

This Issue

- 1 Improving Reporting of Communicable Diseases
- 1 Free Patient Education Materials on Obesity
- 2 Selected Diseases or Conditions to Report Promptly
- 4 Screening for Sexually Transmitted Infections
- 6 California Sexually Transmitted Disease Screening Recommendations 2010
- 7 Vital Signs
 - Prescription Drug Abuse on the Rise in LA County
- 8 Upcoming Seminar
 - TB in High-Risk Groups in LA County
- 8 Index of Disease Reporting Forms

Improving Reporting of Communicable Diseases

Disease reporting is one of the most important services that clinicians can provide to safeguard the public's health. Timely and accurate reporting of suspected or confirmed communicable diseases allows the Los Angeles County Department of Public Health to investigate, identify, and interrupt the spread of many diseases. Further, disease reporting allows the department to monitor and track trends in disease occurrence over time. Each report improves the quality of its disease surveillance programs and helps to assure appropriate investigation as well as medical therapy and prophylactic treatment for appropriate individuals. In addition to conducting disease surveillance and control, Public Health offers guidance for testing, treatment, and prophylaxis for all communicable diseases and outbreaks.

Health care providers in California are required to report specific communicable diseases to the local health department. A complete list of report-

able diseases and reporting guidelines are posted at www.publichealth.lacounty.gov/report/proreporting.htm.

What follows are some important ways to expedite disease reporting and improve disease and outbreak reporting.

1. Obtain complete and appropriate diagnostic tests prior to reporting a case.

Reason this is important: For some diseases, a panel of tests is required to confirm the diagnosis. Using proper specimen collection and handling techniques and appropriate diagnostic tests helps avoid inaccurate results, repeated specimen collection, missed cases, false positives, false negatives, and misdiagnoses. An unconfirmed diagnosis may lead to unnecessary public health investigations. Needless repetition (and reporting) of a test when a patient has been previously diagnosed is also of concern.

continued on page 2 >

Free Patient Education Materials on Obesity



The Los Angeles County Department of Public Health's "Choose Health LA" campaign offers free educational materials for use in clinics, schools, and community organizations and settings. Materials focus on obesity prevention and healthy eating, including reducing sugary drinks, portion control, sodium reduction. Posters, handouts, and brochures are easy-to-read and eye-catching. They are available in both English and Spanish.

To receive the catalog of materials or to place an order, e-mail choosehealthLA@ph.lacounty.gov. Visit www.choosehealthLA.com for more resources on nutrition and physical activity, such as videos, interactive quizzes, and links to bike paths and walking groups.



Selected Diseases or Conditions to Report Promptly

Anthrax, human or animal

Chickenpox (Varicella), only hospitalized and fatal cases

Chlamydia trachomatis infection, including lymphogranuloma venereum

Diphtheria

Gonococcal infection

Haemophilus influenzae, invasive disease only, less than 15 years of age

Hepatitis A, acute infection

Hepatitis B, perinatal

Measles (Rubeola)

Meningococcal infection

Pertussis (Whooping Cough)

Rabies, human or animal

Syphilis

Tuberculosis

For the complete list of Reportable Diseases and Conditions, visit www.publichealth.lacounty.gov/report/proreporting.htm.

Examples

- a) Reporting cases of acute hepatitis C requires multiple pieces of information:
- The patient should have a discrete onset of symptoms; and
 - A positive HCV screening test (EIA antibody test) should be confirmed by a more specific test (RIBA, or detection of the HCV-RNA antigen by polymerase-chain reaction [PCR]), or the patient should have an EIA signal to cut-off ratio that has a high predictive value for that test (most laboratories will indicate if the signal to cut-off ratio is high); and
 - The serum alanine aminotransferase (ALT) is greater than 400 or the patient has jaundice; and
 - There is no evidence of either acute hepatitis A or B disease. Once a patient has had a positive screening test (EIA or RIBA) for hepatitis C, the repetition of

the screening test is unnecessary and wasteful since the patient will probably remain seropositive for life.

