

## APPENDIX C

### Draft Letter to GP (non-immunocompromised patient contact)

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Consultant Microbiologist/Infection Prevention Lead  
[Hospital Address]

Date:

(Dr Name)  
GP Surgery Name  
GP Surgery Address 1  
GP Surgery Address 2  
GP Surgery Address 3  
GP Surgery Postcode

Dear (Dr Name)

**Re: [Patient Name, NHS Number, DOB]**

This patient was an inpatient at [Name of Hospital] between (admission date) and (discharge date). Another patient who was present on the same ward as your patient was subsequently diagnosed with pulmonary TB.

This letter is to inform you of this potential exposure in accordance with National Guidance. It is unlikely that the patient is at significant risk of infection, and no further action is needed at this stage unless you are aware that they are unusually susceptible to infectious disease. Immunocompromised patients included in this category are listed on the enclosed sheet. If this is the case, referral to the TB Specialist Nurse Team for screening would be advisable.

In the event of the patient consulting you in the future with persistent symptoms compatible with tuberculosis, this possible exposure should be reconsidered. The patient has been advised of the exposure.

Should you have any queries, please do not hesitate to the Microbiology or Infection Prevention Team to discuss further.

Yours Sincerely,

Dr .....

CC: [Consultant Name]

(Enclose list of risk factors – Appendix D).