

# AUG 1st Newsletter

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Dear << Test First Name >>,

Welcome to the latest TB Modelling and Analysis Consortium ([TB MAC](#)) newsletter, with information for TB modellers, epidemiologists, and decision makers.

## **Agenda for the TB MAC / WHO annual meeting - Washington DC, U.S.A. 10th - 14th September 2018**

The agenda for our annual meeting in Washington DC, the United States has been drafted. We are unable to offer any more physical places at the meeting but you are invited to call in to hear what is being discussed and provide input. If you would like to join the meeting remotely, please register to join the meeting remotely by sending us an [email](#) stating which sessions/times you would like to join. Each session is outlined below, please click on links to see draft agendas and find out more about each session:

- [Country-level TB modelling & economics](#) - Monday 08:30-17:00 & Tuesday 09:00-17:45 (EST)
  - A discussion of the proposed model benchmarks and reporting guidelines for country-level modelling, as well as, an introduction to new economic tools and considerations for modelling.
- [TB prevention](#) - Wednesday & Thursday 09:00-17:00 (EST)
  - A discussion about the key considerations for modelling TB prevention
- [TB vaccines](#) - Friday 08:00-17:20 (EST)
  - A discussion on the utility and optimisation of modelling to support TB vaccine candidate development and implementation.
- TB diagnostics (agenda to follow) - Friday 09:00-17:00 (EST)
  - A discussion about the future of modelling TB diagnostic testing across the disease spectrum.

## **TB MAC at the [Union conference](#) - The Hague, Netherlands 24th October 2018**

Great news - TB MAC's post-graduate course was accepted for the sixth consecutive

Great news – TB MAC's post graduate course was accepted for the sixth consecutive year! 'An Introduction to Tuberculosis Modelling' will take place on Wednesday the 24th of October in The Hague, from 10:30 to 17:30 (room TBC). Registration for the post-graduate course can be completed at the same time as [registration](#) for the conference. Please pass on the details of this course to anyone you think would be interested.

## **LAUNCH of the GHCC HIV and TB Unit Cost Study Repository ([UCSR](#)), July 2018**

Last month our colleagues at The Global Health Cost Consortium, a Bill & Melinda Gates Foundation funded project, launched the [UCSR](#), an online platform that houses published and grey literature on cost estimates for HIV and TB interventions. To improve the UCSR data with respect to TB, your feedback, as members of the TB MAC network, would be greatly appreciated. You can give feedback by following the link to the [Feedback Survey](#). For those who would like to be part of a more in-depth beta-testing group, please email [wdecormier@avenirhealth.org](mailto:wdecormier@avenirhealth.org).

For more information about GHCC or to access the UCSR data go to [ghcosting.org](http://ghcosting.org), where the UCSR can be found under "Data". If you would like to sign up for the GHCC [newsletter](#) click [here](#), and to follow the GHCC on Twitter search for [@ghcosting](#).

## **Recent Publications from our community**

[Orlando et al](#) performed a cost-effectiveness analysis of screening protocols for HIV+ patients in Mozambique.

[Lalli et al](#) used the TIME modelling tool in a low-prevalence setting to investigate the impact of two case-finding scenarios.

[Doan et al](#) [PRE-PRINT] modelled short-course MDR regimens using intrahost & PKPD models.

[Bershteyn et al](#) described EMOD, a multi-disease framework approach including TB  
[Dunbar et al](#) performed a laboratory cost-benefit analysis of smear/culture vs Xpert in the diagnosis of RR-TB in Cape Town, South Africa.

[Schnippel et al](#) used a Markov model to estimate the impact of bedaquiline toxicity on the incremental cost-effectiveness ratio for MDR-/RR TB in South Africa.

[Rajoli et al](#) used a physiologically-based pharmacokinetic model of long-acting injectables to consider uninterrupted treatment TB

[Horton et al](#) modelled gender differences in TB disease burden

[Knight et al](#) estimated the relative fitness of MDR-TB in Peru using a household transmission model

[Boccia et al](#) developed a framework for modelling the impact of social protection on TB

[John et al](#) calculated the cost-effectiveness of a decentralised model for MDR-TB care in India

[Floyd et al](#) discussed the Global TB Targets & Milestones and the underlying methods

[White et al](#) discussed lessons learned in informing policy making via the South African TB Think Tank

[Tedijanto et al](#) reviewed and modelled seasonal variation in TB incidence

[Menzies et al](#) modelled elimination of tuberculosis in the United States

[de Vlas et al](#) modelled screening strategies for LTBI in low burden countries

[Issarow et al](#) modelled the importance of super-spreaders in environments with different levels of air quality

[Kim et al](#) investigated control strategies in the Philippines

[Adelman et al](#) calculated cost-effectiveness for different case-finding algorithms in Ethiopia

[Korthals Altes et al](#) modelled the importance of imported vs. transmitted latent tuberculosis infection in foreign-born populations in the Netherlands

[Teljeur et al](#) considered neonatal BCG vaccination of high-risk infants in Ireland from an economic perspective

[Marx et al](#) modelled the targeting of interventions towards previously treated individuals in South Africa

[Naning et al](#) modelled the impact of treatment strategies on tuberculosis prevalence in prisons

[Bowness et al](#) modelled bacteria and antibiotic treatment spatially at a cellular level

[Marney et al](#) used homology models to model the structural origins of isoniazid resistance

[Ndeffo-Mbah et al](#) reviewed models of multiple different infectious diseases, including tuberculosis, in prison populations

[Wangari & Stone](#) identified backward bifurcations in recurrent tuberculosis

[Arregui et al](#) used age-specific contact data to model disease burden

[Maskery et al](#) compared the economic and health impacts of smear vs culture-based TB screening of Filipino immigrants in the USA.

[Schnippel et al](#) estimated the provider costs of adverse drug reactions to drug-resistant treatment regimens in South Africa

[McCreesh et al](#) used a model to explain the low proportion of tuberculosis that results from transmission between household and known social contacts

[Carter et al](#) used a statistical model to analyse the impact of social protection and poverty elimination on tuberculosis incidence globally

[Chang et al](#) estimated the contribution of gold mines to the tuberculosis burden in South Africa

[Arregui et al](#) evaluated the impact on burden projections of a detailed consideration of demographic dynamics

[Johnson et al](#) calculated the cost-effectiveness of different preventive therapy regimens in Uganda

[Menzies et al](#) conducted a systematic review of the validity of modelling assumptions about the progression from latent infection to active disease

[Sohn et al](#) calculated the cost-effectiveness of contact screening strategies in high-school adolescents in South Korea

[Padmasawitri et al](#) conducted a review of cost-effectiveness analyses of TB diagnosis that used modelling, identifying disparities in the structural approach

If you have any recently published TB modelling papers that you would like us to highlight in our future newsletters, [email](#) us with details.

For more information on TB MAC, or to get involved, please contact any of the [TB MAC Committee](#), visit [www.tb-mac.org](http://www.tb-mac.org) or email us directly at [tb-mac@lshtm.ac.uk](mailto:tb-mac@lshtm.ac.uk).

Best wishes,

Richard, Finn, Madeleine and the TB MAC Committee

[www.tb-mac.org](http://www.tb-mac.org)

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