

## QUESTIONNAIRE ON TUBERCULOSIS (TB) AND LATENT TB INFECTION (LTBI) SCREENING AND MANAGEMENT AMONG REFUGEES IN EUROPE

### Section I: Screening for TB and LTBI among refugees in Europe.

Country	Active TB Yes/No	LTBI Yes/No	Plans to implement screening for active TB / LTBI Yes/No	Legal requirement for screening Yes/No	Active TB: - Chest radiography - Symptomatic questionnaire - Sputum collection - Other	Systematically sputum collection for microbiological study/culture/ Xpert Yes/No	LTBI: - TST - IGRA - Other	Place of screening: - Pre-arrival - On arrival - In refugees centres - In the community - Other	TB rates among country of origin to decide on the threshold for screening Yes/No	N. of screenings N= 1,2...
<b>ALBANIA</b>	Yes	No	Yes	No	- Chest radiography - Symptomatic questionnaire - Sputum collection - Other: clinic visit	No	n.a.	- In refugees centres	Yes	1
<b>AUSTRIA</b>	Yes	No	Not answered	Yes	- Chest radiography - Symptomatic questionnaire - Sputum collection for suspect chest x-ray: and further diagnostic procedures, if appropriate	No	n.a.	- In refugees centres	No	1
<b>BELGIUM</b>	Yes => 5 years old	Yes <5 years old and pregnant women	n.a	No	Chest radiography - Symptomatic questionnaire	No	TST	- On arrival - In refugees centres	No	3
<b>BULGARIA</b>	Yes	Yes	Yes	Yes	- Chest radiography - Symptomatic questionnaire - Sputum collection	No	TST	- In refugees centres	No	1

<b>CROATIA</b>	Yes	Yes	No	No	- Chest radiography - Symptomatic questionnaire - Sputum collection	Yes	- TST - IGRA	- In refugees centres - In the community	Yes	1
<b>CYPRUS</b>	Yes	Yes	Yes	No	- Chest radiography - Sputum collection	No	TST	- In refugees centres	No	1
<b>CZECH REPUBLIC</b>	Yes	No	Not answered	Yes	- Chest radiography	No	n.a	- In refugees centres	No	1
<b>DENMARK</b>	Yes	No not systematically (offered up to 35yrs if recent transmission)	Yes	No	Other: Not systematically TB specific tests if clinical suspicion only	No	n.a	- In refugees centres - In the community	No	1
<b>ESTONIA</b>	Yes	Yes: - for Immunocompromised patients - close family contacts with smear positive TB index case	Yes	Yes	- Chest radiography	No	- TST - IGRA	- In refugees centres	Yes	1
<b>FINLAND</b>	Yes	No, Not systematically	No	No	- Chest radiography - Symptomatic questionnaire - Sputum collection	No	n.a	- In refugees centres - In the community	Yes	1

					when appropriate					
<b>FRANCE</b>	Yes	Yes	Not answered	Yes	- Chest radiography - Symptomatic questionnaire - Sputum collection when appropriate	No	- TST - IGRA	- In refugees centres - In the community	Yes	1
<b>GERMANY</b>	Yes	No, not systematically (only contact persons of TB cases )	n.a.	Yes	- Chest radiography <b>(almost systematically performed in adult immigrants (≥ 15 years-old) with exception of pregnant ladies as legal act)</b> (in pregnant women and children <15 yrs. Initially TST or IGRA is recommended) - Sputum collection when appropriate	No	n.a.	- On arrival - In refugees centres	No	1
<b>GREECE</b>	Yes	Yes	Yes	Yes	- Chest radiography - Symptomatic questionnaire - CT scan, sputum collection when appropriate	No	- TST - IGRA	- In refugees centres - In the community	Yes	1
<b>HUNGARY</b>	Yes	No	No	Yes	- Chest radiography - Sputum collection	Yes	n.a.	- In refugees centres	No	1
<b>ICELAND</b>	Yes	Yes	No	Yes	- Chest radiography - Symptomatic questionnaire - Sputum collection	No	- TST	- On arrival	Yes	>1 (Each time the person is seeking for licence to stay)

										and/or work)
<b>IRELAND</b>	Yes	No	No	No	- Chest radiography - Symptomatic questionnaire - Other: Sputum collection when appropriate	No	n.a	- Pre-arrival - On arrival (for active TB only) in reception centre	Yes ≥ 40 cases of TB per 100,000 per annum	1
<b>ITALY</b>	No, But screening and treatment proposed if active TB suspected	No, But screening and therapy proposed if known recent exposure to TB	Yes	Yes	- Chest radiography (not routinely) - Symptomatic questionnaire (not routinely) - Sputum collection when appropriate	No	n.a.	n.a.	n.a	n.a.
<b>LATVIA</b>	Yes	No	Not answered	Yes	- Chest radiography. - Symptomatic questionnaire, sputum collection when appropriate	No	n.a.	- In refugees centres	No	1
<b>LITHUANIA</b>	Yes	Yes <18years	Not answered	Yes	- Chest radiography - Symptomatic questionnaire	No	- TST	- On arrival - In the community	Yes 50 per 100,000 cases	1
<b>LUXEMBOURG</b>	Yes	Yes	Not answered	Yes	- Chest radiography - Symptomatic questionnaire	No	- TST<13 years - IGRA>13 years	- On arrival	No	1
<b>MALTA</b>	Yes	Yes	n.a	Yes	- Chest radiography - Symptomatic	No	- TST - IGRA	- On arrival	Yes ≥40per	1

					questionnaire -Sputum collection when appropriate				100,000 cases	
<b>MONACO</b>	No Not sistematically	No Not sistematically	Yes	No	not sistematically: - Chest radiography - Symptomatic questionnaire - Sputum collection	No	not sistematically: - TST - IGRA	Not answered	n.a	n.a
<b>MONTENEGRO</b>	Yes	Yes	No	Yes	- Chest radiography - Symptomatic questionnaire	No	- TST	- On arrival - In refugees centres	No	1
<b>NETHERLANDS</b>	Yes	No, only for BCG-un- vaccinated children <12 years	Yes	Yes	- Chest radiography	No	not sistematically: - TST - IGRA	- On arrival - In refugees centres	No	1 (5 for persons ≥12 years <b>and</b> from countries with a TB incidence >200/100, 000)
<b>NORWAY</b>	Yes	Yes	Not answered	Yes	- Chest radiography	No	- TST - IGRA	- On arrival - In refugees centres	No	1
<b>PORTUGAL</b>	No, But screening and treatment proposed if active TB suspected	No, But screening and therapy proposed if known recent exposure to TB	Yes	n.a.	not systematically: - Chest radiography - Symptomatic questionnaire - Sputum collection if Chest radiography or symptomatic questionnaire positive	no	not systematically: - TST - IGRA	n.a.	n.a	n.a.

