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Psychological First Aid for Building Community Resilience

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When a disaster strikes, someone who suffers a physical injury will most often be treated while emotional reactions and needs may often be overlooked.

Traumatic, disaster-related experiences might include the death of a family member or friend; witnessing injury or death; evacuation; separation from significant others, including pets; and loss of home or personal belongings.

Exposure to traumatic experiences is often accompanied by a range of physical, emotional, and behavioral responses specific to the individual. Shock, anger, guilt, anxiety, helplessness, headaches, or disturbances in sleep, appetite, and energy level are but a few of the reactions typically reported by witnesses or survivors. It is important for both professionals and survivors to understand that these and other sequelae are normal reactions to abnormal events that typically decrease over time, particularly with timely intervention.

One intervention, known as Psychological First Aid (PFA), provides a framework for understanding and providing the emotional support, basic comfort, practical assistance, and linkages that facilitate recovery.

Addressing the immediate reactions via a PFA framework can promote faster recovery by connecting people with support, care, and other resources. PFA increases positive coping skills and builds upon the inherent resilience of individuals. PFA as an intervention tool is not limited to medical professionals

Psychological First Aid as an intervention tool is not limited to medical professionals or first responders. Properly trained individuals can provide this intervention.

or first responders. Properly trained individuals can provide this intervention.

Although PFA is typically provided during or immediately following a critical incident or disaster, there are no time constraints on its utility. Upon initial contact, it is important to carefully assess whether a person appears receptive to receiving PFA and not to impose the process on individuals who are not yet ready. PFA can be provided anywhere, including the place of the disaster, shelters, family assistance centers, or supply distribution sites.

PFA also promotes community resilience, i.e., a community's ability to prepare for, respond to, and recover from a disaster in a way that restores the community to an equal or improved state of health. PFA provides a framework and opportunity for community members to support their family, assist their neighbors, and strengthen their community.

While there are several PFA models, there are three key action steps common to all: 1) **Listening**, 2) **Comforting**, and 3) **Connecting**. These action steps highlight key principles that allow people who are trained in PFA to avoid common mistakes, such as dismissing or challenging the survivor's reaction, introducing their own personal troubles, and/or self-initiating hugs or physical contact. Unsolicited touching and hugging are not appropriate.

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1) **Listening.** This step requires active listening skills. The provider should maintain eye contact with the individual, avoid distraction, and focus exclusively on the individual's needs and concerns. A calm demeanor, patience, and being present for the person without pressuring him or her to talk is paramount.

2) **Comforting.** This step involves providing practical and simple support that is not intrusive or demanding. Reassurance and facilitating access to basic needs such as water, food, and shelter are critical components.

3) **Connecting.** This step involves helping people find resources beyond what you can actually provide, including linkage to housing, financial assistance, and a host of social services.

Helpers Versus "SUVs" and Observers

Large-scale disasters often attract "SUVs" (Spontaneous, Unaffiliated Volunteers) and fringe groups, as well as groups who arrive to gather information about the people who are affected but have no role in providing or connecting people with needed assistance. As a health care provider, it is important to be aware of this phenomenon and to connect people with those who are there to help. Be prepared with the contact information of well-established, reputable agencies whose regular, daily mission and work includes protecting or improving people's health and well-being.

Psychological First Aid Dos and Don'ts

Listening DOs

- Introduce yourself and ask permission to help.
- Focus on their needs.
- Remain patient and calm.
- Show that you're listening with eye contact and nonverbal gestures or facial expressions.
- Allow ample time for talking and sharing.
- Provide privacy and protect confidentiality.

Listening DON'Ts

- Do not focus attention on your personal need to be a helper.
- Do not share or talk about your own troubles or past experiences.
- Do not dominate the conversation by interrupting or talking too much.
- Do not pressure people to talk or share.
- Do not rush or show impatience when someone is sharing his or her experiences.

Comforting DOs

- Offer basic items such as water, food, or blankets.
- Use common words and avoid acronyms and/or technical medical terminology.
- Encourage positive coping strategies and avoid negative coping strategies.
- Be honest and straightforward about what you do not know.
- Be aware of your own biases and prejudices and set them aside.

Comforting DON'Ts

- Don't make false promises or tell someone "Everything will be OK."
- Don't judge someone's reaction or feelings.
- Don't be the one to initiate touching or a hug.

