civil war – Calixte Minani (South Sudan, Republic of)
- 10:35-10:50 A Step towards universal access to TB services in a tribal area – Subrata Das (India)
- 10:55-11:15 TB control in conflict affected communities: The case of Sierra Leone and Ivory Coast – Dan Kelly (Sierra Leone), Olivier Weil (France)

Symposium 40 09:15-11:15 • Room 114

Tuberculosis infection control and occupational TB among health care workers: a time for action

**SECTION**
Tuberculosis

**COORDINATOR(S)**
Carrie Tudor (USA)
Rose Pray (USA)

**CHAIR(S)**
Paul Jensen (USA)
Rose Pray (USA)

**TARGET AUDIENCE**
TB researchers, national TB programme managers, policy-makers, hospital and health facility managers, health care workers, physicians, nurses, occupational health, infection control practitioners and health educators.

**DESCRIPTION**
Since the resurgence of interest in TB infection control (IC), much has been accomplished. Partners developed a framework to measure TB among health care workers (HCWs); however HCWs continue to die from occupationally acquired TB. HCWs are at increased risk for hospital-associated acquisition of TB due to poor IC practices and the amounts of time spent with known or undiagnosed TB patients in health care facilities. This session will address the occupational risk of TB, protecting and caring for HCWs, and to present new IC tools and ways to measure implementation processes.

**OBJECTIVES**
- To highlight importance of partnerships in improving occupational health and IC in health care settings
- To promote the need for safe work environments and occupational health in resource-limited settings
- To promote the need for surveillance data on TB among HCWs
- To review barriers to implementation and ways to overcome the barriers
- To look at new and emerging tools to measure effectiveness of TB infection control

**PRESENTATIONS**
- 09:15-09:30 TB among nursing and medical students; a measure of nosocomial transmission – Richard Menzies (Canada)
- 09:35-09:50 Surveillance of TB among healthcare workers in low-resourced setting – Suzanne Verver (Netherlands)
- 09:55-10:10 Caring for the carers: Occupational health in resource-limited settings – Muzi Dlamini (Swaziland)
- 10:15-10:30 Role of unions in the protection of health care workers – Kedibone Mdolo (South Africa)
- 10:35-10:50 A pragmatic tool to measure barriers to TB infection control implementation – Masoud Dara (Denmark)
- 10:55-11:10 MDR-TB treatment in community hospice settings; infection control considerations – Virginia Lipke (USA)
Symposium 41  09:15-11:15 • Room 115

Moving the next generation of TB diagnostics for drug resistance closer to patients: data sharing

SECTION
TB Bacteriology and Immunology

COORDINATOR(S)
John Ridderhof (USA)
Siva Danaviah (South Africa)

CHAIR(S)
Daniela M Cirillo (Italy)
Nazir Ismail (South Africa)

TARGET AUDIENCE
Molecular biologists, microbiologists, laboratory directors, clinicians, programme managers, policy-makers, and donors

DESCRIPTION
Molecular tools have the potential to increase accuracy, decrease test result turnaround time, and expand access to testing. New high-throughput sequencing technologies require immediate expansion of collaborations across all global partners to develop a unified system and provide wider access to comprehensive data. The NDWG and CPTTR are collaborating to accelerate development of new diagnostics by providing a roadmap to comprehensive and standardised genome sequence data that represent the full array of known molecular markers for drug resistance.

OBJECTIVES
- Inform on the next generation of technology for DR detection
- Inform on the process and requirements for sharing molecular sequence and phenotypic data
- Inform on new standards for quality data
- Inform on how to share and access data for diagnosis and surveillance
- Inform on how to infer molecular epidemiological information and transmission from sequence data.

PRESENTATIONS
09:15 - 09:30 Requirements for managing “big data”: a global database of DR molecular sequence data – Enrique Aviles (USA)
09:30 - 09:50 Overview/intersection of advanced molecular methods and analyses – Stefan Niemann (Germany)
09:50 - 10:10 Genotype and phenotype analysis to understand pathogen success in Mycobacterial strains – Paul Van Helden (South Africa)
10:10 - 10:30 Data standards for interoperability and sharing – Angela Starks (USA)
10:30 - 10:50 A whole genome sequencing approach to investigate the evolution of drug resistance in South Africa – Ruben Van Der Merwe (South Africa)
10:50 - 11:10 Population genomics of the M. tuberculosis complex – Sebastien Gagneux (Switzerland)

Symposium 42  09:15-11:15 • Room 116

Emerging perspectives in the treatment of paediatric MDR-TB

SECTION
Adult and Child Lung Health

COORDINATOR(S)
Anneke Hesseling (South Africa)
James Seddon (UK)

CHAIR(S)
Simon H Schaaf (South Africa)
Jennifer Furin (USA)

TARGET AUDIENCE
Intended target audience: NTP personnel, paediatric TB care providers, clinical researchers, regulatory, funders and pharma.

DESCRIPTION
MDR-TB in children is a globally emerging problem. Current regimens are long, toxic and typically require long hospital admission. Data on the optimal use of 2nd line drugs and novel treatment strategies are urgently needed for children. This symposium aims to address practical aspects of the management of children and adolescents with DR-TB from geographically diverse settings. Emerging data on the pharmacokinetics and safety of existing 2nd line drugs and novel TB drugs will be shared. Qualitative data on children’s experience of MDR-TB treatment will be presented.

OBJECTIVES
- To provide evidence on management and treatment outcomes in paediatric-MDR-TB from diverse settings
- To provide new evidence on the optimal use of existing second-line TB drugs in children with MDR-TB
- To share early experiences in the clinical evaluation of novel TB drugs in children with MDR-TB
- To provide data on the psychosocial impact of MDR-TB in children

PRESENTATIONS
09:15 - 09:30 Patient and caregiver perspectives of MDR-TB treatment in children – Caroline Franck (Canada)
09:30 - 09:50 Treatment outcomes in children with paediatric MDR-TB in Georgia – Medea Gegia (Georgia)
09:50 - 10:10 Experiences in treating children with MDR-TB in India – Sangeeta Sharma (India)
10:10 - 10:35 Emerging data on the pharmacokinetics and safety of second-line TB drugs in children: Moxifloxacin vs. Ofloxacin and Amikacin – Stephanie Thee (Germany)
10:35 - 10:55 Early experiences in the evaluation of a novel TB drug in children – Jeffrey Hafkin (USA)
11:00 - 11:15 Discussion
**Symposium 43** 09:15-11:15 • Room 118/119

**Magic bullet? Data-driven insights on the impact of community workers on case detection and treatment outcomes**

**SECTION**
Nurses & Allied Professionals (TB, HIV, Tobacco and Lung Health)

**COORDINATOR**
Ellen H Mitchell (Netherlands)

**CHAIR(S)**
Kate MacIntyre (Kenya) Charlotte Colvin (USA)

**TARGET AUDIENCE**
TB programme staff, donors, technical agencies, activists and civil society.

**DESCRIPTION**
Community workers are often invoked as a solution to expand the reach of cash-strapped TB programmes world-wide. In the age of active case finding, armies of volunteers, minimally remunerated community activists and village liaisons are being trained in a wide range of tasks. The resources invested in scaling-up CBDOTs are significant, but discerning the results has been more challenging. This session delves into the yield from 7 different programmes and offers powerful insights into what does and doesn't work.

**OBJECTIVES**
- To invite critical reflection on the effectiveness of volunteers and community outreach workers
- To report on rigorously conducted evaluations in 4 countries
- To understand the methodological challenges to disentangling attribution
- To learn best practices for unpacking the added-value (if any) of community workers

**PRESENTATIONS**

- **09:15-09:40** Assessment of cost-effectiveness of community-based TB care in Namibia – Kelsey Vaughan (Netherlands)
- **09:45-10:05** Time trend analysis of the impact of CB DOTS on case detection in Mozambique 2009-2013 – Dario Sacur (Mozambique)
- **10:10-10:30** Comparison of the effectiveness of Global Fund, TB REACH and TBCARE community volunteer models for boosting case detection in Nigeria – Olusola Adejumo (Nigeria), Onuka Okorie (Nigeria)
- **10:35-10:50** Methodological challenges in measuring the impact of community volunteers and extension workers on case detection – Ellen H Mitchell (Netherlands)
- **10:55-11:15** Results of an RCT to boost the effectiveness of CDOTS watchers referral and case detection in Cambodia – Jamhoih Tonsing (Cambodia)

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**Symposium 44** 09:15-11:15 • Room 120/121

**Zoonotic tuberculosis: a global socio-economic problem**

**SECTION**
Tuberculosis/Zoonotic TB

**COORDINATOR**
Adrian Mwonge (UK)

**CHAIR**
Francisco Olea-Popelka (USA)

**TARGET AUDIENCE**
Physicians, nurses, microbiologists, epidemiologists, public health specialists, pneumologists, veterinarians, professors of human and veterinary medicine, policy-makers, civil society organisations and donors.

**DESCRIPTION**
The available evidence suggest that other members of the *Mycobacterium tuberculosis* complex (different than M. tb) including M. bovis (the causal agent of bovine TB), M. caprae, M. microti, M. africanum, and also non-tuberculous mycobacterias are significantly under-represented as causal agents of extra-pulmonary and pulmonary TB diagnoses among humans, especially in rural regions at the ‘human-animal’ interface. This symposium will discuss the socio-economic impact of zoonotic TB and the different approaches from various countries to address the challenges posed by this disease.

**OBJECTIVES**
- To discuss the socio-economic impact of zoonotic tuberculosis
- To create awareness of zoonotic tuberculosis and its impact to public health
- To discuss different approaches to address the challenges posed by zoonotic tuberculosis
- To present the progress in tuberculosis diagnostics and vaccine development

**PRESENTATIONS**

- **09:15-09:30** Prevalence of multidrug-resistant Mycobacterium bovis in bovines of eastern India: an emerging threat to human health. – Premanshu Dandapat (India)
- **09:30-09:45** Diagnostics challenges of Mycobacterium tuberculosis complex in Cameroon. – Franklyn Egbe (Cameroon)
- **09:45-10:00** A one health approach to controlling Zoonotic TB: the Michigan (USA) experience – John B Kaneene (USA)
- **10:00-10:15** Combining human and veterinary medicine expertise for the development of human and cattle TB vaccines – TBC
- **10:15-10:30** Socio-economic impact of bovine tuberculosis in Ireland – James O’Keefe (Ireland)
- **10:30-10:45** Prevalence of bovine TB and milk handling practices of different cattle rearing populations in Cameroun: The potential public health roles – Robert Kelly (UK)
- **10:45-11:00** The transmission, control and politics of bovine tuberculosis in Great Britain – Ellen Pollock (UK)
- **11:00-11:15** Infection of great apes and a zoo keeper with the same Mycobacterium tuberculosis spoligotype – OW Akkerman (Netherlands)
**Symposium 45  09:15-11:15  •  Room 122/123**

**Partnerships: working for community-driven impact to ensure quality care for persons affected by TB**

**SECTION**  
Civil Society

**COORDINATOR(S)**  
Thomas Mohr (Kazakhstan)  
Jennifer Dietrich (Switzerland)

**CHAIR(S)**  
Jamila Ismoilova (Tajikistan)  
Mayowa Joel (Nigeria)

**TARGET AUDIENCE**  
People affected by TB, community and global advocates, activists, NTP staff, civil society organisations (NGOs, CBOs, and FBOs), donor agencies, health care professionals, policy-makers.

**DESCRIPTION**  
This symposium highlights the vital role of TB activists, community networks/coalitions, and community driven strategies to bring about policy change and to engage communities including patients, family members and civil society organisations to help reduce the burden of TB, MDR-TB and TB-HIV. Presenters will share initiatives and strategies that have amplified TB efforts at global, regional and national levels and help identify, reduce and remove barriers to timely detection and to improve access to comprehensive services, ensuring adherence and treatment completion.

**OBJECTIVES**  
- To promote discussion, exchange experience, and highlight best practices of different strategic coalitions.
- To highlight community approaches that reduce barriers to detection, diagnosis & treatment.

**PRESENTATIONS**  
09:15-09:30  Global Coalition of TB Activists: uniting all networks and coalitions for concerted action – Blessina Kumar (India)

09:35-09:50  Francophone Forum Against TB: Focus on Francophone countries in Africa – Alain Patric Ledoux Fogue Dzutue (Cameroon)

09:55-10:10  Community systems strengthening: why is it important and how can it be applied to networks and coalitions? – TBC

10:15-10:35  Building better frameworks for community engagement: Developing national strategies and guidelines in Central Asia – Jamila Ismoilova (Tajikistan)

10:40-10:55  Involving NGOs in community-based MDR-TB treatment support in Tajikistan – Farangiz Mirzoeva (Tajikistan)

11:00-11:15  The cornerstone to improve TB control: involving community volunteers and community HIV support groups in Malawi – Rodrick Nalikungwi (Malawi)

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**Symposium 46  14:00-16:00  •  Room 112**

**Innovative solutions in surveillance of drug-resistant TB: from phenotypic to molecular testing**

**SECTION**  
TB Bacteriology and Immunology

**COORDINATOR(S)**  
Ananta Nanoo (South Africa)  
Alaine Umubyeyi Nyaruhirira (South Africa)

**CHAIR(S)**  
Ibrahim Abubakar (UK)

**TARGET AUDIENCE**  
Government health programme and health policy staff, epidemiologists, laboratory experts and academic researchers with interests in surveillance of drug resistance in TB.

**DESCRIPTION**  
Drug-resistant tuberculosis (DR-TB) is a major global health care problem. Understanding the burden is essential to the success of control programmes, especially with the advent of new molecular technologies which allow faster patient diagnosis and more frequent monitoring of DR-TB. This symposium will discuss performance of molecular approaches to the diagnosis of DR-TB and their applications in surveillance of DR-TB. Testing for resistance to fluoroquinolones and pyrazinamide and the role of routine surveillance vs surveys will also be discussed.

**OBJECTIVES**  
- To present data from settings using different molecular technologies to identify drug resistance
- To share results of a surveillance project to assess pyrazinamide and fluoroquinolone resistance
- To demonstrate how sequencing technologies can be used for surveillance of drug resistance in TB
- To critically appraise the use of surveys versus routine surveillance for DR-TB control programmes

**PRESENTATIONS**  
14:00-14:15  Resistance to pyrazinamide and fluoroquinolones: results from a multi-country surveillance project – Matteo Zignol (Switzerland)

14:20-14:35  Surveillance of drug resistance in Central Asia – Marija Joncevska (USA)

14:40-14:55  Whole genome sequencing for drug resistance surveillance: experience from a large scale drug resistance survey in South Africa – Nazir Ismail (South Africa)

15:00-15:15  From facility to finding drug resistance mutations, the drug resistance survey in Nigeria – Victor Sebastian (Nigeria)

15:20-15:35  Xpert MTB/RIF as a screening tool in the national drug resistance survey of Pakistan – Sabira Tahseen (Pakistan)

15:40-16:00  Discussion
**Symposium 47** 14:00 - 16:00 • Room 117

**Engaging communities in the fight against TB and HIV**

**SECTION**
Civil Society

**COORDINATOR(S)**
Mandy Slutsker (USA)
Alisha Smith-Arthur (USA)

**CHAIR(S)**
Evaline Kibuchi Wanjiru (Kenya)
Robert Makombe (Malawi)

**TARGET AUDIENCE**
National TB programme staff, policy-makers, civil society organisations, donors, and health care professionals, national and international partners.

**DESCRIPTION**
Community engagement is a critical component in reducing stigma, raising awareness, and facilitating access to services for TB and HIV. This symposium will unite national TB programmes, researchers, and civil society to identify effective community-driven strategies to fight TB and HIV at local, national, and international levels. The presentations will highlight lessons being learned from innovative models to engage new community actors in TB control efforts, with an emphasis on reaching populations with inadequate access to TB services.

**OBJECTIVES**
- Share community participation in TB control in limited resources settings and hard to reach populations.
- Highlight key components and complexity of community involvement in TB control in targeted environments.
- To learn about best practices for building coalitions to fight TB and HIV at both local and global levels.
- To bring together civil society, government, and researchers to address opportunities for collaboration.

**PRESENTATIONS**
- 14:00 - 14:15 Involvement of workers’ unions to augment TB control efforts in Swaziland – Samson Haumba (Swaziland)
- 14:20 - 14:35 Effective TB services for remote and hard-to-reach populations in Botswana – Laura Martindale (Botswana)
- 14:40 - 14:55 The experience of the Small Grants Programme for NGOs in South Africa – Ntombenhle Sigwebela (South Africa)
- 15:00 - 15:15 Empowering communities in the clinical trial process: the TB Alliance model – Stephanie Seidel (USA)
- 15:20 - 15:35 Engaging policy-makers and communities through North/South collaboration: MP delegation to Benin – Francesca Belli (France)
- 15:40 - 16:00 Discussion

**Symposium 48** 14:00 - 16:00 • Room 111

**Multi-faceted regional response to tuberculosis in the mining sector in Southern Africa**

**SECTION**
Tuberculosis

**COORDINATOR(S)**
Okore Okorafor (South Africa)
M. Thulani Mbatha (South Africa)

**CHAIR(S)**
Patrick L. Osewe (South Africa)
Yogapragasen Pillay (South Africa)

**TARGET AUDIENCE**
Policy-makers, health planners, mining and other private sector companies, civil society, development partners, and academics

**DESCRIPTION**
This symposium provides lessons from an initiative driven by governments in South Africa, Lesotho, Mozambique, and Swaziland to develop a regional multi-sector approach to addressing the 100 year-old TB challenge associated with the mining industry. Lifestyle, environmental and occupational factors elevate mineworkers’ risks of contracting TB. Incidence rate of TB among mineworkers is 10 times the threshold for a TB emergency. Migration of mineworkers across provincial and national borders extends this elevated risk of TB to communities around the mines and those from labor sending areas.

**OBJECTIVES**
- Share estimates of costs/ benefits of comprehensively addressing TB in mines and affected communities
- Share lessons learnt and key issues around harmonising TB management in the four countries
- Share lessons in managing “cross-border” challenges of TB in Southern Africa
- Share experience of community-centered approach to sharing profits from mining to alleviate poverty
- Lessons learnt from innovative approaches meet health service needs of TB patients in communities

**PRESENTATIONS**
- 14:00 - 14:15 Economic impact of a comprehensive TB intervention in mines, mining communities and labor sending areas – Okore Okorafor (South Africa)
- 14:20 - 14:40 Harmonisation of TB management in Southern Africa – Ivan Manhiça (Mozambique)
- 14:45 - 15:00 Public-private partnership in managing TB – Barry Kistnasamy (South Africa)
- 15:05 - 15:20 Strategies for meeting service delivery needs of TB patients in Southern African communities – Patrick L. Osewe (South Africa)
- 15:25 - 15:45 Managing the cross-border challenges of TB in Southern African communities – Refiloe Matji (South Africa), Themba Dlamini (Swaziland)
- 15:50 - 16:00 Discussion
### Symposium 49  14:00-16:00  •  Room 113

**Developing a roadmap for integration of TB-HIV activities in maternal and child health settings**

<table>
<thead>
<tr>
<th>SECTION</th>
<th>HIV</th>
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<tbody>
<tr>
<td><strong>COORDINATOR(S)</strong></td>
<td>Surbhi Modi (USA) Anna Mandalakas (USA)</td>
</tr>
<tr>
<td><strong>CHAIR(S)</strong></td>
<td>Imita Gupta (USA) Anna Mandalakas (USA)</td>
</tr>
<tr>
<td><strong>TARGET AUDIENCE</strong></td>
<td>Health policy-makers; public health researchers; managers of national TB and HIV programmes and other public health officials; clinical staff caring for women and children in TB clinics, ANC/PMTCT clinics, paediatric HIV clinics, and other MCH clinics.</td>
</tr>
</tbody>
</table>

**DESCRIPTION**

TB is a leading cause of death for women worldwide in their childbearing years. Maternal TB leads to poor outcome for the mother and child, especially when the mother is infected with HIV. Intensified case finding, isoniazid preventive therapy, and infection control (“3 Is”) are the cornerstones of TB/HIV collaborative activities, but have not been systematically integrated into maternal and child health (MCH) settings. This session will summarise the epidemiology, importance, strategies, current practice and challenges to integrating TB-HIV services in MCH settings.

**OBJECTIVES**

- To review the epidemiology and current knowledge about TB-HIV in women and children
- To describe the need for integration of TB screening, care and prevention into routine MCH services
- To discuss strategies for TB intensified case-finding and isoniazid preventive therapy in MCH settings
- To describe effective TB infection control measures in MCH settings
- To identify gaps in services and highlight operational research needs for TB/HIV integration in MCH settings

**PRESENTATIONS**

| 14:00-14:15 | Reviewing the need for integration of TB-HIV services in MCH settings – Annabel Boddeley (Switzerland) |
| 14:20-14:35 | Yield of TB case-finding among women receiving prevention of mother-child HIV transmission (PMTCT) services in Tanzania – Beatrice Mutoyota (Tanzania, United Rep.) |
| 14:40-14:55 | Tuberculosis in Pregnancy Study (TIPS): detecting active and latent TB in HIV-infected pregnant women in Kenya – Lisa Cramer (Kenya) |
| 15:00-15:15 | Implementing TB case finding and infection control activities for families with HIV in Lesotho – Appolinaire Tiam (Lesotho) |
| 15:20-15:35 | Defining an agenda for programme implementation and operational research for the 3is in MCH settings – Anand Date (USA) |
| 15:40-16:00 | Discussion |

### Symposium 50  14:00-16:00  •  Room 114

**Enhancing TB control with structural interventions: from incentives and enablers to social protection**

<table>
<thead>
<tr>
<th>SECTION</th>
<th>Tuberculosis</th>
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<tr>
<td><strong>COORDINATOR(S)</strong></td>
<td>Delia Boccia (UK) Alexander Golubkov (USA)</td>
</tr>
<tr>
<td><strong>CHAIR(S)</strong></td>
<td>Ernesto Jaramillo (Switzerland) Md. Ashaque Husain (Bangladesh)</td>
</tr>
<tr>
<td><strong>TARGET AUDIENCE</strong></td>
<td>Academic researchers, policy-makers, governmental and non-governmental professionals involved in organisation and delivery of outpatient M/XDR-TB services and social protection strategies, civil society and TB communities’ representatives</td>
</tr>
</tbody>
</table>

**DESCRIPTION**

Incentives, enablers and formal social protection initiatives to support TB and particularly M / XDR-TB-affected patients are becoming essential in order to improve quality of TB programs. To make them integral components of the post-2015 TB control strategy it will be essential to: 1) share best practices especially from countries experiencing high M/XDR-TB rates; 2) assess their sustainability and acceptability among affected communities; and 3) explore innovative evaluation strategies. To this scope, a wide range of experiences from Asia, Eastern Europe and Latin America will be presented.

