

Continuity of Care for Patients with Tuberculosis Relocating to Other Countries — CureTB Program, 2016–2023

Carlos Vera-Garcia, MD¹; Omar Duran-Pena, MD¹; Manuel Ramirez, MD¹; Laura Vonnahme, PhD²; Michelle Sandoval-Rosario, DrPH¹; Arnold Vang, DrPH¹; Arielle Lasry, PhD¹; Alfonso Rodriguez-Lainz, PhD, DVM¹

Abstract

Patients who have received a diagnosis of tuberculosis (TB) disease face barriers to continuing and completing TB treatment when they relocate between countries, potentially resulting in lower treatment completion rates. Treatment for TB disease can range from 6 months to more than 2 years in duration; failure to complete treatment increases the risk for TB transmission and emergence of drug resistance. CDC's CureTB program makes follow-up TB care referrals for persons relocating to or from the United States, either as temporary visitors or when returning to their home countries, by providing information directly to public health authorities at patients' destinations. To evaluate program performance, public health officials examined 2016–2023 CureTB referral outcomes and treatment completion rates. Among 6,944 referral requests received from U.S. or foreign authorities during 2016–2023, approximately one half (3,912; 56%) were for patients with suspected TB, and approximately one third (2,404; 35%) were for patients with confirmed TB. Among patients who had received a diagnosis of TB for whom a request for a referral was made, CureTB made referrals for 1,741 (72%), including 1,622 (93%) persons relocating to other countries and 119 (7%) relocating to U.S. destinations. Referrals were not required for 522 (22%) persons, and referrals could not be completed for 141 (6%) because information needed to contact the patient was insufficient. Overall, within 12 months of referral, 1,379 (79%) of 1,741 referred patients completed treatment. Among 1,287 (74%) referred patients for whom data on timing of initiation of care were available, treatment completion rates were highest (91%) for 637 patients linked to treatment ≤30 days after departure, followed by 89% for 505 patients linked within 1–3 months, and 85% for 145 linked within 3–12 months. Timely initiation of care can

facilitate continuity of care and support completion of TB treatment. CureTB supports the global goals of reducing TB transmission, improving treatment completion rates, and enhancing progress toward TB elimination in the United States; the program can serve as a model for other countries.

Introduction

Worldwide, 10.8 million persons received a new diagnosis of tuberculosis (TB) disease during 2023 (1). TB remains a global public health concern because of its high rate of transmission, potential for drug resistance, associated morbidity and mortality, effect on the health of populations at risk for exposure, and challenges in diagnosis and treatment (1). The 9,633 new TB diagnoses in the United States during 2023 represented a 15.6% increase compared with the 8,332 cases reported during 2022 and an 8.3% increase compared with the 8,895 cases reported during 2019, the year preceding the onset of the COVID-19 pandemic (2). Patients who have received a TB diagnosis might relocate to another country before finishing their treatment, as was documented for 3.3% of patients who received a diagnosis of TB in the United States during 2016 (3). Although baseline TB treatment completion

INSIDE

41 [Prevalence of Violence Perpetration by Men Aged 18–24 Years in Low- and Middle-Income Countries Who Were Exposed to Violence During Childhood — Eight Countries, 2018–2023](#)

Continuing Education examination available at https://www.cdc.gov/mmw/mmw_continuingEducation.html



U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE
CONTROL AND PREVENTION

rates specific to persons relocating are not available, those who relocate are generally at higher risk for failure to complete treatment because they might face unique challenges, including language barriers, unfamiliarity with health care systems, and other socioeconomic barriers to accessing services at their destination (4,5). Furthermore, lack of medical documentation (including results of mycobacterial cultures, drug susceptibility testing, and treatment history) from the site where evaluation and treatment were initiated could delay or hinder clinical care in destination countries. Treatment for TB disease can range from 6 months to more than 2 years in duration; failure to complete treatment increases the risk for TB transmission and emergence of drug resistance (6).

The [CureTB program](#), started in 1997 by the San Diego County Tuberculosis Control and Refugee Health program and managed by CDC since 2016, facilitates treatment continuity for patients who relocate into or out of the United States before completing their TB treatment.* CureTB initially supported patients relocating between the United States and Mexico, with limited subsequent expansion to include Central America. During 2016, CDC expanded services to facilitate worldwide referrals to the public health system in the destination country for persons relocating out of or into the United

States. CureTB receives requests for referrals from TB programs across the United States, other federal agencies, and national TB programs worldwide.

