

RePORT International Newsletter

January 2024

In This Issue

- An Interview with Dr. Sudha Srinivasan
- Announcements
- RePORT International Recent Publications
- Resources

THE RePORT INTERNATIONAL CHRONICLES:

A Legacy of Commitment, Collaboration, and Global Health Impact

This is a summary of a conversation with Dr. Sudha Srinivasan, former Program Officer at the ***TB Clinical Research Branch at the Division of AIDS at the National Institutes of Allergy and Infectious Diseases (NIAID)*** at the National Institutes of Health. In this role, Dr. Srinivasan was the Project Officer for ***RePORT International*** and played a key role in managing and the evolution of RePORT International.

Dr. Srinivasan is a geneticist by training, but now has had several decades of professional experience in managing international projects and programs in public health (both private and public sector). She recently left NIAID and is currently with the ***National Institute of Neurological Disorders and Stroke***, as its Program Director for Global Health.



Could you provide a brief overview the history and journey of RePORT? Please focus on how it became the collaborative consortium it is today?

The roots of RePORT trace back to a collaborative effort between the National Institutes of Health (NIH), U.S.A., Department of Biotechnology (DBT), India, and a group of researchers from various backgrounds, including pulmonary medicine, infectious diseases, and genetics. They came together to discuss the formation of what would later become RePORT India. A survey, featuring researchers from diverse disciplines such as pharmacokinetics, aging, and global health, marked the

inception of the RePORT India network, which was couched under the U.S.-Indo Vaccine Action Program (VAP).

Over the years, RePORT India has become a leading entity in TB/HIV research, with a focus on strengthening clinical and basic research in tuberculosis (TB) institutions. Over time, RePORT India expanded, incorporating expertise from Brazil and South Africa followed by other high disease burden country networks to create a truly international alliance.

How have the consortium's goals and priorities evolved during your tenure as a sponsor?

As a sponsor representative, my tenure has been marked by a continuous evolution of RePORT's goals and priorities. Adapting to the dynamic landscape of global health, we sought to address the research priorities that matter most and could best alleviate the disease burden. While TB may not be a prevalent issue in the U.S., our commitment to developing better interventions and strategies aligns with the global burden of disease, particularly in Sub-Saharan Africa, India, Brazil, and other countries. Our research priorities have remained synchronized with the overarching goal of mitigating the burden of disease worldwide.

What were the primary reasons you initially joined the consortium and what was the inception process of RePORT like?

Having previously been involved in research in HIV cohorts, the transition to TB was personally, a logical progression. Drawing from experience in the Multicenter AIDS cohort study and the Women's Interagency HIV Study cohorts, HIV longitudinal cohorts supported by DAIDS, RePORT was structured as a TB/HIV cohort with similar frameworks, but mostly as bilateral initiatives and with joint funding from organizations such as Department of Biotechnology (DBT, India), South African Medical Research Council, and others. Challenges comprised of launching the consortium, navigating funding cycles, changing priorities and administrative agendas, and the unexpected disruption of COVID-19. These all tested our commitment and yet, the investment, energy, commitment, and heart put into this global initiative by principal investigators, U.S. collaborators, and other networks and sponsors has been unwavering and has resulted in the robust, productive TB/HIV research platform that RePORT is today.

Based on your experience, what advice would you give younger professionals who may be joining the consortium or similar initiatives?

For those embarking on similar journeys, especially in the realm of TB research, my advice is to stay rooted in the understanding that this field offers an opportunity to address the needs of the poorest of the poor. Encouraging junior investigators to consider a career in TB research is not just about science but also about making a tangible difference in global health. It is a chance to contribute to a field that addresses the neglected, and aids the most vulnerable populations, aligning personal passion with meaningful impact.



What role do you think relationship-building plays in the success of collaborative endeavors?

Relationship-building stands as a cornerstone of our success within the consortium. Understanding the scientific and personal goals of fellow institutions, acknowledging challenges, and embracing a nimble understanding of contextual restrictions have been paramount. The success of collaborative endeavors is intricately tied to the strength of relationships forged along the way.

What legacy or mark do you hope to leave behind within the consortium?

Looking ahead, the legacy I hope to leave within the consortium is one of making a difference, albeit in a small way, toward the promotion of TB and HIV research and the mitigation of the global burden of disease. The vision extends to sustainability, with a hope that the consortium, in collaboration with global partners, continues to flourish and make a lasting impact on a global scale.

How has your personal or professional growth been influenced by your role as a sponsor in the consortium?

My role as a sponsor has not only been a professional endeavor but a deeply personal one. The journey has been marked by incredible projects, personal investment, and a commitment similar to nurturing a newborn child. The perseverance of investigators, the commitment of program leads, and the enduring relationships forged have been instrumental in the success of our multifaceted and multinational effort. The lessons learned and skills gained in this journey are not just confined to TB research but are transferable, influencing personal and professional growth across various aspects of my career.

