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New Reporting Requirement for Influenza Deaths in LA County

Effective October 15, 2010, all laboratory-confirmed influenza fatalities are now required to be reported to the Los Angeles County Department of Public Health within 7 calendar days.


This includes fatalities of all ages and fatalities that are due to any strain of influenza. Influenza fatalities are defined as “persons who died as a direct or indirect consequence of infection with influenza.” Laboratory confirmation of influenza includes rapid tests, culture, polymerase chain reaction (PCR) or other methods.

Prior to this new requirement and not including the special reporting requirements for 2009 pandemic H1N1, only influenza deaths in those less than 18 years of age were required to be reported.

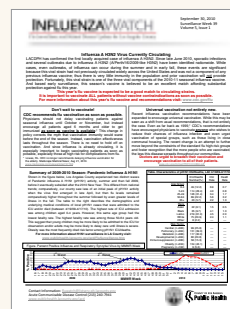
Confirmed influenza fatalities should be reported to the department using

the Confidential Morbidity Report (CMR), at www.ph.lacounty.gov/acd/reports/CMR-H-794.pdf, or electronically via visual CMR. In addition to complying with this new reporting requirement, doctors also are encouraged to identify influenza on death certificates if a person died as a direct or indirect consequence of infection with influenza.

The information provided by this new reporting requirement will assist the department’s understanding of shifts in circulating influenza virus strains and the effects that influenza has on our communities. It will also improve the department’s proposed strategies for prevention and treatment and continued outreach and educational campaigns.

For more information, visit www.publichealth.lacounty.gov/acd/flu.htm. 

New Look for *Influenza Watch*




Influenza Watch, the Department of Public Health’s e-newsletter that describes influenza and other respiratory viruses in Los Angeles County, features a modern new

look for the 2010-2011 influenza season.

This weekly e-newsletter, which is published during the traditional influenza surveillance season (October to mid-May), provides statistics of influenza activity in Los Angeles, including the number of positive flu tests and the

percent of emergency department visits for influenza-like illness. It also offers more global information, reporting on influenza in California and the nation, as well as influenza-related news, announcements, and guidelines.

The department’s Acute Communicable Disease Control program uses collected surveillance data to produce this informative publication.

To read the latest issue of *Influenza Watch*, log on to www.publichealth.lacounty.gov/acd/FluSurveillance.htm. If you would like to receive the newsletter via e-mail, sign up on the ListServ at www.publichealth.lacounty.gov/listserv (select “Public Health Topics” and then “FLUWATCH”). 



Reducing the Risk of Influenza in Health Care Facilities

Rachel Civen, MD, MPH

Dawn Terashita, MD, MPH

Influenza season is here, so now is the time for physicians and health care staff to ensure that the best practices to prevent influenza are being utilized. In a typical year, annual epidemics of influenza usually occur from the fall through spring. The most recent estimates of annual morbidity and mortality for influenza are approximately 226,000 hospitalizations and 24,000 deaths in a typical influenza season in the United States.

Transmission

Influenza is primarily transmitted from person to person via large, virus-laden droplets that travel up to 2 meters when infected persons cough or sneeze. Transmission may also occur through direct or indirect contact with respiratory secretions, such as when touching surfaces contaminated with respiratory secretions and then touching the eyes, nose, or mouth. Adults may spread influenza 1 day prior to the onset of symptoms to approximately 5 days after symptoms start. Children may be infectious to others for more than 10 days after symptoms begin. Airborne transmission via small-particle aerosols that float for several meters in the vicinity of the infectious individual may also occur; however, the relative contribution of this route of influenza transmission is unclear.

Prevention and Control Through Vaccination

Annual vaccination is the most important measure to prevent seasonal influenza infection. Health care personnel are considered at high risk for influenza exposure and subsequent transmission and should receive an annual influenza vaccination according to national recommendations to reduce disease and possible secondary spread. (See the Advisory Committee on Immunization Practices' Universal Flu Vaccination Recommendations at www.cdc.gov/vaccines/pubs/ACIP-list.htm#flu).

