

O056

Oral Session

News in travel, tropical, and parasitic infections

ONE-STOP BLOOD TESTING FOR TB, HIV, AND HEPATITIS B/C IN NEW MIGRANTS

S. Hargreaves¹, F. Seedat¹, J. Car², R. Escombe², S. Hasan², J. Eliahoo³, J. Friedland⁴

¹Dept of Medicine Section of Infectious Diseases and Immunity, Imperial College London, London, United Kingdom ; ²Hammersmith Hospital, Hammersmith and Fulham Centres for Health, London, United Kingdom ; ³Statistical Advisory Service, Imperial College London, London, United Kingdom ; ⁴Department of Medicine Section of Infectious Diseases and Immunity, Imperial College London, London, United Kingdom

Objectives Innovative primary-care-centred screening models are needed to target rising rates of infectious diseases in UK's new migrants. We performed a cross-sectional study to explore a one-stop blood test approach for HIV, latent tuberculosis, hepatitis B, and hepatitis C at the point of registration with a primary care general practitioner. In addition, we explored the views of new migrant communities on screening for infectious diseases through a semi-structured qualitative in-depth interview study with migrant community leaders.

Methods The studies were done in 2013 across two General Practices attached to two hospital Emergency Departments in a high migrant area of London. Inclusion criteria were foreign-born individuals from a high prevalence tuberculosis country (>40 cases per 100,000) who have lived in the UK ≤ 10 years, who were over 18 years of age, and capable of giving informed consent. Eligible patients who attended a New Patient Health Check on registration at the General Practices were offered the one-stop blood test. Concurrently, local migrant community health-care leaders were purposively recruited and interviewed. Interviews were recorded, transcribed, and analysed using the principles of grounded theory (QSR NVivo 10 software). Both studies were approved by the ethics committee.

Results Of 1235 new registrations 453 attended their health check, of which 47 (10.4%) were identified as new migrants; 36 (76.6%) agreed to participate. New migrants were relatively young (32.11 years [range 18-72]), represented 22 nationalities, and had been in the UK for short periods (2.28 years [0-10]). 33 (91.6%) participants were screened for latent tuberculosis resulting in a positive diagnosis of latent tuberculosis in 6 (16.6%; disease prevalence in new migrants tested 18.18% [95% CI 6.98-35.46]; 181.8 cases per 1000). 0 (0%) of 6 went on to receive treatment (3 did not attend referral appointment). Data from the 20 in-depth interviews highlight that numerous barriers exist to screening; however, participants perceived screening as acceptable to new migrants. They felt that services must be community based, proactive, and work closely with community organisations. Support was expressed for a community-focused package of health screening combining all of the diseases into a general health check, with the aim of reducing disease-associated stigma.

Conclusions Our approach was feasible in this context and acceptability for a one-stop blood test approach was high among new migrants. However, the low numbers presenting to General Practice suggests that the better approach may be to facilitate active case-finding in the community. Further work is needed to better understand how the one-stop blood test model can be best used, including a formal cost-benefit analysis.