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- Tuberculosis is common worldwide, but not in the United States. Data indicate that one out of every three people in the world is infected with TB. However, not everyone infected with TB bacteria becomes sick. As a result, two TB-related conditions exist: latent TB infection and TB disease (or active infection).
- Most individuals who test positive for TB have latent infection, not active illness, and are not infectious.
- People who have latent infection are not sick and cannot transmit TB to others.

Many people who have latent TB infection never develop TB disease. Only cases of active TB disease are reportable to the Health Department.

- For many people who have latent TB infection, the TB bacteria remain inactive for a lifetime without causing disease. For more information about latent and active TB disease: www.cdc.gov/tb/topic/basics/tbinfectiondisease.htm
- In Vermont, as in most states, only cases of active TB disease are reportable. Latent infection is not reportable.
- The Vermont five-year average of active TB cases for 2011 to 2015 is 5.4 cases, with a range of two to eight cases per year. This pertains to the entire population of Vermont. The TB incidence in Vermont is low at 1.11 cases per 100,000 (2015) – lower than the national average of 3.0 cases per 100,000. In comparison, in 2015 California and Texas had incidence rates of 5.5 cases per 100,000 and 4.9 cases per 100,000, respectively, while our New England neighbor, New Hampshire, had an incidence of 1.0 per 100,000.
- **In Vermont, cases among refugees accounted for only 15 (29%) of the 51 cases among foreign-born individuals.**
- TB is much more common in most other countries than in the United States. However, cases among refugees are only a portion of all Vermont cases. From 2003 through 2015, a total of 77 active TB cases were reported in Vermont; 51 (66%) of these occurred in foreign-born persons and 26 (34%) occurred in U.S.-born persons.

Refugees are routinely tested for TB as part of the comprehensive health screenings they complete both immediately prior to, and upon entry into the United States.

- As refugees often arrive from parts of the world where TB is more common, it is not unusual to identify cases of latent TB infection in these individuals. The most recent data available through the Vermont Department of Health's Refugee Health program show that about 35% of refugees test positive for TB.
- We expect this is similar to rates among refugees arriving in other states as well. It is not unique to Vermont. Again, individuals with latent infection are not sick and cannot transmit TB to others.
- Concern has been raised about the possibility of refugees with infectious TB entering Vermont. There is an extensive medical screening process that takes place before and after a refugee enters the United States. Detailed information is available on CDC's website: www.cdc.gov/immigrantrefugeehealth/exams/medical-examination.html
- All refugees must have a physical and mental examination conducted by an approved physician before they enter the United States. This overseas medical screening includes a physical examination, including a chest X-ray, and an evaluation for tuberculosis.
- Any refugee with a chest X-ray suggestive of current or past TB disease must undergo additional stringent laboratory testing. If laboratory tests are positive for active TB disease, the applicant is required to undergo treatment for at least six months. If laboratory testing after treatment indicates the person is cured, no additional treatment is required and the applicant can be medically cleared to enter the United States (if the individual has completed all other, non-TB components of the screening process).
- In addition to the overseas medical screening, which happens before a refugee arrives, a domestic medical screening is conducted in the United States. This almost always occurs within 30 to 90 days post-arrival. (In Vermont, about 70% of refugees who remain in Vermont are seen within 30 days; virtually all (99%) are seen within 90 days.) Individuals are then referred to medical homes for regular medical care.
- During the domestic medical evaluation process, refugees may be identified as having latent TB infection, but not active TB disease. People with latent TB infection cannot spread TB to others. They are infected with TB germs but do not feel sick and do not have symptoms. Latent TB infection can be treated to prevent the development of active TB disease.
- Without treatment, 5 to 10% of people with latent TB infection will develop active TB disease. People with active TB disease usually have symptoms and may (with some exceptions) spread TB germs to others. One exception is when a person is sick with extrapulmonary TB. Extrapulmonary TB occurs when the bacteria that cause TB infect a body site other than the lungs.

- Refugees identified as having an abnormal chest X-ray overseas, but who are ruled out for active TB, are allowed to enter the U.S. since they are not infectious. When their status is known in advance, the Centers for Disease Control and Prevention notifies the TB Control Program within the Health Department of the receiving U.S. state or city. Health Department staff then contact the individual to ensure they are assessed and offered treatment for latent TB infection, if applicable.
- Refugees are screened for diseases of public health significance both overseas and after arriving in Vermont. People with infectious diseases who arrive in Vermont as refugees receive the same follow-up care as all Vermonters.
- Vermont healthcare providers are required to report specific diseases of public health significance, including TB, to the Vermont Department of Health; refugees are included in this reporting. The Health Department then reports case counts to the CDC.
 - http://healthvermont.gov/prevent/reporting/documents/reportable_disease.pdf
 - https://www.cdc.gov/mmwr/mmwr_nd/index.html