The Union

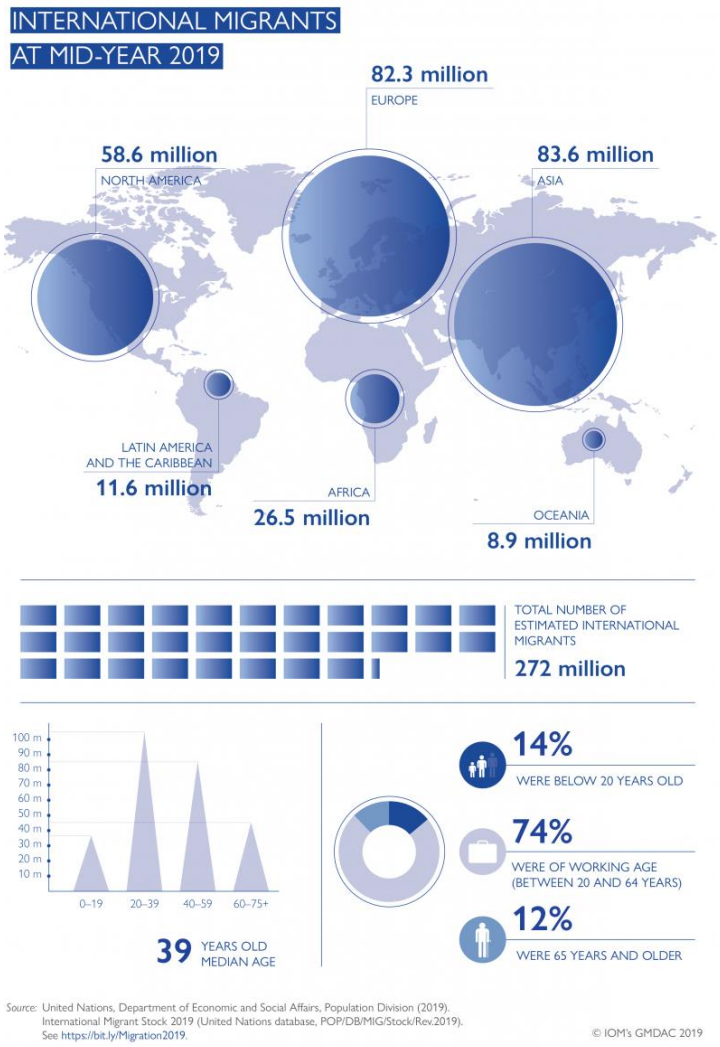
International Union Against Tuberculosis and Lung Disease
Health solutions for the poor

Statement on Tuberculosis in Migrants during the COVID-19 Pandemic

Migration across the globe

Migration represents the movement of persons away from their place of usual residence, whether within a country or across international borders, temporarily or permanently, and for a variety of reasons [1]. Migrants include, but are not limited to, refugees and asylum seekers, temporary and permanent workers, students and retired persons. In 2019, and before the COVID-19 outbreak, the number of international migrants worldwide had reached 272 million [1] (an increase from 258 million in 2017) - see map below (Figure 1).