**OBJECTIVES**

- To share best practices, impact and operational evidence from the field, including communities acceptability
- To present special projects focusing on high-risk DR-TB patients and discuss how they can be scaled-up
- To discuss the main data gaps and the need for innovative implementation and evaluation strategies

**PRESENTATIONS**

| 14:00-14:15 | The CREsIPT project: community feedback and practical challenges of conditional cash transfers for TB-affected families in Peru – Tom Wingfield (Peru) |
| 14:15-14:30 | The national monetary incentive programme for TB patients in Ecuador: community acceptance and operational aspects – TBC |
| 14:30-14:45 | Prevention of default among high risk TB/MDR-TB patients: experience from six Russian regions – Dmitry Toran (Russian Federation) |
| 14:45-15:00 | Opioid substitution therapy and TB/MDR-TB: example of daily DOT, experience of integration and motivation – Zahedul Islam (Ukraine) |
| 15:00-15:15 | Implementation of patient support programme to improve treatment adherence for MDR-TB patients in Kazakhstan – Gulnara Kaliakbarova (Kazakhstan) |
| 15:15-15:30 | Innovative evaluation strategies for the future: the potential contribution of mathematical modeling – Rein Houben (UK) |
| 15:30-15:45 | Bangladesh experience in implementation of electronic tools and cell phones for PMDT programme to improve adherence – Paul Daru (Bangladesh) |
| 15:45-16:00 | Impact of social protection on TB incidence and treatment outcomes in Brazilian municipalities: implications for the national TB control programme – Joilda Nery (Brazil) |
### Symposium 51 14:00-16:00 • Room 115

**COPD: diagnostic and therapeutic challenges in developing countries**

**SECTION**
Adult and Child Lung Health

**COORDINATOR**
Jean-William Fitting (Switzerland)

**CHAIR(S)**
Peter Burney (UK)
Nadia Alt-Khaled (Algeria)

**TARGET AUDIENCE**
Physicians, nurses, programme managers in respiratory health care, and other health care practitioners involved in managing respiratory diseases.

**DESCRIPTION**
Chronic obstructive pulmonary disease (COPD) is prevalent in low- and middle-income countries, with most patients remaining undiagnosed. This symposium will address the difficulties related to diagnosis, in particular the varying definition of COPD and the limitations inherent to low-resource settings. Therapeutic challenges include avoidance of risk factors, primarily smoking, and access to appropriate drugs. Finally, the control of chronic respiratory disease in resource-limited settings will be addressed globally.

**OBJECTIVES**
- To present propositions to improve recognition of patients with COPD
- To discuss therapeutic challenges in low- and middle-income countries
- To open new avenues to improve the global management of chronic respiratory diseases

**PRESENTATIONS**
- 14:00-14:15 Despite a high disease burden and financial cost, why does COPD continue to be so neglected? – Asma El Sony (Sudan)
- 14:20-14:35 Targeting smoking cessation in patients with chronic respiratory diseases – Tara Singh Bam (Singapore)
- 14:40-14:55 Choice of drugs for COPD patients – Jean-William Fitting (Switzerland)
- 15:00-15:15 Access to non-communicable disease essential medicines – Cécile Macé (Switzerland)
- 15:20-15:35 Control of chronic respiratory diseases in resource limited settings – Chen-Yuan Chiang (Taiwan)
- 15:40-16:00 Discussion

### Symposium 52 14:00-16:00 • Room 116

**Reaching the unreached through new civil society initiatives integrating community-based TB activities**

**SECTION**
Civil Society

**COORDINATOR(S)**
Petra Stankard (USA)
Thomas Joseph (India)

**CHAIR(S)**
Petra Stankard (USA)
Haileyesus Getahun (Switzerland)

**TARGET AUDIENCE**
TB and HIV programme staff, civil society organisations, service providers, and different agencies working on TB, HIV, or other health and development themes.

**DESCRIPTION**
1/3 of all TB cases are still not detected or reported. Communities affected by TB are often marginalised and face challenges securing TB services from facilities. The strength of NGOs is their reach, spread and ability to engage communities. Many work in areas such as MNCH, HIV, WASH and education but not on TB. Experience shows that when NTPs engage NGOs to integrate community-based TB activities into their work, TB outcomes improve. Symposium will share experiences of NGOs integrating community-based TB services into their work and recommend mechanisms for NTP-NGO collaboration.

**OBJECTIVES**
- To promote the integration of community-based TB activities into the work of NGOs and other CSOs.
- To share experiences and best practices in the integration of community TB activities into the work of NGOs.

**PRESENTATIONS**
- 14:00-14:20 Integrating community-based TB services: WHO ENGAGE-TB guidance and experience – Thomas Joseph (India)
- 14:25-14:45 Integrating TB into NGO projects: Ethiopia experience – Abera Bekela Leta (Ethiopia)
- 14:50-15:10 Integrating TB and child survival experience: PSI experience – Laeticia Lemoine (USA)
- 15:15-15:35 Reaching out to unengaged NGOs to integrate TB services: NTLK Kenya – Susan Gasheri (Kenya)
- 15:40-16:00 Discussion
We have a fair understanding of the kind of strategies (often deceitful) used by the tobacco industry to boost the sales of cigarettes. On the other hand, there is much less direct evidence that can shed some light into the nature of the promotional strategies used by the food and beverage industry and the alcohol industry. Available evidence suggests that when it comes to the promotion of their products, the food, alcohol, and tobacco industries use very similar strategies. It becomes important for public health professionals working in one of the fields to learn from others.

**OBJECTIVES**

- Facilitate the experience sharing among public health professionals from different fields of NCD prevention
- To share experiences and discuss development of regulatory measures to control industry APS

**PRESENTATIONS**

14:00 - 14:15 Regulatory instruments to restrict corporate advertising, promotion, and sponsorship and voluntary codes by the industry – **Bill Bellew (New Caledonia)**

14:20 - 14:35 Tobacco control as a risk factor is NCD debate: approaches and consequences – **Debra Efroymson (Canada)**

14:40 - 14:55 Advertising, promotion and sponsorship of NCD risk factors in relation to the NCD Summit political statement and the Millennium Development Goals – **Douglas Bettcher (Switzerland)**

15:00 - 15:15 Corporate tactics to promote products that kill: tobacco, alcohol and energy dense foods – **James Sargent (USA)**

15:20 - 15:35 Industry supported research under the framework of corporate social responsibility initiatives – **Nicholas Freudenberg (USA)**

15:40 - 16:00 Discussion
TB in children: MDR and training

Chair: James Seddon (UK) - Section: Adult & Child Lung Health

EP-125-01  Reported drug procurement patterns and formulation preferences expressed by providers caring for children with multidrug-resistant tuberculosis
J Furin, L Mckenna, C Zen Ruffinen, G Brigden (USA, Switzerland, France)

EP-126-01  Nurse-led strategies to maximise pediatric TB diagnosis and linkages to care in Swaziland
G Mietwa, R Golin, P Ustero, K Ngo, M Matshaba, A Mandalakas (Swaziland, USA)

EP-127-01  Map the gap: missing children with MDR-TB and XDR-TB
C Rodriguez, C Yuen, S Keshavjee, M Becerra (USA)

EP-128-01  Taking up the challenge of childhood TB in Nigeria: from rhetoric’s to action
A Awe, J O Obasanya, T Odusote, J Kuye, O Daniel, E Oyama, A F Omoniyi, M Gidado (Nigeria)

EP-129-01  Prevalence of TB disease and infection among child contacts of DR-TB patients in Karachi, Pakistan
F Amanullah, A Malik, F Khatoon, A Parekh, S Khowaja, A Bhurgri, A Khan (Pakistan)

EP-130-01  Improving estimates of the burden of childhood TB: diagnostic algorithms and age-disaggregated reporting
J Firth, C Lijinsky, T Arscott-mills, B Phelps, C Powell (USA, Botswana)

EP-131-01  Improvement of paediatric TB case finding after the introduction of a national TB guideline and staff training at Mwenge military RCH facility
E Chilolo, R Mwanjela, G Haverkamp, J Rwezaura, C Mwanziva, S Mweri, M Nyamkara (Tanzania, United Rep.)

K Ngo, P Ustero, R Golin, A Detjen, B Naik, B Dublin, A Mandalakas (USA, Swaziland)

EP-133-01  A simple intervention improves the reporting of hospital-diagnosed TB in children
K Du Preez, H S Schaaf, R Dunbar, H Finlayson, A A Swartz, A Hesseling (South Africa)

EP-134-01  Assessment of training to improve quality and quantity of TB screening and referral behavior of Qur’anic school teachers for residential school pupils
N Shuaib, H Tijjani, B Musa, T Bot, E H Mitchell, M Gidado, A Habib (Nigeria, Netherlands)
Potential impact of spatially targeted tuberculosis vaccine strategies in recent trends of childhood tuberculosis in regional prospective observational research for tuberculosis (anA)

Burden, risk factors and public health implications of Childhood TB in Kenya
A Brent, C Nyundo, J Langat, C Mulunda, J Wambua, E Bauni, M Levin, JAG Scott (UK, Kenya)

Evolución de la tuberculosis pediátrica 1991-2012
L Clotet, J M Pina Gutierrez, R Sala (Spain)

Special intervention increases the detection of child TB in children: epidemiology
S Naha, P Daru, Z Siddique (Bangladesh)

Tuberculosis case finding based on symptom screening among children attending health facilities in southern Nigeria
C Ogbudebe, J Chukwu, C Nwafor, A Meka, N Ekeke, D Oshi, N Madichie, J Ikebudu (Nigeria)

Childhood tuberculosis is directly linked to the smear positive tuberculosis case notification rate: results from Amhara and Oromia regions, Ethiopia
B. Girma, Z Habtamu, M Ligalem, Y. Kassie, S Negash, d Jerene, Y Haile, P Suarez (Ethiopia, USA)

Tuberculosis in children at BRAC-supported areas: a challenge in case detection
S Reza, S Islam, M Akramul Islam, K Fatema, V Begum, M Hossain, M Siddiqui, MA Husain (Bangladesh)

Urban trend and burden analysis of pediatric tuberculosis in Maharashtra, India: epidemiological trend analysis 2011-2013
O Bera, B P Pawar, S Chadha, S Nayak (India)

The epidemiological studies of tuberculosis in Latvian children
I Jansone, A Nodieve, I Ozere, R Ranka, I Pole, G Skenders (Latvia)

Recent trends of childhood tuberculosis in Scotland between 2000-2011
K Lin, L Brondi, J Stevenson, A Smith-palmer (USA)

Construction of Mycobacterium tuberculosis Antigen 85B and human Fc’1 as a Fusion Protein, to Target FcR as a delivery system for a vaccine
S Soleimanpour, M Taghiabadi, R Rezaee, H Farsiani, A Mosavat, F Sedighinia (Iran, Islamic Rep. Of)

Increasing engagement of China in tuberculosis (TB) clinical trials: China tuberculosis clinical trial consortium (CTCTC) baseline site assessment
C D Hamilton, L Li, YH Liu, Y Zhang, J Bao, R Hafner, S Xu, S Williams (USA, China)

PanACEA capacity development: developing self-sustainable clinical TB research sites in sub-Sahara Africa
A-M Mekota, T Jana, S Lakhi, A Okwera, A Alabi, E Amukoye, G Plhemar Van Balen, M Boeree (Germany, Zambia, Uganda, Netherlands)

Clinical trial with the food supplement Nyaditum resae®: a new tool to reduce the risk of developing active tuberculosis
E Montané, AM Barriocanal, AL Arellano, A Valderrama, Y Sanz, P Cardona, C Vilaplana, PJ Cardona (Spain)

Potential impact of spatially targeted tuberculosis vaccine strategies in Gujarat, India
S Shrestha, S Chatterjee, K Rao, D Dowdy (USA)

Regional prospective observational research for tuberculosis (RePORT) consortia using a common protocol to collect specimens for biomarker research
C D Hamilton, J Elmer, S Swaminathan, D Christopher, A Gupta, T Sterling, V Cavalcanti Rolla, S Stoszek (USA, India, Brazil)

Urine colorimetry to detect low rifampicin bioavailability: a proof-of-concept study
L Khensouvann, M Kutzler, P Jotam, T Gumbo, H Schlecht, G Bisson, C A Peloquin, C Vinnard (USA)

Lipid-body containing, «fat and lazy» M tuberculosis cells increase in the first two weeks of antituberculosis treatment
S Friedrich, XA Kayigire, L Van Der Merwe, A Diacon (South Africa)
**Poster Discussion Session 47**  12:45-13:45  • Poster area

**TB molecular epidemiology: from laboratory diversity to outbreak**

**Chair:** Daniela M Cirillo (Italy)  •  **Section:** Tuberculosis/Bacteriology & Immunology

**PD-1036-01**  Genetic diversity and transmission dynamic of *Mycobacterium tuberculosis* causing pulmonary- and extra-pulmonary tuberculosis in Thailand
A Chaiprasert, P Srilohasin, K Tokunaga, N Nishida, T Prammananan, Nat Smittipat, S Mahasirimongkol (Thailand)

**PD-1037-01**  Tuberculosis among foreign-born persons in Japan: whole genome sequencing analysis of *Mycobacterium tuberculosis* isolates from residents in Tokyo
N Kobayashi, M Kato, T Miyoshi-akiyama, J Takasaki, M Okada, T Kirikae (Japan)

**PD-1038-01**  Association between the rpo gene mutations and multidrug-resistant tuberculosis transmission
YM Deng, P-C Chuang, WL Huang, LC Kao, R Jou (Taiwan)

**PD-1039-01**  Isoniazid resistance-associated gene mutations and ethionamide resistance among Beijing and non-Beijing genotypes of *Mycobacterium tuberculosis*
WL Huang, LF Chen, R Jou (Taiwan)

**PD-1040-01**  Insights into the population structure of *Mycobacterium tuberculosis* using spoligotyping and RDRIo in a prison unit in south-east Brazil
MH Saad, Fe Huber, A Sanchez, S Vasconcellos, S Machado, H Gomes, B Larouzé, P Suffys (Brazil)

**PD-1041-01**  Genetic diversity of *Mycobacterium tuberculosis* isolates in Cuba, 2009–2010
Y Herrera Avila, D Lemus, C Fonseca, A Marrero Figueroa, R Diaz Rodriguez (Cuba)

**PD-1042-01**  Correlación entre el estudio genético de las mutaciones de resistencia frente ETB, AMG y FQ y elantibiograma fenotipo en M. tuberculosis complex
N Montiel Quezel-guerraz, M Martinez-lirola, P Bermudez, M Ortega, A Sanchez Porto, MC Dominguez, A Peña Monje, MT Cabezás (Spain)

**PD-1043-01**  Use of whole genome sequencing to further characterise an outbreak of extensively drug-resistant TB
B Mathema, J Brust, A Narechania, D Vapay, N Gandhi (South Africa, USA)

**PD-1044-01**  Epidemiology of multi-drug resistant *Mycobacterium tuberculosis* in South Africa: a molecular analysis of historical samples
N Maningi, L Daum, SA Worthy, JD Rodriguez, N Bapela, G Fischer, JP Chambers, PB Fourie (South Africa, USA)

**PD-1263-01**  Development of a rapid serological screening test for active tuberculosis
C Holm-Hansen1, R Hammond1, W Kinander1, TM Chi2, HT Phuong Mai2, S Yimer1,3,4, VT Trao2, and the multinational TB Rapid Test Consortium

**Poster Discussion Session 48**  12:45-13:45  • Poster area

**Molecular detection of TB and drug resistance – II**

**Chair:** Leen Rigouts (Belgium)  •  **Section:** Tuberculosis/Bacteriology & Immunology

**PD-1045-01**  Line probe assay genotype MTB-DR plus as an effective and rapid tool for the diagnosis of smear-negative tuberculosis in bronchoalveolar lavage fluid
M Irfan, F Idrees, K Jabeen, R Hasan (Pakistan)

**PD-1046-01**  Comparison of speedOligo test to Xpert MTB/RIF test for detection of tuberculosis in smear-negative HIV-infected patients
A Okeng, E Kigozi, S Walusimbi, S Kyobe (Sweden)
PD-1065-01  Impact of advocacy and social mobilization on knowledge, attitude and practice on tuberculosis in Kenya
H K Kipruto, E Klinkenberg, J Kioko, J Onteri, B Langat, J Sitienei, J Kangangi, M Maina (Kenya, Ethiopia)

PD-1066-01  Gender related barriers affecting health seeking behavior for tuberculosis treatment in Mozambique
D Sacur, N Kamp, A Tiago, S Machevo Chilundo, E Oliveras, I Manhiça (Mozambique)

PD-1067-01  How far the national media gives priority to tuberculosis control challenges as an important means of solution in TB high-burden country: India?
S Nayak, O Bera, S Chadha, R Dayal, R Pathak, A Buragohain, A Das, P Mishra (India)

**Poster Discussion Session 50**  12:45-13:45  •  Poster area

**Treatment, management and diagnosis: a potpourri of TB and HIV issues**

**Chair:** Colleen Daniels (USA)  -  **Section:** HIV

**PD-1068-01**  Factores de riesgo para rebote virológico en pacientes con coinfección TB-VIH
R Martinez, C Bueno, C Jimenez, A Valencia (Colombia)

**PD-1069-01**  The cost of TB screening in Gauteng, South Africa
N Foster, Y Hanifa, A Grant, Y Chihota, G Churchyard, K Fielding, E Sinanovic, A Vassall (South Africa, UK, Netherlands)

**PD-1070-01**  Why do presumptive TB cases refrain from HIV testing in Karnataka, India?
S Shastri, NS Vishwanath, S Managuli (India)

**PD-1071-01**  Patterns of opportunistic infections occurring in people living with HIV in south-east Nigeria
N Ekeke, A Meka, J Chukwu, C Nwafor, D. Oshi, N Madiche, C Ogbudebe (Nigeria)

**PD-1072-01**  IPT in Indonesia: better late than never
T N Dinahari, J Tanumihardja, N Sulaiman, H Agustine, Y Hartanti, T Mahatmi Nisa, R Palupi, N Babanan (Indonesia)

**PD-1073-01**  Palm fruit juice mitigates the cytotoxic and genotoxic effects of AZT and isoniazid, key drugs in the treatment of HIV and tuberculosis
A Osborne, J.A. Sanchez, W Wangh (USA)

**PD-1074-01**  Correlation of mycobacterial load with CD4 cell count in TB-HIV co-infected patients: a study based in a rural area of Swaziland
G Obregon Boltan, B Kerschberger, A Antierens, R Dela Tour (Peru)

**PD-1075-01**  Isoniazid preventive therapy among pre-ART patients in Malawi: a report on uptake and retention
Y Lo, R Fick, A Munthali, K Simon, A Dimba, M Kim, P Kazembe, S Ahmed (Malawi)

**PD-1076-01**  Predictive value of C-reactive protein in the diagnosis of tuberculosis immune reconstitution inflammatory syndrome
W O Worodria, A Kiragga, D Mazapkwe, A Muhofa, R Ssegonja, J Katusieme, Y Manabe, R Colebunders (Uganda, USA, Belgium)

**PD-1077-01**  Comparison of different screening methods on tuberculosis case finding in HIV positive population
Z Xu, Y Tan, L Bai (China)

**PD-1078-01**  Timing is everything: the value of ART, CPT AND HIV testing date variables in TB surveillance systems
E Mitchell, S Gacheri, J K Sitienei, B Langat, H K Kipruto (Netherlands, Kenya)

**PD-1079-01**  Performance characteristics of facility-based Ziehl-Neelsen sputum-smear microscopy for the diagnosis of tuberculosis among people living with HIV
J Cavanaugh, S Modi, A Okumu, H Alexander, S Musau, K Mccarthy, B Burmen, K Cain (USA, Kenya)

**Poster Discussion Session 51**  12:45-13:45  •  Poster area

**The gamut of training: from patients to professionals**

**Chair:** TBC  -  **Section:** Tuberculosis/Nurses & Allied Professionals

**PD-1080-01**  Capacity building on PMDT for eastern Africa countries: center of excellence (CoE) on PMDT in Rwanda 2010-2013
F Birungi, Y Habimana-mucyo, V Ombeka, I Leimane (Rwanda,Netherlands)

**PD-1081-01**  Trainings for nurses and paramedical personnel in MRT-TB management
D Ruzanau, A. Radionova, S. Volf, P. Krivonos, A. Budritskiy, A Zalutskaya, A. Nikolenko, V.S. Korzh Zinkevich (Belarus)
**Poster Discussion Session 52**  12:45-13:45  •  Poster area

**TB case finding: if you look for it, you will find it**

**Chair:** Patrick Nsimba Mata (DRC)  •  **Section:** Tuberculosis

**PD-1090-01**  Assessment of knowledge on tuberculosis management practices among medical interns and post-graduates in medical colleges of the Tamilnadu, India
HR Shivaramakrishna, S Anjum, D Ranganathan, R Sridar, J Arivoli (India)

