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POLICY EQUALITY STATEMENT (PES)

Pre-entry tuberculosis screening under immigration powers

Aims and background

The UK Border Agency has a key role to play in working with others to meet the Home Office core objective of protecting the public. To this end the Agency works with the Department of Health and the Health Protection Agency to make arrangements for the medical examination of certain arriving passengers in the UK to protect the public from imported infectious disease. Since 1965 arrangements have existed at Heathrow and Gatwick Airports for the on-site x-ray screening of people for tuberculosis posing a risk to public health – most usually where there is infection of the lungs. Screening is conducted on those people over 16 years of age identified as being from countries with a high incidence of the disease and who intend to stay in the UK for longer than six months. The power to require passengers to submit to examination is contained within paragraph 2(2) to Schedule 2 of the Immigration Act 1971 which allows that:

> "Any such person, if he is seeking to enter the United Kingdom, may be examined also by a medical inspector or by any qualified person carrying out a test or examination required by a medical inspector".

The UK Border Agency identifies those for screening on the basis of a list of countries provided by the Health Protection Agency and drawn from World Health Organization data. The countries have been identified as having a high incidence of tuberculosis, (defined as being at or more than 40 cases per 100,000 of population). Any arriving passenger who is a national of one of those countries and who intends to stay in the UK for longer than six months may be screened.
http://www.ukba.homeoffice.gov.uk/policyandlaw/guidance/ecg/med/

Proposed changes

Pre-entry screening

The UK Border Agency has conducted a review of its on-entry screening programme for tuberculosis and of the pilot programme testing pre-screening abroad, with the assistance of the Department of Health and the Health Protection Agency in England. As a consequence, the UK Government intends to implement pre-entry screening across other high incidence tuberculosis countries.

Screening is undertaken on behalf of the UK Border Agency by Port Medical Inspectors under the oversight of the Health Protection Agency at Heathrow and Gatwick Airports. Changes in travel patterns over the past few decades, however,

now means that new entrants can enter into the UK through other ports. Additionally, there is little scope to conduct more definitive testing at our ports, and in some cases new entrants who are displaying symptoms of tuberculosis may have to be admitted to hospital for further tests or medical care.

Many other nations conduct screening for tuberculosis in the country of departure, before the new entrant commences travel, and the UK has piloted pre-entry screening since late 2005. This pilot now covers 15 countries with a high incidence of tuberculosis (for those intending a stay of over six months). The screening has been conducted on the UK's behalf by the International Organization for Migration (IOM). Screening involves chest x-rays and, where required, further laboratory testing through the collection of sputum and culture testing. Individuals with active tuberculosis need to be treated before they can continue with their visa application.

Screening new entrants abroad affords a greater opportunity to detect active tuberculosis disease and the UK's experience is that over 90% of people who have been detected with the disease have subsequently returned for further screening having completed treatment regimes. For the new entrant, early identification of the disease allows for potentially life saving treatment delivered in an environment that they are familiar with and with more readily available support from their family and friends. It also may mean that family members are alerted to the potential need to seek screening themselves (and indeed the IOM recommends this). As screening is conducted in advance of a formal application for entry clearance, the new entrant need not be refused entry into the UK.

The benefits for health protection in the UK are that those arriving from high incidence countries are more likely to have been tested and, if necessary, treated before entry. The detection of the disease at the earliest opportunity minimises the risk of onward transmission within the UK.

A new entrant who has undergone screening is provided with written clearance which is submitted to the Entry Clearance Officer when applying for entry clearance. The clearance forms also advise the new entrant to take their x-rays and any medical information on the journey to the UK. These papers may be presented to the Port Medical Inspector and should be passed to the local health authorities in the UK (most commonly a GP). This will alert the local health authority to the potential need to monitor the new entrant for tuberculosis or conduct further testing.

Data sharing

A number of health authorities also collect data on new entrants from high incidence tuberculosis countries at other UK ports. This is a largely a manual process requiring the transposition of data from landing cards or other forms. The quality of this data is thus dependent upon the quality of the data on the landing cards. In many instances, landing cards are completed by hand and by new entrants not familiar with UK addresses or where only tentative arrangements have been made as to accommodation (many students and workers, for instance, may change address relatively frequently).

The UK Border Agency will work with the Health Protection Agency in exploring the potential sharing of address details available to the UK Border Agency in an electronic form including, where applicable, contact details for any sponsors. These steps should improve the ability of local health authorities to contact new entrants.

The UK Border Agency and Health Protection Agency will also work together in collecting data to allow for quality assurance of pre-entry screening and to assist research in better understanding the disease. These data and findings may be shared with other international partners for similar purposes.

Tuberculosis

Despite significant advances on a global basis, tuberculosis remains one of the main causes of death across the world. Although it is estimated that a third of the world's population lives with latent tuberculosis, it is currently difficult to identify the small proportion that will develop the active disease. In the UK, this will often be many years after entry.

