

# County of Santa Clara Public Health Department

Health Officer  
976 Lenzen Avenue, 2<sup>nd</sup> Floor  
San José, CA 95126



**DATE:** March 19, 2019

**TO:** District Superintendents  
School Nurses

**CC:** Pediatricians and Family Medicine Physicians

**FROM:** Sara H. Cody, MD *SHC*  
Health Officer  
Tara Perti, MD, MPH *TP*  
Tuberculosis Controller/Assistant Health Officer

**RE:** **Revision of the Santa Clara County Public Health Department Tuberculosis (TB) Risk Assessment for School Entry Form**

The County of Santa Clara Public Health Department has been informed by the California Attorney General's Office that the Santa Clara County Public Health Department TB Risk Assessment for School Entry Form is inconsistent with the California Attorney General's Office model policies ("Promoting a Safe and Secure Learning Environment for All: Guidance and Model Policies to Assist California's K-12 Schools in Responding to Immigration Issues," developed pursuant to Cal. Ed. Code, Section 234.7) because it identifies whether a child was born outside the U.S. prior to school enrollment.

The California Attorney General's Office has required revision of the form, recommending combining the question about birth in another country with travel to another country to be consistent with these model policies. **Schools are to be using the updated form by April 15, 2019.**

We have taken this opportunity to further revise the risk assessment, and the accompanying guidelines and frequently asked questions (FAQs). The revisions were made to improve clarity and provide updated information regarding use of TB blood tests in children and preferred short-course treatment regimens for latent TB infection. These revised documents are attached to this letter.

Please provide this letter and a copy of the revised documents to each school in your district as well as any location where centralized registration is done for new and transfer students. All previous packets and documents, including the Santa Clara County Public Health Department TB Risk Assessment for School Entry Form; Guidelines to Revisions to the School Mandate and Requirements; Frequently Asked Questions; and Interferon Gamma Release Assay (IGRA) Provider Information and Guidelines for Interpretation should be discarded and replaced. The updated packet: "Tuberculosis Information for Health Care Providers and Schools" is available at [www.sccphd.org/tb](http://www.sccphd.org/tb). Please feel free to post a link to this information on district or school websites.

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.

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Male/Female School: \_\_\_\_\_  
 Last, First month/day/year

Address \_\_\_\_\_ Phone: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Street City Zip

## Santa Clara County Public Health Department Tuberculosis (TB) Risk Assessment for School Entry

**This form must be completed by a U.S. licensed primary care provider and returned to the child's school.**

1. Was your child born in, or has your child resided in or traveled to (for more than one week) a country with an elevated TB rate?\*  Yes  No
2. Has your child been exposed to anyone with TB disease?  Yes  No
3. Has a family member had a positive TB test or received medications for TB?  Yes  No
4. Was a parent, household member, or visitor who stayed in the child's home for >1 week, born in a country with an elevated TB rate?\*  Yes  No
5. Is your child immunosuppressed [e.g. due to HIV infection, organ transplant, treatment with TNF-alpha inhibitor or high-dose systemic steroids (e.g. prednisone ≥ 15 mg/day for ≥ 2 weeks)]?  Yes  No

\*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).

**If YES**, to any of the above questions, the child has an increased risk of TB and should have a TB blood test (IGRA, i.e. QuantiFERON or T-SPOT.TB) or a tuberculin skin test (TST) unless there is either 1) a documented prior positive IGRA or TST performed in the U.S. or 2) no new risk factors since last documented negative IGRA (performed at age ≥2 years in the U.S.) or TST (performed at age ≥6 months in the U.S.).

**All children with a current or prior positive IGRA/TST result must have a medical evaluation, including a chest x-ray (CXR; posterior-anterior and lateral for children <5 years old is recommended). CXR is not required for children with documented prior treatment for TB disease, documented prior treatment for latent TB infection, or BCG-vaccinated children who have a positive TST and negative IGRA. If there are no symptoms or signs of TB disease and the CXR is normal, the child should be treated for latent TB infection (LTBI) to prevent progression to TB disease.**