<b>FORMER YUGOSLAVIA REPUBLIC OF MACEDONIA</b>	No Rationale behind: Refugees remain too short time in centres located on the border with Greece and Serbia.	No Rationale behind: Refugees remain too short time in centres located on the border with Greece and Serbia.	No	n.a.	n.a.	No	n.a.	n.a.	No	n.a.
<b>ROMANIA</b>	Yes	Yes	Yes	Yes	- Chest radiography - Symptomatic questionnaire - Sputum collection	No	- TST - IGRA	Other: in the 2 NTP TB centres	No	1
<b>SERBIA</b>	No Rationale behind: shortage of funds	No Rationale behind: shortage of funds	Yes	n.a.	n.a.	n.a.	n.a.	n.a.	No	n.a.
<b>SLOVAKIA</b>	Yes	Yes	Yes	Yes	- Chest radiography - Symptomatic questionnaire - Sputum collection	No	- TST - IGRA for BCG unvaccinated individuals	- In refugees centres	No	1
<b>SLOVENIA</b>	Yes	No	Yes	Yes	- Symptomatic	No	not	- In refugees	yes	1

		but screening and therapy if patient with suspected infection. Rationale behind: low TB prevalence in refugees and small number of refugees			questionnaire Chest radiography and sputum collection when appropriate		sistematically: - TST - IGRA	centres		
<b>SPAIN</b>	Yes	Yes	No	No	Other: blood analysis and TST. If TST positive, screening for active TB is done	no	-TST	- On arrival - In refugees centres	No	1
<b>SWEDEN</b>	Yes	Yes	Not answered	No	- Symptomatic questionnaire - PPD or IGRA for all from high incidence country (>100/100 000), if positive, then Chest radiography . - Chest radiography and sputum collection when appropriate	No	- TST - IGRA	- In the community	Yes: 100/100 000;	1
<b>SWITZERLAND</b>	Yes	No	No	No	Symptomatic questionnaire	No	n.a.	- On arrival	No	1
<b>TURKEY</b>	Yes	Yes	No	No	Not sistematically - Chest radiography - Symptomatic	No	- TST	- In refugees centres - In the	Yes	1

					questionnaire if TB suspected symptoms			community		
<b>UK</b>	Yes	Yes	Yes	Yes	- Chest radiography - Symptomatic questionnaire - Sputum collection	No	- TST - IGRA	- Pre-arrival for Active TB - In the community for LTBI	Yes: - active TB 40 per 100,000 - LTBI 150 per 100,000	1

**Footnotes:** TB: tuberculosis, LTBI: latent tuberculosis infection; IGRA: Interferon- $\gamma$  release assay; TST: tuberculin skin test; BCG: bacillus Calmette et Guerin; UK: United Kingdom; n.a: not applicable.



## Section II: Management of TB and LTBI among refugees in Europe

Country	<u>Procedures if active TB diagnosed:</u> - Refusal of asylum - Obligation to undergo treatment -Other	Obligation to undergo treatment: a) Where b) When c) Funding	<u>Procedures if LTBI diagnosed:</u> - Refusal of asylum - Obligation to undergo preventative therapy -Other	Obligation to undergo preventive therapy: a) proposed to all positive for LTBI b) same procedure as native nationals positive for LTBI c) therapy delivery d) funding	Regional / national programmes Yes/No	Regional/ national programmes to provide sensitive services	Special measures to deal with undocumented migrants	Discrepancy between guidelines and implementation	Management funding
<b>ALBANIA</b>	- Obligation to undergo treatment	a) not answered b) not answered c) under discussion	n.a.	n.a.	No, but planned	Not answered	Yes, access to public health services	n.a.	n.a.
<b>AUSTRIA</b>	- Obligation to undergo treatment	a) not answered b) immediately c) national health insurance	n.a.	n.a.	No, not specific programmes, but general guidelines also applicable for refugees	Pro-active approach to raise awareness. Insurance for regular access to health care system	Yes, access to public health services	Not enough medical capacities for health assessment due to increasing asylum applications	Government funding
<b>BELGIUM</b>	-	a) In the hospital then,	- Other: preventive	n.a.	Yes, FEDASIL collaborate	Yes, improve access to	1. National project (BELTA-	Yes, due to the evolution of	Government funding

	Other: No obligation of treatment (by law) but on the field all the AS receive it.	in reception centres or in the community b) immediately c) Federal Agency for the reception of Asylum Seekers (FEDASIL)	therapy not offered systematically. Offered only to those with risk factors (i.e. children<5years). Same procedure as natives. Management by medical staff of reception facilities or local medical doctors. Funded by FEDASIL		closely with regional TB organizations	health facilities to provide Chest radiography asap through collaboration with local hospitals, TB associations, mobile XR Units, NGOs	TBnet): free access to diagnosis and treatment of TB 2. Pilot project for Brussels' region: delivery of incentives or enablers to improve treatment adherence 3. Collaboration with local organizations to refer TB suspects to the TB organizations 4. Annual active TB screening (X-ray)	migration policies and procedures	
<b>BULGARIA</b>	- Obligation to undergo treatment	a),b) not answered c) Government funding	- Obligation to undergo preventive therapy	a)not answered b) yes c) not answered d) Government funding	Yes, National programme	Good implementation of: case detection, annual screening, diagnostic tests with active	Not answered	Not answered	Government funding