Connecting DOs

- Help to connect friends and relatives; for example, provide a way for them to call loved ones.
- Make sure the needs of vulnerable or marginalized people are not overlooked.
- Have a list of reputable referrals—prepare one beforehand and periodically update it.
- Learn what specific needs people might have, such as health care, clothing, or items for their family members, and link them to available help.
- Provide accurate and updated information about the event.
- Work through an organization whenever possible.
- Be aware of safety or security concerns.
- Find out about available services and support.

Connecting DON'Ts

- Don't leave someone with "SUVs" (Spontaneous, Unaffiliated Volunteers), and fringe groups that you are not familiar with.
- Don't share people's private stories with others.

Various Age Groups – Diverse Emotional Responses and Needs

There are many contributing factors that influence how a disaster will affect a person. This includes the type of event, its severity, a person's social support system, and the state of his or her current physical and mental health. Several other factors influence how a person perceives experiences. It is an important part of PFA to treat people appropriately for their culture, gender, and social norms, including religion. In addition, a person's age and level of maturity impact how they process information about a disaster, affect how they express their emotions, and define the types of response that will be most helpful.

While there can be great variability in how children, teens, adults, and the elderly react to a disaster, it is important to reassure the individual that his or her particular or unique response is a normal reaction to an abnormal and unexpected event and that these intense thoughts, feelings, or emotions will diminish over time as the individual resumes his or her routine. The range of behavioral, emotional, and physical reactions are quite varied and should not be considered pathological during the initial stages of an event.

Adults

Adults can experience a wide range of responses to a disaster. Some will outwardly show their sadness or anger, while other responses are more subtle. For example, they may have difficulty listening or concentrating, feel a sense of shock or numbness, or complain of trouble sleeping. Some might experience a sense of panic or fear or have subsequent problems dealing with others at home or work.

It is helpful to provide adults with accurate, timely information about the disaster. They may want to know more information about the event, any loved ones or others who may have been impacted, their own safety, their rights, or what access they have to services and supplies they need.

Give practical suggestions to meet the needs that they mention during the "Listening" stage of PFA. It may be helpful to ask how they coped with difficult situations in the past and to affirm their ability to cope again. Help the person find meaningful, productive activities to participate in that will help them transition from "victims" to "doers."

Teens

Depending on their developmental stage, teens may have a wide range of reactions. Younger teens may cope more like children (see "Children"). Older teens may show more adult-like signs of coping, but it is important to note that they may not have all the abilities to handle a post-disaster situation that a mature adult might have. It is common for teens to feel guilt and helplessness during or after a disaster because they cannot take on adult roles to help others. Some teens may hide their feelings or respond with "I'm OK" or "I'm fine." It is common for teens to hide their feelings or remain silent; however, this does not mean that the disaster hasn't deeply

affected them. Teens may also begin to resist authority figures or engage in risky behaviors, such as alcohol or drug use.

With teens, it is helpful to listen to their thoughts and fears and resist being overly prescriptive or judgmental. Allow them to be sad or express other feelings, and don't expect them to be tough. Provide facts about what happened and explain what is going on now. It is also helpful to encourage healthy coping behaviors like talking to their friends or participating in sports or other physical exercise. Encourage them to continue as many regular routines as possible and to join in on opportunities that are likely to be productive and helpful to others.

Children

After a disaster, children will often ask many questions about why it happened. They might worry that it is going to happen again or that they might be lost or separated from their family or caregivers. They may complain about unexplainable aches and pains as a result of stress, or display changes in eating and sleeping habits. It is normal for them to want to sleep next to parents or caregivers, even if they had outgrown this prior to the disaster.

Children often cannot express their feelings and needs, but instead will act out as a way of seeking help. It is common to see hyperactivity, disobedience, or aggressive or withdrawn behaviors in children after a traumatic event like a disaster. Younger children in particular may regress to earlier behaviors such as thumb-sucking, asking to be held or rocked, bedwetting, increased crying or whining, or fear of the dark. They may also startle more easily, especially to noise, or have increased nightmares.

Emotional support for children after a disaster includes allowing them talk about the event and ask questions. However, don't pressure them to talk if they are not ready. Your calm presence and attention can be helpful in itself. When responding to their questions, give simple, accurate, age-appropriate answers. Reassure them with comforting words and affection. It is especially important to limit or eliminate any exposure a child might have to media coverage about the event, as this might cause additional trauma and harm.