**Enter test results for all children with a positive risk assessment:**

Interferon Gamma Release Assay (IGRA) Date: _____	Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Indeterminate
Tuberculin Skin Test (TST/Mantoux/PPD) Date placed: _____ Date read: _____	Induration _____ mm Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive
Chest X-Ray Date: _____ Impression: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
LTBI Treatment Start Date: _____ <input type="checkbox"/> Rifampin daily - 4 months <input type="checkbox"/> Isoniazid/rifapentine - weekly X 12 weeks <input type="checkbox"/> Isoniazid daily - 9 months <input type="checkbox"/> Other: _____	<input type="checkbox"/> Prior TB/LTBI treatment (Rx & duration): _____ <input type="checkbox"/> Treatment medically contraindicated: _____ <input type="checkbox"/> Declined against medical advice
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 no TB symptoms.	
_____ Health Care Provider Signature, Title <span style="float: right;">Date</span>	

**Name/Title of Health Provider:**

**Facility/Address:**

**Phone number:**

# County of Santa Clara

## Public Health Department

Tuberculosis Prevention & Control Program  
976 Lenzen Avenue, Suite 1700  
San José, CA 95126  
408.885.2440



### Testing Methods

An Interferon Gamma Release Assay (IGRA, i.e. QuantiFERON or T-SPOT.TB) or Mantoux tuberculin skin test (TST) should be used to test those at increased risk. An IGRA can be used in all children  $\geq 2$  years old and is 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 (yes to question 2 on reverse), or the child is immunosuppressed, then TST  $\geq 5$  mm is considered positive. If a BCG-vaccinated child has a positive TST, and an IGRA is subsequently performed and is negative, testing is considered negative unless the child was exposed to someone with TB disease or is immunosuppressed. For immunosuppressed children, screening should be performed by CXR in addition to a TST/IGRA (consider doing both) and symptom review.

### Evaluation of Children with Positive TB Tests

- All children with a positive IGRA/TST result must have a medical evaluation, including a CXR (posterior-anterior and lateral is recommended for children  $<5$  years old). A CXR is not required for a positive TST with negative IGRA in a BCG-vaccinated child, or if the child has documentation of prior treatment for TB disease or treatment for latent TB infection.
- For children with TB symptoms (e.g. cough for  $>2-3$  weeks, shortness of breath, hemoptysis, fever, weight loss, night sweats) or an abnormal CXR consistent with active TB disease, report to the County of Santa Clara Public Health Department TB Program within one day. The child will need to be evaluated for TB disease with sputum AFB smears/cultures and nucleic acid amplification testing. A negative TST or IGRA does not rule out active TB disease in a patient with symptoms or signs of TB disease. The child cannot enter school unless active TB disease has been excluded or treatment has been initiated.
- If there are no symptoms or signs of TB disease and the CXR is normal, the child should be treated for latent TB infection (LTBI). Do not treat for LTBI until active TB disease has been excluded.
- Short-course regimens (rifampin daily for four months or 12-dose weekly isoniazid/rifapentine) 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

### Treatment Regimens for Latent TB Infection

- Rifampin 15 - 20 mg/kg (max. 600 mg) daily for 4 months
- 12-dose Weekly Isoniazid/Rifapentine (3HP) Regimen:
  - Isoniazid
    - 2-11 years old: 25 mg/kg rounded up to nearest 50 or 100 mg (max. 900 mg)
    - $\geq 12$  years old: 15 mg/kg rounded up to nearest 50 or 100 mg (max. 900 mg)
  - 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
    - $>50$  kg: 900 mg
  - Vitamin B6 50 mg weekly
- Isoniazid 10 mg/kg (range, 10-15 mg/kg; max. 300 mg) daily for 9 months. Recommended pyridoxine dosage is 25 mg for school-aged children (or 1-2 mg/kg/day).

For additional information: [www.sccphd.org/tb](http://www.sccphd.org/tb) or contact the TB Control Program at (408) 885-2440.

# **Santa Clara County Tuberculosis Screening Requirement for School Entrance Effective June 1, 2014**

## **Guidelines to Revisions to the School Mandate and Requirements**

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

Students must undergo a TB risk assessment prior to entering kindergarten or upon transfer to Santa Clara County schools. Each student must be evaluated by a primary care provider who will complete the *Santa Clara County Public Health Department TB Risk Assessment for School Entry* form.

TB risk assessment and test results (if indicated) must be submitted prior to school entry; documented TB risk assessment **up to twelve months prior to registration for school is considered valid.**

Students who have a positive risk assessment should have a TB test. All children with a positive TB test should undergo medical evaluation, including a chest x-ray. Chest x-ray is not required for children with documented prior treatment for TB disease, documented prior treatment for latent TB infection, or BCG-vaccinated children who have a positive TST and negative IGRA. The results of the chest x-ray should be included on the form. If the chest x-ray is normal and the child has no TB symptoms, they may start school. If the child has symptoms or an abnormal chest x-ray consistent with TB disease, the child must undergo further evaluation and cannot enter school unless active TB disease has been excluded or treatment has been initiated.

