

# Tuberculosis Outbreak in a San Francisco High School

## Update 6/15/2026

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Director, Tuberculosis Branch



# TB Outbreak at a Local Private High School



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## Department of Public Health Identifies Tuberculosis Case in San Francisco High School

[Department of Public Health](#)

November 17, 2025

SAN FRANCISCO – The San Francisco Department of Public Health (SFDPH) has identified one case of active tuberculosis (TB) in an individual associated with Archbishop Riordan High School. The individual is currently in isolation.

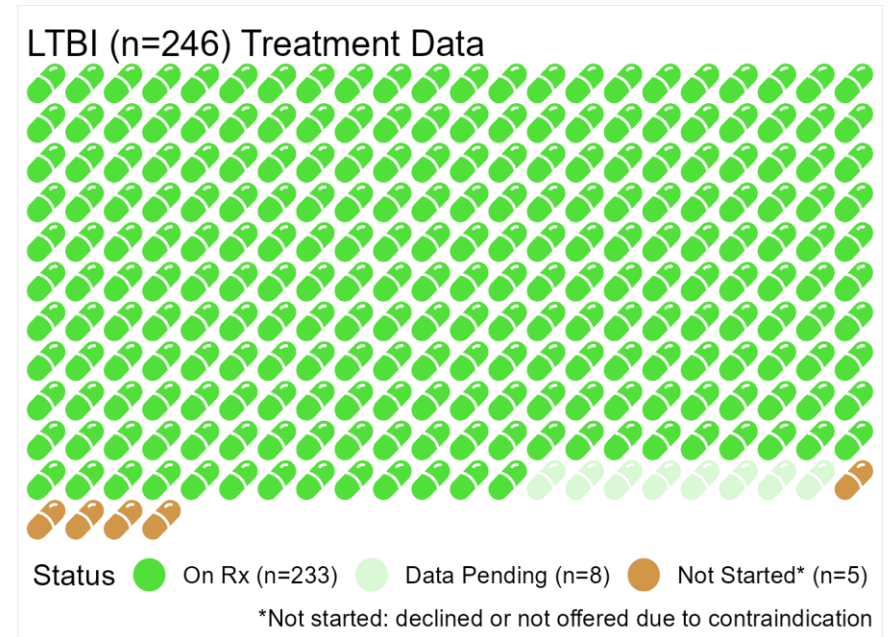


**POPULATION HEALTH DIVISION**  
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

# TB evaluations as of 6/4/26 in population previously exposed at Archbishop Riordan High School

A total of 1407 (97%) of the total school population\* have at least one TB test reviewed and validated by SFDPH. Since November 10, 2025:

- 254 (18%) had a positive TB test
  - 8 confirmed active TB cases diagnosed (the 8th case is an individual no longer at the school nor in the Bay Area, last on campus December 2025)
    - 4 lab confirmed, 4 clinically confirmed (culture-negative)
  - 246 confirmed as latent TB infection (LTBI)
- Of the 246 individuals with confirmed LTBI:
  - 233 (95%) with LTBI are confirmed to be taking treatment
  - 5 (2%) with LTBI have not started treatment
  - 8 (3%) with LTBI have not yet had treatment status validated



\*All students and staff identified by SFDPH and the school are included in this total. This includes students and staff who have recently joined the school community such as new students, permanent, part-time, contract and coaching staff. Individuals who leave the school community, including graduated students or individuals who leave employment, continue to be included in the total school population.

