

WHO Latent Tuberculosis Infection (LTBI) Task Force Meeting Minutes 3

Date: 20 January 2016

Time: 13.00-14:00 (Geneva local time)

Agenda of meeting: (1) Attendance, (2) Introduction of agenda items, (3) Contact investigation and finalisation of other indicators, (4) Mapping of LTBI research, (5) Brief on Korea meeting, (6) Meeting summary and follow up actions.

Chair: Meeting was chaired by Gerard de Vries

Secretariat: Haileyesus Getahun, Fatema Kazi, Knut Lonnroth, Yohhei Hamada

Attendees Present: Ibrahim Abubakar (UK), Gerard de Vries (Netherlands), Mohammed Rheda Al Lawati (Oman), Rolando Cedillos (El Salvador), Dick Chaisson (USA), Thierry Comolet (France), Un-Yeong Go (Republic of Korea), Einar Heldal (Norway), Philippe LoBue (USA), Alberto Matteelli (Italy), Giovanni Battista Migliori (Italy), Ivan Solovic (Slovakia), Alistair Story (UK), Wim Vandeveld (South Africa), Tuula Vasankari (Finland), Constantia Voniatis (Cyprus), Marieke van der Werf (Sweden), Brita Askeland Winje (Norway), Takashi Yoshiyama (Japan), Colleen Acosta (Denmark), Knut Lonnroth (HQ), Nobuyuki Nishikiori (WPRO), Yohhei Hamada (HQ), Sarah Mengesha (HQ), Dr Ray Cho (Republic of Korea)

Apologies: Peter Henrik Andersen (Denmark), Judith Bruchfeld (Sweden), Martin Castellanos (Mexico), Elizabeth Corbett (Malawi), Claudia Denking (Geneva), Raquel Duarte (Portugal), Mina Gaga (Greece), Steve Graham (Australia), Walter Haas (Germany), Richard Menzies (Canada), Timothy Sterling (USA), Tamara Talal Tayeb (Saudi Arabia), Maryse Wanlin (Belgium).

The teleconference started with H. Getahun welcoming the task force members and confirmed attendance. Gerard de Vries, the Vice-Chair gave a brief introduction of the agenda items, highlighting the main focus will be on discussing the new LTBI indicator for coverage of contact investigation and to finalise the definition of the indicators for the programmatic management of LTBI.

1. Contact investigation and finalisation of other indicators

H. Getahun presented the rationale behind the addition of the new LTBI indicator for contact investigation coverage. He explained that the End TB Strategy includes coverage of contact investigation as one of the ten global indicators required for annual monitoring of the implementation of the End TB Strategy. In addition, contact investigation is the first step in the provision of preventive treatment and compared to adults, childhood contacts less than 5 years old are at a higher risk of developing active TB. Therefore, it is essential to define contact investigation coverage of children <5 years who are household TB contacts as part of the global monitoring of the programmatic management of LTBI.

The Taskforce members raised the following issues for which clarification was provided by H. Getahun and consensus has been reached after discussion:

- *The burden of quarterly reporting of the core indicators:* While there is potential burden of quarterly reporting, it is equally important to ensure the mainstreaming of the indicators into existing national reporting systems.
- *Absence of treatment completion as core global and national indicator:* It was noted that initially it was expected to be measured on the national level as a core indicator. In time when countries have strengthened and validated their monitoring and evaluation system, it would be evolved as core global and national indicator.
- *Using WHO estimates as denominator for child contacts and whether additional indicators should be included:* It was reiterated that countries with capacity to actually document their contacts can use the data as denominator while the WHO estimates will be used for those countries with no capacity. The proposed new indicator to measure actual numbers of contacts of index cases as denominator was discussed. However, it was noted that adding a new indicator using index case may not be directly linked to LTBI management and that it could be addressed in the wider M&E framework of the End TB Strategy.
- *Lack of standardisation of TB investigations for global reporting:* It was noted that the purpose of the LTBI indicators is not to evaluate the different clinical practises adopted by different countries, instead it is focused on standardising data collection for monitoring and evaluation of LTBI management.

- At the end of this discussion, all Taskforce members gave their approval to the final selection of LTBI indicators, including the new indicator for coverage of contact investigation.

Action points:

- *Secretariat to finalise the LTBI indicators and consider peer reviewed publication and finalise the M&E framework.*
- *Secretariat to develop protocol for countries to guide the implementing of the LTBI indicators and solicit feedback from the Task Force.*
- *Secretariat to post the piloting protocol on the WHO website. Once finalised to promote piloting and implementation.*

2. Mapping of LTBI research

F. Kazi introduced the background and objectives of the mapping exercise for current LTBI related studies which were sourced from the ClinicalTrials.gov database as well as studies that the LTBI Taskforce members are involved in. In general, the key research areas in LTBI include treatment, diagnostics, disease progression & risk factors, operational and programmatic management of LTBI and basic science. It was evident that one of the major gaps in research was diagnostic bio-markers to predict progression to active TB. During the discussion, various members of the Taskforce provided additional information on LTBI research they are aware of which will be used to update the inventory. It was agreed that the next teleconference will continue this discussion in order to identify gaps, implications and priorities to influence global research in LTBI and inform policy development.

Action points:

- *LTBI Taskforce members to provide information on LTBI related studies they are aware of to include in the inventory database.*
- *Secretariat to finalise the LTBI research inventory database and to propose for next teleconference.*

3. Briefing on Korea meeting

H. Getahun briefed the LTBI Taskforce on a WHO global consultation meeting to be held in Seoul, the Republic of Korea on 27-29th April. This was made possible by the financial support of Korea CDC thanks to Dr. Un-Yeong Go (Director of Korea Centers for Disease Control and Prevention) who is a member of the LTBI Taskforce and Dr Ray Cho of the International tuberculosis Research Center and ITRC in Korea. H. Getahun summarised the overall objective of this meeting is to scale up programmatic management of LTBI among both high and low TB burden countries and also identify need for technical assistance for programmatic management of LTBI for both high and low burden countries. He also mentioned that financial support will be provided for selected participants from high burden countries. The meeting will be open for programme managers and Taskforce members as a well as other interested global stakeholders.

Action point:

- *Taskforce members are strongly encouraged to attend and block their calendars for the meeting.*

4. Meeting summary and follow up actions

Action point:

- *Secretariat to include LTBI research as an agenda item in the next teleconference.*