



# San Francisco Department of Public Health

Grant Colfax  
Director of Health

City and County of San Francisco  
London N. Breed  
Mayor

May 1, 2019

Dear San Francisco City and County Civil Surgeon,

**NOTE:** This toolkit has been updated since October 9, 2018. Certain changes have been made to highlight the following:

- A *Civil Surgeon TB Referral Checklist* has been created to be used as a coversheet for when Civil Surgeons refer patients to the Tuberculosis Clinic.
- LTBI diagnosis should be reported to the SFDPH Tuberculosis Prevention and Control Program; however, patients should not be referred to the Tuberculosis Clinic for LTBI treatment. Rather, LTBI treatment should be offered by the civil surgeon or the patient should be referred to their primary medical home.
- All highlighted fields of the Confidential Morbidity Report must be completed.

As of October 1, 2018, new [2018 Civil Surgeons TB Technical Instructions](#) state that IGRA<sup>i</sup> testing is required for all applicants screened for status adjustment to lawful permanent resident in the US who are aged 2 years or older and are now required to report LTBI to the health department. A chest X-ray is required for all applicants with a positive IGRA result, known human immunodeficiency virus (HIV) infection, or signs / symptoms of TB disease. Civil surgeons should not refer applicants to the health department for IGRA testing or chest X-ray; all IGRAs and chest x-rays ordered by civil surgeons must be performed independently of a health department. Applicants requiring an evaluation for active TB disease (abnormal chest X-ray or HIV infected) should continue to be reported to TB Control. In addition, civil surgeons are now required to report LTBI to the health department. A summary of reporting requirements are below.

### Reporting requirements:

Category	Definition	Reporting requirements
Latent TB infection (LTBI) <sup>ii</sup>	<ul style="list-style-type: none"> <li>• Positive IGRA</li> <li>• Normal Chest X-ray</li> <li>• No known HIV</li> <li>• No signs / symptoms of active TB disease</li> </ul>	<p>The applicant's <b><i>name, contact information, IGRA results, chest X-ray, and treatment results</i></b> must be reported to the San Francisco Department of Public Health (SFDPH) Tuberculosis Prevention and Control Program using the Confidential Morbidity Report:</p> <p><a href="https://www.sfcddcp.org/wp-content/uploads/2018/01/Reportable-Diseases-List-CMR-SFDPH-FINAL-07.17.2018.pdf">https://www.sfcddcp.org/wp-content/uploads/2018/01/Reportable-Diseases-List-CMR-SFDPH-FINAL-07.17.2018.pdf</a></p>



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		<p>Fax to 415-206-4565.</p> <p><b>Civil Surgeons should offer LTBI treatment or refer the patients to primary care for LTBI treatment.</b></p>
All HIV-infected applicants	History of HIV infection	<p>If the applicant has known HIV infection, an IGRA and a chest x-ray must be performed and they must be referred to the health department of jurisdiction for sputum testing (regardless of above results).</p> <p>The patient will be contacted to schedule an appointment to come to the clinic once the following is faxed:</p> <ul style="list-style-type: none"> <li>• Civil Surgeon Checklist</li> <li>• Confidential Morbidity Report</li> <li>• Chest X-ray results</li> <li>• IGRA results</li> </ul>
Active TB disease (Suspected or confirmed)	<ul style="list-style-type: none"> <li>• Abnormal Chest X-ray (including chest X-rays</li> <li>• May or may not have signs / symptoms of active TB disease</li> </ul>	<p>Any confirmed or suspected case of active TB disease is required by law to be reported <u>within one business day</u> to the TB Prevention and Control Program by telephone at (415) 206-8524, or by fax at (415) 206-4565. This will also act as a referral and we will work with you to set up an appointment.<sup>iii</sup></p> <p>The patient will be contacted to schedule an appointment to come to the clinic once the following is faxed:</p> <ul style="list-style-type: none"> <li>• Civil Surgeon Checklist</li> <li>• Confidential Morbidity Report</li> <li>• Chest X-ray results</li> <li>• IGRA results</li> </ul>

For applicants who are diagnosed with LTBI, the I-693 form can be completed and given to the applicant. Civil surgeons must inform such applicants that their LTBI diagnosis has been reported to the local health department and should refer the patient to their primary care provider to receive treatment to prevent tuberculosis disease (although not required to complete the status adjustment



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process).