- b) Lyme disease diagnosis requires a screening test followed by a more specific confirmatory test; yet the overwhelming majority of reports received by Public Health are for screening tests alone.
- First-tier testing is most often performed using a polyvalent ELISA. If the first-tier assay result is positive or equivocal, then the same serum specimen should be retested by separate IgM and IgG immunoblots.
- c) Legionnaires disease is a rare but dangerous pulmonary infection that is usually sporadic and most often diagnosed by the urinary antigen test. This test does not yield a bacterial isolate that could be compared to isolates from other recent cases to establish or rule out a common source. Nosocomial pneumonia should be evaluated with a sputum culture so that if legionella is identified, the isolate can be compared to environmental isolates. Delay in identifying a source of legionella bacteria has allowed outbreaks to occur unchecked in health care facilities and the community.
- d) Culture and PCR tests are the only tests recommended to diagnose pertussis, and a nasal aspirate or nasopharyngeal swab are the only recommended specimen collection methods. Providers have erroneously ordered Direct Fluorescent Antibody (DFA) Tests, which are not recommended because they have variable sensitivity and specificity. They have also used serological testing, which is not standardized enough to be highly reliable and is difficult to interpret for previously immunized individuals.
- Specimen collection can also be an issue. When performing nasopharyngeal swabs, providers sometimes stop swab insertion before reaching the nasopharynx, use the wrong swab (only a Dacron-tipped nasopharyngeal swab with flexible wire handle cotton is acceptable, not cotton or calcium alginate swabs), or use the wrong culture medium (Regan-Lowe transport media is recommended).

2. Report some communicable diseases before confirmed lab results are available, and report “rule-out” cases immediately rather than relying on the laboratory to report.

Reason this is important: While confirmation of a diagnosis is generally needed before reporting a case, there are several infections for which prophylaxis is available and recommended for exposed contacts. Specific control measures also may need to be implemented to reduce transmission risks.

Delay in notification will delay provision of prophylaxis. Prompt notification will allow Public Health to ensure completion of confirmatory testing.

Common examples: Suspected pertussis, rubella, primary/secondary syphilis, and meningococcal disease, as well as febrile rash illness that could be measles.

Rare examples: *Haemophilus influenzae* type b (Hib), rabies, anthrax, and diphtheria.

3. Include important epidemiologic information about the case and respond to requests for medical information within 1 business day.

Reason this is important: When a case or a suspect is in a day care center, school, or nursing home, or when a food handler with acute diarrhea of undetermined cause is working while ill, Public Health may decide to identify close contacts prior to confirmation of the disease in anticipation of providing mass prophylaxis. Early notification will allow Public Health to interview the suspected case, inspect the location and identify other ill persons, and make decisions about offering prophylactic treatment and/or restricting or closing the business or school. It also assists Public Health to identify potential outbreaks.

Note that HIPAA allows the Department of Public Health to access medical records for a case investigation without obtaining the patient's consent.

Examples: A suspected case of a disease spread by close contact or aerosol transmission (e.g., meningococcal disease, pertussis, measles) lives or recently lived in a high-risk setting (e.g., nursing home, homeless shelter, jail, college dormitory) or attends school or a day care center. Rapid prophylaxis or vaccination can abort clinical disease in susceptible contacts.

There have also been cases where food workers with shigellosis or hepatitis A are still working. This places both coworkers and customers at risk.

4. Report to the LA County Department of Public Health, NOT the California Department of Public Health or CDC. In California and most other states, public health activities are primarily based at the local level.

Reason this is important: Attempts to contact other agencies will delay the response efforts by the local public health agency. State and federal resources can be secured when necessary, but the initial tasks of investigation and control are the responsibility of the local public health agency.

5. Recognize and promptly report outbreaks of diseases to the LA County Department of Public Health.

An outbreak is defined as the occurrence of cases of a disease (illness) above the expected or baseline level, usually over a given period of time, in a geographic area or facility, or in a specific population group. An outbreak could be of any disease above baseline (not just those on the Reportable Diseases list).

In the setting of a skilled nursing facility (SNF), a single case of laboratory-confirmed influenza is considered an outbreak. Influenza is highly transmissible through droplet and contact transmission and has a short incubation period. It is likely there are more influenza cases that have not been reported among other patients and even SNF staff. Prompt public health investigation can assess the need for influenza vaccination, antiviral prophylaxis, and other facility control measures to restrict expansion of the outbreak in the facility.

Reason this is important: Public Health can only investigate and take control measures when it has been alerted of potential problems.

Example: As noted, even if the disease is not reportable, suspected outbreaks should be reported. For instance, four patients developed *Mycobacterium fortuitum* wound infections after liposuction by the same doctor over one year, when the baseline of postoperative mycobacterial infections for the office practice was zero in previous years. Non-tuberculous mycobacterial infections are not routinely reportable, but this cluster of cases in the surgical practice constituted an outbreak until proven otherwise.

