Results from the pilot of the checklist for TB surveillance standards and benchmarks:

United Kingdom
Overview of surveillance system

Enhanced TB Surveillance
• Live web-based notification system
• Some local variation between UK nations
• 100% geographical coverage
• Clinical and demographic data linked with lab data
• Case and laboratory data available at all levels
• Reporting functions/analysis/data export

Mortality Information System (ONS)
• 100% coverage
• <1% do not have a code for cause of death
Main findings from pilot test (1):
Essential Features - Table 1

- The UK meets all of the standards/benchmarks
- Staff have essential qualifications
- SOPs, contingency plans and information governance documents are in place.
- Annual report
- Quality management system implemented

Problems identified:
- None
Main findings from pilot test (1):
Essential Features - Table 1 (cont.)

• Standards/benchmarks that could not be adequately assessed
  – Budget spent on TB control
  – >80% of users access data/results for quality

• Standards/benchmarks identified to be important but not in the checklist:
  – None

• Standards/benchmarks thought to be unnecessary:
  – None but some require additional work
Main findings from pilot test (2): System coverage - Table 2

• Overall remarks: The UK meets all of the standards/benchmarks

• Problems identified:
  • None
Main findings from pilot test (2): System coverage - Table 2 (cont.)

• Standards/benchmarks that could not be adequately assessed
  – Capture recapture needs to be repeated
  – No system to cross-check the number of 1st line drugs distributed against notifications.

• Standards/benchmarks identified to be important but not in the checklist:
  – None

• Standards/benchmarks thought to be unnecessary:
  – None
Main findings from pilot test (3): Core data items

• Overall remarks: The UK meets most of the standards/benchmarks

• Problems identified:
  • No routine collection of HIV status, diabetes, smoking and some other co-morbidities e.g Hep C
  • Relies on matching on an annual basis to get HIV status.
Main findings from pilot test (3): Core data items (cont.)

- Standards/benchmarks that could not be adequately assessed
  - None

- Standards/benchmarks identified to be important but not in the checklist:
  - None

- Standards/benchmarks thought to be unnecessary:
  - None
Main findings from pilot test (4): Data quality and completeness

- Overall remarks: The UK meets some of the standards/benchmarks
  - Consistency checks in place for implausible values
  - Trends in TB consistent with HIV and mortality trends

- Problems identified:
  - Benchmark not reached for completeness of some fields; sputum status (58%)
    prev tx, prev diagnosis and start of treatment (80-89%)
    born in UK (90-94%)

- Quarterly reports not produced by all regions

- Below benchmark for number of culture confirmed isolates reported to ETS (90.6%)
Main findings from pilot test (4):
Data quality and completeness (cont.)

• Standards/benchmarks that could not be adequately assessed
  – Identified contacts investigated for TB. Will be addressed by the contact tracing module.

• Standards/benchmarks identified to be important but not in the checklist:
  – % of culture confirmed cases with DST performed (for countries with adequate facilities/resources only?)

• Standards/benchmarks thought to be unnecessary:
  – None
General comments/Lessons learned

• Quality systems require significant resource – need to think carefully in times of cuts
• Electronic systems are great but bespoke systems can be expensive
• Standards would be helpful in reassuring stakeholders
Recommendations

• Consider reducing number of standards
• Consider frequency of measurement
• Be clear about resource implications of standards
• Support/learn from each other