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 ≥ 2 years old and is preferred in BCG-vaccinated children to avoid a false positive TST result. A TST of ≥10mm 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 ≥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)
    - ≥ 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.
Santa Clara County Tuberculosis Screening Requirement for School Entrance Effective June 1, 2014

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.
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.
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 ≥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.
Table. Latent Tuberculosis Infection Treatment Regimens for Children

<table>
<thead>
<tr>
<th>Drug(s)</th>
<th>Duration</th>
<th>Dose</th>
<th>Frequency</th>
<th>Total Doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rifampin (RIF)</td>
<td>4 months</td>
<td>Children: 15-20 mg/kg&lt;br&gt;Maximum dose: 600 mg</td>
<td>Daily</td>
<td>120</td>
</tr>
<tr>
<td>Isoniazid (INH) and Rifapentine (RPT)</td>
<td>3 months</td>
<td>• Isoniazid&lt;br&gt;2-11 years old: 25 mg/kg rounded up to nearest 50 or 100 mg (max. 900 mg)&lt;br&gt;≥ 12 years old: 15 mg/kg rounded up to nearest 50 or 100 mg (max. 900 mg)&lt;br&gt;• Rifapentine&lt;br&gt;10.0-14.0 kg: 300 mg&lt;br&gt;14.1-25.0 kg: 450 mg&lt;br&gt;25.1-32.0 kg: 600 mg&lt;br&gt;32.1-50.0 kg: 750 mg&lt;br&gt;≥50 kg: 900 mg&lt;br&gt;• Vitamin B6 50 mg weekly</td>
<td>Once weekly</td>
<td>12</td>
</tr>
<tr>
<td>Isoniazid (INH)</td>
<td>9 months</td>
<td>10 mg/kg (range, 10-15 mg/kg)&lt;br&gt;Maximum dose: 300 mg&lt;br&gt;Recommended pyridoxine dosage: 25 mg for school-aged children (or 1-2 mg/kg/day)</td>
<td>Daily</td>
<td>270</td>
</tr>
</tbody>
</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.

**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


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-γ) 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 ≥ 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

County of Santa Clara Public Health Department Tuberculosis Prevention & Control Program  
www.sccphd.org/tb  
Phone: 408-792-1317
## Screening for TB Infection in Santa Clara County

**ALISO**
- 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 8th 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 (*)  
  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

**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)  
03/2019  
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**
  **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- 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
  QFT Test on Site
  Blood draws done @ Quest Lab
  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

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

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

03/2019
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

- **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, Farsi & Tagalog

- **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 8:00-4:00pm (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(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, 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

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.

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