In conclusion, RePORT stands as a testament to the power of collaboration in addressing global health challenges. As we strive for sustainability, the hope is that this collaborative endeavor continues to bear fruit, making a lasting impact on the landscape of TB and HIV research worldwide.

Message from Jerrold Ellner, Director, TB RICC

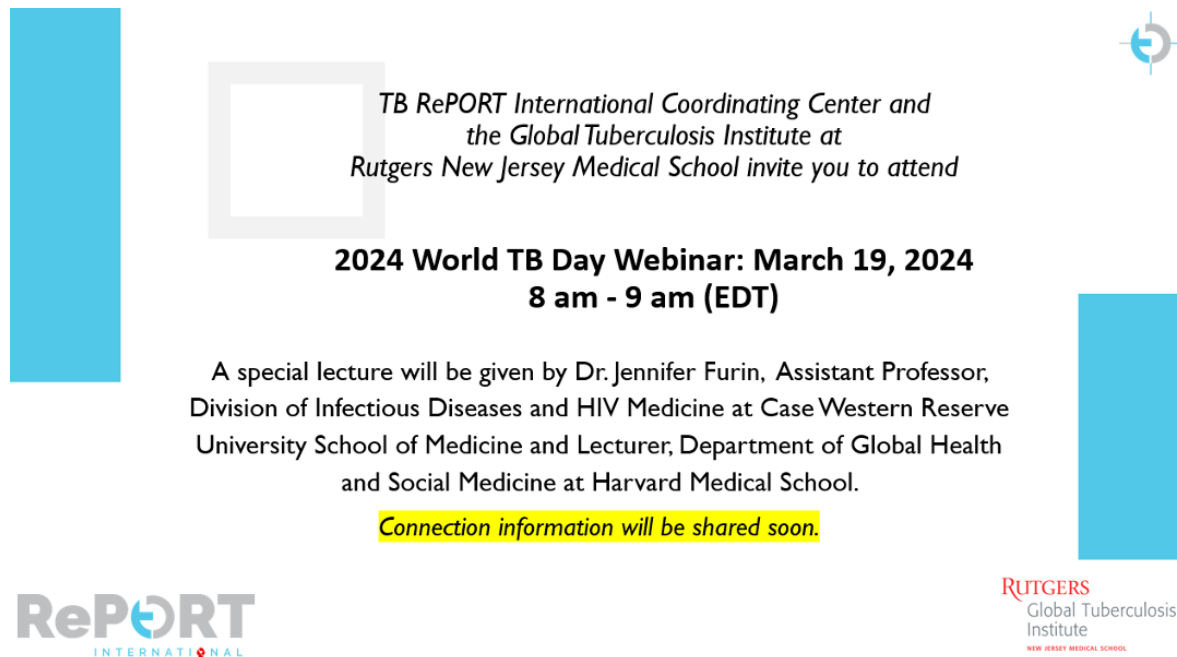
Without Sudha Srinivasan's passion and skills, the RePORT program would not have achieved its current stature, especially, if she had left RePORT five, even two years ago. The mark of a great leader/legacy is that the activities continue and excel after he/she moves on. RePORT will continue to excel, but we will miss the comfort of Sudha's "having our backs" and working with us to overcome small and large obstacles. On a personal note, I appreciated Sudha's "can-do: and up-beat attitude. RePORT will develop and prosper – but will be a little less fun...

Thank you, Sudha and good luck!
Jerry

ANNOUNCEMENTS

World TB Day Webinar: A Special Lecture by Dr. Jennifer Furin

[Dr. Furin](#) is a medical anthropologist and infectious diseases physician who has dedicated her career over the span of three decades to improving access to care for all people living with drug-resistant TB, with a focus on vulnerable populations including children, pregnant people, incarcerated individuals, and migrants. This lecture will be a reminder of why the work of RePORT is integral to improving the lives of the world's most at-risk individuals.





*TB RePORT International Coordinating Center and
the Global Tuberculosis Institute at
Rutgers New Jersey Medical School invite you to attend*

**2024 World TB Day Webinar: March 19, 2024
8 am - 9 am (EDT)**

A special lecture will be given by Dr. Jennifer Furin, Assistant Professor, Division of Infectious Diseases and HIV Medicine at Case Western Reserve University School of Medicine and Lecturer, Department of Global Health and Social Medicine at Harvard Medical School.

Connection information will be shared soon.



2024 RePORT International Annual Meeting Dates

Data Harmonization Pre-Meeting: Tuesday, 20th August
Scientific & Operational Sessions: Wednesday, 21st August – Friday, 23rd August,
2024
Venue: Salvador, Brazil

RECENT RePORT PUBLICATIONS

RePORT India

Christopher DJ, Priya N, Shankar D, Isaac B, DeLuca A, Sarkar S, Babu SP, Samuel P, Cattamanchi A, Gupta A, Ellner J, Srinivasan S, Cox S, Thangakunam B. Tuberculin Test Using Indian Indigenous Purified-Protein Derivative (PPD) Shows Only Moderate Agreement with International Standard PPD. *New England Journal of Medicine*. 2023. DOI: <https://doi.org/10.1016/j.jctube.2023.100404>.