Older Adults/Seniors

Older adults or seniors might not always feel comfortable talking about their feelings and instead complain of headaches, stomachaches, or other physical ailments. After a disaster, an older adult might feel isolated or scared, but might be too proud or ashamed to ask for help. It is also common for older adults to worry that if anything happens to them, no one is going to know.

Watch out for greater-than-usual confusion, a decline in overall functioning, or a disregard for self-care, such as bathing, eating, dressing appropriately, or taking medication. Those who are dependent on others or have pre-existing

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Additional Resources

- **Los Angeles County Department of Mental Health**
24/7 Helpline: 1-800-854-7771
<http://dmh.lacounty.gov/wps/portal/dmh>
- **Los Angeles County Department of Public Health**
www.publichealth.lacounty.gov
- **Missing Family**
www.safeandwell.org
- **National Disaster Distress Helpline**
1-800-985-5990 or
Text: TalkWithUs to 66746



physical and mental disabilities might be especially vulnerable. To help, try to restore and maintain ordinary routines and a sense of a dependable structure. After providing PFA with an older adult, it can be especially important to return and repeat contact, if possible. Set up a specific time to come back again—or connect them to an agency that can do this.

It is also important to note that some seniors may actually fare better than other age groups. Emotional resilience can be an under-appreciated characteristic of older age.

For all age groups, it's time to connect them to professional mental health services when you detect any of these signs or symptoms:

- Symptoms worsen or persist after 4-6 weeks
- Family or friends report no improvement after 4-6 weeks
- Suicidal thoughts.

This is also true for you as a helper. If you are providing PFA, pay attention to your own physical and emotional cues and take care of yourself. It is especially important to know and respect your own role and limits. During a response, do not get in the way of first responders and do not put yourself in a dangerous situation.

Take Care of Yourself

Connect yourself with fellow helpers. Check in with them to see how they are doing, and request that they periodically check in with you. Find ways to support each other. Make sure to take time to eat, rest, and relax, even for short periods of time. During these breaks, talk with friends, loved ones or other people you trust for support and limit the use of alcohol, caffeine, or nicotine.

After the response is over or periodically throughout the response and recovery period, stop to reflect on what you did to help others, even in small ways. It may be helpful to write these thoughts in a journal. After responding to a disaster, it is common to feel guilt that you did not do more. Be sure to

acknowledge and accept the limits of what you could do in the circumstances, and watch for signs that you might need counseling or mental health services to take care of yourself.

Practice Scenarios

Regents of the University of Minnesota have created PFA practice scenarios, which can be found at http://www.sph.umn.edu/pfatutorial/#browse_scenarios. 

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Rabies: Which Patients Need Post-Exposure Prophylaxis?

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When presented with a patient who has suffered an animal bite, a vital question is “Does the patient need rabies post-exposure prophylaxis (PEP)?” The answer depends on whether the biting animal was rabid. If the animal’s location is known and the animal is accessible, it should be evaluated. The patient will not need rabies PEP if the animal tests negative for rabies or if it remains healthy throughout a quarantine and observation period. California requires all biting animals to be tested or quarantined (except for reptiles, birds, small rodents, and rabbits).^{1,2} If the animal’s location is unknown, then evaluating the risk for rabies depends on the careful collection of details about the bite incident, combined with an understanding of the geographic distribution of the “rabies virus variants” in animals.

Rabies virus variants are virus subtypes. Each variant is uniquely adapted to one species of animal. For example, in California (starting in Santa Barbara and farther north), a skunk rabies variant is prevalent. Most rabid skunks in the state are detected in these areas.³ This variant spreads most easily between skunks, but it can be transmitted to other animals or people. When a skunk becomes rabid, it can become very aggressive and chase people and animals. As a result, most rabid cats and dogs in California counties are infected through bites from skunks in counties where the skunk variant is found.⁴

In contrast, insectivorous bat variants are prevalent throughout much of California,⁴ including Los Angeles County. Rabid bats tend to display unusual behavior, such as flying in daylight, flying near people and pets, or staying in one place (such as on the ground) for long periods of time. People and pets are not likely to have contact with a rabid bat unless they approach it or the bat lands on them because it is weak or disoriented. Some bat variants may be more infectious than other variants.⁵ At least one bat rabies virus variant has been shown to replicate at cooler temperatures than dog and coyote variants, and is able to multiply better in skin epithelial cells.⁶ Small rabid bats may inflict bite wounds that cannot easily be seen or felt.⁷ Therefore, encounters with bats should be scrutinized to rule out the possibility of direct contact between person and bat, even if no bite was detected.

