

Afghan arrivals and TB screening pathway

This advice applies to people who have lived in Afghanistan for more than six months and includes people who are UK or other non-Afghanistan nationals.

It is important to provide the TB symptom check and chest X-ray as described below.

The national LTBI programme funding can be used to support those arrivals from Afghanistan that meet the national LTBI programme criteria. CCGs can commission latent TB infection (LTBI) testing for those outside the eligibility criteria. The advice is that the arrivals from Afghanistan should be tested within two years of arrival.

The NHSE&I recommendations for TB screening of arrivals from Afghanistan, based on the letter sent to all CCGs etc on 27/8/21, is as below:

In summary - if someone has a cough they should be screened straight away but please note that it is unlikely to be TB. A chest X-ray and symptom check should be done within 3 months of arrival for asymptomatic individuals and the LTBI test within 2 years but can be carried out up to 5 years post arrival.

MQS/Bridging Hotel/temporary accommodation

For all individuals aged over 11 years:

- a symptom screen for active TB
 - a persistent cough, usually bringing up phlegm which may be bloody
 - drenching night sweats sufficient to dampen clothing or sheets
 - high temperatures
 - unexplained weight loss
 - unexplained loss of appetite

If yes to any of the above symptoms the person should have an urgent referral to GP for physical examination plus an urgent CXR and sputum samples for TB culture who refers to TB consultant/services (as per usual local pathways) if high suspicion or results suggest active TB.

If no symptoms of active TB are present people should be:

- registered with primary care
- advised of the signs and symptoms of TB and to contact their GP if they get any of these
- referred for a chest X-ray within three months of arrival in the UK

Pregnant women:

- a symptom screen for active TB
 - a persistent cough, usually bringing up phlegm which may be bloody
 - drenching night sweats sufficient to dampen the clothing or sheets
 - high temperatures
 - unexplained weight loss
 - unexplained loss of appetite

If yes to any of the above symptoms the person should have an urgent referral to GP for physical examination plus a urgent CXR and sputum samples for TB culture who refers to TB consultant/services (as per usual local pathways) if high suspicion or results suggest active TB:

- a physical examination where clinically indicated.
- a CXR in the second or third trimester if felt clinically indicated and if the applicant consents, with appropriate shielding

If no symptoms of active TB are present pregnant women should be registered with primary care and referred for a chest X-ray once the baby has been born.

Children under 11 years old:

Investigating children for active TB will include all of the following:

- a symptom screen for active TB
 - a persistent cough
 - drenching night sweats sufficient to dampen the clothing or sheets
 - high temperatures
 - unexplained weight loss
 - unexplained loss of appetite
 - failure to thrive in babies

If yes to any of the above symptoms the person should have an urgent referral to GP for physical examination plus a urgent to refer to TB paediatrician / services (as per usual local pathways) if high suspicion or results suggest active TB.

- a physical examination

Latent TB testing and treatment

Testing for latent TB infection of adults and all children, irrespective of age, can be carried out within **two** years of arrival in the UK.

Non Afghan arrival new migrants, refugees and asylum seekers

The LTBI test should be offered to all eligible migrants irrespective of residency status.

Provision of the test for latent TB varies across areas and the local TB service can best advise how to access the latent TB test locally.

Lynn Altass
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