						support of NGO			
<b>CROATIA</b>	- Obligation to undergo treatment	a) hospitals b) immediately. c) Government funding	- Obligation to undergo preventative therapy	a) No, risk groups only b) not answered. c) not answered. d) not answered	No	Not answered	Not answered	Not answered	Not answered
<b>CYPRUS</b>	- Obligation to undergo treatment	a) hospital b) immediately c) Government funding	- Obligation to undergo preventative therapy	a) No, only <45 years b) yes c) district Chest Clinic, monthly follow-up, duration six months d) Government funding	No	Not answered	Not answered	Not answered	Not answered
<b>CZECH REPUBLIC</b>	- Obligation to undergo treatment	a) hospitals b) immediately c) Ministry of the Interior or General Health Insurance	n.a.	n.a.	No	Not answered	Not answered	Not answered	Not answered
<b>DENMARK</b>	- Other: treatment on voluntary basis	n.a.	Other: not systematic but offered up to 35years if recent transmission. Same as natives. Therapy	n.a.	No	Not answered	Not answered	Not answered	Not answered

			delivered in asylum centres free of charge						
<b>ESTONIA</b>	- Obligation to undergo treatment	a) not answered. b) immediately c) Government funding	Other: Only - for Immunocompromised patients - close family contacts with smear positive TB index case	a) No b) not answered c) not answered d) not answered	No	Not answered	Not answered	Not answered	Government funding
<b>FINLAND</b>	- Obligation to undergo treatment	a) TB clinics b) immediately c) Government funding	n.a.	n.a	Yes	Not answered	Dedicated clinics	Yes, not possible to perform screening immediately for all due to large number of refugee	Government funding
<b>FRANCE</b>	- Obligation to undergo treatment	a) TB clinics b) immediately c) Public Social Insurance, for urgent cases by Government funding	Other: offered only to those below 15 years	a) No, offered only to all below 15 years b) not answered c) not answered d) not answered	No, only local and regional initiatives	NGO but not specifically involved in TB control. Free of charge and regular access	No special measures, only free and regular access to public health system	constraints for the implementation of contact tracing and the follow-up of patients	Government funding
<b>GERMANY</b>	- Other: Regular treatment is offered. If treatment or isolation is refused by	n.a.	Other: Medical indication/evaluation according to existing recommendation for LTBI	n.a.	No not specific programmes, but national recommendations also	Covered by general services; specific initiative e.g. Explain TB: smartphone-	integrated in general services; NGOs are also active	German Central Committee against Tuberculosis is currently performing an online survey	Public expenses (depending on where examination takes place governmental/regional health

	infectious pulmonary TB patients, forced isolation in specialised hospitals is possible; for presumptive TB: referral to hospitals for further evaluation. A TB diagnosis has no influence on the decision whether asylum is granted.		management		applicable for refugees	based patient information tool			authorities, local municipality)
<b>GREECE</b>	- Obligation to undergo treatment	a) hospitals b) immediately c)government funding	Other: Offered to all LTBI but no obligation. Different procedure based on the country of origin	n.a.	No	Primary care is provided at migrants' reception centres	All patients without insurance coverage have access to anti-tuberculosis treatment All undocumented migrant children have free access to healthcare services	Not answered	Ministry of Health budget

<b>HUNGARY</b>	- Obligation to undergo treatment	a) hospitals b) immediately c) government funding	n.a.	n.a	No, only a MoH letter with the order of managing the migrant's health service	NGOs and churches	The health service of the Ministry of Internal Affairs	No	Government funding
<b>ICELAND</b>	- Obligation to undergo treatment	a) health care centres b) Immediately c) health facility budget	- Other: proposed and recommended to all <35years. Same procedure as natives but the cut off point for "positivity" may differ. Therapy is delivered by the 50 primary health clinics throughout Iceland. The isoniazid and vitamin B6 is prescribed free of charged and the follow-up phone calls are done monthly until the end of LTBI treatment (9 months) by the treating	n.a.	Yes	Not answered	The healthcare services are provided as to the general population.	YES, Due to the drastic increase of the number of asylum seekers during the last 3 months in Iceland the capacity for following up the LTBI has been reduced and the Mantoux test has been skipped and replaced by the Chest radiography . That means that LTBI as such is not really diagnosed among asylum seekers from August 2015. Mantoux is still continued among other immigrant	Health care institutions budget

			<p>doctor. Funding is provided by the routine budget of the general health care.</p>					<p>groups. The follow-up phone calls done monthly until the end of LTBI treatment have become almost impossible among the recent asylum seekers as they do not speak English (nor Icelandic) and are seldom reachable by phone.</p>	
<b>IRELAND</b>	<p>-Other Treatment on voluntary basis. Enforced isolation if infectious</p>	<p>a) hospital, then in the community and follow up in outpatient clinic b) immediately (if agree to treatment) c) funded by the Health Service Executive (HSE)</p>	- n.a	<p>a) No, if contact of an infectious case; if not it is recommended to all ≤ 55 years if DOT available and if DOT not available recommended to all ≤ 35 years b) Yes c)</p>	Yes	<p>The Irish Government has established a task force under the Minister for Justice to deal with all matters arising with the Irish Refugee Protection Programme.</p>	<p>NGOs deliver services to undocumented migrants. HSE funds a low threshold clinic in Limerick can be accessed by any service user regardless of legal status.</p>	<p>The focus is mainly on screening for active TB and not for LTBI. Screening is only undertaken for active TB. No screening for LTBI in refugees</p>	<p>HSE funding for health issues and Department of Justice funds the accommodation of programme refugees and asylum seekers</p>

