



# January 2025

#### **GREETINGS FROM THE CHAIR!**

Happy New Year! In addition to lots of challenges, we have lots of exciting new things to look forward to! First, we have a new Congress (see below for ideas on how to engage their help to **#EndTB**). Second, we are seeking nominations for a new Chair Elect and a new Secretary. You can use this form to nominate someone for either role. Third, we have a new online donation portal – please use it early and often! Fourth, we have a new TB Hill Day date, April 9, 2025 – mark your calendar and prepare to join our fellowship to see a **#TBFreeUSA!!** 

- Cynthia A. Tschampl, PhD, Chair

# **DC UPDATE**

January 3, 2025, marks the beginning of a new Congress, the **119th Congress** of the United States of America. There will be lots of new faces, so get the year started off right:

- 1. Look up who your two Senators are and who your one Representative is.
- 2. Send a handwritten letter or email introducing yourself as a constituent, congratulating them on their election (or re-election), telling them why you care about a #TBFreeUSA, and letting them know you will be contacting them in the future with timely requests on this issue.
- 3. Let us know how it went or if you have any questions: leadership@stoptbusa.org.

# **ANNOUNCEMENTS**

- WHO releases guidance on evidence generation on new regimens for tuberculosis treatment
- NNPH Breaks Ground on New Tuberculosis Clinic Washoe Life
- <u>House passes bill after TB death of Michigan woman who received tainted bone graft</u> material

- Winners of the 2024 Community Award for Tackling TB Stigma Through Creative Arts
- WHO announces first pregualification of a tuberculosis diagnostic test
- New Global Tuberculosis Cases Hit Record High | Infectious Diseases

#### **Other Opportunities:**

- Notice of CDC Funding Opportunity Announcement
- Call for case studies and best practices on addressing tuberculosis in prisons
- National Institute of Allergy and Infectious Disease (NIAID)

# Nominate a U.S. TB Elimination Champion

• Do you know an individual or organization making a significant impact in the fight against tuberculosis (TB)? Celebrate their efforts this World TB Day by nominating them as a 2025 U.S. TB Elimination Champion! Visit the U.S. TB Elimination Champions webpage to learn more about the process and submit your nomination by February 14<sup>th</sup>.



# **EVENTS, CONFERENCES, & COURSE**

- <u>Preliminary results of the endTB-Q trial for fluoroquinolone-, rifampin-resistant TB |</u> <u>Thursday, January 16th</u>
- The Union North American Region Annual Conference | February 26 March 1
- <u>Tuberculosis: Heterogeneity from Experimental Models to Human Disease | February</u> 16-19, 2025
- Post-TB: from evidence to action [video]
- Monthly | SEATRAC Seminar Series
- Inaugural Annual WGNV Meeting

# New TB Survivor Stories: Sharing Experiences to Raise Awareness About TB

• CDC's Division of Tuberculosis Elimination is proud to share seven new stories as part of our ongoing Tuberculosis (TB) Survivor Personal Stories series. These new

stories feature six TB survivors discussing their experiences with TB disease. You can view the videos and stories on CDC's TB Personal Stories website.



# TB REPORTS & RESOURCES

- Global Tuberculosis Report 2024
- Connections Newsletter (Issue 24-6) | CDC NCHHSTP
- FACT SHEET: Biden-Harris Administration Releases Global Health Security Annual Report Demonstrating the Impact of United States Leadership and Investments
- Reported Tuberculosis in the United States, 2023
- <u>USAID's Global Tuberculosis (TB) Strategy 2023–2030</u>
- <u>Digital TB Surveillance System Assessment Report</u>

Read more reports and resources on our website page 'From TB Wire'!

