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## Original Research

# Acceptability of latent tuberculosis testing of migrants in a college environment in England

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## ABSTRACT

**Objectives:** The majority of tuberculosis (TB) cases in England occur from reactivation of latent tuberculosis infection (LTBI) in the settled migrant population. The National Institute for Health and Clinical Excellence recommends that new entrants from high-incidence countries are screened to detect LTBI. This article seeks to describe an outreach programme and testing for LTBI in an innovative setting—ESOL (English for Speakers of Other Languages) classes at a community college (CC) with evaluation of acceptability.

**Study design:** Partnership working with mixed methods used for evaluation of acceptability. **Methods:** A pre-existing network from the local TB partnership designed an outreach intervention and screening for LTBI among students from an ESOL programme at a CC. Screening for LTBI with interferon gamma release assay was the culmination of a programme of health improvement activities across the college. Any student on the ESOL programme younger than the age of 35 years and resident in the UK for less than 5 years was eligible for testing. LTBI testing was carried out on-site, and the experience was evaluated by questionnaires to staff, students and partners. A facilitated debrief among the partners gave further data.

**Results:** A total of 440 eligible students were tested. One hundred and seventy-two student feedback questionnaires were completed, and 36 partner questionnaires were received with 18 CC staff responding. Students, tutors and healthcare professionals found the setting acceptable with some concerns about insufficient resource for timely follow-up.

**Conclusions:** Students, tutors, community organisations and health professionals found the exercise worthwhile and the method and setting acceptable. There were resource issues for the clinical team in follow-up of students with positive results for such a large screening event. Unexpected barriers were found by the CC as this kind of activity was not recognised for external quality review purposes. There were concerns about reputational loss and stigma of being involved in a TB project. As current initiatives aim to divert workload from stretched general practice surgeries, this may be an important addition to primary care screening.

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## Introduction

Almost three-quarters of tuberculosis (TB) cases in England (2015 data) occur in the settled migrant population after reactivation of latent tuberculosis infection (LTBI). The incidence among foreign-born individuals is 15 times higher than that of the individuals born in the UK. This population also experiences significant delays of over 4 months from onset of symptoms to commencement of treatment.<sup>1</sup>

The National Institute for Health and Clinical Excellence (NICE) recommends that new entrants from high-incidence countries are screened to detect LTBI for treatment to prevent reactivation and onwards spread of disease.<sup>2</sup> However, until recently there has been no systematic national or local LTBI screening programme in place. Currently, a new national programme is being established by the National Health Service (NHS) England and Public Health England (PHE) for the screening of migrants.<sup>3</sup> The programme is not universal covering local authority areas with a high TB incidence (>20 per 100,000 population) or a high TB case burden,<sup>3</sup> and not all eligible areas have established a service. Like the 2015–2020 Collaborative TB Strategy for England,<sup>4</sup> primary care is identified as the main setting for testing of migrants.<sup>3</sup> A 2012 study found that only one-third of migrants were registered with a general practice (GP); therefore, relying on GP registration to trigger screening may not be the most effective way of case finding.<sup>5</sup>

A significant proportion of TB cases in Birmingham occur in an educational setting (between 29% and 38% of all cases 2013–2016). Previous experience of screening English for Speakers of Other Languages (ESOL) classes during incident management found a prevalence of LTBI around 20%. There are international reports of colleges implementing TB awareness-raising activities with facilitated screening off-site.<sup>6–8</sup> Although testing as part of contact tracing for those with active TB has taken place in many settings, there have been no reports of using interferon gamma release assay (IGRA) for LTBI mass primary screening within this setting.

This study aims to describe an outreach programme targeted at recent immigrants enrolled in ESOL programmes at a Birmingham community college (CC) using participatory and asset-based community development approaches. The intervention provided education about and testing for LTBI within the framework of a college-wide health promotion event—the ‘Stay Safe’ Week. Evaluation of acceptability of testing in this setting was conducted with students, college staff and the project working group.

## Methods

### *Building the partnership and designing the interventions*

There was a pre-existing network of PHE, TB service, primary care, CC and community organisations involved in the local TB partnership that had collaborated on smaller projects. This network was engaged over several months to generate ideas and identify community assets which could be used to improve screening for LTBI in Birmingham amongst newly arrived migrants. These discussions included questions of setting, method

of screening, ways of delivering health education about TB and more general health improvement messages.

There were numerous advantages of providing screening within a CC offering ESOL courses. ESOL groups were likely to contain the highest concentration of new migrants from high-incidence countries. The CC had experience of students with active TB and were enthusiastic to be involved. It could provide a supportive environment as part of a wider college activity around health promotion. The CC had space to host mass screening with the convenience for the target population of being screened at the college they were already attending. In addition, as ESOL students follow a 1-year course, extended contact with the college allowed an alternative opportunity for follow-up in the context of frequent moves of accommodation and the incorrect and missing personal details we found in practice.

A programme of staff support and education, awareness-raising activities for students, workshops and evaluation were designed and are described in the following section. Two community organisations were recruited to support delivery of the project with the aim of raising awareness both of TB and the project and educating learners by running workshops. The clinical pathway for IGRA testing including follow-up and results of testing with cost-effectiveness analysis for this project are described by Usdin et al.<sup>9</sup>

### *Preparation and awareness-raising activities*

ESOL tutors had training by staff from NHS TB Services and PHE. A suite of teaching modules were produced by experienced ESOL practitioners based on the levels of the National Skills for Life ESOL Core Curriculum. Lessons were produced at entry level 1 and up to level 2 with additional lessons produced for pre-entry (complete beginner) students and those targeted more specifically at younger students (16- to 18-year-olds). Each lesson included teaching notes for teacher guidance and consisted of a ‘notebook’ file which included activities for the interactive whiteboard—such as interactive quizzes, gap fills, video clips and sound files. Formal evaluation of the materials has not yet taken place.

The college delivers an annual, themed, ‘Stay Safe’ Week to highlight health issues for all students. The community organisations introduced the project to students from information stands on campus at lunchtimes and providing information about general health topics.

More than 30 hour-long workshops were run by the community organisations for groups of ESOL students in the 2 weeks before screening to promote the project further, as well as advising students to register with a GP, and answer any queries about TB and the testing within college. One of the community organisations trained local champions (10 health and social care students) to help promote the programme among ESOL students. A TB poster competition was held for health and social care students.

### *Inclusion criteria for screening*

NICE criteria for screening (2011) included individuals aged 16–35 years, who had moved from a TB high-incidence area

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