The tuberculosis incidence rate across the UK remains stable, however, rates of tuberculosis amongst the "non-UK born" population are more than 20 times higher than rates amongst the UK born population. Non-UK born cases accounted for 73% of all cases reported in 2010, with young adults demonstrating the highest rates. Whilst immigration is a factor to consider in understanding the incidence of tuberculosis in the UK, those who are themselves from migrant families are also at a greater risk of developing active tuberculosis through exposure to visitors from abroad or travel to other countries.

Although relatively few cases (when compared against those screened) of active tuberculosis will be detected, the screening will have the potential to save many lives (with over a third of those who live with the active disease likely to suffer death unless treated) and make an important contribution to managing the incidence of the disease in the UK.

When new entrants are detected with the active disease, their cases will (where there are national tuberculosis programmes in place) be reported to the competent health authorities in that country. This will allow for intervention in order to detect the disease within family members or close friends and allow for those individuals to obtain information and advice to safeguarding their own health.

The Health Protection Agency's most recent report on tuberculosis in the UK can be found on their website here.

http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/Tuberculosis/TBUKSurveillanceData/

UK Border Agency information on health screening is found at:

http://www.ukba.homeoffice.gov.uk/policyandlaw/guidance/ecg/med/

Implementation

The UK Border Agency will implement pre-entry screening in a phased manner beyond the pilot countries. The countries involved will be those where the incidence rate of tuberculosis is at or over 40 cases per 100,000 of population, in accordance with the World Health Organization published data, which is the recognised threshold for high incidence.

http://www.who.int/tb/publications/global_report/2011/gtbr11_full.pdf

These rates are prone to significant fluctuation and so the list of countries identified for implementation will be reviewed periodically using data on incidence rates covering a number of years with advice from the Health Protection Agency (and subsequently Public Health England).

As now in the pilot countries, people wishing to travel to the UK for over six months will be advised to undertake tuberculosis screening in advance of making a formal application for entry clearance. The new entrant will be required to attend for screening at designated screening providers and to present documentary evidence from the designated screening provider that they have been screened for the disease when making an application to come to the UK.

Screening facilities at Gatwick Airport are shortly to be withdrawn and, as pre-entry screening is implemented abroad, consideration will be given to the withdrawal of x-ray machines and qualified staff at Heathrow Airport. Relatively few cases of active tuberculosis are detected at our ports. Screening at ports of entry is no longer considered effective on either clinical or financial grounds. Health Protection Agency analysis suggests that at best, x-rays will only detect 6% of those who will develop active tuberculosis. Data from 2006/7, for instance, shows that approximately 67,000 x-rays were taken at Heathrow Airport with around 80 people referred to hospital of which only 34 cases were subsequently identified as suffering active tuberculosis (around 51 per 100,000). The port Medical Inspector's services, however, will still be available to the UK Border Force.

Financial impacts

The current pilot pre-entry screening and proposed programme of screening will be self-financing. New entrants will pay a standard fee for screening. Neither the UK Border Agency nor the Health Protection Agency will finance the new programme of work.

This model of fee funded services is commonly used by other immigrant volume destination countries such as the USA, Canada and Australia and also used by other nations deploying pre-entry screening such as China.

Moving away from x-ray screening at our ports will, however, afford the potential for savings to the Health Protection Agency and local health authorities; both through funding the current screening and data collection on new entrants and the costs of hospitalising and further testing or treating of new entrants suspected of suffering the active disease.

The UK Border Force will also secure peripheral savings in avoiding the need to manage x-ray screening at the ports. This entails the new entrant attending the immigration control, being referred to be screened and returning to the immigration control to be "landed". There are also additional costs in keeping any people meeting the new entrants informed of delays caused by x-ray screening (a regular problem at peak times at Heathrow) and in managing the immigration cases of those immediately hospitalised.

Current costs of screening abroad are in the range of $50 to $75 USD. These will vary by country in accordance with local economic and market conditions. The UK Border Agency will ensure that there is a cap to such fees. Most new entrants will be required to demonstrate their ability to maintain and accommodate themselves in the UK and the costs of screening are not significant when one considers the costs

of a UK entry clearance and the cost of travelling to and settling in the UK.

Consultation and review

This statement has been prepared in consultation with the Health Protection Agency and Department of Health.

The statement will be reviewed on a periodic basis after implementation.

Summary of the evidence considered in demonstrating due regard to the Public Sector Equality Duty.

Introduction

All migrants, subject to immigration control, travelling from a country where the UK requires pre-entry screening under immigration powers and intending a stay of over six months will be subject to tuberculosis screening save where;

1/ it is decided not to screen a child below the age of 11,

2/ there is evidence that the new entrant has already been screened by an acceptable provider of tuberculosis screening, (such as on behalf of the USA, Canadian or Australians migrant screening programmes)

3/ the new entrant is only visiting the country of application, such as those who will have to travel to their closest visa application centre.

