



Coalition to End TB in Los Angeles County



June 22nd, 2022



Agenda



- Welcome and Introductions
- Updates
- New CA TB Guidebook
- Break
- TB Incidence Update
- WTBD/CDC LTBI Campaign Results
- TB Elimination Strategies
- Reminders
- Adjourn



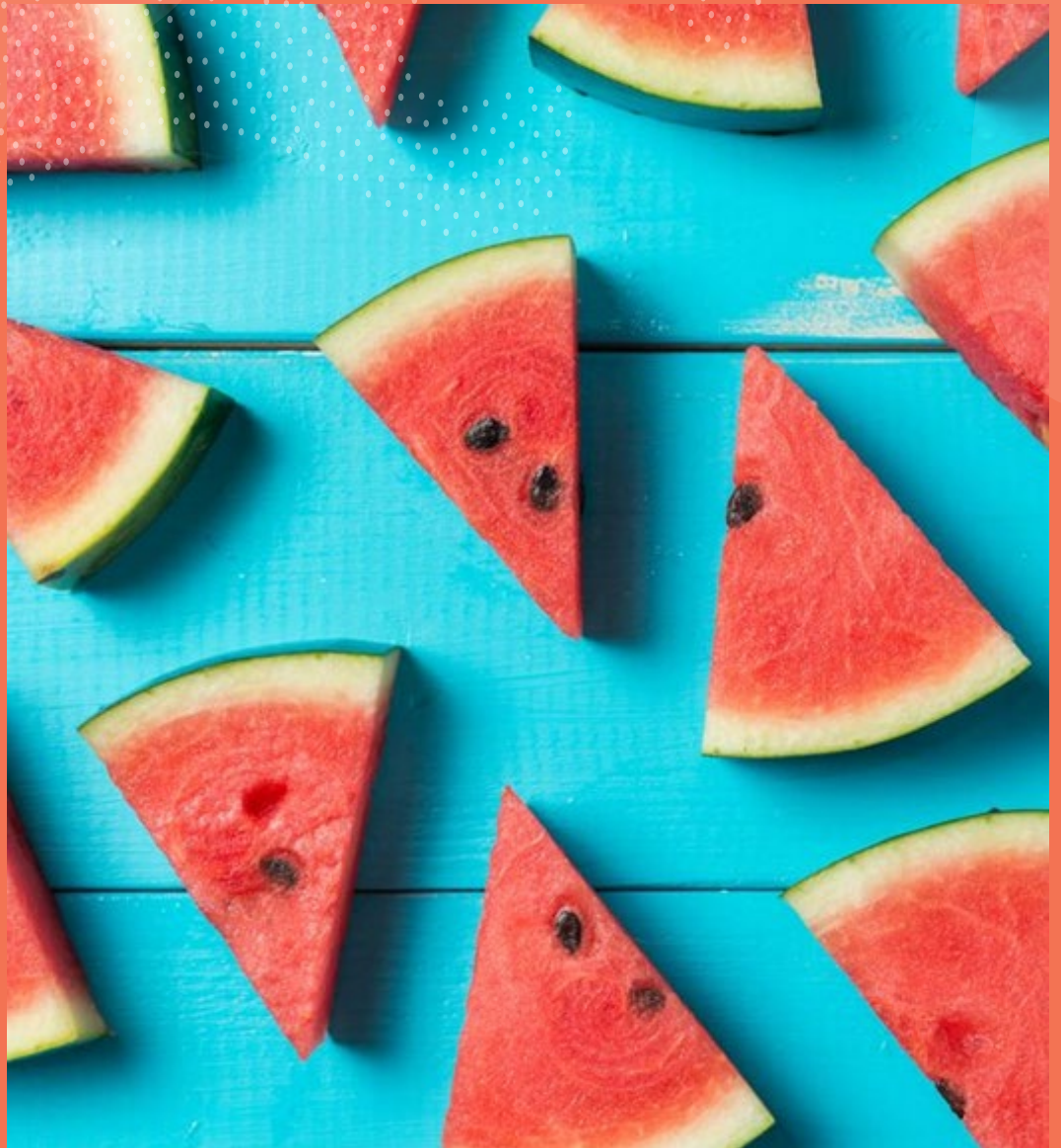
Welcome!

- Sign in here: (MS Forms link)
<https://forms.office.com/Pages/ResponsePage.aspx?id=SHJZBzjqG0WKvqY47dusgdIjTVrWgdPondjA1rprFUODIPN1RJOFdZME5PT0RWUUhHQTJEVU1GVC4u>
- Please state your name and the organization you are representing in the chat box
- If able, we ask that you turn on your cameras for engagement

Icebreaker!

**What is your
favorite
summer
activity?**

**Please answer
in the chat**





Announcements





Organizational Updates

- Let us know what's new at your organization (trainings events, resources, staff changes, etc.)
 - UCLA
 - Garfield Medical Center
 - Kaiser
 - We Are TB
 - Asian Pacific Healthcare Venture
 - Acessa labs
 - Oxford-Immunotec
 - Qiagen
 - DPH Health educators/Community liaison PHNs
- Are there events you will be hosting or attending?
- What resources and/or assistance may be needed from any of those represented here, can we provide a training/present?

LAC Coalition Brochure

OUR VISION

Knowledgeable and tuberculosis free communities in Los Angeles County

OUR MISSION

To build a network of community partners engaged in TB elimination activities

Coalition to End Tuberculosis (TB) in Los Angeles County

The Coalition to End Tuberculosis in Los Angeles County is a network of individuals and agencies advancing progress on tuberculosis elimination activities across Los Angeles County.



This network plans and implements activities that foster education and equitable access to screening and treatment.



WORLD TB DAY

is on March 24th every year. It raises public awareness about Tuberculosis which continues to be a global epidemic affecting millions. Although TB is preventable and treatable, it remains the 13th leading cause of death worldwide.



Our Coalition Partners



In efforts to promote and increase TB awareness, many organizations take action and participate in community outreach events including the Light up the World campaign, sharing: local data TB education and training materials, patient resources, and more.





