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

***[GENERAL LETTER TO HEALTHCARE PROVIDER]***

***[Date]***

Dear Healthcare Provider:

This letter is to provide you with information regarding a tuberculosis (TB) exposure that has been reported in a person at ***[school name]*** School. This exposure [***did/did not***] receive media attention, and we realize you may be receiving questions from your patients. Below, please find information and relevant supporting documents regarding the TB exposure; response by the ***[insert name]*** County Public Health Department and the ***[insert name]*** School District; and the evaluation and treatment process for contacts.

**TB Exposure**

* An infectious case of TB occurred in a person who was at ***[insert name]*** School with exposure periods during ***[insert dates of exposure period]***.
* Molecular testing of the case-patient’s sputum specimen did not detect mutations associated with resistance to isoniazid or rifampin. The molecular data ***[insert if known: along with the source case investigation]*** suggest that the case-patient has drug-susceptible tuberculosis.
* Approximately ***[insert number]*** persons (***[n]*** students and ***[n]*** staff) have been identified as having been exposed to the infectious TB case-patient.

**Response by Public Health and *[school name]***

* Public Health and ***[school name]*** held separate information meetings for parents/guardians and staff on ***[date(s)]*** who were notified that individuals who were part of the exposed cohort of ~ ***[insert number]*** would receive a packet in the mail outlining next steps. *Those who do not receive a packet are considered not exposed and do not need testing*.

**Evaluation and Treatment Process for Contacts** (see *TB exposure questionnaire; Provider reporting form; and TB Fact Sheet*)

* For those in the exposed cohort, a symptom review, TB test and CXR, as indicated, will be conducted as part of a contact investigation on site at ***[school name]*** School on ***[date]*** and ***[date]***. An additional onsite evaluation will also be conducted during ***[dates]***, if needed.
* Persons who prefer to be evaluated by their primary care provider are being asked to take the TB exposure questionnaire and Provider reporting form to their appointment. **Please fax/email completed forms to *[insert name]* Public Health Department, TB Control Section at: *[insert fax #/email].***
* For those persons who test positive for latent TB infection (LTBI), Public Health is recommending the 12-dose Isoniazid/Rifapentine regimen be used via directly observed therapy (see fact sheet).
  + Public Health will provide directly observed therapy onsite at ***[insert name]*** School.
* ***[If your Public Health does not provide direct patient care for TB contacts or cases, healthcare providers will need to write a prescription for all patients identified as having LTBI (note: this includes persons evaluated at a healthcare facility and as part of the onsite investigation) may not be applicable if contacts are evaluated in a County TB Clinic).]***

**If you have any questions regarding the evaluation and treatment process for contacts or the reporting of forms, please contact the Public Health TB Control Section at *[phone number]*.**

Sincerely,

***[Insert TB Controller/Medical/Health Officer name, title, credentials]***