Methods to estimate number of child household contacts less than 5 years old eligible for latent tuberculosis treatment

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Background

Coverage of LTBI treatment among child household contacts less than 5 years old is one of top-10 indicators for monitoring implementation of the End TB Strategy. However, monitoring and evaluation of LTBI management is often challenging due to lack of standard indicators and reporting and reporting systems, involvement of multiple service providers, and difficulty in collecting denominators (i.e. number eligible for preventive treatment). In order to facilitate implementation of LTBI treatment and measuring progress both at the national and global levels, we estimated the number of child household contacts less than 5 years old eligible for LTBI treatment by country. The estimates were discussed and endorsed by the WHO LTBI Task Force.

Methods

Low TB burden countries (LBC) are defined as 113 high-income or upper middle-income countries with an estimated incident rate of less than 100/100,000 population, which are primary targets of the WHO Guidelines on the management of LTBI.\(^1\) The rest of the countries are defined as high TB burden countries (HBC). In low TB burden countries, the number of child household contacts eligible for LTBI treatment is defined as number of children under 5 years of age who are household contacts of bacteriologically confirmed pulmonary TB cases and have LTBI. In high TB burden countries, the number eligible is defined as number of child household contacts without active TB based on the current WHO recommendations which do not require LTBI testing prior to preventive treatment in these countries.\(^2,3\)

We did not provide estimates for countries or territories with populations < 300,000.

Table 1 shows parameters used in the estimates. County specific values were used for the following parameters: number of notified bacteriologically confirmed pulmonary TB cases; national proportion of children <5 years of age; and national average household size. The other parameters were assumed to be constant across countries due to lack of country level data. Prevalence of LTBI among child household contacts< 5 years of age and average size of TB cluster per household were estimated by conducting systematic review of literature and meta-analyses. The proportion of children with active TB among those who had a household contact with TB cases was calculated using number of children sharing household with an individual with TB and number of children developing active TB disease estimated in a previous modelling study.\(^4\)
The estimates were calculated as follows:

1) \[ \text{Average number of children< 5 years old per household (A)} \]  
   \[ = \text{[Proportion of children<5 years old] \times [Average household size]} \]

2) \[ \text{[Number of households with at least one notified bacteriologically confirmed pulmonary TB case (B)}] \]  
   \[ = \text{[Number of notified bacteriologically confirmed pulmonary TB] \times [Average cluster size of active TB per household]} \]

3) \[ \text{[Number of child household contacts < 5 years old(C)]} \]  
   \[ = (A) \times (B) \]

4) \[ \text{[Number of child household contacts < 5 years old without active TB (D)]} \]  
   \[ = (C) \times (1-[ \text{Proportion of children < 5 years old with active TB among those who had a household contact with TB cases (0.061)}]) \]

5) \[ \text{[Number of child household contacts< 5 years of age with LTBI]} \]  
   \[ = (D) \times [\text{Prevalence of LTBI among child household contacts < 5 years old (0.276)}] \]

The estimates incorporated the following sources of uncertainty: uncertainty in prevalence of LTBI, average size of TB cluster per household, and proportion of child household contacts with active TB. We used fixed population estimates from the United Nations Population Division and uncertainty in
the values was not incorporated. Ninety-five percent confidence intervals of the estimates were calculated assuming normal distribution.