An Overview of the TB Prevention Guidebook

Guidebook Link:

<https://www.ctca.org/toolbox/>

June 22, 2022

Katya Salcedo, MPH

Epidemiologist

California Department of Public Health, TBCB



Acknowledgments

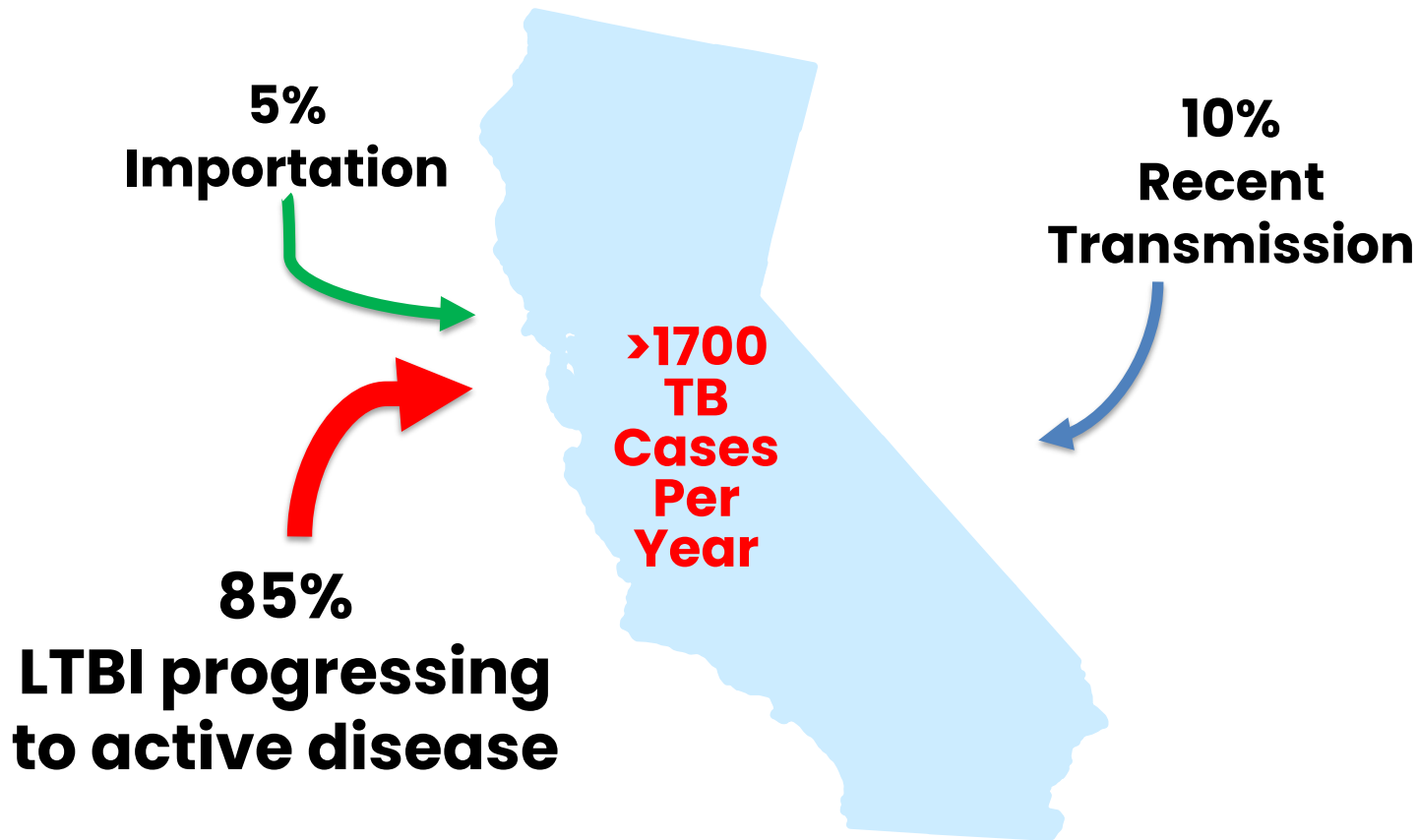
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TB Free CA Partners
Guidebook reviewers

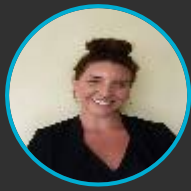
Contact info

TBCB@cdph.ca.gov

Why this Guidebook?



Tuberculosis Control Branch. California Department of Public Health, Feb 2021.



TB Free California

- 2 Million Californians have LTBI
- Established 2017
- Work on TB prevention in CA
- Goal: Increase LTBI testing & treatment at community clinics

Our Team

- Conduct provider training & offer clinical support
- Carry out patient education & community engagement
- Offer Epidemiology & data management support for measuring LTBI practices

