Letter to the editor: Trends in tuberculosis notification rates by country of origin in the metropolitan area of Rome, 2010 to 2015

M Sañé Schepisi¹, P Scognamiglio¹, M D'Amato¹, E Girardi², V Puro¹

1. Lazio Regional Service for the Surveillance of Infectious Disease (SeReSMI) Rome, Italy

2. Clinical Epidemiology Unit, Lazzaro Spallanzani National Institute for Infectious Diseases, Rome, Italy

Correspondence: Monica Sañé Schepisi (monica.saneschepisi@inmi.it)

Citation style for this article:

Sañé Schepisi M, Scognamiglio P, D'Amato M, Girardi E, Puro V. Letter to the editor: Trends in tuberculosis notification rates by country of origin in the metropolitan area of Rome, 2010 to 2015. Euro Surveill. 2017;22(27):pii=30570. DOI: http://dx.doi.org/10.2807/1560-7917.ES.2017.22.27.30570

Article submitted on 21 June 2017 / accepted on 29 June 2017 / published on 06 July 2017

To the editor: In their rapid communication, Hollo et al. [1] reported estimated trends in tuberculosis (TB) notification rates from 2010 to 2015 for 29 European Union and European Economic Area (EU/EEA) countries. They pointed out that the TB notification rate is decreasing at an annual rate of 5.3% and that this decrease was higher in native residents (7.0%) than in residents of foreign origin (3.7%).

The overall EU/EEA TB notification trend reported by Hollo et al. [1] reflects the fact that the specific migration trends of each country, including patterns of migration and bilateral net migration flows, differences in migration rate and differences in the proportion of individuals originating from a country with high incidence of TB, could not be taken into consideration [2,3]. In addition, integration patterns and social mixing may differ among EU/EEA countries and cities and define specific TB transmission dynamics. Finally, TB is known to concentrate in big cities as national incidence falls in middle to low incidence countries, most likely because of the higher concentration of risk groups there [4].

This widely heterogeneous pattern could not be shown by the analysis on national surveillance data by Hollo et al. [1], but it can be shown by other means. We hereby report that in Rome metropolitan area (MA), the TB notification rate in residents of foreign origin is declining faster than in native residents.

In 2015, the overall TB notification rate among Rome MA residents was 10.5 cases per 100,000 population, which was almost twice the national one for that year (6.2/100,000 population). In the period 2010 to 2015, a total of 1,030 TB cases were notified in native residents, with the number of cases per year ranging between 162 in 2015 and 186 in 2012. During the same period, a total of 1,901 TB cases were notified in residents of

foreign origin, with the number of cases per year ranging between 295 in 2015 and 333 in 2011. From 2012 onwards, there has been a steady decrease in the total number of TB cases and in the overall notification rate, with an estimated average annual percentage change from 2010 to 2015 of -3.2% (95% confidence interval (CI): -6.0 to -0.3). However, this decrease was markedly different between native residents (-1.3%, 95% CI: -6.6 to 4.4) and residents of foreign origin (-12.7%, 95% CI: -16.1 to -9.1).

Two possible reasons may explain the differences between our results and those reported by Hollo et al. [1].

According to our data, the number of TB cases among residents of foreign origin decreased by 8.7% while the population of residents of foreign origin increased in size from 2010 to 2015 by 73.4%. This increase was not associated with changes in country of origin frequency distribution and it could be hypothesised that long-term settlement in Rome MA of new EU citizens could have progressively reduced the risk of developing TB. As per Hollo et al. [1], in EU/EEA countries from 2010 to 2015, a similar decrease in TB cases among residents of foreign origin (–7.3%) was observed, but the population increase of foreign born residents was much smaller (7.2%).

Furthermore, from 2012 onwards, an increasing number of residents of foreign origin in Rome MA and Italy migrated from countries with a TB notification rate lower than 100 per 100,000 population. This notification rate is lower than that of migrants to other European countries such as the United Kingdom, as reported previously in the literature [5]. It could be thus hypothesised that in comparison with Italy, EU/EEA countries with higher percentages of migrants from countries with a higher TB burden might have persistently higher TB notification rates among foreign born TB cases [6].