				Treatment is delivered by Public Health physicians and or respiratory or ID physicians depending on the location. d) funded by the Health Service Executive (HSE)					
<b>ITALY</b>	- Obligation to undergo treatment	a)in referral TB centres b)immediately c) national health system funding	n.a.	n.a.	No not specific programmes, but general guidelines also applicable for refugees	Structures, spaces, paths dedicated to immigrants based on specific situations of fragility and social welfare issues, the use of cultural mediators and / or	Structures, spaces, paths dedicated to immigrants based on specific situations of fragility and social welfare issues, the use of cultural mediators and / or foreign operators, interpreters available,	n.a.	Not answered



						foreign operators, interpreters available.	indications language		
<b>LATVIA</b>	- Obligation to undergo treatment	a) hospitals b)immediately c)government funding	n.a	n.a	No	Not answered	Not answered	n.a.	Not answered
<b>LITHUANIA</b>	- Obligation to undergo treatment	a) hospitals b)immediately c) National health Insurance Fund under the Ministry of Health.	- Other: Continuous health status monitoring for TB symptoms	n.a.	No	Yes, active role of NGOs (i.e. buy necessities; renting an apartment; organized Lithuanian language training; organized kindergarten attendance, children's learning at school; advises foreigners on all issues, ensure the alien's attendance at the Labour Exchange, helps to complete	Not answered	n.a.	Not answered

						and prepare the necessary documents			
<b>LUXEMBOURG</b>	- Obligation to undergo treatment	a) hospitals b) immediately c) National Ministry for Family Affairs or National Health fund	- Obligation to undergo preventative therapy	a) yes b) yes c) general practitioner d) National Ministry for Family Affairs or National Health fund	No	Not answered	Not answered	n.a.	National Ministry for Family Affairs or National Health fund
<b>MALTA</b>	- Obligation to undergo treatment	a) hospitals (then in the community with follow-ups at Chest Clinic) b) immediately c) government funding/ tax funded healthcare system (free TB healthcare to all including refugees and migrants)	- Other: preventive therapy offered to all who test positive for latent TB if the benefits outweigh the risks and the patient is at a higher risk of developing active TB. Same procedure as natives. Delivered by infectious disease/TB specialist at the state funded main hospital	n.a	Yes	Yes: free TB healthcare including: hospital stay, visits to infectious disease specialists/TB specialists, tests involved, follow-up and DOT. Info booklet on TB in various languages spoken by undocumented migrants and refugees	Yes: free TB healthcare including: hospital stay, visits to infectious disease specialists/TB specialists, tests involved, follow-up and DOT. Info booklet on TB in various languages spoken by undocumented migrants and refugees	No	Government funding/ tax funded health care system

			outpatients. Therapy is free of charge and funded by government.						
<b>MONACO</b>	Other: Treatment on voluntary basis	n.a	Other: Medical support proposed to refugees in the same way as foreigners	n.a	no	not answered	not answered	not answered	not answered
<b>MONTENEGRO</b>	- Obligation to undergo treatment	a) hospitals b) immediately c) Health Insurance Fund.	- Obligation to undergo preventative therapy only for children <5years and HIV-positive persons from contact with active TB	a) No, only for children <5years and HIV-positive persons from contact with active TB b) yes c) provided in public health facilities according National Regulations d) Health Insurance Fund.	No	Not answered	Not answered	n.a.	Not answered
<b>NETHERLANDS</b>	Other: treatment on voluntary basis, free of charge in	n.a	- Other: Not systematic. Preventive therapy based on test positivity	n.a.	Yes	Yes: the Central Organization for Asylum (COA) is	Yes: Undocumented migrants with health problems can	Follow-up screening difficult to implement once not housed	For those resident in central asylum locations: Screening in a

	general health facilities or dedicated TB centres if severe cases.		and individual assessment of the risk against the benefit for the individual. The services are delivered at the Municipal Public Health Services by general practitioners and nurses working in the Asylum seekers Health Centres (GCA). Funded by public health budget and insurance fund for asylum seekers			responsible for housing, social support, education, etc. in collaboration with several partners	report to family doctors, often with a fixed fee for services. The diagnostic services at the Municipal Public Health Services are free of charge. Once TB is diagnosed in a migrant without papers, he/she is allowed to stay in the country to finish treatment. It also entails that the migrant has temporary access to free treatment, housing in a centre and some other support.	anymore in centres	contract with Municipal Public Health Services Organization; For those resident in the community: Screening is funded through budget local Municipal Public Health Services. For all patients: Patient management through health insurance (also for undocumented migrants).
<b>NORWAY</b>	- Obligation to undergo treatment	a) hospitals or outpatient with DOT based on health status	- Other: - therapy recommended for:	n.a.	Yes	Allowed to stay in the country until examination	Allowed to stay in the country until examination	Challenges associated with screening capacity and	Management is funded by the government / regional health

		<p>and risk of transmission</p> <p>b) immediately</p> <p>c) for hospitalization: regional health authority; for community treatment: government and local municipality</p>	<p>Age &lt;5 years; Recent transmission (exposure within last 2 years); HIV positive; Fibrotic lesions on Chest radiography ; Immunocompromising treatment; Complete renal failure; Cancer; Treatment with biological DMARDs;</p> <p>- Therapy should be considered among the following groups:</p> <p>Age 5-14 yrs; Long-term steroid treatment; Abnormal Chest radiography ; Diabetes; Drug addiction; Low weight (BMI&lt;20) Same procedure as natives. Therapy delivered by specialist. Examination and</p>			<p>and/or treatment are finished. All expenses are covered. TB infection no negative consequences for work or resident permit applications</p>	<p>and/or treatment are finished. All expenses are covered. TB infection no negative consequences for work or resident permit applications. Cooperation between health centres for undocumented migrants (in Oslo and Bergen) and regional hospitals.</p>	<p>timeliness and difficulties in tracing previous results.</p>	<p>authorities or local municipality, depending on where the examination takes place.</p>
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			consultation funded by the regional health authority. Drug expenses are funded by the government.						
<b>PORTUGAL</b>	Other: treatment on voluntary basis	n.a.	Other: screening and therapy proposed if known recent exposure to TB	n.a.	Yes	Access to health care; Access to translators to help communication	National centres/ local centres dedicated to support migrants integration	no	Government funding
<b>REPUBLIC OF MACEDONIA</b>	n.a	n.a	n.a	n.a	No	Medical teams in the refugees centres available 24 hours to provide health care in case of TB symptoms or TB patients under treatment The health workers should inform the nearest TB dispensary to provide necessary	Not answered	n.a.	Not answered

