BACKGROUND

Tuberculosis (TB) is caused by the bacteria *Mycobacterium tuberculosis*.

Persons with latent TB infection (LTBI) are infected with *M. tuberculosis*, but do not have active TB disease and are not symptomatic.

Without treatment, “5 to 10% of persons with LTBI will develop active disease at some time in their lives.”

LTBI is not a reportable condition in Maine.

Providers are encouraged to refer LTBI cases so treatment can be covered and high-risk individuals can receive Public Health Nursing services.

**Maine Snapshots**

- Low active-TB incidence state
- Relatively homogenous population
- Low numbers of racial and ethnic minorities
- Highest percentage of non-Hispanic White residents in the US
- Oldest population with a large number of baby boomers and relatively few children
- Oldest median age in the US: 42.7 years in 2010
- Population growth is projected to come from migration from other states and abroad
- Will influence the growing percentage of non-White residents

**METHODS**

- All cases of LTBI are reported by a provider through a referral form to TB Control.
- Basic demographic information is recorded, including:
  - Basic demographic information
  - Applicable risk factors
  - Prescribed treatment regimen
- Results from applicable TB diagnostics, chest x-rays, and liver function tests.
- The TB Control Program expanded surveillance and began documenting complete LTBI reports in Maine’s electronic surveillance NEDSS Base System (NBS) in January 2012.
- SAS 9.3 was used for descriptive analysis of Maine’s LTBI data for years 2012-2013.

**RESULTS**

- A total of 433 cases of LTBI were captured in 2013, compared to 398 in 2012.
- The most common age group is 25-44 at 46%, followed by 15-24 at 20.5%.
- Figure 2 and Table 1 indicate the TB Program serves a significantly more diverse population of individuals with LTBI than makes up the general population of Maine.
- 23 different languages and 68 countries (excluding the US) are represented.

**CONCLUSIONS**

- The country of birth and language results highlight a need for a more culturally competent response to tuberculosis prevention, such as:
  - Target and create appropriate educational materials.
  - Increase provider understanding of core cultural values.
- As more data is collected in the Maine NBS, it will be possible to better characterize the burden of LTBI in Maine.
- Additional opportunities to explore associations in the data include:
  - Whether a certain treatment regimen is associated with higher completion rates (i.e. INH vs. Rifampin).

**REFERENCES**


**SOURCES**