

New consolidated guidance on TB data generation and use. What's new?

Regional TB Action Plan (M&E framework)

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European Region



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Consolidated guidance on tuberculosis data generation and use: module 1:

Tuberculosis surveillance

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



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Consolidated guidance on
tuberculosis data generation and use
Module 1

Tuberculosis surveillance



Background

1994 DOTS strategy: standardised recording and regular reporting of people with TB

<https://apps.who.int/iris/handle/10665/58717>

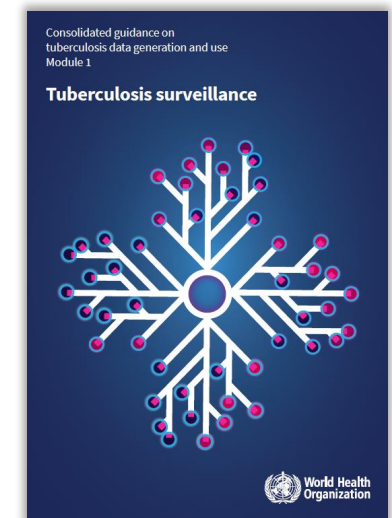
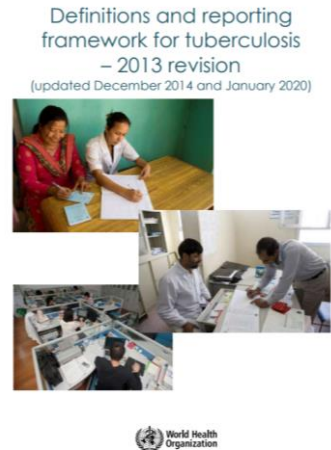
2006 update: more disaggregation of cases by age, sex, HIV status.

<https://apps.who.int/iris/handle/10665/69608>

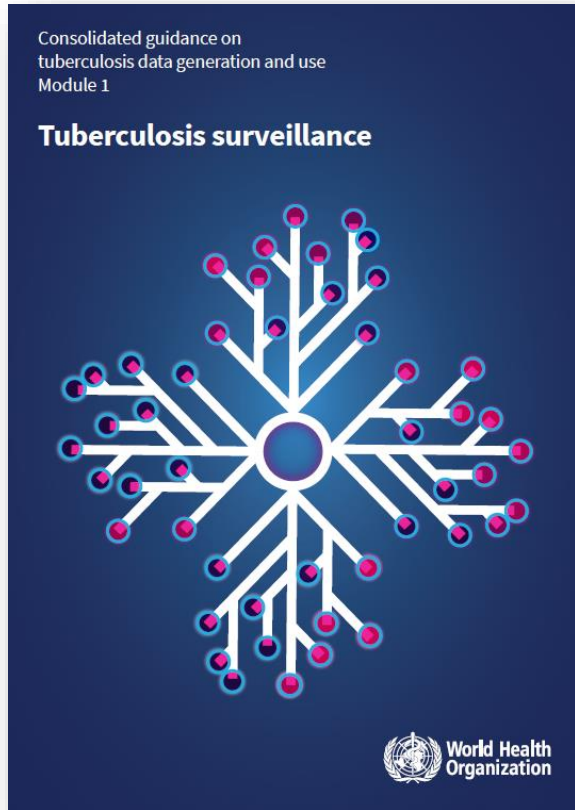
2013 update: new case definitions following WHO approval of rapid molecular tests; minor tweaks in 2014: TB/HIV and 2020: LF-LAM.

<https://apps.who.int/iris/handle/10665/79199>

2023 update: expanded scope and content, informed by lessons learnt from epidemiological reviews and assessments of surveillance assessments.