**Please fax any forms reporting an abnormal chest x-ray to the TB Prevention and Control Program at (408) 885-2331.**

### **2) 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 Pediatric Tuberculosis Collaborative Group recommendations and based on the epidemiology of childhood tuberculosis in Santa Clara County.

### **3) Who needs to satisfy the requirements of the Santa Clara County TB Mandate?**

The requirement applies to the following students entering a public or private school in Santa Clara County beginning June 1, 2014 and later:

1. All students entering into kindergarten for the first time.
2. All students transferring to Santa Clara County schools into kindergarten through twelfth grade from a school outside of Santa Clara County.

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## **4) Who is exempt from these requirements?**

1. All students who have previously met the TB screening requirements of Santa Clara County AND who have not been residing outside the county 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 early learning program in Santa Clara County.
2. Students transferring from one school to another within Santa Clara County AND have previously met the TB screening requirements.

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

A student who falls under the provisions of the McKinney-Vento Homeless Assistance Act is not required to complete TB screening before school registration and may be immediately enrolled into school. TB screening is still required for these students and should be completed in a timely manner, e.g. within 20 calendar days of enrollment. Note: School district may extend time to complete screening for up to 45 calendar days.

For students who have just returned to the U.S. from a country with an elevated TB rate, a TB blood test (IGRA) or a tuberculin skin test (TST) is recommended 8-10 weeks after their return because it can take this long to develop an immune response. Consequently, for these students, if they have no symptoms of TB disease, the IGRA or TST can be deferred until then, but must be completed within 10 weeks of return to the U.S.

## **6) What are acceptable TB tests?**

1. Interferon Gamma Release Assay (IGRA) blood test (i.e. QuantiFERON or T-SPOT.TB), which must be done in the U.S. (recommended for BCG-vaccinated children who are at least 2 years old).
2. Mantoux Tuberculin Skin Test (TST), which must be done in the U.S. (if testing was performed at < 6 months of age it should be repeated when the child is at least 6 months old). A 4-Pronged Tine multipuncture test is not acceptable.

## **7) What is the definition of a positive TB test?**

1. 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.
2. If an individual has had recent contact to a person with active infectious TB or if they are immunosuppressed they are considered to have a positive TST if there is 5 mm or more of induration.
3. A positive IGRA result interpretation is included in the laboratory report.

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### **8) What does a positive TB test mean?**

A positive TB screening test suggests that the student has been infected with the bacteria that causes TB. Occasionally, a positive TB screening test identifies students with active infectious TB disease. It is important for students with a positive TB screening test to undergo medical evaluation to determine that there are no symptoms or signs of TB disease and that their CXR is normal. Once active TB disease has been excluded, the child should be treated for latent TB infection (LTBI). LTBI treatment is not required for school enrollment as LTBI is not contagious, but treatment is advised to prevent the child from developing TB disease in the future.

### **9) 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***

1. Students with a positive IGRA, positive TST, or symptoms or signs of TB disease (not required for a positive TST with negative IGRA in a BCG-vaccinated child) must submit evidence that they are free of pulmonary TB disease. This includes one of the following:
  - a. Result of chest x-ray done in the United States up to 12 months prior to school registration that shows no evidence of active pulmonary tuberculosis.
  - b. Written documentation of prior treatment for latent TB infection. See Table on p. 8.
  - c. Written documentation of ongoing treatment for latent TB infection.
  - d. Written documentation of prior treatment for active TB disease.
  - e. Written documentation of current treatment for active TB disease.
2. If the student does not have any of the above and does not have signs or symptoms of active TB (as documented by a medical provider), he/she may be conditionally enrolled, pending the results of the chest x-ray in accordance with school policy. It is recommended that conditional enrollment and admittance be extended for no more than 20 calendar days. However, school districts may extend the time before excluding the student for up to 45 days.

### **10) What is the next step for a student with an indeterminate IGRA test?**

Students who have a positive TB risk assessment, an indeterminate IGRA 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.

