

SAMPLE COVER LETTER

Appendix 2

Dear

The (*Name of State/City SATF/HIV/CHC Agency*) is collaborating with the (*Name of State/City Health Department TB Program*) to help identify health care facilities in the community where TB prevention efforts can be efficiently strengthened. You can assist in this effort by completing the enclosed *Facility TB Profile*.

During (*Year*) (###) active TB cases were reported in (*Name of State/City*). Although the number of reported TB cases has declined in recent years, an increasing proportion are reported among difficult to reach populations, e.g., foreign-born, persons with a history of substance abuse, or persons with or at risk for HIV infection (*list risk factors prevalent in the State/City*). Two important documents have been published recently which recommend strengthening targeted TB testing and treatment of latent TB infection (LTBI) (previously called *preventive therapy*) in order to accelerate the decline of TB in the U.S.

Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection (Enclosed) Am J Respir Crit Care Med Vol 161.ppS221-S247, 2000)

Ending Neglect: The Elimination of Tuberculosis in the United States, a Report by the Institute of Medicine (Executive Summary Enclosed) (National Academy Press, 2000).

Funding is being sought to carry out these recommendations, largely on site, in facilities already serving individuals at high risk for TB, such as HIV care centers, drug treatment centers, community health centers, and correctional facilities. To help ensure successful competition for potential resources, the (*Name of the State/City Health Department TB Program*) is sending the enclosed *Profile* to facilities in (*Name of State/City*) likely serving high risk persons in order to identify (1) the estimated level of TB infection and TB risk factors among clients served by the facility, (2) current TB testing, follow up, and treatment practices for LTBI, and (3) potential capacity for strengthening on-site targeted TB testing and treatment of LTBI. Much of the information requested should be available from reports you are already required to prepare.

Based on the results, the (*Name of State/City Health Department TB Program*) will seek to collaborate with selected facilities where targeted testing and treatment of LTBI are most likely to be successful and productive. The (*Name of State/City Health Department TB Program*) may assist selected facilities with (a) updating policies and procedures, (b) establishing priorities, (c) building staff capacity through training, and (d) applying for additional resources, should they become available.

Please complete a **separate *Profile* for each facility site** and return by fax (###-###-####) on or before (*Date*). Please contact (*Name of Profile Coordinator*) at (###-###-####) (or by e-mail: _____) if you have any questions or difficulties. Thank you for participating in this important prevention effort.

Sincerely yours,