NICE National Institute for Health and Care Excellence

Date and Time: 10.00am – 16.00pm 9th December 2013
10.00am – 15.30pm 10th December 2013

Minutes: confirmed

Guideline Development Group Meeting: Tuberculosis

Place: NICE offices
Manchester

Present: Ibrahim Abubakar (IA) (Chair)
Christine Bell (CB)
Toby Capstick (TC) (09/12)
Timothy Collyns (TC)
Michael Eisenhut (ME)
Andrew Hayward (AH) (10/12)
Mango Hoto(MH)
Amy McConville (AM)
Horace Reid (HR)
Bertie Squire (BS)
Al Story (AS) (09/12)

Apologies: Ann Chapman (AC)
Francis Drobniewski (FD)
Mark Lipman (ML) (10/12)
Andrew Hayward (AH) (10/12)
Al Story (AS) (10/12)

In attendance:

NICE Staff:
Emily Aidoo (EA)
Emma Banks (EB)
Ben Doak (BD)
Chris Gibbons (CG)
Michael Heath (MH)
Lucy Hoppe (LH)
Andrew Hoy (AHoy)
Rachel Kettle (RK)
Claire McCleod (CM)
Gabriel Rogers (GR)
Catherine Swann (CS)
Toni Tan (TT)

LSHTM Reviews Team:
Theo Lorenc (TL)
Elizabeth Tyner (ET)

Notes

9th December 2013

1. IA welcomed all to the seventh TB GDG meeting. Apologies were noted and the minutes of the last meeting were agreed as an accurate record of the previous meeting. The Chair introduced the work to be presented and discussed.

2. All GDG members were asked to share any new conflicts of interest which have not been previously declared. No conflicts of interest were declared by the group or the NICE team.

3. CG provided an update on the Health Economics work being carried out. The group were reminded that they had prioritised latent TB and infection control as 2 key areas that would benefit from Health Economics analysis. CG went onto discuss the area of infection control in more detail, highlighting recommendations from NICE clinical guideline 117 on isolation and the associated risk factors. To end the session the group were taken through an example of how the model might look.

4. LH presented the evidence for the clinical review question which asks *how should the standard recommended regimen be adapted to accommodate comorbidities or co-existing conditions that affect the choice of regimen for the treatment of active respiratory and non-respiratory.* The group discussed the evidence and made draft recommendations.

5. LH then led a discussion on how best to bring together information for the clinical review question asking *in people co-infected with drug susceptible, active TB and HIV receiving drug treatment for both infections, what are the key pharmacological considerations that should be taken into account when selecting a treatment regimen for treating active or latent TB?* The group provided feedback on what they considered to be key information and how it should be presented. It was agreed LH would bring this back to the next meeting for discussion.

10th December 2013

6. IA welcomed the group to the second day of the seventh TB GDG meeting. Apologies were noted and again introduced the work to be presented and discussed. CS introduced the new members of the CPH team.

7. RK outlined the CPH methods and processes. TL presented the evidence for the Lot 1 review. This included the clinical review findings on the review questions of staff training, contract tracing. He highlighted the limitations of the review evidence. TL also presented findings of reviews including patient focused interventions and provider incentives. The GDG asked for clarification of some of the reviews.

8. RK presented the evidence tables concerning various groups for immunisations in general. The group discussed all the evidence and went on to make draft recommendations.

9. There were no further matters of business arising so IA thanked all attendees for their input.

Date, time and venue of the next meeting

Notes

10am – 10th February and 11th February 2014 – NICE offices, Manchester.