**PD-1083-01**  How family-based counseling/education can impact the health of patients with tuberculosis in Armenia, 2013
N Truzyan, V Petrosyan, T Harutyunyan, B Crape (Armenia)

**PD-1084-01**  Training and involving district TB officers as soft skills trainers to overcome communication gaps between TB patients and care-providers
P Bhattacharya, V Lal, V Bal, B Samuel (India)

**PD-1085-01**  Organising of patient health education sessions for tuberculosis patients
I Felker, T Petenko, O Filipova (Russian Federation)

**PD-1086-01**  Effectiveness of training health care workers on TB-HIV management to improve TB treatment outcomes in Swaziland
N Ndwanwede, L Dlamini Mduli, C Mlambo, M Calnan, S Haumba, J Ongole (Swaziland)

**PD-1087-01**  Improvement in patient self-efficacy and recognition of high-quality sputum specimens following animated instructional video in Karachi, Pakistan
R Forse, R Hashmi, A Codlin, N Iqbal, A Habib, A Khan, T Seimon (Pakistan)

**PD-1088-01**  Building capacity of physicians/medical and health professionals on clinical, management of drug-resistant TB in India
A Trivedi, B Thapa, S Prasad, K Sagili (India, Nepal)

**PD-1089-01**  Knowledge, attitude and practice of tuberculosis management among fresh graduate doctors in Indonesia
R A Ahmad, LA Chandra, N Wilasto (Indonesia)

**PD-1090-01**  Will centralised community screening or home-based visit result in high participation rate of TB screening among general population?
TA Nguyen, G Marks, G J Fox, V N Nguyen, P T B Nguyen, P N Tran, K H Tran, S V Nguyen (Viet Nam, Australia)

**PD-1091-01**  TB case finding using mobile team in two selected peri-urban townships of Yangon region
TMM Khang, K Naing, T Lwin (Myanmar)

**PD-1092-01**  Effectiveness of active-case detection using mobile team in selected township in Myanmar
S Thein, GK Nu, H Nishiyama, N Yamada, K Okada, T Lwin (Japan, Myanmar)

**PD-1093-01**  The role of community health workers (Sun Primary Health) SPH providers in TB control programme in Ayarwaddy Region, Myanmar
P Swe, S Zarni, O Myint (Myanmar)

**PD-1094-01**  Innovative approaches for increased case finding: the role of house-to-house in TB case finding
O Onazi, M Gidado, M Onoh, J Yisa, Josh Obasanya, R Eneogu, J Kuye, S Gande (Nigeria)

**PD-1095-01**  Taking TB screening, treatment and care to the unreach miners’ settlements in Oyo state, Nigeria
O Lawal, O Oladimeji, O Eltayeb, O Daniel, A Iyiola, A Awe, J O Obasanya, T Odusote (Nigeria, Belgium)

**PD-1096-01**  Experience of BRAC in patient centered care: enhance the accessibility and intensify the TB interventions
S Islam, M Akramul Islam, S Munim, S Alam, R Amzad, M.M. Rahman (Bangladesh)

**PD-1097-01**  Improvement of TB detection rate: what is implemented by TB Reach in Côte D’Ivoire?
Y Agbassi, S Touré (Côte D’Ivoire)

**PD-1098-01**  Community interventions: can facilitation mechanisms make a difference in improving case detection?
A case study from Maharashtra in India
D Lekharu, A Kapoor, A Pathak, B Entoor Ramachandran, S Chadha (India)

**PD-1099-01**  Role of community TB-officers for screening and improve TB case finding in the community
R Pe, K Choun, S Thai, N Lorent, J Vangriensvan (Cambodia)

**PD-1100-01**  Door to door TB screening contributes to case detection and enhances TB prevention in the Nelson Mandela Bay District (NMB), Eastern Cape, South Africa
B Mpini, L Canzibe, T Dayimani (South Africa)
**Poster Discussion Session 53** 12:45-13:45  •  Poster area

**Case finding/LTBI: adults and children**

**CHAIR:** Beatie Kampmann (UK)  •  **SECTION:** Tuberculosis

**PD-1101-01** Evaluation of routine contact investigation in Ethiopia: a missed opportunity in preventing childhood TB
D Assefa Lemma, G Yosef, E Klinkenberg (Ethiopia)

**PD-1102-01** Occurrence of diseases in contact investigation tuberculosis and efficient of preventive treatment
B Kisa, N Sarimurat, S Koyman, S Sayici, S Kotan, A Babalik, Zeki Kilicaslan (Turkey)

**PD-1103-01** Household contact investigation of patients with multidrug-resistant tuberculosis in Tbilisi, Georgia
T Chakhaia, M Magee, R Kempker, M Gegia, Leil Goginashvili, Lela Tsakadze, N Dzidzikashvili, H Blumberg (Georgia, USA)

**PD-1104-01** Settlement risk of LTBI activation in employees of large TB hospital
M Zorina, I Felker, P Filimonov, T Petrenko (Russian Federation)

**PD-1105-01** The effectiveness of isoniazid preventive therapy in adolescent and adult TB contacts: a population study
P-C Chan, YH Huang, M-J Lu, P-H Lee, CB Hsu, K-F Wang, C-H Chen (Taiwan)

**PD-1106-01** Predictive value of interferon-y release assays and tuberculin skin testing in children contacts of tuberculosis cases
M N Altwet Gomez, J Dominguez, MA Jiménez, MA De Souza-galvao, C Mila, I Latorre, & Orcau Palau, JA Caylà (Spain)

**PD-1107-01** An evaluation of chest X-ray in the context of community-based screening of child tuberculosis contacts
R Triasih, C Robertson, T D Duke, S M Graham (Indonesia, Australia)

**PD-1108-01** Screening of latent tuberculosis infection among recently arrived immigrants: usefulness of tuberculin skin test and QFT-GIT
A Sánchez-mentavía, F Salvador, T Tortola, M Yuste, B Treviño, N Serre, D Pou, I Molina (Spain)

**PD-1109-01** Enhanced case detection following household contact tracing for childhood tuberculosis in The Gambia
U Egere, T Togun, A Sillah, B Ahadzie, N Heinrich, B Kampmann (Gambia, Germany, UK)

**PD-1110-01** The iAdhere Study: reasons patients declined or accepted study participation
K Chapman, A Borisov, M Engle, R Belknap, S Goldberg, D Wing, J Mangan (USA)

**PD-1111-01** Comparison between tuberculin skin test and interferon gamma release assay (IGRA) results in children: a household contact study in Vitória, Brazil
P Rodrigues, R Peres, P Silva, J Ellner, E Jones-íopez, R Dietze, R Ribeiro-rodrigues, A E Miranda (Brazil, USA)

**PD-1112-01** Identification, evaluation and monitoring of children under five years old household tuberculosis contact in 30 municipalities of Chocó, Colombia
J M Hernández, H Andrade, L Murillo, L Velasquez, M Mejia, A Gomez, J Robledo (Colombia)

**Poster Discussion Session 54** 12:45-13:45  •  Poster area

**TB in the elderly: effects and outcome**

**CHAIR:** TBC  •  **SECTION:** Tuberculosis

**PD-1113-01** Missed opportunities in treating elderly contacts with latent TB infection at the Singapore TB Control Unit
A Chua, K M Kyi Win, J Cutter, C Chee, Y T Tang (Singapore)

**PD-1114-01** Determinants of death before start of and during tuberculosis treatment among elderly patients: a population-based follow-up study in Taipei, Taiwan
Y Yen, YS Lin (Taiwan)

**PD-1115-01** Age is a key determinant for indeterminate QuantiFERON-TB Gold assay results
M Tebruegge, H de Graaf, P Sukhtankar, P Eklington, B Marshall, H Schuster
S Patel, S Faust (UK, Australia)

**PD-1116-01** Factors associated with Tuberculosis mortality among patients younger than 50 years in Taiwan, 2010-2011
P-H Lee, Y-A Lin, P-C Chan, P-W Chu, CB Hsu, K-F Wang, C-H Chen, T-H Wen (Taiwan)

**PD-1117-01** Is lower body weight at initiation of treatment more lethal for TB patients?
P Bhat, B Naik, P Nayak, B Basti, M D Suryanakanth, P Malik, A Sreenivas (India)

**PD-1118-01** Impact of advanced age on the delay and outcome of anti-tuberculous treatment: a national cohort study in Taiwan
C-H Lee, HC Lin, P-Y Lin, CW Suk, K-J Bai, J-H Chang, J-Y Wang, M-C Yu (Taiwan)
TB spatial epidemiology in high-burden settings

**CHAIR:** Arnaud Trébucq (France) - **SECTION:** Tuberculosis

- **PD-1122-01** Effectiveness of community contacts screening in addition to household contact screening to limit TB transmission in community
  - R K Fatima, E Qadeer, M Ul Haq, Yaqa Aashifa (Pakistan)

- **PD-1123-01** Spatial distribution of tuberculosis amongst indigenous population, Brazil, 2010
  - T Magalhães, A De Paula Lobo, D Chaves Kühleis, M Jacobs, V Camargo Da Costa, D Barreira (Brazil)

- **PD-1124-01** Validation of an online mapping methodology to locate village of residence of tuberculosis patients in Mombasa
  - R Deya, M Dunbar, J Wakefield, S Graham, R.S. Mcclelland (Kenya)

- **PD-1125-01** Spatial analysis of deaths distribution by tuberculosis as an associated and primary cause, Ribeirão Preto (Brazil)
  - M Yamamura, M Santos Neto, MP Popolin, MCC Garcia, ACV Ramos, J Crispim, I Fronteira, RA Arcéncio (Brazil)

- **PD-1126-01** Spatio-temporal and spatial analysis of deaths from pulmonary tuberculosis in São Luis/Maranhão, Brazil
  - MCC Garcia, M Santos Neto, M Yamamura, F Chiaravalloti Neto, MP Popolin, L B B Rodrigues, I Fronteira, R Arcenzio (Brazil)

- **PD-1127-04** Using molecular and spatial epidemiological approaches to study recent transmission of Mycobacterium tuberculosis in Shanghai, China
  - CANCELLED

- **PD-1128-01** TB map, a useful tool for outreach treatment follow up, contact tracing and local programmatic investigation: experience from Cimahi city, west Java
  - F Manan, I Tochija, R Arifin Penigoro, M Reksoprodjo, H Diatmo (Indonesia)

- **PD-1129-01** Análisis espacial de casos de tuberculosis en Juazeiro Do Norte/ CE/ Brasil, 2001-2012
  - T Figueiredo, TC Silva, M.L. Pinto, LCF Gomes, EL Silva, E Silva, M Bertolozzi, ML Pinto, TB Freire (Brazil)

- **PD-1130-01** Spatial analysis and active case finding in Guarulhos Municipality, Sao Paulo, Brazil
  - ESM Rodrigues Pires, N Matsuda De Lima, V Souza Pinto, D Arakaki Sanchez (Brazil)

**Poster Discussion Session 56**

TB relapses, recurrence and retreatment

**CHAIR:** Akira Shimouchi (Japan) - **SECTION:** Tuberculosis

- **PD-1131-01** Evaluation of recurrent tuberculous lymphadenitis
  - S M M Kamal, Md Mainunn Hasan Chowdhury, MS Hossain, MA Jalil Chawdhury, T Islam Khan, AKM Younus Jamal, A Van Deun, R Hasan (Bangladesh, Belgium)

- **PD-1132-01** Risk factors for recurrent tuberculosis of all cured cases in Israel, 1999-2011
  - Z Mor, V Zhdanov, N Bilenko (Israel)

- **PD-1133-01** High relapse rate of Cat I smear-pos cases
  - Vino Rolan, R Mehra (India)

- **PD-1134-01** Tuberculosis retreatment in northern Portugal
  - P Cecília, E Silva, O Oliveira, A Correia, A Carvalho, R Duarte (Portugal)

- **PD-1135-01** A new operational definition of intermittent adherence to tuberculosis treatment is associated with high recurrence risk
  - M Tovar, T Wingfield, R Montoya, N Becerra, B Valiente, E Ramos, T Valencia, C Evans (Peru)
Factors associated with failure to smear convert by Month 2 among Category 1 TB patients in Karachi, Pakistan
K D’Souza, A Malik, A Zaidi, M Jaswal, S Butt, S Mahroz, S Khowaja, A Codlin (Pakistan)

Detection of Chest X-ray abnormalities and tuberculosis using computer-aided detection vs interpretation by radiologists and a clinical officer
A Khan, A Zaidi, R Philipsen, S Khowaja, B Van Ginneken, A Khan, T Dossul (Pakistan)

Situation analysis of sputum smear-negative and culture-positive tuberculosis cases from Cambodian prevalence survey 2011 for further reduction of TB
S Hirao, K Okada, N Yamada, S Saint, S Peou, T E Mao (Japan, Cambodia)

Recurrence of TB among cured NSP TB patients over one year follow-up and role in amplification of resistance
M Toshniwal, S Soni, K Rade, P Malik, M Pawar, A Sreenivas (India)

Recurrent tuberculosis, relapse or reinfection after successful treatment: a retrospective cohort study
I Berggren, M Pergert, A Pennhag, I Zedenius (Sweden)

Reinfection and relapse among new smear-positive tuberculosis patients in Lima, Peru
L Otero, F Barletta, L Rigouts, C Seas, E Gotuzzo, P Van Der Stuyft (Peru, Belgium)

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**Poster Discussion Session 57** 12:45-13:45 • Poster area

**TB control**

**CHAIR:** Roberto Assael (Mexico) - **SECTION:** Tuberculosis

**PD-1142-01** Factors associated with failure to smear convert by Month 2 among Category 1 TB patients in Karachi, Pakistan
K D’Souza, A Malik, A Zaidi, M Jaswal, S Butt, S Mahroz, S Khowaja, A Codlin (Pakistan)

**PD-1137-01** Detection of Chest X-ray abnormalities and tuberculosis using computer-aided detection vs interpretation by radiologists and a clinical officer
A Khan, A Zaidi, R Philipsen, S Khowaja, B Van Ginneken, A Khan, T Dossul (Pakistan)

**PD-1138-01** Situation analysis of sputum smear-negative and culture-positive tuberculosis cases from Cambodian prevalence survey 2011 for further reduction of TB
S Hirao, K Okada, N Yamada, S Saint, S Peou, T E Mao (Japan, Cambodia)

**PD-1139-01** Recurrence of TB among cured NSP TB patients over one year follow-up and role in amplification of resistance
M Toshniwal, S Soni, K Rade, P Malik, M Pawar, A Sreenivas (India)

**PD-1140-01** Recurrent tuberculosis, relapse or reinfection after successful treatment: a retrospective cohort study
I Berggren, M Pergert, A Pennhag, I Zedenius (Sweden)

**PD-1141-01** Reinfection and relapse among new smear-positive tuberculosis patients in Lima, Peru
L Otero, F Barletta, L Rigouts, C Seas, E Gotuzzo, P Van Der Stuyft (Peru, Belgium)
MDR/XDR-TB management: new approaches

CHAIR: Hans L Rieder (Switzerland)  SECTION: Tuberculosis

PD-1154-01 Robot-assisted lobectomy for destructive pulmonary tuberculosis: first experience
P Yablonsky, G Kudriashov, A Avetisyan, I Vasilyev, S Nuraliev, O Sokolova (Russian Federation)

PD-1155-01 Culture monitoring of MDR-TB treatment for diagnosis XDR-TB in Bangladesh
MS Hossain, S M M Kamal, Dr. Wahiduzzaman Akanda, A Van Deun, MA Husain, S Sultana, M Rahman, Mr. Anir Rahman (Bangladesh, Belgium)

PD-1156-01 How much do family members of MDR-TB patients understand about Tuberculosis treatment?
S Gadala, M Arulanantham, Tomi Thomas, P Banuru Muralidhara (India)

PD-1157-01 Patients after surgery for pulmonary TB in the intensive care unit: factors associated with the duration of stay
A Yatsenko, O Soloviev, T Petrenko, P Filimonov, I Tyutlina (Russian Federation)

PD-1158-01 Characterisation of extensively drug-resistant (XDR) and totally drug-resistant (TDR) Mycobacterium tuberculosis strains in Pakistan
Z Hasan, Asho Ali, Sana Jafari, K Jabeen, R Inayat, R Hasan (Pakistan)

PD-1159-01 First case of XDR-TB cured after 10 years of illness with regimen based on Group 5 drugs and bedaquiline in a programmatic approach in Peru
D Vargas, A Mendoza, J Cabrera, A Alarcon (Peru)

PD-1160-01 Cost-effectiveness analysis of LPA-based algorithm for detection of multidrug-resistant tuberculosis in Arkhangelsk Region, Russian Federation
E Bogdanova, E V Gospodarevskaya, G Balantsev, P Eliseev, A Maryandyshev, E Nikishova, A Detjen, S Squire (Russian Federation, UK, USA)

PD-1161-01 Does diagnostic technology and travel distance reduces delays in treatment initiation of MDR-TB patients in India?
M Toshniwal, Jaya Toshniwal, D Deshmukh, P Malik, V Sahasrabhojaney, S Soni, S P Patil, A Sreenivas (India)

PD-1162-01 Review of the Indonesia programmatic management of drug-resistant tuberculosis, 2009-2014
S Laksono, DE Mustikawati, T N Dinihari, E Lukitosari, M Akhtar (Indonesia, Nepal)

PD-1163-01 Antiretroviral therapy in patients diagnosed with rifampicin resistance in an observational study, South Africa
Y Voss De Lima, L Scott, P Da Silva, M Patel, C Hayes, W Stevens, T Wojno, A Van Rie (South Africa, USA)

PD-1164-01 Video observed therapy: a qualitative study of MDR-TB patient perspectives
J Hall, P Windish, Y Appleby, A Story, S Hemming, L Possas (UK)

MDR-TB: epidemiology

CHAIR: Peter Davies (UK)  SECTION: Tuberculosis

PD-1165-01 First national survey of anti-tuberculosis drug resistance in Azerbaijan
I Akhundova, N. Alxanov, M Seyfaddinov, E Mammedbekov, N Aliyeva (Azerbaijan)

PD-1166-01 The particularity of M. tuberculosis strains circulating in the penitentiary system of Kazakhstan
A Ibrayeva, A Alenov, U Kozhamkulov, D Raimbek, E Zholdybayeva, T Abildaev (Kazakhstan)

PD-1167-01 Quality of life with patients with MDR-TB and effectiveness of its treatment
D Ruzanau, M. Uranova, A. Khailiaukin, I. Buynevich, A. Demidova (Belarus)

PD-1168-01 Prevalence of multi-drug resistant tuberculosis among suspects of different categories in Uttar Pradesh
A Jain, U Singh, PK Singh, P Dixit, G Chooramani (India)

PD-1169-01 Perceptions, behaviour and experience of patients and practitioners in Karakalpakstan on the use of tuberculosis medication: a qualitative study
B Stringer, K Lowton, P Du Cros, E Harker, D Ulmasova, NN Parpieva, N Sergeeva, M Tillyashaykov (UK, Belgium, Uzbekistan)

PD-1170-01 Trends of the prevalence of new patients amongst MDR-TB notified cases, Peru 2009-2013
J Cabrera, CA Mendoza, J Camara, C Figueroa, D Chavarri, R Espinoza, J Díaz, A Alarcón (Peru)

PD-1171-01 Implications of revised methods for estimating the global burden of multidrug-resistant tuberculosis
S Nourzad, H Jenkins, C Mitnick (Netherlands, USA)
**Poster Discussion Session 60**  12:45-13:45  • Poster area

**MDR-TB: special locations**

**CHAIR:** Onn Min Kon (UK)  -  **SECTION:** Tuberculosis

**PD-1174-01**  Using community-based care to achieve low defaulter rates among multidrug-resistant tuberculosis (MDR-TB) patients of Cambodia  
S Khann, T E Mao, K Tan, Yada Rajendra (Cambodia)

**PD-1175-01**  The spectrum of drug-resistant pulmonary tuberculosis among foreign-born in Singapore  
K M Kyi Win, C Chee, J Cutter, L H Sng, R Jureen, Y T Tang (Singapore)

**PD-1176-01**  Determinants of multidrug-resistance tuberculosis in selected hospitals in Addis Ababa, Ethiopia: a case control study  
D Abebe, B Seyoum, L Hordafa, L D’ambrosio, R Centis, G B Migliori (Ethiopia, Italy)

**PD-1177-01**  Increasing trend in multidrug-resistant tuberculosis in the extreme north of Russia  
MK Vinukurova, S N Kondakov, GI Alekseeva, L P Iakovleva, A F Kravchenko, A A Kornilov, O E Dogorova, N E Evdokimova (Russian Federation)

**PD-1178-01**  Acquired resistance to second line anti-TB drugs among multidrug-resistant (MDR-TB) patients from eastern Europe  

**PD-1179-01**  Drug-resistant extra-pulmonary tuberculosis cases in a tertiary care hospital in Karachi, Pakistan  
S Butt, A. Marshadhi, N Baig-ansari, A Bhurgri, N Salahuddin (Pakistan)

**PD-1180-01**  Antituberculosis drug-resistance survey in pulmonary tuberculosis cases in Ankara and Istanbul, Turkey  
N Albayrak, F Sezen, A Yildirim, H Simsek, A Arslanturk, N Ucarman, MA Torunoglu, S Ozkara (Turkey)

**PD-1181-01**  High DR-TB prevalence and vulnerability in adolescent girls: the Indus Hospital TB control programme experience  
F Amanullah, A Malik, S Butt, S Khowaja, N Salahuddin, A Bhurgri, A Khan, H Hussain (Pakistan)

**PD-1182-01**  Alarming second-line drug resistance pattern in patients under XDR-TB treatment in Nepal  
B Shrestha, B Maharjan, D B Pradhan, H Hoffmann, K. Avsar, P Rajendra, A Shrestha (Nepal)

