World Health Organization

**FINAL Report: Second Meeting of the re-organised Global Task force on Latent TB Infection**
**Date held, 19 June 2018: Time:** 13.00-14:00 (Geneva local time)

**Chairs:** Kitty van Weezenbeek (KNCV) and Alberto Matteelli (University of Brescia)

**Agenda of meeting:**
(1) Welcome, introductions and ToR of the reorganised LTBI task force, (2) New recommendations of the consolidated and updated LTBI guidelines, (3) Barriers and innovative solutions to accelerate the implementation of the guidelines, (4) Key areas for future meetings

**Members Present*:***
I. Abubakar, M. Al Lawati, P. Andersen, J. Bruchfeld, R. Cedillos, R. Chaisson, R. Cho, G. de Vries, M. Frick, U. Go, A. Matteelli, G. Migliori, L. Mvusi, A. Story, M. van der Werf, W. Vandevelde, T. Vasankari, M. Wanlin, T. Yoshiyama, A. Date, N. Van Hung, B. Durovni, G. Sotgiu, D. Cirillo, F. Dockhorn. K. van Weezenbeek.

**Apologies:**
T. Comolet, C. Denkinger, M. Gaga, S. Graham, E. Heldal, P. LoBue, R. Menzies, I. Solovic, T. Sterling, S. Eholie, S. Futakul, A. Kamarulzaman, B. Mutayoba, E. Hastuti, G. Churchyard, L. Chesire, N. Eyerusalem, R. Rao, S. Aboje, F. Dockhorn.

**WHO secretariat present:**
M. Zignol, M. Rangaka, A. Kanchar, S. Singh, M. van den Boom.

M. Zignol welcomed the task force members to the 2nd meeting, announced the departure of H. Getahun from GTB to AMR, and that he was the interim coordinator for GTB: TB/HIV & Community Engagement. He then summarised the agenda items and placed the agenda in context by highlighting that the ensuing discussion was informed by proceedings of the previous TF meeting.

A.Matteelli and K.van Weezenbeek chaired the meeting, and the following agenda discussed.

**BRIEF-TB:** Following introduction by A.Matteeli, R.Chaisson presented the rationale of the BRIEF-TB trial, methods for the 1HP vs. 9H non-inferiority trial among adult PLHIV, results and conclusions of the BRIEF-TB trial, including that: 1HP is non-inferior to 9H for preventing TB, TB death or death from unknown cause in adults and adolescents with HIV infection (CROI abstract shared). He outlined next steps for 1HP/BRIEF-TB which included, need for approvals by WHO and CDC/USPHS, that PEPFAR, Global Fund and other funders/programs would be key for pushing uptake, further studies needed in children and pregnant women and HIV-negative adults and children.

**Implications for policy, access, implementation and research gaps.** Discussions centred around 1HP/3HP, comments and questions include: Concerns raised regarding continued poor access and availability of HP products in most countries. No regulatory approvals including from EMA. Consider for inclusion in LTBI Rx portfolio but not for wider recommendation. Good to expand portfolio but also need to keep recommendations simple. Need more studies on 1HP to inform policy. Need WHO guidance to help countries/programmes think through the many Rx options of Rx from a programmatic point of view as well as considering patient perspectives. Guidance should address flat-dosing vs. weight-banding for HP. Treatment adherence under programmatic conditions unlikely to be as high as in BRIEF-TB. Further information required on how to measure adherence and support treatment completion, and also understand what needs to be in place for health-systems to support such high completion rates. Need to understand the implications of 1HP for HIV negative people and other populations, difficult to encourage wider roll out otherwise. Populations for further research other than adult PLHIV, including in migrants, children, and HIV negative people; also need more information on AEs, including more research on drug-drug interactions; durability of effect needs clarification. Global (WHO) endorsement may encourage access and availability of HP products. Need to wait for next steps (and research) on 1HP before wider implementation. No comments/questions raised regarding non HP products.

R.Chaisson gave responses to some questions on BRIEF-TB but will also compile a written response to specific questions raised on the trial.

**2. WHO operational guidance on programmatic management of LTBI: Key elements of service delivery and sharing of best practice for management of LTBI in TB contacts**

K.van Weezenbeek welcomed WHO's plan to develop practical guidance on programmatic management of LTBI and redirected the discussion on key elements for service delivery and best practice/challenges in the management of LTBI in contacts residing in high burden countries. The limited meeting time was instead used to poll whether countries had guidance on contact tracing in high prevalence settings and gather general ideas. The following points were raised: Low prevalence settings had existing guidance on contact tracing, which also extends to screening of asylum seekers/migrant. Therefore essential to draw lessons from existing tools and not reinvent although would need to tailor for high prevalence setting. Guidance needed for the management of LTBI in pregnant/postpartum women (suggest WHO to draw from existing TB and pregnancy working groups). HIV-positive individuals currently not screened for LTBI in some low prevalence settings (EU)-strategies for managing the challenge required. Guidance should consider ethics in contact tracing and effective communication of the practice to clients as well as to clinicians. Contact tracing in children and how to use that as entry point to finding cases in adults or the household. Strategies for countries to introduce and implement new LTBI treatment regimens to be outlined. Effective models of contact tracing needed- active contact tracing better than passive. Guidance on managing LTBI in immunocompromised individuals. Effective monitoring and evaluation and tools to capture data better.

**3. Conclusion and next steps**

M.X Rangaka concluded the meeting with some announcements: Agreed in person meeting needed for a discussion on reaching millions to receive preventive therapy. A meeting was planned for November 2018 (details to be communicated by email). Meeting report will be shared with members; input via email encouraged.