Lessons Learned



Many **competing priorities** in primary care



Clinic champion & leadership buy-in are key



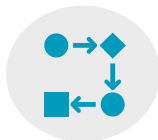
Quality measures are important



Training is a start but lots of **follow-up is required**



Every EMR is different

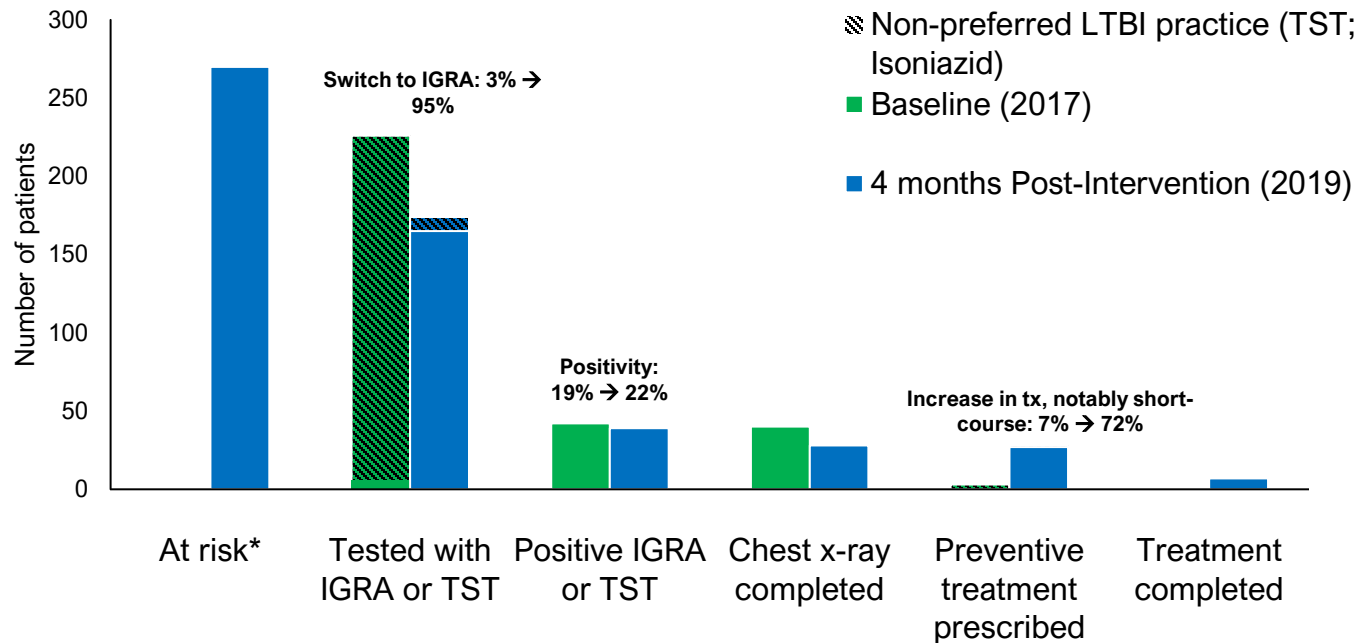


Workflow modifications & integration with EMR can support practice change

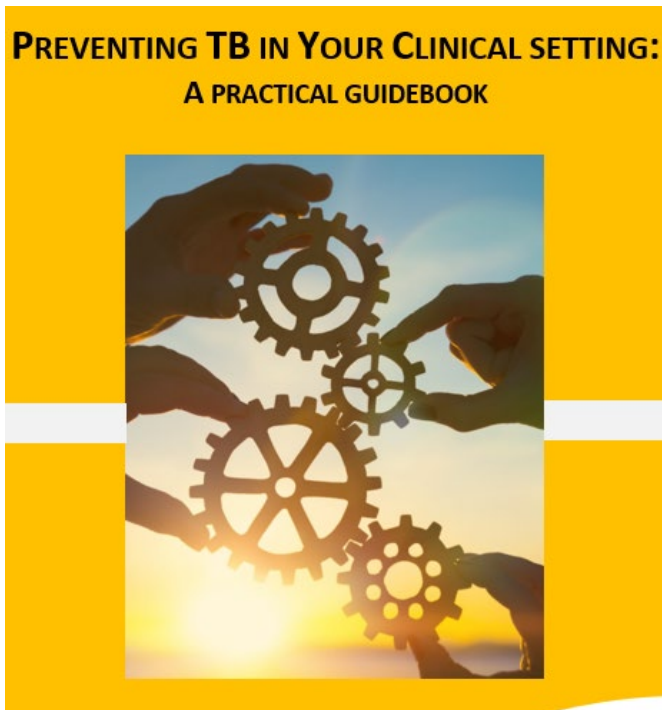


Community engagement can supplement clinic interventions

Despite challenges, success is possible!



Need for standardizing the Approach: Enter the “TB Prevention Guidebook”



Goals

- Provide instructions for community clinics implementing TB prevention
- Share best practices
- Address common concerns and barriers
- Put forth standards for measuring and monitoring LTBI

Intended audience

- Community clinic staff interested in improving LTBI care

Guidebook in a nutshell

1

Background

Why TB prevention? Standards of practice & key clinic considerations

2

Engaging & supporting patients

Community partnerships & Person-center tools and resources

3

Providing care for LTBI

Basic clinic guidance & Billing tips

4

Measurement of LTBI cascade

Defining steps & Case examples of EMR interventions

5

Attrition in the cascade

Barriers & Interventions

1

Background:

Why TB Prevention?

TB has tragic consequences



Death

- 1 in 6 die within five years of diagnosis
- 10% do not survive treatment



Disability

- After treatment, impaired lung function and shorter life expectancy
- >80% of children with CNS TB die or permanently disabled



Hospitalization

- 2x expensive and 4x longer than hospitalizations for other conditions



Cost

- Catastrophic costs to patients and families
- >\$180 million in direct and societal costs in California in 2020

Pascopella, Open Forum Infect Dis, 2014; Lee-Rodriguez JAMA Netw Open. 2020

Hoger, Int J Tuberc Lung Dis, 2014; Shuldiner, Int J Tuberc Lung Dis, 2015; Miller, Am J Public Health. 2015; Duque-Silva, J Ped Inf Dis Soc, 2018

1

Background:

LTBI Standards of Care

Screen

Screen to identify patients experiencing risk

Test

Test using an IGRA

Treat

Treat with short-course, rifamycin-based regimens

1

Background:

Considerations When Getting Started

Assess population experiencing risk

EMR to track and monitor LTBI care

IGRA and CXR on-site or referral process

Capacity to prescribe and follow-up on 3-4 month treatment regimens

2

Engaging & supporting patients:

Increasing engagement & reaching persons at risk

- ❖ Community engagement with **trusted organizations** & TB champions is important
- ❖ There is a need for **tools and resources** to engage and support patients
- ❖ COVID-19 presented a **unique opportunity** to highlight similarities with TB



2

*Engaging &
supporting patients:*

Successful community partnerships

- Partner with clinics administering flu or COVID-19 vaccinations to implement TB risk assessments and referrals
- Hold a short TB 101 health information session at a community center in a high TB burden area