# Initial case reported at local high school

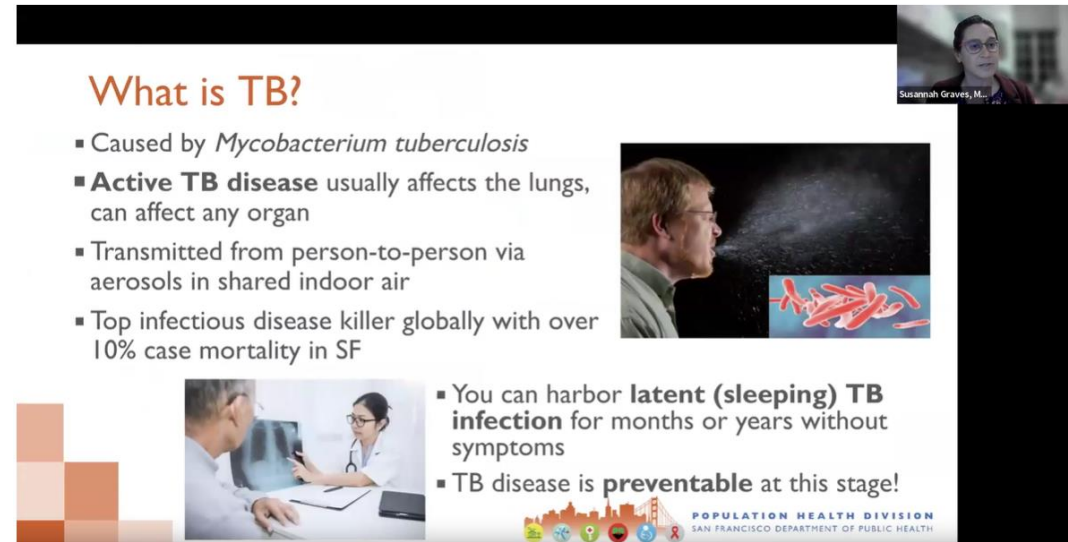
TB 101 Town Hall Meeting Video

## September 2025:

- Index case evaluated by a medical provider with 2 weeks of cough, inhalers prescribed but no chest x-ray (CXR) done at that time

## November 2025:

- Index case re-evaluated for ongoing cough: cavitory, smear-positive active TB, started on treatment
- First active TB case at the high school was [announced](#), contact investigation initiated, first school [townhall](#) conducted, [press release](#) issued
- Outreach to the pediatric provider community initiated



The screenshot shows a presentation slide titled "What is TB?". It includes a list of bullet points, a small video inset of a man speaking, and a microscopic image of red, rod-shaped bacteria. The slide is part of a video recording, as indicated by the "TB 101 Town Hall Meeting Video" text at the top and a small video window in the top right corner showing a woman named Susannah Graves.

**What is TB?**

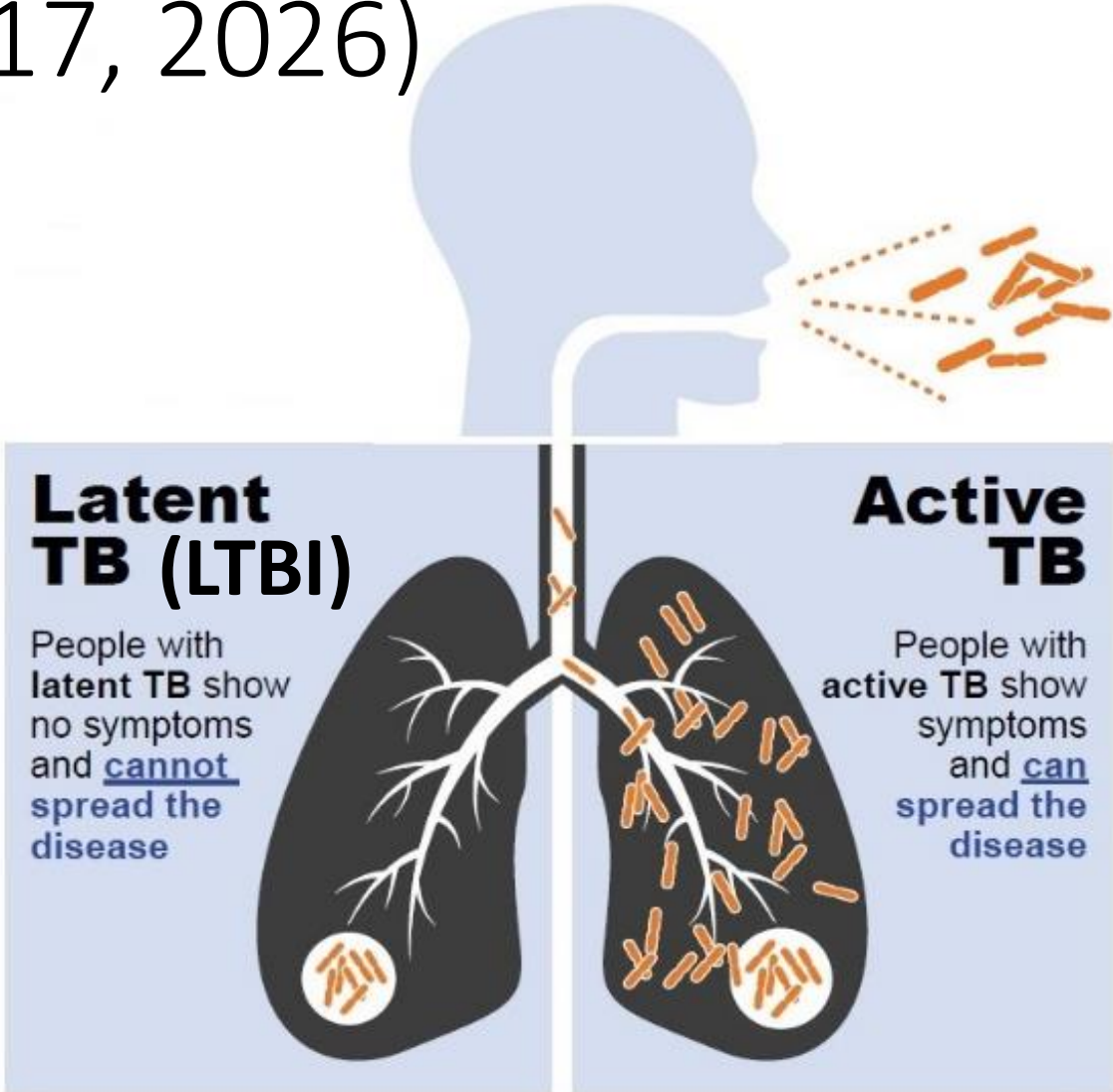
- Caused by *Mycobacterium tuberculosis*
- **Active TB disease** usually affects the lungs, can affect any organ
- Transmitted from person-to-person via aerosols in shared indoor air
- Top infectious disease killer globally with over 10% case mortality in SF