CureTB works primarily with patients who receive a diagnosis of TB while visiting or living in the United States and are returning to their home countries during treatment or who are returning to the United States after receiving a diagnosis of TB abroad. The CureTB referral process is not used for [applicants for U.S. residency](#), for whom completion of TB treatment is required before travel to the United States if a diagnosis of TB is received during their required overseas medical examinations.

CureTB referrals help facilitate information exchange between origin and destination public health authorities regarding patients' TB diagnoses, treatment, and outcomes. CureTB staff members interview clients, irrespective of location, to collect and confirm their contact information, including full names, telephone numbers, and addresses in both the United States and abroad. During these interviews, staff members use motivational interviewing strategies (7,8) to educate clients about the importance of continuing their TB care after leaving their country of origin and encourage active involvement in their own care and treatment. To facilitate continuity of care, CureTB sends accurate clinical and contact information for these persons to public health authorities (TB programs) at their destination. In addition, CureTB assists in retrieving information about previous treatments and accepts referral requests for household contacts of persons who have received a diagnosis of infectious TB disease. Referred patients

*CureTB is staffed by CDC employees, at times supplemented by contractors or fellows. U.S. TB programs and national TB programs of other countries can contact CureTB to request assistance in obtaining continuity of care at a person's destination or information about previous TB care received. CureTB facilitates these requests through public health TB programs at the relocating person's destination.

The *MMWR* series of publications is published by the Office of Science, U.S. Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services, Atlanta, GA 30329-4027.

Suggested citation: [Author names; first three, then et al., if more than six.] [Report title]. *MMWR Morb Mortal Wkly Rep* 2026;75:[inclusive page numbers].

U.S. Centers for Disease Control and Prevention

Jim O'Neill, MA, *Acting Director*
Althea Grant-Lenzy, PhD, *Acting Director, Office of Science*

MMWR Editorial and Production Staff (Weekly)

Leonard Jack, Jr, PhD, MSc, *Acting Editor in Chief*

Terraye M. Starr,
Acting Lead Health Communication Specialist
Alexander J. Gottardy,
Maureen A. Leahy, Armina Velarde,
Visual Information Specialists
Quang M. Doan, MBA,
Phyllis H. King, Moua Yang,
Information Technology Specialists

Kiana Cohen, MPH,
Leslie Hamlin, Lowery Johnson,
Health Communication Specialists
Will Yang, MA,
Visual Information Specialist

Jacqueline Gindler, MD, *Editor*
Paul Z. Siegel, MD, MPH, *Associate Editor*
Mary Dott, MD, MPH, *Online Editor*
Terisa F. Rutledge, *Managing Editor*
Catherine B. Lansdowne, MS,
Acting Lead Technical Writer-Editor
Stacy Simon, MA, Morgan Thompson,
Suzanne Webb, PhD, MA,
Technical Writer-Editors

MMWR Editorial Board

Matthew L. Boulton, MD, MPH
Carolyn Brooks, ScD, MA
Virginia A. Caine, MD
Jonathan E. Fielding, MD, MPH, MBA

Timothy F. Jones, MD, *Chairman*
David W. Fleming, MD
William E. Halperin, MD, DrPH, MPH
Jewel Mullen, MD, MPH, MPA
Jeff Niederdeppe, PhD
Patricia Quinlisk, MD, MPH

Patrick L. Remington, MD, MPH
Carlos Roig, MS, MA
William Schaffner, MD
Morgan Bobb Swanson, MD, PhD

with a diagnosis of TB disease are managed according to treatment protocols of the national TB program of the destination country. To minimize the risk for TB transmission during relocation, when CDC is aware of a person with suspected or confirmed TB disease before travel occurs, CDC works with the health department to ensure that the person is considered noninfectious at the time of travel, per CDC criteria for commercial or international travel.[†] Noninfectious is defined as having at least three consecutive negative sputum smears for acid-fast bacilli; at least two consecutive negative cultures (for persons with drug-resistant disease); and having received a sufficient number of doses of effective treatment as determined by smear status, presence or absence of cavitary disease on chest radiograph, and presence or absence of drug resistance.

