

RePORT International Newsletter

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In This Issue

- Publication on Future TB Leaders
- RICC Fellows Professional Development Series
- RePORT India on Vaccine Misinformation

THE ART OF DEVELOPING FUTURE LEADERS



RePORT International aims to not just add to scientific discourse, but to create the next generation of TB clinicians, scientists, epidemiologists, and social scientists.

In this section, we share a summary of the first part of a professional development program headed by RICC leaders at Johns Hopkins University. But we first must pause and think about why the career aspirations of experienced professionals must grow along with the experiences of the next generation. Dr. Bruno de Bezerril Andrade, Principal Investigator of RePORT Brazil, has worded this so well in his latest publication, How to train your future leader in medical science.

[READ THE PUBLICATION](#)

RICC FELLOWS PROFESSIONAL DEVELOPMENT SERIES

RICC Fellows Begin Professional Development Series with Expert Panel on TB Research Funding

Mondays usually don't elicit excitement or anticipation, but one Monday in July was different. This particular Monday was the first in a series of learning forums hosted by and for the RICC Fellows. Each month, the Fellows and an experienced panel of experts will convene to cover topics such as funding opportunities, collaborating, and other professional development discussions. The Fellows have also requested an opportunity to discuss key research topics with RePORT International experts, including TB vaccines and TB drug pharmacokinetics.

The inaugural learning forum featured three panelists, moderated by Dr. Bob Bollinger of Johns Hopkins University: [Dr. Mark Hatherill](#) is the Director and leader of the clinical research team of the South African Tuberculosis Vaccine Initiative (SATVI), a University of Cape Town research group focused on understanding risk for and protection against TB. [Dr. Akshay Gupte](#) is a physician-scientist whose research is focused on the intersection of infectious and chronic lung diseases in low- and middle-income settings. Dr. Gupte works with RePORT South Africa, is a RICC PI, and Assistant Professor of Global Health at Boston University School of Public Health. RICC Co-PI [Dr. Annapurna Vyakarnam](#) is a Professor of Microbial Immunology in the School of Immunology & Microbial Sciences at King's College London and Adjunct Professor at St John's Research Institute, Bangalore, India.

For the July event, the topic included insights, tips, and lessons learned about securing funding for TB research projects from sources beyond traditional US Government sponsors (NIH, CDC, USAID). Panelists shared their experiences on securing diverse funding sources beyond traditional NIH funding, emphasizing the importance of mentorship, strategic collaborations and the value of failure to learn from experience to improve future applications. The discussion also covered the challenges and opportunities in tuberculosis research funding across different regions and institutions.

“The session on Monday was great and very insightful, the discussions were enlightening, especially regarding the (good) future perspectives on TB research/funds,” says RICC Fellow [Dr. Felipe Ridolfi](#). “It gave me more hope to keep on the pathway to TB research during these difficult times.”

Key takeaways from the learning forum included:

- Seek mentorship and strategic collaborations to strengthen grant applications.
- Diversify funding sources beyond NIH, especially for early career researchers.
- Focus on articulating research questions clearly and simply in grant proposals.
- Focus on productivity and publication record to strengthen future funding applications.
- Seek institutional support that aligns with their research interests.
- Submit many grant applications and learn from failed applications and feedback from your grant reviews. Grant rejection is a part of the professional journey for all successful researchers.

The next learning forum will be August 25 at 7AM ET. For additional information or to join a panel, please contact Dr. Bob Bollinger (rcb@jhmi.edu) or Mary Talalay (mtalalay@jhu.edu). Please visit the [RePORT International Virtual Learning Room](#) for funding and other resources.

RePORT INDIA ON VACCINE MISINFORMATION

The Unspoken Risks of Promoting Nutritious Food as a Vaccine for TB Prevention

Commentary on the article [Broadening the vaccine metaphor: The adequate balanced food \(ABF\) vaccine against tuberculosis \(Acid-fast bacilli/ AFB\) and more.](#)

Based on work done by RePORT India on the effects of nutrition on TB, Dr. Sonali Sarkar and Dr. Little Flower Augustine from JIPMER (Jawaharlal Institute of Postgraduate Medical Education & Research), Puducherry, have written a commentary about the recent [article](#) by Anurag Bhargava about nutrition being analogous to a TB vaccine.

A study led by Dr. Bhargava and his team has demonstrated a preventive impact of adequate, balanced nutrition on TB incidence. Drawing on findings from the cluster randomized RATIONS trial conducted in Jharkhand, India, the researchers provided pulmonary TB contacts with raw rations and micronutrient supplements for a period of six months. The results were striking: the intervention group experienced a 39% reduction in the incidence of all forms of TB and a 48% reduction in microbiologically confirmed pulmonary TB. Based on these findings, Bhargava (2025) proposed an innovative metaphor—likening an adequate, balanced diet to a form of vaccine against TB.

However, there are some important points to consider before calling food a "vaccine." The RATIONS trial was done in an area where many people were severely undernourished. When the body lacks nutrients, it tends to absorb them more quickly, which might have led to the strong response seen in the study. This means that the impressive results may be due, in part, to the poor nutritional status of people in that area.

To know if the same results can be seen elsewhere, the study needs to be repeated in places where people are not as undernourished. Drivers of TB vary in different parts of the world and also regions within India. Other factors besides poor nutrition, such as HIV, diabetes and harmful use of alcohol could increase the risk of TB. So, while adequate food helps, it may not always be the most important factor causing TB. It's important to find out which factors matter most in different settings.

Also, TB activation often takes several years, depending upon host and environmental factors. This means that for effective prevention of TB, adequate balanced food (ABF) needs to be available throughout a person's life, not just for six months. Also, TB doesn't spread only among close contacts, it's also passed around in the wider community. This raises important questions about comparing ABF to a vaccine. How long can the health system provide ABF like a vaccine? If ABF is to be used widely, it must reach all poor and undernourished groups for their entire lives. This makes it clear that ABF cannot be managed by the health system alone. It needs support from the whole community. Therefore, the authors argue that calling ABF a "vaccine" may not work well in India. It could be misunderstood as something only the health system should handle, and the strategy may not last because of high costs and practical challenges.

Instead, a community-led approach is needed to ensure that people with TB, their close contacts, and poor communities continue to get proper food. This approach also supports a broader TB control plan that includes not just good nutrition, but also reducing alcohol and tobacco use, screening people with HIV, and making sure they get treatment.

The Nikshay Mitra project by the Government of India is one example where the community helps support the nutrition of people with TB. In the future, programs like this should guide how we provide adequate balanced food (ABF), by focusing on making food available, affordable, and easy to access for everyone. So instead of calling ABF a "vaccine," we should focus on treating food as a basic human right and an important part of the fight against hunger and malnutrition.

*By Dr. Little Flower Augustine, Assistant Professor, Public Health Nutrition, JIMPER International School of Public Health
Dr. Sonali Sarkar, Professor, JIMPER Department of Preventive and Social Medicine and RePORT India Co-Chair and PI*

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Newsletter Team:

Editor: Rajita Bhavaraju

Content Management: Daphne Martin

Layout & Design: Colter Billings

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