

## Correspondence

### Management of contacts of multidrug-resistant tuberculosis patients in the European Union and European Economic Area

Preventive treatment of contacts of tuberculosis (TB) patients has been proven to be effective, and is included in guidelines for TB control.<sup>1</sup> Preventive treatment of contacts of multidrug-resistant tuberculosis (MDR-TB) patients, however, is controversial, and there is little evidence to support guideline development.<sup>2</sup> In 2009, almost 28 000 MDR-TB cases were reported in the World Health Organization (WHO) Europe region, of which 1450 were in European Union Member States and European Economic Area (EU/EEA) countries.<sup>3</sup> A survey of national guidelines from 50 countries of the WHO European region showed that contacts of TB patients are universally screened for active and latent TB.<sup>4</sup> It is not clear what action is taken if latent TB is identified among screened contacts of MDR-TB patients, however.

A recently published consensus document recommends that contacts presumably infected with a multidrug-resistant or extensively drug-resistant *Mycobacterium tuberculosis* strain should 1) be thoroughly informed about symptoms and signs of TB and the need for immediate medical evaluation if symptoms occur, 2) be thoroughly informed about the need for medical evaluation if they receive immunosuppressive therapy, 3) be assessed for risk factors for developing TB, and 4) receive regular and careful clinical follow-up for  $\geq 2$  years.<sup>5</sup>

In the light of the above, the European Centre for Disease Prevention and Control (ECDC) commissioned a questionnaire survey to assess what national TB programme (NTP) guidelines in EU/EEA countries recommend for the management of contacts of MDR-TB patients. The aim was to explore if there is added value in providing guidance supporting EU/EEA countries in developing national guidelines on the management of contacts of MDR-TB patients.

A form with two questions—1) Does your country have a policy or guideline for managing contacts of M/XDR-TB patients? and 2) If so, can you send us a copy of the policy or guideline?—was sent to the NTP managers of the 30 EU/EEA countries.

Of the 30 countries, 26 (87%) replied, of whom 16 (61.5%) had a guideline with recommendations for management of contacts of MDR-TB patients. Nine had a policy that recommended following up contacts of MDR-TB patients for at least 2 years, and two recommended specialist consultation. In five countries more than one action was recommended. Two recommended consultation of an expert and follow-up of contacts of MDR-TB patients for at least 2 years, two recommended chemoprophylaxis or follow-up, and one recommended chemoprophylaxis for cases

with high risk of progression to active tuberculosis and follow-up for cases with a low risk of progression. Two countries that recommended use of chemoprophylaxis recommended using pyrazinamide in combination with ethambutol or a fluoroquinolone, in accordance with recommendations by the American Thoracic Society and the US Centers for Disease Control and Prevention.<sup>1</sup> The four countries with guidelines that recommended contacting a specialist might also recommend treating contacts of MDR-TB patients.

We conclude that there is added value in providing guidance on management of contacts of MDR-TB patients for EU member states and EEA countries; this would be especially useful for the ten EU/EEA countries that do not have a policy or guidelines.

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