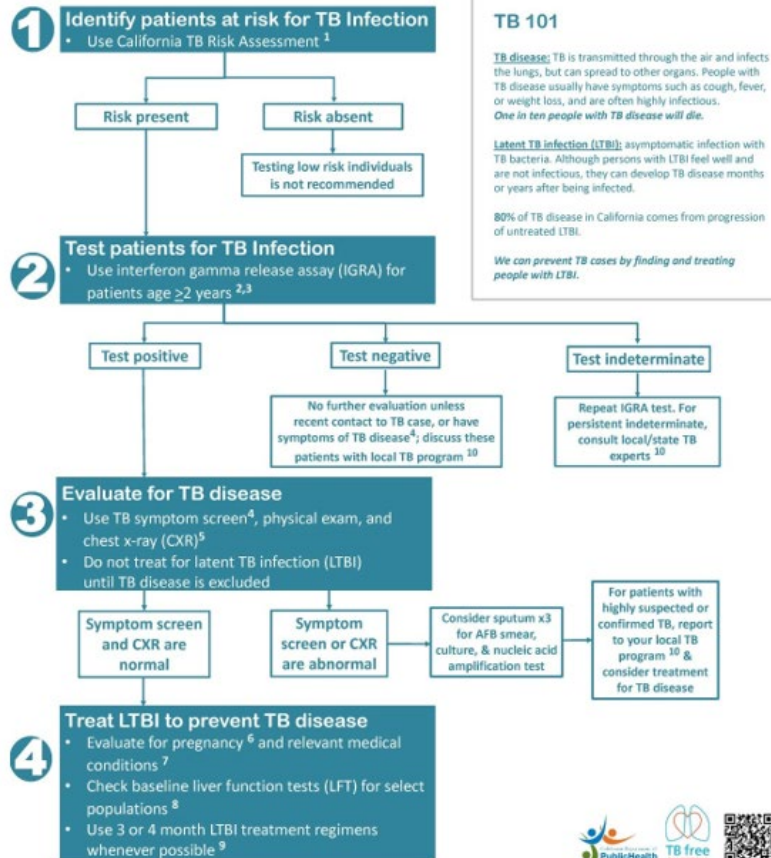
◀ **CARE TB, San Diego
providing TB
education at COVID-
19 vaccine site
>180 needs
assessment surveys
administered**

3

Providing care for LTBI:

Clinical algorithm for providers

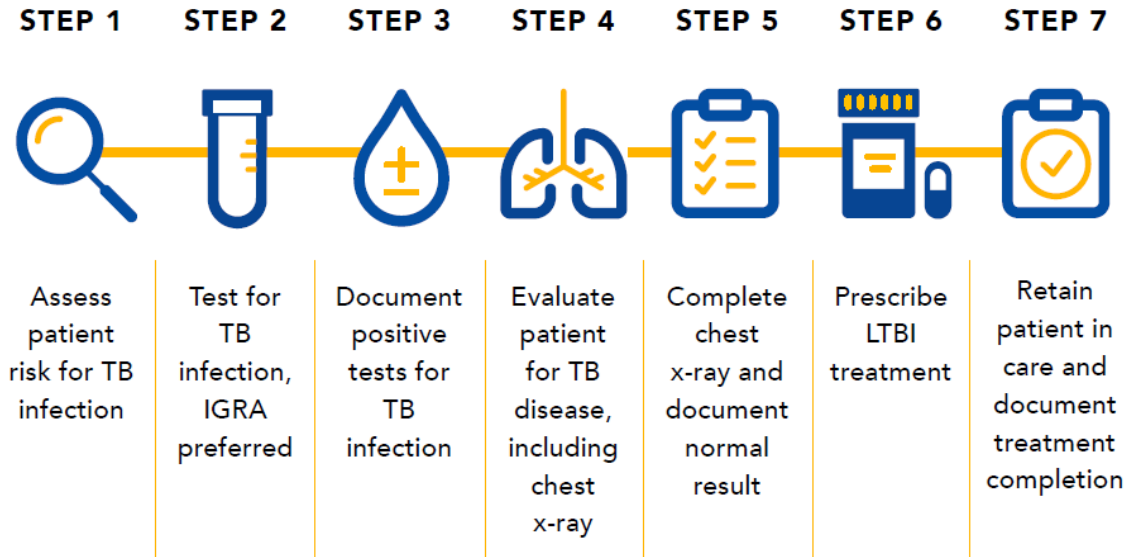
Prevent Tuberculosis (TB) in 4 Steps: A Guide for Medical Providers



4

*Measurement of
LTBI cascade:*

Define steps in LTBI Care Cascade



4

*Measurement of
LTBI cascade:*

**Two core LTBI
care indicators
to measure and
monitor**

**% population at higher
risk that receive an LTBI
test**

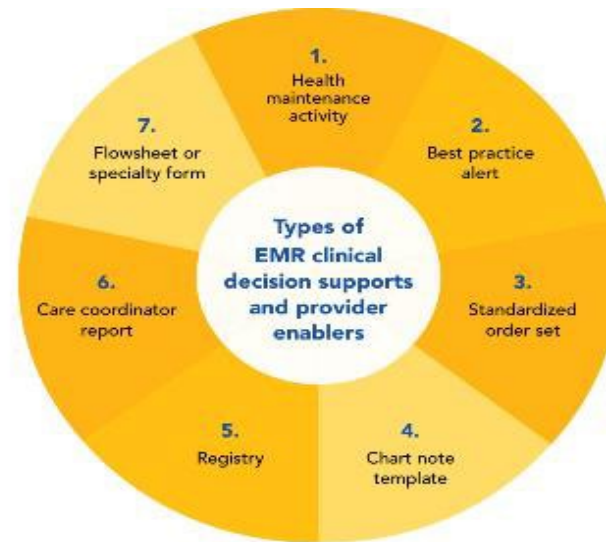
**% with a positive test
that complete LTBI
treatment**

4

Measurement of LTBI cascade:

EMR Case examples to capture and improve the LTBI care cascade

- 1) Build a EMR **TB module** to comprehensively capture LTBI care
- 2) Enhance existing EMR structure to **capture key steps** related to LTBI care
- 3) Incorporate **EMR reminders and reports** to remove provider barriers to LTBI care



5

Attrition in the LTBI care cascade:

Suggestions to overcome barriers

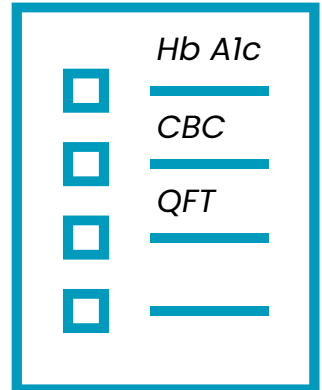
Example: Test for TB infection

Barrier:

- Providers may be busy addressing many primary care concerns, making it challenging to order a TB test for patients at risk

Suggestion:

- Clinics can incorporate IGRA as a standing order based on risk or add to routine lab order sets
- Display patient education materials encouraging patients to talk to their provider about TB



Appendices:





Guidebook
includes resources
for providers,
clinics and patients

Latent Tuberculosis Infection Treatment Regimens

Treatment regimens for latent TB infection (LTBI) use isoniazid (INH), rifapentine (RPT), or rifampin (RIF). CDC and the National Tuberculosis Controllers Association preferentially recommend short-course, rifamycin-based, 3- or 4-month latent TB infection treatment regimens over 6- or 9-month isoniazid monotherapy.

