

Stop TB Partnership initiative reveals surprising results -- 1 in 9 staff tested positive for latent TB infection

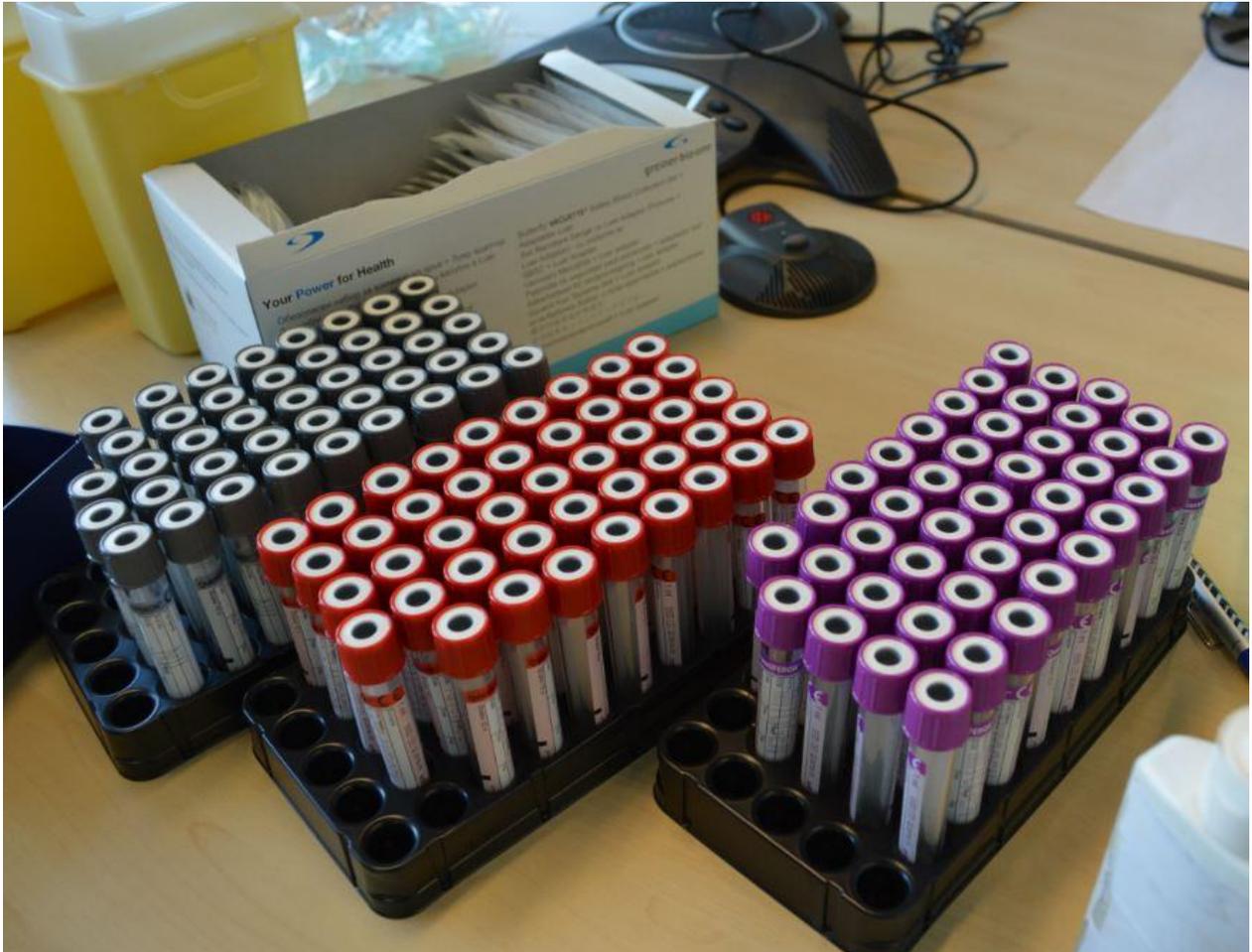


Photo: 47 colleagues were tested for latent TB infection in an initiative led by the Stop TB Partnership ahead of World TB Day this year.

Dear colleagues, partners and stakeholders,

[Last week we shared worldwide](#) the fact that 47 colleagues working at the Stop TB Partnership Secretariat, UNOPS, and the Global Fund to Fight AIDS, Tuberculosis & Malaria took an Interferon Gamma Release Assay (IGRA test)* to determine if the person is infected with latent TB.

It was an effort to show globally that it is important for everyone to know what is happening with their bodies -- to show that people infected with TB are everywhere and to show that there should be no stigma associated with the TB infection. It was also a very good opportunity for us to review the literature, guidelines, to have discussions and counselling about the testing for TB infection and the role of TB prevention. It generated a lot of interest and opportunities for people to discuss TB, the infection and the active disease.

We are now in a position to share the results of our test: out of the 47 people tested, 5 were positive for latent TB infection, and the rest of the tests came back negative. The 5 positive colleagues - 3 women and 2 men - consist of 3 who are from high burden countries (2 from Africa and 1 from Asia), 1 from Western Europe and the last from North America. While some of the colleagues with positive results were aware and expecting the result, it came as a surprise for the colleagues from Western Europe and North America as none of them had lived in any of the high burden countries, having only visited occasionally.

I discussed the results individually with each of the positive colleagues and advised on next steps. If anything, this test showed a high infection rate in a group of professionals based in Geneva (1 in 9). This was certainly not intended as an epidemiological survey or as a medical screening exercise. It demonstrated how little we understand the TB infection, the body's reaction and the TB disease. Nevertheless, the process and the results we obtained have got us thinking on the role that TB infection screening and TB prevention shall play in the present and future of TB control. More importantly, we realized that testing for infection and assessing the need for TB prevention goes beyond TB control measures, but that it becomes an individual choice and right to knowledge of risk.

With this initiative, we are the Stop TB Partnership Secretariat stepped in uncharted territory. We were not aiming at providing answers but rather at eliciting questions. How can we advance research including basic research to understand more and develop new tools? How do we ensure that knowledge and access to TB prevention, diagnostics and treatment becomes an individual right regardless of economic barriers, access to testing and treatment? And how do we balance the need for cost effective population measures with the individual right to knowledge of his/her TB risk, infection and disease? These are crucial questions if we truly want the End TB Strategy to be a successful one and we will address some of them in the new Global Plan to Stop TB 2016-2020.

I take this opportunity to give a heads-up on a great White Paper that Stop TB USA have developed and will be launching on World TB Day. The paper calls for a more robust national response focusing on diagnosing and treating TB infection in order to prevent future cases of TB and to stop its transmission. The paper is embargoed until 12.01AM 24 March but please reach out if you are a journalist and wish to have an advanced copy of this.

With best regards,



Dr Lucica Ditiu
Executive Secretary
Stop TB Partnership

**Tests (QuantiFERON-TB Gold - QFT®) were kindly provided by QIAGEN GmbH, Hilden, Germany.*