						assistance informing the Institute of TB and Lung Disease			
<b>ROMANIA</b>	- Obligation to undergo treatment	a) hospitals and then ambulatory b) immediately c) funded by the Ministry of Health	Other: recommended to individuals <19 years contact of TB cases and < 35 immunosuppressed. Same procedure as natives.	n.a.	No	The medical departments of IOM offers medical services including enrolment in specific health TB programmes	If respiratory symptomatic or TB suspects investigated as natives. Free of charge	n.a.	Government funding
<b>SERBIA</b>	n.a	n.a	n.a	n.a	No	Sistematically seen when entering the country by doctors and treated if needed for diseases other than TB	Treated if needed for diseases other than TB	n.a.	n.a
<b>SLOVAKIA</b>	- Obligation to undergo treatment	a) National Institute for TB or in refugees centres according to sputum results, X Ray results b) immediately c) Ministry of	- Obligation to undergo preventative therapy	a) yes b) yes c) not answered d) Ministry of Internal Affairs budget	yes	Cooperation with the UNHCR at national level, translators, information on treatment	Cooperation with the UNHCR at national level, translators, information on treatment	no	Ministry of Internal Affairs budget and by NGOs

		Internal Affairs budget							
<b>SLOVENIA</b>	- Obligation to undergo treatment	a) hospitals b) immediately c) ministry of Health and Justice budget	- No, but if symptomatic patient then undergo therapy	a) yes b) not answered c) DOT in centres d) ministry of Health and Justice budget	No	Housed in refugee centres	Housed in refugee centres	n.a.	National TB programme funding
<b>SPAIN</b>	- Obligation to undergo treatment	a) reception centres or hospitals b) immediately c) National Health System budget	- Obligation to undergo preventative therapy	a)no, depends on medical criteria b)not answered c) not answered d) National Health System budget	No	Not yet available	Not yet available	n.a.	Government funding
<b>SWEDEN</b>	- Other: treatment not forced, but if infectious forced isolation. Treatment free for and funded by national	n.a.	Other: therapy offered if risk factors to develop active TB or < 35 years. Same procedures as natives	n.a.	no	Interpreters for communicating. It is free of charge. TB/LTBI does not affect chances of asylum	Interpreters for communicating. It is free of charge. TB/LTBI does not affect chances of asylum	n.a.	Not answered



	health budget								
<b>SWITZERLAND</b>	<p>- Other: A TB diagnosis has no influence on the decision whether asylum is granted. Individuals cannot be legally forced to take medications, but do so (or are convinced to do so) on a voluntary basis. Isolation of infectious cases can be enforced. Migration Authorities allow</p>	<p>a) Voluntary treatment is started immediately after diagnosis c) treatment paid by federal funds (directly or via an insurance scheme).</p>	n.a.	n.a	No	<p>The federal government provides some background information on immigrant-specific issues (such as how to access translation services. A small number of cantons have specific programs to manage immigrant health (e.g. initial nurse consultation )</p>	<p>For TB, it is often a mix of NGO funds and local government funds that ultimately cover the costs. Access to health care by undocumented migrants is basically an unresolved issue.</p>	No	Federal, cantonal and NGOs funds

	patients to complete treatment in the country. Cost of treatment is covered by Migration Authorities.								
<b>TURKEY</b>	- Obligation to undergo treatment	a) TB dispensaries b)immediately Same procedure as natives c) government funding	- Obligation to undergo preventative therapy	a)No, only contacts of TB cases tested positive b) yes c) delivered by TB dispensary d) government funding	no	NGOs provide financial, social and health services for refugees and also raise the awareness and attention to the problems of refugees. Ministry of Health has set up outpatient clinics for refugees	Not answered	n.a.	Not answered
<b>UK</b>	- Other treatment	a)in hospitals b) immediately	- Other: therapy offered and	n.a.	No, not specific	The UK Vulnerable	Charities work with	Service entitlements	NHS funding

	not forced, but involuntary isolation is foreseen in case of refusal to comply with treatment	c)funded by the national health system (NHS)	funded by NHS		programmes, but general programme	<p>Persons Relocation Scheme facilitates health and social care services for families involved.</p> <p>Local authorities have teams that support refugee social, housing etc services and where necessary they collaborate with local health services to provide services.</p> <p>at regional level, voluntary and community groups ensure appropriate and sensitive</p>	undocumented migrants to try and improve access to health services	<p>should be the same across the country, but it is possible that the actual access varies.</p> <p>LTBI screenings in new entrants not yet implemented in all relevant health authorities, but plans are being developed.</p>	
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						services.			
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**Footnotes:** TB: tuberculosis, LTBI: latent TB infection; IGRA: Interferon- $\gamma$  release assay; TST: tuberculin skin test; NGO: non governatiove organizations; UK: United Kingdom; n.a: not applicable.

### Section III: Guidelines, Legislation and Evidence on the results of screening and treatment of TB and LTBI in Europe

Country	Screening and management of active TB among refugees according to national or international guidelines/legislation in force Yes/No	Screening and management of LTBI among refugees according to national or international guidelines/legislation in force Yes/No	Data collection in place to assess the yield of screening for <u>active TB</u> among refugees Yes/No	Data collection in place to assess the yield of screening for <u>LTBI</u> among refugees Yes/No	Data collection in place to assess treatment success rates of <u>TB</u> among refugees Yes/No	Data collection in place to assess completion rates of <u>LTBI</u> among refugees Yes/No
ALBANIA	No	n.a	Yes	No	Yes	No
AUSTRIA	Yes	No	Yes	No	No	No
BELGIUM	Yes	Yes	Yes	No	Yes	No
BULGARIA	Yes	Yes	Yes	Yes	Yes	Yes
CROATIA	Not answered	Not answered	Not answered	Not answered	Not answered	Not answered
CYPRUS	Yes	Yes	No	No	No	No
CZECH REPUBLIC	Not answered	n.a	Yes	No	Yes	No
DENMARK	Yes	No	No	n.a	No	No
ESTONIA	Yes	Not answered	Yes But partially (active TB)*	No	Yes But partially (active TB)*	No
FINLAND	Yes	No	Yes But not systematically	Yes But not systematically	Yes But partially (active TB)*	No
FRANCE	Yes	Yes	Yes	Yes	Yes	Yes
GERMANY	Yes	n.a	No	n.a	Yes	n.a
GREECE	Yes	Yes	No	No	No	No
HUNGARY	Yes	n.a	Yes	No	No	n.a
ICELAND	Yes	Yes	Yes	Yes	Yes	Yes
IRELAND	Yes	No No routine screening of refugees for LTBI	Yes systematically	No	Yes	No