An analysis of CureTB data from 2012–2015 demonstrated that 78% (343 of 440) of referred patients with confirmed TB (both outbound from and inbound to the United States) completed treatment (3). This report updates the previous evaluation, focusing on referrals processed during 2016–2023, the program's expansion during this period, and outcomes for referred patients who have confirmed TB disease.

Methods

Description of CureTB Referral Requests

CureTB maintains a database of all referral requests (i.e., requests for assistance obtaining ongoing TB care at a person's destination or information about previous TB care) received by the program, referrals made, and referral outcomes. CureTB receives requests for five types of referrals: 1) notification of a laboratory-confirmed TB case as [defined by the Council of State and Territorial Epidemiologists](#) or as defined by the national TB program of the referring country, 2) notification of a suspected TB case (i.e., a patient with an incomplete TB evaluation [with pending test results]), 3) request for clinical history, 4) notification of a close contact of a patient who received a confirmed diagnosis of TB, and 5) request for a source case investigation to identify an index patient. CureTB does not make referrals for latent TB infection (LTBI) because LTBI management protocols vary by country, whereas treatment of TB disease is standardized across countries (Box).

Possible Referral Outcomes

For referred patients who received a confirmed diagnosis of TB, CureTB staff members request outcome information from

[†] People with infectious TB disease are not permitted to travel by commercial transport into, within, or out of the United States until cleared by public health officials. Health departments may request use of [federal public health travel restrictions](#) for people with confirmed or suspected infectious TB disease if they intend to travel before being cleared to do so by public health authorities. The request can be made by contacting the [CDC port health station](#) with jurisdiction for the area where the person is located.

public health authorities at patients' destinations ≤ 30 days after the referral and every 2 months thereafter until treatment is completed, or for 12 months for patients who refuse treatment or are lost to follow-up. Requests for referral for patients who received a confirmed diagnosis of TB can result in seven possible outcomes: 1) referral not required, 2) courtesy notification only (insufficient contact information), and, for those referred, 3) completed treatment, 4) lost to follow-up, 5) refused treatment, 6) treatment stopped by provider, and 7) death (Box).

Identification and Analysis of 2016–2023 CureTB Referrals

Referrals for January 1, 2016–December 31, 2023, were extracted from the database. Data were analyzed by type of request, requesting agency and jurisdiction, whether the request was for a person outbound from or inbound to the United States, and for those outbound, the destination country. For patients who received a confirmed diagnosis of disease, the number of months from referral until initiation of care in the destination country and patient outcomes were analyzed. Descriptive analyses were conducted using SAS (version 9.4; SAS Institute). This activity was reviewed by CDC, deemed not research, and was conducted consistent with applicable federal law and CDC policy.[§]

Results

CureTB Referral Requests

During 2016–2023, CureTB received 6,944 referral requests, an increase of approximately 400% compared with the 1,347 requests received during 2012–2015, when the program primarily supported patients relocating between the United States and Mexico (3). These 6,944 referral requests included 3,912 (56%) suspected TB cases, 2,404 (35%) confirmed TB cases, 296 (4%) close contact notifications, 276 (4%) clinical history requests, and 56 (1%) source case identification requests (Table). Four requests for LTBI referrals were excluded from the analysis. The median age of referred persons was 36 years (IQR = 27–49 years).

Outcomes of Referrals Made for Patients Who Received a Laboratory-Confirmed Diagnosis of TB

Among the 2,404 patients who received a confirmed diagnosis of TB disease, 522 (22%) did not require a referral per CureTB because the patient left the country of origin with ≤ 30 days of therapy remaining (with referring jurisdictions encouraged to provide treatment for patients to take with them and follow-ups with patients after departure to confirm treatment completion), or they did not need a referral because they ultimately did not leave the country ([Supplementary Figure](#)).

[§] 45 C.F.R. part 46, 21 C.F.R. part 56; 42 U.S.C. Sect. 241(d); 5 U.S.C. Sect. 552a; 44 U.S.C. Sect. 3501 et seq.

