

National Institute for Health and Clinical Excellence

**PUBLIC HEALTH PROGRAMME –TUBERCULOSIS-HARD TO REACH GROUPS-
Consultation on the Draft Guidance from 8th September – 3rd November 2011
Comments to be received no later than 5pm on 3rd November 2011**

Stakeholder Comments

Please use this form for submitting your comments to the Institute.

1. Please put each new comment in a new row.
2. Please insert the **section number** (eg 3.2) in the 1st column. If your comment relates to the document as a whole, please put '**general**' in this column
3. Please insert the **page number** (ie '7') in the 2nd column.
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Name:		
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Section number	Page Number	Comments
Indicate section number or ' general ' if your comment relates to the whole document		Please insert each new comment in a new row.
General		British HIV Association (BHIVA) comments from the Chair of the BHIVA Guidelines Writing Group on TB, on behalf of BHIVA. BHIVA welcomes this important document but would like to make the following comments:
1.	18	<p><i>Assessment for, and management of TB in new entrants should consist of the following:</i></p> <ul style="list-style-type: none"> – should this statement re mantoux testing be consistent with the NICE guidance on the use of Mantoux and gamma interferon tests in HIV positives or with the BHIVA guidelines on screening and prevention of tuberculosis? – If someone is thought to be at risk of being HIV positive an HIV test should be performed before a BCG vaccination or Mantoux test are performed? <p>We are concerned that no detailed discussion of HIV testing is in the draft document -What HIV risk assessment is recommended? Many hard to reach groups such as migrants from sub-Saharan Africa have a high prevalence of HIV but there is an overall rising HIV incidence across Europe with ~26,000 new diagnoses in 28 European countries in 2009. The rates of new diagnoses across the continent are estimated to be <2 - ≥20/100, 000 and there are also high numbers of undiagnosed HIV estimated at 15 - 50%. HIV testing is cost effective if HIV prevalence > 0.1% and so it is important that new entrants are offered an HIV test.</p> <p>Where should HIV testing be performed, by whom, what test should be used and where should patients who are already HIV positive or found to be newly positive be referred? Some guidance here might help implementation.</p>

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		<p>Tuberculosis is an indicator disease for HIV, which the Chief Medical Officer has previously highlighted and TB is included in National guidance on testing for HIV.</p> <p>We would recommend that all patients who are found to have tuberculosis be offered an HIV test in all healthcare settings and that these HIV tests should be readily available.</p> <p>References Donaldson L, Beasley C. <i>Improving the detection and diagnosis of HIV in non-HIV specialties including primary care</i>. London: Department of Health, 2007. www.cas.dh.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=100818</p> <p>British HIV Association, British Association of Sexual Health and HIV, British Infection Society. <i>UK National Guidelines for HIV Testing 2008</i>. London: BHIVA, 2008. www.bhiva.org/cms1222621.asp</p> <p>Adrian Palfreeman, Martin Fisher and Ed Ong on behalf of the HIV Testing Guidelines Writing Committee Clinical Medicine 2009, Vol 9, No 5: 471–6.</p> <p>Sullivan A K et al. EACS Belgrade 2011 PS8/5</p>

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