Figure 1: International Migrants at Mid-year 2019, IOM

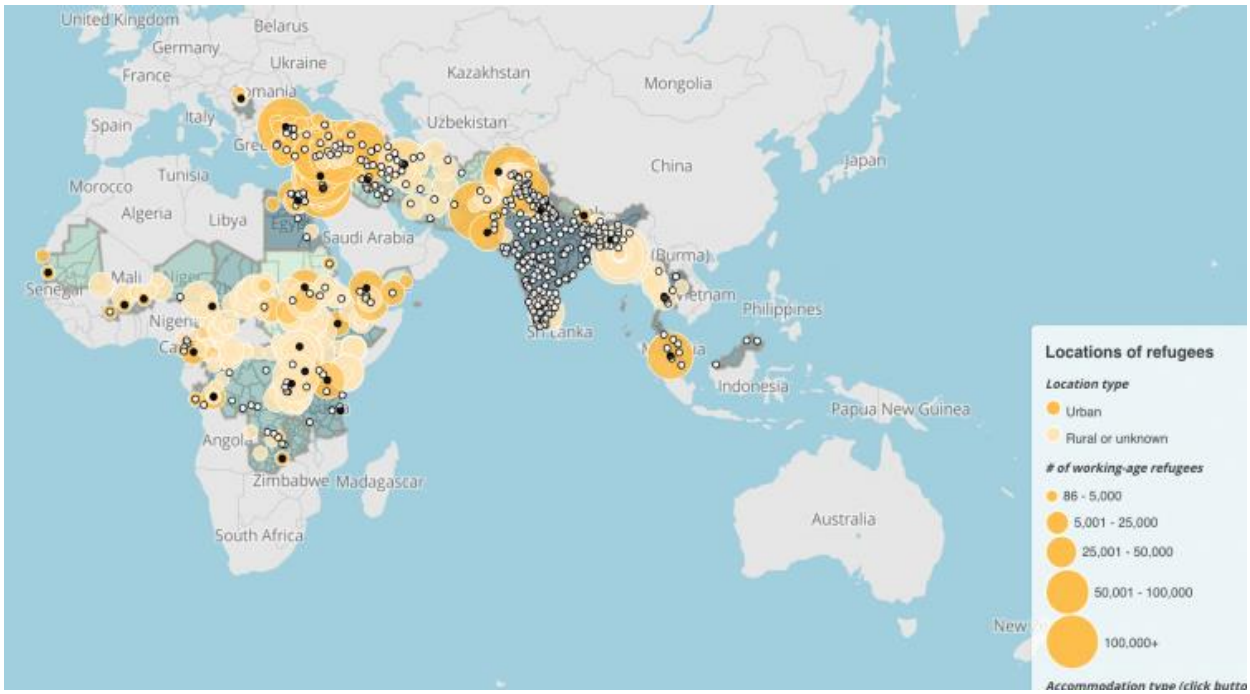


Within this umbrella term of migration, a special focus is on the most vulnerable migrants, and experts suggested two types of vulnerabilities which are relevant for the present statement [2]. The first is “situational vulnerability”, where migrants are travelling through unusual routes (smuggled, by boat, illegal border crossings, etc.), in the absence of a community to protect them, with a lack of material possessions or legal documents, and migrating away from poverty, war or

natural disasters. This can lead to food insecurity and limited access to healthcare, risk of exposure to different health hazards and overcrowded or poorly ventilated living conditions. The second is termed “individual vulnerability”, which includes migrants who are children, elderly, pregnant women or those with comorbidities, which make them more susceptible to other diseases.

The map below (Figure 2) shows the number and geographical locations of refugees regionally.

Figure 2 - Center for Global Development and the Tent Partnership for Refugees (truncated in source [3,4]. For the interactive version, visit https://www.cgdev.org/publication/are-refugees-located-near-urban-job-opportunities



COVID-19 and Tuberculosis as “vulnerability enhancers”

Medical impact

Tuberculosis (TB) has been classified as a “medical emergency” since 1993, with approximately 1.5 million deaths annually, and it is estimated that around 25% of people worldwide have (latent) TB infection [5]. The vast majority of the migrants originate from countries in which TB is endemic, and the rate of TB disease among migrants is greater than that of the native population in the host countries [6].

There are multiple threads connecting COVID-19, the disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) to TB, especially in migrants. Both pathogens are transmitted via the respiratory route, and can cause respiratory symptoms. The data concerning the natural history of co-infection are still emerging, but evidence may point to worse TB-treatment outcomes in people with COVID-19 [7].

Beyond the medical impact

As a direct or indirect result of the COVID-19 global pandemic, some migrants have been stranded with increased vulnerability because of unemployment and loss of income, which may decrease their *a priori* limited access to food, housing and healthcare services, this may become worse as the economic impact of COVID-19 is felt. In addition, the efforts for TB detection and treatment have been reduced, and resources have been diverted from TB needs to the containment of COVID-19.

As migrants often do not have safety health and economic nets, they may be pushed to work to obtain their basic necessities even when ill or placed under isolation or quarantine. Furthermore, enforcing social distancing by national authorities can potentially increase the vulnerability of migrants by requirements of documents or by aggravating the attitudes of the authorities to the "illegality" of the migrants. Both TB and COVID-19 can be associated with significant stigma which together with attitudes towards migrants, particularly vulnerable migrants, can have implications with regards to health seeking behaviour. To accentuate challenges in TB management already present among migrants, global chains of drug production and distribution are disrupted and precious human and physical resources are being diverted from other diseases, including TB, to the fight against COVID-19.

