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Importance of a Strong Partnership Between Public Health and Clinicians

Jonathan E. Fielding, MD, MPH

With the ill effects of chronic diseases comprising 75% of the nation's health care spending and a renewed focus on prevention ushered in by health care reform, a stronger partnership between public health and medical practice is imperative.

Traditionally, the two disciplines have functioned separately with seemingly distinct areas of focus. Public health seeks to promote healthy environments, behaviors, and lifestyles that prevent illness and disability in populations, and clinical care seeks to identify and control risks to ill health, and diagnose and treat illness and disability once manifested in individuals. Clearly, these two roles are interconnected and share a single goal: to improve health.


Already we see areas where collaborative relationships between public health and clinical practice have mutually beneficial effects. For example, clinically reducing an individual's HIV viral load to undetected levels through antiretroviral treatment greatly reduces the risk of onward HIV transmission in the population. This "treatment as prevention" model has, in turn, led to increased public health efforts to engage individuals in HIV care to start treatment. Many more opportunities exist for collaborative



efforts in tackling chronic diseases, such as diabetes, high blood pressure, heart disease, and some cancers, as well as major antecedents like obesity, tobacco use, alcohol

misuse, and high risk sexual behaviors. The bottom line is that neither public health nor medical practice alone can achieve the maximum possible reduction in the burden of chronic diseases. Eliminating silos and forging partnerships in areas of common interest will yield more effective results.

Public health professionals can play a more active role by increasing access and reducing barriers to appropriate care and treatment within communities, while clinicians can emphasize the need for environmental and behavioral changes that will optimize the health of their patients.

Both must work together to voice common health messages and advocate for shifts in policy and funding that prioritize interventions that will have the greatest impact on health. Further work is needed to solidify joined efforts by creating shared goals and measures for performance and accountability to improve health for all in LA County. 

Editor's Note: With plans to focus on teaching, research, and innovations that can make a difference in our health nationally as well as locally, Jonathan E. Fielding, MD, MPH, Director of Public Health and County Health Officer, announced his plan to leave county service at the end of August 2014. Over the past 16 years, under Dr. Fielding's leadership, significant gains have been made in improving the health of Angelenos. Increased life expectancy, reduced infant mortality, and decreases in many of the leading causes of death (notably coronary heart disease, stroke, and lung cancer) reflect the important work of Public Health in collaboration with the medical community; community-based organizations; academia; local, state, and federal agencies; and others. For more information on how Public Health improves health in LA County, visit www.publichealth.lacounty.gov.



New Wellness Center Offers a Wide Range of Community Resources

Heather Readhead, MD, MPH

Tony Kuo, MD, MSHS

If shopping malls, which revolutionized the concept of one-stop shopping, have been so successful in pulling in busy patrons, why not apply the same model to health care and wellness? That's exactly the thinking behind The Wellness Center at the Historic General Hospital on the LAC+USC Medical Center campus in Boyle Heights, just east of downtown Los Angeles.

Open since March of this year, the Center offers a variety of health, wellness, and prevention services, all in one stop. The Center was conceptualized by and received strong support from LA County Supervisor Gloria Molina and her office, the LA County Department of Health Services, the LA County Department of Public Health, and external partners such as The California Endowment and LA Care.

The mission of The Wellness Center is to inspire and empower residents and patients to take control of their own health and well-being by providing culturally sensitive wellness and prevention services and resources that enable prevention, address the root cause of disease, and improve health outcomes.



The Wellness Center is located on the ground floor of the Historic General Hospital in Boyle Heights.

There are 16 different health-related nonprofit agencies that are co-located in 44,000 square feet of remodeled space on the ground floor of the historic hospital. In addition to office suites and individual counseling rooms, the space also includes classrooms, conference rooms, a computer lab, dance/fitness studios, a gym with weight lifting and aerobic equipment, a teaching kitchen, and a child care center that accommodates children over age 2 (for up to 2 hours).