Effective September 1, 2010, a new California Division of Occupational Safety and Health (Cal/OSHA) standard requires that health care employers offer annual influenza vaccinations to employees at no cost, as well as vaccinations for measles, mumps, and rubella; varicella zoster; and tetanus, diphtheria, and pertussis. If an employee elects not to be vaccinated, a written declination is required as part of the confidential employee medical record.

Surveillance and Reporting to Public Health

Rapid diagnostics for the evaluation of influenza-like illness should be available to test and identify suspected cases within outpatient and inpatient health care facilities. Although sensitivity can vary from 50%-70%, and specificity ranges from 90%-95% compared to RT-PCR and viral culture, these tests can be especially useful in settings where it is crucial to identify cases quickly and begin infection control activities to minimize further transmission. Information

on rapid influenza diagnostics may be accessed at www.cdc.gov/flu/professionals/diagnosis/rapidclin.htm.

In Los Angeles County, all deaths due to confirmed influenza and all suspected outbreaks of influenza in schools, daycare centers, group homes and health care facilities are immediately reportable to the Department of Public Health. An outbreak in a health care facility is defined as one laboratory-confirmed case; prompt reporting allows Public Health to assist with control measures and reduce morbidity among frail patients.

An outbreak of influenza in a community setting is defined as 5 or more cases of influenza-like illness in the same setting (e.g., church, school, daycare), with at least 1 case resulting in a lab-tested confirmation of influenza infection within 1 week. As in health care settings, there is urgency to implement control measures.

Health care personnel are considered at high risk for influenza exposure and subsequent transmission and should receive an annual influenza vaccination to reduce disease and possible secondary spread.

Medical Staff Education

All staff and volunteers working in outpatient and inpatient health care facilities should be educated on the importance of annual influenza vaccination for workers and patients alike. All staff should know how to recognize influenza signs and symptoms, obtain appropriate diagnostic tests, and implement infection control measures within the facility.

Antiviral Chemoprophylaxis

The provision of influenza antiviral chemoprophylaxis should be strongly considered for patients and health care workers with suspected or documented influenza exposures. Rapid initiation of antiviral chemoprophylaxis is especially important for residents of skilled nursing facilities, regardless of influenza vaccination status, where the population is elderly and often immunocompromised and the possibility of rapid transmission within the facility is high.

Antiviral choice is dependent on the circulating influenza strain and its susceptibility to antiviral medications. Two antiviral classes are available for prophylaxis: the amantadines and the neuraminidase inhibitors. In general, the amantadines have no activity against influenza B and some influenza A strains have shown resistance to these agents. The neuraminidase inhibitors have activity against both influenza A and B viruses. During the 2009-2010 epidemic of pandemic influenza A (pH1N1), two FDA-approved

influenza antiviral medications were recommended, oseltamivir (Tamiflu®) and zanamivir (Relenza®). Despite widespread use of neuraminidase inhibitors during 2009-2010, the California Department of Public Health reported that less than 1% of the 2009 Influenza A (H1N1) isolates were resistant to oseltamivir. Prophylaxis guidelines for 2009-2010 can be accessed at www.cdc.gov/H1N1flu/recommendations.htm.

Treatment guidelines will be updated as the 2010-2011 influenza season progresses and more information becomes known on the circulating community influenza virus strains' susceptibility.

Respiratory Hygiene and Cough Etiquette

Provide surgical masks, soap, and alcohol-based hand gels for workers, patients, and visitors. Provide gowns for workers when appropriate. Signage should be posted for visitors, patients, and health care personnel, stating that if they have a fever and either a sore throat or new cough and must enter the health care facility, they must follow these instructions:

- Place a surgical mask over the nose and mouth before entering a patient care area and wear a mask at all times in this facility.
- Cough or sneeze into a tissue or your sleeve; dispose of tissues in the nearest waste receptacle after use.
- Clean hands when entering this facility, after contact with respiratory secretions, after contact with any patient/resident, and upon leaving the building.

