



City and County of San Francisco  
Daniel Lurie  
Mayor

**San Francisco Department of Public  
Health,**  
Daniel Tsai  
Director of Health

# **Archbishop Riordan High School (ARHS) Tuberculosis (TB) Update**

## **Community Questions and Answers from San Francisco Department of Public Health (SFDPH) and ARHS**

Updated: March 9, 2026

### **Key reminders:**

- Latent TB infection (LTBI) is not contagious; students with LTBI cannot spread TB.
- All students and staff must complete required evaluations and follow repeat assessments every 8 weeks while the outbreak is monitored.
- Individuals with suspected or confirmed active TB are not allowed on campus until medically cleared.
- SFDPH and the school will continue to share updates as plans and data are finalized.

### **A) Testing, Clearance & Results**

1. **Is the follow up test originally scheduled “on or after February 23” still required-?**  
If you received an individual close c-ontact letter, please follow the testing steps and dates listed there, these are meant to be *in addition to* the schoolwide testing.
2. **Are close contacts required to test this week per the original guidance, or has that changed?**  
Yes. Please follow the dates and instructions in your original close contact- notification. These timelines have not changed.



City and County of San Francisco  
Daniel Lurie  
Mayor

**San Francisco Department of Public  
Health,**  
Daniel Tsai  
Director of Health

**3. Which specific dates in spring will students be required to test again?**

An additional round of schoolwide testing is planned for the spring. Exact dates are still being finalized, and families will receive the schedule with enough notice to plan and testing will be offered on campus for all to help simplify access to testing. Additional testing may be needed beyond this, depending on the results of the next round of testing.

**4. Where should test results be sent? Are we sending to SFPDH as well?**

Close contacts getting testing now should submit test results to SFPDH at [DCIteamactivities@sfdph.org](mailto:DCIteamactivities@sfdph.org). Be sure to submit medical documentation (a PDF or screenshot of the test result that includes your name as well as the date of the test and result report). For the upcoming round of schoolwide testing in the spring, we will provide specific instructions on where to send test results for anyone who chooses to go for testing outside of the on-campus options.

**5. Are the small number of students who have not yet completed testing currently permitted to be on campus?**

No. Students and staff who have not completed the required TB evaluation (including test and, if indicated, chest X-ray) are not cleared to be on campus. They may return once their evaluation is complete and the school has received the clearance form.

**6. Does repeat assessment mean another blood draw for each student?**

Not necessarily. Students who already have a positive TB blood test (IGRA) and are being treated for LTBI do not need a repeat blood test, as IGRA remains positive even as individuals are fully treated and cured. Spring assessment focuses on symptoms and treatment progress. A chest Xray is repeated only if they are not adhering to LTBI treatment recommendations, if there are new symptoms, a new close-contact TB exposure, or -specific medical concerns.

**7. Do people with LTBI who are currently on treatment need to re-take the test in the spring? What test is needed if the blood test stays positive?**

No repeat TB blood test is needed. The test is a measurement of immune response to TB, so once it has turned positive, it's not expected to revert to negative even after treatment and cure. For a person with LTBI, the TB assessment in the spring will consist of a symptom review and verification of treatment adherence. A chest Xray is repeated only if



City and County of San Francisco  
Daniel Lurie  
Mayor

**San Francisco Department of Public  
Health,**  
Daniel Tsai  
Director of Health

they are not adhering to LTBI treatment recommendations, if there are new symptoms, a new close-contact TB exposure, or specific medical concerns.

## **B) Close Contacts**

1. **The close contact letter did not refer to subsequent- testing. Why?**

Close contact letters focus on testing required for one specific exposure. For each exposure, close contacts need two TB tests: one right away and another 8–10 weeks later because it can take that long for a person’s test to be positive after infection. In addition to that two---step schedule, they will need to participate in any school-wide testing.

2. **Will those identified as close contacts for the second case be required to test again in late March (in addition to the testing they are doing this week)?**

Yes. Close contacts complete the immediate test and the follow up- test 8–10 weeks later, along with a chest Xray, and then participate- in spring school-wide testing.

## **C) LTBI (Latent TB Infection) & Treatment**

1. **Are students with LTBI required to seek treatment to prevent active cases?**

LTBI treatment is strongly recommended because it lowers the chance of progression to active TB by 90%, but it is not legally required. LTBI is not contagious. Students may return to school once their medical evaluation is complete and they are cleared.

2. **Are those diagnosed with LTBI being required to take treatment? If not, why are students allowed to return to school?**

LTBI does not spread to others. Students who have completed evaluation and have been cleared may return to school. Periodic TB assessments including symptom reviews and chest Xray when required to maintain school clearance and help keep risk low for the community.