For your convenience, we have developed a Toolkit for Civil Surgeons to include:

- Cover letter with reporting instructions and links
- Confidential Morbidity Report (CMR) with highlighted fields requiring completion for reporting
- List of potential enrollment sites if your patient does not have a PCP or insurance
- An example of an educational brochure on LTBI that you can provide your patients
- Civil Surgeon TB Referral Checklist

Further information on LTBI treatment and patient education materials can be found on our website at: <https://www.sfcddp.org/tb-control/>. Please contact the San Francisco Department of Public Health Tuberculosis Prevention and Control Program for any additional questions on reporting, TB testing, diagnosis, or treatment. If you are a civil surgeon that is interested in further training on LTBI diagnosis and treatment, please contact us as we can work with you in providing on-site training.

Sincerely,

Chris Keh, MD  
Director, Tuberculosis Prevention and Control Program  
Disease Prevention and Control, Population Health Division  
San Francisco Department of Public Health  
2460 22nd Street, Ward 94  
San Francisco, CA 94110  
p: (415) 206-8524, f: (415) 206-4565

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<sup>i</sup> Interferon gamma release assay (IGRA)- test that measures a component of cell-mediated immunity reactivity to *M. tuberculosis* in fresh whole blood (e.g. QuantiFERON-TB Gold Plus and T-SPOT.TB).

<sup>ii</sup> For more information on diagnosing latent TB infection versus active TB disease, please refer to CDC guidelines: [https://www.cdc.gov/tb/education/provider\\_edmaterials.htm](https://www.cdc.gov/tb/education/provider_edmaterials.htm)

<sup>iii</sup> Applicants that live outside of San Francisco should be reported to their county of residence. SFDPH can assist civil surgeons with the appropriate TB control in other jurisdictions if needed.

# REPORTABLE DISEASES AND CONDITIONS

City and County of San Francisco San Francisco Department of Public Health

## Title 17, California Code of Regulations (CCR) §2500, §2593, §2641-2643 and §2800-2812.

Every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or conditions listed below, must report to the local health officer for the jurisdiction where the patient resides. Where no health care provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the diseases or conditions listed below may make such a report to the local health officer for the jurisdiction where the patient resides.

**§2500 (c)** The Administrator of each health facility, clinic or other setting where more than one health care provider may know of a case, a suspected case or an outbreak of disease within the facility shall establish and be responsible for administrative procedures to assure that reports are made to the local officer.

## WHOM TO REPORT TO

### REPORT OUTBREAKS, DISEASES, AND CONDITIONS TO COMMUNICABLE DISEASE CONTROL UNIT UNLESS OTHERWISE INDICATED

<b>COMMUNICABLE DISEASE CONTROL UNIT</b> <b>PHONE: (415) 554-2830</b> <b>FAX: (415) 554-2848 M-F 8AM TO 5PM</b>  For urgent reports after hours, call 415-554-2830, and follow the instructions on the voicemail to page the on-call MD.	<b>HIV REPORTING</b> <b>PHONE: (415) 437-6335</b>	<b>ANIMAL CARE &amp; CONTROL</b> <b>ANIMAL BITES (Mammals Only)</b> <b>PHONE: (415) 554-9422 FAX: (415) 864-2866</b>
	<b>STD REPORTING</b> <b>PHONE: (415) 487-5530 FAX: (415) 431-4628</b>	<b>ENVIRONMENTAL HEALTH SERVICES FOR PESTICIDE</b> <b>PHONE: (415) 252-3862 FAX: (415) 252-3818</b>
	<b>TUBERCULOSIS REPORTING</b> <b>PHONE: (415) 206-8524 FAX: (415) 206-4565</b>	

## DISEASE OR CONDITION / URGENCY REPORTING REQUIREMENTS

### URGENCY REPORTING KEY

**▲** Report immediately by telephone    **1** Report within one working day of identification    **7** Report within seven calendar days by FAX, phone or mail

