Dear << Test First Name >>,

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

TB MAC has limited funding available for LMIC modellers to present at Epidemics or Union conference
If you are a Low- or Middle-Income Country modeller who has secured a presentation slot at either the Epidemics Conference on Infectious Disease Dynamics [December 3-6, 2019 | Charleston, SC, USA] or The Union conference [30 Oct to 2 Nov| Hyderabad, India] but are currently unable to attend because of a lack of funding, TB MAC has limited funding available to help you get there! To apply, please email us at tb-mac@lshtm.ac.uk and include your current institution, country, proof of presentation acceptance, as well as a brief paragraph with a budget estimate, and explaining why other sources of funding are unavailable to you.

Job opportunity
The Institute for Disease Modeling (IDM) is currently searching for its next HIV/TB team lead. This is an influential position, relied on heavily by BMGF for it's decision-making. Anna Bershteyn, a TB MAC steering committee member, currently holds this position and will be stepping down at the end of summer to join the Department of Population Health at NYU. We congratulate her on her new appointment. She has kindly suggested candidates considering applying for the role reach out to her for her perspective on this exciting opportunity. She is contactable via email: bershteyn@alum.mit.edu. Alternatively, please see the link for details on the job.

**GHCC will be at the International Health Economics Association (iHEA) Congress [Basel, Switzerland 13-17 July 2019]**
For those of you who will be attending the iHEA Congress this year, The GHCC would like to invite you to join the following presentations:
1) 15 July 08:30-10:00 Developing Cost Data Repositories: Lessons Learned from HIV/TB, Immunization, Malaria, and Social and Behavior Change

2) 15 July 13:30-15:00 <u>The Global Health Cost Consortium Methods and Results to Produce Cost Curves and Unit Cost Estimates for HIV and TB Services</u>
3) 16 July 10:30-12:00 <u>Innovations in Cost Estimation for Health Services in Low and Middle-Income Countries</u>
4) 16 July 13:30-15:50 <u>Cost Modelling for Decision-Making: Alternative Methodological Approaches from the Fields of Malaria, Tuberculosis, HIV, and Maternal, Newborn, and Child Health</u>

■ Reflective of recent transmission due TB contact (contacts with newly acquired infection)

■ Currently have a WHO recommendation for LTBI screening/treatment (e.g. HIV, dialysis, transplant)

■ In some jurisdictions, carry additional recommendations for LTBI screening/treatment (e.g. steroids, biologics, cancers)

■ Aged < 65 years with no WHO recommendation for LTBI screening/treatment; must be treated for LTBI to eliminate TB

■ Aged ≥ 65 years with no WHO recommendation for LTBI screening/treatment; must be treated for LTBI to eliminate TB
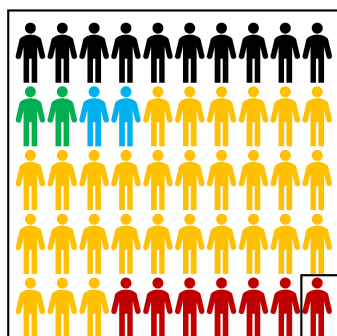
Featured article: Campbell et al. discuss TB elimination as an aspirational vision while caveating the vision with its ethical implications – namely that the implicit requirement of elimination, of offering LTBI screening and treatment to individuals, may cause the individual more harm than good. The picture shows the distribution of TB disease among risk groups in Canada.

Recent Publications from our community
<u>Dale et al</u> combine TB notifications with estimates of latent TB in Australian migrants to quantify reactivation rates.
<u>Shrestha et al</u> model targeted testing and treatment of risk groups and enhanced contact investigation in California, Florida, New York, and Texas.
<u>Fröberg G et al</u> develop a predictive model to estimate individual probability of recent and/or remote LTBI.
<u>Campbell et al</u> reflect on TB elimination as an important aspirational vision, and the ethical implications of this goal
<u>Sweilam et al</u> study optimal control for a fractional TB infection model.
<u>Awad et al</u> model the impact of diabetes mellitus on TB transmission dynamics in

India.

Gomes et al introduce concrete metrics of risk inequality for use in TB policy development, identifying the acquisition of infection as the single process where heterogeneity most fundamentally impacts model outputs.

Nelson et al [bioRxiv] model the effect of missing cases when developing a transmission network of XDR-TB in South Africa.

Bozorgmehr et al model country-specific probabilities of numbers needed to screen (NNS) conditional on different screening thresholds.

Wallace & Wallace critique the WHO model used to predict TB incidence decline with fulfillment of Sustainable Development Goal (SDG) sub-targets.

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 or email us directly at tb-mac@lshtm.ac.uk.

Best wishes,
Richard, Finn, Madeleine and the TB MAC Committee
www.tb-mac.org
tb-mac@lshtm.ac.uk

GDPR compliance
In line with the new European data protection regulations (GDPR), we would like to make sure that you still want to hear from us and keep receiving the newsletter. Subscription to the newsletter means we have your name, email and organisation details stored in a private mailing list. If you no longer like us to keep this information or no longer wish to receive newsletters please click on unsubscribe below. Should you choose not to unsubscribe we will take this as your acceptance to continue receiving newsletters from us.

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