Services at The Wellness Center

- Employment guidance and training for careers in health services
- Benefits enrollment assistance – health insurance and food stamps
- Legal services and advocacy services for navigating benefits and health insurance bills
- Mental health services – psychotherapy programs for children and adults
- Support services for seniors and caregivers
- Public Health Nursing outreach – influenza vaccinations and emergency preparedness
- Support for victims of domestic violence, sexual assault, and rape



- Support services for patients with diabetes, arthritis, and multiple sclerosis
- Chronic disease self-management programs
- Diabetes Prevention Program (weight loss for adults at risk for diabetes)
- Health education, nutrition, and cooking classes
- Physical fitness classes, including aerobics, Zumba, Tai Chi, and yoga
- Adaptive exercise classes for seniors and patients with disabilities
- YMCA gym with aerobic and weight lifting equipment
- Youth activities and leadership programs
- Free summer lunch program for youth 18 and under



The LA County Department of Public Health provides community liaison public health nurses to staff “Ask a Nurse” sessions twice a week. Also, health educators offer classes twice a month on a variety of healthy living topics. Staff also provide technical assistance on wellness policies, as well as data assistance, and will hold flu clinics during the fall. Pictured here, Public Health staff Angela Salazar, MPH, and Patricia Alexander, RN, PHN, MS (left) and Melanie Niedjelski, RN, PHN, MSN, and Lana Sklyar, MPH, stand by a Public Health display on healthy eating.

The Center’s close proximity to the many LAC+USC primary and specialty care clinics, urgent care center, new hospital, and ER all provide exciting and innovative opportunities for community-clinical linkages. As one of the largest training institutions in the country for medical students and residents and other clinicians, LAC+USC also provides a unique opportunity for trainees to experience collaboration with non-medical partners in the care of patients – a broad approach to team-based care that aims to address many of the social determinants of health.

Referring Patients

The Wellness Center at the Historic General Hospital is located on the LAC+USC Medical Center campus at 1200 North State St., Los Angeles, CA 90033. For appointments and information in English and Spanish, patients and clinic staff may call 1-855-201-4815 on Monday-Friday from 8:30am to 5pm.

The Center has bilingual community health workers called “Wellness Navigators” who speak by phone and meet with your patient to describe available services, help identify the client’s needs, specifically address any needs highlighted by a referring clinic, and arrange for services. All services are offered for free or on a sliding scale based on income.


Clinics using the eConsult system can now refer patients electronically to The Wellness Center. No clinical conversation is required, and the eConsult may be submitted by a non-physician staff member. An optional drop-down menu corresponding to services is provided, or the referrer can simply write a short phrase describing the patient’s need – for example, “legal services,” “arthritis support,” “diabetes education,” “obesity,” or “anxiety/stress.”

Organizations Providing Services at The Wellness Center

Alma Family Services
 American Diabetes Association
 American Heart Association
 Arthritis Foundation
 Building Healthy Communities – Boyle Heights
 East LA Women’s Center
 Jovenes, Inc.
 LA Care Health Plan Family Resource Center
 Los Angeles County Department of Public Health
 Maternal and Child Health Access
 Mexican American Opportunity Foundation
 National Multiple Sclerosis Society
 Neighborhood Legal Services of Los Angeles County
 Proyecto Jardin
 Weingart East Los Angeles YMCA
 Worker Education and Resource Center

The monthly calendar of classes and special events is posted on the Center’s website at www.thewellnesscenterla.org. If your clinic would like to receive the monthly calendar via e-mail, send an e-mail to info@thewellnesscenterLA.org with “join mailing list” in the subject line.

To make referring patients easy for providers, other clinic staff, or outreach workers, The Wellness Center also provides “prescription pads” that list the Center’s services.

To schedule a presentation about services at your clinic staff meeting, hospital grand rounds, or other training event, call The Wellness Center at 1-855-201-4815 or e-mail info@thewellnesscenterLA.org. 

