

## Post-migration follow-up of migrants at risk of tuberculosis

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In recent Correspondence about the screening and treatment of latent tuberculosis infection in migrants who had moved from countries with a high tuberculosis burden to low-burden countries, Kayvan Bozorgmehr<sup>1</sup> reported that asylum seekers in Germany from Somalia and Iraq had very different prevalences of latent infection. He commented that “Many studies on effectiveness of tuberculosis screening treat migrants as homogenous, neglecting that this population is socially constructed and highly heterogeneous”, citing our study<sup>2</sup> as one of the examples.

In fact, we did not treat our study cohort as homogeneous: we presented analysis considering age, sex, visa category (students, settlement and dependants, work, working holiday, family reunion, other), and tuberculosis prevalence of the country of origin, and found that there were significant differences in tuberculosis risk associated with the last two variables.<sup>2</sup> This complements earlier work on the yield of latent tuberculosis infection screening in England,<sup>3,4</sup> which informed the new national screening programme in England.

We agree with Bozorgmehr that collection of detailed data is important “to develop and assess screening programmes that account for the heterogeneity in migrant populations”.<sup>1</sup> We would like to highlight that in addition to latent tuberculosis infection prevalence in different migrant groups, several other important considerations are related to the effectiveness, cost-effectiveness, and equity<sup>3-5</sup> of tuberculosis control programmes for migrants. Addressing them requires detailed data from programmes,<sup>6</sup> including data linkage between pre-entry screening programmes,<sup>7</sup> post-migration latent tuberculosis infection screening and treatment programmes, and surveillance of active tuberculosis diagnoses.

Programmes need to ensure access to screening, promote treatment uptake in patients with diagnosed latent tuberculosis infection, and provide effective support for adherence to treatment, in ways that are culturally sensitive and cost-effective.

Uncertainty in the effectiveness of latent tuberculosis infection treatment regimens<sup>8</sup> causes uncertainty in the expected impact and cost-effectiveness of screening and treatment programmes. Record linkage of large, detailed datasets from such screening programmes and surveillance of active tuberculosis diagnoses will be essential for assessing and optimising the impact of the programmes. Finally, it is important to monitor the epidemiology of tuberculosis and the performance of control programmes at the local level to ensure appropriate allocation of resources and equitable access to care.<sup>5</sup>

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5 Pareek M, Abubakar I, White PJ, et al. TB screening of migrants to low TB burden nations: insights from evaluation of UK practice. *Eur Resp J* 2011; 37: 1175–82.

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8 Zenner D, Beer N, Harris RJ, Lipman MC, Stagg HR, van der Werf MJ. Treatment of latent tuberculosis infection: an updated network meta-analysis. *Ann Int Med* 2017; 167: 248–255.

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