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4.R. Infectious diseases control between policy and epidemiology

Tuberculosis screening for foreign students change: good saving and bad idea?

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Issue:

There was a mandatory screening of tuberculosis (TB) for the 60.000 foreign students (out of European Union) annually newcomer in France. It was organized by screening centers of the Office of Immigration and Integration, a State agency. There was a link with university students' health services (USHS) by systematic exchange of data, and sometimes the USHS was in charge of this screening and financed for that. In March 2016, a law, applied since January 2017, stopped this obligation, and transferred the responsibility of a "preventive survey" to USHS, without any means and financing.

Problem:

As the decision was made without any data, thanks to the national network of UHSH, we made a brief national survey showing a 2,7 to 7,9/1.000 incidence, from year to year, 40% being active. About 50% of the cases came from North Africa and China. These data did not change the decision, and we present its consequences in one French University, which was a previous TBI screening center. We computed all the cases of TB known in our USHS, since 2010, completed by the data from health authorities.

Results:

Since screening is not anymore mandatory we faced a global refusal from Chinese and Moroccan students arguing that there was no TB in their country. Number of foreign students and their origin were approximately stable from 2010 to 2016, and mean TB incidence was 1,97/1.000. Students from China and North Africa represented half of the cases and 40% were latent TB. Since January 2017, TB incidence lowers to 1,51/1.000. Latent TB represent less than ¼, and there was no more cases screened from North Africa and China, while there was no change in foreign students origins, showing a significant degradation of screening effectiveness.

Lessons:

The main reason for screening cessation was to save public money. Due to important lack of knowledge among French state authorities, we couldn't change a decision which threatens the TB epidemic control.

Key messages:

- Cost saving policy reduced the effectiveness of tuberculosis screening.
- Health policy decisions may not take into account epidemiologic objectives.