Evaluating a Patient’s Risk for Rabies

When evaluating the risk of rabies, clinicians should ask the patient key questions, record the answers in the patient’s chart, and also include them on the bite report.

Where is the animal right now? If the animal is deceased, rabies testing should be arranged. A veterinary clinic or animal shelter can prepare and submit the specimen to the LA County Public Health Laboratory. If the animal is still

alive and it is a dog or cat, it may be observed for 10 days to rule out rabies exposure. Once a bite is reported, Public Health or animal control staff will notify the pet owner of the required quarantine and observation period. If the dog or cat remains overtly healthy throughout the quarantine, rabies PEP is not indicated for the bite victim.

What is the species of the biting animal? The highest risk species for rabies in California are bats, skunks, and foxes. Risk is also high for raccoon and coyote bites. Bites from birds, reptiles, and small rodents (including squirrels) present a negligible risk of rabies. Most other wildlife that are not rabies reservoirs (including opossums) fall into a middle level of risk. There have been 11 rabid opossums detected in California over the past 30 years.⁷

How was the animal behaving at the time of the bite?

Most rabid animals begin to shed rabies virus in the saliva around the same time that clinical signs begin.⁸ Rabid animals may act more tame or more fearful than normal. They may show “furious” signs (such as restlessness, continuous running or walking, hypersensitivity to sound and touch, tendency to bite animate and inanimate objects, frequent vocalizing, unexplained aggression and anxiety) or “dumb” signs (such as ataxia, unexplained quiet and passivity, ascending paralysis starting in the rear legs, drooping jaw and tongue).⁹ Note, however, that healthy wildlife that are routinely fed by people may act tame or aggressive around people. Rabid animals can sometimes shed virus for a few days before clinical signs start, thus the need for quarantine and observation of a domestic animal after a bite.⁸

Where, geographically speaking, did the bite occur? Rabies risk varies based on the rabies variant circulating in that area. For instance, a person bitten by a normally behaving stray dog or cat in downtown Los Angeles faces minimal risk for rabies, and rabies PEP is usually not indicated unless the animal’s behavior was highly suspicious for rabies, or there was another reason to suspect rabies (such as the animal being recently imported). In contrast, a person bitten by a stray dog or cat in a country where the dog variant of rabies is prevalent (such as China, India, or Mexico) should receive rabies PEP by default unless the animal is proven to remain healthy for 10 days after the bite. A person bitten by a stray dog or cat in the eastern U.S. faces a somewhat higher risk of rabies exposure than a person bitten by a pet in Los Angeles County, because the raccoon variant in the East increases the risk for rabies in pets.

Reporting Animal Bites

Animal bites that break the skin are legally reportable to the Department of Public Health whether they present a high or low risk for rabies. The only exceptions are bites from reptiles, birds, small rodents (squirrels, rats, mice, gophers),

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Rabies Variants and Local Rabies Risk

Locally, bat rabies variants pose the greatest risk. Most bat species native to Southern California are insect-eating bats. Vampire bats are not found in California. The vast majority of bats in nature (>99%) do **NOT** have rabies. Insectivorous bats benefit our ecosystem by eating mosquitoes and other insects. Bats are tested for rabies by the Department of Public Health only when they have had an encounter with people or animals (e.g., a bat found inside the home) or when they are acting unusual. Approximately 10%-20% of bats tested are positive for rabies. During most years, between 8 to 12 rabid bats are detected annually in LA County. However, since 2011, that number has increased: 38 rabid bats were detected in 2011, 56 in 2012, and 33 in 2013. The reason for this increase is unknown.

Other rabies variants in the United States include the raccoon variant throughout the eastern quarter of the nation, skunk variants across the middle of the country, and fox variants in northern Alaska. Hawaii is completely free of rabies. Although rabies is relatively rare in dogs and cats in the U.S., 257 rabid cats and 84 rabid dogs were diagnosed in 2012, with the majority of cases occurring in areas where raccoon and skunk variants are prevalent.¹⁰

Although the raccoon, fox, and coyote variants of rabies have not been found in California, the risk of rabies from bites from all wild animals is still higher than bites from domestic animals. Despite the apparent absence of the fox variant in California, foxes rank as the third most common rabid species in our state.⁴ Rabies-infected wildlife may be transported (intentionally or accidentally) by people into other areas and may not be detected until after local wildlife populations have become infected.