Our findings are consistent with those reported in Barcelona [7], another large city in the EU/EEA with large-scale immigration. Big city-specific data on TB incidence trends among native and foreign-born residents could help with understanding the interaction between migration and TB, and be decisive for TB control in the EU/EEA.

Acknowledgements

We would like to acknowledge the members of the SeReSMI GROUP for contributing to data collection and analysis: Alessia Mammone, Donatella Mandolini, Sabrina Valle, Federica Ferraro, Francesco Vairo, Simone Lanini.

We would like to acknowledge all Lazio Region Local Public Health Authorities for contributing to data collection: Rosa Francesca Alicata, Silvia Aquilani, Giuseppina Bartolomei, Anna Bisti, Luca Casagni, Raffaele Catapano, Carlo Cerocchi, Giuseppe Di Luzio, Giorgio Esterini, Maria Rosaria Loffredo, Pierangela Napoli, Patricia Porcelli.

Funding was provided by Lazzaro Spallanzani National Institute for Infectious Diseases' Ricerca Corrente funding program, Rome, Italy.

Conflict of interest

None declared.

Authors' contributions

Vincenzo Puro, Enrico Girardi and Paola Scognamiglio designed the study and coordinated the group. Maurizio D'Amato analysed and interpreted the data. Monica Sañé Schepisi contributed to data analysis and drafted the letter. All authors revised the letter and approved the final version.

References

- Hollo V, Beauté J, Ködmön C, van der Werf MJ. Tuberculosis notification rate decreases faster in residents of native origin than in residents of foreign origin in the EU/EEA, 2010 to 2015. Euro Surveill. 2017;22(12):30486. DOI: 10.2807/1560-7917. ES.2017.22.12.30486 PMID: 28367798
- Eurostat. Migration and migrant population statistics. Luxembourg: Eurostat. [Accessed 4 Jul 2017]. Available from: http://ec.europa.eu/eurostat/statistics-explained/index.php/ Migration_and_migrant_population_statistics#Migration_ flows
- European Centre for Disease Prevention and Control (ECDC)/ WHO Regional Office for Europe. Tuberculosis surveillance and monitoring in Europe 2017. Stockholm: ECDC; 2017. Available from: http://ecdc.europa.eu/en/publications/Publications/ ecdc-tuberculosis-surveillance-monitoring-Europe-2017.pdf
- 4. de Vries G, Aldridge RW, Caylà JA, Haas WH, Sandgren A, van Hest NA, et al. Epidemiology of tuberculosis in big cities of the European Union and European Economic Area countries. Euro Surveill. 2014;19(9):20726. DOI: 10.2807/1560-7917. ES2014.19.9.20726 PMID: 24626208
- Gilbert RL, Antoine D, French CE, Abubakar I, Watson JM, Jones JA. The impact of immigration on tuberculosis rates in the United Kingdom compared with other European countries. Int J Tuberc Lung Dis. 2009;13(5):645-51. PMID: 19383200
- 6. Hollo V, Kotila SM, Ködmön C, Zucs P, van der Werf MJ. The effect of migration within the European Union/European Economic Area on the distribution of tuberculosis, 2007 to

2013.Euro Surveill. 2016;21(12):30171. DOI: 10.2807/1560-7917. ES.2016.21.12.30171 PMID: 27035746

 Ospina JE, Orcau À, Millet JP, Ros M, Gil S, Caylà JA. Epidemiology of Tuberculosis in Immigrants in a Large City with Large-Scale Immigration (1991-2013).PLoS One. 2016;11(10):e0164736. DOI: 10.1371/journal.pone.0164736 PMID: 27749904

License and copyright

This is an open-access article distributed under the terms of the Creative Commons Attribution (CC BY 4.0) Licence. You may share and adapt the material, but must give appropriate credit to the source, provide a link to the licence, and indicate if changes were made.

This article is copyright of the authors, 2017.