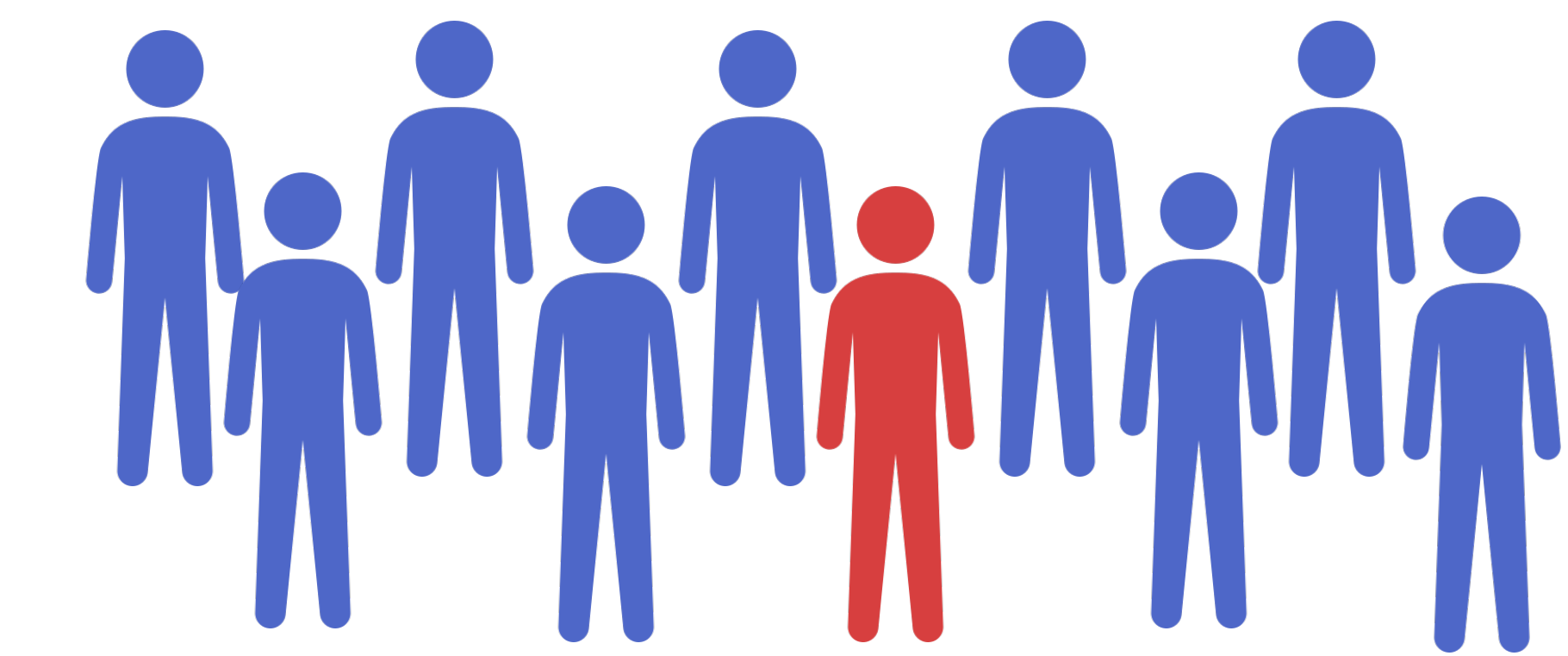


Adherence to TB Evaluation and Treatment among Immigrants and Refugees - Arizona, 2015–2017

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Latent tuberculosis infection* (LTBI) affects approximately **one-fourth** of the world's **population**.



10% of those with **LTBI** will go on to **develop TB disease**, often within the first 5 years of infection.

The Arizona Department of Health Services (ADHS) utilized Electronic Disease Notification (EDN) data to assess adherence and barriers to TB evaluation and treatment among class B individuals[†].

Only 21% of those diagnosed with LTBI **completed treatment**.

Only 60% of class B individuals had an evaluation initiated by the local county health department.

TB Class B individuals arriving in Arizona



Arizona received EDN alerts for **1,413 class B** individuals during 2015–2017.

852 (60%) had an **evaluation** initiated by the local county health department.

314 were **diagnosed** with **LTBI** and referred for treatment.



Only **21%** (67) **completed treatment**.

Over half of those who **declined** treatment did so **against provider advice**.

Public health should:

- **Work** with partners, including immigrant and refugee resettlement agencies, to **ensure that accurate contact information is available**.
- **Identify barriers**, including potential cultural perceptions of risk, that may **contribute to low adoption of LTBI treatment recommendations**.

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additional and preventable TB disease cases may occur as a result of reactivation of LTBI.



ARIZONA DEPARTMENT
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*LTBI: non-contagious infection of *Mycobacterium tuberculosis* without clinical symptoms or **radiologic** or bacteriologic evidence of active tuberculosis (TB) disease.

[†]Class B individuals: should receive medical follow-up after arrival into the United States. TB class B conditions include suspicion of non-infectious TB; abnormal chest x-ray suggestive of TB; positive skin test; positive blood test; close contact of a patient with known infectious TB.