

Policy items

NATIONAL TUBERCULOSIS ADVISORY COMMITTEE 2012 COMMITTEE REPORT

Emily Gearside and the National Tuberculosis Advisory Committee

The National Tuberculosis Advisory Committee (NTAC) was established in 1999 as a subcommittee of Communicable Diseases Network Australia (CDNA). The terms of reference of NTAC are:

- to provide strategic, expert advice to CDNA on a coordinated national and international approach to Tuberculosis (TB) control; and
- to develop and review nationally agreed strategic and implementation plans for the control of TB in Australia.

NTAC membership is comprised of the following:

- representation from those responsible for the TB programs in their respective jurisdictions, namely nurse managers with TB expertise, public health physicians, clinicians practising in TB clinics, thoracic physicians, and infectious disease physicians
- a representative from the Commonwealth Department of Health (DoH)
- a representative from the Public Health Laboratory Network (PHLN)
- an human immunodeficiency virus-tuberculosis (HIV-TB) specialist nominated by the Australasian Society for Infectious Disease (ASID)
- a paediatric specialist nominated by the Royal Australasian College of Physicians, Paediatrics & Child Health Division; and
- a representative from the Department of Immigration and Citizenship (DIAC).

The Tuberculosis Data Quality Working Group (TBDQWG) is a working group of NTAC, with representation from jurisdictions, DoHA and the Mycobacterium Reference Laboratory Network. The TBDQWG ensures that high quality data informs routine and timely reports on trends and emerging issues in TB.

Secretariat support for NTAC and TBDQWG is provided by DoHA. This report documents activities undertaken by NTAC in 2012. NTAC formally met on four occasions: face-to-face in April and October and via teleconference in February and August. Dr

Justin Waring, of Western Australia, was appointed Chair of NTAC in March 2011 and has been endorsed to continue as Chair until March 2015. Ms Amanda Christensen (of New South Wales) was the Deputy Chair of NTAC during 2012. NTAC developed and finalised a comprehensive work plan which sets out the work that the committee aims to complete by the end of 2015. This has helped the committee to focus on its core work and to structure its meeting agendas accordingly.

NTAC expanded its membership in 2012 to include a representative from DIAC. The high burden of TB in the overseas-born population of Australia demonstrates that TB control in Australia is largely dependent on our pre- and post- migration activities in relation to new arrivals.

Guidelines and Publications

NTAC publishes information to assist the TB community. In 2012 NTAC published a number of documents and progressed work towards finalising others.

NTAC published the *Position statement on interferon-γ release assays in the detection of latent tuberculosis infection* (IGRA position statement). This is a general guide to the appropriate practice to be followed in the detection of latent tuberculosis infection (LTBI).¹ The statement recommends that the tuberculin skin test (TST) remains the preferred test for LTBI in most patient groups. NTAC recommends that IGRAs may be used as supplemental tests to improve specificity in screening immunocompetent subjects and in addition to TST in immunocompromised patients considered at high risk of LTBI. The specific recommendations in various patient groups are listed in the document.

The committee also published an annual report, *Tuberculosis notifications in Australia, 2008 and 2009* summarising the incidence of tuberculosis in Australia as reported to the National Notifiable Diseases Surveillance System during 2008 and 2009.²

NTAC published *The Strategic Plan for Control of Tuberculosis in Australia: 2011–2015* (the Strategic Plan).³ This document articulates challenges, priorities and actions for the control of TB in Australia in the coming years. The Strategic Plan acknowledges that the burden of TB in Australia will depend on future immigration policy, the control of TB in new arrivals

and the detection of TB as migrants age. NTAC notes the particular challenge of TB within neighbouring countries posing direct public health threats to Australia as seen in the Treaty Zone between the outer Torres Strait Islands of Queensland and the various villages of the South Fly District of the Western Province of Papua New Guinea. NTAC has identified Australia's priority populations – groups at higher risk of TB than most of the population. These are persons in close contact with active disease, Indigenous Australians, overseas-born persons (including secondary and tertiary students and health care workers) and other groups (elderly and immuno-suppressed persons and those with TB and HIV co-infection). In maintaining TB control in Australia, NTAC calls for a continued high standard of diagnosis and treatment, requiring continuation of current TB control infrastructure, support for global TB control activities and improving existing and developing new diagnostics, treatments and vaccinations.

In 2012 NTAC finalised *The Bacille Calmette Guérin vaccine (BCG): information and recommendations for use in Australia* (the BCG document).⁴ The BCG document is an update to the previously published 2006 document and provides an update on the role of BCG vaccination in tuberculosis control and prevention in Australia. No significant changes were made to the previous recommendations.

NTAC members assisted in the preparation of the CDNA National Guidelines for the Public Health Management of Tuberculosis, part of the Series of National Guidelines (SoNGs). The purpose of this document is to provide nationally consistent guidance to public health units in responding to a notifiable TB event, and is expected to be published in 2013.

NTAC members contributed to the development of the Tuberculosis Screening and Management in Immigration Detention section of the *DIAC Detention Services Manual*.⁵ The purpose of this section is to provide clear guidelines in screening and investigation for TB at the health induction assessment for irregular arrivals as well as an overview of the principles of the current management of TB in Immigration Detention Facilities.

In Australia TB control is managed through state and territory-based programs, rather than a national program as for most other countries. The jurisdictional boundaries of these programs are well defined, and communication and cooperation between the programs is effective. In 2012, NTAC began work on a paper which defines the essential requirements for TB programs in Australia and will aim to finalise this paper in 2013. In addition members are drafting a proposal to formalise a National TB Program in Australia. This proposal does not intend to change the current operational structure or funding of the

existing jurisdictional TB programs or of NTAC, but would recognise the current partnerships between TB services in jurisdictions and the Commonwealth.

This article has provided a brief overview of the work undertaken by NTAC during 2012. Members of NTAC also participate in a variety of other TB related activities at the local, national and international level. Through NTAC they are able to effectively provide a national perspective on issues discussed and to disseminate information from these other sources. NTAC looks forward to continuing and expanding its activities in the future.

For further information on NTAC including NTAC publications contact:

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References

1. National Tuberculosis Advisory Committee. Position statement on interferon- γ release assays in the detection of latent tuberculosis infection. *Commun Dis Intell* 2012; 36(1):125-131.
2. Christina Barry, Justin Waring, Richard Stapledon, Anastasios Konstantinos and the National Tuberculosis Advisory Committee, for the Communicable Diseases Network Australia. Tuberculosis notifications in Australia, 2008 and 2009. *Commun Dis Intell* 2012; 36(1):82-94.
3. National Tuberculosis Advisory Committee. The Strategic Plan for Control of Tuberculosis in Australia: 2011–2015 *Commun Dis Intell* 2012; 36(3):E286-E293.
4. National Tuberculosis Advisory Committee. The Bacille Calmette Guérin vaccine (BCG): information and recommendations for use in Australia. *Commun Dis Intell* 2013; 37 (1): E65-E72.
5. Department of Immigration and Citizenship. PAM3 - MIGRATION ACT - Detention Services Manual - Chapter 6 - Detention health - General health screening and management - TUBERCULOSIS SCREENING AND MANAGEMENT IN IMMIGRATION DETENTION. LEGENDCom. 2013: 03/6/2013-17/6/2013; P: 3/6/2013 - 17/6/2013.