6. Promptly report to Hospital Infection Preventionists.

In addition to notifying Public Health, providers in the hospital setting should alert the hospital infection preventionist of suspected or rule-out vaccine-preventable diseases as soon as possible. This includes reporting cases for patients who are only seen in the Emergency Department and are never admitted as inpatients.

Reason this is important: The hospital infection preventionist can provide consultation to hospital providers regarding diagnostic tests and implement disease-specific precautions to prevent the spread of disease in the hospital setting. He or she can also ensure that suspect cases are appropriately reported to the Department of Public Health.

Example: Failure to promptly report suspected cases to hospital infection preventionists has led to missed diagnoses, has resulted in disease exposure for staff and patients, and has led nosocomial infections, including measles and pertussis. 

Thanks to staff members at the Acute Communicable Disease Control Program and the Immunization Program, Los Angeles County Department of Public Health, for their contributions to this article.

Screening for Sexually Transmitted Infections

Sarah Guerry, MD

Ali Stirland, MBChB, MSc

Christine Wigen, MD, MPH

In 2011, more than 59,000 cases of sexually transmitted infections (STIs) were reported in Los Angeles County.¹ Given the asymptomatic nature of STIs there is considerably more infection that goes undiagnosed each year. In addition, several STIs are not reportable, including trichomonas, herpes, and human papilloma virus (HPV). Primary care providers play a critical role in the control of STIs, as the majority of STIs in Los Angeles are diagnosed outside of specialty clinics.

STIs are a major public health problem. Complications of untreated STIs include upper genital tract infections, infertility, increased risk of human immunodeficiency virus (HIV) transmission or acquisition, and continued spread of infection.

STIs can cause symptoms such as genital discharge, genital ulcers, dermatoses, and pelvic pain. Patients with symptoms should be evaluated and tested based on clinical suspicion for specific etiologies. As many STIs are asymptomatic, however, screening is a key strategy to identify and treat cases, prevent complications, and interrupt the spread of STIs. As the front line of health care, primary care providers are ideally placed to screen for STIs.

The California STD Screening Recommendations (page 6) provide a summary of evidence-based screening recommendations from the Centers for Disease Control and Prevention (CDC), the U.S. Preventive Services Task Force (USPSTF), and the Infectious Disease Society of America, and are organized by patient population. In populations for whom no screening recommendations exist, providers should consider individual patient risk factors, local epidemiology, and the prevalence of specific STIs in their clinical setting.

The testing of asymptomatic “contacts”; i.e., persons who report sexual exposure to an STI, is distinct from screening. Testing and presumptive treatment of contacts is often indicated, depending on the disease(s) to which they have been exposed.

Sexual History Taking

As part of the patient history, providers should routinely and regularly obtain sexual histories. Assessing behaviors that place patients at risk for STIs is critical to determine the need for STI screening, contraception and STI vaccination, and to guide patient education and risk-reduction counseling. The CDC’s “Five P’s” is a useful sexual history tool for eliciting information on five key areas (page 5).

Chlamydia and Gonorrhea Screening—Recommended Laboratory Tests and Specimens

Nucleic acid amplification tests (NAATs) are the recommended laboratory tests to detect urogenital chlamydia and gonorrhea infections due to their high sensitivity and specificity.^{2,3} Urine is the preferred specimen type for male genital chlamydia and gonorrhea screening. For screening females, vaginal swab specimens are preferred, as they have the same sensitivity as cervical swabs, a higher sensitivity than urine, and can be self-collected. Cervical and urine specimens, however, are acceptable.

Screening men who have sex with men (MSM) for chlamydia and gonorrhea by testing urine alone misses many infections because asymptomatic MSM practicing receptive rectal and/or oral sex are much more likely to be infected in the rectum or throat than the urethra.⁴ Men reporting rectal exposure should be screened for rectal chlamydia and gonorrhea and those reporting oral exposure should be screened for pharyngeal gonorrhea. Though rectal and pharyngeal NAATs

continued on page 5 >

Resources

California STD Screening Recommendations

www.cdph.ca.gov/pubsforms/Guidelines/Documents/CA-STD-Screening-Recommendations.pdf

Guide to Sexual History Taking

www.cdc.gov/std/treatment/2010/clinical.htm

Syphilis: Reverse-Sequence Algorithm

California Department of Public Health - STD Control
www.cdph.ca.gov/pubsforms/Guidelines/Pages/SexuallyTransmittedDiseasesScreeningandTreatmentGuidelines.aspx

