WHO Latent Tuberculosis Infection (LTBI) Task Force
Meeting Minutes 4

Date: 16 March 2016
Time: 13.00-14:00 (Geneva local time)
Agenda of meeting: (1) Attendance, (2) Introduction of agenda items, (3) Discussion on estimation of eligible childhood contacts, (4) LTBI research presentations, (5)Meeting summary and follow up actions.
Chair: Meeting was chaired by Ibrahim Abubakar
Secretariat: Haileyesus Getahun, Fatema Kazi, Yohhei Hamada, Charalampos Sismanidis, Philippe Glaziou, Andrei Dadu, Nobuyuki Nishikiori,
Attendees *Present:* Ibrahim Abubakar (UK), Gerard de Vries (Netherlands), Mohammed Rheda Al Lawati (Oman), Judith Bruchfeld (Sweden), Dick Chaisson (USA), Dr Ray Cho (Republic of Korea), Thierry Comolet (France), Claudia Denkinger (Geneva), Raquel Duarte (Portugal), Walter Haas (Germany), Einar Heldal (Norway), Philippe LoBue (USA), Giovanni Battista Migliori (Italy), Ivan Solovic (Slovakia), Timothy Sterling (USA), Tuula Vasankari (Finland), Marieke van der Werf (Sweden), Brita Askeland Winje (Norway), Maryse Wanlin (Belgium). Takashi Yoshiyama (Japan)
Apologies: Peter Henrik Andersen (Denmark), Martin Castellanos (Mexico), Rolando Cedillos (El Salvador), Elizabeth Corbett (Malawi), Mike Frick (New York), Un-Yeong Go (Republic of Korea), Steve Graham (Australia), Knut Lonnroth (HQ), Alberto Matteelli (Italy), Richard Menzies (Canada), Alistair Story (UK), Tamara Talal Tayeb (Saudi Arabia), Wim Vandevelde (South Africa), Constantia Voniatis (Cyprus), Mina Gaga (Greece)

The meeting started with H. Getahun welcoming the task force members and confirmed attendance. I.Abubakar, the Chair gave a brief introduction of the agenda items, highlighting three presentations that will direct the discussions on the estimation of childhood household contacts and the landscape of LTBI research in diagnostics and treatment.

1. Discussion on estimation of eligible childhood contacts

A part of the programmatic management of LTBI is to scale up contact investigation to provide preventive treatment to household child contacts less than 5 years old who are at a higher risk of developing active TB. The number of child contacts eligible for LTBI treatment is not readily available. Y.Hamada presented the methodology to estimate the number of child household contacts eligible for LTBI treatment. The different data sources used include: UN population estimates; national censuses, demographic health survey, statistical year books, and official websites of the national statistical authorities; systematic review of literature conducted by secretariat; a paper published by Dodd et al, (Lancet Glob Health. 2014). The estimates developed are intended to assist countries in the implementation of the programmatic management of LTBI for child contacts less than 5 years old. H.Getahun reiterated the objective of the estimation is to facilitate the implementation of programmatic management of LTBI by allowing countries to know the size of their target population. The group agreed on the overall approach presented. However, the following issues were raised:

- *Impact of heterogeneity in the household structure within the country, particularly among specific risk groups such as immigrants.*
- *Generalizability of the estimates for countries with reliable data of child contacts less than 5 years old.*
- *Importance of validating the estimates against reliable data from selected countries.*

Action points:

- *Secretariat to finalise the peer reviewed publication and consider the points mentioned above.*

- *Task Force members still interested to provide comments are encouraged to do so by e-mail at their earliest convenience.*

2. LTBI research presentations

Two presentations were given by I.Abubakar and D.Chaisson summarising the current landscapes in research on diagnostics and treatment, respectively.

I.Abubakar stated that current assays used for LTBI diagnosis lack specificity, therefore Improvements in current tests and markers for disease progression are required, especially developing diagnostic tools for specific risk populations. Regarding new technologies, some studies are looking at proteins that metabolise rather than are expressed as potential new markers. In general, most predictive value studies appear to be covering a range of settings across the globe; high, low and intermediate settings and include a large sample size. A variety of operational studies are being conducted on diverse populations, however, for LTBI there is a need to target specific risk groups to optimise clinical and programmatic management.

D. Chaisson presented on the landscape of research on LTBI treatment. Based on his summary, the main issues that are currently being prioritised are to identify the most effective regimen for LTBI. Part of this encompasses improved adherence, uptake and completion of treatment. Furthermore, developing treatments specifically for target risk populations is much needed. Most of the RCTs being conducted are addressing the superiority value of different regimens in specific populations, focusing on safety and efficacy as the primary endpoints. Operational aspects are also being investigated for the uptake and completion of preventive therapy.

As part of this discussion, H. Getahun informed the Task Force of a recent development with UNITAID who are currently discussing LTBI as part of their focus areas of work for the next two years, which offers an opportunity to advance programmatic management of LTBI.

Action points:

- *LTBI Taskforce members to provide information on LTBI related studies to complete the inventory database.*