



**BARBARA FERRER, Ph.D., M.P.H., M.Ed.**  
Director

**MUNTU DAVIS, M.D., M.P.H.**  
Health Officer

**CYNTHIA A. HARDING, M.P.H.**  
Chief Deputy Director

**DEBORAH ALLEN, Sc.D.**  
Deputy Director, Health Promotion Bureau

**JOHN M. CONNOLLY, Ph.D., M.S.Ed.**  
Interim Division Director, Substance Abuse Prevention and Control  
1000 South Fremont Avenue, Building A-9 East, 3rd Floor, Box 34  
Alhambra, CA 91803  
TEL (626) 299-4101 • FAX (626) 458-7637

[www.publichealth.lacounty.gov](http://www.publichealth.lacounty.gov)

**BOARD OF SUPERVISORS**

**Hilda L. Solis**  
First District

**Mark Ridley-Thomas**  
Second District

**Sheila Kuehl**  
Third District

**Janice Hahn**  
Fourth District

**Kathryn Barger**  
Fifth District

January 9, 2019

**SAPC BULLETIN NO. 19-01**

**TO:** Substance Use Disorder Treatment Providers

**FROM:** John M. Connolly, Ph.D., M.S.Ed., Interim Division Director  
Substance Abuse Prevention and Control

**SUBJECT: HEPATITIS A, B, AND C VIRUS PROGRAM**

The Los Angeles County Department of Public Health (DPH), Substance Abuse Prevention and Control (SAPC) in support of DPH's commitment to reduce viral hepatitis (HAV/HBV/HCV) infections, transmission, morbidity, and mortality in the County is mandating the program requirements outlined in this bulletin.

**Background**

Hepatitis B and C have long been recognized as serious health threats to individuals with substance use disorders. Hepatitis A has also emerged as an additional health threat. Recent outbreaks in the State of California and in other locations throughout the United States have shown that individuals who use illicit substances are both at higher risk for acquiring hepatitis A infection and for experiencing more severe complications from hepatitis illness, including hospitalization and death. The recent statewide outbreak in California resulted in more than 700 cases, 461 hospitalizations, and 21 deaths (see <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Hepatitis-A-Outbreak.aspx>)

Offering the following services to your clients can reduce the risk of acquiring or experiencing morbidity/mortality from viral hepatitis:

- Hepatitis A and B vaccination;
- Testing for chronic HBV and HCV infection;
- Linking persons identified as having chronic HBV and HCV to appropriate care; chronic HBV infection requires regular disease monitoring to prevent complications and chronic HCV infection is curable;
- Providing education on risk factors for acquiring HBV and HCV infection; and

- Providing counseling about steps to prevent acquisition or transmission of HBV and HCV infection, including information on harm reduction services such as syringe exchange programs.

Effective immediately, providers are required to:

- Make HAV/HBV/HCV counseling, vaccinations, and confidential testing available to all patients, as applicable to the disease (see list of services above). Providers with the ability to provide these services must do so and may include them as part of the physical exam requirement for patients. Providers unable to provide these services themselves must make these hepatitis services available through referral to appropriate locations that offer these services. The case management benefit should be used to facilitate necessary connections to hepatitis services.
- Ensure that the unique medical, social, and psychological needs of HAV/HBV/HCV positive patients are met while patients are in the program and preparing for discharge, including making appropriate referrals when clinically indicated.
- Ensure that all new staff members, as appropriate to their respective job duties, receive within 30 days of starting employment basic HAV/HBV/HCV education that includes, at a minimum, information on:
  - Prevention (including the role of hepatitis A and B vaccination);
  - Screening for hepatitis B and C (indications and tests used);
  - The availability of treatment for hepatitis B and C (information on specific treatment regimens is not required); and
  - Supportive services available for people with viral hepatitis.

In addition, all direct service and support staff must attend a minimum of two (2) hours of training each year on communicable diseases, including hepatitis. A commitment to ongoing training related to HAV/HBV/HCV will be signed and maintained in the employee's personnel file.

- Maintain program facility(ies) and services in a manner that will reduce the risk of HAV/HBV/HCV transmission to staff and patients, including:
  - Ensuring that staff have received appropriate vaccinations; and
  - Providing training on standard infection control procedures.
- Provide staff and patients with up-to-date brochures and other educational material that are reflective of the population served by the agency, in culturally specific formats and languages. Printed materials must provide information on risk-reduction and testing in addition to whatever information is deemed appropriate for the population(s) served at the agency. Materials must be replenished, visible, and easily available to patients. Patient education resources are available through the CDC website for [hepatitis A](#), [hepatitis B](#), and [hepatitis C](#).

Substance Use Disorder Treatment Providers

January 9, 2019

Page 3

- Develop policies and procedures that are adopted by the Board of Directors of the provider agency, and address priority admissions, confidentiality, charting, and all other issues necessary to ensure appropriate care and the protection of the rights of all patients that test positive for hepatitis. Policies must include the appointment of a resource person who shall oversee the organization's hepatitis-related activities and ensure compliance with contract requirements.

If you have any questions or need additional information, please contact your assigned Contract Program Auditor.

JMC:dd

c: Dr. Deborah Allen  
Dr. Gary Tsai  
Daniel Deniz