Centers for Disease Control and Prevention
www.cdc.gov/std/syphilis/Syphilis-Webinar.htm

Disease Reporting in LA County

www.publichealth.lacounty.gov/report/prereporting.htm

CDC STD Treatment Guidelines

www.cdc.gov/std/treatment/2010/default.htm

Health Care Provider Webpage, Los Angeles County Department of Public Health, Division of HIV and STD Programs

www.publichealth.lacounty.gov/std/providers.htm

have not been cleared by the FDA, many laboratories, including large commercial ones, have performed validation studies allowing results to be used for clinical management.

Due to the high prevalence of repeat infection, the CDC recommends that all patients diagnosed with gonorrhea or chlamydia be rescreened 3 months after treatment or, if not possible, opportunistically when they present for medical care within the year after initial treatment.² Females aged 12-25 living in LA County who prefer the convenience of home testing can order a free chlamydia/gonorrhea home test kit from www.dontthinkknow.org.

Syphilis—New “Reverse-Sequence” Algorithm

Historically, the syphilis testing algorithm starts with a non-treponemal RPR or VDRL (rapid plasma reagin or venereal disease research laboratory) test. If this is reactive, it is followed by a treponemal test such as the TP-PA (treponema pallidum particle agglutination) test. Although the CDC continues to recommend this traditional approach to syphilis testing, recent automation of treponemal tests, such as the EIA or CIA (enzyme immunoassay or chemiluminescent immunoassay), has moved many laboratories to adopt the treponemal test as the initial screening test followed by a RPR or VDRL if reactive. This new approach has led to much confusion as to how to interpret a reactive treponemal test and a nonreactive RPR/VDRL. The current CDC recommendation in this new discordant situation is to order another treponemal test, a TP-PA, and then manage the patient based on syphilis history, review of systems, sexual risk, exam findings, and TP-PA test results. More detailed information and guidance on interpreting this and other scenarios in the “reverse sequence” algorithm can be found on the California STD Control Branch and the CDC webpages (see Resources box, Syphilis, page 4).

Trichomonas—Sensitive Tests Now Available

Currently, annual screening for trichomonas is recommended for women with HIV and can be considered in those at high risk for infection (i.e., new or multiple partners, a history of STDs, exchange sex for money, or use injection drugs). There are now several FDA-approved tests to diagnose trichomonas in women that are significantly more sensitive than wet-mount microscopy. These include a NAAT that can be performed on specimens collected for chlamydia and gonorrhea (APTIMA TV, Hologic Gen-Probe) and two point-of-care tests: CLIA-waived OSOM Trichomonas Rapid Test (Genzyme Diagnostics) and Affirm VP III (Becton Dickinson).

Human Papilloma Virus—No STI Testing Recommended

Though HPV tests are now widely available, they are not recommended for the diagnosis of STIs or for cervical cancer screening, except in conjunction with cervical cytology for women aged 30-65 who want to lengthen their cervical cancer screening interval to every 5 years or for the triage of ASCUS (atypical squamous cells of undetermined significance).^{2,5}

The Five P's:

1. Partners

- Do you have sex with men, women, or both?
- In the past 2 months, how many partners have you had sex with?
- In the past 12 months, how many partners have you had sex with?
- Is it possible that any of your sex partners in the past 12 months had sex with someone else while they were still in a sexual relationship with you?

2. Prevention of Pregnancy

- What are you doing to prevent pregnancy?

3. Protection from STDs

- What do you do to protect yourself from STDs and HIV?

4. Practices

- To understand your risks for STDs, I need to understand the kind of sex you have had recently.
- Have you had vaginal sex, meaning “penis in vagina sex”? If yes, Do you use condoms: never, sometimes, or always?
- Have you had anal sex, meaning “penis in rectum/anus sex”? If yes, Do you use condoms: never, sometimes, or always?
- Have you had oral sex, meaning “mouth on penis/vagina”?

For condom answers:

- If “never,” Why don't you use condoms?
- If “sometimes,” In what situations (or with whom) do you not use condoms?

5. Past history of STDs

- Have you ever had an STD?
- Have any of your partners had an STD?

Additional questions to identify HIV and viral hepatitis risk include:

- Have you or any of your partners ever injected drugs?
- Have any of your partners exchanged money or drugs for sex?
- Is there anything else about your sexual practices that I need to know about?

