

All Wales Management of Refugees at risk of Drug-Resistant Tuberculosis

Current version: 1.2

CORE PRINCIPLES

Asylum seekers and refugees are at high-risk of reactivation of Tuberculosis. Early screening, particularly to detect active TB, is vital to exclude ongoing transmission and ensure treatment success.

Assessment and management should be delivered by designated TB teams within each health board.

DID YOU KNOW?

Ukraine has one of the highest rates of Multi Drug-Resistant Tuberculosis in the world.

The humanitarian crisis in Ukraine has prompted the arrival of refugees into the UK, resulting in an impending public health situation.

Find out more from the TB clinical lead for Wales



STEP 1: ASSESSMENT

Symptom checklist

- Cough
- Fever
- Weight loss
- Night sweats

History checklist

- Past history of TB (especially recent treatment interruption due to conflict)?
- BCG vaccination status?
- Risk of drug-resistant TB? ⁱ
- Nutritional status?
- Immunosuppression?

STEP 1 INFORMATION

Assessment

ⁱ Risk of drug-resistant TB

- Known household contact of drug-resistant TB
- HIV+, IVDU or Hep C+
- History of prison
- Failure to complete previous TB treatment

STEP 2: INVESTIGATE (all patients)

Age <11 years

If asymptomatic, no investigations

Only screen if symptomatic or if positive parent/ close contact

Age ≥11 years, or <11 years with symptoms

Bloods (IGRA, BBV ⁱ, LFT, FBC, Vit D) and Chest x-ray (in pregnancy, avoid CXR unless symptomatic)

STEP 2 INFORMATION

INVESTIGATE

ⁱ BBV Test

- HIV test
- HCV antibody
- Hep B sAg

STEP 3: MANAGE

IGRA or TST (-ve) and Normal CXR and asymptomatic

INFORM AND ADVISE DISCHARGE

IGRA or TST (+ve) and Normal CXR and asymptomatic

CONSIDER LATENT TB INFECTION ⁱ

Initiate 3-months Rifampicin and Isoniazid unless contact of drug resistant TB

IGRA or TST (+ve) and Normal CXR and symptomatic

CONSIDER NON-PULMONARY ACTIVE TB

Urgent clinical review by TB service and further investigations (samples for TB culture)

Abnormal CXR with/without symptoms

INVESTIGATE FOR ACTIVE TB

Send 2x Sputa for TB smear, PCR (using code UKR2022) and culture to determine sensitivity to Rifampicin

STEP 3 INFORMATION

MANAGE

ⁱ LATENT TB INFECTION

- Inform and advise patient
- Collect sputum if productive
- Initiate 3-months Rifampicin and Isoniazid unless contact of drug resistant TB
- Follow-up every 6 months for 2 years

ⁱ TB IN CHILDREN

- Make every effort to get a microbiological specimen in children
- Babies need to be seen by a specialist as a matter of urgency
- Please discuss any patients <16yrs who are being investigated for Active TB with paediatric ID in UHW, or the tertiary ID services in Alder Hey (in BCUHB)

Determine drug sensitivity

RIFAMPICIN SENSITIVE

ⁱ

- Start standard WHO Quadruple therapy
- Wait for full sensitivities
- Admit to local hospital as appropriate
- Discuss in MDT if concerns

RIFAMPICIN RESISTANT

ⁱ

- Assume MDR/XDR-TB
- Refer to hospital with negative pressure rooms
- Inform Public Health
- Follow WHO Guidelines

Find out more about TB in children here



- ⁱ BBV: Blood borne virus screen
- CXR: Chest x-ray
- ID: Infectious diseases
- IGRA: Intraferon Gamma Release Assay
- LTBI: Latent TB infection
- MDR: Multi-drug resistant
- TST: Tuberculin Skin Test
- XDR: Extensively-drug resistant

