

# County of Santa Clara

## Public Health Department

Public Health Administration  
150 W. Tasman Drive, 2<sup>nd</sup> Floor  
San José, CA 95134  
408.792.5040



**DATE:** September 10, 2024

**TO:** District Superintendents  
School Nurses  
Health Care Providers

**FROM:** Sara H. Cody, MD  
Health Officer  
Ann M. Loeffler, MD  
Tuberculosis Controller

**RE: **Update Concerning Tuberculosis (TB) School Mandate:  
Universal Risk Assessment, Targeted Testing and Treatment****

Santa Clara County has had a Tuberculosis School Mandate requiring TB screening for students entering school since 1989. The Health Officer Mandate was implemented at that time because TB rates had rapidly increased. It was intended to increase the likelihood that children with TB infection or disease were diagnosed early and treated appropriately.

In the subsequent 35 years, we have learned that universal TB testing (skin test or blood test) of low-risk populations has a very low yield and can lead to unnecessary, expensive and anxiety-producing testing and treatment. Instead of universal TB testing, it has become standard practice to use a questionnaire with several evidence-based questions to identify risk of TB. This is called TB screening or risk assessment. We **test** only those folks with risk factors for TB.

We have been TB screening children by questionnaire before school entry for about 10 years. Since that change was made in 2014, Santa Clara County has had a decline in pediatric TB cases, with only 3 children under 15 years of age and only 1 school-aged child diagnosed with active, but non-contagious TB in 2023. National guidelines now advise that children be screened for TB risk factors at each pediatric well-child visit throughout childhood.

TB screening at the point of school entry is unlikely to identify children with contagious tuberculosis, but still has value. The screening helps to identify latent or inactive TB infection in children and families and thus helps to facilitate treatment and education regarding TB in our community. We should therefore continue to facilitate and encourage families to complete the TB screening process.

**Although TB screening for school entry continues to be mandatory, school exclusion pending results is unnecessary** and detrimental to our students and their families. In alignment with updated guidance from the California Tuberculosis Controllers Association, the Santa Clara County Public Health Department is adjusting its Tuberculosis School Mandate to optimize the benefit to our students, their families, and school communities. **Children entering a school in Santa Clara County for the first time should be screened for TB risk factors by a questionnaire administered by a healthcare provider and TB tested only if they have a new risk factor since the last time they were screened. If they have no symptoms of TB disease, they will not be excluded from school pending risk factor screening or testing as long as they are in the process of beginning or completing the screening process. School districts are not required to track students with missing risk assessments after they begin school.**

Please discard all prior documents from the Santa Clara County Public Health Department relating to the TB School Mandate (January 2024 or before) and replace with the following documents:

- **Revised:** TB Risk Assessment for School Entry form (to be completed by healthcare providers)
- **Revised:** SCC TB Screening Requirements for School Entrance
- **Revised:** TB Screening Requirements for School Entrance- Frequently Asked Questions (includes references)
- **Revised:** Dear Parent Letter
- **Revised:** Santa Clara County School Mandate Flow Chart
- **Revised:** IGRA Fact Sheet
- **Revised:** List of school health clinics and FQHCs in Santa Clara County

Please reproduce this entire packet for each school (private/public) as well as any location where centralized registration is done for new and transfer students. Please also feel free to post on District or School websites. These materials will also be available at [www.sccphd.org/tb](http://www.sccphd.org/tb).

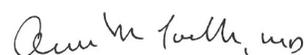
If you have questions about these changes, please contact the TB Prevention and Control Program at (408) 792-1381.

Thank you for helping us protect the health of children in Santa Clara County.

Sincerely,



Sara H. Cody, MD  
Health Officer



Ann M. Loeffler, MD  
Tuberculosis Controller

# SCC Public Health Department Tuberculosis (TB) Risk Assessment for School Entry

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
Last, First Month/Day/Year

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ School /Grade: \_\_\_\_\_  
Street, City, Zip Code

**This form must be completed by a licensed health professional in the U.S.** Re-testing should only be done in persons who previously tested negative and have new risk factors since the last assessment

1. Was your child born in, resided, or traveled (for more than one month) to a country with an elevated rate of TB? Most countries other than the U.S., Canada, Australia, New Zealand, or a country in western or northern Europe. This does not include tourist travel for <1 month (i.e., travel that does not involve visiting family or friends, or involve significant contact with the local population).
2. Has your child been in close contact to anyone with TB disease in their lifetime?
3. Is your child immunosuppressed; current, or planned? (e.g., due to HIV infection, organ transplant, treatment with TNF-alpha antagonist or high-dose systemic steroids (e.g., prednisone ≥ 15mg/day for ≥ 2 weeks).

Does your child have any of the above risk factors?  Yes  No

**If YES, to any of the above questions** (new TB risk factor since last screening), the child has an increased risk of TB and should have a TB blood test or a tuberculin skin test (TST) unless there is a documented prior positive IGRA or TST. All children with a positive IGRA/TST result must have a medical evaluation, including a chest x-ray (CXR) (posterior-anterior and lateral for children <5 years old). If there are no symptoms or signs of TB disease and the CXR is normal, the child should be treated for (LTBI) to prevent progression to TB disease. If a child has documentation of previous treatment for LTBI or TB disease and has no symptoms, they should not undergo skin or blood testing and do not need a new chest X-ray.