<p><b>1</b> Amebiasis</p> <p><b>7</b> Anaplasmosis</p> <p><b>7</b> Animal bites (mammals only) <i>to Animal Care</i></p> <p><b>▲</b> Anthrax*, human or animal</p> <p><b>1</b> Babesiosis</p> <p><b>▲</b> Botulism* (Infant, Foodborne, Wound, Other)</p> <p><b>7</b> Brucellosis, animal (except infections due to <i>Brucella canis</i>)</p> <p><b>▲</b> Brucellosis*, human</p> <p><b>1</b> Campylobacteriosis</p> <p>-- Cancer, including benign and borderline brain tumors (except (1) basal and squamous skin cancer unless occurring on genitalia, and (2) carcinoma in-situ and CIN III of the cervix) (<i>Report w/in 30 days to California Cancer Registry</i>)</p> <p><b>7</b> Chancroid <i>to STD</i></p> <p><b>1</b> Chickenpox (Varicella) (outbreaks, hospitalizations and deaths)</p> <p><b>1</b> Chikungunya Virus Infection</p> <p><b>7</b> <i>Chlamydia trachomatis</i> infections <i>to STD</i></p> <p><b>▲</b> Cholera</p> <p><b>▲</b> Ciguatera Fish Poisoning</p> <p><b>7</b> Coccidioidomycosis</p> <p><b>7</b> Creutzfeldt-Jakob Disease (CJD)</p> <p><b>1</b> Cryptosporidiosis</p> <p><b>7</b> Cyclosporiasis</p> <p><b>7</b> Cysticercosis</p> <p><b>▲</b> Dengue Virus Infection</p> <p><b>▲</b> Diphtheria</p> <p><b>7</b> Disorders Characterized by Lapses of Consciousness</p> <p><b>▲</b> Domoic Acid Poisoning (Amnesic Shellfish Poisoning)</p> <p><b>7</b> Ehrlichiosis</p> <p><b>1</b> Encephalitis, infectious (specify etiology)</p> <p><b>▲</b> <i>Escherichia coli</i> shiga toxin producing (STEC) including <i>E. coli</i> O157</p> <p><b>▲</b> Flavivirus infection of undetermined species</p> <p><b>▲</b> Foodborne illness (2 or more cases from different households)</p> <p><b>7</b> Giardiasis</p> <p><b>7</b> Gonococcal infections (Including disseminated) <i>to STD</i></p>	<p><b>1</b> <i>Haemophilus influenzae</i>, invasive disease, all sero-types (in persons less than five years of age.)</p> <p><b>1</b> Hantavirus infections</p> <p><b>▲</b> Hemolytic Uremic Syndrome</p> <p><b>1</b> Hepatitis A, acute infection</p> <p><b>7</b> Hepatitis B (specify acute case or chronic)</p> <p><b>7</b> Hepatitis C (specify acute case or chronic)</p> <p><b>7</b> Hepatitis D (Delta) (specify acute case or chronic)</p> <p><b>7</b> Hepatitis E, acute infection</p> <p><b>1</b> Human Immunodeficiency Virus (HIV), <i>Acute infection to HIV Reporting</i></p> <p><b>7</b> Human Immunodeficiency Virus (HIV) Infection, stage 3 (AIDS) <i>to HIV Reporting</i></p> <p><b>7</b> Influenza, deaths in laboratory-confirmed cases for age 0-64 years</p> <p><b>▲</b> Influenza, novel strains (human)</p> <p><b>7</b> Legionellosis</p> <p><b>7</b> Leprosy (Hansen Disease)</p> <p><b>7</b> Leptospirosis</p> <p><b>1</b> Listeriosis</p> <p><b>7</b> Lyme Disease</p> <p><b>7</b> Lymphogranuloma Venereum (LGV) <i>to STD</i></p> <p><b>1</b> Malaria</p> <p><b>▲</b> Measles (Rubeola)</p> <p><b>1</b> Meningitis (specify etiology)</p> <p><b>▲</b> Meningococcal infections</p> <p><b>7</b> Mumps</p> <p><b>▲</b> Novel Virus Infection with Pandemic Potential</p> <p><b>▲</b> Paralytic Shellfish Poisoning</p> <p>-- Parkinson's Disease, <i>Report w/in 90 days to California Parkinson's Disease Registry (CPDR)</i></p> <p><b>1</b> Pertussis (Whooping Cough)</p> <p><b>7</b> Pesticide-related illness or injury (known or suspected cases) <i>to Environmental Health Services</i></p> <p><b>▲</b> Plague*, human or animal</p> <p><b>1</b> Poliovirus infection</p> <p><b>1</b> Psittacosis</p> <p><b>1</b> Q Fever</p> <p><b>▲</b> Rabies, human or animal</p> <p><b>1</b> Relapsing Fever</p>	<p><b>7</b> Respiratory Syncytial Virus (only report death in patient less than five years of age)</p> <p><b>7</b> Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like Illnesses</p> <p><b>7</b> Rocky Mountain Spotted Fever</p> <p><b>7</b> Rubella (German Measles)</p> <p><b>7</b> Rubella Congenital Syndrome</p> <p><b>1</b> Salmonellosis (other than Typhoid Fever)</p> <p><b>▲</b> Scombroid Fish Poisoning</p> <p><b>▲</b> Shiga toxin (detected in feces)</p> <p><b>1</b> Shigellosis</p> <p><b>▲</b> Smallpox* (Variola)</p> <p><b>1</b> Streptococcal infections, outbreaks of any type and individual cases in food handlers and dairy workers only</p> <p><b>1</b> Syphilis <i>to STD Reporting</i></p> <p><b>7</b> Taeniasis</p> <p><b>7</b> Tetanus</p> <p><b>7</b> Transmissible Spongiform Encephalopathies (TSE)</p> <p><b>1</b> Trichinosis</p> <p><b>1</b> Tuberculosis <i>to Tuberculosis Reporting</i></p> <p><b>7</b> Tularemia, animal</p> <p><b>▲</b> Tularemia*, human</p> <p><b>1</b> Typhoid Fever (cases and carriers)</p> <p><b>1</b> <i>Vibrio</i> infections</p> <p><b>▲</b> Viral Hemorrhagic Fevers*, human or animal (e.g. Crimean-Congo, Ebola, Lassa and Marburg viruses)</p> <p><b>1</b> West Nile Virus (WNV) Infection</p> <p><b>▲</b> Yellow Fever</p> <p><b>1</b> Yersiniosis</p> <p><b>▲</b> Zika Virus Infection</p> <p><b>▲</b> <b>ANY UNUSUAL DISEASES</b></p> <p><b>▲</b> <b>NEW DISEASE OR SYNDROME NOT PREVIOUSLY RECOGNIZED</b></p> <p><b>▲</b> <b>OUTBREAKS OF ANY DISEASE</b></p>
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For updates go to <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Public-Health-Reporting.aspx>