Infection Control Practices in Ambulatory and Inpatient Care Settings

Standard precautions should be instituted for patients with respiratory infections. These precautions include wearing gloves when respiratory secretions may be contacted, wearing a gown if soiling of clothes is possible, changing gown and gloves after each patient encounter, decontaminating hands before and after patient contact, and washing hands with soap if visibly soiled, or alcohol-based rub if not visibly soiled.

Droplet precautions should be instituted for all suspected influenza cases for 7 days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer, while a patient is in a health care facility. Inpatients should be placed in a private room. If a private room is not available, cohort patients with suspected influenza.


There is some controversy regarding the level of protection required to prevent influenza transmission in health care settings. Based on the evidence reviewed, the LA County Department of Public Health recommends that infection control measures for suspected or confirmed seasonal influenza require droplet precautions. Airborne precautions are not required routinely except in situations where aerosol generation will occur, such as during endotracheal intubation, suctioning, and similar cough-inducing procedures.

Restrictions for Ill Visitors and Ill Health Care Personnel in the Inpatient Setting

Persons who have symptoms of respiratory infections should be discouraged or prohibited from visiting inpatients. Notices should be posted to inform the public of this policy.

Health care personnel with symptoms of influenza should be discouraged or prohibited from direct patient care, especially in high-risk patient areas (e.g., intensive care units, nurseries, organ transplant units). They should be excluded from work until at least 24 hours after the resolution of fever (without the use of fever-reducing medicines). When working with severely immunocompromised patients, consider temporary reassignment or exclusion from work for 7 days from symptoms onset or until the resolution of symptoms, whichever is longer.

When influenza activity is widespread in the community, notices should be posted to alert visitors that adults should not visit the facility until 5 days after the onset of respiratory symptoms, and children should not visit until 10 days after onset.

For health care personnel, prompt diagnosis of influenza-like illness should be strongly encouraged, and rapid influenza tests should be given to determine if there has been exposure to any patients they may have treated. 

Rachel Civen, MD, MPH, and Dawn Terashita, MD, MPH, are medical epidemiologists, Acute Communicable Disease Control Program, Los Angeles County Department of Public Health.

Resources

- Centers for Disease Control and Prevention "Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2010." *MMWR*. 2010;59(RR-8). www.cdc.gov/mmwr/pdf/rr/rr5908.pdf
- Centers for Disease Control and Prevention "Estimates of Death Associated with Seasonal Influenza—United States, 1976-2007." *MMWR*. 2010;59(33):1057-1062. www.cdc.gov/mmwr/pdf/wk/mm5933.pdf
- Advisory Committee on Immunization Practices' Recommendations: "Influenza Vaccination of Health-Care Personnel": www.cdc.gov/mmwr/preview/mmwrhtml/rr5502a1.htm?s_cid=rr5502a1_e
- Centers for Disease Control and Prevention "Infection Control Recommendations": www.cdc.gov/flu/professionals/infectioncontrol/
- Cal/OSHA Aerosol Transmissible Diseases Standard: www.dir.ca.gov/Title8/5199.html
- California Department of Public Health "Immunization Recommendations for Employees" presentation: www.cdph.ca.gov/programs/immunize/Documents/HCW%20Immunization_ATD.ppt#502.2
- Los Angeles County Department of Public Health: Information about influenza, influenza vaccines, and infection control procedures: www.publichealth.lacounty.gov/acd

Network Keeps Physicians Informed About Important Public Health Alerts

Aizita Magaña, MPH

Physicians who want to receive health alerts regarding significant public health incidents, threats, and emergencies should sign up with the California Health Alert Network, or CAHAN. This network is the official public health alert system of both the California Department of Public Health and the Los Angeles County Department of Public Health. All local health departments in California use CAHAN for alerting purposes.

Previously, the LA County Department of Public Health maintained its own local Health Alert Network (HAN); however, it is now utilizing CAHAN. Because the names of registrants in the HAN system did not roll over to the CAHAN system, those who would like to receive alerts from the California Health Alert Network must sign up.

CAHAN is a secure, web-based system available 24/7. Its main function is to distribute electronic health alert messages to health care facilities and health care providers, including physicians, in the event of a significant local public health incident or emergency that poses an actual or potential health threat.