Clinicians should choose the appropriate treatment regimen based on drug susceptibility results of the presumed source case (if known), coexisting medical conditions (e.g., HIV*), and potential for drug-drug interactions.

https://www.cdc.gov/mmwr/volumes/69/rr/rr6901a1.htm?s_cid=rr6901a1_w

	DRUG	DURATION	FREQUENCY	TOTAL DOSES	DOSE AND AGE GROUP
Preferred	ISONIAZID [†] AND RIFAPENTINE ^{††} (3HP) 	3 months	Once weekly	12	Adults and children aged ≥12 yrs INH: 15 mg/kg rounded up to the nearest 50 or 100 mg; 900 mg maximum RPT: 10–14.0 kg; 300 mg 14.1–25.0 kg; 450 mg 25.1–32.0 kg; 600 mg 32.1–49.9 kg; 750 mg ≥50.0 kg; 900 mg maximum
	RIFAMPIN [§] (4R) 	4 months	Daily	120	Adults: 10 mg/kg; 600 mg maximum Children: 15–20 mg/kg; 600 mg maximum
	ISONIAZID [†] AND RIFAMPIN [§] (3HR) 	3 months	Daily	90	Adults INH [†] : 5 mg/kg; 300 mg maximum RIF [§] : 10 mg/kg; 600 mg maximum Children INH [†] : 10–20 mg/kg [¶] ; 300 mg maximum RIF [§] : 15–20 mg/kg; 600 mg maximum
Alternative	ISONIAZID [†] (6H/9H) 	6 months	Daily	180	Adults Daily: 5 mg/kg; 300 mg maximum Twice weekly: 15 mg/kg; 900 mg maximum Children Daily: 10–20 mg/kg [¶] ; 300 mg maximum Twice weekly: 20–40 mg/kg [¶] ; 900 mg maximum
		9 months	Twice weekly [¶]	52	
			Daily	270	
			Twice weekly [¶]	76	

*For persons with HIV/AIDS, see Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV available at: <https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-arv/367/overview>.

[†]Isoniazid is formulated as 100-mg and 300-mg tablets.

^{††}Rifapentine is formulated as 150-mg tablets in blister packs that should be kept sealed until use.

[‡]Intermittent regimens must be provided via directly observed therapy (i.e., a health care worker observes the ingestion of medication).

[§]Rifampin (rifampicin) is formulated as 150-mg and 300-mg capsules.

[¶]The American Academy of Pediatrics acknowledges that some experts use rifampin at 20–30 mg/kg for the daily regimen when prescribing for infants and toddlers (Source: American Academy of Pediatrics.

Tuberculosis. In: Kimberlin DW, Brady MT, Jackson MA, Long SS, eds. Red Book: 2018 Report of the Committee on Infectious Diseases. 31st ed. Itasca, IL: American Academy of Pediatrics; 2018:829–83).

^{¶¶}The American Academy of Pediatrics recommends an INH dosage of 10–15 mg/kg for the daily regimen and 20–30 mg/kg for the twice weekly regimen.



In Summary

- Community clinics play a key role in preventing TB in California, and while there are challenges, there are methods to overcome barriers
- With the right workflow, tools and support systems in place, clinics have successfully implemented TB prevention and ultimately improved care for their patients.



Thank you!

Acknowledgments

Tessa Mochizuki
Setie Asfaha
Jenny Flood
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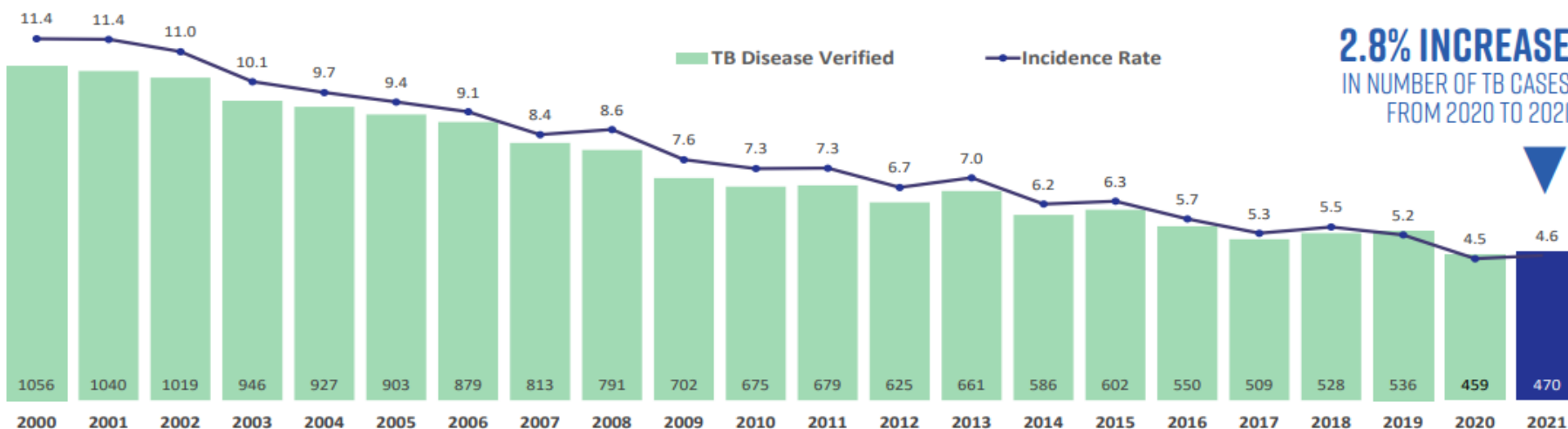
Break