<b>ITALY</b>	Yes	Yes	Yes	Yes	Not answered	Not answered
<b>LATVIA</b>	Yes	n.a	No	n.a	Yes But partially (active TB)*	No
<b>LITHUANIA</b>	Yes	Yes	Yes	Yes	Not answered	Not answered
<b>LUXEMBOURG</b>	No	No	No	No	No	No
<b>MALTA</b>	Yes	Yes	Yes	No	Yes	No
<b>MONACO</b>	Not answered	Not answered	Not answered	Not answered	Not answered	Not answered
<b>MONTENEGRO</b>	Yes	Yes	No	No	No	No
<b>NETHERLANDS</b>	Yes	Yes	Yes	No	Yes	Yes
<b>NORWAY</b>	Yes	Yes	Yes But partially*	Yes But partially*	Yes	No
<b>PORTUGAL</b>	Yes	Yes	No	No	Yes	Yes
<b>REPUBLIC OF MACEDONIA</b>	n.a	n.a	n.a	n.a	No	No
<b>ROMANIA</b>	Yes	Yes	No	No	No	No
<b>SERBIA</b>	Not answered	Not answered	Not answered	Not answered	Not answered	Not answered
<b>SLOVAKIA</b>	Yes	Yes	Yes	Yes	Yes	Yes
<b>SLOVENIA</b>	Yes	Yes	Yes	Yes	Yes	Yes
<b>SPAIN</b>	Not answered	Not answered	Not answered	Not answered	Not answered	Not answered
<b>SWEDEN</b>	Yes	Yes	Yes	No	No	No
<b>SWITZERLAND</b>	Yes	Yes	Yes	No	No	No
<b>TURKEY</b>	No	No	Yes	Yes	Yes	Yes
<b>UK</b>	Yes	Yes	Yes But partially*	Yes But partially*	Yes But partially (active TB)*	No

**Footnotes:** TB: tuberculosis, LTBI: latent TB infection; IGRA: Interferon- $\gamma$  release assay; TST: tuberculin skin test; UK: United Kingdom; n.a: not applicable

\*denominator of screened refugees missing

#### Section IV: Organisational aspects of TB care and infection control issues

Country	N. of refugees hosted at the national level during the last 6 months - <50,000 - 50,001 – 100,000 - 100,001 – 250,000 - >250,000	Organisation(s) responsible for first-line medical care of refugees at the national level	Special measures for cross-border care when a refugee is diagnosed active TB Yes/No	Priority problems identifying at the national level to manage TB among refugees	Personal protection/ infection control measures in place for presumptive active TB cases - No specific measures in place - Respirators used for staff in contact with refugees - Respirators used for staff and surgical masks for individuals with possible TB or other respiratory disease - Other
<b>ALBANIA</b>	<50,000	Nearest health and public health services	Yes	Treatment and care	Respirators are used for staff and surgical masks used for individuals with possible pulmonary TB or other respiratory disease
<b>AUSTRIA</b>	>250,000	Ministry of Interior	No	1.Organise and coordinate Chest radiography (prior registration of refugees, transport of refugees from accomodation to medical facility, etc.) 2.Provide sufficient capacities for TB screening. 3.Enhance compliance. 4.Organise cross-border care for persons who are diagnoses with TB but do not wish to stay/seek asylum in Austria but to continue their travel.	Respirators are used for staff and surgical masks used for individuals with possible pulmonary TB or other respiratory disease
<b>BELGIUM</b>	<50,000	FEDASIL (Federal Agency for the reception of Asylum Seekers)	Yes	1.System in place overloaded by the recent increase of migrants. Coverage of screening on arrival is getting lower than optimal while it used to be 95% for years.2.FEDASIL is under-staffed regarding the workload, both at	Other -Asylum seekers with presumptive TB wear surgical masks and are isolated in a single room until further investigations - Staff working with asylum seekers are screened for LTBI twice a year

				<p>the central and peripheral level. This leads to difficulties to implement existing procedures and results in delay of diagnosis.</p> <p>3.Lack of coordination between the different governmental levels and ministries involved.</p> <p>4.A great number of diverse actors are involved in asylum seekers hosting and medical management (FEDASIL, many retention centres, community places where asylum seekers are hosted, medical services, etc.). This makes the screening complicated to organize, brings difficulties in terms of information (about changes in strategies for instance) and it does not allow to collect accurate screening data.</p> <p>5.An increase of asylum seekers will probably lead to an increase of undocumented migrants. This group needs a lot of attention as they are at higher risk of low compliance and to become lost-to-follow-up.</p>	
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<b>BULGARIA</b>	<50,000	SAR (State Agency for Refugees)  NGOs	Yes	1. Major barriers to access to health care services for refugees and immigrants, (e.g women) related to cultural, religious, and language differences. 2. Lack of knowledge about TB, lack of information about the healthcare system in the country and cultural constraints. 3. Stigmatization of TB patients (low level of education) 4. insufficient patient counselling and motivation are often among the causes of termination of treatment and unfavourable treatment outcomes.	Respirators are used for staff and surgical masks used for individuals with possible pulmonary TB or other respiratory disease
<b>CROATIA</b>	>250,000	Primary health care level	Not answered	Not answered	Respirators are used for staff and surgical masks used for individuals with possible pulmonary TB or other respiratory disease
<b>CYPRUS</b>	<50,000	Medical and Public Health Services, Ministry of Health	n.a	No official strategic plan that will address also TB among refugees	Respirators used for staff in contact with refugees
<b>CZECH REPUBLIC</b>	<50,000	Collaboration between refugees centres, civil hospitals and individual physicians	No	Country has relatively low numbers of refugees - so it is sort of not applicable.	Respirators are used for staff and surgical masks used for individuals with possible pulmonary TB or other respiratory disease
<b>DENMARK</b>	<50,000	Danish Red Cross	No	No significant problems, asylum seekers/refugees only constitutes a small share of all TB cases in Denmark	Other Surgical masks used for individuals with possible pulmonary TB or other respiratory disease
<b>ESTONIA</b>	<50,000	Health care provider in special accommodation centre	Yes	By today there were no real problems, they might occur in near future with new wave of quoted immigration	Respirators used for staff and surgical masks used for individuals with possible pulmonary TB or other respiratory disease
<b>FINLAND</b>	<50,000	Private providers,	Yes	The reception centres have a	No specific measures in general health services