BOX. CureTB referral request types and possible outcomes for patients with confirmed tuberculosis — CureTB program, multiple jurisdictions, 2025

Referral Request Types

- Confirmed TB case*
 - Notification to public health authorities at an international destination of a person with a diagnosis of laboratory-confirmed TB disease
 - **Goal:** Facilitate completion of TB treatment
- Suspected TB case
 - Notification to public health authorities at an international destination of a person with suspected TB (i.e., one who has an incomplete TB evaluation [an evaluation with pending test results]).
 - **Goal:** Link the person to care until the final results are obtained
- Clinical history request
 - Intercountry request for TB medical records of a person who was evaluated for, received a diagnosis of, or was treated for TB disease in one country before relocating to another
 - **Goal:** Confirm evaluation, diagnosis, or treatment
- Close contact notification
 - Notification from public health authorities in a country where a person received a diagnosis of TB disease to authorities of another country where one or more persons were exposed to the infected person
 - **Goal:** Facilitate a TB contact investigation according to the national TB protocols of the destination country
- Source case investigation
 - Notification from public health authorities in a country where a newly arrived person has received a diagnosis of TB disease, requesting information about the potential source TB case in the person's country of origin
 - **Goal:** Trace and identify the original TB source patient, including drug susceptibility of the source patient's TB

Abbreviation: TB = tuberculosis.

* Confirmed TB disease is defined according to the [Council of State and Territorial Epidemiologists Position Statement 09-ID-65](#), or as defined by the national TB program of the referring country.

† CureTB does not make referrals for patients who leave ≤ 30 days before treatment completion. Instead, CureTB encourages referring jurisdictions to provide treatment for patients to take with them and follows up with patients after departure to confirm treatment completion.

Possible Outcomes

- **Referral not required:** Patient left the country with ≤ 30 days of remaining treatment[†] or stayed in the country to finish treatment
- **Courtesy notification to destination country:** CureTB process cannot be completed because information needed to connect with or locate a patient, either in the origin country or at the destination country (including telephone numbers, addresses, or information for another person who is able to contact the patient), is missing
- **Completed treatment:** Confirmation by the treating entity in the destination country that the patient completed the intended or recommended course of TB treatment or is classified as cured
- **Lost to follow-up:** After 12 months of attempts, a referred patient has not been found at the intended location, nor has any communication been made with the patient, and no proof exists of their having completed TB treatment
- **Refused treatment:** After a 12-month period during which a referred patient was located and contacted, the patient has refused or not adhered to recommended TB treatment
- **Treatment stopped by provider:** The treatment provider has determined, on the basis of their own medical criteria, risk-benefit assessment, or treatment availability, that the treatment provided was sufficient to cure the patient
- **Died:** The patient died from any cause during the course of treatment.

For 141 (6%) patients with insufficient contact information, the referral process was not completed, and CureTB issued only a courtesy notification; no outcome data were available for these patients because health authorities at the destinations could not locate them for ≥ 12 months. CureTB made referrals for 1,741 (72%) patients, including 1,622 (93%) to 100 other countries and 119 (7%) to U.S. destinations. Among

all referred patients, 1,379 (79%) completed treatment (1,270 [78%] for non-U.S. destinations and 109 [92%] for U.S. destinations), 235 (14%) were lost to follow-up, 55 (3%) died, 52 (3%) refused treatment, and 20 (1%) had treatment stopped by a provider. A similar percentage of CureTB-referred patients (82%; 466 of 571) completed treatment during 2020–2022 as did patients during 2016–2019 (80%; 660 of 824).

TABLE. Characteristics of tuberculosis-related referral requests for persons relocating to another country, by request type — CureTB program, 2016–2023