### CONFIDENTIAL MORBIDITY REPORT

**NOTE: For STD, Hepatitis, or TB, complete appropriate section below. Special reporting requirements and reportable diseases on back.**

**DISEASE BEING REPORTED:**

<b>Patient's Last Name</b>		<b>Social Security Number</b>		<b>Ethnicity (✓one)</b>	
<b>First Name / Middle Name (or initial)</b>		<b>DOB</b>	<b>Age</b>	Hispanic/Latino	
<b>Address: Number, Street</b>		<b>MONTH</b>	<b>DAY</b>	<b>YEAR</b>	Non-Hispanic/Non-Latino
<b>City / Town</b>		<b>State</b>	<b>ZIP Code</b>	<b>Country of Birth</b>	<b>Race (✓one)</b>
<b>Phone Number</b>	<b>Gender (Please Check One)</b>	<b>Pregnant?</b> Y N UNK		African-American/Black	
<b>Area Code</b> <b>Primary Phone Number</b>	Male	Genderqueer/Gender Non-Binary		Asian/Pacific Islander (✓one)	
<b>Area Code</b> <b>Secondary Phone Number</b>	Female	Not Listed (Specify): _____		Asian-Indian Japanese	
	Trans Male	<b>Estimated Delivery Date:</b>		Cambodian Korean	
	Trans Female	DD MM YY		Chinese Laotian	
	Unknown	Patient's Occupation/Setting		Filipino Samoan	
		Food service Day care Health care School		Guamanian Vietnamese	
		Correctional facility Other _____		Hawaiian Other _____	
				Native American/Alaskan Native	
				White	
				Other: _____	
				Unknown	

