

APPENDIX B

Draft Letter to patient (non-immunocompromised patient contact)

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Date:

Patient Name
Patient Address 1
Patient Address 2
Patient Address 3
Patient Postcode

Dear (Patient Name)

Following your recent admission at [Name of Hospital] (admission date-discharge date), another patient who overlapped with your stay on [Name of Ward] was subsequently diagnosed with tuberculosis.

We do **not** believe that you are at any significant risk, and no further action needs to be taken, however it is routine procedure for us to inform individuals, such as yourself, who may have potentially come into contact with a person with tuberculosis. Your General Practitioner (GP) and Consultant have also been informed.

If you do have any concerns or experience any symptoms such as a cough for more than three weeks, drenching night sweats or believe yourself to be at particular risk of infectious disease, then please discuss this with your GP.

Yours Sincerely,

Dr

Consultant Microbiologist/Infection Control Doctor

(Enclose a leaflet on TB symptoms to patient).