



**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

313 North Figueroa Street, Room 806  
Los Angeles, California 90012  
TEL (213) 240-8117 • FAX (213) 975-1273

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

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Dear Hospital Administrator,

On September 30, 2018, California Senate Bill 1152 was approved and amended Section 1262.5 of the Health and Safety Code. Starting on January 1, 2019, hospitals are required to document, prior to discharge, that homeless patients have been both offered or referred to screening for infectious diseases common to the region, as determined by the local health department, and offered vaccinations appropriate to the homeless patient's presenting medical condition.

Los Angeles County Department of Public Health (LAC DPH) has determined that homeless patients should be screened for the following diseases upon admission to the hospital:

**1. Syphilis**

- Screen for syphilis using your hospital's standard syphilis screening algorithm (RPR or Treponemal EIA/CIA).
- If screening is positive, stage and treat patients based on presence or absence of symptoms and syphilis testing history. Call the Los Angeles County Department of Public Health Clinical Nursing and Guidance Line at (213)-368-7441 for consultation or to obtain information on the patient's previous syphilis testing and treatment history.
- Of note, we have seen >300% increase in Congenital Syphilis cases over the past five years. All homeless pregnant women should be screened for syphilis with the goal of identifying and treating infection, as well as linking her to prenatal care to improve birth outcomes.

**2. Chlamydia and Gonorrhea**

- Conduct Chlamydia and Gonorrhea NAAT screening at every anatomical site in which the patient reports having sexual intercourse, including the pharynx, rectum, urethra (urine), and/or vagina. Multi-site Chlamydia and Gonorrhea testing is standard of care which prevents infections in extra-genital sites from being missed.

**3. HIV**

- Screen with 4<sup>th</sup> generation HIV antigen/antibody test.
- If HIV screening is positive, patient should be actively linked to an HIV medical provider BEFORE discharge.

Recommended and alternative treatment regimens for all sexually transmitted diseases can be found at [http://ph.lacounty.gov/dhsp/Providers/LAC\\_Only\\_%20STD\\_TreatmentGuidelines\\_2017.pdf](http://ph.lacounty.gov/dhsp/Providers/LAC_Only_%20STD_TreatmentGuidelines_2017.pdf).

4. *Tuberculosis (TB)*

- Screen with Interferon Gamma Release Assay (IGRA). If IGRA positive, get a chest x-ray. If there is a history of TB infection, then only chest x-ray is required.
- If the chest x-ray is normal, the patient's medical condition can be addressed by the primary care provider as uncomplicated latent tuberculosis infection.
- If the chest x-ray is abnormal, the patient will be considered entering the GOTCH process for discharge.
- Hospitals are recommended to log their results into California Immunization Registry, to avoid unnecessary screening. If there is an evaluation done in the last 12 months, patients do not need to be retested unless there are clinical indications.
- Guidance for Preventing Tuberculosis (TB) in Homeless Shelters can be found at <http://ph.lacounty.gov/tb/docs/LATBGuidelinesforShelters.pdf>

5. *Hepatitis B in pregnant women*

- All pregnant women should be tested for HBsAg during an early prenatal visit (e.g., first trimester) in each pregnancy, even if they have been vaccinated or tested previously. Testing those pregnant women known to be chronically infected with HBV provides documentation of the positive HBsAg test result obtained during pregnancy and helps to ensure that their infants will be identified for timely prophylaxis.
- All HBsAg-positive pregnant women should be tested for HBV DNA to guide the use of maternal antiviral therapy during pregnancy for the prevention of perinatal HBV transmission.
- All HBsAg-positive pregnant women should be referred to appropriate prenatal care AND their jurisdiction's Perinatal Hepatitis B Prevention Program (PHBPP) for case management to ensure maternal antiviral therapy when the maternal HBV DNA is >200,000 IU/mL and that infants receive timely prophylaxis and follow-up.

Screening patients as soon as possible will allow for treatment, possible isolation, education, and plans for future management of the condition to be determined while the patient is still in the hospital.

Any questions regarding these recommendations should be directed to the appropriate Program:

- For TB call TB Control: 213-745-0800 or email [tbc@ph.lacounty.gov](mailto:tbc@ph.lacounty.gov)
- For Hepatitis B call Acute Communicable Disease Control: 213-240-7941
- For Chlamydia, Gonorrhea, or HIV call Division of HIV and STD Programs: 213-351-8003

LAC DPH has also determined that homeless patients should be offered vaccinations in accordance with current Advisory Committee on Immunization Practices (ACIP) Immunization Schedules, based on the person's age, medical conditions and other indications and on review of any special situations, such as Los Angeles Health Alerts.

Immunization Schedules can be found at <https://www.cdc.gov/vaccines/schedules/hcp/index.html>, and LA Health Alerts can be found at <http://publichealth.lacounty.gov/lahan>.

Respectfully,



Muntu Davis  
County Health Officer