■ You can harbor **latent (sleeping) TB infection** for months or years without symptoms

■ TB disease is **preventable** at this stage!

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# Action requested of clinicians regarding close contacts: Test and Treat Latent TB & Report active TB (November 17, 2026)



# High school TB outbreak timeline continued

## December 2025:


- Contact investigation indicated high prevalence of latent TB infection (LTBI) with 40% positivity among exposed close contacts
- Additionally, several cases of LTBI were reported among US-born individuals who were not identified close contacts
- Because of this high rate of LTBI, SFPDH recommended TB testing for all students and staff beyond known close contacts and [schoolwide notification sent](#)
  - Immediate testing recommended for all immune-suppressed individuals
  - Schoolwide testing required at 10-weeks past last exposure date




# High school TB outbreak timeline continued

## January 2026:

- Second and third active TB cases detected and announced, time-frame of recommended TB testing was announced to urge [immediate testing](#) for all students and staff at the school
- SFDPH issued [Health Advisory](#) 1/29/26 for clinicians to educate regarding TB evaluation & treatment



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**Health Advisory:**  
**Tuberculosis (TB) Outbreak at a Local High School – Clinical Evaluation and Reporting**

January 29, 2026

The San Francisco Department of Public Health (SFDPH) is issuing this health advisory to inform health care providers of a **tuberculosis (TB) outbreak associated with Archbishop Riordan High School** and to outline **required evaluation, testing, and reporting guidance** for exposed students and staff.

# TB Outbreak Timeline continued

## February 2026:

- SFDPH hosted a TB [webinar](#) with CDPH pediatric TB expert for clinical community, >170 attendees
- School held asynchronous- and then hybrid- instruction school days in February to help students complete testing
- Required TB testing period ended



Pediatric LTBI Treatment for Clinicians (SFDPH)

### Spectrum of TB disease

A - Clearance  
B - Latent infection  
C - Pulmonary infection (active)  
D - Disseminated infection (active)

**TB Infection (formerly LTBI)**

- Absence of TB symptoms
- Positive TST<sup>1</sup> or IGRA<sup>2</sup> result
- Chest radiograph normal
- Not infectious

**Active TB Disease**

- Symptoms such as cough, fever
- TST or IGRA is usually positive
- Chest radiograph is usually abnormal
- Respiratory specimens usually culture positive (smear positive in about 50% of patients)
- Infectious and can be deadly

