

RePORT International Newsletter

April 2024

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RePORT India Annual Meeting 2024: Fostering Collaborative Research and Innovation in Tuberculosis



Delegates from the 13th RePORT India Annual Meeting

The 13th RePORT India Annual Meeting was held from 3-5 April 2024, at the National Institute of Immunology (NII) in New Delhi. Organized under the auspices of the Department of Biotechnology (DBT), Government of India, and the National Institute of Allergy and Infectious Diseases (NIAID), USA, the event was graced by esteemed dignitaries, including Dr. Rajesh S. Gokhale, Secretary



Dr. Rajesh Gokhale, Secretary, DBT India at the 13th RePORT India Annual Meeting

Established in 2013 as part of the Indo-US Vaccine Action Program (VAP), RePORT India is one of the earliest RePORT International networks with a decade-long history in tuberculosis (TB) research. In Phase II, RePORT India is at the forefront under the leadership of Dr. Amita Gupta (US Chair), Dr. Sonali Sarkar (India Chair), Dr. Vijaya Valluri (India Co-Chair) and Dr. Padmini Salgame (US Co-Chair). Dr. Gokhale's keynote address highlighted the consortium's growth, development, and evolution over the years, appreciating the significant work accomplished by RePORT India.

The emphasis this year was more on the impact of nutrition on TB, lung health in persons with TB, and the quality of life post-TB treatment. Researchers presented findings on genomic surveillance, biomarkers, drug resistance, and new diagnostic tools. The consortium explored challenges in diagnosing TB, particularly in children and primary care settings, and aimed to develop low-cost, easily accessible point-of-care diagnostic tools. Additionally, the team deliberated on testing strategies for culture confirmation, the role of the private sector in improving access to affordable healthcare technologies, and future strategies for identifying biomarkers to predict unfavorable treatment outcomes. The overarching effects of undernutrition on TB and potential research areas for action were thoroughly analyzed. "Nearly half of persons with TB had impaired lung function, with airflow obstruction and restrictive spirometry patterns observed in a quarter and 30% of patients, respectively," Dr. Akshay Gupte, from Boston University, reported from previous analyses. "We aim to elucidate the immunological pathways associated with acute lung injury and explore potential modulation strategies for future clinical trials," he added.



Opening Ceremony with leadership and hosts

The consortium emphasized the need for improved TB detection tools, such as non-sputum-based tests, digital X-rays, and AI-enabled technologies. The report highlighted the challenges of balancing affordability, high performance, and suitability for decentralized settings when selecting new diagnostic methods. Furthermore, results from biomarker studies aimed at predicting the progression from latent TB infection to active disease and identifying immunodeficiencies in children leading to latent TB reactivation or active TB progression were discussed.

Insights on drug level monitoring, population pharmacokinetic (PK) modeling, and the potential for pharmacogenomic evaluation to optimize drug dosing in the Indian population were explored. Challenges in diagnosing TB meningitis (TBM), potential biomarkers, as well as the pathogenesis and classification of TBM, were also discussed. Improving TB detection tools and access was also a pressing concern. As emphasized by Dr. Sanjay Sarin from FIND India, "There is a need for improved tools for TB detection and early diagnosis, particularly in children, and the need to improve access to WHO-approved molecular diagnostic tests."



From left: Senbagavalli Prakash (Program Manager), Sonali Sarkar, (India Chair), Padmini Salgame (US Co-Chair), Vijaya Valluri (India Co-Chair), Amita Gupta (US Chair) and Nancy Divya (Administrative Coordinator)

RePORT India Phase I accumulated a total of 105,036 specimens, highlighting the extensive sample collection for comprehensive research analysis. The ongoing Phase II remains robust, with 100% of the adult pulmonary TB diagnostic cohort, 68% of Cohort A, and 46% of Cohort B successfully enrolled. Additionally, the sample availability is extensive (>70,443 aliquots), showcasing the substantial breadth and depth of the sample collection, enabling thorough and impactful research outcomes. Visit the [Central Biorepository](#) for more information.