Heather Readhead, MD, MPH, who specializes in Family Medicine and Preventive Medicine, was the first Medical Director of The Wellness Center. **Tony Kuo**, MD, MSHS, is the Deputy Director of the Division of Chronic Disease and Injury Prevention, Los Angeles County Department of Public Health, and a member of the Board of Directors of the LAC+USC Medical Center Foundation, which helps support The Wellness Center.

West Nile Virus Update for 2014

Rachel Civen, MD, MPH

Van Ngo, MPH

The 2014 West Nile virus (WNV) season in Los Angeles County follows on the footsteps of the second and third highest counts of human infection, in 2012 and 2013, respectively, since WNV first appeared in LA County in 2003. The LA County Department of Public Health recorded 174 human infections, including asymptomatic blood donors, in 2012, and 165 in 2013. In 2013, WNV proved to be more widespread than previous years, with increased WNV cases in the South Bay and Antelope Valley. The number of human WNV infections documented in LA County has ranged as high as 309 in 2004 to as low as 4 in 2006 and 2010.

As of September 4, 2014, 25 human WNV infections have been documented in LA County, and approximately half reside in the San Fernando Valley area. However, WNV activity in the environment, including WNV-infected dead birds, sentinel chickens, and mosquito pools, have been detected across the county. Of concern, the number of sentinel chickens reported positive for WNV has nearly quadrupled since mid-August. Approximately half of these new positive chickens have been found in the Antelope Valley.

Along with environmental surveillance, reporting human infections helps guide both Public Health and the LA County mosquito abatement districts in targeting mosquito abatement services, surveillance activities, and health education. The LA

County Department of Public Health requests your continued participation in the reporting of human WNV infections.

The risk of WNV infection will persist through mid-November. During WNV season, physicians are encouraged to order WNV tests for all patients with aseptic meningitis, encephalitis, acute flaccid paralysis and nonspecific illness consistent with West Nile virus fever. Persons older than 50 years and immunocompromised individuals are at especially high risk for invasive neurologic infection. Since 2003, blood banks have routinely tested blood donors for asymptomatic WNV infection, positive tests are reported to the public health department.

Providers should be aware of proper diagnostic procedures, understand the importance of prompt reporting, and educate their patients on how to protect themselves against infection.

West Nile Virus Serological Screening Tests

WNV screening tests are recommended only for patients with signs or symptoms compatible with West Nile fever, aseptic meningitis, encephalitis, or acute flaccid paralysis. Specimens positive for acute WNV infection from commercial labs generally do not require confirmation by the LA County Public Health Laboratory since there is excellent correlation between WNV positive tests from commercial labs and reference public health laboratories.

Los Angeles County Public Health Laboratory: Submitting Sera for West Nile Virus Diagnostic Testing

WNV testing is available at the Public Health Laboratory for individuals with the following signs or symptoms:

- Encephalitis
- Aseptic meningitis (individuals 18 years of age or older)
- Acute flaccid paralysis or atypical Guillain-Barré syndrome
- Febrile illness compatible with West Nile fever syndrome:
 - Case must be evaluated by a health care provider.
 - Symptoms associated with West Nile fever can be variable and often include headache, fever ($>38^{\circ}\text{C}$), and muscle weakness, rash, swollen lymph nodes, eye pain, nausea, diarrhea or vomiting.

A standard laboratory submittal form must be completed and accompany the specimen(s). Go to <http://publichealth.lacounty.gov/lab/docs/H-3021%20Test%20Request%20Form.pdf>.

Information on sending specimens to the Public Health Lab may be found at <http://publichealth.lacounty.gov/lab/labinfo.htm>.



WEST NILE VIRUS INFORMATION

Online patient education materials and weekly surveillance reports can be found at

- www.publichealth.lacounty.gov/acd/VectorWestNile.htm
- www.westnile.ca.gov/
- www.cdc.gov/ncidod/dvbid/westnile/index.htm.