**PD-1183-01**  Multidrug-resistant tuberculosis in children in Kazakhstan  
K S Serikbayeva (Kazakhstan)

**PD-1184-01**  Yield of contact investigation among multidrug-resistant tuberculosis patients from urban slums of New Delhi, India  
R Singh, A Rawat, V Shib, H Solangi, G Srinivas, S Sharma, S Saini, A Khanna (India)

**PD-1185-01**  Multidrug-resistant tuberculosis (MDR-TB) among refugees and local population in North Eastern Kenya  
A Nur Farah, V Othieno (Kenya)

**Poster Discussion Session 61**  12:45-13:45  • Poster area

**TB information systems: evaluating treatment outcomes**

**CHAIR:** Abbas Zezai (Namibia)  -  **SECTION:** Tuberculosis

**PD-1186-01**  Two third of TB cases missing in three months smear conversion report, have adverse treatment outcomes in Jharkhand India  
V Ghule, S Saruk, R Dayal, K Rade, P Malik, A Sreenivas, B Prasad (India)

**PD-1187-01**  Assessment of sputum microscopy monitoring in Uganda: a retrospective record review  
P Nakaggwa, R Odeke, B Kirenga, E Bloss (Uganda, USA)

**PD-1188-01**  Improving patient treatment outcomes for tuberculosis using a risk minimisation based approach  
C Owunna, A Kwiecien (USA)
Efficacy and safety of intensive intravenous chemotherapy using port-catheter in patients with MDR and XDR-TB
S. Cherenko, N. Lytvynenko, O. Reva, O. Hmel, R. Veremeenko, M. Pogrebna, Yu. Senko (Ukraine)

Outcome and treatment among patients with multidrug-resistant tuberculosis in Spain
M Ramírez Lapausa, J Pascual Pareja, R Carrilo Gómez, M Martínez Prieto, MJ Jaras Hernández, C García Cerrada, A Noguerado Asensio (Spain)

Validated methods for identifying tuberculosis cases in health administrative databases: a systematic literature review
L Ronald, D Ling, JM Fitzgerald, K Schwartzman, JF Boivin, G Bartlett-esquilant, A Benedetti, R Menzies (Canada)

Result of five years’ experience of TB control services in central highland of Afghanistan
A Hamim, M Arif Hemmat, J Ahmad, GA Ali Madad, Gulh Qader, A Ali Mohammad, D Ehsanullah, F Habibuddin (Afghanistan)

From paper to digital: developing online TB information system in the largest archipelago country, Indonesia
DE Mustikawati, Sulisty, H Suryani, C Natpratan, R Palupy, T Haryanto, PN Wastu, D Supriyadi (Indonesia)

Tuberculosis burden estimation using capture-re-capture study, Sitamarih, India
K Rade, S Jha, N Kulshreshhta, R S Gupta, K N Sahai, P Malik, BK Mishra, A Sreenivas (India)

Impact of data completeness on reaching the 85% target for tuberculosis treatment success in the EU/EEA
B Karo, Šahu Hollo, B Hauer, L Fiebig, M Van Der Werf, W Haas (Germany, Sweden)

Are patient data captured electronically under the national TB programme in Maharashtra, India quality-assured?
S Dapkekar, A Kumar, K Rade, N Wilson, A Jacob, N Kulshreshta, M Pawar, A Sreenivas (India)

A brief review of remote monitoring tools for GeneXpert MTB/RIF: initial Implementation of GxAlert in Mozambique
J Cowan, I Manhiça, C Michel, C Macek, C Jacob, e Jezerierski, S Gloyd (USA, Mozambique, Switzerland)

Role of DOTS Corner at tertiary level hospitals in identifying TB cases and their referral
M Akramul Islam, S Islam, S Munim, M.M. Rahman, K Fatema, K Afsana (Bangladesh)

Distinct modes of transmission of tuberculosis in aboriginal and non-aboriginal populations in Taiwan
Yih-Chen (Taiwan)

TB screening in Bangladeshi garments workers
K Talukder (Bangladesh)

TB intervention among prisoners in India
B Entoor Ramachandran, S Chadha, K Sagili (India)

TB control services for homeless population at “Night Shelters” in Delhi
S Arora, D Kundu (India)

Estimating the risk of latent tuberculosis infection in healthcare professionals of a general hospital in Brazil: a strategy to prevent the disease
C Tietboehl-filho, M Andrade (Brazil)

Pre-entry TB screening: Is there a need for culture confirmation?
D Zenner, M Muzyamba, P Dhavan, R Aldridge (UK, Philippines)

Latent tuberculosis infection among health-care workers in Portugal: national casuistic analysis of five years
M Gomes, O Oliveira, R Duarte (Portugal)

Prevalencia de enfermedad tuberculosa en trabajadores de salud a nivel nacional, Republica Dominicana, 2005-2012
M Genao Abreu, B Marcelino, AR Adalberto Rodriguez, MM Mary Mercedes, E Lebron Mendez, J Javier Medina (Dominican Republic)

Prevalence and risk factors for latent tuberculosis infection among primary health-care workers in Brazil: a multi-center study
T Nascimento Do Prado, F Souza, R Locatelli, K Gomes, Lia Possuelo, E Eliana Zandonade, G Fregona, E Leonor Noia Maciel (Brazil)

Acceptance of IPT among health-care workers living with HIV in KwaZulu-Natal, South Africa
C Tudor, M Van Der Walt, J Ngozo, J Golub (USA, South Africa)

Tuberculosis indicator data from United States immigration screening, 2012
C Olson, D Posey (USA)
All smoke free: from government to community

Chair: Ramesh Vivek (India) - Section: Tobacco Control

PD-1210-01 Public Health network to strengthen smoke free implementation at tourism cities in Vietnam
NB Nguyen, V Tran, Lam Nguyen, N M Tham (Viet Nam)

PD-1211-01 Smokefree city campaign: a case of Khulna Municipality in Bangladesh
A Bakul, I Chowdhury, Mr Akbar (Bangladesh, India)

PD-1212-01 Civic participation in smokefree policy-making and monitoring compliance with the national legislation
T Burieva (Russian Federation)

PD-1213-01 Polling in support to FCTC accession in Indonesia
R Mardhiahi, D Kurniawan, F Nisma, Y Yusuf, N Andayani, M A Malik, T Ningsih, IP Susanti (Indonesia)

PD-1214-01 How to approach the creation of a smokefree environment at city level: Jinan City experience
S Ruan, Jun Zhang, Yue Liu, Xin Zhang, Shou Liu, Xiao Wang (China)

PD-1215-01 Smokefree hospitals in Jinan: a practice for comprehensive smokefree policies
J Han, Jun Zhang, RM Cao, XW Li, Y Jin, SM Ruan (China)

PD-1216-01 Reduction in second-hand smoking with the implementation of COTPA, 2003 in Shimla Town
N Sharma, P Lal (India)

PD-1217-01 Smokefree munger initiative: a gateway to tobacco free Bihar
D Mishra (India)

PD-1218-01 Community perception on tobacco control in Cambodia
SA Kong (Cambodia)

PD-1219-01 Do smokefree policies harm the turnover and employment in the hospitality industry in Buenos Aires?
Effects of the 1799 Act on tobacco control
M C Angueira, C Canas (Argentina)

PD-1220-01 How good is compliance with smokefree legislation in India? Results of 38 subnational surveys
R Kumar, S Goel, A D Harries, P Lal, R J Singh, N Wilson, A Kumar (India, UK)

PD-1221-01 Countering the tobacco industry interference: tactics in implementation of pictorial health warnings
on all tobacco packs through media interventions
C Ramakrishnan (India)

PD-1222-01 Exposure to second hand smoke in India: an analysis from Global Adult Tobacco Survey, 2009-2010
D Sharma, A Gupta (India)

PD-1223-01 Potential mortality averted from sub-national taxes in India
C Rajeev (USA)

Tobacco control laws: the force is still with us!

Chair: Mirta Molinari (Mexico) - Section: Tobacco Control

PD-1224-01 Building tobacco control capacity in medical universities in China
T Yang, F Xueying, Wu Dan, Shuh Jiang (China)

PD-1225-01 Compliance assessment of section four of Indian tobacco control act in 4620 public places
for evidence based advocacy
B Sharma, J Pillai (India)

PD-1226-01 Smokefree cities - an innovative approach to tobacco control in challenging environments:
case study, Tianjin
GH Jiang, W Li, W Zheng, Y Yang, Yi Pan, DZ Wang (China)

PD-1227-01 Himachal a non NTCP (National Tobacco Control Programme) state as role model for the country
G Chauhan (India)

PD-1228-01 Developing a district level «Tobacco Free” model on the analogy of smoke-free in Himachal Pradesh, India
G Chauhan (India)
Compliance study: a cost effective tool for strengthening smokefree policy
B Pandya, P Lal, R Parmar (India)

The compliance to local smokefree legislation in Bali Province, Indonesia
IWG Artawan Eka Putra, A Swandewi, IMK Duana, K Suarjana, KH Mulyawan, T A Pradnyadewi Ni Luh Nyoman, T S Bam (Indonesia, Singapore)

Smokefree cities - an innovative approach to tobacco control in challenging environments: case study, Harbin
J Zhang (China)

Impact of effective implementation of tobacco control policies on consumption pattern in Shimla Town
N Sharma, R Kumar (India)

How compliant are tobacco vendors to India's tobacco control legislation on ban of advertisements at Point of Sale? A multi-centric study
S Goel, R J Singh, R Kumar, J Tripathy (India)

Tobacco smoke free Punjab: a government-civil society driven model for tobacco control in India
R Gupta, R J Singh, R Kumar, S Goel (India)

Success story of intertabac Asia rejection in Bali, Indonesia: strong commitment from locals against the tobacco interference
IMK Duana, T S Bam, TA Pradnyadewi Ni Luh Nyoman, A Swandewi, K Suarjana, IWG Artawan Eka Putra, KH Mulyawan (Indonesia, Singapore)

India's single cigarette economy: a back of the envelope assessment of its volume and size
R Kumar, P Lal (India)

TB prevalence estimations

A modern approach to estimating incidence: re-writing Stbhol’s rule
M Begun, A Newall, G Marks, J Wood (Australia)

Profil épidémiologique de la tuberculose en République Démocratique du Congo (2008-2012) et tendances prévisibles
N Ait-Khaled, A Trébucq, V Schwoebel, G Koura, G Lay, G Bakaswa (Algeria, France, Congo - Democratic Rep.)

Incidence of smear positive TB in Dale district, Sidama, south Ethiopia
D Datiko, E Woldesemayat, Bern Lindtjorn, M Dangiso (Ethiopia, Norway)

Tuberculosis among inhabitants of Rajshahi city of Bangladesh: an epidemiological study
M Kalam (Bangladesh)

Tuberculosis in MERCOSUR border municipalities, 2011
R Maia, M.S. Evangelista, A De Paula Lobo, C Oliveira Dantas, M Jacobs, H Barroso Bernal, F Moherdaui, D Barreira (Brazil)

Tuberculosis mortality survey in two selected townships in Myanmar
ST Aung, KK Zaw, T Lwin (Myanmar)

Tuberculosis as a prevalence cause of pleural effusion in Akwa Ibom southern Nigeria
V Obot, E Ekpe, M Gigado (Nigeria)

Biomass as a risk factor for tuberculosis among rural women of Sindh, Pakistan
Dr Asaad Nafoes, U Rabbani, A Sahito, A Kamran, Z Fatmi (Pakistan)

Epidemiological trend in tuberculosis in Romania between 2002-2012
A Goll, M Nitu, M Olteanu, M Ghelase, L Ciobanu Mitrache, F Turcu (Romania)

Prevalence of tuberculosis risk factors among tuberculosis patients in Kampala, Uganda: a cross sectional descriptive study
A Okwera, B Kirenga, M Joloba, W Ssengooba, F Mugabe, S Kasozi, M Boeree (Uganda)

Tuberculosis in Tunisia during the last thirteen years
S Ben Saad, isla Mejri, H Dagfous, hela Cherif, moun Ben Khlsa, leil Slim, F Tritar (Tunisia)

Increasing incidence of TB in Kyiv, Ukraine and current challenges
V Petrenko, R Prociuk, G Radysh, G Marchenko, N Rybak, T Flanigan (USA)
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<th>Title</th>
<th>Authors</th>
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<td>Profile of TB-HIV cases in inmate population, Brazil, 2007-2011</td>
<td>D Chaves Kühleis, T Magalhães, M Jacobs, V Camargo Da Costa, D Pelissari, D Barreira (Brazil)</td>
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<td>Prevalence of pulmonary tuberculosis (TB) among inmates of three prisons and prison staff in Karnataka State, South India</td>
<td>A Meundi, B Dhabadi, I Ismail, A Sagara, A G Kulkarni (India)</td>
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<td>Survey on the state of collaboration between prison institutions and public health centers in controlling TB among prisoners in Japan</td>
<td>L Kawatsu, N Ishikawa (Japan)</td>
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<td>High prevalence of previously undiagnosed active TB among HIV-infected inmates upon entry into a Malaysian prison</td>
<td>H Al-darraji, F Altice, A Kamarulzaman (Malaysia)</td>
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<td>Active case finding of pulmonary tuberculosis among prison inmates in Aba Federal prison in Abia State</td>
<td>O Okorie, M Gidado, E Ekuendayo (Nigeria)</td>
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<td>A new way to advance STOP TB strategy in prisons</td>
<td>E Gurbanova, R Mekhdiyev, A Ismayilov, I Mammadova, F Huseynov, M Dara, A Dadu, J. Suleymanova (Azerbaijan, Denmark, Moldova)</td>
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<td>Controlling pulmonary tuberculosis in the prisons of Bangladesh using active screening and strengthening the management and referral linkage</td>
<td>S Ahmed, MT Rahman, R Khatun, S Afrin, Z Islam, M.M. Rahman, MA Husain, S Banu (Bangladesh)</td>
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<td>Computer-aided diagnosis of X-rays in a screening for pulmonary tuberculosis of a prison population in Tanzania</td>
<td>A Steiner, F Mhimbira, J Van Den Hombergh, P Clowes, C Mangu, B Van Ginneken, M Hoelscher, K Reither (Switzerland, Tanzania, United Rep., Germany)</td>
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<td>Promoting good TB infection control in Cipinang detention center: a lesson learnt</td>
<td>YN Sumarli, Y Yunarti, I Kurniay, N Tandierung, MR Christian, D Setyawati (Indonesia)</td>
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<td>Empowering community-based organisation to strengthen TB post release programme in prison system in DKI Jakarta</td>
<td>Y Gunawan, M Revilia, Yi Hio, M Samsuri, C Natpratan, R Palupy, DP Setyawati, T Mahatmi Nisa (Indonesia)</td>
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<td>Operational framework for tuberculosis management at Tihar central prison in Delhi, India</td>
<td>N Sharma, S Chandra, Ashw Khanna, M Dhuria, KK Chopra, M Hanif (India)</td>
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<td>Tuberculosis screening in prisons in Rwanda using mobile digital X-ray machine</td>
<td>E Ruseesa, M Gasana, G Mutembayire, J Mugabekazi, CB Uwizeye (Rwanda)</td>
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<td>Tuberculosis in prisons in Republic of Macedonia</td>
<td>M Zakoska, B Ilievski Poposka (Macedonia, Yugoslav Rep.)</td>
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<tr>
<td>TB case finding in Nigerian prisons: using health system strengthening approach</td>
<td>M Gidado, J Onazi, Josh Obasanya, R Eneogu, T Oduosote, F. E Odiah, E Udom, O Omosebi (Nigeria)</td>
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</table>
The promise of life: initiating treatment in coinfected patients

**CHAIR:** Anna Nakanwagi (Uganda), TBC - **SECTION:** HIV

**OOP-400-01** Delay in access to anti-retrovirus therapy among people living with HIV in Vietnam
12:45-12:50
TA Nguyen, D Do, P Nguyen Anh, Mai Quach, Tran Van, Xuan Cuong, Cuon Nguyen, Hien Hien (Viet Nam)

**OOP-401-01** Role of tuberculosis infection control teams in reducing diagnostic and treatment delays among HIV patients in Uganda
12:50-12:55
D Nansera, Y Boum li, W Muyindike, P Bibangambah, P Elyanu, D Mutaahi, G Amayire, M Siedner (Uganda)

**OOP-402-01** Outcomes of tuberculosis/human immunodeficiency virus co-treatment in Kenya: a case study of eastern deaney aids relief Programme
12:55-13:00
N Kirui, C Mwangi, J Kimiteg, B Orangi, S Kegoi (Kenya)

**OOP-403-01** The impact of implementation fidelity on mortality under a CD4-stratified timing strategy for antiretroviral therapy in patients with tuberculosis
13:00-13:05
M Patel, D Westreich, J Eron, M Yotebieng, W Behets, A Van Rie (USA)

**OOP-404-01** Timing of death among TB patients: an in-depth view
13:05-13:10
G Kasera, E Masini, H Weyenga, J Kioko (Kenya)

**OOP-405-01** Comparative analysis of the TB treatment outcomes among HIV positive and HIV negative TB patients in 2012 in Oyo state, Nigeria
13:10-13:15
A F Omoniyi, A Awe, J O Obasanya, T Odusote, N Chukwurah, O Lawal, M Gidado, E Ubochioma (Nigeria)

**OOP-406-01** Factors affecting antiretroviral therapy uptake by HIV-infected tuberculosis patients in Uganda: a comparative study of two districts
13:15-13:20
F Mugabe, B Kirenga, A Katamba, E Blos (Uganda, USA)

**OOP-407-01** Uptake of ART among TB-HIV co-infected clients in Nairobi, Kenya
13:20-13:25
E Ndungu (Kenya)

**OOP-408-01** Retention of HIV-positive patients on antiretrovirus therapy in Nigeria is not affected by tuberculosis status
13:25-13:30
EK Dokubo, S Agolony, R Shiraishi, S Odafe, D Onotu, I Dalhatu, A Auld, A Bashorun (USA)

**OOP-409-01** Expanding access of HIV-positive TB patients to antiretroviral therapy (ART) services in Nigeria: lessons learnt from 2008-2013
13:30-13:35
A F Omoniyi, A Awe, T Odusote, J O Obasanya, N Chukwurah, E Ubochioma, E Oyama, M Gidado (Nigeria)
13:35-13:45 Discussion

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Community engagement in TB control

**CHAIR:** Ria Grant (South Africa), Taiwo Benson (Nigeria) - **SECTION:** Civil Society

**OOP-410-01** Advocacy, public art and social mobilisation: 'Nuestra Casa'- a case study of TB action on the U.S.-Mexico Border
12:45-12:50
E Moya, S Silvia Maria Chavez Baray, B Lomeli (USA)

**OOP-411-01** Effective advocacy to increase local government budget for TB control: Stop TB Partnership (STBP)
12:50-12:55
R Arifin Panigoro (Indonesia)

**OOP-412-01** Partnership in approaching “community free of tuberculosis” in a hill-tribe village, Chiang Rai, Thailand
12:55-13:00
T Kantima, S Luangjina, J Wongyai, Boonyamanonukul, A Wiriyaprasobchok, S Nedusuan, P Poosang, J Ngamvithayapong-yani (Thailand)

**OOP-413-01** Engagement of the provincial, district and religious leaders as strategies to be successful in advocacy for TB CEPAT program in Indonesia
13:00-13:05
H Delyuzar, R Yunita, M Thompson (USA)

**OOP-414-01** An assessment of JEC intervention to increase the the awareness on early detection and treatment seeking of tuberculosis in six states of India
13:05-13:10
S Pandurangan, S Chadha, S Mohanty, B Entoor Ramachandran, D Lekharu (India)

**OOP-415-01** From community advisors to scientific partners: lessons on strengthening community engagement in research from the community research advisors group
13:10-13:15
C Lee, M Frick, E Lessert, D Von Delft, L Ruiz Mingote, D Namtamba, S Goldberg, Nahid (USA, South Africa, Spain, Uganda)
**Oral Poster Presentation session 3**  
**12:45-13:45 • Room 111**

**Tuberculosis programmes: from lab to bedside**

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

- **OPP-420-01**  
  **12:45-12:50**  
  Treatment of pulmonary tuberculosis with first line anti-TB drugs: a non all-inclusive approach that should be matched with molecular findings  
  B Honarvar, M Moghadami, A Behbahani, A Emami, A Roudgar, G Sami Kashkoli, M Rezaee, M Kalari (Iran, Islamic Rep. Of)

- **OPP-421-01**  
  **12:50-12:55**  
  Prescripción de corticoides en pacientes con patrón miliar tuberculosis  
  R Martinez, C Jimenez, A Valencia, C Bueno (Colombia)

- **OPP-422-01**  
  **12:55-13:00**  
  Diagnostic process for smear-negative pulmonary tuberculosis in Cambodia  
  S Saint, K Okada, N Yamada, S Tieng, T E Mao (Cambodia, Japan)

- **OPP-423-01**  
  **13:00-13:05**  
  C-reactive protein as biomarker in diagnosis for pleural effusions  
  P Kapiszyzi, D Argjiri, A Mitre, G Burazeri, R Hasa, M Tabaku, O Nuredini, R Light (Albania, USA)

- **OPP-424-01**  
  **13:05-13:10**  
  Don’t ignore extra-pulmonary tuberculosis! The epidemiology of extra-pulmonary tuberculosis in Israel, 1999-2010  
  Z Mor, N Cedar, G Pinski, M Lidji, I Grotto (Israel)

- **OPP-425-01**  
  **13:10-13:15**  
  Tanzanian X-ray score for the detection of active pulmonary TB on chest radiographs: a comparison with subjective assessment  
  M Breuninger, J Van Den Hombergh, J Dharsee, L Jugheli, J Hella, D Wagner, K Keirth (Gernany, Tanzania, United Rep., Switzerland)

