
WHO guidance on TB surveillance (2024)

Chapter 2: Purpose, principles and scope

TB Monitoring, Evaluation and Strategic Information Unit
Global Tuberculosis Programme

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Consolidated guidance on tuberculosis data generation and use. Module 1:

Tuberculosis surveillance

<https://iris.who.int/handle/10665/376612>



Consolidated guidance on
tuberculosis data generation and use
Module 1

Tuberculosis surveillance



Chapter summary

The chapter provides the overall context for the rest of the guidance.

It explains:

- **the purpose of TB surveillance;**
- **the principles that underpin the guidance provided in the remaining chapters; and**
- **the scope of the guidance (what is and is not included).**

Chapter contents

Chapter 2 is divided in three major sections:

Section 2.1 Purpose

Section 2.2 Principles

Section 2.3 Scope

2.1 Purpose

Purpose of TB surveillance

Section 2.1 defines TB surveillance and discusses its purpose

Key points:

- TB surveillance can be defined as **the systematic and continuous collection, analysis, reporting and use of data related to TB infection and disease in the population.**
- National TB surveillance systems that are of high quality are essential for:
 - reliable monitoring of TB epidemics;
 - assessment of progress towards national, regional and global targets;
 - assessment of the performance of TB services; and
 - informing the planning, budgeting, policy, programmatic and clinical actions.

2.2 Principles

Principles of the guidance document

Section 2.2 outlines the six principles that underpin the guidance provided in the remaining chapters.

- 1. TB surveillance should be based on clear, comprehensive and standardized definitions.**
 - This is necessary for the comparability within and across countries, and over time.
 - Chapter 3 of the TB surveillance guidance provides these definitions.
- 2. TB surveillance should be limited to the collection and reporting of data that will be used and that address specific predefined objectives.**
 - Only data that will be used should be collected to avoid inefficiencies in the system. These data should fulfill at least one of the purposes of surveillance described in Section 2.1.
 - Chapter 4 provides guidance on indicators to be reported and used.
 - Chapter 5 provides guidance on the core data items to collect.
- 3. Guidance on TB surveillance should be applicable to both case-based digital and more traditional paper-based systems, while promoting the transition to case-based digital surveillance.**
 - To accommodate countries that have already adopted case-based digital systems for TB surveillance, and to facilitate the transition to case-based digital systems for countries that currently rely on paper-based systems, Chapters 4 and 5 define the indicators and data items that are applicable to both digital and paper-based systems.
 - Chapter 6 discusses the advantages of digital case-based systems, and the tools developed by WHO to support the transition to case-based digital surveillance.

Principles of the guidance document

Section 2.2 (continued) outlines the six principles that underpin the guidance provided in the remaining chapters.

4. All collected data should be quality assured for completeness and accuracy.

- All surveillance systems should incorporate quality assurance processes and procedures to ensure the reliability and usefulness of the reported data.
- Chapter 7 discusses a framework for data quality assurance, highlighting the advantages of digital systems.

5. The frequency with which data and indicators need to be reported and used varies according to their intended use and should be clearly specified.

- Three reporting frequencies are defined in the guidance: weekly/monthly (depending on the type of system in place), quarterly and annual.
- Chapter 4 provides guidance on which data for key indicators should be reported, making a clear distinction between the three frequencies.

6. TB surveillance in individual countries should benefit from experience and lessons learned in other countries

- Findings from more than 100 epidemiological reviews that included assessments of TB surveillance systems were used to inform the main chapters of this guidance.
- Web Annex A provides an overview of the main findings from these assessments.
- Web Annex B presents the second edition of the standards and benchmarks that can be used for assessments of TB surveillance systems.

2.3 Scope

Scope of the guidance document

Sections 2.3.1 discusses what is included in the guidance, characterized in terms of who is covered, what indicators and associated data elements are included, where data are collected and how data are collected.

What is included in the guidance:

- **Who:** Collection, reporting and use of data for people with presumptive TB, people diagnosed with TB disease or TB infection, and people at risk of TB disease or infection
- **What:** A core set of indicators and the data items that need to be collected to calculate them
- **Where:** (What locations) Collection of data at health facilities, laboratories, within household and workplaces, and via mobile services in the community
- **Type of data:** Data that are routinely collected and reported on an ongoing basis as part of national health information systems

Scope of the guidance document

Sections 2.3.2 discusses what is not included in the guidance and is considered out of scope.

What is not included in the guidance:

- Additional data required for management individual patient care (e.g. request forms for laboratory tests, scheduling patient visits)
- Collection and reporting of data through periodic population or health-facility based cross-sectional surveys (e.g. national TB prevalence surveys, national surveys of TB drug-resistance), or for research studies
- Collection, reporting and analysis of TB data related to mortality in civil registration and vital statistics systems

For further information or in case of
any questions, contact:
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Links to the guidance on TB surveillance

Consolidated guidance on tuberculosis data generation and use. Module 1: **Tuberculosis surveillance**
<https://iris.who.int/handle/10665/376612>

Web annex A: Commonly observed problems and associated solutions.
<https://iris.who.int/handle/10665/376481>.

Web annex B: Standards and benchmarks for tuberculosis surveillance and vital registration systems: checklist, 2nd ed.
<https://iris.who.int/handle/10665/376483>

Web annex C: Record-linkage exercises.
<https://iris.who.int/handle/10665/376484>

Web annex D: Reporting of aggregated data and calculation of core indicators: templates and formulae.
<https://iris.who.int/handle/10665/376486>

Web annex E: Examples of how to report diagnosis, start of treatment and treatment outcomes.
<https://iris.who.int/handle/10665/376489>

Web annex F: Evaluation of the WHO DHIS2 case-based package for tuberculosis surveillance (TB tracker) in five pilot countries: summary of key findings.
<https://iris.who.int/handle/10665/376490>

