

Revision - Révision

Tuberculosis in Switzerland – guidance for healthcare workers

(Ursprünglicher Name: Tuberkulose in der Schweiz – das Wichtigste in Kürze)

(Titre original: Tuberculose en Suisse – l'essentiel en bref)

Hans L Rieder on behalf of the working group

23. Symposium Münchenwiler, 20 March 2014

Process

Date	Action
16 Sep 2013	Initiation of revision by preparatory working group (Egger, Helbling, Rieder, Zellweger)
26 Oct 2013	First draft sent to extended Working Group
1 Dec 2013	Second draft sent to extended Working Group
8 Jan 2014	Third draft sent to extended Working Group
28 Jan 2014	Fourth draft sent do extended Working Group with request for institutional clearance
4 Mar 2014	Finalized version sent to Working Group
20 Mar 2014	Formal conclusion of consensus finding process for English original. Starting point to initiate translation into national languages

Authors

Individual:

Jürg **Barben**, Christoph **Berger**, Erik C **Böttger**, Jean-Marie **Egger**, Peter **Helbling**, Jean-Paul **Janssens**, Chung-Yol **Lee**, Jesica **Mazza-Stalder**, David **Nadal**, Stefan **Neuner-Jehle**, Laurent **Nicod**, Valeria **Reho**, Hans L **Rieder**, Otto D **Schoch**, Claire-Anne **Siegrist**, Alexander **Turk**, Jean-Pierre **Zellweger**, Stefan **Zimmerli**

Institutional:

Federal Office of Migration
Federal Office of Public Health
Nationales Zentrum für Mykobakterien
Pediatric Infectious Diseases Group of Switzerland
Swiss Association of Cantonal Officers of Health
Swiss College of Primary Care Physicians
Swiss Lung Association
Swiss Society for Infectious Diseases
Swiss Society for Pediatric Pulmonology
Swiss Society of Respiratory Diseases

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Issue: Preferred strategy for identification of latent infection with *M tuberculosis*

- 1 A tuberculin skin test, followed by an IGRA if the tuberculin skin test is positive
- 2 Using an IGRA as only test
- 3 Using the tuberculin skin test as the only test

Issue: serial testing of health care workers for latent infection with *M tuberculosis*

- 1 Consensus is that [given the emerging evidence that misclassification (false positives) occur at excessive frequency with either test system (tuberculin testing or IGRAs)] routine, serial testing of health care workers should be abandoned in favour of targeted testing in case of documented exposure

Issue: Contact tracing

- 1 Consensus is that contact tracing is a targeted, prioritized activity
- 2 Consensus is that often qualitative and political considerations enter the equation and expert opinion is used in lieu of clear evidence
- 3 Where uncertainties exist, the group refers to European consensus statement (Erkens CGM, et al. Eur Respir J 2010;36:925-49)

Issue: Chemotherapy

- 1 Consensus is that pediatric drug dosages are brought in line with revised WHO guidelines:

Table 7-1. Recommended (World Health Organization) dosages for four first-line drugs

	Daily dose (range) in mg per kg		Maximum daily dose (mg)	Intermittent (thrice-weekly) continuation phase
	Adults	Children		Adults only
Isoniazid	5 (4-6)	10 (7-15)	300	10 (8-12)
Rifampicin	10 (8-12)	15 (10-20)	600	10 (8-12)
Pyrazinamide	25 (10-30)	35 (30-40)	Not specified	NA
Ethambutol	15 (15-20)	20 (15-25)	Not specified	NA

Issue: BCG vaccination

- 1 Consensus is that basically there is no indication for BCG vaccination among the resident population of Switzerland
- 2 Retained exception: Children of asylum seekers denied asylum and returning to their country of origin are vaccinated in accordance with WHO guidelines if the country of origin has a policy recommending BCG vaccination for children (<http://www.bcgatlas.org/>)