**If child's X-ray is not normal and there are symptoms that suggest TB, call SCC TB Program (408)792-1381**

<b>Enter test results for all children with a positive risk assessment:</b>	
Date of IGRA: _____	Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Indeterminate
Tuberculin Skin Test (TST/Mantoux/PPD) Date placed: _____ Date Read: _____	Induration: _____ mm Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive
Chest X-ray Date: _____	Impression: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
<input type="checkbox"/> LTBI Treatment Start Date: _____ <input type="checkbox"/> Rifampin daily - 4 months <input type="checkbox"/> Isoniazid/Rifapentine - weekly X 12 weeks <input type="checkbox"/> Isoniazid and Rifampin daily - 3 months <input type="checkbox"/> Isoniazid daily - 9 months	<input type="checkbox"/> Prior TB/LTBI Treatment (Rx/duration): _____ <input type="checkbox"/> Treatment Medically Contraindicated <input type="checkbox"/> Declines Against Medical Advise
Please check one of the boxes below and sign:	
<input type="checkbox"/> Child has no TB symptoms, no risk factors for TB, and does not require a TB test <input type="checkbox"/> Child has a risk factor, has been evaluated for TB and is free of active TB disease. <input type="checkbox"/> Child has no new risk factors since last negative IGRA/TST and has no symptoms. <input type="checkbox"/> Child has no TB symptoms. Appointment for RA/TB test/chest x-ray scheduled on: _____	
_____ <small>Health Care Provider Signature, Title <span style="margin-left: 150px;">Date</span></small>	
Name/Title of Health Care Provider:	
Facility/Address:	
Phone Number:	

# County of Santa Clara

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### TB Testing Methods - Children

An Interferon Gamma Release Assay (IGRA, i.e., QuantiFERON-TB Gold Plus (QFT) or T-SPOT.TB) or Mantoux tuberculin skin test (TST) should be used to test those at increased risk of TB exposure or disease-based on a standardized risk assessment tool. An IGRA can now be used in children of all ages and is especially preferred in BCG-vaccinated children to avoid a false positive TST result. A TST of  $\geq 10$ mm induration is considered positive. If a child has had contact with someone with active TB disease, or the child is immunosuppressed, then a TST of  $\geq 5$  mm is considered positive.

### Evaluation of Children with Positive TB Tests

- All children with a new positive IGRA/TST result must have a medical evaluation, including a symptom review, focused physical exam and CXR (frontal and lateral are recommended for children, especially those <5 years old). Since a positive TST may sometimes be caused by infection with nontuberculous mycobacteria or occasionally by BCG vaccination, some providers and parents prefer to verify a positive TST with an IGRA blood test. A CXR / symptom review and physical exam are still required to rule out TB disease before performing a second test as the TB tests may be falsely negative in the setting of TB disease. In this case, if the IGRA is negative, there are no symptoms or signs of TB disease and the CXR is normal, the child is considered free of TB infection.
- A child with a previous positive IGRA test should not undergo repeat testing as it may be positive for life. If the child received well-documented treatment for TB infection or disease in the past and has no symptoms to suggest TB disease, no further testing or imaging is required.
- For children with TB symptoms (e.g., cough for >2-3 weeks, shortness of breath, hemoptysis, fever, poor weight gain/weight loss, night sweats, etc.) or an abnormal CXR concerning active TB disease, report to the County of Santa Clara Public Health Department TB Program within one working day. The child will need to be fully evaluated for TB disease and treatment depending on the results. A negative TST or IGRA does not rule out active TB disease in a patient with an abnormal CXR or symptoms or signs of TB disease. A symptomatic child cannot enter school unless active TB disease has been excluded or treatment has been initiated.
- If the IGRA/TST is positive, there are no symptoms or signs of TB disease and the CXR is normal, the child should be treated for latent TB infection (LTBI), ideally through the medical home. Do not treat for LTBI until active TB disease has been excluded.
- Short-course regimens are preferred (except in persons for whom there is a contraindication, such as a drug interaction or contact with a person with drug-resistant TB) due to similar efficacy and higher treatment completion rates as compared with 9 months of daily isoniazid.

### Treatment Regimens for Latent TB Infection

**For more details: See AAP Red Book 33rd edition; [LTBI Clinical Recommendations \(tbcontrollers.org\)](#); [TB-LTBI-Treatment \(ca.gov\)](#)**

- Rifampin daily for 4 months
- 12-dose Weekly Isoniazid/Rifapentine (3HP) Regimen
- Isoniazid and Rifampin daily for 3 months
- Not recommended: Isoniazid daily for 9 months

Board of Supervisors: Sylvia Arenas, Cindy Chavez, Otto Lee, Susan Ellenberg, S. Joseph Simitian  
County Executive: James R. Williams

# SCC Tuberculosis (TB) Screening Requirements for School Entrance

EFFECTIVE FALL 2024

## **TB screening for Santa Clara County schools is comprised of:**

1. A brief questionnaire listing risks for TB exposure.
2. Blood test or skin test ("TB test") if the student has new TB risk factors since their last screening (and no prior positive test).
3. Medical evaluation and chest X-ray (CXR) for children with a new positive TB test.