In addition to providing alerts about emergencies, the CAHAN system distributes health alerts for several reasons: to provide the most current guidelines on disease prevention and treatment, to coordinate disease investigation efforts, and to strengthen local and state preparedness and response efforts.

Examples of health alerts include the following:

- Natural disasters that may require a public health and/or emergency medical response
- Known or suspected disease outbreaks
- Occurrence of rare or unusual communicable disease
- Requests for heightened surveillance
- Distribution of information (including availability) on medications, including vaccine
- Updates on screening, diagnosis, and treatment guidelines for various diseases and conditions.

Participants in CAHAN may choose how they would like to receive alerts; i.e., e-mail, PDA, phone, SMS Text Message, fax, and pager.



Overcoming Barriers to Registration


Some physicians have expressed hesitation about signing up with CAHAN for fear of being inundated with e-mail notices. Although the exact number of alerts that will be disseminated in any given year is unknown, what can be stated is that alerts are sent only when a health threat or incident warrants a message.

Further, in terms of privacy, CAHAN has a strict security policy regarding misuse of private information, and it will not sell or share registrants' e-mail addresses or other information to third parties. Contact information provided will be used strictly to disseminate public health alerts.

If at any time a registrant changes his or her mind about CAHAN, it's simple to opt out. He or she need merely make an opt-out request via phone or e-mail.

Physicians Are Crucial Partners

Physicians are key partners in the department's efforts to protect the health and safety of Los Angeles County residents; therefore, physician involvement is a vital component of this public health alert system. Participation in CAHAN will ensure that physicians remain informed and receive critical information about significant public health incidents, threats, and emergencies.

To enroll, log on to www.publichealth.lacounty.gov/EPRP/HAN, or contact the department's Health Alert Coordinator at hanhelp@ph.lacounty.gov or (213) 637-3613. For more information, or for CAHAN training, go to www.cahanworkshops.com. 

Aizita Magaña, MPH, is project manager, Emergency Preparedness and Response Program, Los Angeles County Department of Public Health.

Continuing Medical Education Courses

The Los Angeles County Department of Public Health is pleased to offer the following free, online CME courses, which have been approved for AMA PRA Category 1 credit:

- Successful Treatment of Tobacco Addiction (1 credit)
- Screening for Alcohol Misuse and Abuse (1 credit)
- Preventing Falls Among Adults Aged 65 Years and Older (1 credit)

Sign in, or register as a New Member at <https://publichealth.lacounty.gov/elearning>

Preventing Common Vaccine Administration Errors

Vaccine administration errors can lead to patient harm, inconvenience, and wasted vaccine and time. Such errors can be prevented by adhering to the 6 “Rights” of Vaccine Administration. By following these recommended practices, one can prevent vaccination errors; minimize adverse events; prevent waste; avoid repeat doses; and ensure that the vaccines given are necessary, potent, effective, and safe.

The 6 “Rights” of Vaccine Administration

Right Vaccine

Triple check the label to ensure you are administering the right medication. Always use the right diluent for the right vaccine.

Right Patient

Verify the patient’s information. Always ask the patient his or her name and date of birth prior to vaccination.

Right Documentation

Document the Vaccine Information Statement date, vaccine manufacturer and lot number, clinic name, and the person administering the vaccine.

Right Dosage

Split or partial vaccine doses are NOT recommended.

Right Time

Follow recommended intervals and age recommendations. Administer vaccine before the expiration date.

Right Manner/Route

Review the package insert to determine the correct route of administration.

Tips for Avoiding Common Vaccine Administration Errors

Do not give expired vaccine.

- Use vaccines with the shortest expiration date first. Rotate vaccines so that those with the shortest expiration dates are in the front of the refrigerator or freezer.
- Check your refrigerator and freezer often to dispose of any expired vaccines.

Avoid giving the wrong vaccine.

- Do not store sound-alike or look-alike vaccines next to each other. Store vaccines separately from other medications and biologics.
- Label baskets in your refrigerator and freezer with the age indications for the vaccines that are in the baskets.
- Check all vaccine labels at least 3 times before administering.