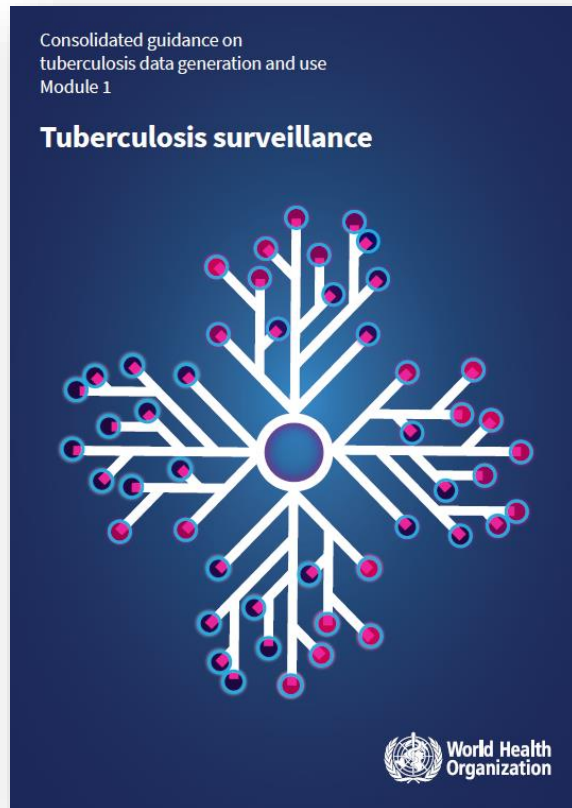
Guidance of TB surveillance: content



CHAPTERS

1. Introduction
2. Purpose, principles, scope
3. Definitions
4. Core indicators to report and use **NEW**
5. Core data items to collect
6. Digital TB surveillance **NEW**
7. Data quality **NEW**

Guidance of TB surveillance: content



WEB ANNEXES

- A. TB surveillance: commonly observed problems and suggested solutions **NEW**
- B. WHO TB surveillance checklist (2nd edition) **NEW**
- C. WHO guidance on record linkage **NEW**
- D. Reporting templates (quarterly and annual data) + indicator formula calculations
- E. Examples of reporting scenarios of diagnosis, start of treatment and treatment outcomes
- F. Evaluation synthesis of case-based DHIS2 implementation in five countries **NEW**

What's new?



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What's new? (1/2)

1. **Consolidated and comprehensive package** on TB surveillance, combining updated guidance on TB surveillance and related WHO products (e.g. 2nd edition of the TB surveillance checklist, guidance on record-linkage exercises)
2. **A few updates to terms and definitions related to TB surveillance** (e.g. 'relapse' is now called 'recurrent', 'retreatment' is now called 're-registered')
3. **All terms, definitions and indicators updated to fully align with latest WHO policy guidelines** on TB prevention, diagnosis and treatment, and a 2020 WHO consultation on definitions and outcomes for drug-resistant TB
4. **A clear distinction between:**
 - **Core set of indicators** to report and use that are recommended for all countries
 - **Additional disaggregations and indicators** that should be considered only if digital case-based surveillance is in place, and some of which are not necessarily relevant for all countries
 - Indicators and disaggregations to be reported **weekly/monthly, quarterly and annually**
 - **Diagnosis and enrolment on treatment:** now to be clearly **reported separately**, to monitor initial deaths and loss to follow-up and allow calculation and reporting of new indicator 'case outcome')

What's new? (2/2)

5. **Specification of core data items** that need to be collected in order to calculate core indicators (**relevant to both paper- and case-based digital systems**), **replacing previous focus on standard reporting templates** for paper-based systems
 - Standard templates for paper-based systems are still provided in [Web Annex D](#)
6. **Reporting treatment outcome** is now the **responsibility of the final facility where treatment was provided** (as opposed to where treatment was started)
7. **Guidance provided on how to establish or strengthen case-based digital TB surveillance**, including WHO available packages, and how to ensure one unified system for TB surveillance (drug-susceptible and drug-resistant TB) with linkages to other components of public health surveillance
8. Framework for assessment of **data quality**

Rationale for the development of new guidance on TB surveillance



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Rationale

1. Previous guidance (2013/2014) had become outdated
 - New WHO guidelines on TB diagnosis, treatment and prevention
 - Updated recommendations for the surveillance of drug-resistant TB, following 2020 consultation
 - Expansion of use of digital case-based surveillance
 - Growing demand for more timely reporting of data
 - Lessons learned from >100 national TB epidemiological reviews implemented since 2013
2. It's an opportunity to bring all WHO guidance on TB surveillance and associated products and documentation together in one place

GOAL:

To ensure continued worldwide standardisation of TB surveillance in the context of WHO's End TB Strategy and the latest WHO guidelines on TB diagnosis, treatment and prevention, while also promoting the use of digital case-based TB surveillance.