- **OPP-426-01**  
  **13:15-13:20**  
  Intra-cellular lipid bodies, bacillary persistence and clinical outcomes during treatment of pulmonary tuberculosis in Malawian adults  
  D Sloan, HC Mwundamba, N J Garton, S H Khoo, A E Butterworth, L Corbett, M R Barer, G R Davies (UK)

- **OPP-427-01**  
  **13:20-13:25**  
  Tuberculosis cutánea: experiencia en la consulta monográfica de tuberculosis de un hospital de tercer nivel  
  J Diaz Tantaleán, A Villar, MA Seminario, F Morell, N Saborit (Spain)

- **OPP-428-01**  
  **13:25-13:30**  
  C-reactive protein for pulmonary tuberculosis: a systematic review and meta-analysis  
  L Chaisson, C Yoon, P Drain, S Patel, A Cattamanchi (USA)

- **OPP-429-01**  
  **13:30-13:35**  
  C-reactive protein and erythrocyte sedimentation rate for diagnosis and treatment response of pulmonary tuberculosis in an HIV-endemic setting  
  P Drain, L Gounder, F Sahid, Y Moosa (USA)

**Discussion**

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**Oral Poster Presentation session 4**  
**12:45-13:45 • Room 113**

**Paediatric TB, pneumonia and asthma**

**Chair:** Stephen M Graham (Australia), Carlos Perez-Velez (USA), **Section:** Adult & Child Lung Health

- **OPP-430-01**  
  **12:45-12:50**  
  Treatment initiation and outcomes of children diagnosed with tuberculosis based on a positive gastric aspirate (GA), Botswana, 2008-2012  
  T Lo, T Arscott-mills, L Ntshimane, T Lere, K Mugisha, A Ho-foster, A Steenhoff, R Ncube (USA, Botswana, Zimbabwe)

- **OPP-431-01**  
  **12:50-12:55**  
  Experiences in offering upfront Xpert MTB/RIF testing to pediatric presumptive TB and DR-TB cases  
  N Raizada, KS Sachdeva, A Sreenivas, R Thakur, S Kulsange, C N Paramasivan (India, Switzerland)

**Discussion**
Stool sampling for the diagnosis of intrathoracic tuberculosis in children
E Walters, C Bosch, M Van Der Zalm, S Friedrich, R Gie, A Hesseling (South Africa)

Tuberculosis bacteremia more prevalent in adult than pediatric populations: a systematic review and meta-analysis
P Pavlinac, E Lokken, J Watson, B Richardson, G John-Stewart (USA)

When TB Reach eliminates cost, other barriers to screening child household TB contacts are revealed in Eldoret, Kenya
D Szkwarko, P Owiti, N Buziba, E J Carter (USA, Kenya)

Intensified TB case finding among child attendants of Indra Gandhi Institute for Child Healthcare (IGICH) in Kabul City, Afghanistan
A Sanaie, M Seddiqui, A Nasrat, L Manzoor (Afghanistan)

Oral amoxicillin versus benzyl penicillin for severe childhood pneumonia among Kenyan children: a randomised controlled non-inferiority trial
A Agweyu, D Gathara, J Oliwa, N Muinja, T Edwards, E Allen, E Obimbo, M English (Kenya)

Caregiver’s knowledge, attitude and practices regarding home management of acute respiratory infections in children under five years in Issele-Azagba
T Idaboh, kofo Odeyemi, S Olarewaju (Nigeria)

Targeting vaccines against respiratory pathogens: deaths in hospitalised infants in a developing country
P Acosta, A Erviti, D Sucker, H Ves Losada, F Polack (Argentina)

Paediatric asthma in The Gambia: the case for better care
K Clarkson, B Camara, K Bojang, S Anderson (Gambia)

Discussion

Oral Poster Presentation session 5 12:45-13:45  Room 114

High and low: the search for TB cases

Chair: Muzi Dlamini (Swaziland), Robin Mason (USA) - Section: Tuberculosis

Engaging the mining sector in tuberculosis diagnosis in Quang Ninh province, Viet Nam
HK Pham, B H Nguyen, C Hennig (Viet Nam)

Active case finding with mycobacterial culture and drug susceptibility testing for TB diagnosis in a refugee camp
S Jonnalagadda, O Gorbacheva, Raz Wali, L Ortega, W Zhou, J Painter (USA, Thailand, Nepal)

FAST reveals the hidden cause of prolonged high incidence of TB in Bangladesh
LR Khan, P Daru, M Alam, AE Barrera-cancedda (Bangladesh, USA)

TB burden in Tanzanian prisons: active screening with Xpert MTB/Rif® assay and establishment of associated characteristics for MTB infection
C Mangu, Jan Van Den Hombergh, D Kowour, L Maboko, C Kasang, J Maiwela, M Hoelscher, P Clowes (Tanzania, United Rep., Germany)

Contribution of Public-Private Mix (Urban DOTS) in TB control services in Kabul, Afghanistan
A Hamim, SM Sayedi, Ghul Qader, M Rashidi, M Shefa, A Momand, L Manzoor, P Suarez (Afghanistan, USA)

Perspectives on community-based approaches for tuberculosis case finding in southern Ethiopia: a qualitative analysis
G Asnake, D Datiko, M A Yassin, O Tolluch, P Markos, L E Cuevas, Tade Mamo, S Theobald (Ethiopia, Switzerland, UK)

Intensified TB case finding in primary health-care clinics of Swaziland
L Dlamini Mdluli, E Phiri (Swaziland, UK)

Substantial impact of a culture-based screening algorithm among U.S. bound immigrants and refugees on reducing the incidence of tuberculosis
Y Liu, J Painter, D Posey, M Cetron (USA)

Screening for tuberculosis among adults newly diagnosed with HIV in sub-Saharan Africa: a cost-effectiveness analysis
A Zwerling, M Sahu, L G Ngwira, M Khundi, T Harawa, L Corbett, R E Chaisson, D Dowdy (USA, UK)

Using internet services for targeted TB screening in Ukraine
P Lychovyd, M Bachmaha, N Rybak (Ukraine, USA)

Discussion
Managing MDR-TB: problems and solutions

**Chair:** Martin Dedicoat (UK), TBC - **Section:** Tuberculosis

**OPP-450-01** Surveillance of the second-line drug resistance among multidrug-resistant tuberculosis in Taiwan, 2007-2013
- M. Wu, H. Chang, T. F. Wang, Y. M. Deng, R. Jou (Taiwan)

**OPP-451-01** A novel therapeutic vaccine against tuberculosis in the cynomolgus monkey model and clinical trial

**OPP-452-01** Non-tuberculosis mycobacteria: trend of isolation rate and characteristics of NTM in Cambodia during 2011-2013
- S. Khan, Y. Rajendra, M. A. K. Tan (Cambodia)

**OPP-453-01** Factors associated with loss to follow up among multidrug-resistant tuberculosis patients at drug-resistant TB center, central Gujarat, 2010-2013
- K. Shringarpure, P. Issaikidis, K. Sagili, R. Baxi (India)

**OPP-454-01** Treatment outcomes of MDR-/XDR-TB and efficiency of resection surgery among patients with risk factors of unfavorable outcomes
- Y. Batyrshina, T. Petrenko (Russian Federation)

**OPP-455-01** Prevalence and risk factors for multidrug-resistant tuberculosis in Catalonia, Spain

**OPP-456-01** Emergence of drug resistance following introduction of novel first-line TB treatment regimen: a modeling analysis
- M. Fofana, S. Shrestha, G. Knight, T. Cohen, F. Cobelens, R. White, D. Dowdy (USA, UK, Netherlands)

**OPP-457-01** Strategy for reducing hearing loss in patients on drug-resistant TB therapy, Namibia
- E. Sagwa, N. Ruswa, E. Mwundjua, R. Jacobs, J-P. Musasa, A. Shaker (Namibia)

**OPP-458-01** Sputum culture conversion and treatment outcomes in patients with XDR-TB in two provinces in South Africa
- M. Van Der Walt, C. Kvasnovsky (South Africa, UK)

**OPP-459-01** Treatment outcomes and time to sputum smear and culture conversion for extensively drug-resistant tuberculosis patients in Latvia, 2000-2010
- L. Levano, I. Kuksa, V. Riekstina (Latvia)

**OPP-455-01** Discussion

Developing new regimens for treating MDR-TB

**Chair:** E. Jane Carter (USA) - **Section:** HIV

**OPP-460-01** Patient follow-up under the nine month MDR-TB regimen in Burundi
- M. Sawadogo, F. Ciza, T. Ndikumana, G. Kamafumu, E. Declercq (Burundi, Belgium)

**OPP-461-01** Multidrug-resistant tuberculosis in Myanmar: results of the third nationwide drug resistant survey (2012-2013)
- S. T. Aung, T. Lwin, W. W. Nyunt, T. L. Swe, AA. Thwe, D. Ti Ti (Myanmar)

**OPP-462-01** Multidrug-resistant tuberculosis among persons born in the former Soviet Union living in the United States, 1993-2012
- J. Ershova, P. Moonan, E. Kurbatova, P. Cegielski (USA)

**OPP-463-01** Evaluation of sputum culture conversion as a prognostic marker for end-of-treatment outcome in patients with multidrug-resistant tuberculosis
- E. Kurbatova, P. Cegielski, and Global Petts Investigators, AND Dots-plus Pilot Projects Case-based (USA)

**OPP-464-01** Salvage regimen containing meropenem plus clavulanic acid for extensive pulmonary XDR-/pre-XDR-TB: a case-series of 16 patients
- M. C. Payen, S. Callens, G. Groenen, O. De Araozola Wouter, F. Mouchet, I. Muyle, n. Clumeck, S. De Wit (Belgium)

**OPP-465-01** Ofloxacin resistance among Mycobacterium tuberculosis isolates from retreatment cases at a tertiary care institute
- J. Arora, A. K. Verma, G. V. Kumar, R. Sarin, V. Myneedu (India)

**OPP-466-01** Mutations in the GyrB Subunit of M. tuberculosis DNA Gyrase: consequences on resistance to fluoroquinolones can be tricky to interpret
- M. Le Goff, E. Capton, A. Pantel, V. Jarlier, C. Mayer, S. Petrella, A. Aubry (France)
**Oral Poster Presentation session 8** 12:45-12:45 • Room 118/119

**Non tuberculosis mycobacteria and identification**

**Chair:** Sabine Ruesch-Gerdes (Germany), Marina Shulgina (Russian Federation) - **Section:** Tuberculosis/Bacteriology & Immunology

**OPP.470-01**  
Incidence of pulmonary tuberculosis and non-tuberculous Mycobacteria (NTM) positive cultures in a cohort of 1419 patients with respiratory symptoms  
M Ramas, J Couto, E Bensi, P Panunto, T Zaccariotto (Brazil)

**OPP.471-01**  
Sputum AFB smear positivity in Singapore: pulmonary TB or NTM infection?  
Y T Tang, C Chee, K M Kyi Win, LKY Lim, LH Sng, R Jureen, PL Ooi, J Cutter (Singapore)

**OPP.472-01**  
*Mycobacterium bovis* in urban Brazil: risk factors for infection in human cases  
M Silva, GN Souza, FR Araujo, AA Fonseca Junior, LS Faria, GD Sampredo (Brazil)

**OPP.473-01**  
A cost-effective laboratory protocol for identification of *M. tuberculosis* by morphology, immunochromatographic assays and PCR assay  
H Tu, Y Lin, M Tseng, T Huang, Y Chen (Taiwan)

**OPP.474-01**  
Identification of non-tuberculous mycobacteria using matrix-assisted laser desorption/ionisation time-of-flight mass spectrometry  
I Marekovic, V Katalinic-Jankovic, Z Bosnjak, A Budimir, V Plecko (Croatia)

**OPP.475-01**  
Increasing trend of isolation of non-tuberculous mycobacteria from respiratory specimens in Serbia over five-year period: 2009-2013  
I Zivanovic, I Dakic, D Vukovic, G Stefanovic, Lj Tomic, B Savic (Serbia)

**OPP.476-01**  
Utility of Bact/ ALERT 3D System for mycobacteria isolates  
M Martinez, LM Mederos, M Sardiña, G Garcia Leon, R Diaz (Cuba)

**OPP.477-01**  
Mycobactéries autres que *Mycobacterium tuberculosis* isolées au CHU Aristide Le Dantec à Dakar  
A Ba, M Ndiaye, GW Ossoga, MY Fail Niang, A Ndiaye Diawara, A Gaye Diallo (Senegal, Chad)

**OPP.478-01**  
Molecular identification of *Mycobacterium tuberculosis* complex and non-tuberculosis mycobacteria: Peru, 2012-2013  
N Quispe, E Valencia, C Bartra, L Asencios (Peru)

**OPP.479-01**  
Expanding genotyping platform of *M.tuberculosis* for intraspecies of common mycobacteria on a base of microarray “Biochip”  
S Popov, A Kuzmin, D Gryadunov, S Lapa (Russian Federation)

**OPP.480-01**  
Discussion

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**Oral Poster Presentation session 9** 12:45-13:45 • Room 120/121

**Drug resistance and drug-resistance surveys**

**Chair:** Matteo Zignol (Switzerland), TBC - **Section:** Tuberculosis/Bacteriology & Immunology

**OPP.497-01**  
Second National Drug Resistance Survey on Tuberculosis in the Philippines 2012  
N Macalalad (Philippines)

**OPP.480-01**  
Mechanisms of fluoroquinolone resistance in clinical isolates of *Mycobacterium tuberculosis* from a tertiary centre of India  
A Jain, P Singh, S Prakash, P Dixit, R Vangala (India)

**OPP.481-01**  
Molecular detection of isoniazid resistance in a Canadian province with a low incidence of antibiotic resistant tuberculosis  
S Christianson, M Sharma, D Long, H Zhou, Z Gao, C Heffernan, R Long, J Wolfe (Canada)
OPP-482-01 Application of rapid colorimetric pyrazinamide resistance detection method to Korean *Mycobacterium tuberculosis* isolates  
J Lee, ES Son, Jiim Lee, EJ Eunjin, CT Kim, SN Cho, SH Back (Korea, Republic Of)

OPP-483-01 Resistance pattern for second-line anti TB drugs among MDR-TB patients: experience from the national reference laboratory, Zaria, Nigeria  
F Ajiboye, N Ezati, I Mosunmola, I Ahmadu, M Panwal, S Labaran, M Gidado (Nigeria)

OPP-484-01 Single tube two-colour analysis of all allelic variants of the pncA gene using LATE-PCR and allied technologies  
J Rice, W Wangh, R M Warren, M Whitfield, S Marras, B Kreiswirth (USA, South Africa)

OPP-485-01 Increasing ethambutol resistance associated to high simultaneous isoniazid & ethambutol resistance in Lima, Peru  
G Valle, R Quispe, T Caceres, E Gotuzzo, C Zamudio, C Seas (Peru)

OPP-486-01 How the piloting of TB drug-resistance survey protocol can improve Ukraine’s TB diagnostics system  
A Barbova, M Karnauhova, O OKheylo, O Zhurilo (Ukraine)

OPP-487-01 Next-generation sequencing of the pncA pyrazinamide resistance gene directly from sputum specimens collected and transported in PrimeStore MTM  
LT Daum, R Peters, PB Fourie, JD Rodriguez, SA Worthy, N Ismail, G Fischer (South Africa, USA)

OPP-488-01 Tuberculosis and tobacco: India attempts the new add-on evolved through best practice  
M Aghi (India)

OPP-489-01 Predictors of tobacco smoking abstinence among tuberculosis patients in South Africa  
G Louwagie, O Ayo-yusuf (South Africa)

OPP-490-01 Smoking adversely affects treatment outcomes in tuberculosis  
C-K Chan, C C Leung, C M Tam (China, Hong Kong)

OPP-491-01 The provision of smoking cessation interventions for hospitalised drug resistance tuberculosis patients: an opportunity for South Africa  
P Shangase (South Africa)

OPP-492-01 Excess deaths of cancer and respiratory diseases due to smoking among males in Tianjin, China  
GH Jiang, ZL Xu, W Li, DZ Wang, W Zheng, H Zhang (China)

OPP-493-01 National tuberculosis registry: a Kazakhstan case study  
S Hermosilla, A Terlikbayeva, B Zhuussupov, A Alfah, T Abildayev, R Issayeva, N Schluger, S Galea (USA, Kazakhstan)

OPP-494-01 Tobacco use and tuberculosis in India: implications in control of dual epidemics  
K Sagili, P Lal, S Srinath, R J Singh, N Wilson, S Chadha (India)

OPP-495-01 Could smoking change pulmonary tuberculosis feature?  
S Ben Saad, Isla Mejri, H Daghfous, moun Ben Khifa, hela Cherif, F Tritar (Tunisia)

OPP-496-01 Effect of continuing to smoke in patients with lung cancer  
R Roberts, K Lewis (UK)

Discussion
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 exhibition at the conference.

Union members vote for their favourite seals at the General Assembly, which will be held on Saturday, 1 November at 8:00 to 9:00 in Room 111. Winners are announced at that meeting and posted on The Union website.
**MEETINGS**

**Union Administrative Meetings**

**General Assembly**
08:00-09:00 • Room 111 • Open to all members

**Board Meeting**
14:00 - 16:00 • Room M211/212
**ATTENDEES:** All Board members

**Union Scientific Working Group Meeting**

**Global awareness of zoonotic TB**
14:00 - 15:00 • Room 122/123

**Union Sub-section Meeting**

**Zoonotic TB**
15:00-16:00 • Room 122/123
SPANISH TRACK / TRACK EN ESPAÑOL
ORGANISADO POR:
Trabajar con colegas de todo el mundo
Conectar con los miembros a través del directorio de miembros en línea
Ayudar en el futuro de la salud respiratoria
Estar al día en las investigaciones más recientes
Desarrollar una perspectiva regional
Acceder a recursos desarrollados por expertos
Participar en las conferencias de La Unión con tarifa preferencial
Estar en contacto

Hágase Miembro de La Unión
www.theunion.org
Apreciados Colegas,

Le agradecemos su participación a la 45 Conferencia Mundial de La Unión sobre Salud Pulmonar en el Centre de Convencions Internacional de Barcelona (CCIB) en Barcelona, España, del 28 de octubre al 1 de noviembre de 2014.

El tema de la conferencia es “Soluciones impulsadas por la comunidad, para la próxima generación”. Este tema refleja la necesidad de encontrar soluciones para los retos de salud pulmonar a los que nos enfrentamos, involucrando a todos los colaboradores, desde los profesionales de la asistencia sanitaria y creadores de políticas sanitarias hasta las personas y las comunidades a las que ayudan. Este enfoque reconoce el papel fundamental de las personas afectadas y sus cuidadores, cuya aportación debe integrarse dentro de la concepción, diseño e implementación de las intervenciones junto con los médicos, investigadores, representantes del gobierno y benefactores.

No importa si nos centramos de forma individual en la mejor manera de hacer llegar los medicamentos y el acceso a la asistencia sanitaria a los pacientes, o en la creación de políticas sanitarias que alcancen a las poblaciones más desatendidas; sólo se lograrán recursos y soluciones sanitarias sostenibles para las generaciones presentes y futuras por medio de una participación completa y activa de todos los sectores implicados.

Las diversas aplicaciones de estos temas serán exploradas durante el programa científico, el cual presentará también los últimos avances en los diferentes e interrelacionados frentes de la lucha contra la tuberculosis, el VIH, las enfermedades respiratorias y las enfermedades no contagiosas, así como la campaña global para el control del tabaco.

Esperamos contar con su participación.

Sinceramente,

José Luis Castro
Director Ejecutivo

Rajita Bhavaraju
Directora del Comité Coordinador de Actividades Científicas
MIÉRCOLES, 29 DE OCTUBRE DE 2014

Sesion inaugural 17:30-19:00 • Auditorio

Conferencia del Invitado Especial
Conferencia en memoria de Sir John Crofton: El papel de la defensa legislativa para la TB y otras enfermedades respiratorias

PONENTE: El Muy Honorable Nick Herbert, miembro del parlamento y copresidente de All Party Parliamentary Group on Global TB (Grupo parlamentario formado por todos los partidos sobre la TB global) (Reino Unido)

Nick Herbert es el miembro del Parlamento británico para Arundel y South Downs. Fue elegido por primera vez en 1997 como miembro parlamentario conservador de Berwick Upon Tweed, una de las comunidades más rurales de Inglaterra. A Herbert le apasiona la defensa de las comunidades rurales y desempeñó un papel determinante en lo que actualmente se conoce como Countryside Alliance. También dirigió el apreciado laboratorio de ideas independiente: la reforma.

En el parlamento, desempeñó los cargos de Ministro de la oposición para la Reforma política, Secretario de la oposición para Estado para la justicia y Secretario de la oposición para Medio Ambiente, Alimentación y Asuntos Rurales. Herbert también ostentó el cargo de Ministro de Estado para Control Policial y Justicia Criminal de 2010 a 2012.

Desde que se convirtió en miembro del Parlamento, Herbert ha trabajado en estrecha colaboración con la asociación benéfica para el desarrollo Results en el problema global de la tuberculosis. En 2006, ayudó a formar All Party Parliamentary Group on Global TB y fue nombrado copresidente de dicho grupo. En 2013 volvió a ser copresidente.

Enfermedad antigua, nuevas ambiciones: Mortalidad cero por causa de la TB en nuestra generación

PONENTE: Dr. Aaron Motsoaledi, Ministro de Sanidad para Sudáfrica y Presidente de la Junta Directiva de la Alianza Alto a la Tuberculosis


El Dr. Motsoaledi es titulado en Medicina y Cirugía por la Universidad de KwaZulu-Natal y es miembro del Comité Asesor Ministerial para el NHS y el Consejo Nacional del SIDA para Sudáfrica.

