

WHO revised definitions and reporting framework for tuberculosis

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On 15 April 2013, the World Health Organization (WHO) launched the revision of the 'Definitions and reporting framework for tuberculosis' (2013 revision) [1]. This document updates the previous WHO standard case definitions for tuberculosis (TB) and drug-resistant TB, the categories used to assign outcomes and the standard reporting framework for TB [2-4].

The standardisation of definitions and reporting structures has permitted comparability of indicators of performance between national TB control programmes and over time. In the course of the 2013 revision, efforts were made to maintain continuity in the surveillance parameters while also ensuring that the new framework captures information about bacteriologically-confirmed TB cases and drug-resistant strains detected using novel, WHO-endorsed molecular testing methodologies. The treatment outcome definitions of 'cured' and 'treatment failed' for rifampicin-resistant TB (RR-TB) and multidrug-resistant TB (MDR-TB) patients needed simplification to allow their wider application to patients still on treatment. In addition, the judgemental terms 'defaulter' and 'TB suspect' have now been replaced by 'lost to follow-up' and 'presumptive TB' respectively.

The recording and reporting forms for paper-based systems were also updated to bring them in line with the revised case and treatment outcome definitions. Countries using electronic systems for TB recording

and reporting are expected to adapt their software to incorporate the revised case and outcome definitions and to produce the indicator reports along the same lines. Nonetheless, the forms, registers and reports are intended to be illustrative rather than prescriptive and should serve to demonstrate how a minimum dataset for recording and reporting could be compiled. Each country will have its own particular requirements and will need to modify the forms, registers and reports to suit its needs. While the revised definitions are intended for immediate application, the process for their full adoption will need to factor in sufficient time to allow for effective communication, training, supervision, revision of procedures and policies, and the adaptation of information systems.

References

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