<b>DATE OF ONSET</b>	<b>Reporting Health Care Provider</b>	<b>Medical Record Number</b>
Month Day Year		
<b>DATE DIAGNOSED</b>	<b>Reporting Health Care Facility</b> fFYa Uf_ \ YfYJZnci 'UYU7 -J=@Gf ; 9CBL	
Month Day Year	Address	
<b>DATE OF DEATH</b>	<b>City</b>	<b>State</b> <b>ZIP Code</b>
Month Day Year		
	<b>Telephone Number</b>	<b>Fax</b>
	( ) ( )	( ) ( )
	<b>Submitted by</b>	<b>Date Submitted</b>
		(Month/Day/Year)

**Report all non STD, non-TB, non-HIV to:  
Communicable Disease Control Unit  
San Francisco Dept of Public Health  
25 Van Ness Ave, Suite 500  
San Francisco, CA 94102  
CD Phone: (415) 554-2830  
CD Fax: (415) 554-2848  
STD Fax: (415) 431-4628  
TB Fax: (415) 206-4565  
HIV Phone: (415) 437-6335**

<b>SEXUALLY TRANSMITTED DISEASES (STD)</b>		<b>Syphilis Test Results</b>	
<b>Syphilis</b>		RPR Titer: _____	
Primary (lesion present)	Late latent > 1 year	VDRL Titer: _____	
Secondary	Late (tertiary)	CSF-VDRL Pos Neg	
Early latent <1year	Congenital	TP-PA Pos Neg	
Latent (unknown duration)		EIA/CLIA Pos Neg	
Neurosyphilis Y N UNK	Ocular Syphilis Y N UNK	Other: _____	
<b>Chlamydia</b>	<b>Specimen Source</b>	<b>Gender(s) of Sex Partners last 12 months</b>	
Gonorrhea	Pharyngeal Urine	Please check all that apply:	
LGV (Suspect)	Rectal Vaginal	Male Female Trans Male Trans Female	
	Urethral/Cervical Other: _____	Unknown Genderqueer/Gender Non-Binary	

<b>VIRAL HEPATITIS</b>		<b>Pos</b>	<b>Neg</b>	<b>Pend</b>	<b>Not Done</b>
<b>Hep A</b>	anti-HAV IgM				
<b>Hep B</b>	HBsAg				
<b>Acute</b>	anti-HBc				
<b>Chronic</b>	anti-HBc IgM				
	anti-HBs				
<b>Hep C</b>	anti-HCV				
<b>Acute</b>	PCR-HCV				
<b>Chronic</b>					
<b>Hep D (Delta)</b>	anti-Delta				
	Other: _____				

<b>STD TREATMENT INFORMATION</b> On PrEP for HIV prevention Y N UNK	
<b>Treated (Drugs, Dosage, Route):</b>	Treated in office Given prescription
Month Day Year	Unable to contact patient
	Refused treatment
	Referred to: _____

<b>Suspected Exposure Type</b>			
Blood transfusion	Other needle exposure	Sexual contact	Household contact
Child care	Other: _____		

<b>TUBERCULOSIS (TB)</b>	
<b>Status</b>	
Active Disease	LTBI
Confirmed	
Suspected	
<b>Site(s)</b>	
Pulmonary	
Extra-Pulmonary	
<b>NAAT/PCR</b>	
Positive	
Negative	
RIF resistance detected	
RIF resistance NOT detected	

<b>TB Testing</b>	
IGRA	Month Day Year
PPD/TST	
<b>Date Performed</b>	
<b>Results:</b>	
<b>Chest X-Ray</b>	Month Day Year
<b>Date Performed</b>	
Normal	Attach all results to CMR
Cavitary	Abnormal/Noncavitary