### *A. What are the tuberculosis (TB) screening requirements for school entrance in Santa Clara County?*

- Students enrolling into a Santa Clara County school for the first time into kindergarten or upon transfer to any grade must undergo a one-time TB risk assessment. Each student needs to be evaluated by a provider who will assess TB exposure risks based on the Santa Clara County Public Health Department TB Risk Assessment for School Entry form. If the provider identifies no risk factors and the child has no symptoms of TB disease, no further evaluation is needed. The family will provide the school with the questionnaire or an After Visit Summary or similar printout from the visit stating the risk assessment results.
- TB risk assessment documentation is valid for up to twelve months before registration for school.
- Students with a positive risk assessment should have a TB test (preferably Interferon Gamma Release Assay (IGRA) blood test, especially for children who have received the BCG vaccine). If the student has a negative TB test no further evaluation is needed. All children with a positive TB test should undergo a medical evaluation, including a symptom review, physical exam, and CXR. The provider should include the results of the CXR on the form. See below if the CXR is not normal or if the child has any signs or symptoms of TB disease.
- The provider is not required to order a CXR for children who have no symptoms and have documented prior treatment for TB disease or latent TB infection (LTBI).
- If a child has a positive TST and a confirmatory IGRA is desired by provider or parents, they still need a CXR, symptom review, and physical exam. If the subsequent IGRA is negative, the CXR, symptom review and exam are normal, the child is deemed to NOT have LTBI and deserves no treatment.
- If the child has no symptoms of TB, they may attend school pending risk assessment/TB testing if their parent/guardian has made an appointment for screening. Primary school aged children are not contagious even if they have TB disease. The purpose of this TB screening is to raise awareness about TB and TB risk factors and to promote the treatment of LTBI through the medical home. Children should not be excluded from

school, unless they have symptoms suggesting TB. Schools should encourage families to return the Risk Assessment paperwork, even when it is finalized belatedly, but children should not be excluded from school if the family does not return the paperwork.

- If the child has TB symptoms or an abnormal chest x-ray suggesting TB disease, the child must undergo further evaluation and cannot enter school unless the provider excludes active TB disease, or the child has started treatment. The provider should immediately call SCC TB Prevention & Control at 408-885-2400 and request a consultation with the TB controller or school liaison or alternatively, fax or email a [Tuberculosis CMR Form](#) and an abnormal chest x-ray report to the TB Prevention and Control Program at (408) 885-2331 within one working day.

### *B. Who can enroll/register in a Santa Clara County school before TB screening requirements are complete?*

- Pending TB risk assessment, Santa Clara County schools can immediately enroll students:
  - who have completed the risk assessment process or,
  - who have an appointment scheduled for screening or,
  - who fall under the provisions of the McKinney-Vento Homeless Assistance Act or
  - who have an IEP or,
  - are in Foster Care.
- Santa Clara County still requires TB screening for these students, and their parents/guardians should book an appointment to complete the screening promptly before or after their school registration.
- Santa Clara County recommends a TB blood test (IGRA) or a tuberculin skin test (TST) at least 8-10 weeks after a student arrives in the US because developing an immune response to TB infection can take this long. Consequently, if these students have no symptoms of TB disease, the IGRA or TST can be deferred until then.
- **A student can enroll before the TB risk assessment process if they have no TB symptoms (new or worsened persistent cough, unexplained fever, or weight loss, etc.) and a scheduled appointment with a provider (either medical home or TB screening site).**

### *C. Who is exempt from these requirements?*

- All students who have previously met the TB screening requirements of Santa Clara County AND who have not been residing outside the county for greater than 12 months. This includes students with prior completion of the Santa Clara County Public Health Department TB Risk Assessment for School Entry form for Transitional Kindergarten (TK) or other school-based early learning program in Santa Clara County (school programs begin after age 3).

- Students transferring from one school to another within Santa Clara County AND have previously met the TB screening requirements.

*D. How were the risk assessment questions chosen?*

- The questions on the TB Risk Assessment for School Entry form were adapted from the American Academy of Pediatrics Guidelines and the California Department of Public Health recommendations.

*E. What are acceptable TB tests?*

- Interferon Gamma Release Assay (IGRA) blood test, which must be done in the U.S., US Territories or US Military Base Medical Facility.
- Mantoux Tuberculin Skin Test (TST), which must be done in the U.S., US Territories or US Military Base Medical Facility.
- Exception to above: A positive IGRA or TST shall be accepted from any country.

*F. What is the definition of a positive TB test?*

- A positive IGRA result interpretation is included in the laboratory report.
- A positive TST is 10 millimeters (mm) or more of induration (swelling). Redness alone at the skin test site is not considered a positive reaction.
- If an individual has had recent contact to a person with active infectious TB or if they are immunosuppressed, or have an abnormal CXR, signs or symptoms of TB, they are considered to have a positive TST if there is 5 mm or more of induration.

*G. What does a positive TB test mean?*

- A positive TB test suggests that the student has been infected with the bacteria that causes TB. It is important for students with a positive TB screening test to undergo medical evaluation to determine whether they have latent TB infection (LTBI) or active TB disease. This is done by CXR, symptom review and physical exam.
- If active TB disease has been excluded, the child should be treated for latent TB infection (LTBI). LTBI treatment is not mandated for school enrollment as LTBI is not infectious (cannot be transmitted to others), but treatment is advised to prevent the child from developing TB disease in the future.

*H. What is the next step for a student with a positive IGRA or positive TST result? Note: positive means past positive or current positive result*

- Students with a positive IGRA, positive TST, or symptoms or signs of TB disease must submit evidence that they are free of pulmonary TB disease. This includes one of the following:
  - Result of chest x-ray done in the United States, US Territories or US Military Base Medical Facility up to 6 months prior to school registration that does not show evidence of active pulmonary tuberculosis.
    - Written documentation of prior treatment for latent TB infection. See

Table on page 9.

- Written documentation of ongoing treatment for latent TB infection.
  - Written documentation of prior treatment for active TB disease.
  - Written documentation of current treatment for active TB disease.
- If the student's evaluation is underway and they don't have signs or symptoms of active TB (as documented by a medical provider), they may enroll, pending the results of the chest x-ray.

*I. What is the next step for a student with an indeterminate IGRA test?*

- Students who have a positive TB risk assessment, an indeterminate IGRA test result, and a negative symptom review by a primary care provider may enter school.
- Note to providers: If result is indeterminate, consider repeating the IGRA or placing a TST.

