Summary report: previous prevalence survey meetings of the WHO Global Task Force on TB Impact Measurement

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Prevalence surveys events

• Guidelines developed – "Red book" (Nov '07)

• Task Force meeting at which Red book endorsed and 21 global focus countries identified (Dec '07)

• Series of six papers – IJTLD ('08 – '09)

• 2 workshops to support development of survey protocols in 10 global focus countries and related follow-up
  – Malawi, Nigeria, Pakistan and Uganda (March '08)
  – Ghana, Kenya, Rwanda, South Africa, Thailand and Zambia ((august '08)

• Expert meeting to review protocols for six countries and provide recommendations on aspects not fully addressed in 2007 guidelines (Jan '09)

• Workshop to develop protocol for prevalence survey, Ethiopia (June '09)

• Country missions to Cambodia, Ethiopia, Malawi, Myanmar, Philippines, Uganda and Vietnam ('09)

• Launch of Myanmar prevalence survey (July 2009)
Full TF meeting
December 2007
Countries where surveys are recommended

- 21 global focus countries
- 36 additional countries that met basic criteria
How should surveys be implemented?

Follow the guidelines!
Recommended screening strategy

Do smear and culture at least for with TB symptoms and/or abnormal chest X-ray
Further recommendations

- **HIV testing** should be offered to confirmed cases
- Not to attempt to combine disease prevalence surveys with **surveys of other diseases**
- Questions about **health-seeking behaviour** and the extent to which identified cases had already had contact with health services should be included in all surveys
- Optional to collect data on **risk factors or socio-economic status**
- **Tuberculin surveys** should be carried out only when there are prior survey data which can be used to assess trends over time.
STAG
June 2008
STAG main recommendations

- Carry out DST for all TB cases, particularly where no DST data is available and only if diagnosed patients have access to appropriate treatment.

- HIV testing should only be offered to all sample or to all suspected TB cases if this will not compromise the survey participation rate, if funding is available and if HIV cases can be referred for treatment.

- Recommendation to collect data on health-seeking behaviour.

- Questions on risk factors or socio-economic status should only be included if the survey team is convinced that this is feasible and does not risk compromising the main purpose of the survey.

- Children and extrapulmonary cases can not be part of the survey sample.

- TB prev. surveys cannot be included in other surveys.
TF subgroup meeting
January 2009
TF subgroup main recommendations

- Survey design: calculate the sample sizes based on the idea that only one survey with a good precision will be performed.
- Stratification is highly recommended for the purpose of improving sampling efficiency and the precision.
- Excluded areas: insecurity, military zones, etc.
- Age: adding children aged between 10 and 15 to the samples may not increase a number of detected cases by the survey.
- Case definition
- Ethical considerations
- Laboratory issues:
  - 2 smear samples
  - Staff should be fully competent in performing the chosen smear microscopy and culture techniques.
- Data management
- Statistical issues