This consortium aims to accelerate progress in TB research by pooling expertise and resources across multiple countries, fostering innovation, and translating research findings into impactful outcomes, contributing to the global effort towards TB elimination. The emphasis on operational and interventional research signifies a move towards implementing findings into real-world solutions to combat TB effectively in which RePORT India will be leading the way.

ANNOUNCEMENTS

RFA for the NIH-funded HIV Cure-Related Research in Africa closes in 2 weeks!

Deadline: April 22, 2024

The U.S. National Institutes of Health (NIH) through the National Institute of Allergy and Infectious Diseases (NIAID), invites researchers to submit full proposals for the competition titled "**HIV Cure-Related Research in Africa.**" This initiative, organized and administered by CRDF Global on behalf of NIAD, will provide funding to awards of no more than \$150,000 per applicant in support of expanding knowledge on HIV persistence and post-treatment control in people living with non-subtype B HIV in Africa.

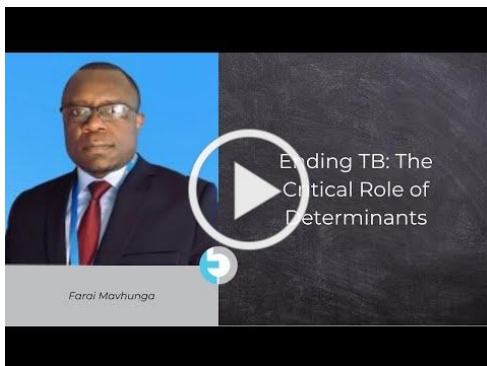
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Cross Consortium Funding for the RePORT International Consortium Deadline: June 21, 2024

RePORT International is accepting proposals for the "**Cross Consortium Funding for the RePORT International Consortium.**" This Competition is organized by the RePORT International Coordinating Center and administered by CRDF Global, on behalf of the National Institute of Allergies and Infectious Diseases (NIAID). \$1 million USD grant support is available to fund 2-3 projects for up to two years in duration.

[LEARN MORE](#)

World TB Talks on our YouTube Channel



"Ending TB: The Critical Role of Determinants," by Farai Mavhunga



"Is Tuberculosis Care Humanistic? What the Latest Evidence Reveals," by Jennifer Furin