Medical personnel are being redirected to fight COVID-19 and hospitals are being turned into quarantine centres. Some medical equipment, such as the GeneXpert or other molecular test instruments used to diagnose TB are potentially being repurposed to analyse COVID-19 using new test kits. With global production depending on few sources and travel limitations, access to TB drugs is being disrupted. TB treatment disruption may not only enhance morbidity and mortality, but also promote the transmission of resistant bacteria.

In conclusion, as the fight against COVID-19 continues, migrants are at a potential risk of being underdiagnosed and undertreated for TB because of lack of access and limited resources. It is therefore the role of The Union to call for the continuum of TB care and address the attention of the medical community to the needs of vulnerable population, including migrants.

The expertise of TB programme staff can be used to fight COVID-19

Experts who work in TB programmes have gained wide experience in treating vulnerable populations. They paved effective communication channels with the migrants, reduced knowledge gaps, built trust and established effective mechanisms which are essential for support and involvement of the migrants. The expertise and infrastructure which has been built for TB-care should also be used to respond to COVID-19 among the migrants. This provides an opportunity to integrate TB and COVID-19 efforts among the migrants rather than disperse health services and fight against both infections in a more beneficial and cost-effective way.

Recommendations concerning tuberculosis in migrants during the COVID-19 pandemic

1. Do not neglect TB

Mycobacterium tuberculosis is a hardy, highly opportunistic bacterium, which is easily transmittable in overcrowded and poorly ventilated households, too often endured by migrants. TB diagnosis and treatment are lengthy and characterised with high mortality rates.

- *Ensure that timely TB diagnosis is available and access to treatment is uninterrupted, especially among vulnerable groups, including migrants.*
- *Do not consume all the diagnostic tests only for SARS-CoV-2; we must preserve testing for Mycobacterium tuberculosis.*

2. Do not neglect migrants

Identify migrants who are living in suboptimal conditions or have limited access to healthcare due to social distancing, lack of resources or fear of authorities. Migrants can be classified to have both "situational vulnerability" and "individual vulnerability". Situational, as migrants who cross borders may be incarcerated in detention centers with limited access to food, shelter and personal protective equipment. Individuals, as migrants in these settings who are infected with SARS-CoV-2 are at potentially higher risk for TB.

- *Offer migrants access to medical treatment, adequate nutrition and secure housing, provide legal immunity against deportation with the purported goal of limiting Mycobacterium tuberculosis and SARS-CoV-2 transmission and encourage rapid medical response to contain outbreaks.*
- *Maintain routine childhood vaccination schedule.*

3. Do not neglect TB among migrants especially during COVID-19

Emerging evidence indicates that the presence of TB will complicate COVID-19 management and *vice versa*. Resources are being redirected to respond to COVID-19, while care for other diseases is being neglected, including TB.

- *Migrants should be tested for SARS-CoV-2 and for Mycobacterium tuberculosis in case of clinical suspicion, as migrants are at risk for both infections and symptoms may overlap.*
- *As GeneXpert/other rapid molecular diagnostic platforms are approved for COVID-19 testing, health facilities equipped with these technologies should explore the feasibility of initiating duel screening for COVID-19 and TB testing for migrants using their existing setup. However, resources for COVID-19 should be added without impacting other diseases, especially TB.*
- *Make sure that treatment for TB is uninterrupted and people on TB treatment who are isolated or unable to access healthcare facilities are contacted (via phone or internet) to ensure treatment completion and avoiding adverse clinical issues, including mental health. Forced return, refoulement or detention due to the threat of COVID-19 are not justified.*

The Tuberculosis and Migration group recognises that COVID-19 is an unprecedented pandemic in modern history, however no public health emergency can be fully resolved unless all communities, including migrants, are free of the disease. Although resources are required to fight COVID-19, it is important to avoid deprioritising TB, and migrants should be included in ongoing protective measures, with sharing of reliable information and access to medical services [8]. Countries should ensure that migrants are not scapegoated, stigmatised or singled out for discriminatory measures [9].

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