



Department of Health  
Agency of Human Services



## Refugees and the Public Health Question



**Opinion – Harry Chen, MD, Commissioner of Health**

**For Release:** July 26, 2016

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I hope to answer some lingering questions about public health and refugees. Let's start with the conclusion first: there is no significant public health risk associated with 100 Syrian refugees coming to Rutland.

In clearing these individuals for entry into the U.S., extensive efforts are made to ensure good health. An approved physician conducts a medical screening, which includes a physical examination and a chest X-ray. People who have an abnormal chest X-ray, or who are suspected of having TB based on their physical exam, are tested for TB. In addition, children in countries with a high incidence of TB are tested for TB. Anyone who is identified with TB is treated for at least six months and cannot enter the U.S. until they are cured.

Add to this the robust health care and public health infrastructure we have here in Vermont. All refugees undergo a second medical screening by our own Vermont doctors within 30 to 90 days of their arrival.

I'd like to focus a bit more on the concern about tuberculosis. TB is an infectious disease that is uncommon in the U.S. Diagnosing the active, infectious form of the disease is a straightforward process. When found, there is effective treatment that can cure the disease, and standard public health precautions exist to prevent spread of the infection. Vermont has roughly two to eight cases of TB a year, a rate below that of the rest of the country. Where the disease is found in Vermont, our data shows that approximately 80 percent of those cases, between 2003 and 2015, have occurred in non-refugees.

Turning from the question of active tuberculosis, some Vermonters of late have expressed considerable concern about refugees with the diagnosis of latent TB. Latent TB is the modern name for inactive TB. Latent TB refers to people who were exposed to TB and have some TB bacteria in their body, but who are not sick or infectious because the germs are inactive. The important thing to know about these individuals is that they do not have symptoms and cannot spread the infection to others. There is a small risk – 5 to 10 percent – that at some point in their life they may develop active TB, at which time they could become sick and possibly infectious. That is most likely to occur within the first year after they are exposed to the bacteria. For most refugees arriving in the U.S., that period has long passed.

Latent TB is common in many parts of the world and is more common in health care workers. I myself was diagnosed with latent TB well over a decade ago. Simply looking at the rates for the latent form of this disease makes for some significant numbers. Fortunately, it is an easily manageable condition that is also treatable. Treatment of latent TB can reduce the risk of future active TB by up to 90 percent. Suddenly, the scary big numbers get pretty small.

So is the risk of exposure from incoming refugees zero? Definitely not. But it's not much different than our risk of being exposed to TB from travelers, exchange students, seasonal workers, and legal immigrants. Most importantly, TB is manageable based on our existing health care and public health infrastructure. Today's world is too small for us to live in a protective bubble based on unwarranted fears. And frankly, there are too many wonderful experiences and people we'd miss out on if this is the way we led our lives.

Ending where I began: there is no significant public health risk associated with the proposal to bring Syrian refugees to Rutland. The decision about Rutland welcoming Syrian refugees should not be based on health concerns, because the concerns in this instance are unfounded.

– Harry Chen, MD, Commissioner of Health

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