		communal health care providers, public health nurses		separate register for medical information, not connected to the National Infectious Diseases Register. So no data available about screening coverage, yield or number of individuals diagnosed with active TB. Available the number of TB cases diagnosed overall, but no information about their immigration status. It is thus difficult to follow how well TB screening is implemented	but available in specialized chest clinics
<b>FRANCE</b>	Not answered	Ministry of Health and its regional offices	No	<ol style="list-style-type: none"> <li>1. TB is not a health priority for refugees</li> <li>2. Follow up of patients under TB treatment</li> <li>3. Loss to follow up and continuing migration</li> </ol>	No specific measures in place
<b>GERMANY</b>	>250,000	Local public health authorities, sometimes in cooperation with other medical organisations/institutions	Yes	<ol style="list-style-type: none"> <li>1. Logistic challenges (high numbers of screening investigations; organisation of information flow)</li> <li>2. Patient follow up is challenged by mobility of refugees</li> <li>3. Challenges in communication (linguistic barriers)</li> </ol>	<ul style="list-style-type: none"> <li>-Respirators used for staff and surgical masks used for individuals with possible pulmonary TB</li> <li>- isolation of persons with presumptive or active infectious TB (if no adherence forced isolation in specialised centres is possible)</li> </ul>
<b>GREECE</b>	>250,000	Greek National Health System	Yes	Difficulties in diagnosis, treatment and follow up of refugees/asylum seekers/ undocumented migrants with TB due to: 1. Huge refugee/asylum seekers/undocumented	Respirators used for staff and surgical masks used for individuals with possible pulmonary TB or other respiratory disease (If respirators not available, surgical masks used for staff in contact with patients)

				migrants numbers that overwhelm the available country resources 2.Short stay in reception centres that does not allow for diagnosis, treatment and follow up	
<b>HUNGARY</b>	100,001 – 250,000	Ministry of Internal Affairs, special health service group	No	1.No case histories 2.Bad cooperation with the staff 3 Difficulty for language and understanding	Other Only surgical mask for staff
<b>ICELAND</b>	<50,000	Primary health care clinics (for adults) and the Department of paediatrics at the Landspítali University Hospital(for children)	Yes	1.Difficult follow up 2. Difficulty for language and understanding(unreliable tablets taking habits)	Respirators used for staff and surgical masks used for individuals with possible pulmonary TB or other respiratory disease
<b>IRELAND</b>	<50,000	HSE (Health Service Executive)	Yes	1.Communication difficulties (delays in diagnosis, misperceptions like infection risk and lack of clarity re therapy schedules). Essential to ensure clarity of communication and availability of interpreters ( symptom checks) for explaining investigation procedures, therapy schedules and ensuring compliance. 2. Different cultural values may impact on healthcare seeking behaviours and also on compliance with therapy which will lead to delays in diagnosis and non-completion of therapy	Respirators used for staff and surgical masks used for individuals with possible pulmonary TB or other respiratory disease

				<p>which may result in the development of resistant TB. 3. Fear of authority (delays in presenting to healthcare services, medication compliance, risk of development of resistant TB).</p> <p>3.MDR-TB/XDR-TB: Migrants and refugees may come from countries with higher levels of MDR-TB: to ensure prompt diagnosis (including DST) and initiation of therapy. Access to 2nd line DST is essential, access to DOT is vital to ensure compliance and completion of therapy.</p> <p>4.Patient movement: It is important to track patients' movements and to ensure that they are not lost to follow up when they move from the jurisdiction. Mechanisms must be in place to facilitate adequate follow up and completion of therapy. This will aid in the prevention of the development of resistant TB.</p>	
<b>ITALY</b>	50,001 – 100,000	National Health System and its regional branches	No	<p>1.Facilitate access to health services</p> <p>2.Adherence to therapy</p> <p>3.Case-holding</p>	Respirators used for staff and surgical masks used for individuals with possible pulmonary TB or other respiratory disease
<b>LATVIA</b>	<50,000	Medical staff of refugees centres	No	Very few TB cases among refugees, no sufficient experience in working with	Respirators used for staff and surgical masks used for individuals with possible pulmonary TB or other respiratory disease

				them, so not identified significant problems (except single case who left hospital without permission and interrupted TB treatment)	
<b>LITHUANIA</b>	<50,000	National health system	No	1. Lack of health facilities for isolation of patients from other residents 2. Medical staff shortages 3. Lack of funds to ensure medical services	Respirators used for staff and surgical masks used for individuals with possible pulmonary TB or other respiratory disease
<b>LUXEMBOURG</b>	<50,000	Ministry of health	No	No significant problems	No specific measures in place
<b>MALTA</b>	<50,000	Port Health and the Infectious Disease Prevention and Control Unit	Yes	1. Language and cultural problems 2. Follow-up: difficult to contact them when they do not come back for an appointment (change of mobile numbers and addresses) 3. DOT offered to all immigrants /refugees but sometimes, the health care workers do not find them at home either because they have changed their address without informing us or they have gone out.	Respirators used for staff and surgical masks used for individuals with possible pulmonary TB or other respiratory disease
<b>MONACO</b>	<50,000	Monaco Hospital Princesse Grace	n.a	n.a	Respirators used for staff and surgical masks for individuals with possible TB or other respiratory disease
<b>MONTENEGRO</b>	<50,000	Primary Health Centre	No	1.Suboptimal communication between NTP and Institution providing active screening among refugees (screening design and optimisation)	Respirators used for staff and surgical masks used for individuals with possible pulmonary TB or other respiratory disease