<sup>1</sup>TB skin test  
<sup>2</sup>Interferon gamma release assay

CDPH  
Image: Dheda K. Lancet, 2016  
Confidential - Low

Kristen Wendorf

# TB Outbreak Timeline continued

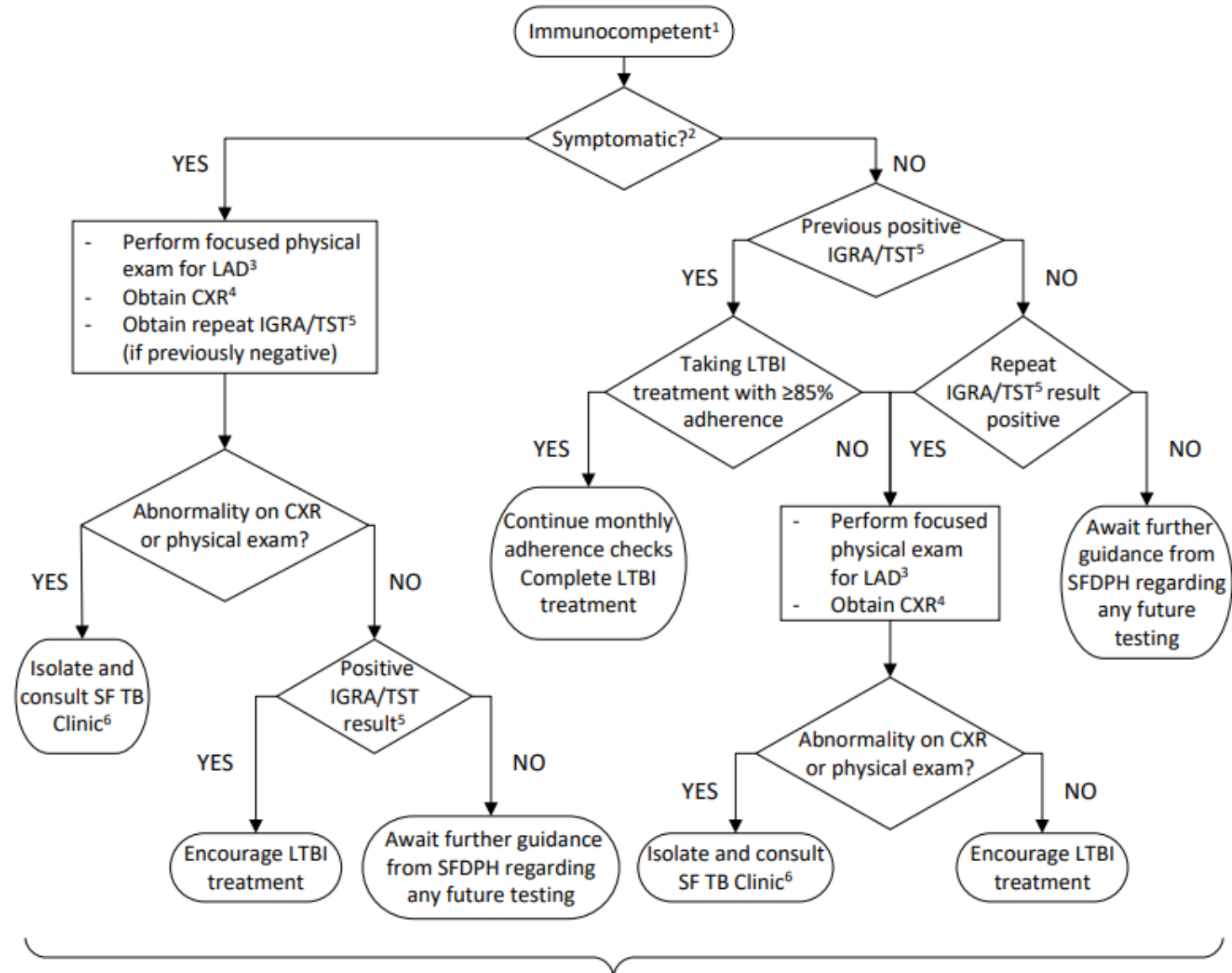
Provider Workflow for TB Evaluation for SFDPH TB Health Update 3/4/2026

## March 2026:

- [Health Update](#) and accompanying updated workflow was released
- Schoolwide on-campus screening was conducted by SFDPH and Kaiser

## April –May 2026

- March results analyzed showing a strong reduction in transmission – [schoolwide letter sharing results](#)
- Focused round of testing was conducted for dormitory residents and 10-week post-exposure testing for contacts to latest diagnosed active case



# Onsite Schoolwide Screenings March & May



Pre-registration



DPH Medical Providers



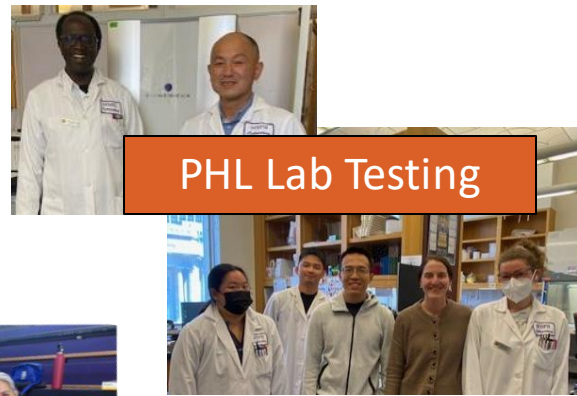
Community Clinic Follow-up



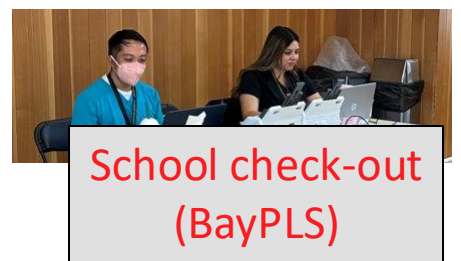
School check-in (BayPLS)