Source: www.cdc.gov/std/treatment/2010/clinical.htm

California Sexually Transmitted Disease (STD) Screening Recommendations 2010

The following recommendations are based on guidelines for STD screening from the Centers for Disease Control and Prevention, U.S. Preventive Services Task Force, Infectious Disease Society of America, Region IX Infertility Prevention Project, and the California STD Control Branch. In populations for whom no recommendations exist, screening should be based on risk factors, local epidemiology and prevalence of specific STDs in the particular clinical setting. **All individuals** diagnosed with chlamydia or gonorrhea should be retested for repeat infection at 3 months after treatment; retesting can also be performed anytime the patient returns for care in the 1-12 months after treatment. Other factors to consider prior to screening are summarized in the footnotes below.

	Population	STD Screening Recommendations	Frequency	Comments
Women	Women 25 years of age and younger ^{1,3}	Chlamydia (CT)..... Gonorrhea (GC)..... Other STDs according to risk. HIV	Annually Annually All women ages 13-25 at least once, then repeat annually if high-risk	CT/GC: consider screening more frequently for those at increased risk.
	Women over 25 years of age ^{1,4}	No routine screening for STDs. Screen according to risk. HIV	All women ages 26-64 at least once, then repeat annually if high-risk	Targeted CT/GC screening recommended for women with risk factors.
	Pregnant women ^{1,3,5}	CT	First trimester	Repeat screening for CT, GC, syphilis, HIV, HBsAg in third trimester if at increased risk.
		GC	First trimester	
	Syphilis.....	First trimester		
	HIV	First trimester		
	Hepatitis B Surface Antigen (HBsAg)	First trimester		
	HIV-positive women ^{1,6,7}	CT	Annually	CT: vaginal, urine or cervical, plus rectal if exposed GC: vaginal, urine or cervical, plus rectal and pharyngeal if exposed
	GC.....	Annually		
	Syphilis.....	Annually		
	Trichomoniasis	Annually		
		Repeat screening every 3-6 months, as indicated by risk		
	HSV-2	First visit		
	Hepatitis B Surface Antigen (HBsAg)	First visit		
	Hepatitis C.....	First visit		
Men	Heterosexual men ³	No routine screening for STDs. Screen according to risk. HIV	All men ages 13-64 at least once, then annually if high-risk	Targeted screening for CT in high-risk settings (e.g., corrections) or if risk factors (e.g., CT in past 24 months)
	Men who have sex with men (MSM) ^{1,3,6}	CT	Annually	CT: urine/urethral, and rectal if exposed GC: urine/urethral, plus rectal and pharyngeal if exposed
		GC.....	Annually	
	Syphilis.....	Annually		
	HIV	Annually		
		Repeat screening every 3-6 months, as indicated by risk		
	Hepatitis B Surface Antigen (HBsAg).....	At least once		
	Consider HSV-2 type specific serology			
	HIV-positive men ^{6,7}	CT	Annually	CT: urine/urethral, and rectal if exposed GC: urine/urethral, plus rectal and pharyngeal if exposed
	GC.....	Annually		
	Syphilis.....	Annually		
		Repeat screening every 3-6 months, as indicated by risk		
	HSV-2	First visit		
	Hepatitis B Surface Antigen (HBsAg)	First visit		
	Hepatitis C.....	First visit		
	Consider Anal Pap ⁸			

¹ CDC. STD Treatment Guidelines. MMWR 2010;59 (RR-12).

² California Guidelines for Gonorrhea Screening and Diagnostic Testing among Women in Family Planning and Primary Care Settings. www.std.ca.gov.

³ Screening for asymptomatic HSV-2 infection should be offered to select patients, including those in partnerships or considering partnerships with HSV-2-infected individuals. Herpes education and prevention counseling should be provided to patients tested or screened for HSV-2. Guidelines for the Use of Herpes Simplex Virus (HSV) Type 2 Serologies from the STD Controllers Association and the California Department of Public Health. www.std.ca.gov

⁴ Risk factors for CT or GC in women over 25: prior CT or GC infection, particularly in past 24 months; more than one sex partner in the past year; suspicion that a recent partner may have had concurrent partners; new sex partner in past 3 months; exchanging sex for drugs or money in the past year; African American women up to age 30; and other population factors identified locally, including community prevalence of infection.