*J. What should a school do if a student does not have a primary care provider?*

- If a student does not have a source of regular care, provide our list of community clinics that offer IGRA or TST testing.

*K. What records must students provide to meet the requirements of the TB Mandate?*

- The Santa Clara County Public Health Department TB Risk Assessment for School Entry form completed by a primary care provider or designee in the U.S., U.S Territory or U.S. Military Facility.
- An After Visit Summary or similar questionnaire printout from the visit can replace the Risk Assessment form. The documentation should list the risk assessment results, and whether there are signs or symptoms of TB. No TB test is required for students with no new risk factors and no symptoms of TB.
- Students who are currently being treated or have completed treatment for TB or latent tuberculosis infection (LTBI) must provide written documentation from their health care provider. This should include medication name, dosage, date started, and date completed. This student does NOT require an additional chest x-ray.
- Students who have a positive TB test results can present the Santa Clara County Public Health Department TB Risk Assessment for School Entry or an After Visit Summary stating that follow up testing and evaluation completed by a primary care provider in the U.S., U.S Territory or U.S. Military Facility

*L. Who can sign the TB Risk Assessment Form?*

- An LVN, RN, PA, NP, or physician can administer the Risk Assessment form.
- If the Risk Assessment and TB test are positive and requires a physical exam and chest x-ray, a PA, NP, or physician needs to sign the form.

## Frequently Asked Questions

1. *Can I have a TB test on the same day as a COVID-19 Vaccine or MMR Vaccine?*

There are no restrictions for the COVID19 vaccine with regard to TB testing. MMR and Varicella vaccines can be performed the same day. However, a TB test should not be performed within 4-6 weeks after an MMR or Varicella vaccine.

2. *Should a child who has history of BCG vaccination have a IGRA or TST?*

Because Interferon Gamma Release Assays (IGRAs) have increased specificity for true TB infection in children vaccinated with BCG, IGRAs are preferred over the tuberculin skin test (TST) for children who have a history of BCG vaccination. If an IGRA is not done, the TST results can be utilized. Medi-Cal does not have an age restriction for IGRA reimbursement.

3. *Are there ever indications for doing both an IGRA and a TST?*

In general, a provider should choose the appropriate test and avoid doing both tests. If a BCG-vaccinated child has a positive TST, an IGRA can be used to increase the acceptance of treatment for latent TB infection (LTBI). For children who are immunocompromised, consider performing both tests. In this case, if either the TST or IGRA is positive, and TB disease has been excluded, the child should be treated for latent TB infection.

4. *What if the student has documentation of a previous positive IGRA/TST from outside the U.S, US Territories or US Military Base Medical Facility?*

The student with documentation of a positive IGRA/TST will need to have a medical evaluation, including a CXR in the United States, US Territories or US Military Base Medical Facility.

5. *If someone does not want to submit to a risk assessment, can they get a TB test?*

Yes, a TB test (either IGRA or TST), performed up to twelve months prior to registration for school, may be completed instead of a TB risk assessment. If the test is positive, the child must have a medical evaluation by a licensed primary care provider in the U.S., US Territories or US Military Base Medical Facility, including a chest x-ray and physical exam, with documentation of these results on the risk assessment form and provided to the child's school.

6. *This student left the county for an extended vacation. Do they still need a TB screening test?*

If the student has extended travel (e.g., >1 month) to a country **other than** the U.S., Canada, Australia, New Zealand, or a country in western or northern Europe they should be evaluated for TB infection 8-10 weeks after they return but this will not be required for school re-entry. If the child has been residing outside of Santa Clara County for >12 months, the school entry risk assessment must be completed again.

7. *What is considered an adequate regimen for latent TB Infection?*

Recommended treatment for latent TB infection is listed in the following table. Short-course regimens (rifampin daily for four months, 12-dose weekly isoniazid/rifapentine or Isoniazid and Rifampin daily for 3 months) are preferred (except in persons for whom there is a contraindication, such as a drug interaction or contact to a person with drug-resistant TB) due to similar efficacy and higher treatment completion rates as compared with 9 months of daily isoniazid. If a student was previously treated with 6-9 months of isoniazid for LTBI, this is also considered adequate treatment.

8. *Where can I get more information?*

Please visit our website [Tuberculosis Prevention and Control Program | Providers | County of Santa Clara \(santaclaracounty.gov\)](#) or call County of Santa Clara Public Health Department TB Prevention & Control Program: (408) 792-1381

# SCC Tuberculosis (TB) Screening Requirements for School Entrance

EFFECTIVE FALL 2024

**TABLE 1.1 LATENT TUBERCULOSIS INFECTION TREATMENT REGIMENS FOR CHILDREN**

Drug(s)	Duration	Dose	Frequency	Total Doses
Rifampin (RIF)	4 months	Children: 15-20 mg/kg Maximum dose: 600 mg	Daily	120
Isoniazid (INH) and Rifapentine (RPT)	3 months	<ul style="list-style-type: none"> <li>• Isoniazid 2-11 years old: 25 mg/kg rounded up to nearest 50 or 100 mg (max. 900 mg) ≥ 12 years old: 15 mg/kg rounded up to nearest 50 or 100 mg (max. 900 mg)</li> <li>• Rifapentine 10.0-14.0 kg: 300 mg 14.1-25.0 kg: 450 mg 25.1-32.0 kg: 600 mg 32.1-50.0 kg: 750 mg &gt;50 kg: 900 mg</li> <li>• Vitamin B6 50 mg weekly</li> </ul>	Once weekly	12
Isoniazid (INH) and Rifampin (RIF)	3 months	Children: INH: 10-20 mg/kg; 300 mg maximum RIF: 15-20 mg/kg; 600 mg maximum	Daily	90
Isoniazid (INH)	9 months	10 mg/kg (range, 10-15 mg/kg) Maximum dose: 300 mg Recommended pyridoxine dosage: 25 mg for school-aged children (or 1-2mg/kg/day)	Daily	270

\*Short-course regimens (rifampin daily for four months or 12-dose weekly isoniazid/rifapentine or Isoniazid and Rifampin daily for 3 months) are preferred (except in persons for whom there is a contraindication, such as a drug interaction or contact to a person with drug-resistant TB) due to similar efficacy and higher treatment completion rates as compared with 9 months of daily isoniazid.

