



## 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.

### Situational Update

SFDPH is conducting a large-scale TB contact investigation related to an outbreak at Archbishop Riordan High School (ARHS) in San Francisco. **To date, three cases of active TB disease have been diagnosed in persons associated with ARHS since November 2025.** Additionally, over 50 cases of latent TB infection (LTBI) have been identified within the school community and efforts are underway to assure preventive treatment for all these individuals. This health alert aims to notify local pediatric, urgent care and primary care providers of actions to take to prevent TB in this highly exposed population. At this time, risk to the general population is low, so these measures are not needed for patients who are not connected to the AHRHS outbreak.

Active TB disease is a bacterial illness that most often affects the lungs, and usually causes symptoms such as prolonged cough, hemoptysis, fever, fatigue and weight loss. In the active stage, TB is a serious illness that can be transmitted to others and illness can range from mild to life-threatening. Abnormalities are almost always apparent on chest Xray of patients with active TB of the lung. Latent TB infection (LTBI) has no symptoms and the chest Xray is typically normal. **In the latent stage TB is not contagious** but can develop into active TB in 5-10% of those with the infection. Active TB disease is treatable and curable with appropriate antibiotics if it is identified promptly; some cases will require hospitalization and there is **a greater than 10% case fatality rate** in San Francisco. Because of this risk, diagnosis and treatment of LTBI is critical to prevent the development and spread of active TB disease.

To protect the school community, staff and students of ARHS have been instructed to stay home if ill and seek medical clearance to return. Additionally, **TB evaluation is required for**



**all students and staff affiliated with the school**, regardless of symptoms. Repeat TB assessment will be required every 8 weeks until the outbreak is resolved. Health care providers play a critical role in timely identification of active TB disease, appropriate evaluation for LTBI, clearance for school and work attendance, and prompt reporting to public health authorities.

At this time, the TB exposure risk to the general population is low, and these preventive actions should be focused on ARHS students and faculty.

**Actions requested of clinicians regarding ARHS students and staff:**

**1. Evaluate all ARHS students and staff for TB**

TB evaluation is required for all students and staff affiliated with Archbishop Riordan High School.

In addition to the school-based exposure, assess for **additional epidemiologic or medical risk factors** for progression to TB disease, including:

- Current or planned **immunosuppression** (e.g., HIV infection, organ transplant, TNF-alpha antagonists, systemic steroids, or other immunosuppressive medications)
- **Birth, travel, or residence** in a country with elevated TB rates (includes all countries outside the United States, Canada, Australia, New Zealand, and western or northern Europe)
- **Close contact** to a confirmed or suspected TB case
- **Congregate living** current or past, in a shelter, jail etc.

**2. Perform a TB symptom review and focused physical exam**

Assess for symptoms consistent with active TB disease, including:

- Cough lasting >3 weeks
- Coughing up blood (hemoptysis)
- Fever
- Fatigue
- Unintentional weight loss or concerns about appropriate growth and development
- Night sweats

A focused physical exam including for axillary, supraclavicular and cervical lymphadenopathy should be performed for all identified close contacts and anyone with symptoms or immune suppression.



### 3. Test for TB infection

- **TB blood testing (IGRA) is strongly preferred**
- TB skin testing may be used if IGRA is not feasible
- **Do not repeat TB testing in individuals with a documented prior positive TB test**
  - Instead, these individuals require a **symptom review (see above)** and chest X-ray

### 4. Obtain chest X-ray when indicated

A **chest X-ray (CXR) is required** if ANY of the following apply:

- One or more symptoms suggestive of active TB disease
- Current or planned immunosuppression
- **Identified close contact to a TB case**
- Positive TB test

### 5. Treatment to prevent active TB disease

- **Immune suppressed exposed individuals who have a normal CXR** should initiate **window period prophylaxis for TB** during this outbreak with a regimen normally used for LTBI treatment. A detailed guidance document can be downloaded from this link to the [UCSF Curry Center Pediatric Tuberculosis: An Online Presentation and Resources](#). Consult the [San Francisco TB Clinic](#) with questions.
- **Individuals with LTBI (a positive IGRA test and normal CXR)** are strongly recommended to start TB preventive treatment once active TB disease has been excluded
- The most commonly prescribed LTBI regimen is rifampin, given as a **single daily dose** for 4 months. For rifampin dosing in adults and children, and an overview of other recommended regimens can be found on the [CDC website](#)
- Document treatment decision in the medical record and on the school form (attached)
- The highest-risk period for development of active TB disease is within the first 2 years after acquiring infection, so identified close contacts who decline LTBI treatment should be monitored with serial CXRs every 6 months for 2 years for early detection of progression to active TB disease



## 6. Complete required school clearance form for all students and staff

For all evaluated individuals, complete the required school form (Attached at the end of this document) and return it to the school via email: [HealthInfo@riordanhs.org](mailto:HealthInfo@riordanhs.org) or by having the patient return it to the school in-person.

Data from these forms will be shared with the SFDPH.