⁵ In pregnant women with a history of injection drug use or a history of blood transfusion or organ transplantation before 1992, screening for hepatitis C should be conducted. California Guidelines for STD Screening and Treatment in Pregnancy. www.std.ca.gov.

⁶ Routine hepatitis B vaccination is recommended for MSM and past or current injection drug users. HBsAg testing should be performed at the same visit that the first vaccine dose is given; if testing is not feasible, routine vaccination of these populations should continue. Recommendations for Identification and Public Health Management of Persons with Chronic Hepatitis B Infection. MMWR 2008;57 (RR-8).

⁷ Primary Care Guidelines for the Management of Persons Infected with Human Immunodeficiency Virus: 2009 Update by the HIV Medicine Association of the Infectious Disease Society of America. *Clinical Infectious Diseases* 2009;49, 651-681.

⁸ Some experts recommend anal Pap screening in HIV-positive men who have sex with men to screen for anal cancer. Programmatic considerations such as availability of providers to perform diagnostic anoscopy in the case of abnormal results should be considered prior to initiating anal Pap screening.

STI Reporting

When STIs, HIV, and hepatitis B and C are diagnosed either through testing or screening, the diagnosing provider is responsible for informing his or her patient of the result and reporting the case to the Los Angeles County Department of Public Health. California law requires chlamydia (including Lymphogranuloma venereum [LGV]), gonorrhea, pelvic inflammatory disease, chancroid, HIV and hepatitis B and C to be reported within 7 calendar days of diagnosis. Syphilis should be reported within 1 working day. Reporting of STIs does not require patient consent and does not contradict the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule. The provider is also responsible for assuring that, where appropriate, the patient is treated and a plan is made to provide STI testing and treatment for their sexual partner(s). Links to general reporting information and forms can be found at the LA County Department of Public Health website (see Resources box, Disease Reporting in LA County, page 4).

The Los Angeles County Division of HIV and STD Programs maintains a dedicated health care provider webpage for up-to-date resources on STI diagnosis, treatment, and reporting. Visit www.publichealth.lacounty.gov/std/providers.htm. 

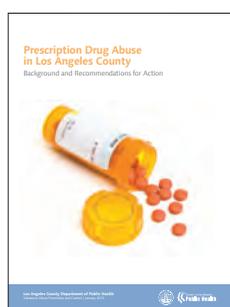
Sarah Guerry, MD, is deputy medical director, Los Angeles County Department of Public Health. **Ali Stirland**, MBChB, MSc, is a research analyst, and **Christine Wigen**, MD, MPH, is the Acting STD Controller, Division of HIV and STD Programs, Los Angeles County Department of Public Health.

REFERENCES

1. California Department of Public Health. STD Data Tables. Accessed 1/14/2013 at <http://www.cdph.ca.gov/data/statistics/Pages/STDDataTables.aspx>.
2. CDC. STD Treatment Guidelines. *MMWR* 2010; 59 (RR-12).
3. Association of Public Health Laboratories. Expert Consultation Meeting Summary Report, Laboratory Diagnostic Testing for Chlamydia trachomatis and Neisseria gonorrhoeae. January 13-15 2009. Atlanta Georgia. Accessed 1/2/13 at <http://www.aphl.org/aphlprograms/infectious/std/documents/ctgclabguidelinesmeetingreport.pdf>.
4. Kent CK, Chaw JK, Wong W et al. Prevalence of rectal, urethral, and pharyngeal chlamydia and gonorrhea detected in 2 clinical settings among men who have sex with men: San Francisco, California, 2003. *Clin Infect Dis*. 2005 July;41(67-74).
5. Moyer VA. Screening for Cervical Cancer: US Preventive Services Task Force Recommendation Statement. *Ann Intern Med*. 2012 June;156(12):880-891.

VITAL SIGNS

Health-related news from Los Angeles County departments



Prescription Drug Abuse on the Rise in LA County

In LA County, drug overdose has become the third-leading cause of injury and death, according to “Prescription Drug Abuse in Los Angeles County: Background and Recommendations for Action,” a report released by the LA County Department of Public Health in January. The publication highlights

the trends in national and local prescription drug abuse and provides recommendations for action in three key areas to address prescription drug abuse: training and education, tracking and monitoring, and disposal.

“Prescription drug abuse has become a growing public health concern in Los Angeles County. Many people are not aware that the misuse or abuse of prescription drugs can be as dangerous as illegal drugs, and can lead to unintended injury, addiction, and even death,” said Jonathan E. Fielding, MD, MPH, Director of Public Health and Health Officer.