\*\*Rifampin (RIF) is formulated as 150 mg and 300 mg capsules. Rifapentine (RPT) is formulated as 150 mg tablets in blister packs that should be kept sealed until usage. Isoniazid (INH) is formulated as 100 mg and 300 mg tablets. INH suspension is available commercially but causes stomach upset in many children. Rifampin can be compounded into a liquid, but many families successfully crush tablets or open capsules into soft foods or a little liquid

## References:

1. American Academy of Pediatrics. Tuberculosis. In Kimberlin DW, *et. al.* eds. Red Book: 2024- 2027 Report of the Committee on Infectious Diseases. 33rd ed. Itasca, IL: American Academy of Pediatrics.
2. *California Pediatric TB Risk Assessment and User Guide (August 2024)*
3. Testing and Treatment of Latent Tuberculosis Infection in the United States: A Clinical Guide for Health Care Providers and Public Health Programs 3<sup>RD</sup> EDITION 2024 [LTBI Clinical Recommendations \(tbcontrollers.org\)](https://www.tbcontrollers.org) and User Guide 2024.

# County of Santa Clara Public Health Department

Public Health Administration  
150 W. Tasman Drive, 2<sup>nd</sup> Floor  
San José, CA 95134  
408.792.5040



September 10, 2024

Dear Parent/Guardian,

Santa Clara County has one of the highest numbers of tuberculosis (TB) in the United States. TB is a bacterial infection spread through the air and can affect the lungs, brain, bones, or any part of the body. Anyone can get TB, but children who were born or travel to countries where TB is common or who have spent time with someone with TB are more likely to get TB. TB is treatable and preventable if found early. Santa Clara County requires TB screening for students enrolling in school.

School entry screening is a good time to find a regular clinic if your family doesn't already have one. There are lots of benefits to having a regular clinic including having a place to get vaccines. Children enrolling in a Santa Clara County school for the first time need to have their healthcare provider fill out the TB screening form which is attached.

Take this form to your clinic or provider to complete and return to your child's school. Treatment can help protect you from getting sick with TB disease. People who have TB usually have cough that keeps going on. They may have fever or weight loss without another good reason. They often are more tired and may even cough up blood and were often born in a part of the world where there is a lot of TB: Asia, Africa, Latin America or Eastern Europe. Talk to your clinic or provider about testing your whole family if you have been around someone who might have TB.

Thank you for helping us protect the health of your children by asking your clinic team to review the questions on this form and testing for TB if they have a risk for TB infection.

Sincerely,

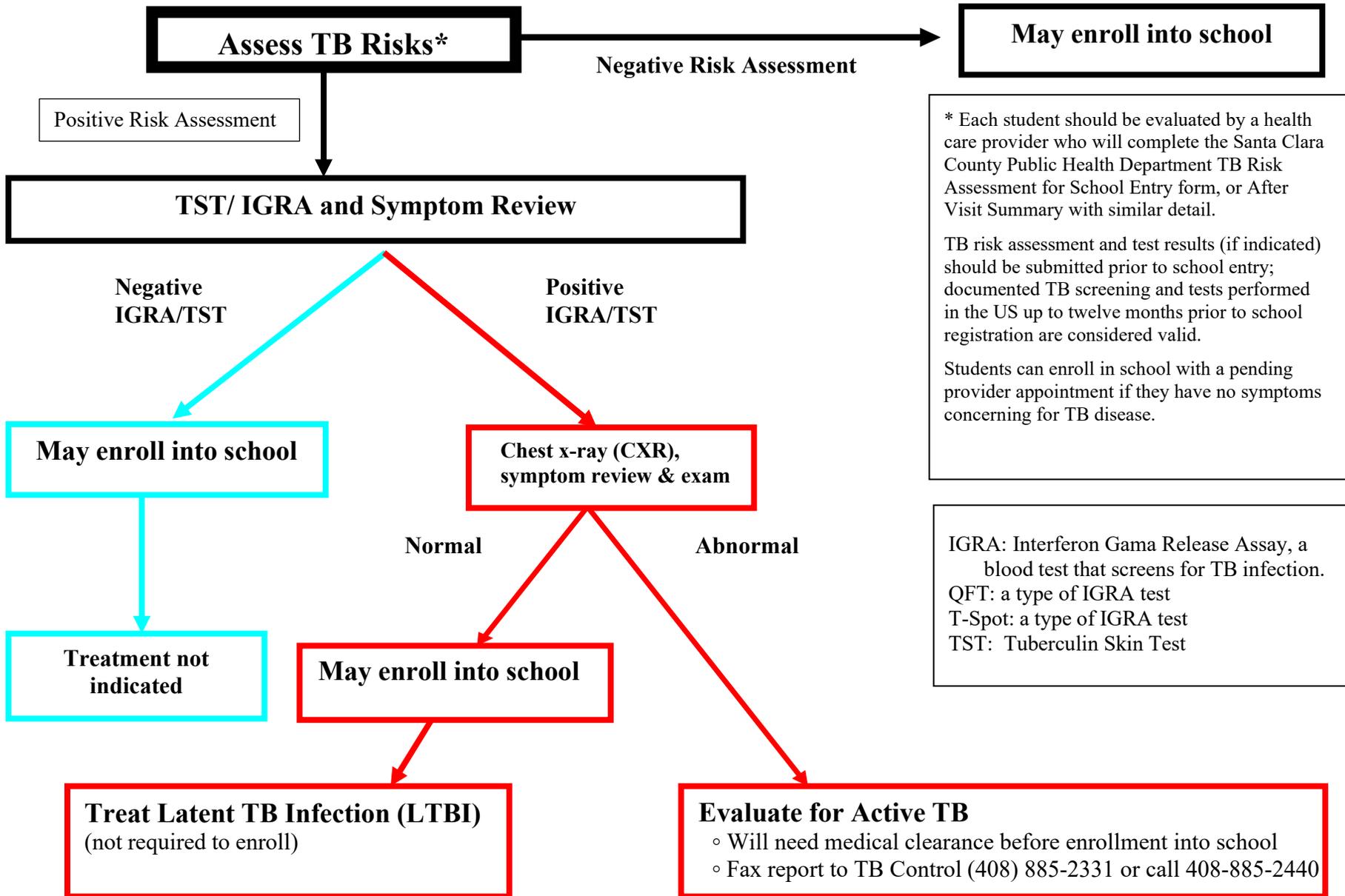
A handwritten signature in cursive script, appearing to read "Sara H. Cody, MD".