From May through November, the LA County Public Health Lab is available for initial screening tests and confirmation of ambiguous results on serum specimens at no charge to the submitter. Although the lab no longer tests cerebrospinal fluid (CSF) for WNV infection, CSF testing is available at the California Department of Public Health. CSF specimens sent to the LA County Public Health Lab will be forwarded to the state lab for testing.

Reporting of Human WNV Cases


Public Health tracks occurrences of West Nile fever, neuro-invasive disease, and asymptomatic blood donors. Physicians and laboratories are required to report all positive laboratory findings of WNV, whether they are confirmed or not, to the LA County Department of Public Health within 1 working day. A standard Confidential Morbidity Report (CMR) may be used to report suspected cases. The CMR may be faxed to Public Health's Morbidity Unit at 1-888-397-3778. During normal business hours, a report may also be phoned in at 1-888-397-3993. The CMR is available at www.publichealth.lacounty.gov/acd/reports/CMR-H-794.pdf.

For cases among residents in Long Beach or Pasadena, contact the health departments in those cities:

- Long Beach Health and Human Services Department: (562) 570-4302
- Pasadena Public Health Department: (626) 744-6043.

West Nile Virus Prevention

The most effective way for individuals to prevent exposure to mosquito bites and West Nile virus can be summarized as the "Three D's":

1. **DEFEND** – Use an EPA-registered insect repellent containing DEET, picaridin, oil of lemon eucalyptus, IR3535, or para-menthane-diol products according to label instructions. Repellents keep the mosquitoes from biting you. DEET can be used safely on infants and children 2 months of age and older.
2. **DAWN AND DUSK** – Mosquitoes that carry WNV bite in the early morning and evening. It is important to use repellent and wear clothing that reduces the risk of skin exposure to mosquito bites at these times. Make sure doors and windows have tight-fitting screens to keep mosquitoes out. Repair or replace screens with tears or holes.
3. **DRAIN** – Mosquitoes lay their eggs on standing water. Eliminate all sources of standing water on your property, including buckets, old car tires, and pet bowls. If you have a pond, use mosquito fish (available from your local mosquito and vector control agency) or commercially available products to eliminate mosquito larvae. 

Rachel Civen, MD, MPH, is a medical epidemiologist, and **Van Ngo**, MPH, is an epidemiologist, Acute Communicable Disease Control, Los Angeles County Department of Public Health.

Chikungunya Virus Infection

As of August 31, 2014, chikungunya virus infection has been documented in 4 LA County residents, all with a history of recent travel to the Caribbean islands between late April through early July 2014. In addition, 19 imported cases have been reported in California.

Since December 2013, the Caribbean islands have been experiencing an outbreak of chikungunya infections (over 165,000 cases) with local transmission. Outbreaks have previously been reported in Africa, southern Europe, Southeast Asia, the Indian subcontinent, and islands in the Indian and Pacific Oceans.

Chikungunya virus is transmitted by the *Aedes aegypti* and *A. albopictus* mosquitoes. *A. albopictus* infestations have been documented in Arcadia, El Monte, and south El Monte, and surrounding areas. To date, there is no local transmission of chikungunya within LA County.

Chikungunya infection can appear similar to WNV infection but should be considered in the differential diagnosis in patients presenting with acute onset of fever and polyarthral-

gia who have recently returned from the Caribbean and other areas with known virus transmission.

Serum serologic and PCR testing for chikungunya is available at Focus Diagnostics and the California Department of Public Health.

Chikungunya infection will be nationally reportable beginning January 2015. At this time, cases of chikungunya should be reported to the Los Angeles County Department of Public Health as an "unusual disease."

