Chapter 15 Migrant screening for tuberculosis

15.1 Introduction

People who want to migrate permanently, or stay in Australia temporarily, must satisfy the health requirement specified in the Migration Regulations of the Australian Government. All applicants for permanent visas must be assessed against the health requirement. Applicants for a permanent visa are asked to undergo a medical examination, a chest X-ray if 11 years or older and an HIV/AIDS test if 15 years or older, as well as any additional tests requested by the Medical Officer of the Commonwealth. Children aged 2-11 years from a higher risk country for TB or who are applying for a refugee or humanitarian type visa are required to have a tuberculin skin test or interferon-gamma release assay. Where chest X-ray shows possible evidence of TB, the applicant is asked to provide sputum for smear and culture, and may be asked to provide serial chest X-rays over three months. If active TB is found, Australian migration law does not allow a visa to be granted until the person has undergone treatment and been declared free of active TB. This is documented by repeat chest X-ray and sputum examination. Applicants for temporary visas may be required to undergo a medical examination, chest X-ray and/or other tests depending on how long they propose to stay in Australia, their intended activities in Australia, their country’s risk level for TB and other factors.1-3

If the chest X-ray shows evidence of previous but now inactive TB, the applicant may be asked to sign a health undertaking at the time of visa grant. A health undertaking is an agreement that is made with the Australian Government, which obliges the applicant to attend an appointment with a health authority clinic for a follow-up health examination.4 By signing the health undertaking the applicant also agrees to undergo any course of treatment or investigation that the health clinic directs. Issue of a health undertaking indicates that a Medical Office of the Commonwealth is satisfied that, while the chest X-ray may be abnormal, the applicant does not have active TB. Applicants outside Australia also agree to contact the Health Undertaking Service on a free call number within four weeks of arrival in Australia. At the time of signing a health undertaking applicants from within Australia will have already been referred to an Australian health clinic for follow-up where required. The visa is not at risk, once in Australia, no matter what status of TB is diagnosed as a result of the monitoring.4 Most health undertakings originate from visa applications lodged outside Australia (offshore), with a smaller number from inside Australia (onshore). Both offshore and onshore health undertakings include permanent and temporary residency immigrants, refugees and other humanitarian entrants.5

15.2 Screening of migrants in Victoria

In Victoria, the Department of Health & Human Services has contracted the screening of all migrants on health undertakings and onshore applicants with abnormal chest X-rays to Western Health. At the Migrant Screening Clinic, immigration chest X-rays are reviewed and repeated in selected cases. The radiological activity of any abnormality that could represent a TB infection is assessed from chest X-rays taken at least three months apart. The patient is assessed clinically for symptoms or signs of active TB.

Tuberculin skin testing (TST) is offered to selected migrants including those aged under 35 years with an abnormal chest X-ray, and refugees.6-8 TST is performed with five tuberculin units of tuberculin purified protein derivative (Tubersol®, Sanofi Pasteur Limited, Toronto, Ontario, Canada). Most TSTs are read at 72 h; however, some are read at 96 h to provide TST at all clinics. Supplemental interferon-γ release assay (IGRA) may be used to confirm a positive TST.9

The clinic acts as a triage service,10 seeing each person once and referring those who need further assessment to other health services. Persons with symptoms suggestive of TB, or one
or more chest X-rays suggestive of active TB, are defined as suspected active TB and referred to other specialist clinics. Those without such features, but with a history of TB diagnosis, positive TST or one or more chest X-rays thought likely to represent previous TB, are defined as inactive TB. Migrants with a positive TST who wish to accept treatment of latent TB infection are referred to specialist respiratory or infectious diseases clinics for treatment. Migrants are not required to comply with treatment of latent TB. Those aged over 35 years thought to have inactive TB are either discharged or referred for further radiographic surveillance, depending on the extent of the radiographic abnormality and the period of radiographic observation already undertaken. Any person with a chest X-ray suggestive of TB and less than six months’ radiographic observation is also referred. The remaining persons are defined as either normal or an abnormal chest X-ray due to a non-TB problem.

Persons who do not attend an appointment are notified to the Australian Government to check for a change of address. The Victorian Tuberculosis Program is advised of non-attendees with chest X-ray suggestive of active TB; TB program nurses are asked to contact the person, and may make a home visit.

References

January 2017