Characteristic	No. (column %) of referral requests					Total
	Confirmed* TB case	Suspected TB [†] case	Contact notification [§]	Clinical history request [¶]	Source case identified ^{**}	
Total (row %)	2,404 (34.6)	3,912 (56.3)	296 (4.3)	276 (4.0)	56 (0.8)	6,944 (100.0)
Destination country						
United States	132 (5.5)	29 (0.7)	51 (17.2)	22 (8.0)	1 (1.8)	235 (3.4)
Mexico	827 (34.4)	969 (24.8)	225 (76.0)	144 (52.2)	51 (91.1)	2,216 (31.9)
Honduras	171 (5.7)	673 (17.2)	0 (—)	6 (2.2)	2 (3.6)	852 (12.3)
Guatemala	137 (5.7)	668 (17.1)	4 (1.4)	11 (4.0)	0 (—)	820 (11.8)
Peru	89 (3.7)	247 (6.3)	1 (0.3)	21 (7.6)	1 (1.8)	359 (5.2)
El Salvador	48 (2.0)	213 (5.4)	0 (—)	5 (1.8)	1 (1.8)	267 (3.8)
India	138 (5.7)	40 (1.0)	0 (—)	4 (1.4)	0 (—)	182 (2.6)
Colombia	53 (2.2)	116 (3.0)	0 (—)	3 (1.1)	0 (—)	172 (2.5)
Venezuela, Bolivarian Republic of	57 (2.4)	111 (2.8)	0 (—)	3 (1.1)	0 (—)	171 (2.5)
Ecuador	54 (2.2)	110 (2.8)	0 (—)	4 (1.4)	0 (—)	168 (2.4)
Other countries (n = 119)	698 (29.0)	736 (18.8)	225 (76.0)	53 (19.2)	0 (—)	1,502 (21.6)
Referring jurisdiction						
Texas	577 (24.0)	2,279 (58.3)	8 (2.7)	27 (9.8)	3 (5.4)	2,894 (41.7)
California	575 (23.9)	320 (8.2)	206 (69.6)	178 (64.5)	45 (80.4)	1,324 (19.1)
Arizona	280 (11.6)	634 (16.2)	12 (4.1)	16 (5.8)	3 (5.4)	945 (13.6)
Louisiana	37 (1.5)	229 (5.9)	0 (—)	5 (1.8)	0 (—)	271 (3.9)
Washington	66 (2.7)	145 (3.7)	3 (1.0)	1 (0.4)	1 (1.8)	216 (3.1)
Other U.S. states	655 (27.7)	286 (7.3)	13 (4.4)	27 (9.8)	3 (5.4)	984 (14.2)
Non-U.S. jurisdictions	214 (8.9)	19 (0.5)	54 (18.2)	22 (8.0)	1 (1.8)	310 (4.5)

Abbreviation: TB = tuberculosis.

* Notification about a relocating person with a diagnosis of laboratory-confirmed TB disease.

[†] Notification about a relocating person who has an incomplete TB evaluation with pending test results.

[§] Notification from public health authorities in a country where a person received a TB disease diagnosis to authorities of another country where one or more persons were exposed to the infected person.

[¶] An intercountry request for TB medical records of a person who was evaluated for, received a diagnosis of, or was treated for TB disease in one country before relocating to another.

** Notification from public health authorities in one country about a potential source case of TB disease in another.

Treatment Completion by Interval Between Departure from the United States and Initiation of Care at Destination

Among 1,287 (74%) referred patients who received a confirmed diagnosis of TB disease for whom information on the interval between departure and initiation of care in their destination country was available, 637 (49%) were linked to care ≤ 30 days after leaving the originating country, with a treatment completion rate of 91%. An additional 505 (39%) were linked to care within 1–3 months and 145 (7%) within 3–12 months, with treatment completion rates of 89% and 85%, respectively (Figure).

