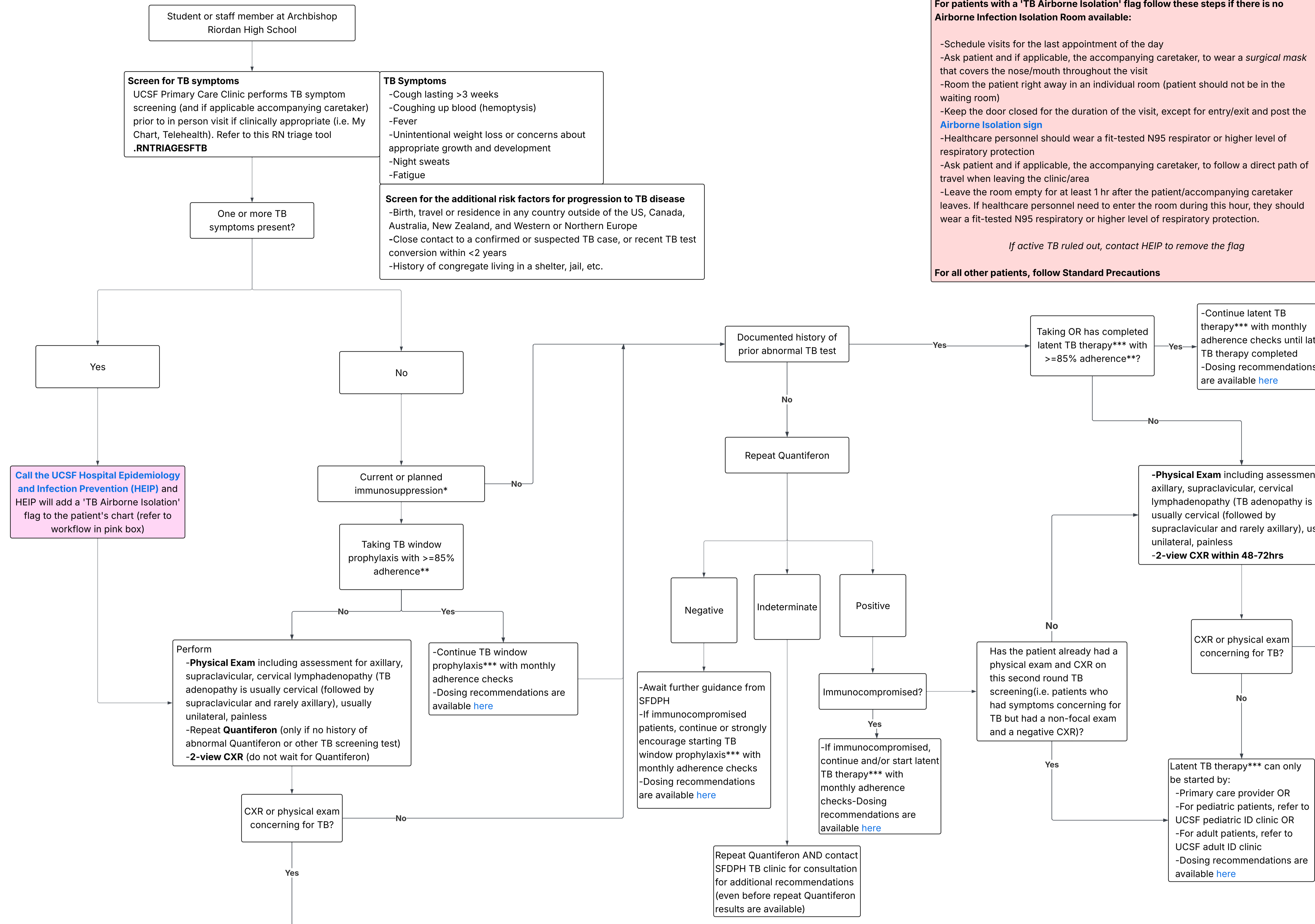


Repeat TB screening starting the week of March 16-25, 2026. Screening will be offered at the high school.