Sara H. Cody, MD  
Health Officer

A handwritten signature in cursive script, appearing to read "Ann M. Loeffler, MD".

Ann M. Loeffler, MD  
Tuberculosis Controller

**SCC Tuberculosis (TB) SCREENING REQUIREMENT FOR SCHOOL ENTRANCE (K-12)**  
EFFECTIVE FALL 2024



\* Each student should be evaluated by a health care provider who will complete the Santa Clara County Public Health Department TB Risk Assessment for School Entry form, or After Visit Summary with similar detail.

TB risk assessment and test results (if indicated) should be submitted prior to school entry; documented TB screening and tests performed in the US up to twelve months prior to school registration are considered valid.

Students can enroll in school with a pending provider appointment if they have no symptoms concerning for TB disease.

IGRA: Interferon Gama Release Assay, a blood test that screens for TB infection.  
QFT: a type of IGRA test  
T-Spot: a type of IGRA test  
TST: Tuberculin Skin Test

# Tuberculosis (TB) Blood Test: Interferon Gamma Release Assay (IGRA)

## Provider Information and Guidelines for Interpretation

### What is it?

Interferon Gamma Release Assays (IGRAs) are blood tests for detecting *M. tuberculosis* (*M. tb*) infection by measuring a person's immune response. White blood cells that recognize *M. tb*, release interferon-gamma (IFN- $\gamma$ ) when mixed with peptide antigens that stimulate *M. tb* proteins, including ESAT-6 and CFP-10. These proteins are not found in BCG strains and most non-tuberculous mycobacteria (NTM). IGRAs include the QuantiFERON and T-SPOT.TB tests.

A positive test can occur due to active tuberculosis (TB) disease or latent tuberculosis TB infection (LTBI).

### What are the advantages of IGRA?

Prior BCG (Bacille Calmette-Guérin) vaccination and most NTM Infections do not cause a false-positive IGRA result.

Requires a single patient visit to conduct the test.  
Does not boost responses for subsequent tests.

Less subject to reader bias and error when compared with the TST.

### Downsides of IGRA?

Errors in collecting or transporting or in running and interpreting the assay can decrease the accuracy of IGRAs.

May be more expensive than a TST.

### When should I use IGRA?

IGRAs are the preferred TB screening test in the following situations:

- Patients who have received a BCG vaccine.
- Patients unlikely to return for the TST reading.

### When should I use both a TST and IGRA?

For immunocompromised patients at high risk of TB exposure or concerning symptoms, consider performing both tests and utilizing any positive result as evidence of infection.

### Is IGRA covered by Medi-Cal?

**YES!** As of March 1, 2014, Medi-Cal removed the age restriction on Medi-Cal reimbursement of IGRA tests for children under 5 years old.

### How do you interpret IGRA test results?

*Negative:* A negative TST or IGRA does not rule out active TB disease. A patient with symptoms or signs of TB disease should be evaluated with a CXR and may need sputum AFB smears/cultures/nucleic acid amplification testing based on symptoms and CXR results.

*Positive:* A positive test suggests TB infection or disease. Medical evaluation, including a chest x-ray, symptom review and exam are needed to evaluate for TB disease. If there are no symptoms or signs of TB disease and the CXR is normal, treatment for latent TB infection should be provided.

*Indeterminate:* Uninterpretable. Repeat IGRA or place TST per patient and provider preference.

### Can IGRAs be done at the same time as receiving vaccinations?

Similar to TST, live virus vaccines (e.g., MMR, varicella) might affect IGRA test results. CDC recommends that both TST and IGRA testing in the context of live vaccine administration be done as follows:

- Either on the same day as vaccination with the live virus vaccine, OR
- At least 4-6 weeks after administration of the live virus vaccine.

### Additional Information

County of Santa Clara Public Health Department  
Tuberculosis Prevention & Control Program

[www.sccphd.org/tb](http://www.sccphd.org/tb)

Phone: 408-792-1381

# Screening for TB Infection

## IN SANTA CLARA COUNTY

TB testing and a risk assessment can be requested with your primary care physician at your existing health facility.

If you don't have established care, please call and schedule an appointment at a location convenient to you from this list.

