

Title	Integrated Notification for Tuberculosis
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Aim

To assess the feasibility, effectiveness, cost-effectiveness and organizational/legislation aspect of integrated notification for tuberculosis (TB).

Conclusions and results

There was a fair level of retrievable evidence to suggest the effectiveness of integrated notification for TB. Integrated notification from both laboratory and physician was effective in increasing notification, reducing missed cases, reducing delay in notification and treatment.

The requirement for integrated notification for TB has been made mandatory in some countries.

There was no retrievable evidence on the cost-effectiveness of integrated notification for TB.

Recommendations

Based on this review, integrated notification for TB may be implemented provided there is an effective mechanism that can ensure data transmission of notification is in real time manner.

Methods

Electronic databases were searched through the Ovid interface: Ovid MEDLINE® In-process and other Non-indexed citations and Ovid MEDLINE® 1946 to present, EMBASE – 1996 to July 2016, EBM Reviews - Cochrane Central Register of Controlled Trials - July 2016, EBM Reviews - Cochrane Database of Systematic Reviews - 2005 to July 2016, EBM Reviews - Health Technology Assessment - 1st Quarter 2015, EBM Reviews – NHS Economic Evaluation Database 1st Quarter 2015, AMED – 1985 to February 2015, MANTIS Database – 1980 to July 2016. Searches were also run in PubMed. Google was used to search for additional web-based materials and information. Additional articles were identified from reviewing the references of retrieved articles. Last search was conducted on 13 July 2016.

Further research/reviews required

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