



Public Health Department

Aaron Quin, Interim Director
Andy Miller, M.D., Health Officer

Community Health & Sciences- Oroville

202 Mira Loma Drive
Oroville, California 95965

T: 530.552.3929
F: 530.538.5387

buttecounty.net/publichealth

Senate Bill 1152 / Health & Safety Code 1262.5: Homeless Patient Discharge Planning Policy and Process

Subject:

Infectious diseases screening and vaccine guidance from Butte County Public Health Department (BCPHD)

Background:

Persons experiencing homelessness are at high risk for infectious diseases and can face a multitude of obstacles in accessing basic health screenings for infectious diseases and immunizations. SB 1152 requires hospitals to develop a written homeless patient discharge planning policy and process that coordinates services and referrals with the county behavioral agency, health care and social services agencies, health care providers, and nonprofit social service providers, as available.

While many of the recommended health screenings and vaccinations are typically performed and available in the primary care setting, homeless persons often do not have primary care providers and instead present to hospitals and emergency departments (EDs) for medical care. Hospitals may present the only opportunity to provide health screening and vaccinations to this population.

This document specifies BCPHD recommendations for communicable disease screenings and vaccinations as referenced in SB 1152 discharge planning requirements.

Diseases of Public Health Concern in Butte County:

1. *Sexually Transmitted Infections (STIs)*

- Butte County has high rates of gonorrhea (GC) and chlamydia (CT). Rates of early syphilis have increased more than 30 fold from 2014 to 2018. Complications of STIs can cause significant adverse health consequences if left untreated. Congenital syphilis (CS) is rising across CA with 283 cases in 2017. Many of these births have been among women experiencing homelessness, including Butte County cases.

2. *Hepatitis A Virus (HAV)*

- California experienced a large hepatitis A outbreak in 2016-2018, primarily among persons experiencing homelessness and/or using drugs in settings of limited sanitation despite the availability of an effective vaccine. Although the outbreak in California is now over, other states continue to experience outbreaks in similar populations of at-risk people.

3. *Tuberculosis (TB)*

- Butte County has a low rate of active tuberculosis (TB) averaging 3 cases per year. However, homeless persons living in congregate settings (i.e., homeless shelters) remain

at higher risk for acquiring TB. California data for 2013-2017 indicated an average of 117 cases of active TB per year among persons experiencing homelessness. Additionally, homeless persons often have co-morbidities that puts them at higher risk for progression to active TB disease if infected.

- California TB control law states that health care facilities may discharge confirmed or suspected TB cases **only after the health officer approves** a written plan that addresses the patient's post-discharge care.
- BCPHD provides monthly TB screenings at the Torres Community Shelter and Oroville Rescue Mission. Each person is issued a wallet-sized card documenting the date and TB skin test result.

4. *Pertussis*

- Over 9,000 cases of pertussis were reported in California during 2010, the most in over 60 years, including 10 infant deaths. In 2014, 11,209 cases were reported, including two infant deaths and hundreds of hospitalizations.
- Infants too young for vaccination are at greatest risk for life-threatening cases of pertussis. In 2018, Butte County had one infant with confirmed pertussis illness. Vaccinating pregnant women with Tdap between 27-36 weeks gestation in every pregnancy is the most effective strategy for preventing infant pertussis.

Communicable Disease Health Screenings

Offering health screening services at the hospital facility is recommended not only to ensure timely identification and treatment of illnesses but to aid BCPHD in the investigation and control of these diseases.

Upon intake, screening for the following health concerns should be offered:

1. *Syphilis, gonorrhea (GC), and chlamydia (CT)*

- At least annually, test all homeless individuals for syphilis, gonorrhea, and chlamydia. Pharyngeal and anal specimens for CT and GC, in addition to vaginal/cervical or urine, are recommended based upon sexual risk assessment (see below).
- Test more frequently if individuals report recent sexual activity and/or are pregnant. **If pregnant, test for syphilis in each trimester and at birth.**
- With each visit, perform a sexual risk assessment as outlined in the [CDPH STD Screening Recommendations](#).
- Screen for syphilis with available laboratory testing procedures in accordance with [CDPH STD Screening Recommendations](#).
- Pregnant women who are at high risk (homeless, substance use, late or no prenatal care) or who had a fetal death after 20 weeks gestation should be tested for syphilis such that results are returned prior to hospital discharge.
- For suspect and confirmed syphilis:
 - *Immediately* initiate treatment per [CDPH STD Treatment Guidelines](#). Based on local epidemiologic data and trends, persons in high risk populations (i.e., homeless, incarceration history, current drug use, multiple sex partners, etc.) who exhibit clinical findings suggestive of primary or secondary syphilis, even if syphilis test results are

negative or not immediately available, should receive presumptive treatment when the opportunity for follow up is uncertain.