### **11) What should schools do if a student does not have a primary care provider?**

If a student does not have a source of regular care, refer to the Child Health and Disability Prevention (CHDP) program at 1 (800) 689-6669 or provide our list of community clinics.

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### **12) What records must students provide to meet the requirements of the TB Mandate?**

1. The *Santa Clara County Public Health Department TB Risk Assessment for School Entry* form completed by a primary care provider in the U.S.
2. 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.

### **13) What is the process for obtaining a waiver that exempts a student with a positive risk assessment from the TB test?**

1. To initiate the process for an exemption for a TB test, a student who has a positive TB risk assessment must have the medical provider write a note on the Santa Clara County TB Risk Assessment for School Entry form. The provider should document that TB testing was deferred due to personal beliefs and that the child has no TB symptoms.
2. Fax this form to the TB Prevention and Control Program at (408) 885-2331.

**Note:** The signed back of the blue card is not acceptable for use as a waiver for the TB screening mandate in Santa Clara County.

### **14) Is there a process for obtaining a waiver that exempts a student from the TB Risk Assessment?**

No, there is no waiver for the TB Risk Assessment.

### **15) If someone does not want to submit to a TB risk assessment, can they get a TB test instead?**

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

# **Santa Clara County Tuberculosis Screening Requirement for School Entrance Effective June 1, 2014**

## **Frequently Asked Questions**

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

Because Interferon Gamma Release Assays (IGRAs) have increased specificity for TB infection in children vaccinated with BCG, IGRAs are preferred over the tuberculin skin test (TST) for children  $\geq 2$  years of age 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.

### **Are there ever indications for doing both a TST AND an IGRA?**

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 help determine if this is a false-positive test due to BCG vaccination or latent TB infection.

For children who are immunocompromised, consider performing both tests AND obtain a chest x-ray. If either the TST or IGRA is positive, and TB disease has been excluded, the child should be treated for latent TB infection.

### **What if the student has documentation of a previous positive TST/IGRA from outside the country?**

The student will be required to obtain an IGRA or TST and/or undergo a chest x-ray in the United States.

### **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 with an elevated TB rate 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 risk assessment must be completed again.

### **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 or 12-dose weekly isoniazid/rifapentine) 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 months of isoniazid for LTBI, this is also considered adequate treatment.

# Santa Clara County Tuberculosis Screening Requirement for School Entrance Effective June 1, 2014

**Table. 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)	9 months	10 mg/kg (range, 10-15 mg/kg) Maximum dose: 300 mg Recommended pyridoxine dosage: 25 mg for school-aged children (or 1-2 mg/kg/day)	Daily	270

\*Short-course regimens (rifampin daily for four months or 12-dose weekly isoniazid/rifapentine) 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.

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

County of Santa Clara Public Health Department TB Prevention & Control Program: (408) 792-1317.

## References

American Academy of Pediatrics. Tuberculosis. In Kimberlin DW, Brady MT, Jackson MA, Long SS, eds. Red Book: 2018 Report of the Committee on Infectious Diseases. 31st ed. Itasca, IL: American Academy of Pediatrics; 2018: 829-853.

Pang J, Teeter LD, Katz DJ, et al. Epidemiology of Tuberculosis in Young Children in the United States. Pediatrics. 2014;133:494-504.

Pediatric Tuberculosis Collaborative Group. Targeted Tuberculin Skin Testing and Treatment of Latent Tuberculosis Infection in Children and Adolescents. Pediatrics. 2004;114:1175-1201.

# 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* infection by measuring a person's immune response. White blood cells that recognize *M. tuberculosis* release interferon-gamma (IFN- $\gamma$ ) when mixed with peptide antigens that simulate *M.tb* proteins, including ESAT-6 and CFP-10. These proteins are not found in BCG strains and most non-tuberculous mycobacteria. 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). If not detected and treated, LTBI may later develop into TB disease.

### What are the advantages of IGRA?

Prior BCG (Bacille Calmette-Guérin) vaccination does 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.

### What are the disadvantages?

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

Not recommended for children < 2 years old.

May be more expensive than a TST.

### When should I use IGRA?

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

- Patients  $\geq$  2 years old 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 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:* Same interpretation as a negative TST. A negative TST or IGRA does not rule out active TB disease in a patient with symptoms or signs of TB disease; they should be evaluated with a CXR and sputum AFB smears/cultures/nucleic acid amplification testing.

*Positive:* Same interpretation as positive TST. Medical evaluation, including a chest x-ray, is 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 weeks after administration of the live virus vaccine.