TUBERCULOSIS

in Los Angeles County 2021



1,640 TB EVALUATIONS INITIATED

NH White**

6% INCREASE IN TB EVALUATIONS

17% ESTIMATED CASES DUE TO RECENT TRANSMISSION (2019-2020)

708,640 ESTIMATED PERSONS WITH LATENT TB (2019)

2022: Increased reports of possible TB; increased disease



	May 2022	May 2021	Year to Date 2022	Year to date 2021	Year End Totals 2021	Year End Totals 2020	Year End Totals 2019	5 Year Total Average
TB suspected	219	91	842	435	1631	1578	2639	2500
TB verified	47	21	164	109	466	459	536	516
Experiencing Homelessness	4	2	12	5	32	26	39	33
Pediatric < 5 years old	0	0	3	1	4	4	10	7
Multi Drug Resistant	0	0	0	0	5	3	8	7

2022: Indicators of increased disease transmission



	May 2022	May 2021	Year to Date 2022	Year to date 2021	Year End Totals 2021	Year End Totals 2020	Year End Totals 2019	5 Year Total Average
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Two populations of concern

- New transmission in last 2-3 years in large homeless outbreak strain
 - HIV positive
 - Experiencing homelessness
 - Metamphetamine use
 - High risk sexual activity
 - Geography (skid row, south)
- Pediatric < 5 years old
 - Household contact with Mtb
 - Latinx/Hispanic

Brainstorm – How do we reach these populations?

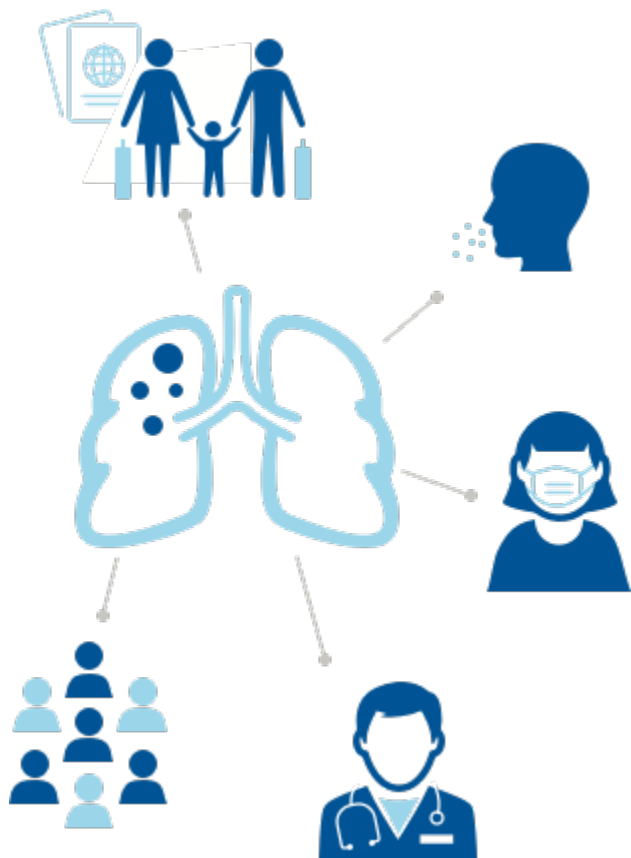
Please feel free to add your ideas in the chat or unmute

CDC's LTBI Think. Test. Treat TB – LAC Outreach Evaluation Overview

Conducted in March 2022

Jesse Margraf

Kristy Nguyen



Highlights

- 200 swag bags handed out at 4 truck stops throughout LA County
- Engaged with 230+ individuals over three consecutive days
- 5 languages spoken: English, Spanish, Tagalog, Vietnamese, Mandarin



Engagement and Conversations

Questions that Arose:

- Where/how to get testing and treatment
- Tuberculin Skin Test (TST) vs IGRA
- Bacillus Calmette-Guerin (BCG) Vaccine

Misconceptions:

- TB is eradicated in the U.S. and is no longer of concern.
- Ethnicity and genetics affect TB test results.

Notable:

- Spoke with a handful of healthcare personnel.
- Referred several people to local public health clinics.

Recommended Resources

- Goal to provide patient education in multiple language including English, Spanish, Vietnamese, Tagalog, and Mandarin
 - Interferon Gamma Release Assay (IGRA)
 - Frequently Asked Questions
 - What is TB?
 - Tuberculosis (TB) Disease
- Resources can be found:
 - LAC TBCP
 - CDC *Think. Test. Treat.*
 - CDPH
 - Curry International TB Center

THINK
TEST
TREAT **TB**

Alamin ang Mga Katotohanan Tungkol sa Tuberculosis (TB)

Ang pag-unawa sa TB ay makakatulong upang maprotektahan mo ang iyong sarili, ang iyong pamilya, at ang iyong komunidad

Ang tuberculosis (TB) ay isang komplikadong isyu sa kalusugan at kadalasang hindi nauunawaan. Ang TB ay maaaring mabuhay sa iyong katawan sa loob ng maraming taon nang walang mga sintomas. Tinatawag itong hindi aktibong TB o nakatagong impeksyon sa TB. Ang hindi aktibong TB ay maaaring maging aktibong sakit na TB anumang oras at makapagdulong sa iyo ng sakit. Tinatayang aabot sa **13 milyong tao sa Estados Unidos ang nabubuhay nang may hindi aktibong TB**, na kung hindi magagamot ay maaaring maging aktibong sakit na TB. Alamin ang mga katotohanan at tanungin ang iyong tagapagbigay ng pangangalagang pangkalusugan tungkol sa pagsusuri para sa impeksyon sa TB.

KATOTOHANAN:
Ang mga mikrobyo ng TB ay maaaring manatiling hindi aktibo sa katawan ng isang tao sa loob ng maraming taon nang walang mga sintomas at maaaring maging aktibo anumang oras.