Paradkar MS, Pradhan NN, Balaji S, Gaikwad SN, Chavan A, Dharmashale SN, Sahasrabudhe T, Lokhande R, Deshmukh SA, Barthwal M, Atre S, Raskar SS, Sawant TU, Gupte AN, Kakrani A, Golub J, Padmapriyadarsini C, Gupta A, Gupte NA, Mave V. Early Microbiologic Markers of Pulmonary Tuberculosis Treatment Outcomes. *Annals of the American Thoracic Society*. 2023 Dec; 20(12): 1760-1768. DOI: 10.1513/AnnalsATS.202302-144OC. PMID: 38038600.

Jalbert E, Liu C, Mave V, Lang N, Kagal A, Valvi C, Paradkar M, Gupte N, Lokhande R, Bharadwaj R, Kulkarni V, Gupta A, Weinberg A. Comparative Immune Responses to Mycobacterium Tuberculosis in People with Latent Infection or Sterilizing Protection. *iScience*. 2023 Aug 18; 26(8): 107425. DOI: 10.1016/j.isci.2023.107425. PMID: 37564701; PMCID: PMC10410524.

Queiroz ATL, Vinhaes CL, Fukutani ER, Gupte AN, Kumar NP, Fukutani KF, Arriaga MB, Sterling TR, Babu S, Gaikwad S, Karyakarte R, Mave V, Paradhkar M, Viswanathan V, Gupta A, Andrade BB, Kornfeld H. A Multi-Center, Prospective Cohort Study of Whole Blood Gene Expression in the Tuberculosis-Diabetes Interaction. *Scientific Reports*. 2023; 13: 7769. DOI: 10.1038/s41598-023-34847-9.

Viswanathan V, Devarajan A, Kumpatla S, Dhanasekaran M, Babu S, Kornfeld H. Effect of Prediabetes on Tuberculosis Treatment Outcomes: A Study from South India. *Diabetes & Metabolic Syndrome*. 2023 Jul; 17(7): 102801. DOI: 10.1016/j.dsx.2023.102801. PMID: 37354752; PMCID: PMC10528008.

RePORT Indonesia

Burhan E, Karyana M, Karuniawati A, et al. Characteristics of Drug-Sensitive and Drug-Resistant Tuberculosis Cases Among Adults at Tuberculosis Referral Hospitals in Indonesia. *Am J Trop Med Hyg*. 2022. DOI: 10.4269/ajtmh.22-0142.

Karuniawati A, Burhan E, Koendhori EB, Sari D, Haryanto B, Nuryastuti T, et al. Performance of Xpert MTB/RIF and Sputum Microscopy Compared to Sputum Culture for Diagnosis of Tuberculosis in Seven Hospitals in Indonesia. *Front Med*. 2023. DOI: 10.3389/fmed.2022.909198.

Kusmiati T, Burhan E, Sugiyono RI, et al. The seroprevalence of Anti-Histoplasma Capsulatum IgG Antibody Among Pulmonary Tuberculosis Patients in Seven Referral Tuberculosis Hospitals in Indonesia. *PLoS Negl Trop Dis*. 2023. DOI: 10.1371/journal.pntd.0011575.

RePORT Brazil

Queiroz ATL, Vinhaes CL, Fukutani ER, et al. A Multi-Center, Prospective Cohort Study of Whole Blood Gene Expression in The Tuberculosis-Diabetes Interaction. *Sci Rep*. 2023. DOI:

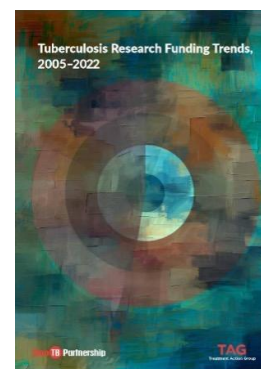
Araújo-Pereira M, Nogueira BMF, Spener-Gomes R, et al. Anemia and anti-tuberculosis treatment outcome in persons with pulmonary tuberculosis: A multi-center prospective cohort study. *Journal of Infection and Public Health*. 2023 Apr 18;16(6):974-980. DOI: 10.1016/j.jiph.2023.04.009. PMID: 37121049.

RESOURCES



The [WHO Global Tuberculosis Report 2023](#) was released at the end of last year and not only provides a comprehensive and up-to-date assessment of the TB epidemic and of progress in prevention, diagnosis and treatment of the disease, at global, regional and country levels, but has a number of accompanying tools which can be used for presentations, a deep dive into the data, and an app with country and regional data.

Treatment Action Group along with the Stop TB Partnership has released, [Tuberculosis Research Funding Trends 2005-2022](#), which covers the trend in TB research and development. A [slide set](#) accompanies the report.



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