City and County of San Francisco  
Daniel Lurie  
Mayor

**San Francisco Department of Public  
Health,**  
Daniel Tsai  
Director of Health

**3. How many students with LTBI are not doing treatment?**

Only a very small number have not started on treatment. Those students are required to undergo regular chest Xrays and symptom checks at set intervals so early changes can be identified and addressed.

**4. If a person has latent TB and has completed their treatment, are they immune to getting TB (latent or active) in the future?**

Treatment greatly lowers the chance of developing active TB later but does not make someone immune. A person can be reinfected if they are exposed again to someone with active, contagious TB.

**5. By allowing those with LTBI to return without being treated, how much more of a risk is the community under?**

Allowing students with LTBI to return does not increase transmission risk because LTBI is not contagious. Those who decline treatment are monitored closely, and the repeated assessment required -for everyone helps keep overall risk low.

**6. Since Riordan is a private institution, can they require students with latent TB to seek treatment before returning to campus?**

Medication for LTBI cannot be legally required. Treatment is strongly recommended, but students who have completed evaluation and have been cleared may attend school because LTBI is not contagious. Those with LTBI who do not complete treatment will still be required to undergo TB evaluation during schoolwide screenings, and this may include a repeat chest Xray.

**7. Is it possible to have LTBI cases who are not being treated attend school remotely? If not, can ARHS require masking for all?**

LTBI is not contagious, and ongoing monitoring is in place to identify any signs of active TB quickly. Masking is recommended as an added layer of protection; anyone who wishes to wear a mask is fully supported. Individuals who wish to have stronger personal protection are encouraged to use an N95 or KN95 mask.

## **D) Active TB: Suspected vs. Confirmed**



City and County of San Francisco  
Daniel Lurie  
Mayor

**San Francisco Department of Public  
Health,**  
Daniel Tsai  
Director of Health

**1. What is the difference between confirmed active TB and suspected active TB? How long does it take for a case to be confirmed?**

Suspected active TB means a person has an abnormal chest Xray or other clinical findings that are consistent with TB, but their lab tests have so far been negative-. Full active TB treatment begins immediately while additional information is collected to confirm or rule-out the TB diagnosis-. Confirmed active TB means either lab testing has detected TB bacteria OR that there is a clinical response to TB treatment after 2 months of treatment.

**2. Are the three suspected active TB cases currently attending school?**

All suspected and confirmed cases connected to ARHS are on treatment which is being monitored daily by the department of public health. Once the TB case has been rendered non-infectious, the individual is released from isolation by the department of public health and this is communicated to the school by the public health department so that they can be cleared to return to campus.

**3. If someone has active TB, how long do they need treatment before they are no longer contagious to others?**

The timeline varies by individual and depends on medical factors and test results. Infectiousness decreases within days to weeks after effective treatment begins. Clearance is determined by medical evaluation overseen by the public health department demonstrating non-infectiousness.-

## **E) Symptom Guidance & On Site- Support**

**1. How should cough symptoms be handled at home or at school during winter when we don't know if it's allergies or a cold? Should we test again at the first cough?**

Because of the outbreak, families should check in with their healthcare provider for any cough, even if mild. If a cough does not improve quickly, a chest Xray may be



City and County of San Francisco  
Daniel Lurie  
Mayor

**San Francisco Department of Public  
Health,**  
Daniel Tsai  
Director of Health

recommended. A new TB blood test is not automatically required- for every cough; testing is based on clinical judgment, symptom persistence, and individual risk.

2. **Is there a nurse on campus to assess students who develop symptoms during the day?** Riordan does not staff a nurse on campus. Students who develop symptoms during the day may be asked by school administration to go home and seek medical attention prior to return.

## **F) Masking, Ventilation & School Operations**

1. **Should masks be mandated to keep everyone safe? Can masking be enforced?**  
Masking is recommended as an added layer of protection; anyone who wishes to wear a mask is fully supported. Individuals who wish to have stronger personal protection are encouraged to use an N95 or KN95 mask.
2. **Masking is still listed as recommended. Why is masking recommended if the first round of testing has been completed?**  
Masking provides added protection while monitoring continues. Masking helps reduce airborne spread in the event someone develops active TB between testing cycles.
3. **How can you say the campus is safe when 17% of the community has LTBI and airflow questions remain?**  
The safety measures in place greatly reduce the risk of transmission including: identifying and treating active TB cases, symptom monitoring, ongoing TB assessments, and strong LTBI treatment uptake. The school is working with an industrial hygienist and state public health partners to evaluate ventilation and other improvements to- further reduce transmission risk.
4. **What will be the policy regarding attendance to school, cocurriculars-, sports, theater, and other events?**  
Stay home if sick and seek medical evaluation. Students and staff who are cleared may attend school and activities. Those not cleared must remain off campus and may not



City and County of San Francisco  
Daniel Lurie  
Mayor

**San Francisco Department of Public  
Health,**  
Daniel Tsai  
Director of Health

participate in activities until cleared. The school will share any activity-specific- guidance as needed.

