

## Tuberculosis Screening of Ukrainian Refugees in Portugal

### Rastreo de Tuberculose em Refugiados da Ucrânia em Portugal

**Keywords:** Mass Screening; Portugal; Refugees; Tuberculosis/epidemiology; Ukraine

**Palavras-chave:** Portugal; Rastreo; Refugiados; Tuberculose/epidemiologia; Ucrânia

To the Editor,

On February 24, 2022, Russia launched a military offensive in Ukraine that has already caused an undetermined number of deaths and more than 11 million refugees.<sup>1,2</sup> At least 48 000 refugees had applied for temporary protection in Portugal by August 2022.<sup>1</sup> Ukraine is one of the tuberculosis (TB) high-priority countries in the World Health Organization (WHO) European Region and one of the nine countries globally with a high burden of multidrug-resistant TB.<sup>3</sup>

Even though there are no specific recommendations regarding TB screening among refugees in Portugal, according to Portugal's Directorate-General of Health all citizens coming from the Ukraine should be asked about symptoms, exposure, comorbidities or risk factors for disease progression.

In Portugal, TB patients are diagnosed and treated free-of-charge, regardless of the country of origin and legal status.<sup>4</sup>

We conducted a cross-sectional study using an electronic survey. The aim was to understand what adjustments the different national outpatient TB centers (OTBC) made to comply with TB screening in Ukrainian refugees. This study was previously approved by the Ethics Committee of the Northern Regional Health Administration (RHA). The survey was sent five times via email to all OTBC coordinators to increase the response rate. Responses were collected during August 2022.

Twenty-nine OTBC coordinators responded to the questionnaire, from a total of 61 (response rate of 47.5%). The characteristics of the OTBC coordinators and the response rate by region are summarized in Table 1.

Twenty-three OTBC (79.3%) mentioned that Ukrainian refugees underwent TB screening approximately fourteen days after arrival in Portugal. The screening process included a symptom questionnaire and chest radiography (52.2%). Additionally, 47.8% (n = 11) reported including latent TB infection (LTBI) screening with tuberculin skin test and/or interferon gamma release assay. In 65.2% (n = 15) of the OTBC carrying out TB screening of Ukrainian refugees, more than 20 were performed.

OTBC coordinators flagged only one patient with a previous diagnosis of TB. There were 13 diagnoses of LTBI, mainly in the Northern RHA (76.9%). In this region, most of the centers (55.6%) only included a symptom questionnaire and chest radiography. Treatment for LTBI was carried

**Table 1** – Outpatient Tuberculosis Centers coordinators' characteristics and response rate by Regional Health Administration

OTBC coordinators' characteristics	n (%)
Profession	
Family Physician	12 (41.4)
Nurse	8 (27.6)
Other medical specialty	6 (20.7)
Pulmonologist	3 (10.3)
OTBC response rate	n/total (%)
RHA North	18/21 (85.7)
RHA Algarve	5/9 (55.5)
RHA Lisbon and Tagus Valley	4/12 (33.3)
RHA Center	2/11(18.2)
<b>Total</b>	<b>29/61 (47.5)</b>

RHA: Regional Health Administration

out in seven patients (53.8%). No new TB diagnoses were made.

Nonetheless, the following problems were raised: difficulties in the mobility of refugees to another city, refusal to perform chest radiography, linguistic barrier, lack of human resources, and response rate across all RHA.

Tuberculosis screening is a current challenge and ensures that people with a previous diagnosis continue to be medically treated. However, it is not surprising that the European Centre for Disease Prevention and Control and WHO Europe have recommended screening and testing only for certain refugee groups, such as people living with the human immunodeficiency virus or those who are contacts of TB patients. It is essential to balance benefits and harms, such as stigmatization, discrimination, resource use, and mental health issues.

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#### AUTHOR CONTRIBUTIONS

RF: Study design, data analysis and interpretation, writing of the manuscript.

RD: Study design, data interpretation, critical review of the manuscript.

MV: Data interpretation and critical review of the manuscript.

#### PROTECTION OF HUMANS AND ANIMALS

The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association updated in 2013.

#### DATA CONFIDENTIALITY

The authors declare that they followed the protocols in use at their working center regarding patients' data publication.

**COMPETING INTERESTS**

The authors have declared that no competing interests exist.

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