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101 Community-based testing of migrants for infectious diseases (COMBAT-ID): the effectiveness of routine testing for infectious diseases among migrants attending primary care

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Background: Migrants are at increased risk of chronic infections and have poorer outcomes. Early diagnosis and management can reduce morbidity, mortality and onward infection transmission.
Methods: We evaluated the effectiveness of an integrated approach to screening migrants for exposure to tuberculosis (TB) with an interferon gamma release assay (IGRA) test, HIV, hepatitis B virus (HBV) and hepatitis C virus (HCV) infection when patients first registered with general practices (GPs) in Leicester, UK, using test yields, numbers of new diagnoses and numbers linked to care.
Findings: 4004 new migrant GP patients referred for testing were included (74% <36 years, 53% female, with a range of self-reported ethnicities: 63% Asian ethnicities, 9% Black ethnicities, 5% White

and 12% Mixed/Other). Test yield was 0·48% (17/3545, 95%CI 0·30-0·77%) for HIV, 3·34% (117/3502, 95%CI 2·80-3·99%) for HBV and 0·18% (6/3402, 0·08-0·38%) for HCV, with 19·38% (496/2560, 95%CI 17·89-20·95%) positive on the IGRA test. There were two HIV-HBV, three HIV-TB and 19 HBV-TB coinfections. Of IGRA-positive patients attending clinic, 7% had active TB and 92% had latent TB infection. 55% of active TB, 99% of latent TB, 61% of HBV, 35% of HIV and 83% of HCV infections were new diagnoses. There were high rates of linkage to care for those newly diagnosed. 98% of new latent TB patients were offered chemoprophylaxis, of whom 94% started treatment and of these, 95% completed the course. 100%, 97% and 100% of newly HIV-, HBV- and HCV-diagnosed patients attended follow-up, respectively.

Interpretation: This first primary care-based combined infection testing programme for recent migrants found high test yields for latent/active TB, HBV and HIV, substantial numbers of new diagnoses for these infections and excellent linkage to care. To influence UK screening guidelines, its cost-effectiveness and acceptability to other primary care settings must be evaluated.