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Purpose, principles and scope



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Purpose

TB surveillance: Systematic and continuous collection, analysis, reporting and use of data related to TB infection and disease in the population

Essential for:

1. Reliable monitoring of TB epidemics
2. Assessment of progress towards national, regional and global targets
3. Assessment of the performance of TB services
4. Informing planning, budgeting, policy, programmatic and clinical actions

Principles

1. TB surveillance should be based on clear, comprehensive and standardised definitions
2. TB surveillance should be limited to the collection and reporting of data that will be used and that addresses specific predefined objectives
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
4. All collected data should be quality assured for completeness and accuracy
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
6. TB surveillance in individual countries should benefit from experiences and lessons learned in other countries

Scope

What is covered?

- **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

What is not included?

- 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

Updates on terms and definitions

Terms and definitions (1/7)

Old	New	Reason for update
N/A	Case outcomes	To allow for the assessment of outcomes for all patients registered as a TB case, irrespective of whether they started treatment.

Terms and definitions (2/7)

Old	New	Reason for update
Different definitions for some treatment outcome categories for DS-TB and DR-TB.	Same definitions for all treatment outcome categories.	It allows for considerable simplification and streamlining of definitions, and is consistent with the outcomes of a WHO consultation convened in 2020.

Terms and definitions (3/7)

Old	New	Reason for update
<p>Patients transferred onto a new treatment regimen (e.g. first-line to second-line) were recorded as “transferred”.</p> <p>These patients were not included in the treatment success rate for the initial cohort (e.g. DS-TB).</p>	<p>Transfer onto a new regimen (e.g. from first-line to second-line) should be recorded as “treatment failure”.</p>	<p>Optimal treatment should be identified at the start of treatment.</p> <p>Ensures more accurate assessment of treatment outcomes.</p>

What is a regimen change?

- A change between 6-month, 9-month and long-term individualised regimen constitutes a regimen change.
- For long-term individualised treatment, a regimen change means that 2 medications within the regimen have been changed.

Terms and definitions (4/7)

Old term	New term	Definition	Reason for update
Relapse case	Recurrent case	A person with TB disease who has previously been treated for TB, was declared <i>cured or treatment completed</i> at the end of their most recent course of TB treatment and is now diagnosed with a new episode of TB. Same as previously	Better alignment with case definitions commonly used in clinical trials.

Terms and definitions (5/7)

Old term	New term	Definition	Reason for update
Retreatment	Re-registered for treatment	<p>A person with TB disease who has been notified previously as a TB case, who started treatment and took TB drugs for at least 1 month but who was not declared <i>cured</i> or <i>treatment completed</i>, and is now being started on a new course of TB treatment.</p> <p>Same as previously</p>	More accurate descriptor for people who start a new regimen.

Terms and definitions (6/7)

Old term	New term	Definition	Reason for update
New or relapse case	New episode	<p>A person with TB disease who is classified as a new case, a recurrent case or a case with unknown previous treatment history (i.e. any case apart from a re-registered case).</p> <p>Same principle as previously</p>	Simplified and more concise descriptor of people newly diagnosed with TB.

Terms and definitions (7/7)

Summary of updated terms:

Instead of saying...	We now say...
Relapse	Recurrent
Retreatment	Re-registered (for treatment)
New or relapse	New episode

Definitions of these updated terms remain the same as the definitions in the 2013/2014 reporting framework.

Changes do not have to be made *immediately* at the health facility level. Updated terms will be used for global reporting and could be introduced for national reporting with a timeline appropriate to the country context.

Thank you

For more information, please contact:
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