

To: Hiroshi Nakatani, Assistant Director-General, HIV/AIDS, TB, Malaria and Neglected Tropical Diseases

CC: Mario Raviglione, Director, Global TB Program  
Malgorzata Grzemska and Annemieke Brands, Technical Support Coordination & Secretariat of Stop TB Partnership Childhood TB Subgroup  
Katherine Floyd, TB Monitoring and Evaluation  
Diana Weil, Policy, Strategy and Innovations

World Health Organization  
Avenue Appia 20  
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March 24, 2015

**Open letter:** Time to report preventive therapy for children

Dear Dr. Nakatani,

We appreciate the World Health Organization (WHO) Global TB Program's ongoing efforts to improve data presented in its annual *Global Tuberculosis Report*. These figures allow us to track progress and identify gaps in the global TB response. They also send country programs a clear message about the importance of specific interventions. An important intervention recommended, but not yet tracked, by the WHO is preventive TB therapy for children. We ask that the WHO include the number of children under the age of five and the number of children with HIV started on preventive therapy in the annual *Global Tuberculosis Report*.

Reporting on the number of children placed on preventive therapy is important for three reasons. First, the WHO and almost all national TB programs recommend that, following the identification of an infectious TB case, vulnerable child contacts (children less than five years old or with HIV infection) should be identified and, following screening to rule out TB disease, offered preventive therapy.<sup>1</sup> Preventive therapy is proven to be effective in reducing progression from infection to disease.<sup>2,3,4,5</sup> In addition to the clinical benefits for the individual child, preventive therapy has a public health benefit, as it prevents future cases of infectious TB and subsequent transmission—yet, no one is tracking progress on country-level implementation of preventive therapy in children.

Second, asking countries to report on the number of children started on preventive therapy each year sends a strong message that TB prevention in children is an important programmatic intervention and that routine monitoring data should be collected and reported to the global health community. The WHO should communicate this clearly if they wish to see TB prevention efforts improve.

Third, the WHO's *Global Tuberculosis Report* recently began to include estimates for the burden of TB disease in children. We know much of the burden of TB is among those who have been infected but are not yet sick. In order to reflect the true epidemiological situation, the pediatric numbers reported by the WHO must include all children affected by TB, including those exposed to TB and those receiving preventive therapy. The WHO undertook a similar approach with the HIV-positive adult population, another group vulnerable to TB and among whom TB's true burden is best measured by including those on preventive therapy. The WHO's success in reporting the number of

HIV-positive individuals receiving preventive therapy can be used as a model for doing the same in children.

We policy makers, academics, clinicians, public health workers, and advocates strongly urge the WHO to start asking countries to report the number of children screened for, started on, and completing preventive therapy. We recognize that the WHO regularly receives requests from different groups wishing to expand the indicators collected and reported each year. We also acknowledge the challenges programs face in collecting data, and the demand placed on the health care workers and program personnel who track this information, analyse these data, and complete these reports. However, we must encourage countries to address and report on TB infection and preventive therapy in children to meet the ambitious goals set forth in the WHO's End TB Strategy.<sup>6</sup>

We therefore request a deadline of 2016 for the WHO to have laid all of the necessary groundwork—including issuing country guidance on measurement and evaluation for these new indicators—and to include the aforementioned figures for children on preventive therapy in its annual *Global Tuberculosis Report*. We look forward to your response and to further discussion, which can be directed to Lindsay McKenna at [Lindsay.McKenna@treatmentactiongroup.org](mailto:Lindsay.McKenna@treatmentactiongroup.org).

Respectfully submitted,

### **Organizational Signatories**

Treatment Action Group (TAG)

ACTION

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European Pediatric Tuberculosis Network (pTBNet)

Global Coalition of TB Activists (GCTA)

Global TB Community Advisory Board (TB CAB)

Jhpiego

Sentinel Project on Pediatric Drug-resistant Tuberculosis

Socios En Salud

Stop TB Partnership (STBP)

Stop TB USA

Target Tuberculosis

TB Proof

Tuberculosis & HIV Investigative Network (THINK)

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*\*For individual signatories, institutions are listed as affiliations only, and do not reflect institutional endorsement*



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- <sup>1</sup> World Health Organization. Guidance for national tuberculosis programs on the management of tuberculosis in children. 2<sup>nd</sup> ed. Geneva: World Health Organization; 2014. Available from: [http://www.who.int/tb/publications/childtb\\_guidelines/en/](http://www.who.int/tb/publications/childtb_guidelines/en/). (Accessed 17 March 2014)
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- <sup>3</sup> Gray DM, Zar H, Cotton M. Impact of tuberculosis preventive therapy on tuberculosis and mortality in HIV-infected children. *Cochrane Database Syst Rev*. 2009:CD006418.
- <sup>4</sup> Spyridis NP, Spyridis PG, Gelesme A, Sypsa V, Valianatou M, Metsou F, et al. The effectiveness of a 9-month regimen of isoniazid alone versus 3- and 4-month regimens of isoniazid plus rifampin for treatment of latent tuberculosis infection in children: results of an 11-year randomized study. *Clin Infect Dis* 2007;45:715–22.
- <sup>5</sup> Sterling TR, Villarino ME, Borisov AS, Shang N, Gordin F, Bliven-Sizemore E, et al. Three months of rifapentine and isoniazid for latent tuberculosis infection. *N Engl J Med* 2011;365:2155–66.
- <sup>6</sup> World Health Organization. Global strategy and targets for tuberculosis prevention, care and control after 2015. Geneva: World Health Organization; 2013. Available from: [http://apps.who.int/gb/ebwha/pdf\\_files/EB134/B134\\_12--en.pdf?ua=1](http://apps.who.int/gb/ebwha/pdf_files/EB134/B134_12--en.pdf?ua=1). (Accessed 17 November 2014)