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Continuing medical education: Mycobacterial infections

Tuberculosis and immigration[☆]

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ABSTRACT

Tuberculosis continues to be a major public health problem in Spain. The incidence of tuberculosis in the native population has declined steadily in recent years. Migration flows have changed drastically since the beginning of the 21st century, with Spain becoming a recipient country for immigrants. Because most of the immigrants comes from countries with high incidence of tuberculosis, the contribution of the migrant population to new cases of tuberculosis is higher in relative terms than its weight in the total population. Tuberculosis programmes must address the cultural, economic and medical aspects of the disease, and particularly target groups at risk, including the migrant population. In this paper, we will review the epidemiology and dynamics of tuberculosis in the migrant population, their differentiating clinical characteristics and the programmatic actions to address the problem.

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Tuberculosis e inmigración

R E S U M E N

La tuberculosis continúa siendo un problema de salud pública de primer orden en España. La incidencia de tuberculosis en la población autóctona ha disminuido progresivamente en los últimos años. Los flujos migratorios se han modificado drásticamente desde inicios del siglo XXI, cuando España ha pasado a ser un país receptor de inmigrantes. La mayor parte de los inmigrantes proceden de países con alta incidencia de tuberculosis, lo que ha supuesto que la contribución de esta población a los nuevos casos de tuberculosis sea relativamente superior respecto al peso que representan en el conjunto de la población. Los programas de lucha contra la tuberculosis tienen que abordar los aspectos culturales, económicos y médicos de la enfermedad, e incidir especialmente en los grupos de riesgo, entre los que destaca la población inmigrante. En este artículo revisaremos la epidemiología y la dinámica de la tuberculosis en la población inmigrante, sus características clínicas diferenciadoras y las acciones programáticas para abordar el problema.

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Introduction

Tuberculosis (TB) remains a primary health concern the world over. Although the World Health Organization (WHO) declared it a global public health emergency in 1993, the necessary efforts have perhaps not been dedicated to controlling it on a global scale.¹ According to the WHO, there were 10.4 million cases of TB worldwide in 2015, 3.1% of which were diagnosed in the European region, and 1.8 million people died as a result of TB.² It has been estimated that a third of the global population is infected with *Mycobacterium tuberculosis* (*M. tuberculosis*), primarily in developing countries.³

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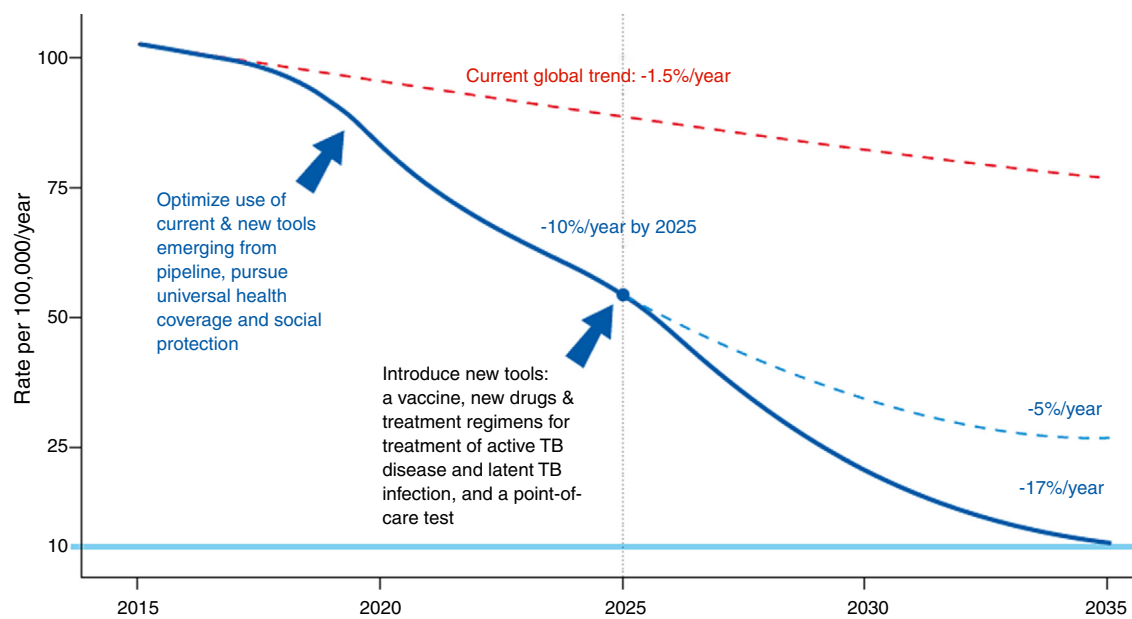


Fig. 1. Evolution of the incidence of tuberculosis under different scenarios.⁴ Source: WHO end TB strategy: objectives and indicators.

Table 1
End TB strategy (2035).

Goal
End the global TB epidemic
Indicators
Reduction in number of TB deaths by 95% compared with 2015
Reduction in TB incidence rate by 90% compared with 2015
TB-affected families facing zero catastrophic costs due to TB
Pillars
Integrated, patient-centred care and prevention: broaden the scope and area of application of interventions for TB care and prevention, with an emphasis on high-impact, integrated and patient-centred approaches
Bold policies and supportive systems: take advantage of all benefits of policies and systems for healthcare and development by involving a much broader set of collaborators from governments, communities and the private sector
Intensified research and innovation: attempt to acquire new scientific knowledge and innovations that may dramatically change the landscape of TB prevention and care for patients with tuberculosis

The Global Plan to Stop Tuberculosis 2006–2015 launched by the WHO ended with mixed results by region. The new plan proposed by the WHO is meant to end the global epidemic of TB by 2035 (Fig. 1). Table 1 shows this plan's objective, indicators and pillars.⁴ Reaching this goal requires special attention to immigrant health and cooperation between countries.

Immigration in Spain

Over time, migration movements in Spain have been influenced by the global economic crisis and numerous armed conflicts. It has been estimated that in 2015 there were close to 244 million international migrants and 66% of them migrated to developed countries.⁵ Although this decade started with historically high figures for the immigrant population (5,747,734 foreigners were recorded in a 2010 census, amounting to 12.2% of the Spanish population), the global economic crisis has brought about a decrease in the arrival of immigrants and has even created a negative migration balance in some regions of Spain (source: INE). Although most migration is voluntary, recent years have witnessed an increase in forced migration due to natural disasters, armed conflicts and political persecution.⁶ International protection was granted to 333,400 asylum seekers in the European Union in 2015, representing a 72%

increase compared to 2014. In Spain, 15,755 people sought asylum in 2016. This figure was unprecedented. More than half of asylum seekers and refugees come from 4 countries: Syria (28%), Afghanistan (14%), Iraq (9%) or Nigeria (8%).⁷

With regard to TB, the significance of the origin of the people who come to Spain to seek new opportunities lies in the rate of incidence of TB in their countries of origin, as it will determine the number of recently acquired latent infections. For their part, the strains circulating in the countries of origin of the immigrant population may have different degrees of virulence and different patterns of resistance than TB strains in host countries² (Table 2). Consequently, it is clear that the evolution of TB in Spain is going to be marked by migration movements and by measures that shall be taken as part of programmes to control TB, especially in populations with increased susceptibility to acquiring the infection and developing the disease, including the immigrant population.

Contribution of immigration to the total burden of tuberculosis

TB in developed countries has exhibited an abrupt decline in the last quarter century, with incidences below 40 cases per

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