Advances in TB: Australian and Regional Perspectives

National TB Advisory Committee

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Chair, NTAC

Burnet Institute, Melbourne, June 2013
Est. 1999, to provide expert advice to CDNA

Terms of reference:

• to provide strategic, expert advice to CDNA on a coordinated national and international approach to TB control; and

• to develop and review nationally agreed strategic and implementation plans for the control of TB in Australia.
NTAC

Australian Government
Department of Health & Ageing

CDNA

NTAC

State & Territory
TB Control Programs

Membership

- Jurisdictional members
- Department of Health & Ageing
- Public Health Laboratory Network
- Speciality interests:
  - DIAC
  - Paediatric specialist
  - HIV / TB specialist
  - (Regional TB specialist)

Secretariat
:: National Tuberculosis Advisory Committee

About the National Tuberculosis Advisory Committee (NTAC)

The National Tuberculosis Advisory Committee (NTAC) was established in 1999 to provide expert advice to the Communicable Diseases Network Australia (CDNA), the Australian Government Department of Health and Ageing and the states and territories, on the prevention and control of tuberculosis.

Terms of reference

- to provide strategic, expert advice to CDNA on a coordinated national and interstate approach to tuberculosis control
- to develop and review nationally agreed strategic and implementation plans for tuberculosis control

NTAC consolidates current TB related activities occurring at the jurisdictional level, including surveillance of important epidemiological control indices for TB including disease trends and treatment outcomes.

The activities of NTAC assist in maintaining a high level of knowledge and expertise in the field, ensuring that there is continued vigilance and action. The work of the committee is aimed at reducing the burden of tuberculosis and human impact of TB. The role of NTAC has become increasingly important over recent years as issues relating to drug resistance have emerged.

NTAC has developed various guidelines and position statements, and has identified other key TB information needs for the TB community.

The current membership of NTAC includes:

- representation from people responsible for the TB programs in their respective jurisdictions, namely nurse managers, medical staff, and public health officials
- representatives from the Australian Medical Association (AMA) and Australian and New Zealand College of Surgeons (ANZCS)
The Strategic Plan for Control of Tuberculosis in Australia: 2011–2015

Key challenges, priorities and actions for tuberculosis (TB) control in Australia:

Challenges
• Maintaining the commitment to TB control in the face of low TB incidence in Australia
• Developing new strategies for TB control in a period of high rates of immigration, particularly from countries with high burdens of TB
• Managing increasing drug resistance
• Maintaining a workforce skilled in clinical, laboratory, and public health aspects of TB control
• Maintaining universal access to rapid and reliable diagnosis and treatment for TB

Priorities
• To provide a high standard of diagnosis of and treatment for TB
• To enhance surveillance for TB in groups at higher risk
• To reduce the disparities in TB rates among population sub-groups within Australia
• To minimise the development of drug resistance within Australia
• To ensure the continued provision of safe, timely laboratory diagnosis of TB
• To provide regional support and leadership for the elimination of TB

Key actions
• Develop a strategy for awareness campaigns for primary care and organisations representing high risk groups
• Develop a plan for recruitment, training and retention of the TB workforce
• Develop a national strategy for long term assured supply of quality TB diagnostics and medications
• Publish national practice guidelines for TB
• Increase engagement with regional partners in TB control, particularly with reference to the Western Province of Papua New Guinea
• Achieve real time national reporting of combined clinical and laboratory data
# NTAC Work Plan

## National Tuberculosis Advisory Committee – Work Plan

**Goal 1** To ensure sound tuberculosis (TB) control through rapid diagnosis, treatment and notification of TB.  
Amanda Christensen (Justin Waring, Ral Antic, Rick Stapleton, Rhonda Owen, Ivan Bastian)

### Draft Outcomes:
- Stakeholder awareness campaign strategy developed and implemented.
- NTAC Website (including TB information portal) developed and maintained.
- A national workforce policy statement published.
- Essential requirements for a TB control program in Australia document published.
- IGRA position statement published, (complete)
- BCG information and recommendations paper published. (In press)
- Guidelines for Australian mycobacteriology laboratories published.