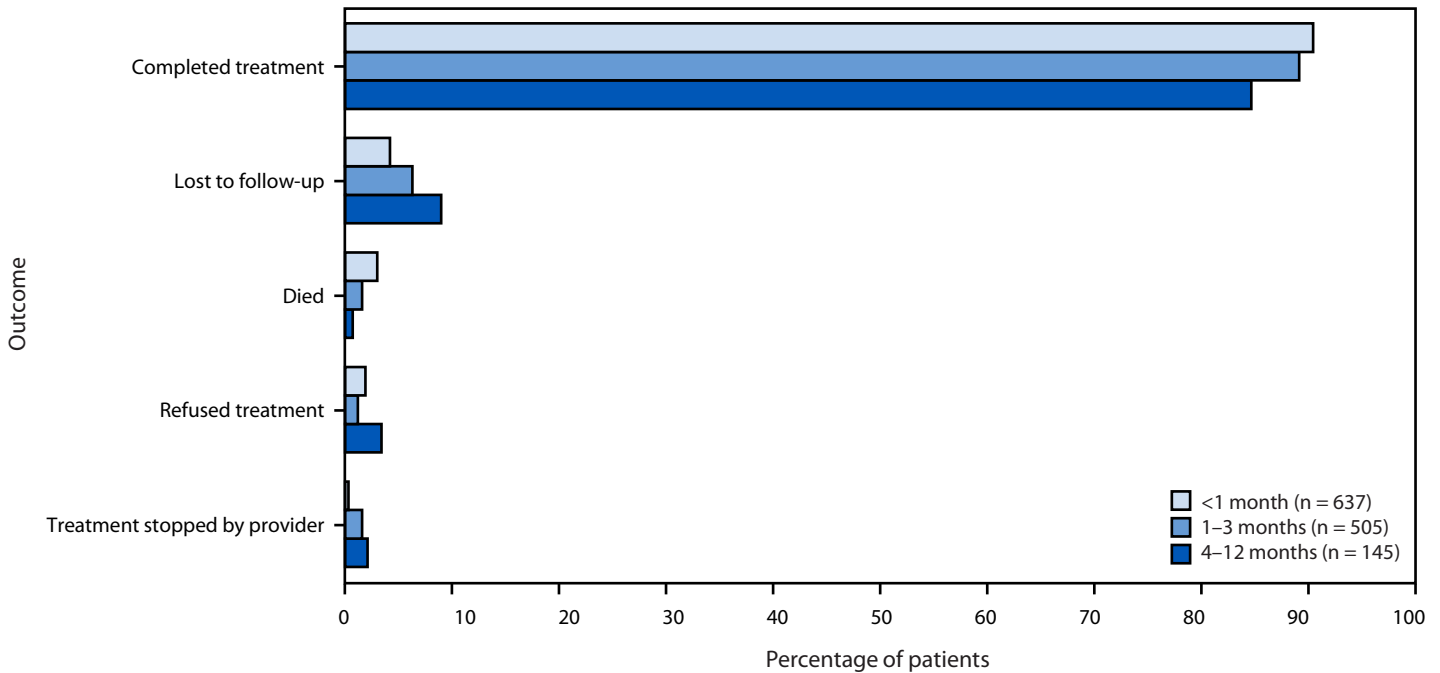
Discussion

During 2016–2023, CureTB referrals for persons relocating to or from the United States resulted in an overall 79% treatment completion rate, which remained stable during the COVID-19 pandemic and increased slightly from the 78% reported in the previous evaluation (3). During the analysis period, the program expanded from focusing primarily on Mexico to including all destination countries, with referrals made to or received from 100 countries; the average volume of annual referral requests approximately tripled compared with the previous analysis (3). Fostering international partnerships

helps to ensure secure transfer of clinical and contact information and continuity of care for patients who receive a diagnosis of TB transitioning between different countries' health systems. CureTB is initiating the process of formalizing international referral agreements to strengthen collaboration and coordination across health systems.

The CureTB program is designed to reduce impediments to TB treatment completion after international relocation. However, effectiveness of the referral process might be limited by external barriers, including language or socioeconomic factors, patient mistrust on the basis of stigma or legal concerns, or access to resources in the destination country, such as transportation or interpreter access, which can affect patients' ability or willingness to complete treatment. Requesting a CureTB referral as soon as program staff members are aware a client is planning to relocate internationally allows staff members to explain the referral process, confirm the accuracy of contact information, educate the client before departure regarding the importance of completing TB treatment, provide individualized guidance and support to address challenges, and encourage active participation in care. Conversely, referral requests that occur at the time of or after a person's departure, or with inaccurate or incomplete contact information, hinder

FIGURE. Treatment outcomes among referrals for patients with confirmed tuberculosis disease after international relocation, by interval from U.S. departure to initiation of care at destination (N = 1,287)* — CureTB program, 2016–2023



* Among 1,741 patients with tuberculosis disease for whom a referral was made, data on interval between departure and initiation of care were missing for 454 (26%).

Summary

What is already known about this topic?

Patients with tuberculosis (TB) disease face challenges completing treatment after relocating internationally. CDC’s CureTB program links patients who have received a diagnosis of TB disease to care at their destinations within the United States or abroad.

What is added by this report?

During 2016–2023, among 1,741 patients who received a confirmed diagnosis of TB disease and were referred for treatment by CureTB, 79% completed treatment at their destinations. Among 1,287 referred patients with available data on timing of initiation of care, completion rates were highest (91%) for the 637 (49%) patients linked to treatment ≤30 days after departure.

What are the implications for public health practice?

