

Slightly more than one third (35.7%, 35/98) of respondents reported following specific guidelines for *M. tuberculosis* infection screening in pregnant women, predominantly international guidelines (6–8) and, to a lesser extent, national guidelines (9,10). However, only 23.2% (23/99) considered the available guidelines adequate. Guideline limitations included a lack of evidence specific to pregnancy, insufficient guidance on when and how to screen and treat pregnant women, and inconsistent national recommendations. Respondents noted training gaps, and one third of participants had received no specific training on *M. tuberculosis* infection screening and treatment. Respondents emphasized the need for additional resources, particularly standardized protocols, training, better access to guidelines, and the involvement of cultural mediators.

In this query among clinicians in Europe, respondents reported substantial heterogeneity in *M. tuberculosis* infection screening and TPT practices for pregnant migrants. Screening was most often restricted to women with specific risk factors, and diagnostic and preventive approaches varied widely across settings. Given the convenience sampling approach and the open-link dissemination strategy (response rates not assessable), the patterns described here should not be interpreted as representative of all settings in Europe. However, the responses to our query underscore areas of clinician uncertainty regarding *M. tuberculosis* infection screening and treatment in pregnant women that warrant further investigation, training, and guidelines.

### Acknowledgments

We thank all members of the ESCMID Study Group for Infections in Travelers and Migrants (ESGITM) and the Study Group for Mycobacterial Infections (ESGMYC), as well as other professionals who contributed to this work. We are also grateful to our colleagues at the Department of Infectious–Tropical Diseases and Microbiology, IRCCS Sacro Cuore Don Calabria Hospital, for their valuable review and input during the development phase.

This work was partly funded by the Italian Ministry of Health (current search line no. L3P5) with funds to IRCCS Sacro Cuore Don Calabria Hospital. The funding source had no role in study design, writing, and submission.

### About the Author

Dr. Tamara Ursini is an infectious diseases specialist at the Department of Infectious–Tropical Diseases and Microbiology, IRCCS Sacro Cuore Don Calabria Hospital, Negrar di Valpolicella, Verona, Italy. Her main research interests include migrant and refugee health, tuberculosis, and neglected tropical diseases.

### References

1. World Health Organization. Tuberculosis global report 2024. Geneva: The Organization; 2024.
2. World Health Organization, Regional Office for Europe. Tuberculosis – fact sheet. Copenhagen: The Organization; 2025.
3. Kunst H, Lange B, Hovardovska O, Bockey A, Zenner D, Andersen AB, et al.; TBnet. Tuberculosis in adult migrants in Europe: a TBnet consensus statement. *Eur Respir J*. 2025;65:2401612. <https://doi.org/10.1183/13993003.01612-2024>
4. Zenner D, Kruijshaar ME, Andrews N, Abubakar I. Risk of tuberculosis in pregnancy: a national, primary care-based cohort and self-controlled case series study. *Am J Respir Crit Care Med*. 2012;185:779–84. <https://doi.org/10.1164/rccm.201106-1083OC>
5. Mathad JS, Gupta A. Tuberculosis in pregnant and postpartum women: epidemiology, management, and research gaps. *Clin Infect Dis*. 2012;55:1532–49. <https://doi.org/10.1093/cid/cis732>
6. World Health Organization. WHO consolidated guidelines on tuberculosis. Module 1: prevention – tuberculosis preventive treatment, second edition. Geneva: The Organization; 2024.
7. Migliori GB, Sotgiu G, Rosales-Klintz S, Centis R, D’Ambrosio L, Abubakar I, et al. ERS/ECDC Statement: European Union standards for tuberculosis care, 2017 update. *Eur Respir J*. 2018;51:1702678. <https://doi.org/10.1183/13993003.02678-2017>
8. European Centre for Disease Prevention and Control. Programmatic management of latent tuberculosis infection in the European Union. Stockholm: The Centre; 2018.
9. Istituto Superiore di Sanità. Physiological pregnancy [in Italian]. Rome: The Institute; 2023.
10. Schaberg T, Brinkmann F, Feiterna-Sperling C, Geerdes-Fenge H, Hartmann P, Häcker B, et al. Tuberculosis in adulthood – the Sk2-Guideline of the German Central Committee against Tuberculosis (DZK) and the German Respiratory Society (DGP) for the diagnosis and treatment of adult tuberculosis patients [in German]. *Pneumologie*. 2022;76:727–819. <https://doi.org/10.1055/a-1934-8303>

Address for correspondence: Tamara Ursini, Department of Infectious, Tropical Diseases and Microbiology, IRCCS Sacro Cuore Don Calabria Hospital, Viale Luigi Rizzardi 4, Negrar di Valpolicella 37024, Italy; email: tamara.ursini@sacrocuore.it

## Correction: Vol. 32, No. 1

Funding information was missing for Detection of Avian Influenza H5-Specific Antibodies by Chemiluminescent Assays (A.C. Márquez et al.). The article has been corrected online ([https://wwwnc.cdc.gov/eid/article/32/1/25-1117\\_article](https://wwwnc.cdc.gov/eid/article/32/1/25-1117_article)).