				<p>2. Lack of data about duration of treatment, follow up and registration ;</p> <p>3. Difficulty for financing programme</p> <p>4. Regulation methods for health care of refugees not updated in line with international guidelines.</p> <p>5. More accurate methods( e.g sputum collection for bacteriological examination) should be included in screening algorithm</p>	
<b>NETHERLANDS</b>	<50,000	General Practitioners	Yes	<p>1. Logistical problems due to frequent transfer of patients in the country (both with proven TB and for follow-up of CXR abnormalities).</p> <p>2. Difficult implementing follow-up CXR screening (transfer of asylum seekers, especially if asylum seekers leave the centres to live in the community).</p> <p>3. Difficulties anticipated with the acceptance of screening and preventive treatment for LTBI</p> <p>4. Challenges such as language, cultural, financial, etc.</p>	<p>Other</p> <ul style="list-style-type: none"> <li>-Environmental measures in place at the reception centre for first contact with asylum seekers where also the screening takes place.</li> <li>- Persons coughing generally put aside or asked to wear a surgical mask.</li> <li>- People with CXR abnormalities separated from others in special housing units, wearing masks and referred timely for medical examination</li> </ul>
<b>NORWAY</b>	<50,000	Local Municipality	Yes	<p>1. Difficulties in tracing patient data / results</p> <p>2. Challenges in screening capacity</p> <p>3. Clarifying responsibilities</p>	<p>Other</p> <p>People with possible active TB on chest XRay (taken within 14 days after arrival, preferably earlier) are isolated. If active disease is confirmed, they are hospitalized (isolation) for</p>

				regarding screening 4. Isolation capacity	treatment if required until no longer considered contagious.
<b>PORTUGAL</b>	<50,000	National Health System	Yes	1. In some areas, lack of compliance to treatment 2. Identification of contacts of TB patients, when they are migrants 3. Language constraints are often referred, despite the available translators 4. Difficulty with cross-border management when it is not planned	No specific measures in place
<b>REPUBLIC OF MACEDONIA</b>	>250,000	Macedonian Red Cross, UNICEF, UNHCR, NGO "Legis"	No	Not answered	Other -Respirators used for staff in contact with refugees -surgical mask for individuals provided eventually in case of TB suspected or confirmed
<b>ROMANIA</b>	<50,000	OIM Medical Department	Yes	Presently, the number of TB cases among migrants is very low in Romania (only 0,3% notified in 2014). A larger number of immigrants is expected, a closer collaboration with OIM is necessary	Respirators used for staff and surgical masks used for individuals with possible pulmonary TB or other respiratory disease
<b>SERBIA</b>	>250,000	Red Cross	Not answered	1.Huge number of refugees coming through Serbia (mainly as a transit country). 2. Lack of funding and other resources to screen in this population.	Respirators used for staff and surgical masks used for individuals with possible pulmonary TB or other respiratory disease
<b>SLOVAKIA</b>	<50,000	Ministry of Internal Affairs, Health Services	No	Refugees are not interested in staying in our country, Slovakia serves merely as a through	Respirators used for staff and surgical masks used for individuals with possible pulmonary TB or other respiratory disease

				country	
<b>SLOVENIA</b>	<50,000	Medical services of the refugees centres	Not answered	1.Unreported refugees 2. language	Respirators used for staff and surgical masks used for individuals with possible pulmonary TB or other respiratory disease
<b>SPAIN</b>	<50,000	Ministry of Health and NGOs ((Red Cross, CEAR and ACCEM)	Yes	Not answered	Respirators used for staff and surgical masks used for individuals with possible pulmonary TB or other respiratory disease
<b>SWEDEN</b>	50,001 – 100,000	Regional Medical Organisations	No	1.Poor compliance with EU migrants .Problems with asylum seekers who might disappear if they are not granted asylum, otherwise compliance in this group usually good when treating active TB, not always when treating LTBI (especially in young people)	No specific measures in place
<b>SWITZERLAND</b>	<50,000	National Migration Authority gives access to medical care in the local/regional health reception centres	Yes	1. Case holding: assuring communication between all entities involved (medical and migration authorities of the different levels) 2. Suboptimal translation services	Respirators used for staff and surgical masks used for individuals with possible pulmonary TB or other respiratory disease
<b>TURKEY</b>	>250,000	Ministry of Health	Yes	1. Mobility of the population who live outside of the camps is a problem for follow up the treatment. 2. Language barrier is a problem for effective communication.	Respirators used for staff and surgical masks used for individuals with possible pulmonary TB or other respiratory disease
<b>UK</b>	<50,000	National Health Service, local NHS organisations and Medicine du Monde – clinical commissioning groups and NHS England	No	England: 1. Access to care 2. Treatment delays 3. Funding uncertainties 4. Stigma	Other If TB is suspected, usual infection control measures apply, including isolation and PPE. No general protection for staff dealing with refugees, unless there is suspicion of TB



				<p>Scotland:</p> <ol style="list-style-type: none"><li>1. Lack of systematic screening of new entrants from high incidence countries in major urban areas</li><li>2. Challenges of providing services in a way that facilitates effective utilisation by migrants e.g. translation, information,</li><li>3. Where individuals may be refused asylum, they have rights to healthcare but not necessarily recourse to public funds and housing – this creates problems with completion of treatment even where individuals are keen to engage</li></ol>	
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**Footnotes:** TB: tuberculosis, LTBI: latent TB infection; UK: United Kingdom; n.a: not applicable.