

# WHO Latent Tuberculosis Infection (LTBI) Task Force

## Meeting Minutes 1

**Date:** May 20th, 2015

**Time:** 13.00 p.m. (CEST)

**Agenda of meeting:** (1) Introduction of Task force members (2). Monitoring and Evaluation for Latent Tuberculosis Infection framework discussion

**Chair/ Vice-Chair:** Ibrahim Abubakar/Gerard de Vries

**Secretariat:** Haileyesus Getahun, Alberto Matteelli, Anissa Sidibe

**Attendees:** Task Force Present: Ibrahim Abubakar (UK), Mohammed Rheda Al Lawati (Oman), Peter Henrik Andersen (Denmark), Judith Bruchfeld (Sweden), Rolando Cedillos (El Salvador), Thierry Comolet (France), Elizabeth Corbett (Malawi), Un-Yeong Go (republic of Korea), Stephen Graham (Australia), Hajime Inoue (Japan), Philip LoBue (represented by Carla Winston, USA), Dick Menzies (Canada), Giovanni Battista Migliori (Italy), Ivan Solovic (Slovakia), Alistair Story (UK), Tuula Vasankari (Finland), Constantia Voniatis (Cyprus), Gerard de Vries (Netherlands), Maryse Wanlin (Belgium), Brita Askeland Winje (Norway), Marieke van der Werf (Sweden), Takashi Yoshiyama (Japan) **Apologies:** Martin Castellanos (Mexico), Claudia Denkinger (Switzerland), Raquel Duarte (Portugal), Mina Gaga (Greece), Walter H. Haas (Germany), Einar Heldal (Norway), Tim Sterling (USA), Tamara Talal Tayeb (Saudi Arabia), Wim Vandeveld (South Africa)

WHO HQ & Region Colleen Acosta (EURO), Mohammed Aziz (EMRO), Philippe Glaziou (HQ), Knut Lonnroth (HQ), Nobuyuki Nishikiori (WPRO), Charalampos Sismanidis (HQ)

The meeting started with H. Getahun welcoming the task force members and thanking them for their agreement to serve as members. He also provided information on their functions and expectations including the overall role the Task Force will play to advance the management and research of LTBI. He shared Secretariat's proposition to appoint Ibrahim Abubakar as Chair and Gerard de Vries as Vice Chair of the task force. After no objection by members of the Task Force on their appointment, the meeting was handed over to the Chair. The chair went over agenda items highlighting that discussion of the first meeting would be focused on the M&E indicators for LTBI. Comments were systematically collected from each member.

**Summary of discussion:** Members of the Task Force invited one by one to provide their feedback on the M and E framework particularly focusing on the proposed indicators and the way forward. In general, there was unanimous support for the indicators included in the M&E document as well as the utility of the document to advocate with decision makers at national level for implementation of LTBI activities. The following specific issues were raised:

- The challenge of existing system to capture proposed indicators and emphasis to seize the opportunity for advancing implementation
- Definition of frequency of testing and elaboration of denominator (estimates of at risk population) for the testing coverage indicator
- The different predictive value of IGRA and TST testing in different populations should be taken into account, including immune deficient and BCG vaccinated
- The LTBI strategy should be prioritized with the focus on recent infection found in contact tracing, children below 5 years of age and HIV
- Need on checklist for selecting at-risk populations for testing
- Emphasis on the complementarity and linkage of management of LTBI and active case finding activities
- Among impact indicators, define follow-up period for TB incidence. The drug resistance indicator is unfeasible and value questionable

- Need to address challenges in collecting data on treatment completion (e.g. some countries only capture treatment prescriptions)
- Stratify indicators by age and gender as feasible as possible
- Use tailored definition for Latent Tuberculosis Infection in children (e.g. normal CXR as inclusion criteria should be avoided)

After the discussions, response was provided from Secretariat for some issues that require clarification and the following action points were proposed:

- Task force to discuss elaboration of denominator (estimates of at risk population) for the testing coverage indicator as a matter of priority
- Secretariat to circulate link to the WHO LTBI guidelines including annex with systematic reviews for taskforce members.
- Task Force members to provide specific comments on the Framework at their earliest convenience but not later than May 29th 2015. Secretariat to revise the framework based on the input of the Task Force as well as the upcoming consultation at the Wolfheze meeting (27-29<sup>th</sup> May 2015) and share it with task force members.
- Secretariat to send a doodle to select meeting dates for the next 6 months and define the next meeting.
- Task Force members to continue being advocates of the implementation of LTBI management in their respective countries and continue sharing lessons.