## **G) International Students & School Entry Requirements**

### **1. Is TB testing required for students to attend school in San Francisco?**

TB risk screening is required for all students. If screening indicates risk, a TB test is required (along with a chest Xray if the test is positive). This local policy can be found on the [SFPDPH website](#)

### **2. Were all international Riordan students required to have a TB test at the start of the school year?**

The TB risk assessment and testing requirements are the same for all students.

## **H) Costs, Access & On-Site- Testing**

### **1. Will any required testing be available on campus for all students to minimize costs and disruption?**

SFPDPH and Riordan are working to provide on-campus testing options to make access easier for families. Details will be shared once finalized-.

### **2. Will there be testing on site at Riordan for the spring round for all students, not just Kaiser patients?**

Planning is underway to offer on-site testing for all students. The school will share details when confirmed.



City and County of San Francisco  
Daniel Lurie  
Mayor

**San Francisco Department of Public  
Health,**  
Daniel Tsai  
Director of Health

- 3. Will on-campus- testing costs be covered by the school?** On campus testing will be managed by SFPDH TB Clinic and Kaiser Permanente. Their routine processes will be used for insurance,, and the school will not be covering the cost of individual tests. On-campus testing is to make it so that there is less interruption to learning and to facilitate public health reporting of school-wide outcomes. If ability to pay for testing or treatment is a concern for your family, please contact the San Francisco TB Clinic. More information about San Francisco Department of Public Health TB Clinic insurance billing, visit <https://www.sf.gov/get-tuberculosis-specialty-services>.

## **I) Communication, Data & Community Support**

- 1. The school community is frustrated about the early response. What lessons were learned, and what steps are you taking so nothing like this happens again?**  
The first case connected to the school was officially reported to SFPDH by a community physician in November 2025, which is when public health- actions began. SFPDH required schoolwide testing in December, expanded actions in January as new information emerged-, and ARHS moved to remote learning in early February to complete evaluations and clearance. The school is working with experts on ventilation and prevention measures to strengthen future readiness. ARHS contracted a team from Bay PLS to ensure proper screening and recording of all health records. Additionally, ARHS will be implementing TB testing instead of the community standard of basic screening annually for all students and staff at the start of each school year.
- 2. Why did time pass between the first case (September) and required testing/remote learning in February?**

The initial symptoms were not attributed to TB during medical evaluation of the initial active TB case in September 2025. So, the initial case of TB was not diagnosed until November 2025 at which time the case was reported to SFPDH. Unfortunately, this is commonly the case as TB is relatively rare compared with other illnesses that cause similar symptoms.



City and County of San Francisco  
Daniel Lurie  
Mayor

**San Francisco Department of Public  
Health,**  
Daniel Tsai  
Director of Health

Mitigation actions began immediately after the diagnosis in November 2025, including immediate testing and treatment of close contacts and general notification to the entire school community. All staff and students were updated on December 9, 2025 regarding the outcome of that investigation of the high rate of TB test positivity among close contacts, and that schoolwide testing would be required 10 weeks after the last exposure date. The response expanded in January 2026 as additional active TB cases were identified. Remote learning was provided to facilitate completion of evaluations and allow for course attendance while awaiting clearance- to return to school.

**3. Was the first case reported to the school in September?**

The initial case of TB was not diagnosed until November 2025 at which time the case was immediately reported by the community physician to the public health department and by the health department to the school. Unfortunately, delays in diagnosis of active TB are common as TB is relatively rare compared with other illnesses that cause similar symptoms.

**4. When will SFDPH release TB data city-wide for 2025?**

Citywide data for 2025 will be posted to the [sf.gov/TB](https://www.sf.gov/TB) website once review and validation are complete. The annual 2024 report was finalized and posted in April 2025. -Citywide TB reports can be found here: <https://www.sf.gov/resource--2024--tb-reports-and-publications>

**5. Our students are dealing with stigma, especially those who tested latent. What is SFDPH doing to protect and educate?**

SFDPH prioritizes clear, neutral, non-stigmatizing- communication and reinforces that LTBI is not contagious. We share written updates, recordings, and resources for those who cannot attend live sessions, and we work with partner institutions to correct misinformation and support students' well-being.

**6. You can't expect the general public to attend the town halls. How else are you sharing information?**

Information is shared through school announcements, faculty meetings, emails and recorded sessions for the school community which are posted on the [school health website](#). For local medical providers, information is being shared through [DPH health](#)



City and County of San Francisco  
Daniel Lurie  
Mayor

**San Francisco Department of Public  
Health,**  
Daniel Tsai  
Director of Health

alert system, on the [sf.gov/TB website](https://sf.gov/TB), in regional newsletters, grand rounds, webinars and other forums. For the broader community information is being shared through press releases and on [sf.gov/dph](https://sf.gov/dph). SFPDPH will continue to coordinate with ARHS to make updates accessible in multiple formats.

