

Appendix C. FoodCORE Sample Letters for Non-responsive Case-patients

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NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Thomas Farley, M.D., M.P.H.
Commissioner

[Date of Letter]

Dear First Name Last Name,

This office has been informed by your doctor that you were recently diagnosed with a reportable disease. All possible cases of infectious diseases are required by law to be reported to the Health Department. I have attempted to contact you by telephone at the number provided by your doctor, but have been unable to reach you to discuss this matter. I would like to ask you a few questions and see how you are doing.

Please call me between the hours of 9am and 5pm, Monday through Friday at (xxx) xxx-xxxx. If I am not in the office when you call, please leave a message with a telephone number and hours you can be reached.

Thank you in advance for your time.

Sincerely,

[Signature of Health Official]

[Health Official's Name]

Bureau of Communicable Disease
New York City Department of Health and Mental Hygiene
[(xxx) xxx-xxxx]



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Thomas Farley, M.D., M.P.H.
Commissioner

[Date of Letter – in Spanish]

Estimado/a Sr. /Srta. /Sra. *(Insert patient name)*,

Su doctor nos ha notificado que usted fue diagnosticado con una enfermedad. Por ley, todos los casos de las enfermedades transmisibles necesitan ser reportadas al Departamento de Salud y Salud Mental. Intentamos de comunicarnos con usted usando el número suministrado por su doctor. No hemos podido comunicarnos con usted. Nos gustaría poder hablar con usted para hacerle unas preguntas y para saber como usted se siente ahora.

Por favor llámenos entre las 9am y 5pm, de lunes a viernes al (xxx) xxx-xxxx. Si no estamos en la oficina cuando usted llame, por favor déjenos un mensaje con las horas que usted está disponible.

Gracias por su tiempo.

Atentamente,

[Signature of Health Official]

[Health Official's Name]

Bureau of Communicable Diseases (Oficina de Enfermedades Transmisibles)
Departamento de Salud y Salud Mental de la Ciudad de Nueva York
[(xxxx) xxx-xxxx]



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
COMMUNICABLE AND ENVIRONMENTAL DISEASE SERVICES
CORDELL HULL BUILDING
425 5th AVENUE NORTH
NASHVILLE, TENNESSEE 37247

[Date of letter]

Parent or Guardian of *[Patient Name]*

[Patient Address 1]

[Patient Address 2]

Dear Parent or Guardian of *[Patient Name]*,

The Tennessee Department of Health (TDH) located in Nashville needs to speak with you regarding your child's recent diagnosis of *Salmonella*. All patients with *Salmonella* are contacted by TDH. We want to know more about the foods your child ate and places *[he or she]* traveled. The phone interview will take approximately 30 minutes. Please call my direct line at (xxx) xxx-xxxx or call (xxx) xxx-xxxx *[general line]* and ask to speak with *[Name of Interviewers]*. If I am away from my phone when you call, please leave a phone number and time when I may reach you.

Thank you,

[Signature of Health Official]

[Health Official's Name]

Tennessee Department of Health
Communicable and Environmental Disease Services Section
425 5th Ave North – 1st Floor
Nashville, Tennessee 37243
[(xxx) xxx-xxxx]



Patient Name
MM/DD/YYYY
Street Name
City, State, Zip

Dear Patient Name,

You (or your child) were recently reported to Choose LHD as testing positive for Choose Disease. By law, doctors and other healthcare providers must report diseases that may be spread to others so that we may investigate, and provide education and assistance to you as needed.

Our goal is help you (or your child) to get well, stay well, and to keep others from becoming ill. You may be able to help us figure out what made you (or your child) sick.

It is important that we speak with you as soon as possible. We have been unable to reach you by telephone, and would appreciate it if you would return our call. If you are unable to contact us by phone, you may provide some of the information we need electronically at igotsick.health.utah.gov.

If you prefer to provide information electronically, please enter the following link into your internet browser and follow the instructions: igotsick.health.utah.gov. The information you chose to share is completely confidential, secure, and will automatically be routed to the appropriate health department. Local health departments may follow up as needed to prevent future illness.

Thank you for your time.

Sincerely,

Utah Department of Health
<Enteric Disease Investigator or Dept>
<email>
<phone>
<Days/ Hours available>

Enc. Factsheet