El papel de las comunidades en el tratamiento y el cuidado de las personas que padecen de tuberculosis, VIH y otras enfermedades respiratorias

PONENTE: Sra Ria Grant, asesora sénior de South Africa’s TB/HIV Care Association (Asociación de asistencia para el VIH y la tuberculosis de Sudáfrica), miembro de Developing Country NGO Delegation to the Global Fund to Fight AIDS, Tuberculosis and Malaria (Delegación de ONG de países en desarrollo para el Fondo Mundial de lucha contra el SIDA, la tuberculosis y la malaria), Sudáfrica

Ria Grant es asesora sénior de South Africa’s TB/HIV Care Association (Asociación de asistencia para el VIH y la tuberculosis de Sudáfrica) y miembro de Developing Country NGO Delegation to the Global Fund to Fight AIDS, Tuberculosis and Malaria (Delegación de ONG de países en desarrollo para el Fondo Mundial de lucha contra el SIDA, la tuberculosis y la malaria). (El Fondo Mundial).

Como enfermera en el campo de la tuberculosis durante muchos años en el área de Ciudad del Cabo, la Sra. Grant se dio cuenta de lo importante que es el entorno social para los pacientes con TB, tanto para la causa como para la cura de la enfermedad. Posteriormente se convirtió en trabajadora social para la asistencia de la tuberculosis, actualmente la TB/HIV Care Association, trabajando de cerca con los pacientes para tratar sus necesidades clínicas, materiales y psicosociales. Fue nombrada directora de la TB/HIV Care Association y, aunque se retiró en 2009, continúa colaborando como asesora sénior.

La Sra. Grant sirvió de punto focal para las comunicaciones regionales de África y punto focal de las comunicaciones esenciales para la Developing Country NGO Delegation para El Fondo Mundial, entre otros cargos. Presentó informes sobre el trabajo de la TB/HIV Care Association a nivel internacional con el fin de transmitir la importancia de su misión

PONENTE: E Jane Carter (Estados Unidos de América), Rajita Bhavaraju (Estados Unidos de América)
Premio global de la TB en memoria de la princesa Chichibu

La princesa Chichibu de Japón nació en Inglaterra en 1909 bajo el nombre de Matsudaira Setsuko. Pasó los primeros años de su vida en el extranjero y allí realizó sus estudios, en países como China y Estados Unidos, donde su padre trabajó como diplomático japonés. A pesar de ser plebeya, su familia aristocrática tenía lazos cercanos con la familia imperial japonesa, y la eligieron para casarse con el príncipe Chichibu, el segundo hijo del emperador Taisho, cuando tenía 19. En 1939, la princesa Chichibu fue designada como patrona de la recién creada Asociación contra la Tuberculosis de Japón (JATA). Sin embargo, la vida de la pareja cambió cuando el príncipe contraía la TB en 1940. Después de la muerte de su marido por TB en 1953, la princesa Chichibu continuó dedicando su vida al control de la TB dentro y fuera de Japón. Cuando murió en 1995, la JATA estableció el premio global de la TB en memoria de la princesa Chichibu. Este premio por valor de 10,000 USD reconoce las contribuciones destacables para el control de la TB global. La junta Directiva de La Unión recomienda los candidatos al premio y la junta directiva de la JATA seleccione al ganador. El premio se presenta anualmente en la Conferencia Mundial de La Unión sobre Salud Pulmonar.

Premio Joven Innovador en la Investigación de la Tuberculosis de Otsuka/La Unión

El Premio Joven Innovador en la Investigación de la Tuberculosis se creó en 2014 a través de una asociación mundial entre Otsuka, SA (Otsuka) y La Unión. El objetivo de este premio es reconocer a los jóvenes científicos que han demostrado un compromiso con el avance de un razonamiento innovador en la investigación de la tuberculosis (TB). Los candidatos al premio son médicos e investigadores de cualquier país que hayan completado la formación de posgrado (máster en salud pública, doctorado, doctor en medicina o postdoctorado) en los últimos cinco años y que hayan finalizado con éxito algún proyecto innovador de demostración sobre el control, la gestión y la atención de la tuberculosis, incluida la investigación clínica y operativa. A los galardonados se les patrocinará por completo la asistencia a un programa internacional de formación sobre el control de la TB y a la Conferencia Mundial sobre Salud Pulmonar, donde tendrán la oportunidad de presentar sus investigaciones.
Los premios de La Unión

Entre los premios administrados por La Unión, se incluyen el Premio Joven Investigador de La Unión, el Premio Científico de La Unión y el Premio Karel Styblo de Salud Pública. Todos ellos tienen el objetivo de reconocer diferentes tipos de destacadas contribuciones a la lucha contra la tuberculosis y la salud pulmonar. Cada verano se abre el periodo para las autonominaciones y nominaciones para los premios, y los galardonados son seleccionados por los miembros del Comité de Coordinación de Actividades Científicas. A los ganadores se les patrocina por completo la asistencia a la Conferencia Mundial y reciben un premio en efectivo de 2.000 dólares americanos. Para obtener más información, visite www.theunion.org

El premio para la salud pública Karel Styblo

El premio para la salud pública Karel Styblo de La Unión honra la memoria del hombre que desarrolló la estrategia para el control de la TB, conocida como DOTS (terapia directamente observada de corta duración), que se ha utilizado para tratar a 6 millones de personas desde 1995. Esta estrategia trata la TB desde la perspectiva clínica, operativa, política y social, y se ha aplicado desde entonces para enfermedades desde el asma al VIH.

Nacido en Checoslovaquia, el Dr. Karel Styblo (1921–1998) sobrevivió a la TB y dedicó su vida al estudio de la enfermedad. Trabajó con Sir John Crofton en los años 50, cuando el "método de Edimburgo" para tratar la TB con una combinación de fármacos consiguió que la TB fuese curable por primera vez. En 1966, pasó a ser Director de TB Surveillance Research Unit (TSRU o Unidad de Investigación de Vigilancia de la TB) fundada por la IUAT (La Unión), la KNCV, la OMS y varios países.

Trabajó como Director de Actividades Científicas de la IUAT de 1979 a 1991. Durante esos años, trabajó muy de cerca con la Dra. Annik Rouillon, Directora Ejecutiva de la IUAT, y con socios en nueve países para probar el modelo de la TB conocido más tarde como DOTS, que demostró ser efectivo incluso en condiciones adversas en situaciones de gran carga y bajos ingresos.

Recepción de bienvenida

19:30-21:00, Banquet Hall, Level 2

La Unión invita a todos los delegados registrados y a sus acompañantes a la recepción de bienvenida
La Campaña del Centenario de La Unión

Para la investigación y la educación

La Campaña del Centenario de La Unión celebra el periodo previo al Aniversario de la Unión Internacional Contra la Tuberculosis y Enfermedades Respiratorias el 20 de Octubre de 2020. La campaña está recaudando fondos sin restricciones para financiar los programas innovadores e independientes de investigación y educación de La Unión. Estos programas han sido la principal contribución de La Unión a la lucha global contra la tuberculosis y las enfermedades respiratorias desde su fundación y siguen siendo actividades muy importantes que ayudan a 150 países en la actualidad.

Para mayor información o hacer una donación, por favor visite nuestra página web www.theunion.org
La estrategia de la OMS 2016-2035 para la eliminación de la TB

PONENTE: Mukund Uplekar (Suiza)
PRESENTES: Edward Nardell (Estados Unidos de América)

El Dr. Mukund Uplekar es un médico sénior de la unidad Política, Estrategia e Innovaciones del Programa de la TB Global en la Organización Mundial de la Salud en Ginebra. Comenzó su trayectoria profesional en una consulta médica privada en Mumbai, India, pero después de un año en la Escuela de Salud Pública de Harvard, se pasó a la salud pública internacional.

Su exposición al sector privado y a la investigación en materia de salud pública en la India provocaron que se sintiese atraído por la OMS, a quien se unió en 1999 para ayudar a desarrollar y ampliar su trabajo en el área reconocida actualmente como fórmulas de colaboración público-privada (FCPP). Desde el comienzo, dirigió el secretariado basado en la OMS del subgrupo global sobre FCPP para el control y la asistencia de la TB.

El Dr. Uplekar también coordinó el desarrollo y esbozo de la estrategia de DOTS ampliada de la OMS en 2002 y la estrategia para detener la TB en 2006. También dirigió el equipo que configuró durante dos años la nueva “End TB Strategy” (Estrategia de TB final) de la OMS para después de 2015, adoptada por la Asamblea Mundial de la Salud en mayo de 2014.

Nuevos modelos de atención de la diabetes y salud pulmonar para los proveedores privados de acceso pobres en Asia

PONENTE: Aamir Khan (Pakistán)
PRESENTES: Laia Ruiz Mingote (España)

El Dr. Aamir Khan es el fundador de Interactive Research and Development (IRD) y ha sido su director ejecutivo desde 2004. IRD es un vivero de empresas social dedicado a mejorar la salud global y el desarrollo a través del uso de tecnologías de la información e innovaciones del mercado. Los proyectos actuales se centran en el tratamiento de la MDR-TB y la atención de la diabetes y la salud pulmonar para los pobres, así como en el tratamiento y la detección de la TB y el VIH en África. Respaldados por su centro operativo en Dubai, los equipos de implementación de IRD trabajan en más de 15 países.

El Dr. Khan se formó en medicina y salud pública en la Universidad de Aga Khan y completó su doctorado en salud internacional en la Universidad Johns Hopkins (JHU). Como asociado de la Escuela de Salud Pública de JHU Bloomberg, trabajó en la investigación de enfermedades infecciosas durante los últimos 18 años. También es miembro de la junta inaugural de OpenMRS y miembro fundador de openSRP, software de código abierto para historias clínicas y trabajadores de salud pública de primera línea.

Acerca de Richard Riley

El Dr. Richard Lord Riley (1911-2001) fue un fisiólogo respiratorio pionero norteamericano, que contribuyó enormemente a comprender cómo se transmite la TB y otras enfermedades infecciosas de transmisión aérea, al igual que cómo se desinfecta el aire y se evita así la transmisión. También fue miembro de La Unión durante mucho tiempo, cuyo legado generoso ha servido de apoyo para el trabajo actual de la asociación.
Ejemplos pasados y futuros de compromiso de la comunidad

PONENTE: Mark Dybul (Suiza)

PRESIDENTE: Por confirmar

El Dr. Mark Dybul es el Director Ejecutivo del Fondo Mundial de lucha contra el SIDA, la tuberculosis y la malaria. Dybul lleva trabajando más de 25 años en el VIH y la salud pública como médico clínico, científico, profesor y administrador.

Está graduado por la Escuela de Medicina de Georgetown, donde se unió a National Institute of Allergy and Infectious Diseases (Instituto Nacional de Alergias y Enfermedades Infecciosas), donde llevó a cabo una investigación sobre el VIH, incluido el primer estudio clínico controlado y aleatorizado con terapia antirretroviral combinada en África. Fue una fuerza impulsora de la creación del President’s Emergency Plan for AIDS Relief (PEPFAR o Plan de emergencia del presidente para el alivio de SIDA) y se convirtió en líder como Coordinador de SIDA Global de EE. UU. de 2006 a 2009. Acabó siendo coordinador del Programa Legal de Salud Global en Georgetown, donde también fue un investigador distinguido.

En 2012 fue designado para su cargo actual como Director Ejecutivo de El Fondo Mundial.

Conferencia de Robert Koch sobre el desarrollo de vacunas de la TB

PONENTE: Stefan H E Kaufmann (Alemania)

PRESIDENTE: Pere-Joan Cardona (España)

El prof. Stefan H E Kaufmann es el Director Fundador y Director Ejecutivo del Instituto Max Planck para biología de infecciones en Berlín, donde dirige el Departamento de Inmunología. También es profesor de Microbiología e Inmunología en las Clínicas Universitarias de Charité, Berlín.

El interés científico actual del prof. Kaufmann, autor de más de 700 obras, se centra en la inmunidad a patógenos bacterianos con énfasis en la tuberculosis, la vacuna racional y el diseño de biomarcadores. Es codesarrollador de un candidata para la vacuna BCG recombinante, que se encuentra en un estudio clínico de fase II, y coordina el desarrollo de varios proyectos interdisciplinarios e internacionales. Sus actividades profesionales han ido desde servir como miembro de la junta alternativa para GAVI Alliance y la dirección de más de 20 periódicos científicos, hasta la participación en varias sociedades profesionales y la iniciación del Día de la Inmunología para la salud y el bienestar.

Acerca de la conferencia en memoria de Robert Koch

Con el patrocinio del Comité Central Alemán contra la Tuberculosis (DZK), la conferencia en memoria de Robert Koch conmemora al prof. Robert Koch de Berlín, que descubrió la tuberculosis en 1882. La serie de conferencias fue inaugurada en la Conferencia Mundial de La Unión en 1994 sobre Salud Pulmonar en Mainz, Alemania, por Rudolf Ferlinz, por aquel entonces Presidente de La Unión y Secretario General de DZK. Las ponencias tienen lugar en la Conferencia Mundial cada cuatro años y todos los ponentes son los investigadores más eminentes del mundo en los diferentes campos de la investigación de la tuberculosis:

1994: Sir John Crofton (RU)
1998: Jacques Grosset (Francia)
2002: Stewart T Cole (RU)
2006 (postponed to 2007): Anthony D Harries (RU)
2010: Giorgio Roscigno (Italia)
2014: Stefan H E Kaufmann (Alemania)
Se anima a todos los miembros a participar y a votar para ayudar a configurar el futuro de La Unión

La Asamblea General es una reunión anual de todos los miembros de La Unión destinada a revisar el año transcurrido y los planes del próximo año, elegir los representantes y miembros de la Junta, y llevar a cabo otras tareas.

Este año destaca la presentación de la Medalla de La Unión, el honor más alto concedido a un miembro por contribuciones destacables al control de la TB o la salud pulmonar, así como el nombramiento de nuevos Miembros Honorarios.

Finalmente, los ganadores del concurso anual Sellos de Navidades de Recaudación de Fondos

La Asamblea General 2014 08:00-09:00 • Sala 111

La Ceremonia de Clausura del sábado, 1 de noviembre de 2014, de 16:15 a 17:15, incluye una sesión de resumen sobre las novedades científicas más destacadas de la semana. Este evento también honra a todos aquellos que han dedicado su tiempo y han brindado su apoyo en 2014, en particular los miembros del Comité del Programa Científico, cuya colaboración y compromiso son realmente esenciales para la participación en la organización de la conferencia y el programa científico. Esta sesión va seguida de una recepción de 17:15 a 18:30 en el centro de conferencias.

Ceremonia de clausura y recepción 16:15-18:30 • Sala 112
Panel de discusión: Soluciones impulsadas por la comunidad: perspectivas actuales y visión de futuro

MODERATORS: Hara Mihaelea (Camboya), D’Arcy Richardson (Estados Unidos de América)

ORADORES: Patrick Nsimba Mata (República Democrática del Congo), Edith Garba (Nigeria), Mesake Navugona (Fiyi), Oleksandr Kulchenko (Ucrania)


Se unió a Club des Amis Damien (CAD) donde desempeñó la función de derivar posibles pacientes de TB, proporcionar apoyo psicosocial a pacientes críticos y ofrecer información a las comunidades. Formado inicialmente como matemático y físico, desde entonces realizó estudios universitarios y no universitarios en relaciones internacionales. Con este trabajo de defensa, también ha recibido una formación extensa en habilidades que van desde las pruebas de VIH hasta el asesoramiento sobre capacidades informáticas. En 2013, participó en la revisión externa del Programa de Control de TB Nacional. Es el Subsecretario Nacional y el Coordinador de Proyecto para CAD, además de ser Miembro alternativo del Fondo Mundial Gestión de casos en la comunidad de la República Democrática de Congo representando a pacientes con TB.

Edith Garba, abogada y sobreviviente de la MDR-TB (Nigeria)


Mesake Navugona, jugador de la liga de rugby para la Copa del Mundo de 2000 y ex paciente tuberculoso (Fiyi)

Mesake Navugona procede de Fiyi, donde es fontanero profesional y trabaja como agente técnico de la autoridad del agua de Fiyi. Se implicó en el mundo del deporte desde los 10 años y ha representado a Fiyi en fútbol, rugby y rugby a 13. Realiza un gran trabajo voluntario ayudando a los jóvenes a través del deporte y dirigiendo los equipos de la Liga de Rugby Nacional en varios torneos en el extranjero. Es un sobreviviente y defensor de la TB que ayuda a los jóvenes de Fiyi a través de programas de concienciación.

Oleksandr Kulchenko, Unidad de Apoyo de Programas de Tratamiento, Red extendida por todo el territorio de Ucrania de personas que padecen de VIH (Ucrania)
**TUESDAY, 28 OCTOBER / MARTES, 28 OCTUBRE**  

**Symposia / Simposios**

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**Inaugural session**

Cristina Iniesta (President of ASPB)  
Joan A Caylà (Coordinator of UITB)  
Marcos Espinal (Pan American Health Organization)  
Nils Billo (The Union)

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<td>01. Global TB situation, new WHO strategies, Initiatives in Latin America</td>
<td>TB Joan A Caylà (Spain)</td>
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<td>TB Juan-Pablo Millet (Spain)</td>
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<td>03. TB-HIV</td>
<td>HIV Antonio Moreno (Spain)</td>
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<td>04. Innovations in microbiology</td>
<td>TB/Bact. Àngels Orcau (Spain)</td>
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<td>05. TB and prisons</td>
<td>TB Joan A Caylà (Spain)</td>
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**Acto Inaugural**

Cristina Iniesta (Presidenta de la ASPB)  
Joan A Caylà (Coordinador de la UITB)  
Marcos Espinal (Organización Panamericana de la Salud)  
Nils Billo (La Unión)

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<td>01. Situación mundial de la TB y nueva estrategia de la OMS, iniciativas en Latino América</td>
<td>TB Joan A Caylà (España)</td>
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<td>03. TB-VIH</td>
<td>VIH Antonio Moreno (España)</td>
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<td>04. Innovaciones en microbiología</td>
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<td>05. TB y prisiones</td>
<td>TB Joan A Caylà (España)</td>
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**WEDNESDAY, 29 OCTOBER / MIERCOLES, 29 OCTUBRE**  

**Symposia / Simposios**

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<td><strong>16:45</strong>-<strong>17:15</strong></td>
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**08. MDR-TB: clinical management of patients with specific problems**  
TB Àngels Orcau (Spain)

<table>
<thead>
<tr>
<th>Section(s)</th>
<th>Coordinator(s)</th>
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<tbody>
<tr>
<td>06. MDR-TB: clinical management of patients with specific problems</td>
<td>TB Àngels Orcau (Spain)</td>
<td>09:00-11:00</td>
<td>211</td>
<td>189</td>
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<tr>
<td>07. Latent TB infection</td>
<td>TB Llanos Roldán (Spain)</td>
<td>11:00-11:30</td>
<td>211</td>
<td>189</td>
</tr>
<tr>
<td>08. TB in big cities and in vulnerable populations</td>
<td>TB Arancha Romero (Spain)</td>
<td>13:45-14:45</td>
<td>211</td>
<td>191</td>
</tr>
<tr>
<td>09. TB: international collaboration in Latin America</td>
<td>TB Juan-Pablo Millet (Spain)</td>
<td>14:45-16:45</td>
<td>211</td>
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<td>06.</td>
<td>MDR: Manejo clínico de pacientes con problemas especiales</td>
<td>TB</td>
<td>Ángeles Orcau (España)</td>
<td>09:00-11:00</td>
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<td>Recesos para café</td>
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<td>07.</td>
<td>La infección tuberculosa latente</td>
<td>TB</td>
<td>Llanos Roldán (España)</td>
<td>11:30-13:45</td>
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<td>Recesos para el almuerzo</td>
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<td>13:45-14:45</td>
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<td>08.</td>
<td>TB en poblaciones vulnerables</td>
<td>TB</td>
<td>Arancha Romero (España)</td>
<td>14:45-16:45</td>
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<tr>
<td>09.</td>
<td>TB: Colaboración Internacional en Latino América</td>
<td>TB</td>
<td>Juan-Pablo Millet (España)</td>
<td>16:45-17:15</td>
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**THURSDAY, 30 OCTOBER / JUEVES, 30 OCTUBRE**

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<tr>
<td>01.</td>
<td>Manejo clínico-programático de la TB-MDR y XDR en América Latina</td>
<td>TB</td>
<td>Anna Volz (Estados Unidos de América)</td>
<td>08:15-09:45</td>
<td>212</td>
<td>194</td>
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<tr>
<td>02.</td>
<td>Salud pulmonar, estigma y derechos humanos</td>
<td>SC</td>
<td>Pedro Enrique Quiñones (Perú)</td>
<td>09:45-11:15</td>
<td>212</td>
<td>194</td>
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<td></td>
<td><strong>Sesión plenaria Richard Riley</strong></td>
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<td></td>
<td>Mukund Uplekar (Suiza), Aamir Khan (Pakistán)</td>
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<td>11:30-12:30</td>
<td>112</td>
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<tr>
<td>03.</td>
<td>Laboratorios de TB: gestión de la calidad y la red de laboratorios</td>
<td>TB/Bact.</td>
<td>Anna Volz (Estados Unidos de América)</td>
<td>14:00-16:00</td>
<td>212</td>
<td>195</td>
</tr>
<tr>
<td>04.</td>
<td>Ensayos clínicos y vacunas</td>
<td></td>
<td>Arancha Romero (España)</td>
<td>16:15-18:15</td>
<td>212</td>
<td>195</td>
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**FRIDAY, 31 OCTOBER / VIERNES, 31 OCTUBRE**

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<tr>
<td>05.</td>
<td>Determinantes sociales de salud</td>
<td>EYPS</td>
<td>Eduardo Ticona (Perú)</td>
<td>08:00-09:30</td>
<td>212</td>
<td>196</td>
</tr>
<tr>
<td>06.</td>
<td>Control de infecciones</td>
<td>TB</td>
<td>Rafael López (Estados Unidos de América) Edith Alarcón Arrascue (Perú)</td>
<td>09:45-11:15</td>
<td>212</td>
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<td><strong>Sesión plenaria</strong></td>
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<td></td>
<td>Mark Dybul (Suiza), Stefan H E Kaufmann (Alemania)</td>
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<td>11:30-12:30</td>
<td>112</td>
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<tr>
<td>07.</td>
<td>TB en zonas fronterizas</td>
<td></td>
<td>Llanos Roldan (España)</td>
<td>13:30-15:30</td>
<td>212</td>
<td>197</td>
</tr>
<tr>
<td>08.</td>
<td>Estrategias para mejorar los servicios de tratamiento y de atención a los pacientes</td>
<td>EYPS</td>
<td>Ronulfo Vega Huamán (Perú)</td>
<td>16:00-18:30</td>
<td>212</td>
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**SATURDAY, 1 NOVEMBER / SÁBADO, 1 NOVIEMBRE**

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<tr>
<td>09.</td>
<td>Comparación de modelos de programas de la TB en grandes ciudades</td>
<td>TB</td>
<td>Juan-Pablo Millet (España)</td>
<td>08:00-09:15</td>
<td>212</td>
<td>198</td>
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<tr>
<td>10.</td>
<td>TB, VIH y enfermedades no transmisibles</td>
<td>TB</td>
<td>Jesús F González Roldan (México)</td>
<td>09:15-11:15</td>
<td>212</td>
<td>198</td>
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<td></td>
<td><strong>Sesión plenaria</strong></td>
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<td></td>
<td>Patrick Nsimba Mata (República Democrática del Congo), Edith Garba (Nigeria), Mesake Navugona (Fiyi), Oleksandr Kulchenko (Ucrania)</td>
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<td>11:30-12:30</td>
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<td>11.</td>
<td>Tabaco e interferencia de la industria tabacalera</td>
<td>CdT</td>
<td>Yul Francisco Dorado Mazorra (Colombia)</td>
<td>13:15-14:45</td>
<td>212</td>
<td>199</td>
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<tr>
<td>12.</td>
<td>Hacia una red Latino Americana contra la TB</td>
<td>TB</td>
<td>Joan A Caylà (España)</td>
<td>15:00-15:45</td>
<td>212</td>
<td>199</td>
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**Nota:** Una traducción simultánea Inglés/Español/Inglés se organizará para estas sesiones.
**Symposium 01** 09:15 - 10:00 • Room 211

**Global TB situation, new WHO strategies, initiatives in Latin America**

**TARGET AUDIENCE**
Physicians, nurses, laboratory personnel, activists, patients interested in getting an update of the global TB situation and recent trends in Latin America.