The CureTB program can serve as a model for public health strategies aimed at improving outcomes for relocating patients. Timely initiation of care can facilitate continuity of care and support completion of treatment.

both the ability of CureTB staff members to complete the education process and of authorities in destination countries to locate these persons. Furthermore, although overall treatment completion rates for patients who received a diagnosis of TB disease were high, they declined from 91% to 85% when the interval between departure and initiation of care at the

destination exceeded 3 months. Timely and complete referrals enable public health authorities in receiving countries to make early contact, continue the process initiated by the referring facility and CureTB staff members, and avoid treatment interruptions, which can increase the risk for TB transmission and emergence of drug resistance (6).

Limitations

The findings in this report are subject to at least two limitations. First, incomplete or inconsistent data collection prevented a more detailed analysis. CureTB can only make referrals when a request for referral is received. Improved coordination with and communication among national TB programs could improve referral rates. Second, when a receiving country did not provide treatment completion data, loss to follow-up was assumed, which might have resulted in underestimates of treatment completion.

Implications for Public Health Practice

CureTB supports global goals of reducing TB transmission and emergence of drug resistance through efforts to improve treatment completion rates among patients who receive a diagnosis of TB. By facilitating treatment of patients relocating to the United States or who might return after visiting another country, the program has the potential to reduce the risk for introducing TB into the United States and thereby support

progress toward national TB elimination. The CureTB program can serve as a model for other countries' public health strategies aimed at improving outcomes for patients relocating between countries.

Acknowledgments

Romina Beltran, Rosalinda Betancourt, Lohana Lesperance, Prisci Quijada, San Diego County Tuberculosis Control and Refugee Health CureTB team; Alma Diaz de Leon, Maureen Fonseca-Ford, Kathleen Moser, Maira Quinones, Luisa Rodriguez, Division of Global Migration Health, CDC; CureTB staff members who contributed to the data; U.S. Department of Homeland Security, Immigration and Customs Enforcement Health Service Corps.

Corresponding author: Carlos Vera-Garcia, CVeraGarcia@cdc.gov.

¹Division of Global Migration Health, National Center for Emerging and Zoonotic Infectious Diseases, CDC; ²Division of Tuberculosis Elimination, National Center for HIV, Viral Hepatitis, STD, and Tuberculosis Prevention, CDC.

All authors have completed and submitted the International Committee of Medical Journal Editors form for disclosure of potential conflicts of interest. No potential conflicts of interest were disclosed.

References

1. World Health Organization. Global tuberculosis report 2024. Geneva, Switzerland: World Health Organization; 2025. <https://www.who.int/teams/global-tuberculosis-programme/tb-reports/global-tuberculosis-report-2024>
2. CDC. Reported tuberculosis in the United States, 2023: national data. Atlanta, GA: US Department of Health and Human Services, CDC; 2024. <https://www.cdc.gov/tb-surveillance-report-2023/summary/national.html>
3. Figueroa A, Vonnahme L, Burrell K, Vera-García C, Gulati RK. CureTB and continuity of care for globally mobile patients. *Int J Tuberc Lung Dis* 2020;24:694–9. PMID:32718402 <https://doi.org/10.5588/ijtld.19.0486>
4. Adams MW, Sutherland EG, Eckert EL, Saalim K, Reithinger R. Leaving no one behind: targeting mobile and migrant populations with health interventions for disease elimination—a descriptive systematic review. *BMC Med* 2022;20:172. PMID:35527246 <https://doi.org/10.1186/s12916-022-02365-6>
5. Carballo M, Nerukar A. Migration, refugees, and health risks. *Emerg Infect Dis* 2001;7(Suppl):556–60. PMID:11485671 <https://doi.org/10.3201/eid0707.017733>
6. Truzyan N, Crape B, Grigoryan R, Martirosyan H, Petrosyan V. Increased risk for multidrug-resistant tuberculosis in migratory workers, Armenia. *Emerg Infect Dis* 2015;21:474–6. PMID:25695488 <https://doi.org/10.3201/eid2103.140474>
7. Frost H, Campbell P, Maxwell M, et al. Effectiveness of motivational interviewing on adult behaviour change in health and social care settings: a systematic review of reviews. *PLoS One* 2018;13:e0204890. PMID:30335780 <https://doi.org/10.1371/journal.pone.0204890>
8. Rollnick S, Miller WR, Butler CC. *Motivational interviewing in health care: helping patients change behavior*. New York, New York: The Guilford Press. 2008.