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# Screening migrants for tuberculosis and latent TB infection: the reward will come later

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**Screening migrants for TB may contribute to the global decrease expected by the End TB Strategy**  
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In the majority of industrialised countries, migrants represent a large proportion of all cases of tuberculosis (TB) notified and the prospect of TB elimination, even in low-incidence countries, is largely dependent of the possibility of controlling TB in migrants. Most countries have therefore implemented procedures for screening migrants who may be carriers of active TB or, more rarely, for the detection and preventive treatment of latent tuberculosis infection (LTBI). The ideas behind these procedures are to protect the local population from the import of a potential transmissible disease and to prevent the emergence of TB months or years after entry into the country of settlement. The screening procedures are very variable, from the “staircase test”, that aimed to detect TB by listening to coughing migrants in Ellis Island, to the systematic chest radiography, questionnaires or interferon- $\gamma$  release assay (IGRA) blood tests used in many countries [1]. Screening for TB may be performed before entry into the country, at the border or after settlement. There is still a debate on the cost-effectiveness of these different procedures [2].