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

***[IGRA LETTER TO STAFF of EXPANDED GROUP of CONTACTS]***

***[Date]***

Dear Staff:

On ***[date]*** it came to our attention that a person associated with ***[Replace text with school name]*** had been diagnosed with active tuberculosis (TB). The TB investigation has confirmed that some persons exposed to the TB patient at the school were infected with TB. Because of this finding, we will be testing additional staff, including you.

You were NOT initially identified as exposed to the person with active TB, but since TB transmission has been documented in some persons at the school who spent time with the TB patient, we are expanding the contact investigation.

.

**2 options to be evaluated for TB**

**OPTION 1**

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

***[Replace text with school and/or County HD name]*** will be offering TB blood tests to all people who have been notified that they may have been in contact with the person with TB.

**The blood tests will be done on *[day]*, *[date]* from *[time]* to *[time]* in the *[location].*** You will be notified of your 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 the blood test is positive, you will be contacted by ***[county]*** Health Department staff to arrange for further evaluation. If you have questions, see call-in information at the end of this letter.

**Option 2** on next page

**OPTION 2**

**If you choose to be tested by your private provider,** we will need documentation of the results mailed to us no later than ***[date]*.** If you choose this option, you will be responsible for all charges related to the visit(s).

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

* Take this LETTER
* Take the blank PRIVATE PROVIDER TB EVALUATION FORM and

ask the provider to COMPLETE it and send it back to:

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

On the day of the testing at the ***[insert school, health department etc., here]*** on ***[date of the testing]***:

**Bring:**

* Your completed HEALTH QUESTIONNAIRE
* Your signed The OPTION FOR PRIVATE PROVIDER TB TESTING FORM

Please refer to the **TB FACT SHEET** that is included with this letter ***[download fact sheet from CDC or your program]***. You may call the ***[county name]*** Public Health Department for additional information at ***[telephone number].***

We assure you that ***[school name]*** School and the ***[county name]*** County Public Health Department are working together to identify and evaluate anyone who shared air with the person with TB disease. We thank you for your understanding and cooperation during the testing period.

Sincerely,

Health Officer/TB Controller ***[County name]*** Principal, ***[school name]*** School

**Enclosures:**

**TB Fact Sheet**

**Blank Consent Form**

**Blank Health Questionnaire**

**Blank Private Provider TB Evaluation Form**

**Optional Choice for Private Provider TB Testing Form**