Tuberculosis incidence rate among the homeless population: The impact of socio-demographic and health-related variables

Dear Editor,

Tuberculosis (TB) is an example of a long-standing epidemic: it has evolved over more than 2000 years and is the ninth leading cause of death worldwide and the leading cause of infectious disease. Homelessness is widely acknowledged as a TB risk factor: in fact, the need to address the most vulnerable and hard-to-reach groups – among which the homeless are listed – has been recently highlighted in an action framework aiming at the elimination of TB in low-income countries. In Portugal, data from 2011 shows that TB incidence among homeless was five times higher than the general population and among TB patients that are associated with TB incidence in the homeless population.

This was a retrospective study focused on a seven-year period (2008–2014) and on the 18 districts of mainland Portugal. Information regarding TB incidence and patients’ characteristics, such as homelessness status (defined as someone living in the streets with no shelter or lacking a fixed address), HIV co-infection, foreign-born, alcohol abuse (based on subjective information – CAGE questionnaire) and illicit drug abuse (considered if there are withdrawal or tolerance symptoms, not including occasional consumption) was extracted from the Portuguese TB surveillance system (SVIG-TB). Socio-demographic and health-related data, such as total population, population density, working age population (aged 15–64 years), elderly population (aged ≥65 years), immigrant population, unemployed population, physicians (proportion in the population) and HIV notification rate, were collected from Statistics Portugal, Employment and Vocational Training Institute and National Health Institute Doutor Ricardo Jorge.

Our results indicate that TB incidence rate among homeless people is associated with HIV co-infection and alcohol abuse among TB patients and the proportion of elderly people in the overall population. Fig. 1 describes the longitudinal evolution of homeless TB patients per 100,000 inhabitants per district and the predictors found to be associated. Table 1 describes the results obtained from the fitted regression model: briefly, an increase of 100 HIV co-infected cases or alcohol abusers among TB patients is associated with an increase on the incidence of TB among the homeless by an average of 3 cases per 100,000 population.

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Importantly, both alcohol abuse and HIV infection have been previously associated to homeless TB patients, as well as the elderly in the general population. In fact, although an early diagnosis and effective treatment remains the cornerstone strategy, complementing this approach with preventive measures targeting social determinants and biological risk factors, such as the ones highlighted, may be useful to achieve the target of TB elimination in Portugal and other low-burden countries.

Our study has a number of strengths that ought to be acknowledged.1,3 Moreover, HIV co-infection is universally recognized as the single most important risk factor for TB in regions with a high TB burden.10 Importantly, both alcohol abuse and HIV infection have been previously associated to homeless TB patients.1

The relationship between alcohol abuse and TB, as well as between TB and the elderly, has been previously acknowledged.1,5 Overall, this study allowed us to conclude that preventive interventions targeting HIV co-infected and alcohol abusers among TB patients, as well as the elderly in the general population, may decrease TB incidence rate among homeless people. In fact, although an early diagnosis and effective treatment remains the cornerstone strategy, complementing this approach with preventive measures targeting social determinants and biological risk factors, such as the ones highlighted, may be useful to achieve the target of TB elimination in Portugal and other low-burden countries.

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Specific author contributions

Ana Luísa Vieira drafted the manuscript, Olena Oliveira and Marta Gomes supported data collection, Rita Gaio provided the statistical analysis, Raquel Duarte conceived and designed the study and all authors revised the manuscript and approved its final version.

Conflicts of interest

The authors have no conflicts of interest to declare.

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References


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