***[Replace this text with your organization’s identifier.]***

***[LETTER TO STAFF CONTACTS IGRA]***

***[Date]***

Dear Staff Member:

It has come to our attention that a person associated with ***[school name]*** School has recently been diagnosed with active tuberculosis (TB) disease. TB is a treatable disease which is spread through the air by a person with active TB disease to those who frequently share the same air. Because of this, we are testing those students, teachers, and other school staff who had close contact with the person with TB. **Records indicate that you may have been exposed to this individual. Therefore, you need to have a TB test.**

**You have 2 options to be evaluated for TB**

**Option 1**

***[Insert site (e.g. school name or HD) and FREE if there is no charge for services]***

***[Replace text with school and/or County HD name]*** will be offering a TB blood test to all people who have been notified that they have been in contact with the person with TB. The TB blood test shows if the TB bacteria have infected a person. A positive test indicates infection with TB bacteria, and additional evaluation is required to determine if the person has latent TB infection or TB disease.

TB blood testing will be provided on ***[day], [date]*** from ***[time]*** to ***[time]*** in the ***[location]***. You will be notified of your test result in writing within ***[insert expected time for results to come back, e.g. 10 days]*** of testing.

**Complete the enclosed consent form and health questionnaire and bring them BOTH with you to be tested for TB at the *[Insert location]* on *[date]* at *[time].***

If the result of your blood test is positive, ***[County]*** Health Department staff will arrange for additional testing to determine if you have latent TB infection or TB disease. If you have any questions, the call-in information is at the end of this letter.

**Option 2 on next page**

**5.5a**

**Option 2**

If you choose to be tested for TB by your private provider, health plan, or other medical facility, we will need documentation of the result mailed to us no later than ***[date]***. If you choose to use this option, you will be responsible for all charges related to the TB evaluation with your healthcare provider.

**When you go to your healthcare provider:**

* **Take this LETTER**
* **Take the blank Private Provider TB Evaluation result form and ask the provider to COMPLETE it and send it to:**

**[*County name and address, attn.: the person collecting the results] no later than [date].***

**On the day of testing at the *[insert school or health department here]* on *[date and location of the screening]***

**Please bring and drop off these two completed forms with the nurse**

* Your HEALTH QUESTIONNAIRE
* Your signed OPTION FOR PRIVATE PROVIDER TB TESTING form

If you have questions, please call ***[enter information telephone # here if used].*** Leave a message including your name, a phone number and your question and a Public Health representative will get back to you as soon as possible. In addition, the following website has lots of information about TB: https://www.cdc.gov/tb/

We assure you that ***[school name]*** School and the ***[county name]*** County Public Health Department are working together to locate and provide TB testing for anyone who was in direct contact with the person with active TB. We thank you for your understanding and help in order to enable the ***[county name]*** County Public Health Department to do a thorough job of identifying contacts and providing testing and follow-up care.

Sincerely,

***[County Name]*** Health Officer/Deputy Director Principal, ***[school name]*** School

Enclosures:

Health questionnaire

Consent form

Option For Private Provider TB Testing form

Private Provider TB Evaluation form