



KNCV

TUBERCULOSIS FOUNDATION

To eliminate TB

Risk group policy, from active case finding towards screening for latent infection

June 23, 2016

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Definition "high risk group"

TB incidence >
50 per 100 000

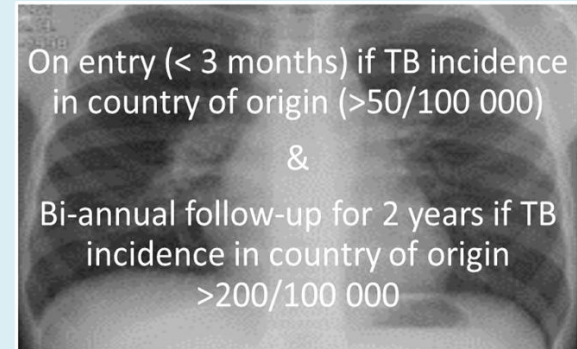
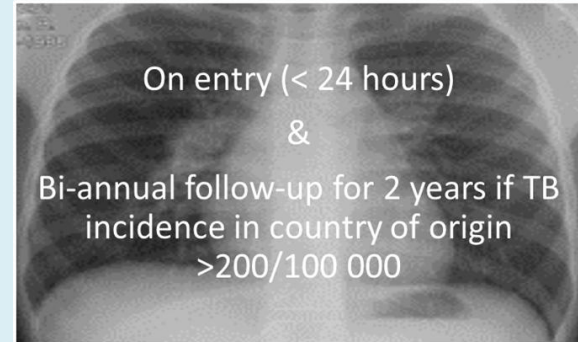
10 times 'background TB incidence'



Target groups for active case finding



Screening policy in (new) migrants



Target groups for LTBI screening



Screening only for those "at risk"
According to risk assessment of likelihood of exposure in work or travel

HIV-infected persons & patients eligible for immune suppressive treatment



Target groups for LTBI screening



Screening only for those "at risk"

According to risk assessment of likelihood of exposure in work or travel

HIV-infected persons & patients eligible for immune suppressive treatment



Intention to screen = intention to treat

Treatment with 6 months isoniazid (H), 4 months rifampicin (R) or 3 months HR



Monitoring latent tuberculosis infection diagnosis and management in the Netherlands

Connie G.M. Erkens¹, Erika Slump², Maurits Verhagen³, Henriëke Schimmel², Gerard de Vries^{1,2}, Frank Cobelens^{1,4} and Susan van den Hof^{1,4}

Eur Respir J 2016; 47: 1492–1501

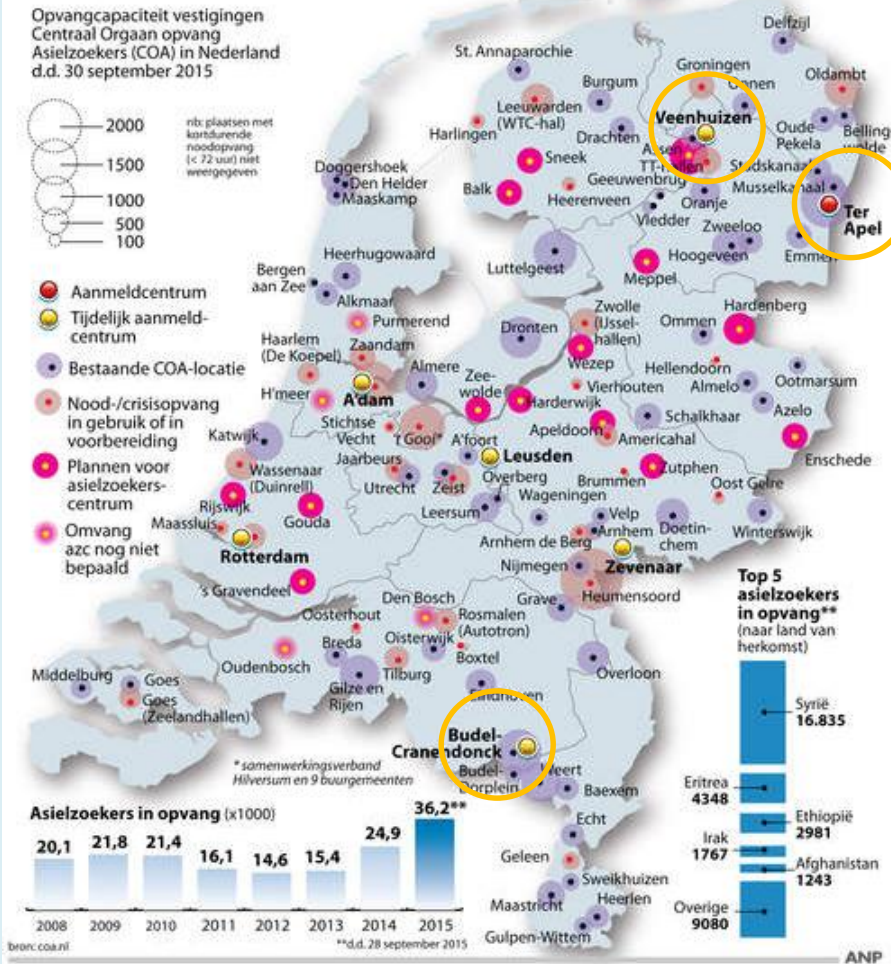
- 37 729 persons registered with LTBI from 1993 to 2013
- 77% started preventive treatment
- 82% completed preventive treatment
- 8% stopped preventive treatment due to adverse events
- Two-thirds detected through contact investigation