- *Immediately* notify BCPHD Communicable Diseases at 530-552-3929 during business hours to initiate a case and contact investigation. This call is extremely valuable in disease control and prevention. For after hours or on weekends/holidays, notify BCPHD on the next working (or business) day.

2. *Human immunodeficiency virus (HIV)*

- At least annually, test all homeless individuals for HIV, if prior status is unknown or negative.
- Pregnant women should have an HIV screen, preferably in the first trimester, if prior status is unknown. Repeat the HIV screen in the third trimester if at increased risk (i.e., multiple sex partners during pregnancy, drug use, other diagnosed STIs, etc.).
- Any persons testing positive for syphilis should also be tested for HIV.

3. *Hepatitis C virus (HCV)*

- At least annually, test all homeless individuals for HCV, if prior status is unknown or negative.
- Pregnant women with current or past injection drug use, history of blood transfusion or organ transplantation before 1992, or unregulated tattoo should be tested for HCV, if prior status is unknown or negative.

4. *Tuberculosis (TB)*

- Screen homeless or other at-risk groups annually.
- An IGRA is preferred for those persons who would otherwise not return for a TB skin test reading or who have been vaccinated with BCG.
 - Report patients with positive IGRA or TB skin test to BCPHD.

Immunizations

The following vaccinations are recommended prior to hospital or ED discharge for persons experiencing homelessness. **The vaccination(s) should be recorded in the California Immunization Registry (CAIR).** If vaccine refusals occur, document declinations in the patient record.

1. *Hepatitis A vaccine* (if not previously vaccinated, or without documentation of two doses).
2. *Influenza vaccine* annually during influenza season (pregnant women must receive preservative-free influenza vaccine). Influenza vaccine can be given as soon as vaccine becomes available each season (October – May).
 - In addition to influenza vaccine, pursuant to California Health and Safety Code Section 120392.9, pneumococcal vaccine must be offered to patient ≥ 65 years of age following ACIP recommendations.
3. *Tdap vaccine* for pregnant or postpartum women. For prevention of pertussis in infants, Tdap should be given to pregnant women in **each** pregnancy, between 27 – 36 weeks gestation, regardless of the number of years since prior Td or Tdap vaccination.

Considerations for Additional Screening

- Consider HBV testing in homeless individuals with risk factors, such as injection drug use or multiple sex partners.
- Consider testing for Shigella, Salmonella, Shiga toxin, or other enteric/parasitic diseases in patients with compatible symptoms, including diarrhea (bloody or non-bloody), fever, and abdominal pain.
- Consider screening pregnant women for measles immunity at the same time as rubella screening.
- Consider hepatitis B vaccine for women of child-bearing age, not previously immunized, who have any of these characteristics:
 - More than one sex partner during the previous 6 months
 - Previous evaluation or treatment for an STD
 - Recent or current injection drug use
 - HBsAg-positive sex partner
- Consider hepatitis B vaccine for all HIV-infected patients and all MSM (men who have sex with men).
- Consider MMR vaccine for non-pregnant women of childbearing age with no evidence of immunity to measles or rubella (if pregnant, administer MMR after pregnancy and before discharge).
- Considerations for meningococcal, varicella, shingles, or other vaccinations should be made on a case-by-case basis.

Communicable Disease Outbreaks

During communicable disease outbreaks, BCPHD works closely with California Department of Public Health (CDPH) to coordinate and support outbreak response efforts. BCPHD establishes communication with hospitals and community partners to provide accurate information about the outbreak, control measures, risk levels and any recommended health screenings and vaccinations. As such, these communicable disease screening and vaccination recommendations in this document may change based on local disease prevalence and outbreaks.

Disease Reporting

BCPHD Communicable Diseases program relies on our public health partners to report more than 85 communicable diseases as mandated by California law (Title 17, California Code of Regulations, Section 2500). The Confidential Morbidity Report (CMR) is required to be completed by providers. The CMR can be transmitted electronically through the California Reportable Disease Information Exchange (CalREDIE) by providers who have enrolled in Provider Portal.

For conditions that require immediate reporting, please contact BCPHD at:

- 530-552-3929, Monday – Friday 8 am – 5 pm (normal business hours)
- 530-332-2462, after hours and weekends or holidays for the answering service

Resources

- CDPH STD Screening Recommendations:
https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/CA_STD-Screening-Recs.pdf
- CDPH STD Treatment Guidelines:
<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/STD-Treatment-Guidelines-Color.pdf>
- California STD/HIV Screening Recommendations in Pregnancy:
<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/CaliforniaSTD-Sxand-Tx-inPregnancy2017.pdf>
- Confidential Morbidity Report: <http://www.buttecounty.net/ph/Programs/Communicable-Disease/OtherDiseases/Report>
- CA Health & Safety Code 1262.5:
https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180SB1152
- CA Health & Safety Code 121361 (Gotch Law):
https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=HSC§ionNumber=121361