WP 5: Migrant TB detection, prevention and treatment

E-DETECT TB
early detection & treatment of tuberculosis in europe

In Italy, we are actively screening new and settled migrants for active and latent TB respectively, ensuring that those testing positive are appropriately managed and generating the evidence to support future European policy.

OSPEDALE SAN RAFFAELE

ISTITUTO NAZIONALE PER LE MALATTIE INFETTIVE I.R.C.C.S. "LAZZARO SPALLANZANI" ROMA
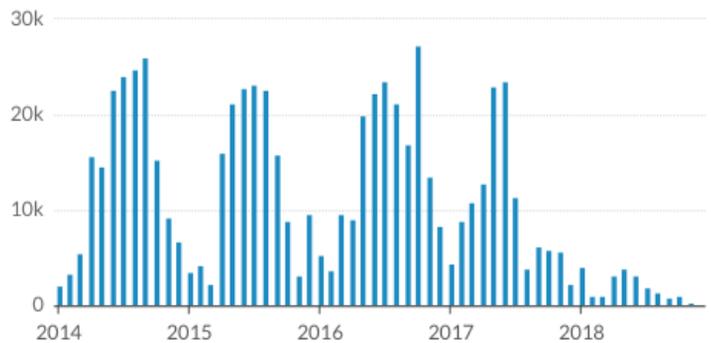
Migrants and tuberculosis

- Addressing at-risk groups (including migrants) is crucial to reduce the TB burden in low incidence countries.
- Strategies for screening and early detection of TB among migrants are debated and still to be clearly defined.

Above: Boat graveyard, Lampedusa, Sicily
Right: Arrivals in Italy, 2014-2018:
http://data2.unhcr.org/en/situations/mediterranean/location/5205

Main objectives

- To create a network with local partners to agree a detailed protocol for migrant screening.
- To establish active TB screening in temporary migrants in Italy.
- To start screening for active and latent TB in more settled migrants in Italy.
- To collect data and produce evidences aiming at impact European policy.
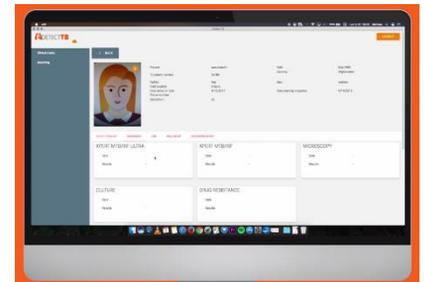

Key achievements to date: the data collection system

- Creation of a data collection system called EDETECT TB. Rationale is that the data sharing among health care-services and clinicians involved in screening activities could significantly reduce losses of both patients and clinical data needed to complete the cascade. Eventually, data could be collected starting from the first arrival in hotspots/CPSA (centre for first aid and reception (usually in Sicily), to guarantee a quick and adequate evaluation and treatment at secondary resettlement sites (see training video at e-detecttb.eu)

Consultation using the EDETECT TB app

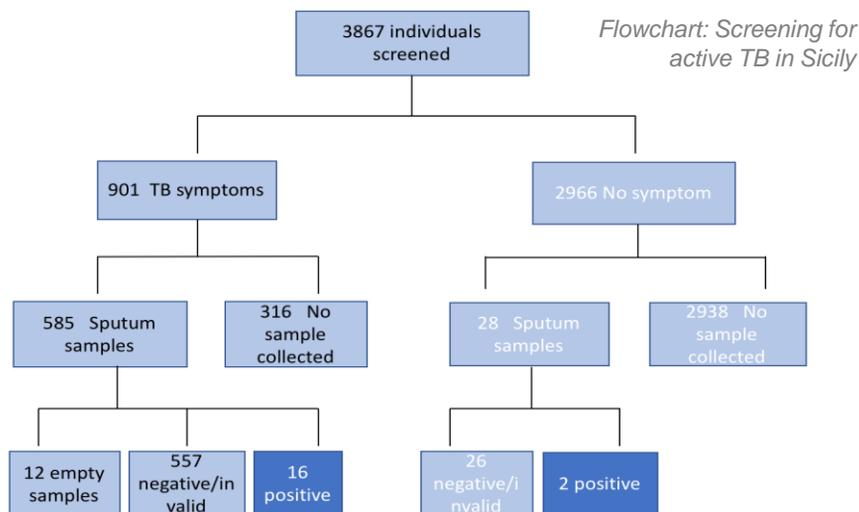Patient chart as seen in the unique database

WP 5: Migrant TB detection, prevention and treatment

E-DETECT TB — early detection & treatment of tuberculosis in europe

In Italy, we are actively screening new and settled migrants for active and latent TB respectively, ensuring that those testing positive are appropriately managed and generating the evidence to support future European policy.

OSPEDALE SAN RAFFAELE · ISTITUTO NAZIONALE PER LE MALATTIE INFETTIVE I.R.C.C.S. "LAZZARO SPALLANZANI" ROMA
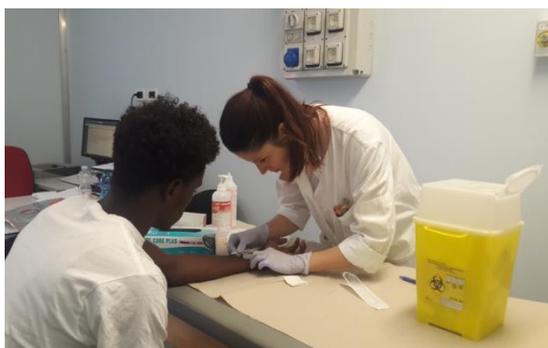

Key achievements to date in Sicily: newly arrived migrants

- Collaborations established with several local stakeholders (both in Sicily and in Lombardia); agreement with the Local Health Authority in Agrigento (Sicily) almost reached.

- Almost 4,000 newly arrived migrants screened. Considering confirmed case, estimated screening yield for active TB among asylum seekers is 336 per 100,000 persons.

Flowchart: Screening for active TB in Sicily

```
                    3867 individuals
                        screened
                          │
            ┌─────────────┴─────────────┐
    901 TB symptoms                2966 No symptom
          │                              │
    ┌─────┴─────┐                  ┌─────┴─────┐
585 Sputum   316 No          28 Sputum    2938 No
samples      sample          samples      sample
             collected                    collected
    │                              │
 ┌──┼──┐                       ┌───┴───┐
12      557        16      26            2
empty   negative/  positive negative/   positive
samples invalid            invalid
```

Key achievements to date in Brescia (resettled migrants)

- Retrospective analysis of screening for active and latent TB in settled migrants in Brescia: TB prevalence and incidence rates were 545/100,000 persons and 220/100,000 individuals/person-years respectively. LTBI screening and treatment uptake losses were significant and mainly attributable to the defragmentation of health care services.

- Screening for active and LTBI among asylum seekers resettled in Brescia from 2017 adopting a new delivery system (centralised) has been completed and showed higher screening completion rate.

Above: TST (tubercolin skin test) administration, Brescia 2018
Right: Multivariate logistic regression analysis: migrants screened with the centralised procedure completed more frequently LTBI screening

	Screening completion N (%)	AOR	IC95%	p value
Centralised	No 665 (55,1) Yes 143 (98,6)	63,64	15,64-258,85	0.0000
Sub-Saharan Africa	No 206 (64,2) Yes 602 (58,6)	0,66	0,51-0,86	0.0023
Sex	F 98 (55,1) M 710 (60,6)	1,19	0,84-1,67	0.3118
High influx period	No 67 (61,5) Yes 373 (59,6)	1,20	0,76-1,89	0.4294
Age		1,00	0,99-1,01	0.2871