**7. SFPDPH seemed too reassuring in the fall. Why should families trust the guidance now?**

Public health guidance is updated as new information becomes available, and the evolution of communication in the notifications and virtual sessions reflects that. The current approach is designed to prevent further spread. SFPDPH and ARHS will continue to provide the community with the most updated public health guidance.

**8. There has been bullying and cyberbullying connected to the TB outbreak on campus. What are SFPDPH and ARHS doing to address this and protect affected students and staff?**

Reports of bullying related to the TB outbreak are taken very seriously by both SFPDPH and ARHS. No student or staff should ever be targeted or mistreated because of a medical condition or their involvement in a public-health response. We should treat all members of the community with respect, dignity, and integrity at all times.

SFPDPH is working with the school and community to reinforce accurate information about TB, reduce stigma, and support a safe and respectful environment for all students and staff.

ARHS takes all reports like this very seriously and our Deans of Students investigate and take action quickly when this is reported.

## **J) Partners & Activities**

**1. Why is the Riordan swim team being prevented from practicing at the City College pool even though all students have provided negative TB tests?**



City and County of San Francisco  
Daniel Lurie  
Mayor

**San Francisco Department of Public  
Health,**  
Daniel Tsai  
Director of Health

This appears to be due to policies at CCSF. SFDPH is working with partner institutions to ensure they have accurate, up to- -date information about the clearance process.

- 2. For those doing indoor sports, will they be required to test negative before joining?**  
All students must follow schoolwide clearance and any close- contact testing requirements. Additional sport- specific testing may be considered if guidance changes or a new exposure is identified. The school will communicate any activity- -specific requirements.

## **K) Reconciling Numbers & Timeline**

- 1. What are the criteria to declare the outbreak over?**  
Public health officials consider a TB outbreak to be controlled when contact tracing and testing show no evidence of ongoing TB transmission. Once there is no evidence of ongoing TB transmission based on contact tracing and testing, the outbreak can be declared over.-
- 2. What happened to the other cases? The numbers do not add up.**  
Case counts can change as evaluations are completed and results are reclassified. SFDPH will periodically share updated data with the school community which will be posted on the school's health website. The most recently updated data as o 03/09/2026 is as follows:



City and County of San Francisco  
Daniel Lurie  
Mayor

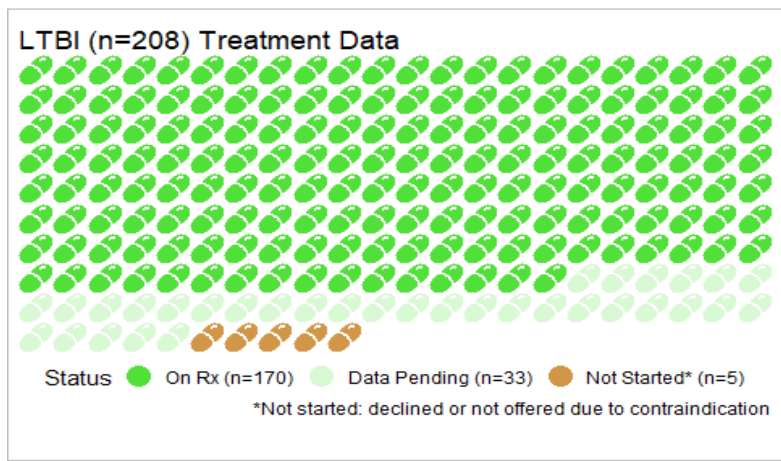
**San Francisco Department of Public Health,**  
Daniel Tsai  
Director of Health

## Archbishop Riordan High School Tuberculosis (TB) Response Data summary

As of **03/09/2026**, the total school population\* included in this report is **1473**. A total of **1380 (94%)** individuals' test results have been reviewed and validated by SFDPH

- **228 (17%)** had a positive TB test
  - **4** confirmed active TB cases diagnosed
  - **3** suspected active TB cases diagnosed
  - **208** confirmed as latent TB+ (LTBI)
  - **13** validation of X-ray results is in process
- Of **208** individuals diagnosed with LTBI:
  - **170** are confirmed to be taking treatment
  - **5** have not started treatment
  - **33** have not yet had treatment status validated

**LTBI is not contagious**  
Diagnosis and treatment of LTBI is important to prevent the development of active TB



\*All students and staff identified by SFDPH and the school are included in this total. This includes students and staff who have recently joined the school community such as new students, permanent, part-time, contract and coaching staff. Individuals who leave the school community, including graduated students or individuals who leave employment, continue to be included in the total school population.