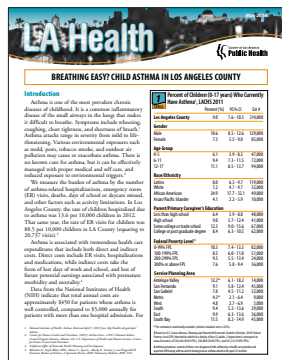
FOR MORE INFORMATION

**LA County Department of Public Health
Acute Communicable Disease Control**

<http://www.publichealth.lacounty.gov/acd/vectorchikungunya.htm>

Centers for Disease Control and Prevention

<http://www.cdc.gov/chikungunya/index.html>



New Report Focuses on Child Asthma

Asthma is one of the most prevalent chronic diseases of childhood. It is a serious, often chronic disease of the lungs that causes the airways to become inflamed and narrow, making it difficult to breathe. Symptoms include wheezing, coughing, chest tightness, and shortness of breath. Asthma attacks can be severe and even lead to hospitalization. Various environmental exposures such as mold, tobacco smoke, and allergens can trigger asthma attacks. While asthma can be managed, it is not yet curable. The burden of asthma is measured by the number of asthma-related hospitalizations, emergency room visits, deaths, days of school or daycare missed, and other factors, such as activity limitations. In LA County, the rate of children hospitalized due to

asthma was 13.6 per 10,000 children in 2012. That same year, the rate of ER visits for children was 88.5 per 10,000 children in LA County (or 20,737 visits), according to "LA Health – Breathing Easy? Child Asthma in Los Angeles County," a report recently released by the LA County Department of Public Health and the Asthma Coalition of Los Angeles County.

Key findings from the report include...

- Asthma rates were higher among boys (10.6%) than girls (7.3%).
- Significant disparities exist by race/ethnicity; African American children had more than 3 times the rate of asthma (24.9%) compared to Latinos (8.0%), whites (7.2%), and Asians/Pacific Islanders (4.1%). Racial-ethnic disparities in asthma rates may result from social or economic conditions, access to health care, and environmental exposures.
- Children living in poverty (<100% federal poverty level) had higher rates of asthma (10.3%) than children in households with higher incomes.
- Over 40% of primary caregivers of children with asthma reported that their child's physical activity had been limited due to their asthma. With proper treatment, children with asthma should be able to engage in normal physical activity.
- Over one-third (34.9%) of children with asthma went to the ER or urgent care in the past year due to their asthma. With appropriate management, asthma attacks and urgent or emergent visits can be reduced.

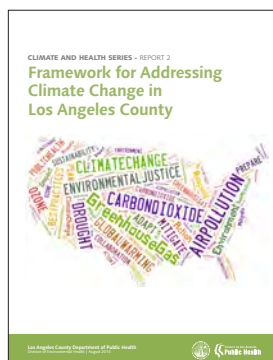
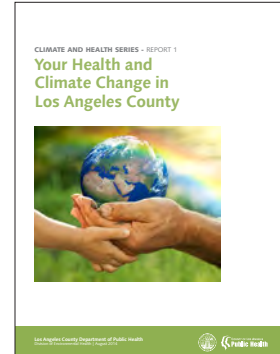
In addition to its findings on child asthma, the 8-page report also provides recommendations for individuals and families, health care providers, child care centers and schools, and indoor/outdoor air-quality advocates and decision makers. It also offers web resources for more information. To read the full report, visit www.publichealth.lacounty.gov/ha.

More Illness Due to Air Pollution and Heat Predicted in New Climate Change Reports

Public Health has released two new reports as part of a "Climate and Health Series," outlining expected health impacts over the next several decades related to climate change. Among the predictions detailed in the reports are increases

in asthma and other respiratory diseases due to worsening air pollution, heat-related illnesses and deaths due to rising temperatures, and more concentrated pollutants due to drinking water supplies becoming impacted as a result of climate change.

"Climate change is arguably the biggest health threat of this century," said Jonathan E. Fielding, MD, MPH, Director of Public Health and Health Officer. "We are already experiencing one of the worst droughts in history, and it is expected that conditions will worsen over time. We have to take action now in order to lessen the effects of climate change that we will experience here in Los Angeles County. Public Health is already implementing changes that will help mitigate the effects of climate change, such as reducing carbon emissions associated with our facilities and operations. We are also building the capacity of our staff to monitor the health impacts of climate change."