**DESCRIPTION**
This session will describe the TB situation globally and in Latin America and highlight the elements of the new TB strategy of WHO. New initiatives in Latin America will be brought to the attention of participants.

**OBJECTIVES**
- To present to global TB situation, recent successes, gaps and challenges
- To present the new WHO TB strategy

**PRESENTATIONS**
- 09:15 - 09:35 Global TB situation and new WHO strategies – Ernesto Jaramillo (Switzerland)
- 09:35 - 09:55 TB situation in Latin America and new initiatives – Mirtha Del Granado (USA)

**Symposium 02** 10:00 - 11:45 • Room 211

**Economic Crisis and Tuberculosis**

**TARGET AUDIENCE**
All health care personnel dealing with TB patients, policy-makers, advocates, development agencies and government officials.

**DESCRIPTION**
The economic crisis in high-and low-income countries is affecting TB control in many ways. Those suffering most are patients from vulnerable populations. The economic crisis and reduced budgets for TB can lead to disparities and affect the poorest and the most vulnerable. How can we make sure that policy makers understand that funding TB services is critical also in times of an economic crisis?

**OBJECTIVES**
- To highlight the consequences of under-funding for TB services
- To show that the economic crisis is affecting the poorest of the poor
- To recommend ways to reduce the impact of the economic crisis on TB control

**PRESENTATIONS**
- 10:00 - 10:15 The problem with the health card – Javier García (Spain)
- 10:20 - 10:35 Reduction in international cooperation – Israel Molina (Spain)
- 10:40 - 10:55 Successful experience in implementing the DOTS strategy in a Region in Paraguay – Dionisisa Negrete (Paraguay)
- 11:00 - 11:15 Economic crisis and inequalities – Lluis Torrens (Spain)
Simposio 02 10:00-11:45 • Sala 211

Crisis económica y tuberculosis

SECCIÓN(ES)
Tuberculosis

COORDINADOR
Juan-Pablo Millet (España)

MODERADORES
Francisca Sánchez (España)
José María García (España)

DIRIGIDO A
Personal sanitario al cuidado de enfermos de TB, responsables políticos, consejeros, agencias de cooperación al desarrollo y trabajadores de administraciones públicas

DESCRIPCIÓN
La crisis económica en países de alta y baja renta está afectando al control de la TB en muchos aspectos. Los que más sufran de esta crisis son los pacientes de poblaciones vulnerables. La crisis económica y la reducción de presupuesto para TB pueden ocasionar desigualdades y afectar a los más pobres y a los más vulnerables. ¿Cómo podemos asegurarnos de que los responsables políticos entiendan que la financiación de los servicios en TB es fundamental también en tiempos de crisis económica?

OBJETIVOS
• Resaltar las consecuencias de la falta de financiación en TB
• Mostrar que la crisis económica está afectando a los más pobres de entre los pobres
• Recomendaciones para reducir el impacto de la crisis económica en el control de TB

PRESENTACIONES
10:00-10:15 El problema de la tarjeta sanitaria – Javier García (España)
10:20-10:35 Disminución de la cooperación internacional – Israel Molina (España)
10:40-10:55 Experiencia exitosa en la implementación de la estrategia DOTS/TAES en la IX Región Sanitaria – Dionisisa Negrete (Paraguay)
11:00-11:15 Crisis y desigualdades económicas – Lluis Torrens (España)

Simposio 03 12:15-14:00 • Sala 211

TB–HIV

SECTION(S)
HIV

COORDINATOR
Antonio Moreno (Spain)

CHAIRS
Hernando Knobel (Spain)
José M. Kindelán (Spain)

TARGET AUDIENCE
Health care personnel treating TB and HIV patients at all levels of the health care system, civil society, funding agencies and health policy makers

DESCRIPTION
Contact investigation in TB and HIV patients, strategies to improve collaboration between TB and HIV programmes are critical to serve all affected patients in an optimal way. Timely treatment of TB among HIV infected individuals needs to be promoted actively.

OBJECTIVES
• To update about treatment policies of TB among HIV positive individuals
• To highlight the importance of a good collaboration between TB and HIV programmes

PRESENTATIONS
12:15-12:35 Test and treatment strategy – Santiago Moreno (Spain)
12:40-13:00 The importance of contact tracing in both infections – Kenneth Castro (USA)
13:05-13:25 TB treatment in HIV + – Josep M. Miró (Spain)
13:30-13:50 HIV incidence in a risk cohort – Patricia Garcia De Olalla (Spain)

Simposio 03 12:15-14:00 • Sala 211

TB–VIH

SECCIÓN(ES)
VIH

COORDINADOR
Antonio Moreno (España)

MODERADORES
Hernando Knobel (España)
José M. Kindelán (España)

DIRIGIDO A
Personal de salud pública que tratan con pacientes con TB y VIH en todos los niveles de atención sanitaria, ONGs, agencias de financiación y responsables de políticas de salud.

DESCRIPCIÓN
El estudio de contactos en los pacientes en ambas infecciones, las estrategias de TB y VIH para mejorar la colaboración entre los programas de TB y VIH son cruciales para tratar a todos los pacientes afectados de una manera satisfactoria. El tratamiento de TB entre las personas infectadas por VIH se debe promover activamente.

OBJETIVOS
• Actualizar las políticas de tratamiento de TB entre las personas VIH positivas
• Destacar la importancia de una buena colaboración entre los programas de TB y VIH

PRESENTACIONES
12:15-12:35 Estrategias para diagnosticar y tratar – Santiago Moreno (España)
12:40-13:00 La importancia de estudios de contactos en ambas infecciones – Kenneth Castro (Estados Unidos de América)
13:30-13:50 Incidencia de VIH en una cohorte de riesgo – Patricia Garcia De Olalla (España)
### Symposium 04 15:00-16:45 • Room 211

#### Innovations in Microbiology

**SECTION(S)**
TB/ Bacteriology & Immunology

**COORDINATORS**
Àngels Orcau (Spain)

**CHAIRS**
Eva Cuchi (Spain)
Julíà Gonzalez (Spain)

**TARGET AUDIENCE**
Laboratory specialists and all health care personnel interested in quality control of laboratory methods used in the health care system to guarantee a timely and reliable diagnosis of TB and MDR-TB

**DESCRIPTION**
Diagnosis of TB and MDR-TB needs to be secured through regular quality control. Drug susceptibility testing is a cornerstone of good laboratory practice, an update on current and future methods is presented.

**OBJECTIVES**
- To present laboratory methods for drug sensitivity testing
- To highlight the importance of quality control in laboratory services

**PRESENTATIONS**
15:00-15:15 Quality control in microbiology. Types and indications – *Mª Teresa Tortola (Spain)*
15:20-15:35 Sensitivity to new second line drugs – *Sabine Rüsch Gerdes (Germany)*
15:40-15:55 In vitro antimycobacterial drug susceptibility testing of non-tuberculous mycobacteria – *Jaime Esteban (Spain)*
16:00-16:15 Drug susceptibility testing, MODS assay, current status and future prospects – *David Moore (UK)*

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### Simposio 04 15:00-16:45 • Sala 211

#### Innovaciones en microbiología

**SECCIÓN(ES)**
TB Bacteriología y inmunología

**COORDINADOR**
Àngels Orcau (España)

**MODERADORES**
Eva Cuchi (España)
Julíà Gonzalez (España)

**DIRECCIÓN**
Especialistas de laboratorio y personal sanitario interesados en el control de la calidad para la mejora de métodos de detección de laboratorio utilizados en TB y TB-MDR.

**DESCRIPCIÓN**
El diagnóstico de la TB y TB-MDR necesita ser garantizado a través de controles regulares de calidad. Las pruebas de sensibilidad a fármacos es una pieza fundamental para la buena práctica dentro del laboratorio. Se presentará una actualización sobre los métodos actuales y futuros.

**OBJETIVOS**
- Presentar los métodos de laboratorio para las pruebas de sensibilidad a los fármacos
- Resaltar la importancia del control de calidad en los servicios de laboratorio

**PRESENTACIONES**
15:00-15:15 Controles de calidad en micobacteriología – *Mª Teresa Tortola (España)*
15:20-15:35 Determinación a la sensibilidad de M tuberculosis a los fármacos de segunda línea – *Sabine Rüsch Gerdes (Alemania)*
15:40-15:55 Determinación en vitro de la sensibilidad a los fármacos de micobacterias no tuberculosas – *Jaime Esteban (España)*
16:00-16:15 Determinación de la sensibilidad a los fármacos por el método MODS: presente y futuro – *David Moore (Reino Unido)*

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### Symposium 05 17:00-18:30 • Room 211

#### TB and prisons

**SECTION(S)**
Tuberculosis

**COORDINATOR**
Joan A Caylà (Spain)

**CHAIRS**
Vicente Martín (Spain)
Fernando Ruiz (Spain)

**TARGET AUDIENCE**
Health care personnel, policy-makers, funders

**DESCRIPTION**
Coordination of intra- and extra-penitentiary services is an important factor for successful management of TB among prisoners. Timely diagnosis and treatment in the prison setting is also highlighted in this session.

**OBJECTIVES**
- To present ways of good collaboration between intra- and extra-penitentiary services
- To describe the evolution of TB infections in the prison system

**PRESENTATIONS**
17:00-17:20 Diagnosis and treatment – *Celia Floriano (Peru)*
17:25-17:45 The coordination between intra- and extra-penitentiary institutions – *Irina Gelmanova (Russian Federation)*
17:50-18:10 The evolution of infectious diseases within penitentiary institutions – *Andrés Marco (Spain)*
**Simposio 05**  17:00 - 18:30  • Sala 211

**TB y prisiones**

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<tr>
<td>Tuberculosis</td>
<td>Joan A Caylà (España)</td>
<td>Vicente Martín (España)</td>
<td>Personal sanitario, autoridades políticas, financiadores</td>
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**Descripción**

La coordinación entre los servicios intra y extra-penitenciarios es un factor fundamental para el buen manejo de la TB en prisiones. El diagnóstico y tratamiento precoz en prisiones se tratará al detalle en esta sesión.

**Objetivos**

- Describir modelos óptimos de colaboración entre los servicios intra y extra-penitenciarios
- La evolución de la TB en el sistema penitenciario

**Presentaciones**

- 17:00 - 17:20 Diagnosticó y tratamiento – Celia Floriano (Perú)
- 17:25 - 17:45 Coordinación intra-extrapenitenciaria – Irina Gelmanova (Federación de Rusia)
- 17:50 - 18:10 La evolución de las infecciones en las IIPP – Andrés Marco (España)

**Wednesday, 29 October / Miércoles, 29 Octubre**

**Workshop / Taller**  28-29 October/28 y 29 de Octubre

UITB Workshop / Taller UITB

**Simposio 06**  09:00 - 11:00  • Room 211

**MDR-TB: Clinical management of patients with specific problems**

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<td>Tuberculosis</td>
<td>Àngels Orcau (Spain)</td>
<td>M Angeles Jimenez (Spain)</td>
<td>Personal sanitario, interesado en el manejo de MDR/XDR-TB</td>
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**Descripción**

The management of MDR and XDR-TB is particularly difficult among vulnerable populations. How can we improve treatment outcomes among vulnerable patients, in specialized clinics or at home? How can new drugs be used in revised treatment regimens?

**Objetivos**

- To learn about new strategies to treat MDR-TB among vulnerable populations
- To appreciate the value of new drugs to treat MDR-TB
- To discuss updated treatment regimens for MDR/XDR-TB

**Presentaciones**

- 09:00 - 09:20 TB treatment problems in drug users. New strategies for the future – Iván Montoya (Spain)
- 09:25 - 09:45 In clinic and outreach DOT – Carmen Ruiz (Spain)
- 09:50 - 10:10 Delamanid: a new treatment for MDR-TB – Charles Wells (USA)
- 10:15 - 10:35 MDR-TB treatment update – José A Caminero (Spain)

**Simposio 06**  09:00 - 11:00  • Sala 211

**MDR: Manejo clínico de pacientes con problemas especiales**

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<td>Tuberculosis</td>
<td>Àngels Orcau (España)</td>
<td>M Angeles Jimenez (España)</td>
<td>Personal sanitario, interesado en el manejo de MDR/XDR-TB</td>
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**Descripción**

El manejo de la TB-MDR y XDR es especialmente complicado en población vulnerable. ¿Cómo podemos mejorar los resultados en el tratamiento de pacientes vulnerables, tanto en clínicas especializadas como en casa? ¿Cómo se pueden usar los nuevos fármacos en regímenes de tratamiento supervisados?

**Objetivos**

- Aprender nuevas estrategias para tratar la MDR-TB en poblaciones vulnerables
- El valor de los nuevos fármacos para el tratamiento de la MDR-TB
- Discutir los regímenes de tratamiento actualizados para MDR / XDR-TB

**Presentaciones**

- 09:00 - 09:20 Los problemas de tratamiento de la TB en pacientes adictos a drogas y las Estrategias – Iván Montoya (España)
- 09:25 - 09:45 Los TDO en un centro socio-sanitario y a domicilio – Carmen Ruiz (España)
- 09:50 - 10:10 Delamanid: un nuevo tratamiento para MDR-TB – Charles Wells (Estados Unidos de América)
- 10:15 - 10:35 Actualización sobre el tratamiento de la TB-MDR – José A Caminero (España)
Diagnosis of latent TB infection is a multidisciplinary task. Which new approaches can be applied to improve the diagnosis and the management of latent TB infection? Contact investigation in hospitals and the role of nurses’ networks are of critical importance. Target audience All health care personnel interest in improving the diagnosis and management of people with latent TB infection.

OBJECTIVES
- To update about new methods for the diagnosis of latent TB infection
- To demonstrate the importance of nurses’ networks to deal with contact investigation
- To highlight the interdisciplinary approach needed to improve the management of latent TB

PRESENTATIONS
11:30 - 11:50 Multidisciplinary work. The key to success – Adela Cantos (Spain), Sonia Gil (Spain)
11:55 - 12:15 Beyond the IGRAs: new approaches to the diagnosis of LTBI – José Domínguez (Spain)
12:20 - 12:40 TB contact tracing and screening of hospital health workers – Victoria Olivé (Spain)
12:45 - 13:05 TB screening in Catalonia – Rafael Guerrero (Spain)
13:10 - 13:30 Follow up of contacts of TB patients by nurses networks – Marta Isabel Calona (El Salvador)
**Symposium 08** 14:45-16:30 • Room 211

**TB in big cities and in vulnerable populations**

**SECTION(S)**
Tuberculosis

**COORDINATOR**
Arancha Romero (Spain)

**CHAIRS**
Joan A. Caylà (Spain)
Anna Rodés (Spain)

**TARGET AUDIENCE**
Health care personnel, civil society, policy makers, government officials, NGOs

**DESCRIPTION**
TB affects above all vulnerable populations, in low and in high income countries. This symposium will give an overview in several large cities and give an opportunity to compare the situation of vulnerable populations and the ways in which TB is managed.

**OBJECTIVES:**
- To emphasize the role of nurses and other health care personnel in caring for vulnerable populations
- To show the risks of neglecting vulnerable populations affected by TB
- To discuss the effects of the economic crisis on TB programmes in large cities

**PRESENTATIONS**
14:45-15:00 The role of nursing – Brenda Medel (Mexico)
15:05-15:20 The situation in the UK – Lucy Thomas (UK)
15:25-15:40 Lisboa – Raquel Duarte (Portugal)
15:45-16:00 Barcelona – Àngels Orcau (Spain)
16:05-16:20 Montevideo – Jorge Rodríguez-de Marco (Uruguay)

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**Simposio 08** 14:45-16:30 • Sala 211

**TB en grandes ciudades y en poblaciones vulnerables**

**SECCIÓN**
Tuberculosis

**COORDINADOR**
Arancha Romero (España)

**MÓDULOS**
Joan A. Caylà (España)
Anna Rodés (España)

**DIRIGIDO A:**
Personal sanitario, personal no sanitario interesado, autoridades políticas, trabajadores de administración públicas, miembros de ONGs

**DESCRIPCIÓN:**
La TB afecta principalmente a poblaciones vulnerables, tanto en países de alta y baja renta. Esta sesión mostrará una visión general de la situación de la TB en cuatro grandes ciudades y así poder comparar la situación de las poblaciones vulnerables y las diferentes formas en que se gestiona la TB.

**OBJETIVOS:**
- Destacar el papel de las enfermeras y otros profesionales sanitarios en la atención a poblaciones vulnerables
- Mostrar los riesgos de la no atención a poblaciones vulnerables afectadas por TB
- Los efectos de la crisis económica sobre los programas de TB en las grandes ciudades

**PRESENTACIONES**
14:45-15:00 El papel de enfermería – Brenda Medel (México)
15:05-15:20 La situación en el Reino Unido – Lucy Thomas (Reino Unido)
15:25-15:40 Lisboa – Raquel Duarte (Portugal)
15:45-16:00 Barcelona – Àngels Orcau (España)
16:05-16:20 Montevideo – Jorge Rodríguez-de Marco (Uruguay)
Curado es una exposición de fotografías que representan la vida cotidiana de personas que tienen algo en común: todos han tenido tuberculosis multirresistente (TB-MDR) o tuberculosis extensamente resistente (TB-XDR) y se han curado.

Este proyecto ha sido desarrollado por la Unidad de TB-MDR de La Unión y 7 programas nacionales contra la tuberculosis de América Latina y España, en colaboración con el fotógrafo Javier Galeano. Se destaca no solo la constante presencia de la tuberculosis en nuestras comunidades, sino que también todos los casos de tuberculosis, inclusive los casos con un patrón extensivo de resistencia, se pueden curar con una buena atención clínica y una buena gestión operativa.

Javier viajó a Colombia, República Dominicana, Ecuador, El Salvador, México, Perú y Gran Canaria (España) para documentar las historias de 28 pacientes curados de TB-MDR y TB-XDR, mostrar las vidas plenas que tienen hoy en día y celebrar su recuperación.

Este proyecto ha sido posible gracias al apoyo financiero de La Unión América del Norte.

**Curado**

Celebrando la vida tras la TB-MDR y la TB-XDR

A la derecha: Karen, una trabajadora social colombiana en el control de la tuberculosis, curada de TB-MDR tras 24 meses de tratamiento y cirugía
TB: International collaboration in Latin America

**TARGET AUDIENCE**
All TB stakeholders, including government officials, policy makers, health care personnel, civil society and development agencies

**DESCRIPTION**
International collaboration is vital to improve TB Control in countries. The progress and barriers of this collaboration will be presented and discussed.

