Background

The Government of the United Kingdom (UK) plans to implement the first phase of its overseas Pre-Departure Tuberculosis (TB) Detection Programme. The implementation of the Programme will be in line with proposals made by the Government in its five-year strategy for asylum and immigration announced earlier this year and will support the Department of Health’s TB Action Plan.

Tuberculosis (TB) is a growing problem in the UK and the Programme aims to tackle this problem with a minimal impact on the entry clearance process.

Pre-entry health assessments is not a new concept and other resettlement countries such as the United States of America, Australia, Canada, and New Zealand are already implementing health checks for long-term migrants.

What does TB Detection Programme mean?

The programme means that UK visa applicants will be asked to undergo one or several tests which will identify the most infectious form of TB before their departure to the UK.

Individuals with smear-positive TB will be referred for treatment and will be allowed to proceed with their visa application once treatment has been successfully completed.

Those who are free from the smear-positive TB will be given a certificate, which will allow them to proceed with the visa application.

Who will be affected by the TB Detection Programme?
The TB detection programme targets UK visa applicants aged 11 years and older, who reside in the countries with high TB rates and who wish to come to UK for longer than six months (visitors and short-term students are not included).

Where and when will the Programme be implemented?

The initial phase of the programme is currently being rolled out in Thailand, Tanzania, Bangladesh and Sudan.

A further announcement will be made early next year regarding the countries to be included in the next phase.

Who benefits from the Programme and how?

a) Visa applicants themselves will benefit from screening, which will be conducted according to the UK Department of Health Protocol and allow early detection of infectious tuberculosis. If the applicants are found to be suffering from infectious TB, they will be referred for treatment at reputable medical facilities which provide TB management in accordance with international standards.

b) The programme will facilitate the TB detection process and provide client-friendly services. Detection prior to departure minimizes language problems and reduces waiting time when applicants arrive to UK.

c) For the UK, the new scheme aims to identify migrants with infectious TB so that they can be treated before entry into the UK. This is just one of the measures being used to tackle the public health impact of TB in the UK.

d) The programme will generate data on infection among travelers to the UK, enabling the UK government to better understand the problems and thereafter respond with effective health policies to mitigate them.

e) Host countries will benefit from the spreading of best practice on TB testing in local clinics. The UK also aims to share data on infection rates with host countries so as to inform their own public health programmes.

Who will implement the Programme?

The International Organization for Migration (IOM) will facilitate the implementation of the initial phase of the programme by arranging necessary tests in IOM clinics or supervising non-IOM clinics where these tests will be conducted, and by issuing certificates.

What is IOM?

IOM is an intergovernmental agency with more than 200 offices worldwide. It is committed to the principle that humane and orderly migration benefits migrants and society. As the leading international organization for migration, IOM acts with its partners in the international community by:

• Providing assistance in meeting the growing operational challenges of migration management,
Advancing the understanding of migration issues,
Encouraging social and economic development through migration, and
Upholding the human dignity and well-being of migrants.

Source: http://www.iom.int

Migration health assessments represent the largest activity of IOM’s Migration Health Department in terms of migrants served, staff concerned, and operational costs. Health assessments of potential migrants are carried out at the request of resettlement countries such as the USA, Canada, and Australia and are tailored to fulfil the national immigration legislation of the receiving governments. IOM acts as an accredited panel physician or supervises non-IOM panel physicians for immigration countries.

What is tuberculosis?

TB is a serious, but curable disease. It usually affects the lungs (pulmonary TB) but it can affect other parts of the body.

TB can only be spread by people with infectious TB in the lungs or in the voice box. The bacteria are present in the droplets they cough or sneeze into the air.

TB is quite difficult to catch and usually requires prolonged or repeated contact with a person with infectious TB, such as living in the same household.

When TB bacteria are identified under a microscope in a sputum (spit) sample this is known as smear-positive TB. It is the most infectious form of TB.

Left untreated, each person with active TB disease will infect an average of 10 to 15 people every year. But people infected with TB bacilli will not necessarily become sick with the disease. The immune system "walls off" the TB bacilli which, protected by a thick waxy coat, can lie dormant for years. When someone's immune system is weakened, the chances of becoming sick are greater.

- Someone in the world is newly infected with TB bacilli every second.
- Overall, one-third of the world's population is currently infected with the TB bacillus.
- 5-10% of people who are infected with TB bacilli (but who are not infected with HIV) become sick or infectious at some time during their life.

In almost every case TB can be cured, but only if the full course of treatment is taken as prescribed for a minimum of six months. People with TB rarely go into hospital for treatment although they may be admitted very briefly to confirm the diagnosis and start their treatment. The standard treatment for TB is a combination of three or four antibiotics for a period of two months and then two antibiotics for a further four months. The four main antibiotics for treating TB are called isoniazid, rifampicin, pyrazinamide and ethambutol. They are always prescribed in combination to reduce the risk of the bacteria becoming resistant to one or more of the drugs. Once treatment has started, people normally begin to feel better after two to four weeks, but at least six months' drug treatment is required to cure the disease. Failure to complete the prescribed course of drug treatment can lead to drug resistant or multidrug resistant TB or MDRTB. Sometimes longer courses of treatment are needed, for example for TB meningitis, or if the bacteria are resistant to one or more of the usual antibiotics and different drugs need to be used.
**What tests are required and how their results will affect the application?**

The first test is a chest X-ray. If the chest X-ray is negative, the applicant will receive a certificate.

If the chest X-ray is compatible with current or past TB, the applicant will be asked to produce sputum for smear examination on three consecutive mornings.

If all smears are negative for tuberculosis bacilli, the applicant will receive a certificate.

If one or more smears are positive for tuberculosis bacilli, the certificate will not be issued, and the applicant will be referred for TB treatment. After completion of the treatment the applicant will be allowed to re-apply for visa and repeat the test(s).

All applicants will be asked to contact a General Practitioner upon arrival to the UK.

**What is the certificate?**

The purpose of the certificate is to identify that an individual has been checked for TB as part of their visa application and that the individual has a negative X-ray or is free of smear-positive TB.

The applicants should submit the certificate to the visa clearance office.

The certificates will contain necessary security features to prevent forgery.

The certificate is valid for six months.

**Where can applicants go for TB testing?**

The applicants should contact the nearest IOM office (IOM Field Missions' contact information can be found at IOM Website [http://www.iom.int](http://www.iom.int)) and receive further information on the procedure.

**Who pays for the health assessment?**

There will be a charge for the TB detection procedures, which will be paid to IOM by the applicant. The fee levels will differ from country to country and will also be dependent on tests the applicant requires.

**Are pregnant women tested?**

1) Pregnant women will be offered three options:
   a) X-ray with protective pelvic shielding;
   b) delaying the X-ray until completion of the pregnancy or
   c) sputum smears without X-ray.

2) Women who believe they are 'possibly pregnant' will be offered two options:
   a) X-ray with protective lead shielding or
   b) return after a pregnancy test (the test can be administered by IOM).
Women confirmed to be not pregnant will be offered an X-ray. Pregnant women will be offered options under 1)

**Will there be a risk of radiation to an embryo/fetus, in case the woman is pregnant?**

Pregnant women will need to discuss possible risks of the procedure with the radiologist or IOM medical staff before an X-ray is taken.

**Do children need to be tested for TB?**

Children under the age of 11 years are not tested. They do not need a certificate and can directly apply for a visa at the UK Embassy