Screening providers will be required to inform new applicants about the purpose and extent of screening in local languages or English and to obtain the informed consent of those being screened.

Equality impact assessments – specific groups:

Race

No identified impacts on the grounds of race. All potential new entrants from a country included for pre-screening will be subject to screening regardless of their race or ethnic or national origin or nationality (as long as they are subject to immigration control). The decision to screen is based on World Health Organization data on the incidence rate of tuberculosis in any particular country.

Religion/ belief & non belief

The screening will be conducted by medically qualified personnel. The UK Border Agency will expect all screening to be conducted with adequate sensitivity to the cultural, societal or religious norms of those being screened, including, where requested, same sex screening staff.

The UK's screening programme consists of the use of x-rays and sputum smears and does not include the taking of blood samples.

Disability

Where a person's physical disability may make the use of x-rays impracticable, the testing can continue using sputum smears.

Where a new entrant suffers a mental impediment to understanding these procedures, consent will be required on their behalf from a parent, carer or guardian.

The location of testing centres may have an impact on those whose mobility is impaired. We are working with overseas partners to ensure that the available testing centres are as widely spread as possible and/or associated with major population centres.

Gender

There are no identified impacts on the grounds of gender.

Gender Identity

There are no identified impacts on the grounds of gender identity.

Maternity and pregnancy

Pregnant women will not be required to undergo x-ray screening but will be subject to screening using sputum and culture testing.

Sexual Orientation

No identified impacts on these grounds.

Age

No specific impacts on grounds of age excepting those relating to children – see next section.

Welfare of Children

Children under 11 will not normally be screened by x-ray but in certain circumstances, e.g. when there is evidence of infection within the child's immediate family setting, screening may be conducted either by x-ray or through the use of sputum smears and culture testing.

The medical professionals involved in tuberculosis screening will be encouraged to

report concerns as to the well-being of a child to the local authorities. In instances where the child forms part of a family already resident in the UK, the UK Border Agency will encourage direct reporting and relay concerns to the local authorities in the UK where necessary.

Human Rights:

The pre-entry screening programme's primary aim is to protect public health in the UK. Those detected with the active disease will normally be delayed in travelling whilst undergoing treatment. They will not normally, however, have made a formal application for entry clearance and so will not be refused permission to travel unless they pursue such an application in the knowledge that they are suffering the active disease and so pose a risk to public health. Provided the person satisfies the Immigration Rules, there is no ongoing bar to anyone who has been tested and treated continuing to travel to the UK once the risk of onward infection has been addressed.

The Government believes that any alleged interference in human rights (Article 8 of the European Convention on Human Rights) will be justified and proportionate measures to safeguard public health. It is arguable that any authority allowing a person to travel whilst suffering active pulmonary tuberculosis would be held to have contravened the International Health Regulations 2005.

SCS sign off	*[Considerations are detailed in Part 2]*	**Name/Title**	Kristian Armstrong

I have read the available evidence and I am satisfied that this demonstrates compliance, where relevant, with Section 149 of the Equality Act and that due regard has been made to the need to: eliminate unlawful discrimination; advance equality of opportunity; and foster good relations.

Directorate/Unit	Home Office, Strategy, Immigration and International Group	**Lead contact**	Parvaiz Asmat
Date	2 July 2012	**Review Date**	

Retain the completed PES for your records and send a copy to SDAT@homeoffice.gsi.gov.uk and your relevant business area Equality and Diversity Lead.

Part 2 - Policy Equality Sign-off

N.B. The PES can be completed throughout the development of a policy but is only signed at the point the policy is made public i.e. finalised and implemented.

To assist in evaluating whether there is robust evidence that could withstand legal challenge, the following questions must be asked prior to sign-off.

Q. Has 'due regard' been made to the three aims of the General Duty (Section 149 of the Equality Act 2010)?

- **Eliminate unlawful discrimination**, harassment, victimisation and any other conduct prohibited by the Act;
- **Advance equality of opportunity** between people who share a protected characteristic and people who do not share it; and
- **Foster good relations** between people who share a protected characteristic.

Q. Have all the **protected characteristics** been considered – age; disability; gender reassignment; pregnancy and maternity; race (includes ethnic or national origins, colour or nationality); religion or belief (includes lack of belief); sex; and sexual orientation?

Q. Have the relevant stakeholders been involved and/or consulted?

Q. Has all the relevant **quantitative and qualitative data** been considered and been subjected to **appropriate analysis**?

Q. Have lawyers been consulted on any legal matters arising?

Q. Has a date been established for reviewing the policy?

Further resources including: Case Law; Equality Assurance Table; examples of best practice are available on Horizon.