#### TB IN THE NEWS

# TB Incidence Reports:

- Galveston County teacher tests positive for tuberculosis Houston Chronicle
- Tuberculosis exposure reported South Gwinnett High School
- Bovine Tuberculosis Found in Hamlin County Feedlot | Local News | mykxlg.com
- Experts fear outbreak of tuberculosis in Rio Grande Valley

#### TB Articles:

- Black Angels remind us of centuries of injustices plaguing the TB response
- Effect of COVID-19 restriction measures on multidrug resistant tuberculosis case
- Increased CVD Incidence Is Observed in Patients With vs Without TB
- Tuberculosis R&D funding is up, but still falls short of goals, new report finds
- Reducing Tuberculosis: 333 TB Diagnosis Devices To Be Deployed, FCT (Nigeria)
- <u>HIV and Latent TB: Opportunities to Optimize Treatment and Decrease Risk for Active TB</u>

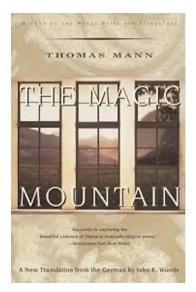
#### JOURNAL ARTICLES

- <u>Characteristics and outcomes of in-hospital patients with Covid-19 and history of tuberculosis</u>
- Trends and annual percentage changes in tuberculosis mortality estimated by Joinpoint regression and age-period-cohort analyses, Taiwan, 1978–2022
- TB infected incur huge costs, despite free diagnosis, treatment under national program: Study
- Nutritional scores predict the prognosis of patients with pulmonary tuberculosis -Frontiers
- The application of aptamer in tuberculosis diagnosis: a systematic review.
- Interaction between type 2 diabetes and past COVID-19 on active tuberculosis

Discover many more peer-reviewed articles on our website page 'Peer-Reviewed Publications'!

### TB BOOKSHELF

The Magic Mountain at 100: A tuberculosis-centric reading from a TB survivor



The Magic Mountain by Thomas Mann

ISBN: 9788804594253

Thomas Mann's novel *The Magic Mountain* was published 100 years ago last November. Set in a Davos tuberculosis sanatorium just before WWI, it is a *bildungsroman* in which the disease is ever-present, often in the background – as valuable on multiple metaphorical levels as it is in advancing plot points. The Berghof Sanitorium is a world separated in time and space from reality: it's truly magical with the residents' luxury and illness disassociated from

the society down the mountain in the "flatlands." Much literary analysis of the book focuses on European philosophy, erotic (hetero and homo) awakenings, and the author's hindsight regarding German culture and WWI. But Mann did spend time with his wife in a TB sanatorium, and what follows is an exploration of elements that make the book's elite, isolated, and pre-antibiotic world relevant to today's TB patients, advocates, and caregivers.

#### Disease as identity.

Hans Castorp's first and most important transformation is from visitor to patient. He had already bought into the sanitorium's routine, but with his examination (complete with an x-ray, often carried as if they are identity papers), and the purchase of a thermometer, he is truly an insider. There are other subdivisions among the patients, e.g., the half-lung Club (for those with a pneumothorax surgery), the good Russians, and the bad Russian. But patient/not patient is what matters most.

Now consider the modern support group, *WeAreTB.com*, whose primary goals include putting individual faces on the disease and providing personal support. At the same time, the name itself suggests collective identification with the disease. The name certainly scans better than "We are Individuals Affected by TB" but what is lost? One thinks of *Mountain's* Settembrini who eschews names and calls Castorp's cousin "lieutenant" (with an undercurrent of mockery) and Han's "engineer" (with more respect). There is both stigma and a legacy of romance to TB in the United States, but in terms of individual identity I think of one of my first infectious disease nurses commenting on my private negative pressure hospital room, "Where I come from, we just put <u>them</u> all together." Did she think, <u>they</u> are TB?

#### Identity, continued-not just the indigent and the artist:

TB's victims in fiction (see Tolstoy or Dickens for example, and more recently, *Moulin Rouge*) and reality (the Bronte family, Keats, Shelley, Chopin, Elenore Roosevelt) add to TB's mystique as a disease primarily affecting the poles of society. Yes, especially in 2024, it's easy to pigeonhole the lead character, Hans Castorp as a white male from the dominant culture, a good family, and steady income. He is not a dunderhead (at least in the final form—*The Magic Mountain* was originally intended to be a comedic complement to *Death in Venice*), but he is hardly a brilliant student. As for his class, his income is far less than that of his cousins. Our introduction to him and his interactions with others stress how truly "mediocre" he is in the non-pejorative sense. He is not an *everyman*, but he certainly doesn't rise to the level of the *characters* he encounters; Castorp is just one of many, many individuals—something with special significance as the novel ends on the WWI battlefield.

