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Tuberculosis screening programmes for migrants to low-incidence countries—the Israeli experience

We would like to congratulate Robert Aldridge and colleagues\(^1\) for their systematic review and meta-analysis of pre-entry screening programmes for tuberculosis in migrants entering low-incidence countries, aimed to establish the yield of such a screening policy. To exemplify such an objective, we present our experience in Israel, a country of immigration, where since 1997, the National Tuberculosis Control Programme has provided diagnosis and treatment for both Israeli and non-Israeli patients with tuberculosis, free of charge.\(^1\) We compare the yield of the two screening methods used in Israel: a post-entry-screening, which has screened about 90% of the undocumented migrants from the Horn of Africa (according to the Public Health Services Directive 3/2008; update 11/12) versus a pre-entry screening for regular migrants 3/2008; update 11/12) versus a pre-entry screening process for low-incidence countries—the recent action framework\(^4\) towards tuberculosis screening of migrants from high tuberculosis-incidence countries to a low tuberculosis-incidence country is in accordance with the recent action framework\(^4\) towards tuberculosis-screening elimination in low-incidence countries, which recommends that some high-risk groups (eg, migrants) could be considered for systematic screening of active-tuberculosis on the basis of local tuberculosis epidemiology and an assessment of benefits, risks, and costs. We applied a similar approach in Israel for almost two decades, and raised the issue that tuberculosis screening was in fact challenging health professionals to develop and guarantee an efficient process for migrants—both regular and undocumented.\(^3\) In our experience, the pre-entry and post-entry tuberculosis screening programmes of migrants from high to low tuberculosis-incidence countries have achieved similar results, which is suggestive of an exhaustive screening process and pulmonary tuberculosis among Ethiopian migrants in Israel.\(^3\) We declare no competing interests.

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Urgent need for β-lactam-β-lactamase inhibitors

The Review by Patrick Harris and colleagues\(^1\) emphasises the reasons for and against use of β-lactam-β-lactamase inhibitors (BLBLIs) for infections caused by extended-spectrum β-lactamase (ESBL) producers.\(^1\) Here we draw attention to other important aspects overlooked by this Review. Harris and colleagues state that an important reason for the use and development of BLBLIs is to provide a carbapenem-sparing option to treat