Kapag iniisip ng karamihan sa mga tao ang TB, iniisip nila ang tungkol sa mga sintomas tulad ng pag-ubo at hirap sa paghinga. Bagama't totoo ito para sa aktibong sakit na TB, ang mga taong may hindi aktibong TB ay walang anumang sintomas at hindi "nakakadamang" may sakit sila. Ang tangiang paraan para makatiyak kung mayroon kang hindi aktibong TB ay sa pamamagitan ng pagpapasuri.

Kung hindi magagamot, 1 sa 10 tao na may hindi aktibong TB ang magkakasakit ng aktibong sakit na TB, na maaaring kumalat sa iba at maaaring maging nakamamatay. Ang panganih ng pagkakaroon ng aktibong sakit na TB ay mas malaas para sa mga taong may mahinang immune system o sa mga may diabetes, kanser, at HIV.

KATOTOHANAN:
Ang mga mikrobyo ng TB ay kumakalat sa pamamagitan ng hangin kapag ang isang taong may aktibong sakit na TB ay umuubo, nagsasalita, o kumakanta. Maaaring malanghap ng mga taong nasa malapit ang mga mikrobyo ng TB at mahawahan sila nito.



Ang TB ay **HINDI** kumakalat sa pamamagitan ng:

- pakikipaghiramang mga sepilyo
- panghihipo ng mga sapin ng higang mga toilet
- laway mula sa pakikipaghalikan
- pagbabahagi ng pagkain, inumin, o kagamitan
- pakikipagkamay sa isang tao

Ang TB ay mas malamang na kumalat sa mga taong gumugugol ng oras kasama ng isang taong may aktibong sakit na TB tulad ng isang miyembro ng pamilya, kaibigan, o kasamahan.

SUY NGHĨ - THỬ NGHIỆM - CHỮA TRỊ
LAO PHỔI

Tìm hiểu thông tin về bệnh Lao Phổi

Hiểu rõ bệnh Lao Phổi có thể giúp quý vị bảo vệ bản thân, gia đình, và cộng đồng

Lao Phổi là một bệnh phức tạp và thường bị hiểu lầm. Vi khuẩn Lao Phổi có thể sống trong cơ thể nhiều năm mà không có triệu chứng gì. Đây gọi là Lao Phổi không hoạt động hay Nhiễm Lao tiềm ẩn. Lao Phổi không hoạt động có thể chuyển thành bệnh Lao Phổi bất kỳ lúc nào và khiến quý vị trở bệnh. Ước tính có **13 triệu người tại Hoa Kỳ đang sống với Lao Phổi không hoạt động**, nếu không được chữa trị có thể chuyển thành bệnh Lao Phổi. Hãy tìm hiểu thông tin và tham khảo với bác sĩ về thử nghiệm nhiễm khuẩn lao.

SỰ THẬT:
Vi khuẩn Lao có thể duy trì trạng thái không hoạt động trong cơ thể nhiều năm mà không gây triệu chứng, và có thể trở nên hoạt động bất kỳ lúc nào.



Khi nhắc đến Lao Phổi, đa số nghĩ đến các triệu chứng như ho và khó thở. Mặc dù các triệu chứng này đúng cho bệnh Lao Phổi, bệnh nhân nhiễm Lao Phổi không hoạt động không có triệu chứng và không cảm thấy "bệnh". Cách duy nhất để biết chắc quý vị có nhiễm Lao Phổi không hoạt động hay không là đi thử nghiệm.

Nếu không được chữa trị, 1 trong 10 người nhiễm Lao Phổi không hoạt động sẽ trở bệnh, chuyển thành bệnh Lao Phổi, bắt đầu có thể lây bệnh cho người khác, và có nguy cơ tử vong. Nguy cơ chuyển sang bệnh Lao Phổi hoạt động cao hơn nhiều lần nếu người bệnh có hệ miễn dịch yếu hoặc những người có bệnh tiểu đường, ung thư, và HIV.

SỰ THẬT:
Vi khuẩn Lao Phổi lây lan qua không khí từ người sang người.



Vi khuẩn Lao Phổi lây lan qua không khí khi người nhiễm bệnh Lao Phổi ho, nói chuyện, hay hát. Những người gần đó có thể hít vào vi khuẩn Lao Phổi và nhiễm bệnh.

Lao Phổi **KHÔNG** lây qua:

- dùng chung bàn chải
- nước bọt khi hôn
- bắt tay
- chạm khăn trải giường hoặc toilets
- ăn chung, uống chung, hay dùng chung muỗng nĩa

Lao Phổi thường dễ lây nhất đối với những người tiếp xúc với người mắc bệnh Lao Phổi như gia đình, bạn bè, hay đồng nghiệp.

Learn the Facts About Tuberculosis (TB) from CDC in Tagalog (left) and Vietnamese (right)



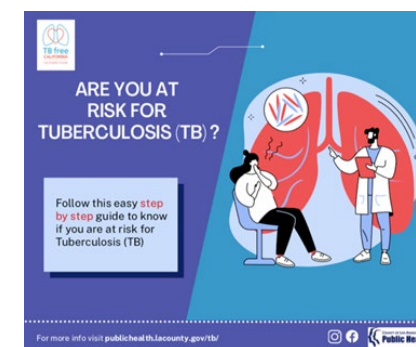
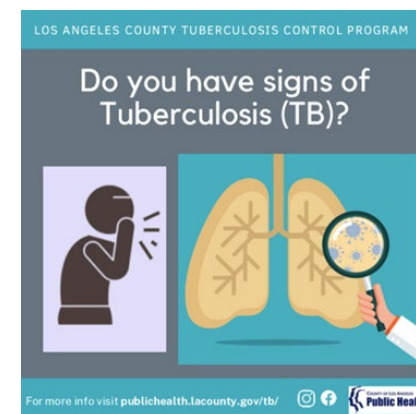
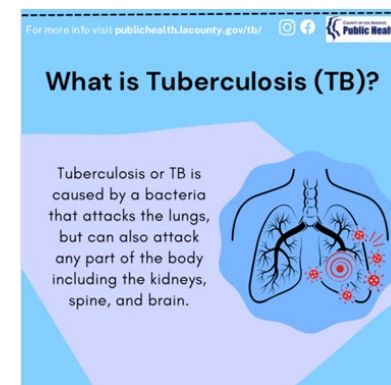


