

10 January 2013

By email

Ms Laura Donegani
Clinical Guidelines Coordinator
National Institute for Health and Clinical Excellence
Level 1A
City Tower
Piccadilly Plaza
Manchester M1 4BT

Dear Ms Donegani

BHIVA response to NICE on Tuberculosis (update): Clinical and public health guidance

I am pleased to reply jointly on behalf of the British HIV Association (BHIVA) and to make comments on this consultation. Please find attached completed stakeholder feedback for the NICE Tuberculosis (update): Clinical and public health guidance.

Please contact the BHIVA Secretariat at bhiva@bhiva.org if you have any queries or require any further information.

Yours sincerely

Dr Anton Pozniak
Chair
BHIVA Guidelines Writing Group on Treatment of TB/HIV coinfection
British HIV Association (BHIVA)

References

BHIVA Guidelines on the Treatment of TB/HIV coinfection
HIV Medicine (2011), **12**, 517–524.
<http://www.bhiva.org/TB-HIV2011.aspx>

Attachment: Completed stakeholder feedback form

National Institute for Health and Clinical Excellence

Tuberculosis: clinical diagnosis and management of tuberculosis, and measures for its prevention and control

Stakeholder Comments – Draft scope

NICE is unable to accept comments from non-registered organisations or individuals. If you wish your comments to be considered please register via the [NICE website](#) or contact the [registered stakeholder organisation](#) that most closely represents your interests and pass your comments to them.

Enter the name of your organisation here: British HIV Association (BHIVA) and British Association for Sexual Health and HIV (BASHH) – joint response from both associations

Enter your name here: Dr Anton Pozniak

If you do not have any comments to make on the draft scope, please state this in the box below.

Comments on the draft scope:

Section	Notes	Your comments
5.1 Population	<i>Are there any other subgroups that should be added to section 5.1.1b?</i>	5.1.1 (d) bullet 3: BHIVA comment: can make reference to the BHIVA Guidelines on the Treatment of TB/HIV coinfection Published: <i>HIV Medicine</i> (2011), 12 , 517–524 Online: http://www.bhiva.org/TB-HIV2011.aspx
	<i>Are there any other populations that should be excluded in section 5.1.2?</i>	
5.2 Settings and services	<i>Are the settings to be covered in section 5.2 appropriate and correct?</i>	
5.3.2 Issues that will not be covered	<i>There are areas of CG117 that we propose to incorporate into the new guidance without updating the underlying reviews. Do you have any comments on our proposed choice of areas not to update?</i>	

Section	Notes	Your comments
	<i>Where stakeholders disagree with the choice of areas we propose not to update, we ask that they explicitly outline:</i> <i>in what way(s) are the CG117 recommendations unsuitable as they currently stand;</i> <i>the specific part(s) of the recommendations that require updated evidence reviews.</i> <i>In terms of areas not to be covered, NICE is particularly interested in stakeholders' views on the incorporation of the CG117 recommendations for diagnosing latent TB, contact-tracing and other case-finding activities (section 5.3.2 - bullet d). Has the evidence on contact tracing for active and latent TB changed substantially since publication of CG117? If so, what has changed?</i> <i>If NICE was to carry out an evidence review for contact tracing as part of the updated guidance, would</i> <i>contact tracing for active TB need to be reviewed?</i> <i>contact tracing for latent TB need to be reviewed?</i>	
	<i>There are topics that have been excluded from the guidance. Do you have any comments on our proposed choice of excluded areas?</i> <i>Where stakeholders disagree with the topics that have been excluded, we ask that they explicitly outline:</i> <i>the specific area(s) of that topic that should be examined in the guidance;</i> <i>the need for these area(s) to be examined.</i> <i>NICE is particularly interested in stakeholders' views on the exclusion of service models (section 5.3.2 - bullet g). For example:</i> <i>Should NICE consider the configuration and delivery of broader public health, clinical or all TB services as part of this update?</i>	

Section	Notes	Your comments
5.4 Main outcomes <i>Please note that the outcomes are from published evidence to measure effect of intervention, not the outcomes that the guideline aims to achieve.</i>	<i>Are the outcomes in section 5.4 appropriate and correct?</i>	
Any other comments	<i>Please insert the section number that your comment relates to (e.g 3.1.1), or state 'general' if your comment is in relation to the whole document.</i>	4.2 f) Bullet 2 “people with HIV regardless of their age” BHIVA comment: We have a risk evaluation in the BHIVA TB guidelines
		5.3.1 b) Bullet 4 BHIVA comment: issue of drug / drug interactions e.g. use of rifabutin is covered elsewhere in scope but should be mentioned here

Please add extra rows as needed

Please email this form to: Tuberculosis@nice.org.uk

Closing date: 5pm on 10th January 2013

PLEASE NOTE: The Institute reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of the Institute, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.