The reports reveal that...

- Temperatures in the Los Angeles region are expected to increase up to 5 degrees by 2050, according to researchers at the University of California, Los Angeles. Inland areas will be particularly affected by longer and more frequent heat waves.
- Cases of vector-borne diseases such as West Nile virus are expected to increase as mosquitoes move into new areas.
- Climate scientists have predicted sea level will rise along the California coast between 5-24 inches from the turn of the last century to the middle of this one (2000-2050). Because of this, coastal areas could experience greater vulnerabilities due to flooding and storm surge.

The first report in the Climate and Health Series, "Your Health and Climate Change in Los Angeles County," is a 16-page publication written for the public. It presents 10 Actions You Can Take to Reduce Climate Change, which include activities like buying locally grown produce to reduce the distance food travels from farm to table, planting shade trees to reduce the urban heat island effect, and reducing solo vehicle travel.

The second report, "Framework for Addressing Climate Change in Los Angeles County," is a 22-page publication written for local government agencies that outlines ways those agencies can address climate change.

Both reports are available online at www.publichealth.lacounty.gov/eh.

Update on Ebola Virus Disease in West Africa

The LA County Department of Public Health released this health advisory on Ebola virus disease on September 5.

Key communication

- There currently are no recognized cases of Ebola virus disease (EVD) in the U.S. other than a health care worker who became sick in Liberia and was transported to a hospital in Nebraska for care.
- EVD epidemic areas in West Africa have expanded to include the countries of Guinea, Liberia, Sierra Leone, and the cities Lagos and Port Harcourt, Nigeria, and Dakar, Senegal.
- A separate EVD outbreak also is ongoing in the Democratic Republic of Congo.
- Health care providers should obtain a travel history for all persons presenting with fever; persons who had been in the outbreak area during the prior 21 days should be isolated with standard, contact and droplet precautions while further evaluation is done.
- All persons with a positive travel history and who have fever should be reported immediately to the Acute Communicable Disease Control Program (ACDC), LA County Department of Public Health at (213) 240-7941 (nights/weekends: 213-974-1234). A physician will provide consultation and guidance on management and whether Ebola testing is needed.
- The LA County Public Health Laboratory has the capability to test for Ebola using the CDC-authorized EUA Ebola real-time PCR assay. Testing will be done only after consultation with an ACDC physician. Lab staff will assist in packaging and pick-up specimens from hospitals. Do not send specimens by courier.

Situation

The EVD epidemic in West Africa has continued to spread. Recent cases in Port Harcourt, Nigeria, and Dakar, Senegal, have led to an expanded definition of the outbreak area to include these cities in addition to Guinea, Liberia, Sierra Leone, and Lagos, Nigeria. Over 3,600 confirmed and suspected cases and 1,800 deaths have occurred. A separate Ebola outbreak also is ongoing in a remote area of the Democratic Republic of Congo.

Over 70 suspect cases have been evaluated to date at U.S. hospitals. Fewer than 10 were tested for Ebola and no confirmed cases have been identified. In LA County, 4 patients have been assessed. None had identified exposure in West Africa to a person with Ebola, all had alternative diagnoses made, and none required Ebola testing.

While the likelihood of imported EVD cases in the U.S. still is considered low, knowing the right approach to evaluation, reporting, and management of persons with potential EVD is critical to reduce the risk of transmission and to provide optimal care.

Actions requested of providers

- Ensure that persons with fever who present for acute care are asked about recent travel to the Ebola outbreak area. As the outbreak will likely continue to spread, periodically check for updates on the CDC website at <http://www.cdc.gov/vhf/ebola/outbreaks/guinea/index.html>.
- Review the Assessment and Management of Persons with Potential EVD using the algorithm at www.publichealth.lacounty.gov/acd/docs/EbolaLACDPHAdvisory.pdf. This algorithm and associated tables 1-5 provide step-by-step guidance regarding the assessment, work-up, management, and reporting of suspect EVD cases in LA County. Changes in the algorithm since the previous HAN (8/14/14) include:
 - Request that all persons with travel to the outbreak area during the prior 21 days and with fever ($T \geq 101.5^{\circ} \text{F}$ or 38.6°C) be immediately reported to ACDC
 - Updated definition of the outbreak area (Table 1)
 - Clarification of the criteria for the Low-Risk and No Identified Risk categories (Table 2)
- Testing will be done only after consultation and approval by an ACDC physician.

