UK immigrant screening is inversely related to regional tuberculosis burden

We read with interest the editorial by Moore-Gillon et al., which advocated a more comprehensive system of immigrant screening/treatment for latent tuberculosis infection (LTBI) as a means of augmenting tuberculosis (TB) control in the UK.

A recent comprehensive, national evaluation of local TB services/primary care organisations (PCOs) in the UK, which provides key insights into UK screening practices, found that the existing National Institute for Health and Clinical Excellence (NICE) guidance from 2006 was often not followed. While all TB services would follow-up new entrants referred to them with suspected active TB, only just over half attempt to screen migrants with normal chest x-rays for LTBI; more pertinently it was those local TB services/PCOs that served the highest TB burden areas that were four times less likely to undertake LTBI screening. There was also deviation from NICE guidance in the LTBI screening methods employed (tuberculin skin test vs interferon gamma release assays). Therefore, there is a need for effective national coordination if a new strategy is to be effective in controlling TB.

Furthermore, while we agree with Moore-Gillon et al on the need to change policy, we believe that there needs to be an expanded evidence base to determine which specific immigrants we should screen, where we should screen them and what tools we should use as well as a change in attitude about the importance of tackling LTBI in migrants to drive down the UK’s TB burden. Crucially, in an increasingly cost-constrained environment, comprehensive health-economic analyses will be required to determine which changes in policy are justified.

Manish Pareek, Ibrahim Abubakar, Peter J White, Geoffrey P Garnett, Ajit Lalvani

REFERENCES

Correspondence to: Professor Ajit Lalvani, Chair of Infectious Diseases, Department of Respiratory Medicine, National Heart and Lung Institute, Imperial College London, Norfolk Place, London W2 1PG, UK; a.lalvani@imperial.ac.uk

Competing interests: AL is inventor for patents underpinning T cell-based diagnosis. The IFN-gamma ESAT-6/CFP-10 ELISpot was commercialised by an Oxford University spin-out company (T.SPOT-TB, Oxford Immunotec Ltd, Abingdon, UK) in which Oxford University and AJ have minority shares of equity and royalty entitlements.

Provenance and peer review: Not commissioned; not externally peer reviewed.

Accepted 2 December 2010

Thorax 2010;:1. doi:10.1136/thx.2010.152280

REFERENCES
UK immigrant screening is inversely related to regional tuberculosis burden

Manish Pareek, Ibrahim Abubakar, Peter J White, Geoffrey P Garnett and Ajit Lalvani

Thorax published online February 16, 2011

Updated information and services can be found at: http://thorax.bmj.com/content/early/2011/02/16/thx.2010.152280

These include:

References

This article cites 1 articles, 1 of which you can access for free at: http://thorax.bmj.com/content/early/2011/02/16/thx.2010.152280#ref-list-1

Email alerting service

Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to: http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to: http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to: http://group.bmj.com/subscribe/