<b>Bacteriology/Pathology</b>	
<b>Accession number</b>	
<b>Date Specimen Collected</b>	Month Day Year
<b>Source:</b>	
<b>Smear:</b>	Pos Neg Pending
<b>Culture:</b>	Pos Neg Pending
<b>Pathology suggests TB</b>	
<b>Other test(s)</b>	

<b>TB TREATMENT INFORMATION</b>	
<b>Current Treatment</b>	
I INH	RIF PZA
EMB	h Other: _____
<b>Date Treatment Initiated</b>	Month Day Year
<b>Untreated</b>	
Will treat	
Unable to contact patient	
Refused treatment	
Referred to: _____	

**REMARKS**

# PCP Referral List

Agency & Contact	Details for PCP
<p>San Francisco Health Network Phone number: 415-682-1740</p>	<p>Accepting patients without health insurance? <b>No.</b> However, we will help you to enroll in various health insurance and payment programs. To learn more, please call (628) 206-7800 to schedule an appointment with a Certified Enrollment Worker.</p> <p>Accepted health insurances: <b>Medicare, Medicaid, Healthy Workers, Healthy Kids, San Francisco Health Plan or Healthy San Francisco</b></p> <p>Eligibility criteria: -<b>Must be a resident of San Francisco</b> -<b>To receive care in the Network, you must be enrolled in one of the accepted insurance or financial programs.</b></p>
<p>UCSF Phone number: 1-844-PCP-UCSF</p>	<p>Accepting patients without health insurance? <b>Yes, only if patient is paying out of pocket (self-pay).</b> However, if needed, there are payment plans offered by speaking with a Financial Counselor. Please call (415) 353-1966</p> <p>Accepted health insurances: <b>UCSF Medical Center contracts with many major health insurance companies and accepts several Medicare and Medi-Cal plans. A <a href="#">list of health insurance companies and Medicare and Medi-Cal programs</a> that provide coverage for our services is available below.</b></p> <p>Eligibility criteria : <b>None</b></p>
<p>One Medical Phone number: 415-523-6317</p>	<p>Accepting patients without health insurance? <b>Yes , only if patient is paying out of pocket (self-pay)</b></p> <p>Accepted health insurances: <b>Aetna, Anthe, Blue Cross, Blue Shield, Chinese Community Health Plan, Cigna, Health Net, Multiplan (PCHS), Oscar, United Health Care, Medicare... NO MEDICAID</b></p> <p>Eligibility criteria : <b>Membership fee required to enroll</b></p>

**As of 10/31/18**

<p>Kaiser San Francisco Phone number: 800-464-4000</p>	<p>Accepting patients without health insurance? <b>Yes, at a non-member rate.</b></p> <p>Accepted health insurances: <b>Kaiser does not directly bill other insurance. Patient will be billed directly and must follow up with their insurance company in regards to payment.</b></p> <p>Eligibility criteria : <b>Must be a resident of a Kaiser Service Area</b></p>
<p>Sutter Pacific Medical Foundation Phone number: 866-681-0739</p>	<p>Accepting patients without health insurance? <b>Yes</b></p> <p>Accepted health insurances: <a href="https://www.sutterhealth.org/spmf/health-plan?">https://www.sutterhealth.org/spmf/health-plan?</a></p> <p>Eligibility criteria :  <ul style="list-style-type: none"> <li>•<b>Living on a combined family income at or below 400% of the Federal Poverty Level.</b></li> <li>•<b>Proof of identification</b></li> </ul> </p>
<p>Clinic By The Bay Phone number: 415-405-0207</p>	<p>Accepting patients without health insurance? <b>Yes, working uninsured San Francisco residents</b></p> <p>Accepted health insurances: <b>None</b></p> <p>Eligibility criteria : <b>Must be employed</b></p>
<p>Downtown Medical Phone number: 415-362-7177</p>	<p>Accepting patients without health insurance? ? <b>Yes. Payment is expected at time of service. We accept cash and all major credit/debit cards.</b></p> <p>Accepted health insurances: <b>Medicare, most PPO plans - UHC, Aetna, Cigna Blue Cross, Blue Shield, Health Net, Tricare, and etc</b></p> <p>Eligibility criteria : <b>Must not be a recipient of Medicaid/Medi-Cal or Covered California</b></p>