Reporting Potential EVD Cases in LA County

- Call (213) 240-7941 during business hours (weekdays 8 am- 5 pm)
- Call (213) 974-1234 during non-business hours (before 8 am, after 5 pm, or weekends)

To report suspect cases in the cities of Long Beach or Pasadena, contact their local health departments at the following phone numbers:

- Long Beach Health and Human Services Department: (562) 570-4000
- Pasadena Public Health Department: (626) 744-6043

Additional Resources

LA County Department of Public Health

Ebola Information

www.publichealth.lacounty.gov/acd/diseases/Ebola.htm

Centers for Disease Control and Prevention


Ebola Information

Information about the epidemic

<http://www.cdc.gov/vhf/ebola/index.html>

Information for health care providers

<http://www.cdc.gov/vhf/ebola/hcp/index.html>

This Health Update was sent by Laurene Mascola, MD, MPH, Chief, Acute Communicable Disease Control Program, Los Angeles County Department of Public Health. 

Rx for Prevention is published 10 times a year by the Los Angeles County Department of Public Health. If you would like to receive this newsletter by e-mail, go to www.publichealth.lacounty.gov and subscribe to the ListServ for *Rx for Prevention*.

Rx for Prevention

Promoting health through prevention in Los Angeles County

Upcoming Training

Immunization Skills Training for Medical Assistants

The Immunization Skills Institute is a 4-hour course that trains medical assistants on safe, effective, and caring immunization skills.

Topics include

- Proper vaccine administration techniques
- Immunization documentation
- Effective communication
- Proper vaccine storage and handling.

To register or learn more about other trainings sponsored by the Immunization Program, visit www.publichealth.lacounty.gov/ip/trainconf.htm or call (213) 351-7800.

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Index of Disease Reporting Forms

All case reporting forms from the LA County Department of Public Health are available by telephone or Internet.

Reportable Diseases & Conditions

Confidential Morbidity Report

Morbidity Unit (888) 397-3993

Acute Communicable Disease Control

(213) 240-7941

www.publichealth.lacounty.gov/acd/reports/CMR-H-794.pdf

Sexually Transmitted Disease

Confidential Morbidity Report

(213) 744-3070

www.publichealth.lacounty.gov/dhsp/ReportCase.htm (web page)

www.publichealth.lacounty.gov/dhsp/ReportCase/STD_CMV.pdf (form)

Adult HIV/AIDS Case Report Form

For patients over 13 years of age at time of diagnosis

Division of HIV and STD Programs

(213) 351-8196

www.publichealth.lacounty.gov/dhsp/ReportCase.htm

Pediatric HIV/AIDS Case Report Form

For patients less than 13 years of age at time of diagnosis

Pediatric AIDS Surveillance Program

(213) 351-8153

Must first call program before reporting

www.publichealth.lacounty.gov/dhsp/ReportCase.htm

Tuberculosis Suspects & Cases

Confidential Morbidity Report

Tuberculosis Control (213) 745-0800

www.publichealth.lacounty.gov/tb/forms/cmrv.pdf

Lead Reporting

No reporting form. Reports are taken over the phone.

Lead Program (323) 869-7195

Animal Bite Report Form

Veterinary Public Health (877) 747-2243

www.publichealth.lacounty.gov/vet/biteintro.htm

Animal Diseases and Syndrome Report Form

Veterinary Public Health (877) 747-2243

www.publichealth.lacounty.gov/vet/disintro.htm

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