World TB Day March 24

Every year, World TB Day on March 24 commemorates the date when Robert Koch first announced his discovery of the cause of tuberculosis - the TB bacteria - way back in 1882, paving the way for diagnosis and effective treatment. At that time, TB was the greatest cause of death in Europe and North America. It is still the leading cause of infectious disease death in the world, sickening 10.4 million people and killing 1.8 million every year. World TB Day is an opportunity to raise awareness about the continuing impact of TB, celebrate our accomplishments, and take stock of our efforts toward TB elimination. In your lifetime, you have the right to expect zero TB deaths, universal access to TB care, faster treatment, quick and low-cost tests, effective vaccines, and a world free of TB.
In honour of World TB Day 2017, RESULTS Canada recently facilitated a Parliamentary Research Showcase, hosted by the all-party Global Health Caucus on HIV/AIDS, TB, and Malaria. Members of the TB R&D communities in Canada (including McGill, University of Ottawa, and SickKids) and internationally showcased their TB research for parliamentarians, senators, and ministers and promoted the value of research and development in the fight against TB. Several participants presented on TB issues within Canada, on behalf of Stop TB Canada, and TB patient advocate Dhana Hamal (Toronto) also spoke with parliamentarians. The event was a great success with support across all parties and attendance from Jane Philpot, the Minister of Health, Marie-Claude Bibeau, the Minister of International Development and La Francophonie, and the Parliamentary Secretary to the Minister of International Development.

RESULTS Canada is the co-Secretariat to the all-party Global Health Caucus on HIV/AIDS, TB, and Malaria. The Global Health Caucus on HIV/AIDS, Tuberculosis and Malaria is an all-party initiative composed of Members of Parliament and Senators dedicated to working together to take action to end HIV/AIDS, TB and Malaria. The Caucus provides a forum within Parliament for an exchange of ideas on how to best address the needs of people living with or affected by the three epidemics. It is co-chaired by a member of each major political party in Canada and is operated by the Secretariat (RESULTS Canada, and the International Coalition on AIDS and Development (ICAD)).
STOP TB CANADA

TB in Canada, 2015: stable doesn’t mean getting any better

by Elizabeth Rea

Canadian TB statistics for 2015 were published recently in the Canada Communicable Disease Report, which has published an excellent March TB edition for several years now. There is good news and bad news: TB in Canada is not getting worse, but it is not getting any closer to TB elimination either. Our numbers have stalled for over a decade. Every year since 2003 about 1600 Canadians have gotten ill from TB (1,639 people in 2015); the rate of TB has fallen slightly from 5.1 per 100,000 in 2005 in 4.6/100,000 in 2015. By global standards, these are very low numbers. But surely we can do better in a wealthy, developed country like Canada! In 2015, 71% of Canadians with TB were born outside Canada - reflecting the fact the our TB is very much tied to TB in the rest of the world. But arguably, the 20% of active TB that occurs among indigenous Canadians should not be happening at all. The rate of TB among Inuit Canadians has fallen somewhat, but continues to be terribly high: 166/100,000 in 2015, the same as in Ghana (160/1000,000 in 2015 - WHO Global TB Report). By comparison, the TB rate among Canadian-born non-indigenous people is 0.6/100,000 - very close to elimination. If we can get rates of TB that low for one group of Canadians, we can get it a lot lower for the rest of us too. It is critical that TB does not fall off the political radar, and that TB programs across Canada work together towards TB elimination. Let your voice be heard!

graph from:
Tuberculosis in Canada - Summary 2015. V Gallant, V Duvvuri, M McGuire. CCDR March/April 2017

Want to find out more about TB drug supply issues in Canada?

Here's a quick read to get started:

Why TB is a Public Health Concern: why Canada must take action on drug access to ensure TB does not return to its former status as a common, incurable scourge. Adam R. Houston and Ryan Cooper, March 16, 2017
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McGill World TB Day Conference

On March 23rd, leaders in global health tackled the issues surrounding TB head-on in a conference organized by the McGill chapter of Universities Allied for Essential Medicines (UAEM-McGill). The afternoon featured a stirring keynote address by Stephen Lewis, co-founder of AIDS-Free World, followed by McGill Global Health Programs director, Madhukar Pai who stressed that even today we are using the same methods as 135 years ago, when the bacterium responsible for TB was identified. Jennifer Furin, from Harvard University, reminded the participants of the extremely large access gap for treatments. Dr. Grania Brigden highlighted solutions such as the 3P project, which offers incentives for the discovery and development of new and affordable TB drugs and facilitates pooling of the data acquired in TB research.

