

Recommendation on 36 months isoniazid preventive therapy to adults and adolescents living with HIV in resource-constrained and high TB- and HIV-prevalence settings

2015 update



World Health
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This is an update to the 2011 WHO Guidelines for intensified tuberculosis case-finding and isoniazid preventive therapy for people living with HIV in resource-constrained settings

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Next update of these guidelines: The next update will be done in conjunction with the revision of the 2011 WHO "Guidelines for intensified tuberculosis case-finding and isoniazid preventive therapy for people living with HIV in resource-constrained settings".

Declaration and management of conflict of interest

All the contributors completed a WHO Declaration of Interest form. All stated declarations of interest were evaluated by three members of the Steering Group (the Legal Department of WHO was consulted when necessary) for the existence of possible financial conflicts of interest which warrant exclusion from membership of the Guidelines Development or Peer Review Groups or from the discussions as part of the guidelines development process. Intellectual conflict of interest was not considered grounds for exclusion from membership of the Guidelines Development Group as broader expertise on Latent TB Infection (LTBI) was the main criteria for selection and representation on the group; the group itself was felt to be large enough to overcome any potential intellectual conflict of interest. During the guidelines development process and the Guideline Development Group meeting, any emergence of intellectual conflict of interest was monitored by the Chairs and the Coordinator of the Secretariat, and any perceived intellectual conflict of interest was discussed with members of the Guidelines Development Group.

The following interests were declared:

WHO Guidelines Development Group:

Ibrahim Abubakar declared that his employer received grants from the National Institutes of Health (£2.7 million for the PREDICT study: Prognostic Evaluation of Interferon Gamma Release Assays (IGRAs) and Skin test in a cohort of 10 000 contacts and migrants) and the UK Department of Health (£900 000 for a randomized controlled trial to assess isoniazid-rifapentine compared to isoniazid-rifampicin on LTBI treatment completion and £490 000 for the Academic, Clinical & Enterprise (ACE) study, and detection of latent TB in emergency departments). He is currently the chair of the UK National Institute for Health and Care Excellence (NICE) guideline development group developing guidelines on TB which includes active and latent TB treatment. NICE pays his employer (University College London) for his time at about £500 a day. He was a member of the European Centre for Disease Prevention and Control (ECDC) guideline development group on IGRAs published in 2011, for which he did not receive any remuneration. He has written extensively on this subject including a recent commentary in The Lancet on LTBI in the UK.

Cynthia Bin-Eng Chee declared that she has attended meetings pertaining to IGRAs sponsored by Qiagen (1st meeting of Asia TB Experts Community, Chiba, Japan 13 May 2012 and the 2nd Meeting of Asia TB Experts Community, Bangkok, Thailand, July 2013) and University of California, San Diego (3rd Global IGRA Symposium, Waikoloa, Hawaii, January 2012) with an estimated overall value of US\$ 4500 for travel and accommodation.

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