## 7. For all identified close contacts identified by SFDPH, additionally submit TB evaluation results to the San Francisco Department of Health

- Identified close contacts have received notification of their close contact status from the school via email. If you are unsure whether your patient is an identified close contact, you may contact SFDPH to confirm by calling 628-206-3398.
- Submit documentation of TB evaluation including symptom review, risk factors, exam, TB test, CXR results and treatment decision to the SFDPH by fax (628-206-4565) or by secure email ([DCteamactivities@sfdph.org](mailto:DCteamactivities@sfdph.org)).

## 8. Report suspected active TB disease

- Individuals with the following **should be considered to have suspected or probable active TB disease:**
  - Signs or symptoms of active TB disease **AND**
    - Immune suppression
    - OR**
    - Radiographic imaging suggestive of active TB

Suspected or confirmed active TB disease should be reported to SFDPH and are required by Title 17, California Code of Regulations (CCR) to be reported to the local health department of the patient's county of residence within one working day. To report active TB disease to SFDPH, call (628) 206-3398 to make an initial report. Detailed reporting instructions can be found on our website: <https://www.sf.gov/report-tb-san-francisco-department-public-health>.



### **Additional resources:**

**TB Reporting** in San Francisco: <https://www.sf.gov/report-tb-san-francisco-department-public-health>

**Preventing TB** Disease in 4 Steps: [https://ctca.org/wp-content/uploads/LTBI\\_12-29-24.pdf](https://ctca.org/wp-content/uploads/LTBI_12-29-24.pdf)

**Latent Tuberculosis Infection: A Guide for Primary Health Care Providers** (CDC 2020)

<https://www.cdc.gov/tb/media/pdfs/Latent-TB-Infection-A-Guide-for-Primary-Health-Care-Providers.pdf>

**Video provider training** and **infographic** for this outbreak response are in development and will be available at this link: [sf.gov/TB](https://sf.gov/TB)

### **Contact information**

Susannah Graves, MD, MPH  
Director, Tuberculosis Branch

San Francisco Tuberculosis Clinic  
Phone: 628-206-8524 | Fax: 628-206-4565 | [SF.gov/TB](https://sf.gov/TB)

To view or sign up for SFDPH Health Alerts, Advisories, and Updates visit: [sf.gov/healthalerts](https://sf.gov/healthalerts)



Daniel L. Lurie  
Mayor

**Information for Health Care Providers – TB Exposure, Testing, and Referrals**

**TB evaluation is required for all students and staff at Archbishop Riordan High School.**

In addition to the above epidemiologic TB exposure risk factor, please note whether the exposed individual has other epidemiologic or medical risk factors for progression to TB disease:

- Immunosuppression, current or planned (examples include HIV infection, organ transplant recipient, TNF-alpha antagonist, steroids, or other immunosuppressive medication)
- Birth, travel, or residence in a country with an elevated TB rate (includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe)
- Have close contact to a confirmed or suspected TB case

The TB symptom review consists of an assessment of:

- Cough > 3 weeks
- Coughing up blood
- Fever
- Unintentional weight loss or concerns about appropriate growth and development
- Night sweats

A chest X-ray (CXR) should be obtained if ANY of the following apply:

- TB test is positive
- Patient has one or more symptoms suggesting active TB disease
- Patient has immunosuppression, current or planned
- Patient is an identified close contact to a TB case

Document outcome of the evaluation on the school health record on page 4 below.

Any students or staff of Archbishop Riordan High School with probable **active TB disease based on symptoms and compatible imaging** should be reported to the local health department of their county of residence within one working day. Clearance to return to school must be obtained from both the San Francisco TB Clinic at Ward 94, SF General Hospital (628-206-8524) as well as their home jurisdiction prior to returning.



Daniel L. Lurie  
Mayor

**REQUIRED DOCUMENTATION - MARK A RESPONSE TO ALL 4 ITEMS**

Submit to Archbishop Riordan High School via email: [HealthInfo@riordanhs.org](mailto:HealthInfo@riordanhs.org) or turn it in at the Front Desk

Patient name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**1. TB Symptom Review:**  TB symptoms present  No TB symptoms

**2. TB Test** performed between now and 02/13/2026 (**TB blood test is strongly preferred**)

If patient has a documented prior **positive** TB blood test, repeat testing is not required. Note specific blood test results below - a symptom review and chest Xray are required.

Date: \_\_\_\_\_

Test type:  TB Blood Test  TB Skin Test, Induration: \_\_\_\_\_ mm

Interpretation:  Positive  Negative

**3. Chest X-ray (CXR) imaging: indicated for individuals with higher risk of TB**

CXR is required if one or more of the following is present: (1) immune suppression, (2) identified close contact, (3) a positive TB symptom review, or (4) a positive TB test

CXR not indicated  CXR indicated, result summary below:

Date: \_\_\_\_\_ Radiologist read:  No evidence of TB  Abnormal, further TB evaluation needed

**4. Treatment:**

Treatment prescribed: medication and duration: \_\_\_\_\_

Treatment not prescribed

Healthcare provider name and practice address and contact information (ok to use stamp):

Healthcare Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit to Archbishop Riordan High School via email: [HealthInfo@riordanhs.org](mailto:HealthInfo@riordanhs.org) or turn it in at the Front Desk