The afternoon ended with a panel discussion on actions that could be taken within and outside the TB research community to ensure every TB patient gets access to the treatments they need. Panelists included Rachel Kiddell-Monroe from the MSF International board and special advisor to UAEM, Dr. Jason Nickerson of MSF Canada, Dr. Chris Walpole of the Structural Genomics Consortium and Dr. Rachel Cohen of Drugs for Neglected Diseases initiative (DNDi), North America.

Include TB on the WHO Global Priority List of antibiotic-resistant bacteria!

On March 6, 2017, the Stop TB Partnership delivered a letter to WHO Director-General Dr Margaret Chan requesting inclusion of mycobacterium tuberculosis in the WHO’s Global Priority List of antibiotic-resistant bacteria to guide research, discovery and development of new antibiotics.

This letter was signed by 40 of the leading institutions working in TB and Global Health as well as 261 individuals representing researchers, scientists, civil society and communities, clinicians, health workers, advocates and heads of agencies from all around the world – including Stop TB Canada.

Here is the full letter: http://www.stoptb.org/news/stories/2017/ns17_014.asp
TB gets more Canadian media coverage around World TB Day this year

There were more news stories on TB this year around March 24 - good, bad, and sad. Here's a sample:


SickKids and TB: http://www.sickkids.ca/AboutSickKids/perspective/staff-volunteer/TB-Canada.html

TB deaths and prevention in Nunavut http://www.nunatsiaqonline.ca/stories/article/65674on_world_tb_day_researcher_urges_more_focus_on_reducing_tb_in_nunavut/


Learn the Facts about TB: http://www.huffingtonpost.ca/2017/03/24/tuberculosis-facts_n_15580440.html

On the March 24 drug-resistant TB report in the Lancet Infectious diseases:

http://www.ctvnews.ca/health/resistance-risk-for-new-tb-drugs-study-1.3338975

Didn’t make it to the Union North American Region TB conference in Vancouver in February 2017?

The BC Lung Association is the long-standing secretariat for the Union NAR conferences, and posts slide presentations in the archives section here: https://bc.lung.ca/lung-disease/union-north-america/2017-meeting-archives

Sign up for email news from the global Stop TB Partnership here http://www.stoptb.org/mailinglist.asp

SAVE THE DATE:
UPCOMING CONFERENCES

American Thoracic Society International Conference
19-24 May 2017, Washington, DC, USA

48th Union World Conference on Lung Health
11-14 October 2017, Guadalajara, Mexico

Chest 2017
28 October - 1 November, Toronto, Canada

Union North American Region Conference
27 February - 3 March 2018, Chicago, USA

JOIN THE STOP TB CANADA INITIATIVE  https://stoptbcanada.org/
Annual dues are $20. For more information or to join, mail Dr. Menn Biagtan at biagtan@bc.lung.ca.
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JOIN THE NUNAVUT NURSING TEAM!

Take advantage of this exciting opportunity of Public Health (PH)/Tuberculosis (TB) Nurse

We are looking for nurses who are available immediately for short term placements (4 weeks – 4 months*)

In your role as TB-PH nurse you implement the Nunavut TB Program in collaboration with regional communicable disease coordinators and physicians. Duties include contact investigation, screening for early detection of TB disease and risk of developing TB, administering treatment and case management. Come explore Canada’s newest territory and see amazing sights, meet unique people, and challenge your clinical practice skills.

The TB-PH nurse will work in a team setting with other nurses and healthcare professionals in traditional Inuit communities that vary in size and are accessible by air and water only.

We are looking for excellent and enthusiastic nurses who have:
- A Bachelor’s degree in Nursing and TB experience; northern experience an asset
- Ability work in a team and perform critical public health functions such as treatment, contact tracing and prevention activities
- Appreciation of the value of other cultures, how culture impacts access to health services, and an ability to adapt clinical practices to enhance the patient experience.
- Ability to teach/communicate effectively on an individual or group basis within a cross cultural setting.
- Eligible for registration with Registered Nursing Association of NWT and Nunavut.

Employment in some positions requires an acceptable criminal record check. Possession of a criminal record will not necessarily disqualify candidates from further consideration.

The Government of Nunavut is committed to creating a more representative workforce so it can better understand and serve the needs of Nunavummiut. Priority will be given to Nunavut Land Claims Beneficiaries. Candidates must clearly identify their eligibility in order to receive priority consideration under the Nunavut Priority Hiring Policy.

Only those candidates selected for an interview will be contacted.

Visit us at www.nunavutnurses.ca to find out more.
To apply or inquire email us at: nunavutnurses@gov.nu.ca
Toll free: 1-800-663-5738 Fax: (867) 975-5744

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