



## Sudan arrivals – Tuberculosis (TB) screening and other infectious disease recommendations

This document is for:

- Integrated care boards (ICBs) & Primary Care.

It applies to:

- UK and non-UK nationals recently repatriated from Sudan (April-May 2023).

This advice:

- Provides Tuberculosis (TB) screening and other infectious disease recommendations for practitioners for those repatriated from Sudan.
- Complements existing [Migrant Health Guide](#) advice.
- Complements existing: [Tuberculosis \(TB\): migrant health guide](#)

### Background

UK TB control strategies focus on early detection and treatment of TB in groups who are at high risk of TB infection and disease, including migrants from high incidence countries. There are separate national screening programmes for the detection of active TB disease and latent TB in migrants in the UK. Specific migrant groups from high incidence countries are often screened for active TB disease before entry to the UK and for latent TB infection after entry to the UK.

### Active TB Disease

Sudan is a country with a high prevalence of Tuberculosis, with an incidence rate of 58 with 100,000.

Non-British nationals who have been resident in Sudan (for more than 6 months) and are arriving the UK for more than 6 months are ordinarily required to have screening for **active TB disease**. For people aged over 11 years (who are not pregnant), this includes: a [symptom check](#), chest X-ray and sputum assessment, where appropriate (person is coughing and able to produce sputum). Children aged 0 to 11 years have a symptom check.

Screening usually occurs before departure, as part of the visa application process.

Current instability and conflict in Khartoum has led to a breakdown in health services and a lack of power, water and food. Whilst most of those arriving in the UK from Sudan are British nationals, there have been a relatively small number of Sudanese and other foreign nationals.

Given the rapid timeframe associated with the movement of recent arrivals to the UK the normal requirement for pre-entry screening in eligible groups is assumed not to have occurred in this group. UKHSA recommends that screening for active TB disease in among eligible arrivals is under-taken in the local area where migrants settle.

## Latent TB Infection

The current rates of TB in Sudan mean that universal latent TB infection (LTBI) screening for people arriving from Sudan is not recommended. This is in line with [NHS England \(NHSE\)](#) and [WHO and European Centre for Disease Prevention and Control \(ECDC\) guidance](#), which only recommend LTBI screening for people arriving from countries with an incidence of 150 and 100 per 100,000 respectively

To note, some high prevalence areas within the UK commission a local LTBI screening service for anyone arriving from a country with an incidence of over 40 per 100,000 in line with NICE guidance (NG 33). The incidence of TB in Sudan is above this threshold, therefore arrivals from Sudan in these areas would receive LTBI screening as part of local arrangements.

## Recommendations around TB:

**British nationals:** for arrivals who are British Nationals: systematic screening for active TB disease would not normally be required and is therefore not recommended. There is currently insufficient evidence to warrant introducing systematic TB screening over and above existing border checks (symptom check).

**Non-British nationals:** for arrivals who would normally be required to have screening for active TB before UK entry: once these individuals have arrived in the UK and in settled accommodation, as soon as feasible, UKHSA recommends the following steps:

- Early registration with primary care
- For those living in Sudan for more than 6 months, screening for active TB disease. This will include a symptom check and may include a chest x-ray for those older than 11 years. Assessment and chest x-rays can be requested directly in primary care where pathways exist, or via referral to the local TB service if required.
- If the person has symptoms or an abnormal x-ray they should be referred for appropriate specialist assessment and investigation within one working day in line with NICE guidance
- Latent TB screening may be offered to persons who settle in a higher prevalence area where a targeted screening programme has been commissioned. IGRA tests can be requested directly in primary care where pathways exist, or via referral to the local TB service if required.

Patients with positive latent TB screening should be referred to the local specialist TB service for treatment.

- Offer [vaccination against TB](#) for those aged under 16 who do not have a history of BCG vaccination and are tuberculin negative, including infants under the age of one.

It is also important to maintain long-term vigilance for symptoms of TB within these populations even if the initial screening is negative.

Emphasise that if a patient tests positive, treatment is free and most treatment can be provided on an outpatient basis.

For more information on TB see the [migrant health guide on tuberculosis](#).

## Recommendations around other infectious diseases

Sudan is a country with a high prevalence of Hepatitis B.

**Non-British nationals:** for arrivals from Sudan, UKHSA recommends the following steps:

- a. Early registration with primary care
- b. Ensure they are up to date with the [UK routine immunisation schedule](#). If not up to date, minimum requirements are a polio vaccine at the first visit and early completion or start of MMR vaccination especially in children. There are [translations](#) available for the immunisation leaflet with information for migrants.
- c. [Screening](#) for hepatitis B, hepatitis C and HIV and active referral to relevant treatment programmes in the UK. For hepatitis B, where a household member is positive, all other individuals should be offered HBV vaccination