IMPROVED pre-migration screening for tuberculosis (TB) in immigrant children will play a vital role in eliminating TB in Australia, recommend the authors of research published online today by the *Medical Journal of Australia*.

An analysis of data from the National Notifiable Diseases Surveillance System for the 10-year period 2003–2012 found that children under the age of 15 years with TB accounted for just under 5% of all TB patients in Australia, with 538 reported paediatric cases.

Dr Stephen Teo, Senior Lecturer at Western Sydney University, and colleagues from the Departments of Health and Human Services, Immigration and Border Protection, the Northern Territory Centre for Disease Control and the University of Melbourne, found that 56.1% of TB-infected children were born overseas, and that the average annual notification rate was higher for overseas-born children than for Australian-born children (9.57 per 100 000 v 0.61 per 100 000 child population).

For Australian-born children, the annual notification rate was three times higher for Indigenous children than for non-Indigenous children.

“Our findings suggest that recent immigration has had a greater influence on the burden of TB in children than transmission within Australia”, the researchers wrote.

“Despite the strong link with recent immigration that we found, only a minority of children with TB (8.7%) were detected by specific onshore post-arrival immigration screening.

“Passive case detection identified most cases, including the overseas-born children who were typically diagnosed within 2 years of their arrival.

“The frequency of post-arrival case detection may indicate that the offshore screening process is inadequate, or that most overseas-born children with TB did not have active disease at the time of their initial screening. This suggests that there is potentially a role for preventive therapy in immigrant children with latent TB infection from high-incidence countries, which could be supported by introducing improved pre-migration screening of younger children.”

The researchers concluded that there was potential value in broadening pre-migration screening to further reduce the burden of TB in children in Australia.

Please remember to credit The MJA – this assures your audience it is from a reputable source

The *Medical Journal of Australia* is a publication of the Australian Medical Association.

CONTACTS: Dr Stephen Teo 0427 892 445
Dr Steve Graham 0405 782 505