



Your Risk of Tuberculosis Infection

While rates of Tuberculosis (TB) in the US are at an all-time low, TB continues to be one of the most common infections in the world with one new infection occurring per second, two million deaths and nine million new cases of disease every year. The World Health Organization (WHO) list of high TB-burden countries can be found at <http://www.stoptb.org/countries/tbdata.asp>. The 22 countries listed account for 80% of the world's TB. There is increasing concern about drug-resistant TB in many parts of the world.

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| 1 - Afghanistan | 12 - Myanmar |
| 2 - Bangladesh | 13 - Nigeria |
| 3 - Brazil | 14 - Pakistan |
| 4 - Cambodia | 15 - Philippines |
| 5 - China | 16 - Russian Federation |
| 6 - Democratic Republic of Congo | 17 - South Africa |
| 7 - Ethiopia | 18 - United Republic of Tanzania |
| 8 - India | 19 - Thailand |
| 9 - Indonesia | 20 - Uganda |
| 10 - Kenya | 21 - Viet Nam |
| 11 - Mozambique | 22 - Zimbabwe |

It is important that you understand your risk of TB infection while working or traveling abroad. A personalized risk assessment should be discussed with your health care provider. While there is limited data on the risk of TB infection in travelers and those working in health care settings in TB-endemic countries, you may be at significantly higher risk depending on where you are traveling, how long you are staying, and what types of activities you will be doing.

Risks of TB exposure and infection

In TB endemic countries, TB can be found anywhere. Patients with active TB cough the bacteria into the air and if you inhale the bacteria, you may become infected. If this occurs, you will not develop any symptoms but within 8-12 weeks, your skin test or blood test will show that you have latent TB infection (LTBI). Your risk of infection may be higher if you spend a long time in an enclosed area with someone who has active TB and has not started treatment.

Strategies for minimizing exposure

You can take action to minimize your exposure. If you are a health care worker or student caring for patients, you may want to inquire about infection control strategies in use at the site you are traveling to. On the wards and in the clinics, open the windows and encourage infectious patients to wear a surgical mask and use good cough hygiene. Effective treatment for TB renders patients non-infectious, usually within a few weeks. TB masks/respirators are not 100% effective and only work while they are worn, but if they are available and acceptable, they may provide some protection. Outside of health care settings, encourage those with cough > 2 weeks, fevers, nightsweats, or poor appetite to seek medical attention and be evaluated for TB.

If you have any questions or concerns, please discuss them with your health care provider.



Importance of pre and post-travel testing for LTBI

Testing for latent TB infection is easy and painless. It involves either a skin test or blood test. Ideally, you should have a test prior to your travel but more importantly, you should get tested about 8 weeks after you return home. If your test is positive, your health care provider may offer you medication to reduce your risk of developing active TB in the future. You can get a test for TB infection from your primary care provider or student health services.

Know the signs and symptoms of active TB

Most people with active TB will experience some combination of these symptoms: prolonged fever, nightsweats, cough, swollen lymph nodes, decreased appetite or weight loss. If you experience any of these symptoms after you return home, you should seek medical care and ask your health care provider about the possibility of TB.

Date of last TB skin test/IGRA

Result of last TB test (Positive/Negative)

If you have any questions or concerns, please discuss them with your health care provider.