

Immigrants account for 70% of HIV and TB cases - 16/11/06

Contributed by Administrator
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16th November 2006 - More than two thirds of cases of TB, HIV and malaria detected in Britain are found in patients who were born outside the country, according to a report from the Health Protection Agency. But trying to eliminate the diseases by screening migrants before they are given visas, or when they arrive, is unlikely to be enough, the report implies.

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By Nigel Hawkes, Health Editor The Times Thursday 16th November 2006

More than two thirds of cases of TB, HIV and malaria detected in Britain are found in patients who were born outside the country, according to a report from the Health Protection Agency.

But trying to eliminate the diseases by screening migrants before they are given visas, or when they arrive, is unlikely to be enough, the report implies.

The reason is that most of the infections are undetectable, or not actually present, at the time of arrival.

Three quarters of migrants who get TB are diagnosed more than two years after they arrive in Britain, for example, and many cases of malaria are contracted by migrants during trips to their country of origin.

The report avoids direct comment on a screening policy, which is the subject of pilot studies by the Home Office. But it says that in most cases the indigenous community is not put at risk of infection by migrants.

While most migrants to Britain are healthy, the agency says, the minority who are not are sufficient to account for 70 per cent of TB, HIV and malaria cases recorded every year.

The greatest risk of others catching these diseases is in minority communities, where many migrants from Africa and the Indian sub-continent live.

Pat Troop, chief executive of the Health Protection Agency, said that the report, Migrant Health, gathered a lot of information together to establish a "baseline".

Professor Troop added that it was designed to help to plan and provide more effective health services, especially for those at greatest risk.

Jane Jones, one of the report's authors, said that it was important for migrants to be followed up after their arrival in the UK.

Many cases of infectious disease, which were not apparent when the migrants arrived, could emerge later, either because they caught them in the communities in Britain where they settled, or on subsequent visits home, or because they emerged only after some years living in Britain.

"More than 75 per cent of TB cases in people not born in the UK present more than two years after arrival in the UK," Ms Jones said. "And over half of malaria cases are acquired on trips to visit friends and relatives."

People from regions where malaria is endemic often believe that they have acquired immunity to it, she said. "But in fact that wanes very rapidly. They may not think of going to see a doctor to get anti-malarial tablets before making a trip back home."

The agency says that medical services need to take account of where the real risks are. For TB, for example, rates in indigeous people long-established in Britain remain low, and stable. But in ethic minority communities they are rising.

TB cases in non-British born people rose in 2005 to more than 8,000, a rate of 103.3 cases per 100,000, compared to only 78.2 per 1,000 in 2000. But the rate in British-born people has remained static, at around 4 per 100,000.

"The rate in non UK-born people is 25 times higher," Dr Jones said. "But there is no good evidence of transmission from non-UK born to UK-born people.

"Transmission needs close contact - you can't catch TB from people walking down the street or standing next to you in the Tube."

This meant that medical services needed to be delivered where they could make a difference, in the right language and in a way that reflected the minority culture.