- Don’t pre-fill syringes unless it is necessary (e.g., immediately before mass vaccination clinics). If you do pre-fill syringes, label each syringe and/or storage bin with the vaccine name. Manufactured pre-filled syringes are another good option, as the name of the vaccine is printed on the syringe.

Check for contraindications before vaccinating.

- Review with staff the “Guide to Contraindications and Precautions to Commonly Used Vaccines” Chart (www.immunize.org/catg.d/p3072a.pdf).

Post educational materials and reminders in the practice.

- Check Your Vials: Is it Tdap, DTaP, or Td? www.eziz.org/PDF/IMM-508.pdf
- Vaccine Acronyms and Abbreviations www.eziz.org/PDF/IMM-895.pdf
- Influenza Vaccine Identification Guide www.eziz.org/PDF/IMM-859.pdf
- Preparing Reconstituted Vaccines www.eziz.org/PDF/IMM-897.pdf

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

For more information or to register, visit the Immunization Program website at www.publichealth.lacounty.gov/ip, or call (213) 351-7800.

DILUENT TIP SHEET

Right Medication = Right Diluent + Right Vaccine

Vaccine	Diluent	Powder
DTaP-IPV/Hib (Pentacel)	DTaP – IPV (Sanofi)	Hib (ActHIB)
Hib (ActHIB)	0.4% Sterile saline (Sanofi)	Hib (ActHIB)
Hib (Hiberix)	0.9% Sterile saline (GlaxoSmithKline)	Hib
MMR (MMR-II)	Sterile water (Merck)*	MMR
MMRV (Proquad)	Sterile water (Merck)*	MMRV
MenACWYCRM (Menveo)	MenCWY (Novartis)	MenA
RV1 (Rotarix)	Sterile water, calcium carbonate, and xanthan (GlaxoSmithKline)	RV1
VAR (Varivax)	Sterile water (Merck)*	VAR
ZOS (Zostavax)	Sterile water (Merck)*	ZOS

* The only vaccines that share the same diluents are Merck's MMR, MMRV, Varicella, and Zoster vaccines.

Important Tips for Reconstitution

Several vaccines in powder form require reconstitution (mixing) prior to administration. An important step in providing the right vaccine is ensuring that the correct diluent (liquid) is used to reconstitute the powder. If the wrong diluent is used, the dose may need to be repeated. Follow these steps to ensure that you mix the right powder with the right diluent.

- Review the manufacturer's packaging to verify the correct diluent (liquid) to be used to reconstitute the powder. Most diluents are not interchangeable.
- Verify the diluent and vaccine with a colleague and/or physician.
- Clearly label your diluents, indicating the vaccine or vaccines for which they should be used.

Check the manufacturer's package information regarding the time limit for using the vaccine once it is reconstituted. The clock is ticking once the vaccine is reconstituted, and the time frame varies by vaccine. Finally, never attempt to make your own combination vaccines.

Additional Resources on How to Properly Reconstitute Vaccines

- Attend the Los Angeles County Department of Public Health's Immunization Skills Institute course www.publichealth.lacounty.gov/ip
- Review the California Department of Public Health's "Preparing Reconstituted Vaccine" Job Aid www.eziz.org/PDF/IMM-897.pdf
- Review the Centers for Disease Control and Prevention's "Vaccine Storage and Handling Toolkit" www2a.cdc.gov/vaccines/ed/shtoolkit/pages/prep_disposal.htm#Disposal

Providing the Right Vaccine

Alvin Nelson El Amin, MD, MPH

This column focuses on the first of the 6 “Rights” of Vaccine Administration: the right vaccine. Alvin Nelson El Amin, MD, MPH, medical director of the Immunization Program, Los Angeles County Department of Public Health, responds to questions about how to resolve errors when the wrong vaccine was given, or the wrong diluent was used.



Q: I recently gave a patient only the DTaP/IPV (liquid) portion of Pentacel without mixing it with the powder (ActHib). What should I do? Should I recall the patient to repeat the dose?