DPH Triage



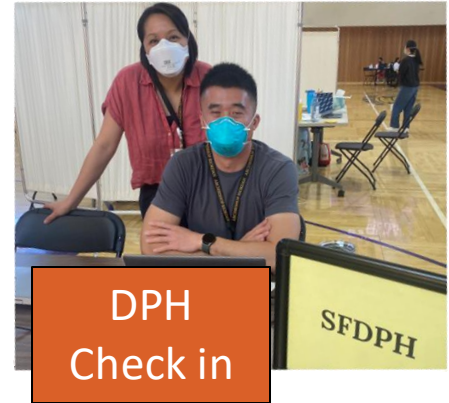
PHL Lab Testing



School check-out (BayPLS)



Kaiser Check in & Triage



DPH Check in



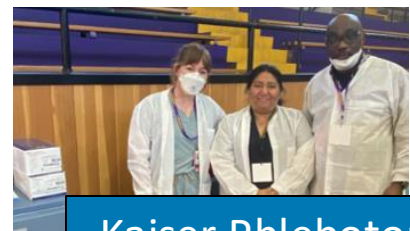
DPH Phlebotomy



SFDPH & CDPH Epidemiologic Data Collection



Kaiser Pediatric Providers



Kaiser Phlebotomy & Lab



# Results From Follow-up Rounds of TB Evaluation at school

March: Schoolwide screening showed a strong reduction in transmission

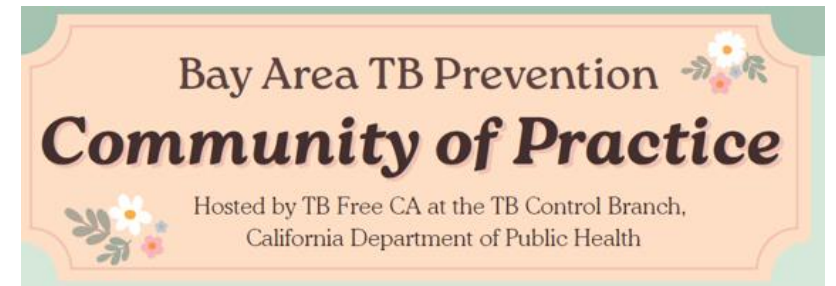
- 19 (2%) of 1135 people with reported test results were newly diagnosed with LTBI
- No new cases of active TB disease were identified

May: Focused round of testing for contacts to the last confirmed case and students who reside in the dormitory, no definitive evidence of ongoing transmission

- Two (1%) of 147 people with reported test results were newly diagnosed with LTBI
- No new cases of active TB disease were identified



# Ongoing and planned actions



## SFDPH

- Outreach to local private and parochial schools – awareness of TB signs, symptoms, along with [staff](#) and [student](#) school entry TB screening requirements
- Ongoing engagement with local pediatric and primary care providers regarding TB diagnosis, prevention and care including reporting/referral
- Continued coordination with CDPH and CA health jurisdictions regarding evaluation and management of TB case reports associated with the school

## School

- Fall 2026: all staff as well as enrolled and matriculating students must undergo TB evaluation <60 days prior to school start to work/attend
- Ventilation/air filtration upgrades, as recommended through CDPH environmental assessment

# Key Learning

- Active TB is not common in San Francisco, but we do have ~60 to >100 cases a year
  - TB can happen to anyone, anywhere: be vigilant for TB epidemiologic risk factors and symptoms
- School cooperation and implementation of "TB clearance" requirement for all on-campus work and school attendance helped achieve very high (97%) screening rate
- Collaboration and quick mobilization of **local medical providers** together with strong **community support** for implementing preventive measures was critical to:
  - Diagnosis and treatment of LTBI (95% treatment uptake)
  - Early diagnosis, isolation and treatment of active TB
- Cases of active TB disease identified through screening and outreach tended to be caught early (less infectious and easier to treat)



# Thank you!

- TB Clinic and TB Disease Investigation teams, Reserve for Accelerated Disease Response (RADR), and activated staff from other branches of the Population Health Division TB Outbreak Incident Management Team (IMT):
  - Public Health Emergency Preparedness Response, Communicable Disease, STI/HIV, ARCHES, and Public Health Lab, Center for Learning and Innovation
- DPH Communications team
- DPH Information Systems
- School and community clinical partners, neighboring jurisdictions, and California Department of Public Health TB outbreak team