### Alviso

- **Gardner Health Services- Alviso Clinic\***  
1621 Gold St., Alviso CA 95002  
1(408) 457-7100  
Monday – Friday: 8:00am- 5:00pm  
Price: Sliding Fee Scale based on income  
[gardnerhealthservices.org](http://gardnerhealthservices.org)

### Gilroy

- **Bay Area Community Health - Gilroy Health Clinic\***  
9460 No Name Uno, Suite 110  
Gilroy, CA 95020  
1(408) 797-7900  
Mon, Tues, Wed, Fri: 8:00am - 5:00pm  
*Closed for lunch: 12:00pm - 1:00pm*  
Thursday: 10:00am - 7:00pm  
Price: Sliding Fee Scale based on income  
[bach.health/](http://bach.health/)
- **Bay Area Community Health - Glen View School Based Health Clinic\***  
480 West 8<sup>th</sup> Street, Suite 104  
Gilroy CA 95020  
1(408) 337-3221  
Monday - Friday: 8:00am - 5:00pm  
*Closed for lunch: 12:00pm - 1:00pm*  
Price: Sliding Fee Scale based on income  
[bach.health/](http://bach.health/)

- **Gardner Health Services- South County Clinic\***  
7526 Monterey St., Gilroy, CA 95020  
1(408)457-7100  
Monday - Friday: 8:00am- 5:00pm  
Price: Sliding Fee Scale based on income  
[gardnerhealthservices.org](http://gardnerhealthservices.org)

### Mountain View

- **MayView Community Health Center - Mountain View**  
900 Miramonte Ave. 2<sup>nd</sup> floor,  
Mountain View, CA 94040  
1(650) 330-7400  
Mon, Wed, Thurs, Fri: 8:00am – 5:00pm  
Tuesday: 10:00am – 5:00pm  
*4<sup>th</sup> Tuesday of the month:  
1:00pm – 5:00pm*  
Price: Sliding Fee Scale based on income  
[ravenswoodfhn.org/](http://ravenswoodfhn.org/)

### Palo Alto

- **MayView Community Health Center –Palo Alto\***  
270 Grant Ave., #102  
Palo Alto, CA 94306  
1(650) 330-7400  
Mon, Wed, Thurs, Fri: 8am - 5pm  
Tuesday: 10:00am – 5:00pm  
*4<sup>th</sup> Tuesday of the month:  
1:00pm – 5:00pm*  
Price: Sliding Fee Scale based on income  
[ravenswoodfhn.org/](http://ravenswoodfhn.org/)

## San Jose

- **Asian Americans for Community Involvement (AACI)\***  
2400 Moorpark Ave., Suite 300  
San Jose, CA 95128  
1(408) 975-2730  
Mon - Wed, & Fri: 8:30am - 5:30pm  
Thursday: 8:30am - 7:00pm  
Price: Sliding Fee Scale based on income  
[aaci.org](http://aaci.org)
- **Northeast Medical Services- NEMS\***  
1870 Lundy Ave., San Jose, CA 95131  
1(408) 573-9686  
Mon-Fri: 8:00am - 6:00pm  
Sat: 8:00am - 5:00pm  
*Closed for lunch: 12:00pm-1:00pm*  
Price: Sliding Fee Scale based on income  
[nems.org](http://nems.org)
- **Santa Clara Valley Health & Hospital System Valley Connections\***  
1(888) 334-1000  
Monday - Friday: 7:00am – 7:00pm  
Saturday - Sunday: 8:00am – 4:30pm  
[scvh.org](http://scvh.org)

## BAY AREA COMMUNITY HEALTH (BACH)

[bach.health](http://bach.health)

- **Bay Area Community Health-McKee Clinic\***  
3055 McKee Road  
San Jose, CA 95127  
1(408) 729-9700  
Monday: 10:00am - 7:00pm  
*Closed for lunch: 2:00pm- 3:00pm*  
Tuesday – Friday: 8:00am - 5:00pm  
*Closed for lunch: 12:00pm- 1:00pm*  
Price: Sliding Fee Scale based on income

- **Bay Area Community Health-Family Clinic\***  
1066 S. White Rd., San Jose, CA 95127  
1(408) 729-9700  
Mon, Tues, Thurs, Fri: 8:00am -5:00pm  
*Closed for lunch: 12:00pm - 1:00pm*  
Wednesday: 10:00am-7:00pm  
*Closed for lunch: 2:00pm - 3:00pm*  
Price: Sliding Fee Scale based on income
- **Bay Area Community Health Monterey Clinic\***  
5504 Monterey Hwy, San Jose, CA 95138  
1(408) 729-9700  
Mon, Tues, Thurs, Fri: 8:00am -5:00pm  
*Closed for lunch: 12:00pm - 1:00pm*  
Tuesday: 10:00am - 7:00pm  
*Closed for lunch: 2:00pm - 3:00pm*  
Price: Sliding Fee Scale based on income
- **Bay Area Community Health-Story Road Clinic\***  
2880 Story Road San Jose, CA 95127  
1(408) 729-9700  
Monday - Friday: 4:00pm - 7:00pm  
Saturday and Sunday: 8:00am - 5:00pm  
*Closed for lunch: 12:00pm - 1:00pm*  
Price: Sliding Fee Scale based on income

## GARDNER HEALTH CENTERS

[gardnerhealthservices.org](http://gardnerhealthservices.org)

- **CompreCare Health Center\***  
3030 Alum Rock Ave.,  
San Jose, CA 95127  
1(408) 457-7100  
Monday – Friday: 8:00am - 5:00pm