The TB community of patients and advocates understand today that TB is everywhere, and anyone can get it. Survey the individuals at https://www.cdc.gov/tb/stories/index.html (many of whom are from *WeAreTB.com*). What stands out as their common factor—aside from the disease—is simple humanity, they are every-day people.

#### Food as medicine-part of the whole picture

Readers of *The Magic Mountain* will be initially as surprised as Hans Castorp at the frequency, quantity, and quality of food: it's rich and plentiful. The emphasis on nutrition and

sufficient calories is a constant between the pre-antibiotic treatment and our current protocols. But now, especially with frequent comorbidities such as HIV and diabetes, best care demands even greater attention.

Yes, there's plenty for everyone at the novel's sanatorium, but what about down the mountain? And in our own high TB-burden regions—what happens in a food-insecure environment when someone needs more than what is available? What if the patient is also the breadwinner? This highlights the importance of comprehensive care: all aspects of sanatorium life are focused on the cure; today, the medications are just a single component of treatment.

# Healthcare is a business: Greed impedes.

"Who is paying for this gourmet food and private accommodations?" "And how much?" come up in conversation (as does lax enforcement of rules that aren't directly tied to sanatorium income streams). The reader learns early on of other institutions where profit is a higher motive: such as one where the doctor times his vacations to prevent patient discharge (running up the bill for extended stays) and another where the cure is so heavily focused on purchasing the institution's wine that more people die from cirrhosis of the liver than TB.

Compare this to our current situation, with the struggle over patents on drugs to combat MDR (with a fortunate resolution on Bedaquline), exorbitant profits on testing, and decisions on manufacturing leading to shortages. And the funds for research? Estimated to suffer a 75% shortfall. Clearly, we need to make more calls to Congress!

#### **Time Distorts**:

The Magic Mountain's patients are on a tight schedule for meals, walks, and immobility. Beyond that, days, weeks, months, and even years become irrelevant. Castorp's three-week visit becomes seven years, and his cousin's stay is a series of six-month extensions. Now think of today's TB patient, especially one on Direct Observed Treatment (DOT): you take your pills at the same time every day and then go on an expected several-hour roller coaster of side effects. We think of a course of general antibiotics in terms of days (three, seven, ten, etc.) – but even the newest, fastest TB treatments take place over months thus violating our preconceived notions. For the modern patient, this violation becomes much more noticeable when the effects of the disease start to dissipate but there are still many more pills to swallow before treatment completion.

#### Not just the lungs, but it's about the lungs:

The first TB patient Castorp encounters besides his cousin had TB in his knee. But he is effectively an outsider, "the lame porter." There are references to TB of the brain, and other organs, but the focus with Castorp his cousin Joachin, and the other guests is on the pulmonary. That fits the plot and the metaphors, but "fitting" is for narrative fiction: we face an uptick in non-pulmonary TB cases especially among women and the elderly. These are two groups who historically and today face additional obstacles to proper care.

#### The dead-invisible, ignored, and forgotten:

In the sanatorium, when someone dies, their corpse is loaded on a sled at dawn and taken down the mountain while their room is disinfected, the chemical odor remaining the only sign of the departure. The dismissal of the dead is so ingrained that the widower of the prior occupant of Castorp's room is looked down upon for his conspicuous mourning. Meanwhile, Dr. Hofrat Behrens, the lead physician, had been known to (successfully!) tell the dying to do it quietly. Today? TB killed about 1.25 million worldwide in 2023 according to WHO. Rarely do they make headline news. Just people gone.

#### Conclusion: And what of them? Of Mann? Of us?

Mann began the novel before WWI and shelved it until the war and a mostly forgotten flu epidemic combined to kill multiple millions. Mann confronted these events, as well as WWII's horrors as an exile from Germany, by not despairing, but continuing to write. (It's noteworthy that the suicides in the novel are not related to the disease.) His impact continued, especially as it relates to TB as he provided in-person guidance to Susan Sontag whose *Illness as a Metaphor*, a seminal work on cancer in culture, begins with an extended discussion of TB in history with still-applicable insights into the disease we fight. We need you in 2025 to help #ENDTB.

- David Moskowitz and the Stop TB USA Media Work Group

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