Prescription drug-related health problems have increased in LA County. Although a national survey recently reported a decrease in the number of people aged 18 to 25 who used prescription drugs for non-medical purposes in the past month, prescription drug overdose is the leading cause of drug-

related emergency department visits in LA County and continues to grow in prevalence among our youth.

Other key findings from the report include...

- From 2000 to 2009, toxicology reports found 8,265 drug-related deaths occurred. Approximately 60% of those deaths involved a commonly abused prescription/over-the-counter drug.
- Publicly funded substance abuse facilities reported treatment admissions increased by 50% for prescription drug abuse of opioid pain relievers from 2005 to 2010.
- More than one-third of all drug-related hospitalizations in LA County had a primary diagnosis of prescription/over-the-counter drug overdose.

“To address prescription drug abuse in Los Angeles County, we established recommendations based on the documented accomplishments from other jurisdictions that have taken steps to reduce and prevent prescription drug abuse,” said John Viernes, Jr., Director of Substance Abuse Prevention and Control, LA County Department of Public Health.

“This will not be a small job. We will need parents, patients, educators, health care providers, and manufacturers to participate in the process to reduce prescription drug abuse.”

For a full copy of the report, go to www.publichealth.lacounty.gov/sapc. 

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 Seminar

TB in High-Risk Groups in LA County

March 25, 2013, 2:30 pm – 4:30 pm

TB Control Program Headquarters
2615 S. Grand Ave., Suite 507
Los Angeles, CA 90007

This educational seminar will focus on populations in LA County at high risk for TB, such as HIV-infected individuals, substance abusers, those who are immunocompromised, homeless individuals, and certain foreign-born persons.

For details, visit the TB Control website at www.publichealth.lacounty.gov/tb.



Office of the Medical Director
241 N. Figueroa St., Suite 275
Los Angeles, CA 90012

PRESORTED
STANDARD
U.S. POSTAGE
PAID
PERMIT NO. 312
ARCADIA, CA

LOS ANGELES COUNTY BOARD OF SUPERVISORS

Gloria Molina, First District
Mark Ridley-Thomas, Second District
Zev Yaroslavsky, Third District
Don Knabe, Fourth District
Michael D. Antonovich, Fifth District

DEPARTMENT OF PUBLIC HEALTH

Jonathan E. Fielding, MD, MPH
Director and Health Officer

Cynthia A. Harding, MPH
Chief Deputy Director, Public Health

Jeffrey D. Gunzenhauser, MD, MPH
Medical Director of Public Health

Steven Teutsch, MD, MPH
Chief Science Officer

EDITORS IN CHIEF

Jeffrey D. Gunzenhauser, MD, MPH
jgunzenhauser@ph.lacounty.gov

Steven Teutsch, MD, MPH
steutsch@ph.lacounty.gov

MEDICAL COMMUNITY ADVISER

Thomas Horowitz, DO

EDITORIAL BOARD

Melanie Barr, RN, MSN
Trista Bingham, MPH, PhD
Kevin Donovan, MPH
Julia Heinzerling, MPH
Susan Lesser, MPH
Anna Long, PhD, MPH
Sadina Reynaldo, PhD
Carrie Tavour, MPH

Summer Nagano, Managing Editor

Alan Albert & Kathleen Pittman, Graphic Designers

Maria Ojeda, Administration

Comments or Suggestions? If so, or if you would like to suggest a topic for a future issue, e-mail Dr. Jeffrey Gunzenhauser, co-editor, at jgunzenhauser@ph.lacounty.gov.

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/std/providers.htm (web page)
www.publichealth.lacounty.gov/std/docs/STD_CMV.pdf (form)

Adult HIV/AIDS Case Report Form
For patients over 13 years of age at time of diagnosis
HIV Epidemiology Program (213) 351-8196
www.publichealth.lacounty.gov/HIV/hivreporting.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/HIV/hivreporting.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

Use of trade names and commercial sources in *Rx for Prevention* is for identification only and does not imply endorsement by the Los Angeles County Department of Public Health (LACDPH). References to non-LACDPH sites on the Internet are provided as a service to *Rx for Prevention* readers and do not constitute or imply endorsement of these organizations or their programs by LACDPH. The Los Angeles County Department of Public Health is not responsible for the content of these sites. URL addresses listed in *Rx for Prevention* were current as of the date of publication.