A: Yes, you should recall the patient since he or she did not receive the Hib portion of the vaccine and is not protected against *Haemophilus influenzae* b. You can administer a dose of ActHib or use the Pentacel powder, which is also ActHib. The same diluent may be used for either formulation.

The DTaP/IPV vaccination is valid and does not need to be repeated; however, in the future, please take measures to prevent this error. Also, the DTaP/IPV liquid should not be administered separately even if you have a patient who only needs DTaP and IPV.

Q: We mistakenly gave a patient the diluent for Menveo meningococcal conjugate vaccine (MCV4, Novartis) without adding it to the powdered vaccine. Since vaccine is present in the diluent and in the powder, what should we do?

A: Menveo’s liquid vaccine component (i.e., diluent) contains the C, Y, and W-135 serogroups and the lyophilized vaccine component (i.e., freeze-dried powder) contains serogroup A. Because the patient received only the diluent, he or she is not protected against invasive meningococcal disease caused by *Neisseria meningitidis* serogroup A. The dose should be repeated with either correctly reconstituted Menveo or with Menactra brand MCV4 with no minimum interval between the incorrect and repeat dose.

Q: Our clinic saw a 6-month-old baby who was due for her third DTaP vaccine dose. We accidentally administered Tdap vaccine instead of DTaP vaccine. Was this safe? What are your recommendations for follow-up?

A: Tdap contains lower amounts of diphtheria toxoid and some pertussis antigens than pediatric DTaP vaccine

and is not recommended for the primary vaccination series. If a Tdap dose was given instead of DTaP for one of the three doses, the dose is not counted as valid and a replacement dose of DTaP vaccine should be given. There is no minimum interval between the Tdap and DTaP dose, but to optimize immune response, some experts suggest administering it within 72 hours to 4 weeks later. Give all remaining doses in the DTaP series per the routine schedule from the Advisory Committee on Immunization Practices.

There is no reason to be concerned about safety, but the parent/guardian should be notified of the mistake and, as always, any adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS), at www.vaers.hhs.gov/index.


To avoid future errors, store DTaP and Tdap vaccines separately and post the Check Your Vials: Is it Tdap, DTaP, or Td? poster (www.eziz.org/PDF/IMM-508.pdf) in immunization areas and exam rooms. Clearly label vaccine vials and consider marking boxes as “pediatric” and “adolescent/adult.” Additional guidance is available at www.cdc.gov/mmwr/preview/mmwrhtml/rr5503a1.htm?s_cid=rr5503a1_e.

Q: A nurse gave a 7-month-old infant her first dose of flu vaccine as the nasal spray (Flu Mist) instead of a flu shot. Should we report this to VAERS since the dose was contraindicated? Do we need to revaccinate with a flu shot?

A: The Live Attenuated Influenza Vaccine (LAIV) dose will provide comparable protection against influenza, so it is counted as a valid dose and there is no need to revaccinate with injectable Trivalent Influenza Vaccine (TIV). However, since two flu vaccine doses are recommended for children receiving flu vaccine for the first time, the second dose should be TIV, not the nasal spray.

LAIV is contraindicated for children younger than 24 months of age because these children are more likely to experience wheezing when they receive LAIV. Thus, the parent/guardian should be notified of the mix-up and encouraged to seek care for any respiratory problems. You should also report the error to the Vaccine Adverse Event Reporting System.

To avoid this error in the future, review flu vaccine indications and contraindications with staff and remind them to review the Vaccine Information Statements (VIS) with parents.

For additional guidance, see www.cdc.gov/mmwr/preview/mmwrhtml/mm5646a4.htm?scid=mm5646a4_e. 

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 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 and CEUs at no charge.

Visit www.ph.lacounty.gov/ip/trainconf.htm for a list of upcoming trainings



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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.

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

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

Confidential Morbidity Report of Tuberculosis (TB) Suspects & Cases
Tuberculosis Control (213) 744-6160
www.publichealth.lacounty.gov/tb/forms/cmr.pdf

Lead Reporting
No reporting form. Reports are taken over the phone.
Lead Program (323) 869-7195

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/H1911A.pdf (form)

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.