CDC LTBI Campaign – Social Media Evaluation

- Social Media Tracking

Twitter	Union Station	WTBD Post	TB (CDC video)	Signs of TB	Risk for TB	What is TB
Impressions	15,583	14,795	19,150	15,856	24,018	16,644
Engagements	334	172	354	314	470	311
Spanish Impressions				13,930	16,818	3,024
Spanish Engagements				107	116	15

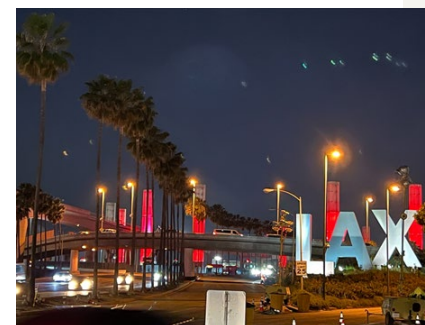
Instagram	What is TB	LAX/Union Station Lights	Signs of TB	Risk for TB
Accounts reached	15,292	11,574	11,563	9,860
Impressions	21,402	14,603	14,953	12,805
Saves	37	5	9	2
Shares	125	19	39	41





CDC LTBI Campaign Social Media Results – Continued

IG Story	World TB Day	TB (CDC 3 videos)	TB History
Impressions	6,969	8,811	2,470



LOS ANGELES COUNTY TUBERCULOSIS CONTROL PROGRAM

The Fight Against Tuberculosis (TB): A History

- 1882** Bacterium tuberculosis first identified and named by Robert Koch.
- 1907** Chemist Pasteur creates the first TB vaccine. A bunch of swabbers from 1907 is a negative result.
- 1921** Mexico Campaign: first CDC vaccine is developed and used in several nations.
- 1946** Development of Streptomycin as the first antibiotic against TB. A workable testing program becomes a reality.
- 1970** Invention of drug-resistant tuberculosis. The firsts are now multi-drug resistant (MDR).
- 1993 WHO** The World Health Organization declares TB as a global health emergency.
- 2005** Infectious diseases vaccine news: BCG vaccines are implemented for world TB control.
- 2020** Updated guidelines for treating drug-resistant TB include shorter, 9-month courses of medication, leading to higher completion rates than traditional courses that last 18 months.
- 2030** One quarter of the world is projected to be TB-free by 2030, a strong target for the only Sustainable Development Goal.

For more info visit ph.lacounty.gov/tb

Facebook	LAX/Union Station Lights	History of TB	TB Symptoms	TB Risk Spanish	TB Risk English	What is TB
Reach	6,705	169	5,745	5,675	5,866	8,676
Reactions	61	42	23	13	16	83
Comments	0	7	3	11	2	60
Shares	6	7	6	2	5	14



Consumer Earned Media Outreach – CDC and Communications Evaluation

The Sky Link TV

- + Interviewed Dr. Julie Higashi of the LA County Health Department on Sky Talk and [broadcasted](#) nationally and locally in LA on April 24.
- + The interview was estimated to reach **530,828 households** (Sky1 Mandarin National 315,758 HH, Sky 2 Cantonese is LA DMA 57,550 HH, and Sky 3 Mandarin LA DMA is 157,520 HH) and generated **1,220,904 impressions**
- + Local data and spokesperson was key to success

	Viewership
Sky Talk (Sky 1 Mandarin National) (reach)	726,243
Sky Talk (Sky 2 Cantonese LA DMA) (reach)	132,365
Sky Talk (Sky 3 Mandarin LA DMA) (reach)	362,296
Sky Talk (Sky Link YouTube) (engagement)	80
TOTAL	1,220,984



Consumer Earned Media Outreach – Continued

World Journal

- + Featured the Think. Test. Treat TB campaign and its website on World Journal LA and its website on April 14
- + Coverage Region: Southern CA, Arizona, and Texas

	World Journal
Print (reach)	186,000
Digital (reach)*	500,000
Social	N/A
TOTAL	686,000

*Digital Reach is defined as unique monthly visits to the site



洛杉磯 / 工商信息

CDC結核病防治宣導活動

洛杉磯訊 2022-04-14 16:10



結核病 (Tuberculosis, 簡稱TB) 是全世界主要的傳染病殺手之一, 同時具有傳染性和致命性。在美國, 有多達1300萬人為潛伏性結核感染者。若不及時展開治療, 5-10%的潛伏性結核感染者將發展為活動性結核病。然而直至今日, 結核病已不再是問題的觀念猶存。

美國疾病控制與預防中心 (CDC) 推行的「重視, 檢查, 及治療結核病宣導活動」旨在針對最有可能感染潛伏性結核病 (也稱為非活動性結核病) 的人群以及他們的醫療服務提供者/機構, 通過加強結核病檢測以加速消除該可治愈性傳染疾病。「重視, 檢查, 及治療結核病宣導活動」是美國疾病控制與預防中心推出的第一個全國性多語種宣導活動, 目的是提高非活動性結核病檢測的覆蓋率, 改善潛伏性結核病在亞裔美國人群中的隱患。

A wide-angle photograph of a coastal dune landscape. A wooden boardwalk, made of dark grey planks, winds from the foreground into the distance, curving to the right. The dunes are covered in green and brown grasses, with patches of sand visible. In the background, a line of trees marks the horizon under a grey, overcast sky.

Looking Ahead...

What are our next steps for continuing the CDC LTBI Campaign?



TB Elimination – Upcoming Strategies

- Utilize THINK.TEST.TREAT. Campaign to continue efforts in all effected populations, (e.g., Latinx, Black, etc.)
- What should be our target for World TB Day 2023?
 - Latinx
 - Black
 - HIV
 - Pregnant
 - Unhoused
 - People who use drugs
- Working with FQHC's in hotspots to help better target populations
 - If there are any suggested partnerships that would like to join in next year, please send us their contact information or your own.

Next Meeting