Wildlife that are not rabies reservoirs, such as opossums, present a moderate risk because they can still contract rabies from other animals and subsequently infect humans. The only wildlife bites that are considered to present negligible rabies risk are those from reptiles, birds, small rodents (squirrels, gophers, rats, mice) and rabbits.

The dog variant of rabies is still prevalent in much of the world, including parts of Asia, Africa, Central and South America, and Mexico, causing more than 55,000 human deaths per year.¹¹ This variant was very common in Los Angeles County in the first half of the 1900s, with more than 1,700 rabid dogs identified in 1937. It was eliminated through the careful and consistent enforcement of vaccination and licensing laws for dogs.

and rabbits. These bites do not need to be reported. The bite may be reported online or by faxing a completed animal bite report (see “Reference Poster” on page 7). The information about the animal provided in the report is crucial in determining the risk of rabies.

Public Health physicians (213/240-7941) and veterinarians (213/989-7060) are available to assist clinicians in evaluating rabies risk and the need for rabies PEP. Guidance on reporting bites, seeking consultations, and ordering and administering rabies PEP is available at www.publichealth.lacounty.gov/vet/docs/2013RabiesPEPChecklistPrivPracticePhys.pdf. 

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ANIMAL BITES & RABIES RISK

Recommendations for Los Angeles County*

When the biting animal is available for evaluation by quarantine or testing, the results may determine if the animal is rabid and the bite victim needs Rabies Post-Exposure Prophylaxis (PEP). The species of the animal and its health may also help determine rabies risk.



HIGH RISK OF RABIES

Bats / Abnormally Acting Wildlife / Foreign Animals

REPORT BITE TO VETERINARY PUBLIC HEALTH IMMEDIATELY.

Rabies Post-Exposure Prophylaxis (PEP) is FREQUENTLY indicated.



MODERATE RISK OF RABIES

Sick Local Dogs or Cats / Normally Acting Non-Bat Wildlife

(such as skunks, foxes, raccoons, coyotes, opossums)

Report bite to Veterinary Public Health.

PEP is SOMETIMES indicated.



LOW RISK OF RABIES

Healthy Local Dogs or Cats / Livestock / Horses

Report bite to Veterinary Public Health.

PEP is RARELY indicated.



NOT REPORTABLE

Squirrels / Rabbits / Small Rodents (rats, mice) / Birds / Snakes

Bites from these animals are not reportable because they do not spread rabies.

PEP is NOT indicated.

REPORTING

FAX (Preferred): (213) 481-2375. Download form at www.publichealth.lacounty.gov/vet/docs/Forms/BiteFormMed.pdf

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

Phone: (877) 747-2243 or (213) 989-7060 (Vet Public Health/M-F, 7:30 am-5 pm)

- Always report details about the biting animal, including current location if known.
- Contact Animal Control about injured, sick or loose animals; www.publichealth.lacounty.gov/vet/AnimalControlList.htm

CONSULTATIONS

Consultation regarding rabies risk

Mon-Fri: 7:30 am-5 pm

Veterinary Public Health: (877) 747-2243 or (213) 989-7060 or vet@ph.lacounty.gov

Ask to speak to the Veterinarian On-Duty.

Consultation on individual patient care decisions

Mon-Fri: 7:30 am-5 pm. Consultations also available after-hours for emergencies.

Acute Communicable Disease Control: (213) 240-7941

Ask to speak to the Physician On-Duty

*The rabies risk in Los Angeles County may shift over time. Other counties may have different rabies risks.

Rx for Prevention is published by the Los Angeles County Department of Public Health. 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 Training Resources for Clinicians

The Los Angeles County Department of Public Health Immunization Program, the California Department of Public Health, the CDC and other entities offer a variety of web-based and in-person immunization training programs for clinicians and staff. Some programs offer CMEs. Visit www.publichealth.lacounty.gov/ip/trainconf.htm.

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. Visit www.publichealth.lacounty.gov/ip or call (213) 351-7800.



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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
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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