### Additional Information

CDC. Updated Guidelines for Using Interferon Gamma Release Assays to Detect *Mycobacterium tuberculosis* Infection - United States, 2010. *MMWR*. 2010; 59 (No.RR-5).

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

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

Phone: 408-792-1317

# Screening for TB Infection in Santa Clara County

## ALVISO

- **Gardner Health Services- Alviso Clinic**  
1621 Gold St., Alviso CA 95002  
1(408) 935-3949  
M-F 8:00-5:00pm (Closed 12-1)  
TST-\$38; Quantiferon-\$43.35  
Provider Languages: Spanish & Vietnamese

## GILROY

- **Foothill Community Health Center- Gilroy Clinic (\*\*)**  
9460 No Name Uno, Suite 110 & 215  
Gilroy, CA 95020  
1(408) 797-2500  
M-Sat 8:00-5:00pm  
TST-\$35; Plus \$35-40 for Consultation  
Quantiferon-\$55, Blood draws done @ Quest Lab
- **Foothill Community Health Center- Glen View Elementary School Clinic (\*) (\*\*)**  
600 West 8<sup>th</sup> Street, Gilroy CA 95020  
1(408) 729-9700  
M-TH 9:00-6:00pm; Consult \$35-40  
TST \$-35, Blood draws done @ Quest Lab
- **Gardner Health Services- South County Clinic**  
7526 Monterey St., Gilroy, CA 95020  
1(408) 848-9400  
M-Sat 8:00-5:00pm  
TST-\$22; Quantiferon-\$43.35  
Provider Languages: Spanish & Vietnamese

## MOUNTAIN VIEW

- **Mayview Community Health Center (\*)**  
900 Miramonte Ave. 2<sup>nd</sup> floor, Mtn. View, CA 94040  
1(650) 965-3323  
Monday 9:00-11:00; 1-3:00pm  
TST-\$30, Blood draws done @ Quest Lab  
Provider Languages: Spanish, Mandarin, Russian & Taiwanese  
Additional languages spoken by staff: Spanish
- **Planned Parenthood, Mountain View**  
225 San Antonio Rd., Mtn. View, CA 94040  
1(877)855-7526  
M,W,F 8:30-5:00pm; T, TH 8:30-7:00pm  
No TB Test on Thursdays  
TST \$55-117, Blood draws done @ Quest Lab  
Provider Languages: English only  
Additional languages spoken by staff: Spanish

## PALO ALTO

- **Mayview Community Health Center (\*)**  
270 Grant Ave., Palo Alto, CA 94306  
1(650) 327-8717  
Tuesday 9:00-11:00; 1:00-3:00pm  
TST- \$30; Quantiferon- \$80-200  
Provider Languages: Spanish & Vietnamese  
Additional languages spoken by staff: Spanish

## SAN JOSE

- **Asian Americans for Community Involvement**  
2400 Moorpark Ave., #319, San Jose, CA 95128  
1(408) 975-2763  
M-F 8:30-5:30pm, Appointments only  
TST-\$27, Blood draws done @ Quest Lab  
Provider languages: Hindi, Konkoni, Kannada, Tamil & Mandarin  
Additional languages spoken by staff: Spanish, Mandarin, Vietnamese & Cambodian

## **Foothill Community Health Center School Clinics**

- **Andrew Hill High School Clinic (\*) (\*\*)**  
3200 Senter Rd., Rm S104, San Jose, CA 95111  
1(408) 729-9700  
M-F 8:00-5:00pm: Consult \$35-40  
TST \$-35, Blood draws done @ Quest Lab
- **Independence High School Clinic (\*) (\*\*)**  
629 North Jackson Ave. (Side Building N1)  
San Jose, CA 95133  
1(408) 729-9700  
M-F 8:00-5:00pm: Consult \$35-40  
TST \$-35, Blood draws done @ Quest Lab
- **Mount Pleasant High School Clinic (\*) (\*\*)**  
1650 S. White Rd., San Jose, CA 95127  
1(408) 729-9700  
M-F 8:00-5:00pm; Consult \$35-40  
TST \$-35, Blood draws done @ Quest Lab
- **Silver Creek High School Clinic (\*) (\*\*)**  
3434 Silver Creek Rd., Room M1,  
San Jose Ca 95121  
1(408) 729-9700  
M-F 8:00-5:00pm; Consult \$35-40  
TST\$-35, Blood draws done @ Quest Lab

Clinics indicated with an (\*) have walk-in visits (Appointments are not necessary)

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Foothill Clinic languages available (\*\*) include: Farsi, Gujarati, Hindi, Korean, Malayalam, Mandarin, Russian, Spanish, Tagalog, Tamil & Vietnamese. Please call clinic for availability.