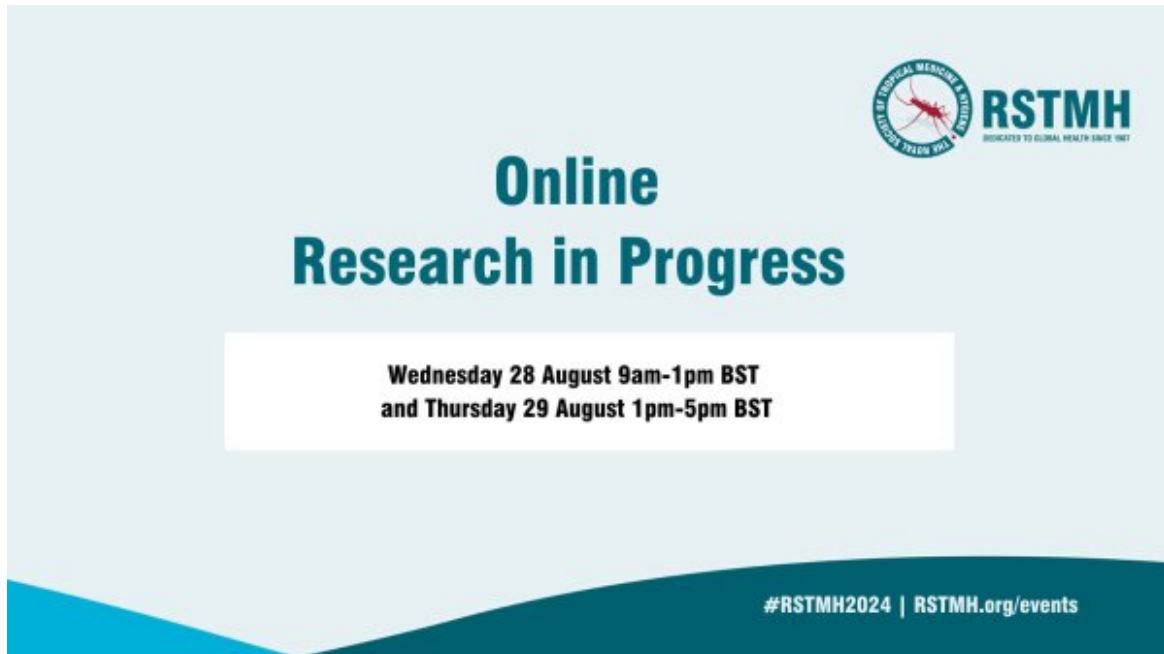
We Want to Hear From You

We want to learn more about your work and activities and share news about your work and colleagues. Take our communications survey and let us know what you

think!

TAKE SURVEY

RESOURCES



Online RSTMH Research in Progress

The **Online Royal Society of Tropical Medicine and Hygiene (RSTMH) Research in Progress** meeting is taking place virtually on Wednesday, 28 August 9am-1pm BST and Thursday, 29 August 1pm-5pm BST.

The **RSTMH Research in Progress** events are designed specifically for early career investigators to present their unpublished research in progress to peers and senior experts in all fields of tropical medicine and global health. Certificates of attendance will be provided.

There will be guidance sessions during the event on:

- How to get funding
- How to get published
- How to communicate your research

The event is free to attend for members and Fellows or £5 per person for non-members.

LEARN MORE

WORDS MATTER

SUGGESTED LANGUAGE AND USAGE
FOR TUBERCULOSIS COMMUNICATIONS

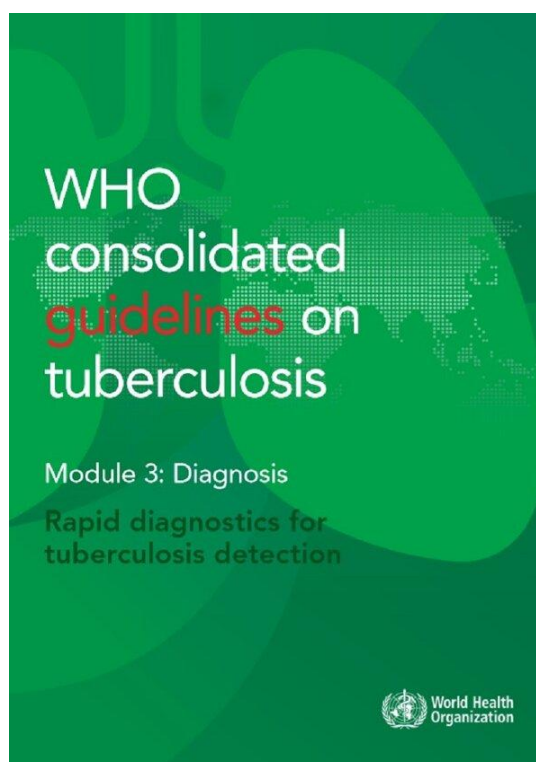
Stop TB: Words Matter

As part of efforts to end TB by 2030, we must have a shared TB language that empowers people with TB, champions human rights and innovation and promotes accountability. This includes in the language we use to refer to persons affected by TB in research studies. The Stop TB Partnership's Second Edition of Words Matter is a helpful resource to start thinking about the power of words.

[VIEW PDF](#)

WHO Consolidated Guidelines on TB

The WHO consolidated guidelines on tuberculosis. Module 3: Diagnosis - Rapid diagnostics for tuberculosis detection, third edition includes new recommendations on the use of a new class of diagnostic technologies: targeted next-generation sequencing tests for the diagnosis of drug-resistant TB. The recommendations provide a novel approach for the rapid detection of drug resistance to new anti-TB drugs using the latest technologies. The consolidated guideline provides background, justification, and recommendations on these and earlier endorsed TB diagnostic technologies.



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