## Objective Action | Activity | Responsibility | Timeframe
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1.1 Maintain awareness and education of all stakeholders, including professionals and local a) Develop a strategy for awareness campaigns for primary care, organisations representing high risk groups and other key stakeholders.  
| Define a list of stakeholders and current engagement activity. (1.1a-2012.4.19) | Amanda Christensen and Ann-Marie Baker | Progress report for first F2F meeting 2013. 
| Activity complete – NTAC national practice guidelines list endorsed by NTAC 28 August 2012. Document is available on GovDex site. Practice guidelines will be developed by order of priority over the next five years. Document to be reviewed at each meeting. | All members | Routinely reviewed at each meeting. 
| Publish national practice guidelines for TB prevention and control. | | | 
| Ensure ready access to TB materials and resources. | | | 
| Update the NTAC website. (1.1d-2012.8.28B) | NTAC Secretariat and Amanda Christensen | Progress report for first F2F meeting 2013. 
| Seek CDNA approval to publish a condensed version of the Work Plan (goals, objective, action and outcomes) on NTAC's webpage. (1.1d-2012.10.25) | NTAC Secretariat | Deferred until Work Plan Outcomes are finalised.
Co-operation and collaboration between...

– Clinicians, laboratories and public health experts
– Operational TB workers and researchers
– Health and other sectors e.g. Immigration, education, prisons
– Australia and our neighbours
National TB Program

Goal 1. To ensure sound tuberculosis (TB) control through rapid diagnosis, treatment and notification of TB

1.1 Maintain awareness of all stakeholders...

– National TB Program
  • Recognition of an inter-dependance of jurisdictional control programs, and links with agency outside these programs that are essential to TB control
  • Recognises the value of collective planning and badging of a national endeavour

1.2a Define minimum requirements of a ... specialised dedicated TB service

Programmatic response to TB in the Pacific Islands, PNG and Australia
Goal 6. To assist global TB activities

12 speakers presenting their research or operational work from across the globe, but focused in the WPR.

...especially visiting speakers

6.1a Increase engagement with regional partners in TB control ... particularly PNG

– New membership to NTAC: Dr Rick Stapledon

– Document existing activity and review annually
Migration & TB

*TB in Australia almost entirely related to migration and will persist.*

Goal 3. To eliminate TB in the Australian-born population.

3.1a Optimize pre-visa screening
   – DIAC membership on NTAC: Dr Paul Douglas
   – Reporting on TB detected by pre-visa screening
   – Difficulties with diagnostic tests!!

*Rapid point-of-care diagnostic testing*
A case made for LTBI screening and treatment in immigrants

Testing for LTBI is full of difficulties

Goal 4. To reduce difference in the incidence of TB between the overall Australian rate and specific high risk groups.

4.1 Enhance the extent and effectiveness of ... programs for... detection and management of infection.

– Develop a national guideline for LTBI
Globally MDR TB is a developing disaster
PNG is starting a big battle with MDR TB
Australian incidence of MDR TB will inevitably be affected

Goal 5. To prevent the development and transmission of drug resistant TB in Australia

– 2 NTAC members lead supranational mycobacterial reference laboratories

– Describe MDR TB in Australia
TB in Children

Goal 3. To eliminate TB in the Australian-born population.

3.1c To describe more clearly the burden of TB in children born in Australia.

Globally, TB in children has been under appreciated, under diagnosed and had poor outcomes.

– NTAC paediatric specialist: Dr Steve Graham
– Collection of COB of mothers of Australian-born children notified with TB

BCG or not to BCG?
Conclusion

This symposium has been a success because:

– Showcased a deep and broad expertise in Australians working in TB.

– Brought together a disparate, but enthusiastic group of people working in TB.

– Strengthened links with our neighbours