Price: Sliding Fee Scale based on income

- **Gardner Downtown Health Center\***  
725 E. Santa Clara St., Suite 103  
San Jose, CA 95112  
1(408) 457-7100  
Mon-Fri: 8:00am - 5:00pm  
Price: Sliding Fee Scale based on income
- **Gardner Health Center\***  
195 E. Virginia St., San Jose CA 95112  
1(408) 457-7100  
Mon-Fri: 8:30am - 4:30pm  
Price: Sliding Fee Scale based on income
- **St. James Health Center\***  
55 East Julian St., San Jose, CA 95112  
1(408) 457-7100  
Monday - Friday: 8:00am – 5:00pm  
Price: Sliding Fee Scale based on income

## **INDIAN HEALTH CENTER OF SANTA CLARA VALLEY**

*New Patients Please Call for an Appointment.*

[indianhealthcenter.org](http://indianhealthcenter.org)

- **Meridian Main Campus\***  
1333 Meridian Ave., San Jose CA 95125  
1(408) 960-0660  
Monday & Friday: 8:00am – 5:00pm,  
Tuesday - Thursday: 8:00am – 7:00pm  
Price: Sliding Fee Scale based on income
- **Family Medicine Center at O'Connor\***  
455 O'Connor Dr. Suite 200  
San Jose CA 95128  
1(408) 283-7676  
Monday – Friday: 8:00am – 5:00pm  
Price: Sliding Fee Scale based on income

- **Forest Avenue- Pediatrics\***  
**(Ages 0-18)**  
2039 Forest Ave. Suite 105  
San Jose, CA. 95128  
1(408) 947-2929  
Monday – Friday: 8:00am – 5:00pm  
*Same day, walk-in appointments available for newborns before 2:00pm.*  
Price: Sliding Fee Scale based on income

- **Silver Creek Clinic\***  
1642 E. Capitol Expressway  
San Jose, CA. 95121  
1(408) 445-3431  
Mon, Thu, Fri: 8:00am – 5:00pm  
Tues, Wed: 8:00am – 7:00pm  
Saturday: 8:00am – 12:00pm  
*By appointment only*  
Price: Sliding Fee Scale based on income

## **SCHOOL-BASED (SB) CLINICS**

## **BAY AREA COMMUNITY HEALTH (BACH)** [bach.health](http://bach.health)

- **Andrew Hill SB Health Clinic\***  
3200 Senter Rd., Rm S104,  
San Jose, CA 95111  
1(408) 347-4240  
Monday – Friday: 7:30am – 4:00pm  
*Closed for lunch: 11:30am-12:00pm*
- **Independence SB Health Clinic\***  
617 N. Jackson Ave. (Side Building N1)  
San Jose, CA 95133  
1(408) 928-9599  
Monday -Thursday: 7:30am – 4:00pm  
*Closed for lunch: 11:30am - 12:00pm*  
Price: Sliding Fee Scale based on income

- **Mt. Pleasant SB Health Clinic\***  
1650 S. White Rd., San Jose, CA 95127  
1(408) 928-5250  
Monday: 10:00am – 7:00pm  
Tuesday - Friday: 8:00am - 5:00pm  
*Closed for lunch: 12:00pm - 1:00pm*  
Price: Sliding Fee Scale based on income
- **Yerba Buena SB Health Clinic\***  
1855 Lucretia Ave., Building 1100  
San Jose Ca 95112  
1(408) 347-4752  
Monday - Friday: 7:30am - 4:00pm  
*Closed for lunch: 11:30am - 12:00pm*  
Price: Sliding Fee Scale based on income

## SCHOOL HEALTH CLINICS OF SANTA CLARA COUNTY

[schoolhealthclinics.org](http://schoolhealthclinics.org)

- **Gilroy Neighborhood Health Clinic\* (Ages 0-24)**  
9300 Wren Avenue, Gilroy, CA 95020  
1(408) 842- 1017  
Monday: 10:00am - 6:30pm  
*Closed for lunch: 2:00pm – 3:00pm*  
Tuesday - Thursday 8:30am – 5:00pm  
*Closed for lunch: 12:30pm - 1:30pm*  
Friday: 8:00am - 4:30pm  
*Closed for lunch: 12:00pm -1:00pm*  
Price: Sliding Fee Scale based on income
- **Overfelt Neighborhood Health Clinic\***  
1835 Cunningham Ave.,  
San Jose, CA 95122  
1(408) 347-5988  
Monday: 9:00am - 5:30pm  
*Closed for lunch: 1:00pm – 2:00pm*  
Tuesday -Friday 8:00am - 4:30pm  
*Closed for lunch: 12:00pm – 1:00pm*  
Price: Sliding Fee Scale based on income

- **San Jose Neighborhood Health Clinic\* (Ages 0-24)**  
1149 E. Julian St., Bldg. H,  
San Jose, CA 95116  
1(408) 535-6001  
Monday: 9:30am - 6:00pm  
*Closed for lunch: 2:00pm – 3:00pm*  
Tuesday - Friday: 8:00am - 4:30pm  
*Closed for lunch: 12:00pm-1:00pm*  
Price: Sliding Fee Scale based on income
- **Washington Neighborhood Health Clinic\***  
100 Oak Street Room F-3,  
San Jose, CA 95110  
1(408) 295-0980  
Monday - Friday: 8:00am - 4:30pm  
*Closed for lunch: 12:00pm - 1pm*  
Price: Sliding Fee Scale based on income
- **Franklin- McKinley Neighborhood Health Clinic\* (Ages 0-24)**  
645 Wool Creek Dr., San Jose, CA 95112  
1(408) 283-6051  
Mon, Wed, Thurs & Fri: 8:00am - 4:30pm  
*Closed for lunch: 12:00pm – 1:00pm*  
Tuesday: 8:30am – 5:00pm  
*Closed for lunch: 12:30pm - 1:30pm*  
Price: Sliding Fee Scale based on income