Santa Clara County Public Health Department Tuberculosis Prevention & Control Program - (408) 792-1381

SAN JOSE- CONTINUED

- **Yerba Buena High School Clinic (\*) (\*\*)**  
1855 Lucretia Ave., San Jose, CA 95122  
1(408) 729-9700  
M-F 8:00-5:00pm: Consult \$35-40  
TST \$-35, Blood draws done @ Quest Lab
- **Foothill Community Health Center  
Family Clinic (\*) (\*\*)**  
1066 South White Rd., San Jose, CA 95127  
1(408) 729-9700 Appointments only  
M-F 8:00am-10:00pm, Sat & Sun 8:00-5:00pm  
TST-\$35; Plus \$35-40 for Consultation  
Quantiferon \$47 - Blood draws done @ Quest Lab
- **Foothill Community Health Center  
Monterey Clinic (\*) (\*\*)**  
5504 Monterey Highway, San Jose, CA 95138  
1(408) 599-5550  
TST-\$35; Plus \$35-40 for Consultation  
Quantiferon-\$55 - Blood draws done @ Quest Lab
- **Foothill Community Health Center-  
Montpelier Clinic (\*) (\*\*)**  
2380 Montpelier Dr., #200, San Jose, CA 95116  
1(408) 729-9700  
M-F 8:00-5:00pm; Appointments only  
TST-\$35; Plus \$35-40 for Consultation  
Quantiferon-\$55; Blood draws done @ Quest Lab
- **Foothill Community Health Center  
Story Clinic (\*) (\*\*)**  
2880 Story Rd., San Jose CA 95127  
1(408) 755-3920  
M-F 8:00am-10:00pm; Sat/Sun 8:00-5:00pm  
TST- \$35 Plus \$35-40 for Consultation  
Blood draws done @ Quest Lab
- **Gardner Health Services- CompreCare Clinic**  
3030 Alum Rock Ave., San Jose, CA 95127  
1(408) 272-6300  
M-Sat 8:00-5:00pm (Closed 12-1)  
TST-\$38.46; QFT Test on Site  
Provider Languages: Spanish & Vietnamese
- **Gardner Health Services- Downtown Center**  
725 E. Santa Clara St., #10, San Jose, CA 95112  
1(408) 794-0500  
M-F 8:30-5:00pm  
Provider Languages: Spanish & Vietnamese
- **Gardner Health Services- Gardner Clinic**  
195 E. Virginia St., San Jose CA, 95112  
1(408)918-5500  
M-F 8:30-5:00pm QFT Test on Site  
Provider Languages: Spanish & Vietnamese
- **Gardner Health Services- Gardner Clinic**  
195 E. Virginia St., San Jose CA 95112  
1(408) 918-5500  
M-F 8:30-5:00pm QFT Test on Site  
Provider Languages: Spanish & Vietnamese
- **Gardner Health Services- St. James Health Ctr.**  
55 E. Julian St., San Jose, CA 95112  
1(408) 918-2641  
M-F 8:00-5:00pm (Closed 12-1)  
TST- \$39; Lab on Site  
Provider Languages: Spanish & Vietnamese
- **Indian Health Center- Main Clinic**  
1333 Meridian Ave., San Jose CA 95125  
1(408) 445-3400  
M-F 8:00am-5:00pm- Appointments only  
TST- \$30 Plus Consultation  
QFT Test on Site  
Provider Languages: Tamil, Hindi, Korean, Farsi & Spanish  
Additional languages spoken by staff: Spanish
- **Indian Health Center-Family Health Center @  
O'Connor Hospital**  
455 O'Connor Dr. Ste. 200, San Jose CA 95128  
1(408) 283-7676  
M-F 8:20-12:00, 1:30-5:00pm-Appointments only  
TST-\$30, Plus Consultation  
Blood draws done @ Quest lab  
Provider Languages: Spanish, Vietnamese  
Cantonese, Japanese & Punjabi  
Additional languages spoken by staff: Spanish
- **Indian Health Center- Pediatrics**  
2039 Forest Ave. Suite 105, San Jose CA 95128  
1(408) 947-2929  
M-F 9:00-5:00pm- Appointments only  
Services provided up to 18 years of age  
TST- \$30, Plus Consultation  
Blood draws done @ Quest Lab  
Provider Languages: Russian, Vietnamese  
Hindi & Spanish  
Additional languages spoken by staff: Spanish
- **Indian Health Center- Silver Creek**  
1642 E Capitol Expressway, San Jose, CA 95121  
1(408) 445-3431  
M, T, W, F 8:00-11:30am & 1:00-5:00pm  
TST- \$30, Plus Consultation  
Blood draws done @ Quest Lab  
Provider Languages: Tamil, Punjabi & Vietnamese  
Additional languages spoken by staff: Spanish  
Vietnamese & Punjabi