As of 10/31/18

**TB bacteria can live in your body without you feeling sick. Protect your loved ones and those around you by getting treated.**

For more information on TB, call your local health department at

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Or visit the CDC Division of Tuberculosis Elimination website at <http://www.cdc.gov/tb>

If your doctor informs that you have latent TB, it is important that you take medication to stop the germs in your body from growing and making you very sick. Even though you may not feel sick, taking medications now will prevent you and your family from getting sick from TB disease in the future.

**It is a lot easier to treat latent TB infection than TB disease.**

## What are my treatment options?

- Rifampin daily x 4 months
- Rifapentine + Isoniazid weekly x 12 doses
- Isoniazid daily x 6-9 months

Talk to your doctor today about the treatment options that are right for you.

## TUBERCULOSIS

### What do I need to know about Tuberculosis Infection?

How can I have TB?  
I don't even feel sick.

#### What is Tuberculosis (TB)?

TB is a contagious airborne disease that is caused by a special bacterium (germ). The germs are coughed or sneezed into the air by someone who is sick with active TB. You can only catch TB by breathing in this germ.

TB has two stages. **You have the first stage—latent or inactive infection:**

- You have dormant (sleeping) TB germs in your body.
- You are not sick, and you have no symptoms.
- You cannot give the germs to anyone else.

Some people go on to a second stage—**active TB disease**. People with active TB disease:

- Have many active TB germs in their bodies.
- Are sick and may have symptoms like cough, fever, and weight loss.
- Need to see a doctor.
- Can give TB germs to others.



## How do I know if I am infected with TB germs?

Only your doctor can tell if you have TB. First, you will be given either the skin test or a blood test. A positive skin or blood test means TB germs are in your body—*Latent TB Infection*. If you have a positive test, you will need a chest x-ray to find out if the germs have caused any damage in your lungs—*Active TB Disease*. You may be asked to cough up sputum (mucus) from your lungs to check for TB germs.



## You are not contagious.

People with latent tuberculosis infection **CANNOT** spread the disease to other people.



## Tuberculosis disease is preventable.

If you have been infected with the germs, you are at a higher risk of becoming sick with tuberculosis. This can happen right away or up to many years later.

You can prevent TB by taking medicine. It is safe and kills the tuberculosis germ. Your doctor may prescribe other, similar medicine.

## What can I do to prevent active tuberculosis?

The most important thing you can do is to take your TB medicine! Take your TB medication as often as your doctor says.



- Keep your appointment with your nurse or your doctor
- Notify your doctor if you can't make an appointment or are traveling
- Tell the doctor or nurse if you are pregnant or taking any other medications or have any other health problems
- Take your pills at the same time every day. Include it in a daily routine
- Return to the doctor or nurse every month for a refill or as scheduled.
- Never give your medicine to anyone else
- Avoid alcohol



## CIVIL SURGEONS TB REFERRAL CHECKLIST

Make sure all boxes have been checked off before referring to San Francisco Department of Public Health (SFPDH) TB Clinic. Please include this cover sheet in your fax to TB Clinic (415) 206-4565. PATIENTS WILL BE CALLED TO SCHEDULE AN APPOINTMENT ONCE WE RECEIVE ALL REQUIRED DOCUMENTS. WALK-INS WILL NOT BE ACCEPTED.

### REFERRAL REQUIREMENTS (ALL MUST APPLY)

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- Patient resides in San Francisco County
- Patient has an Abnormal Chest X-ray\*
- Positive IGRA Test (QFT or TSPOT)

### CMR FORM

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- Completed ALL the highlighted sections of the attached CMR form

### CD OF X-RAY

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- CD of X-rays should be sent with patient

### X-RAY REPORT

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- X-ray report is attached

### TEST RESULTS

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- TB test results are attached
- HIV status, if known, is attached\*

\*Note: If patient is HIV Positive, they should be referred to the SFPDH/TB Clinic, regardless of X-ray or IGRA Results.