



Statement of the European Respiratory Society and the European Region of the International Union Against Tuberculosis and Lung Disease: call for urgent actions to ensure access to early diagnosis and care of tuberculosis among refugees

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ERS and the European Region of The Union call for prioritisation of TB care, prevention and control among refugees <http://ow.ly/YYCL8>

Tuberculosis (TB) is a major cause of mortality from an infectious disease, globally affecting 9.6 million cases, with 1.5 million deaths in 2014 [1]. In 2014, there were 273 381 TB cases reported in the World Health Organization (WHO) European region, and an estimated 33 000 deaths [2]. Vulnerable populations (*i.e.* individuals affected by discrimination, hostility or economic adversity), which often include migrants and refugees, have an increased risk of suffering from TB disease [1, 3, 4]. If this is not efficiently addressed, the exposure of these groups to *Mycobacterium tuberculosis* strains may lead to a rise in the number of cases of disease and related deaths, as well as contributing to a further increase in drug-resistant TB cases.

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Several factors have contributed to the increase of population mobility in the WHO European region [3]. This rise in the level of cross-border movement has increased the need for collaboration between national health systems. Sustainable and effective mechanisms are thus needed to coordinate interventions to ensure quality-based prevention, diagnosis and treatment for TB and latent TB infection (LTBI) [5, 6]. These interventions represent both individual human rights (independent of legal or residential status of the subject) and public health pre-requisites to control and eliminate TB, as well as to prevent further development of multidrug-resistant (MDR)-TB and extensively drug-resistant TB [7, 8].

For undocumented migrants, there is an urgent need for policies that will facilitate easy access to TB diagnosis and treatment, as well as stop deportation until the end of treatment. These interventions would be both in the interest of the individual and of the community in terms of TB control and elimination [9–13]. In 2015, more than one million migrants and refugees reached Europe by land and sea. In the whole of 2014, the figure was much lower (219 000) [4, 14]. In spite of the resolutions and statements recently released by WHO and the European Union [4, 15], little is known about the policies in force in the different countries in Europe to manage TB and LTBI among refugees [16, 17].

The following points should be noted. 1) The refugees' health is an integral part of the health of the wider community, as well as a human right [3, 9]. 2) TB is neither highly virulent nor easily transmitted, and is treatable, and therefore efforts should be implemented to detect and treat it promptly. Provision of treatment is essential to break the transmission cycle. 3) Refugees who come from middle or high TB incidence countries, as well as those from low TB incidence countries who have travelled and lived in precarious conditions, have a higher risk of being infected and of developing TB than the population of the host country [1, 3, 5, 6]. 4) The diagnosis of LTBI, TB and MDR-TB is not always easy to organise and perform in the centres hosting refugees upon arrival in Europe [4, 16, 17] or as they travel through other countries. 5) Sub-optimal medical management of LTBI, TB and MDR-TB and/or inadequate follow-up of this mobile population could undermine TB prevention and control among refugees and the host society [3, 9].

The European Respiratory Society and the European Region of the International Union Against TB and Lung Disease urge health authorities, national and international technical agencies and civil society organisations, as well as donor agencies, to prioritise TB care, prevention and control. They strongly recommend: 1) adapting and implementing the principles of the WHO End TB Strategy to ensure adequate prevention, diagnosis and treatment of TB (and of LTBI in the countries where these are offered) among refugees [1, 5]; 2) providing quality surveillance, monitoring and evaluation, and operational research to enhance TB prevention, control and care among refugees; 3) ensuring timely screening for active TB among refugees coming from middle or high TB incidence countries; 4) avoiding stigmatisation and stereotypes of both TB-infected people and vulnerable groups; 5) promoting universal access to prevention, diagnosis and treatment services for LTBI (in the countries where these are offered) and TB, as well as to the necessary care of existing comorbidities [1, 5]; and 6) ensuring quality infection control, including protective measures for staff, and providing HIV testing and counselling to detect HIV and TB/HIV co-infected individuals [18, 19].

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