



Tel. direct: +41 22 791  
Fax direct: +41 22 791  
E-mail :

In reply please  
refer to: TME/CS/pb

Your reference:

Ms Lindsay McKenna  
Treatment Action Group  
TB/HIV Project Officer  
261 Fifth Avenue, Suite 2110  
New York, NY 10016-7701  
(on behalf of all co-signatories)

16 April 2015

Dear Lindsay and colleagues,

### **Recording and reporting of the treatment for latent TB infection in children**

Thank you for your letter of 24 March regarding the recording and reporting of the number of children screened for, started on, and completing treatment for latent TB infection (LTBI) in children under the age of five and children (0-14 years) living with HIV. Your view, expressing the importance of promoting TB prevention in children through the monitoring, collection and use of the data on LTBI treatment, while at the same time recognizing the need for optimization of the amount and frequency of data requests to countries, is also shared by staff in the Global TB Programme (GTB) and the Department of HIV/AIDS of WHO.

As you may be aware, the top-ten list of priority indicators for the monitoring and implementation of the End TB Strategy at global and national levels, already attempts to address this issue.<sup>1</sup> Coverage for the treatment of LTBI is one of the priority indicators suggested. This is defined as the sum of the number of people living with HIV newly enrolled in HIV care and the number of children who are contacts of cases started on LTBI treatment, divided by the number eligible for treatment, expressed as a percentage. Another relevant indicator that promotes the importance of investigating tuberculous infection and TB disease in children is the coverage of contact investigation. This is defined as the number of contacts of people with bacteriologically-confirmed TB who were investigated for TB divided by the number eligible, expressed as a percentage.

This priority list of indicators will be discussed during this year's Strategic and Technical Advisory Group for Tuberculosis (STAG-TB) meeting, to be held in Geneva 15-17 June. A specific request will be made to STAG-TB members for advice and recommendations on the necessary adjustments in the recording and reporting of priority indicators for the monitoring and implementation of the End TB Strategy, as well as effective mechanisms through which to implement these changes. Furthermore, GTB will be establishing a Global LTBI Task Force whose mandate will include the monitoring and evaluation of treatment for LTBI. The HIV Department will soon release the *Consolidated strategic information guideline for HIV in the health sector* which will outline the core data elements for country collection and use; the percentage of people living with HIV newly enrolled in HIV care who are started on isoniazid preventive therapy is recommended as a national core indicator to be age disaggregated by <5, 5-14, 15+.

/2

<sup>1</sup> Uplekar M, et al. WHO's End TB Strategy. *Lancet*, 2015; S0140-6736(15)60570-0.

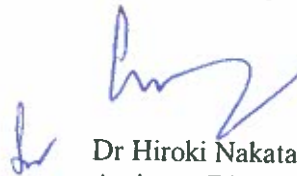
One mechanism to promote the recording and reporting of priority indicators for the monitoring and implementation of the End TB Strategy is the piloting of changes to the recording and reporting system of countries with intensive technical assistance plans, including an assessment of feasibility and needs for their implementation. This could be initially implemented in the "Challenge TB" priority countries, in collaboration with technical partners of that project.

Furthermore, some progress towards monitoring the provision of treatment for LTBI has already been made in the WHO European Region and the Region of the Americas, where the number of children under the age of five who are contacts of smear positive TB cases screened for and starting isoniazid preventive therapy is already being captured.

Finally, we would like to inform you that as part of our ongoing work to improve the estimates of TB and TB/HIV co-infection burden among children and adolescents, in collaboration with technical and funding partner agencies, we are currently undertaking an exercise to produce global estimates of tuberculous infection in children.

I, and members of the GTB and HIV Departments, would be happy to discuss our approach further.

Yours sincerely,



Dr Hiroki Nakatani  
Assistant Director-General  
HIV/AIDS, Tuberculosis, Malaria  
and Neglected Tropical Diseases