**OBJECTIVES**
- To update the audience about international collaboration in Latin America
- To recommend ways in which international collaboration can be improved

**PRESENTATIONS**
16:45-17:15 TB in Latin America: How can we improve the international cooperation? – Marcos Espinal (USA)

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Colaboración Internacional en Latino América

**DIRIGIDO A**
Todas las partes interesadas en TB, incluidos trabajadores de la administración pública, responsables políticos, personal sanitario y no sanitario interesado y agencias de cooperación de desarrollo

**DESCRIPCIÓN**
La colaboración internacional es vital para mejorar el control de TB en los países. Se tratarán y se discutirán el progreso y las barreras de esta colaboración

**OBJETIVOS**
- ¿Cómo podemos mejorar la colaboración en TB en Latino América? – Marcos Espinal (Estados Unidos de América)
THURSDAY, 30 OCTOBER / JUEVES, 30 OCTUBRE

Simposio 01  08:15 - 09:45  • Sala 212
Manejo clínico-programático de la TB-MDR y XDR en América Latina

SECCIÓN(ES)
Tuberculosis

COORDINADOR
Anna Volz (Estados Unidos de América)

MODERADOR(ES)
Jose Caminero Luna (España)
Sarita Aguirre García (Paraguay)

DIRIGIDO A:
Jefes de Programas de Tuberculosis; Enfermeras y Profesionales Aliados; Responsables de laboratorio

DESCRIPCIÓN
Este simposio está dirigido a conocer las oportunidades y desafíos del control de la TB-MDR/XDR en países de América Latina, con una presentación previa de contextualización del control de la TB-MDR a cargo de un experto internacional y en base a estas presentaciones recoger las lecciones aprendidas para un mejor abordaje en el control de la TB-MDR/XDR

OBJETIVOS
- Identificar desafíos y oportunidades relacionadas al control de la TB-MDR/XDR en la Región de las Américas
- Conocer experiencias sobre el control de la TB-MDR/XDR en los países de las Américas

PRESENTACIONES
08:15 - 08:30  Atención integral de los afectados por TB-XDR en Perú – Valentina Antionieta Alarcón (Perú)
08:35 - 08:50  Desafíos y oportunidades del manejo clínico-programático de TB-MDR/XDR en las Americas – Anna Volz (USA)
08:55 - 09:10  Abordaje del control de la TB-DR en condiciones de programa – Martín Castellanos (México)
09:15 - 09:30  Expansión de la atención de TB-MDR en el contexto de la reforma del sector salud: la experiencia colombiana – Ernesto Moreno Naranjo (Colombia)

Simposio 02  09:45 - 11:15  • Sala 212
Salud pulmonar, estigma y derechos humanos

SECCIÓN(ES)
Sociedad civil

COORDINADOR
Pedro Enrique Quiñones (Perú)

MODERADOR(ES)
Juan Talledo (Perú)
Dolors Aixalà (España)

DIRIGIDO A:
Jefes de Programas de Tuberculosis; Enfermeras y Profesionales Aliados; Responsables de laboratorio

DESCRIPCIÓN
Experiencias del Plan de Salud Distrital de la Comunidad Urbana de Villa El Salvador; Lima, Perú; y Promotoras de Salud DOT-PLUS distrito de Ascope, Trujillo, Perú; con el marco de la tesis de Medicina Estudio descriptivo de las principales características sociales, demográficas, políticas y de formación de un grupo de promotores de salud de Villa El Salvador (VES); Atención Primaria de Salud y los Sistemas Locales de Salud, que actualmente deben asumirse como Abogacía, Comunicación Social y Movilización. El derecho a la salud y la participación comunitaria en la Reforma del Estado.

OBJETIVOS
- Lineamientos para la Sistematización de experiencias en Participación Comunitaria
- Intercambio entre los asistentes y actibistas de la experiencia de Derechos Humanos en Salud
- Presentación de la Asociación de Promotoras de Salud DOT-PLUS de la provincia de Ascope, Perú

PRESENTACIONES
09:45 - 10:00  Marco de Referencia para la Reforma de la Salud con Participacion Comunitaria – Pedro Enrique Quiñones (Perú)
10:05 - 10:20  El papel de activistas en Tb y VIH – Marion Zibelli (España)
10:25 - 10:40  Experiencias de los Actibistas contra la TB en Latino América – Alberto Colorado (México)
10:45 - 11:00  El Derecho a la Salud en Perú en el marco de Ley Nro. 29414 – Doris Saldaría (Perú)
11:00 - 11:15  La Experiencia de Socios en Salud Sucursal Perú – Leonid Lecca (Perú)
**Simposio 03** 14:00-16:00 • Sala 212

**Laboratorios de TB: gestión de la calidad y la red de laboratorios**

**SECCIÓN(ES)**
Tuberculosis Bacteriología y inmunología

**COORDINADOR(ES)**
Anna Volz (Estados Unidos de América)

**MODERADOR(ES)**
Fernando Alcalde (España)
Mirtha Del Granado (Estados Unidos de América)

**DIRIGIDO A:**
Responsables de laboratorio, Jefes de Programas de Tuberculosis, Enfermeras y Profesionales Aliados

**DESCRIPCIÓN**
En este simposio se presentará información recolectada a nivel regional y ejemplos seleccionados de la experiencia recientemente desarrollada en los países de América Latina. Se aspira a que las presentaciones permitan analizar la situación, avances y dificultades para reforzar la capacidad de las redes de laboratorio, en forma sostenible.

**OBJETIVOS**
1. Mostrar y analizar la situación actual de la red de laboratorios de la Región de América Latina
2. Presentar la respuesta ante los nuevos retos y desafíos para la detección y vigilancia de tuberculosis

**PRESENTACIONES**
14:00-14:15 Situacion y desafíos de las redes de laboratorio de tuberculosis en las Américas. Organización, estandarización y asistencia técnica supranacional – Lucia Barrera (Argentina)
14:20-14:35 Integración de los laboratorios de los subsistemas de salud de seguridad social y prisiones (El Salvador) – Julio Garay Ramos (El Salvador)
14:40-14:55 Aplicación del GenXpert fotovoltaico – Pau Pérez García (España)
15:00-15:15 Implementacion y aporte del Xpert MTB/RIF en un pais con gran poblacion y territorio (Brasil) – Draurio Barreira (Brasil)
15:20-15:35 Descentralización de la detección de TB resistente: Evaluación de métodos rápidos – Valentina Antonieta Alarcón (Perú)

**Simposio 04** 16:15-18:15 • Sala 212

**Ensayos clínicos y vacunas**

**SECCIÓN(ES)**
Tuberculosis

**COORDINADORA**
Arancha Romero (España)

**MODERADORES**
Marcos Burgos (Estados Unidos de América)
Antonio Moreno (España)

**DIRIGIDO A:**
Clínicos, especialistas de salud pública, investigadores, jefes de programas TB, sociedad civil

**DESCRIPCIÓN**
Esta sesión informará participantes sobre los progresos de diferentes ensayos clínicos y del desarrollo de nuevas vacunas contra la TB.

**OBJETIVOS**
- Informar sobre el progreso de ensayos clínicos de TB
- Presentar los progresos en el desarrollo de nuevas vacunas contra la TB

**PRESENTACIONES**
16:15-16:35 Stream Study – Sarah Meredith (Reino Unido)
16:40-17:00 OptiQ – Eduardo Gotuzzo (Perú)
17:05-17:25 Estudio TESEC – Juan-Pablo Millet (España)
17:30-17:50 Actualización en el desarrollo clínico de la vacuna MTVAC – Carlos Martin (España)
17:55-18:15 Actualización en el desarrollo clínico de la vacuna RUTI – Pere-Joan Cardona (España)
A través de esta mesa de discusión se pretende abordar lo determinantes sociales en salud que influyen en el adecuado control de la TB, la atención integral de las personas afectadas por TB y de su entorno.

**OBJETIVOS**
- Identificar principales determinantes sociales en salud que influyen en la TB en AL
- El abordaje ante estos desafíos que ello representa en América Latina

**PRESENTACIONES**
08:00 - 08:15 Como comprometer una respuesta político social en salud en sociedades excluyentes en América Latina – Carlton Evans (Perú)
08:20 - 08:35 Influencia de los determinantes sociales en salud en los diferentes momentos de la Historia Natural de la TB – Eduardo Ticona (Perú)
08:40 - 08:55 Lo avanzado sobre DDS en América Latina problema y desafíos – Mirtha Del Granado (Estados Unidos de América)
09:00 - 09:15 Inequidades en salud: buscar soluciones para nuestra peor epidemia – Joan Benach (España)

**Simposio 06** 09:45-11:15  •  Sala 212

**Control de infecciones**

**SECCIÓN(ES)**
Tuberculosis

**COORDINADOR(ES)**
Rafael López (Estados Unidos de América)
Edith Alarcón Arrasquie (Perú)

**MODERADOR(ES)**
Anna Scardigli (Suiza)
José A Martinez (España)

**Descripción**
Brindar a los asistentes herramientas basadas en la experiencia de los países de la Región de América Latina en la implementación de estrategias sobre el Control de Infecciones por TB a nivel nacional, que van desde la realización de un diagnóstico situacional, planificación y/o priorización con base a los recursos financieros, infraestructura y recursos humanos; desarrollo de actividades de capacitación a recursos humanos clave, vigilancia de tuberculosis en trabajadores de salud, desarrollo de planes de acción, monitoreo, evaluación y apoyo con otros socios.

**Objetivos**
- Dar a conocer los lineamientos regionales para el control de infecciones
- Presentar experiencias de éxito en la implementación de estrategias para el control de infecciones

**Presentaciones**
09:45 - 10:00 Lineamientos Regionales para el Control de Infecciones de TB en las Américas – Rafael López (Estados Unidos de América)
10:05 - 10:20 Vigilancia de TB y TB-MDR en trabajadores de salud – Valentino Antónietta Alarcón (Perú)
10:25 - 10:40 Implementacion de un modelo operativo para el control de infecciones en México. Logros y desafíos – Martín Castellanos (México)
La tuberculosis representa un desafío mayor en zonas fronterizas. Esta sesión informará sobre la situación en diferentes zonas fronterizas de América Latina y se van a presentar oportunidades y desafíos en estas áreas.

**Objetivos:**
- Presentar desafíos y oportunidades para el manejo de la TB en zonas fronterizas
- Enfatizar la importancia de la colaboración entre países

**Presentaciones:**
- 13:55 - 14:15: Ecuador-Perú – Natalia Romero (Ecuador)
- 14:20 - 14:40: Guatemala – México – Hector Sánchez-Perez (México)
- 14:45 - 15:00: Chile-Argentina-Bolivia – Olivia Horna Campos (España)

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**Simposio 08**

**16:00 - 18:30 • Sala 212**

**SECCIÓN(S):** Enfermería y Profesionales Sanitarios

**COORDINADOR:** Martín Castellanos (México)

**MODERADORES:**
- Juan Talledo (Perú)
- Llanos Roldán (España)

**Dirigido a:** Personal de salud y público en general

**Descripción:**
1 de cada 3 pacientes atendidos en unidades de salud tiene patología respiratoria. Muchas veces por falta de protocolos bien definidos se incrementan costos y aumentan las hospitalizaciones innecesarias. No hay programas para la atención en general de sintomáticos respiratorios. La Estrategia PAL se encuentra dentro de la Estrategia “Alto a la TB” y pretende fortalecer el sistema de salud basado en la Atención Primaria de Salud.

**Objetivos:**
- Conocer las diversas experiencias sobre PAL en la Región así como problemas encontrados
- Mejorar la CALIDAD de atención de los pacientes respiratorios básicamente ASMA EPOC IRAS TABAQUISMO TBC
- Mejorar la EFICIENCIA servicios de salud promoviendo intervenciones costo efectiva Atención Primaria de Salud
- Reducir el número de referencias a otros niveles de atención

**Presentaciones:**
- 16:00 - 16:15: Retos y desafíos de la estrategia PAL en Latino América – Raimond Armengol (España)
- 16:20 - 16:35: Vigilancia epidemiológica de la Influenza – Jesús F González Roldán (México)
- 17:00 - 17:15: El rol de las enfermeras de salud pública y de los agentes comunitarios de salud – Pilar Gorrindo (España), Jesús Ospina (España)
- 17:20 - 17:35: Propuesta para la atención de personas afectadas por TB y TB-MDR en poblaciones especiales (mineros) en Madre de Dios – Edith Alarcón Arrascue (Perú)
- 17:40 - 17:55: Planes de cuidado de enfermería, como estrategia para garantizar la adherencia terapéutica y la atención a los pacientes – Maria Arcelia Avena (México)
De media, la mitad de los casos de tuberculosis viven además con otra co-morbilidad, tales como desnutrición, alcoholismo, el uso de drogas ilícitas, el VIH y la Diabetes Mellitus, sin embargo, lo que mayormente arriesga al paciente a morir es el VIH y lo que implica serios desafíos para su curación y control es la diabetes, por lo que en esta mesa de discusión se pretende focalizar las acciones y modelos de abordaje eficientes para reducir la carga de enfermedad y sufrimiento por la tuberculosis, cuando se vive con DM o ECNT y VIH.

**SECCIÓN(S)**
Tuberculosis

**COORDINADOR**
Juan-Pablo Millet (España)

**MODERADOR(S)**
Joan A Caylà (España)
Draurio Barreira (Brasil)

**DIRECCIÓN A**
Jefes de programa TB, médicos, enfermeras, especialistas de laboratorio

**Descripción**
El control de la TB es un desafío sobre todo en grandes ciudades. Serán presentados diferentes modelos de atención de grandes ciudades en Latinoamérica. El seguimiento de los estándares de tratamiento son de gran importancia para garantizar una buena atención del paciente.

**OBJETIVOS**
- Intercambiar experiencias entre grandes ciudades
- Identificar los desafíos más importantes comunes
- Proponer soluciones para mejorar la atención al paciente

**Presentaciones**
- 08:00-08:15 Mejora del desempeño en la calidad de los servicios de TB – Carlos Alberto Mendoza (Perú)
- 08:20-08:35 Sao Paulo – Vera Maria Galesi (Brasil)
- 08:40-08:55 Bogotá – Ernesto Moreno Naranjo (Colombia)
- 09:00-09:15 Lima – Luis Alberto Fuentes Tafur (Perú)
**Simposio 11**  13:15-14:45 • Sala 212

**Tabaco e interferencia de la industria tabacalera**

**SECCIÓN(ES)**
Tabaco

**COORDINADOR**
Yul Francisco Dorado Mazorra (Colombia)

**MODO RADORES**
Ernesto Sebrie (Estados Unidos de América)

**DIRIGIDO A**
Los destinatarios son miembros de organizaciones civiles que trabajan para la promoción e implementación de las políticas para el control de tabaco. Organizaciones y/o profesionales que tienen como actividad central incidencia política.

**DESCRIPCIÓN**
La interferencia de la industria tabacalera (IT) ha sido identificada como el principal obstáculo para la implementación del CMCT a nivel global y representa un tema de fundamental abordaje para lograr el avance del control de la epidemia de tabaco. Desde el 2010 en Latinoamérica se creó la Iniciativa Regional para monitorear las estrategias de interferencia de la industria tabacalera en las políticas para el control de tabaco y dar respuesta para contrarrestarlas desde las organizaciones civiles. En el presente simposio se compartirán los resultados principales de la iniciativa regional.

**OBJECTIVOS**
- Exponer las estrategias de interferencia que utiliza la industria tabacalera en Latinoamérica.
- Estimular el uso de las herramientas de monitoreo sistemático de las estrategias de interferencia de la IT.
- Compartir las acciones de respuesta de parte de las organizaciones de la sociedad civil para contrarrestar.

**PRESENTACIONES**
13:15-13:30 Introducción en la Iniciativa Regional de Monitoreo de la IT y respuesta de la sociedad civil en LA – Mariela Alderete (Argentina)
13:35-13:50 El desafío de la prohibición de los aditivos en Brasil: interferencia de la industria tabacalera – Monica Andreis (Brasil)
13:55-14:10 Interferencia de la industria tabacalera en la política fiscal de México – Erick Ochoa (México)
14:15-14:30 Interferencia de la industria en la política de publicidad, promoción y patrocinio de los productos de tabaco en Argentina – Cinthia Shammah (Argentina)
14:35-14:50 Discusión

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**Simposio 12**  15:00-16:00 • Sala 212

**Hacia una red Latino Americana contra la TB**

**SECCIÓN(ES)**
Tuberculosis

**COORDINADOR**
Joan A Caylà (España)

**MODO RADORES**
Mirtha Del Granado (Estados Unidos de América)
Edith Alarcón Arrascue (Perú)

**DIRIGIDO A**
Jefes de programa TB, médicos, enfermeras, ONGs, donantes, activistas

**DESCRIPCIÓN**
Una buena colaboración entre países y entre diferentes áreas como la investigación, la formación y la gestión de programas es la base para mejorar los programas de TB en Latinoamérica. Existen redes de TB (investigación, enfermeras, etc) en Latinoamérica que podrían intensificar colaboraciones.

**OBJECTIVOS**
- Identificar factores que podrían facilitar el buen funcionamiento de redes TB
- Promover la colaboración entre diferentes áreas de TB

**PRESENTACIONES**
15:00-15:15 Programa integrado de investigación en TB de la SEPAR – Teresa Rodrigo (España)
15:20-15:35 El manejo integrado de la TB y la diabetes mellitus – experiencia de Tijuana – Martín Castellanos (México)
15:40-15:55 Experiencia de control de la TB en poblaciones adictas al crack - experiencia de Sao Paolo – Vera Maria Galesi (Brasil)
| Aarnoutse R. | PGC 06 |
| Abildae T. | WS 08, SP 22 |
| Abiola T. | SP 35 |
| Abubakar I. | SP 29, 30, 46 |
| Adae Bonsu F | SP 15, RCS 38 |
| Adams L | SP 17, 21 |
| Adejumoo OA | SP 43 |
| Adhana DF | SSS 08 |
| Agarwal U | SP 20 |
| Agarwal V | SSS 07 |
| Aghi M | SP 25 |
| Ahmedov S | SP 15 |
| Ali-Khaled N | SP 51 |
| Akerman OW | SP 44 |
| Akramul Islam M | SP 22, 34 |
| Albert H | OAP 15, SP 23 |
| Altena JWC | PGC 06 |
| Allen M | SP 25 |
| Amaechi C | PD 08, SP 34 |
| Amanullah F | SP 26 |
| Amdal H | PGC 05 |
| Andre E | RCS 39 |
| Angra P | WS 12 |
| Apriliawati L | SP 33 |
| Arouka T | SP 34 |
| Armen H | WS 08 |
| Armstrong A | SP 28 |
| Aseffa A | SSS 08 |
| Asma S | OAP 07 |
| Assael R | PD 34, 57 |
| Assefema L | SSS 08 |
| Assumpção de Souza F | SP 34 |
| Aviles E | SP 41 |
| Ayo-Yusuf O | SP 09 |
| B | PGC 07, WS 11 |
| Baddeley A | SP 49 |
| Baggeley R | SP 28 |
| Bailer Barrie M | SP 21 |
| Balasegaram M | SP 32 |
| Bam TS | SP 36, 51 |
| Banda R | RCS 38 |
| Baral S | RCS 39 |
| Barnard M | WS 03 |
| Barrera-Canceda AE | RCS 31 |
| Bassat G | SP 08 |
| Bastos LG | SP 05 |
| Bayly T | PGC 05 |
| Bekele AL | SP 52 |
| Bekker A | SP 12 |
| Beliovsky E | WS 08 |
| Belew B | SP 53 |
| Bell F | SP 47 |
| Benson T | OPP 02 |
| Bergstrom K | WS 11 |
| Bettcher D | SP 53 |
| Bhavarat R | GL, EP 02 |
| Blanck FX | SP 06 |
| Blymann K | SP 36 |
| Blok L | RCS 39 |
| Bloom A | OAP 03 |
| Bless E | RCS 39 |
| Blumer K | SSS 03 |
| Bocca D | SP 50 |
| Boeree M | SP 01 |
| Borisov A | SP 01 |
| Breitbart J | SSS 07 |
| Brent A | SP 26 |
| Bridgen J | SP 20, 32 |
| Broekmans J | WS 11, RCS 38 |
| Brooks-Pollock E | SP 44 |
| Brostroom R | SP 04 |
| Brunt M | SSS 09 |
| Burney P | SP 51 |
| Callard C | SP 25 |
| Cardona PJ | PL 2, SP 24 |
| Caroll Z | SP 36 |
| Carter EJ | GL, OPP 07, SP 12, 21 |
| Casenbigh M | WS 04 |
| Castro J | PGC 01 |
| Catanzaro A | WS 03, PD 46 |
| Cesari G | WS 06 |
| Chada S | OAP 02 |
| Chada V | SP 11 |
| Chaisson RE | SP 01 |
| Chanda P | SP 05 |
| Charalambous S | SP 06 |
| Chasokela C | SP 34 |
| Chemousova L | SSS 02 |
| Chesire L | WS 05, OAP 18, SP 06, 33 |
| Chiang CY | PGC 07, WS 11, SP 10, 51 |
| Christensen A | SP 12 |
| Chua TM | PGC 08, SP 01, MTE 01 |
| Churcyard G | MTE 03, WS 07, PD 07, SP 41 |
| Ciriolo DM | WS 04, SP 41 |
| Cobelens F | SP 06 |
| Cole S | SP 32 |
| Colvin C | SP 43 |
| Connor S | SP 07 |
| Conradie F | WS 03, PD 14 |
| Corazza A | WS 02 |
| Cordelier-Lassalle T | WS 09 |
| Cornels S | SP 10 |
| Cranmer J | SP 49 |
| Creswell J | OAP 18, SP 21 |
| Cuevas L | WS 04, OAP 13 |
| Duneton P | SSS 07 |
| Dybul M | PL 2 |
| E | PGC 02 |
| Eckhoff P | PGC 02 |
| Edington M | PD 02 |
| Edward VK | WS 10 |
| Efroymson D | SP 53 |
| Egber F | SP 44 |
| Egwaga SM | WS 11 |
| Ehlers C | SP 33 |
| El Sony A | SP 17, 51, PD 09 |
| Ellis M | SP 35 |
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Implementation of the WHO Framework Convention on Tobacco Control and MPOWER tobacco control measures has led to considerable progress since the WCTOH 2012 in Singapore, but many challenges remain.

Sessions will address:
• New emerging tobacco products and challenges, issues and strategies
• Post-2015 development agenda
• Supply side: from illicit trade to access by minors (FCTC Art. 15,16,17)
• Demand side: from taxes to cessation (FCTC Art. 6-14, Art. 20)
• Globalisation of tobacco industry interference (FCTC Art. 5.3)
• The role of civil society

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<td>2014</td>
<td>Barcelone</td>
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