Additional rounds of TB screening may be required as per SFDPH direction

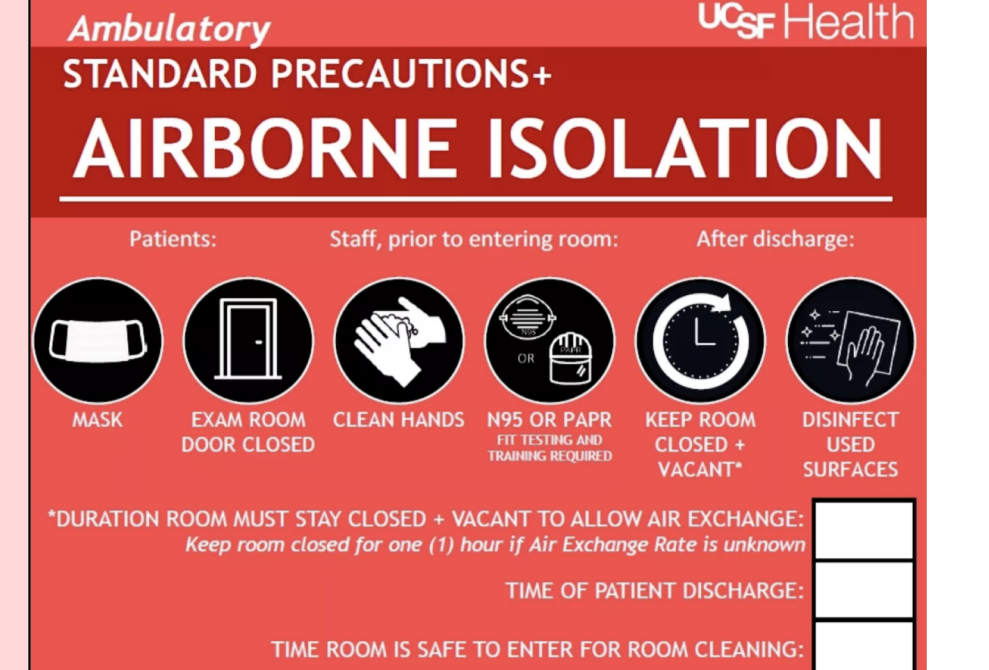


For patients with a 'TB Airborne Isolation' flag follow these steps if there is no Airborne Infection Isolation Room available:

- Schedule visits for the last appointment of the day
- Ask patient and if applicable, the accompanying caretaker, to wear a surgical mask that covers the nose/mouth throughout the visit
- Room the patient right away in an individual room (patient should not be in the waiting room)
- Keep the door closed for the duration of the visit, except for entry/exit and post the **Airborne Isolation sign**
- Healthcare personnel should wear a fit-tested N95 respirator or higher level of respiratory protection
- Ask patient and if applicable, the accompanying caretaker, to follow a direct path of travel when leaving the clinic/area
- Leave the room empty for at least 1 hr after the patient/accompanying caretaker leaves. If healthcare personnel need to enter the room during this hour, they should wear a fit-tested N95 respirator or higher level of respiratory protection.

If active TB ruled out, contact HEIP to remove the flag

For all other patients, follow Standard Precautions



Fill out and send the TB assessment form as instructed in the SFDPH [here](#).

Footnotes
 ***Immunocompromising conditions** include HIV infection, congenital or acquired immunodeficiency, organ transplant, biologics including TNF- α antagonists (infliximab, adalimumab, etanercept, others), systemic steroids (equivalent of prednisone ≥ 2 mg/kg/day, or ≥ 15 mg/kg/day for > 2 weeks, or other immunosuppressive medications, including biologics, or conditions

****While full adherence is ideal, $\geq 85\%$ adherence is defined as:**
 • Rifampin daily x 4 months - patients should be taking 6/7 doses per week and complete all 120 doses within 6 months
 • INH and rifapentine once weekly (3HP) x 12 weeks - patients should take a minimum of 11 doses within 16 weeks total
 • Isoniazid (INH) daily x 6-9 months - patients should take 6/7 doses per week and must complete 180 doses within 9 months total.

***Please remind patients that when taking a rifampin or 3HP, efficacy of hormonal contraception will be decreased, and barrier contraception is **strongly** recommended. Rifampin and rifapentine have drug interactions with many other medications; please check with the pharmacist if the patient is taking other chronic medications.

For clinical infectious disease questions including test interpretation, prophylaxis, and TB therapy
 Both pediatric and adult: contact SFDPH TB Clinic 628-206-3398 or by secure email to DCIteamactivities@sfdph.org
 Pediatrics: for urgent questions UCSF provider contacts pediatric infectious diseases via Voalte or for non-urgent questions including referral for latent TB treatment, place ambulatory referral to pediatric infectious diseases
 Adults: Submit a referral to Infectious Diseases clinic

For Infection Prevention related questions, [contact the Hospital Epidemiology and Infection Prevention team](#).

For additional details and references, refer to the 1/29/26 SFDPH Health Advisory available [here](#).