

Date and Time: 11.00am – 5.30pm 11th January 2015
9.00am – 3.30pm 12th January 2015

Minutes: Confirmed

Guideline Development Group Meeting: Tuberculosis

Place: NICE offices, Manchester

Present: Ibrahim Abubakar (IA) (Chair)
Andrew Hayward (AH) (Day 1 (pm) and Day 2)
Sudy Anaraki (SA) (Day 1 (pm) and Day 2)
Al Story (AS) (Day 1 (pm) and Day 2)
Timothy Collyns (TC)
Michael Eisenhut (ME)
Bertie Squire (BS)
Ann Chapman (AC)
Mango Hoto (MH)
Christine Bell (CB)
Horace Reid (HR)
Uday Katkar (UK)
Marc Lipman (ML) (Day 1 (pm) and Day 2)

Apologies: Francis Drobniowski (FD)
Amy McConville (AM)

In attendance:

NICE Staff

Margaret Derry (MD)
Hugh McGuire (HM) (Part of Day 2 only)
Chris Gibbons (CG)
Gabriel Rogers (GR)
Ben Doak (BD) (Day 1 only)
Sue Spiers (Day 1 am only)
Holly Irwin (Day2 am only)

Apologies

Lucy Hoppe (LH)
Rachel Kettle (RK)

Warwick Evidence Team:

Joshua Pink (JP) (Day 1 only)
Peter Auguste (PA) (Day 1 only)
Paul Sutcliffe (PS) (Day 1 only)
Alex Tsertsvadze (AT) (Day 1 only)

Notes: 11th January 2015

1. IA welcomed all to the 17th TB GDG meeting. Apologies were noted and the minutes of the last meeting were agreed as an accurate record. The Chair provided a brief overview of the day highlighting the information that would be discussed.
2. All GDG members were asked to share any new conflicts of interest which have not previously been declared. No new conflicts of interest were declared by the group or the NICE team, with the following exception. BS declared an interest as having previously worked with Jason Madden from Warwick Evidence. He confirmed he had not worked with Jason Madden on the work being presented. IA confirmed BS could participate in discussions.
3. The team from Warwick Evidence presented the clinical evidence and health economic results for the following questions:

Which diagnostic strategy is most effective in establishing an accurate diagnosis of latent TB in children?

Which diagnostic strategy is most effective in establishing an accurate diagnosis of latent TB in people who are immunocompromised or at risk from immunosuppression?

Which diagnostic strategy is most effective in establishing an accurate diagnosis of latent TB in people who are recent arrivals from countries with a high incidence of TB?

The group discussed the evidence, drafted new recommendations and updated existing recommendations from CG117.

4. No further business was discussed.

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5. IA provided a recap of day 1 and outlined the objectives for day 2.
6. JB presented the clinical reviews for the review questions:

For people in hospital who have active TB, what infection control measures are the most effective in preventing transmission of TB infection to others?

For people who have active TB who are not in hospital but are in congregate settings what infection control measures are the most effective in preventing transmission of TB infection to others?

JB went through the revised review protocols, search strategies and new included evidence. The GDG discussed the evidence available and updated the existing recommendations from CG117.

7. CG presented initial findings from the health economics work for the following questions:

For people who have active TB that is not suspected to be MDR-TB, and for whom isolation is indicated, what factors should determine the duration of isolation necessary to minimise the risk of infection to others? What is the optimum duration?

For people who have active TB that is suspected to be MDR-TB, and for whom

isolation is indicated, what factors should determine the duration of isolation necessary to minimise the risk of infection to others? What is the optimum duration?

The group discussed the evidence and drafted recommendations.

8. MD took the GDG through some draft recommendations where specialist pharmacist input had been sought. The GDG agreed a consensus view and finalised these recommendations.
9. IA provided a summary of the day and thanked all for their attendance and input.

Date, time and venue of the next meeting

11:00am – 11th and 12th February at the NICE offices in London.