NICE National Institute for Health and Care Excellence

Date and Time:	10.30am – 4.00pm 23rd June 2014
	9.30am – 2.00pm 24th June 2014

Minutes: confirmed

Guideline Development Group Meeting: **Tuberculosis**

Place: NICE offices, London

Present: Andrew Hayward (AH) (Chair)
Ibrahim Abubakar (IA)
Sudy Anaraki (SA)
Christine Bell (CB)
Ann Chapman (AC)
Timothy Collyns (TC)
Michael Eisenhut (ME)
Mango Hoto (MH)
Uday Katkar (UK)
Marc Lipman (ML)
Amy McConville (AM)
Al Story (AS)
Horace Reid (HR)
Bertie Squire (BS)

Apologies: Francis Drobniewski (FD)

In attendance:

NICE Staff:
Emma Banks (EB)
Ben Doak (BD)
Michael Heath (MH)
Lucy Hoppe (LH)
Rachel Kettle (RK)
Hugh McGuire (HM) (24th only)
Sue Spiers (SS) (23rd only)

Juliana Uribe (JU) – observer

Mark Jit (MJ)
Peter White (PW)

Apologies:
Gabriel Rogers (GR)
Sue Ellerby (SE)

Notes: 23rd June 2014

1. AH welcomed all to the 12th TB GDG meeting. Apologies were noted and the minutes of the last meeting were agreed as an accurate record. The Chair provided a brief overview of the day highlighting the information that would be discussed

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

3. Information was presented for the review question which asks *what are the most effective methods for (i) sputum smear microscopy and (ii) sputum culture in establishing an accurate diagnosis of active respiratory TB?* The group discussed the quality and timing of collecting a specimen and also the processes followed within the laboratories. Having reviewed the evidence the GDG then made some draft recommendations.

4. The group went on to review the evidence for the question which asks *what is the most effective method of collecting respiratory samples from children unable to expectorate spontaneously?* ME provided an explanation of each intervention and which would be considered in practice to be the most uncomfortable. The GDG discussed the quality and appropriateness of included evidence and also they're experiences in practice. The group then moved onto to make some draft recommendations.

5. PW provided the group with an update on the HE modelling for the questions on the treatment of latent TB. The group discussed the information presented including the parameters and assumptions made. It was noted that more clinical evidence would be shared at the next meeting to further these discussions.

24th June 2014

6. AH provided a recap of day 1 and outlined the objectives for day 2.

7. The group revisited some of the queries raised on day 1 with regards to the HE modelling for the treatment of latent TB, particularly around the choice of treatment regimens.

8. Following on from the clinical evidence presented at the last meeting LH presented the meta-analysis for the review question which asks *apart from culture, what other tests are effective in establishing an accurate diagnosis of active respiratory TB adults, children and young people with suspected respiratory TB.* The group discussed the evidence and revisited the draft recommendation made.

9. RK took the GDG through some of the draft recommendations made to date. The group discussed and amended where appropriate.

10. AH provided a summary of the two days and thanked all for their attendance and input.

Date, time and venue of the next meeting
10am – 28th & 29th July, NICE offices in Manchester