Example: Screening asylum seekers



Organization screening asylum seekers

Opvang asielzoekers in Nederland



Central reception facility
Chest X-ray screening <48 hours

Asylum center
Bi-annual follow
screening

Community
Bi-annual follow
screening

2015: Very high rates of TB among asylum seekers from Eritrea reported

September 2015



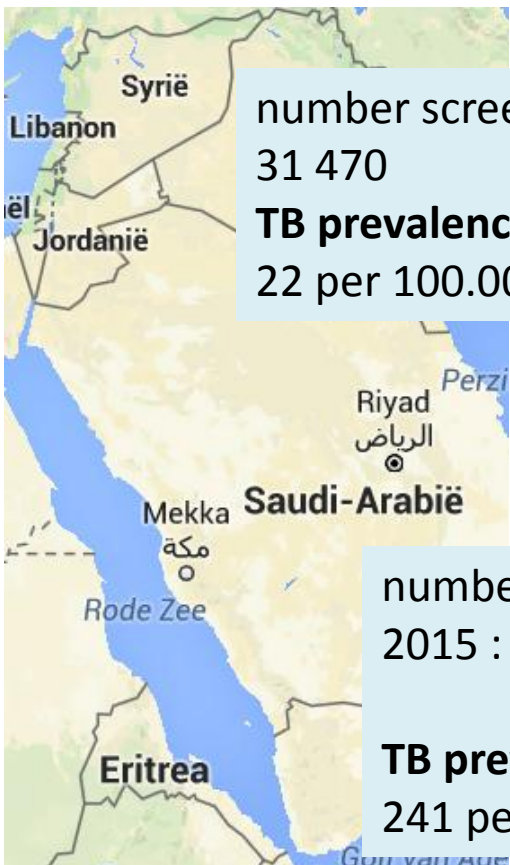
- Doubling of numbers of asylum seekers with on average 2000 persons arriving each week
- Reception facilities overflowing & continuity entry screening endangered
- Temporary response measure: entry screening of Syrian asylum seekers stopped



Low yield of screening asylum seekers from countries with a tuberculosis incidence of <50 per 100000 population

Gerard de Vries, Job van Rest, Wieneke Meijer, Bert Wolters, Rob van Hest

DOI: 10.1183/13993003.00099-2016 Published 10 March 2016



number screened 2011- sept 2015:
31 470
TB prevalence on entry:
22 per 100.000

number screened 2011- sept 2015 : 11 605
TB prevalence on entry:
241 per 100.000



Rijksinstituut voor Volksgezondheid
en Milieu
Ministerie van Volksgezondheid,
Welzijn en Sport

[Tool to monitor tuberculosis prevalence and incidence among asylum seekers](#)

TB incidence (cohorts 2011-2014)

1st year	1 217 per 100.000
2d year	554 per 100.000



Policy recommendations

1. Discontinue entry screening of asylum seekers if WHO TB incidence / TB prevalence < 50 per 100 000

>> Official policy as of July 1, 2016

2. Replace follow-up screening for asylum seekers from high risk countries with LTBI screening and preventive treatment

= the objective of National Strategic Plan 2016-2020 to introduce LTBI screening

Next steps



Stepwise introduction and implementation LTBI screening

- Children <18 years
- High risk populations (incidence >200 per 100 000)

Development of culture sensitive approaches

- Health education and information materials (using new media)

Evaluation in 2018

- Quantitative monitoring and evaluation
- Qualitative research target groups and professionals
- Modelling
- Cost effectiveness analysis

>>> BUSINESS CASE



>>> Policy decision on wider introduction and target groups

**>>> Share results with other European countries
and contribute data to E-DETECT TB**



www.kncvtbc.org

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