SAN JOSE- CONTINUED

- **North East Medical Services**  
1715 Lundy Ave., # 108-116  
San Jose CA, 95131  
M-F 8:30-5:00pm; X-rays on Sit  
Languages spoken by providers & staff:  
Cantonese, Mandarin & Vietnamese
- **Planned Parenthood, Blossom Hill Health Ctr.**  
5440 Thornwood Dr., #G, San Jose, CA 95123  
M,T,W 8:30-6:30pm, TH, F 8:30-5:00pm  
1(877) 855-7526 TST-\$81-186  
Blood draws done @ Quest Lab  
Provider Languages: Spanish & Tagalog  
Additional languages spoken by staff: Spanish  
Farsi & Tagalog
- **Planned Parenthood, Mar Monte Clinic**  
2470 Alvin Ave., #60, San Jose CA 95121  
1(877) 855-7526  
M-F 8:40-4:00pm, Except Thursdays  
TST\$-81-186; Blood draws done @ Quest Lab  
Provider Languages: English only  
Additional languages spoken by staff: Spanish
- **Planned Parenthood, San Jose Clinic**  
1691 The Alameda, San Jose, CA 95126  
Appointments Recommended  
1(877) 855-7526  
M-F 8:30-5:00pm TST-\$75-170  
Blood draws done @ Quest Lab  
Provider Languages: English only  
Additional languages spoken by staff: Spanish  
Urdu, Vietnamese & Tagalog
- **Santa Clara County Public Health Department  
Travel & Immunization Services (\*)**  
976 Lenzen Ave, Suite 1100  
San Jose, CA 95126  
1(408) 792-5200  
M-F 8:00-11:30am, 1:00-4:30pm  
TB Skin Test for adults 18 year and older  
\$33.00  
Languages spoken by staff: Spanish &  
Vietnamese
- **Santa Clara Valley Health & Hospital System  
Valley Connections**  
1(888) 334-1000

SCHOOL HEALTH CLINICS OF SANTA CLARA COUNTY

Services provided up to 24 years of age  
Blood draws done @ Quest Lab  
TST- \$25; Provider Languages @ Schools: Spanish  
Washington Clinic: Spanish & Mandarin

- **Gilroy Neighborhood Clinic**  
7861 Murray Avenue, Gilroy CA 95020  
1(408) 842-1017  
M 10-4pm; T,W,F 8-4pm

- **Overfelt Neighborhood Health Clinic (\*)**  
1835 Cunningham Ave., San Jose CA 95122  
1(408) 347-5988  
M 9:00-5:30pm; T,W,F 8:00-4:30p
- **San Jose High Neighborhood Clinic (\*)**  
1149 E. Julian St., Bldg. H, San Jose CA, 95116  
1(408) 535-6001  
M,T,W,F 8-4:30pm (Closed 12-1pm)
- **Washington Neighborhood Health Clinic (\*)**  
100 Oak St., San Jose, CA 95110  
1(408) 295-0980  
M,T,W,F 8:00-4:00pm (Closed 12-1)
- **Franklin-McKinley Neighborhood Clinic (\*)**  
645 Wool Creek Dr., San Jose, CA 95112  
1(408) 283-6051  
M,T,W,F 8:00-4:00pm (Closed 12-1)

Clinics indicated with an (\*) have walk-in visits (Appointments are not necessary)

03/2019

Foothill Clinic languages available (\*\*) include: Farsi, Gujarati, Hindi, Korean, Malayalam, Mandarin, Russian, Spanish, Tagalog, Tamil & Vietnamese. Please call clinic for availability.