

INFECTIOUS DISEASE SCREENING

In response to increasing rates of hepatitis Band C, sexually transmitted diseases, TB and HIV, all clients/patients receiving services from substance abuse treatment providers licensed by the Alcohol and Drug Abuse Division (ADAD) shall be screened for past and present risk factors, including those associated with substance abuse, for disease acquisition and transmission. In a joint effort, ADAD, the Colorado Department of Public Health and Environment, substance abuse treatment providers and HIV and hepatitis advocacy groups and coalitions have developed two Screens and a guided interview for determining client/patient risk. In introducing the Screens to clients/patients the following points should be made (not in preferential order):

- Administering a screen is required by state regulation;
- Privacy of responses to screen questions is protected by federal regulation and state law;
- The screen provides important information to clients/patients about their levels of risk;
- In order to get the best information, honest, accurate responses to questions are vital.

1. Infectious Disease Medical Screen

The Infectious Disease Medical Screen is intended to be self-administered at time of intake or shortly thereafter. A counselor or other person knowledgeable about the Screen should be available to assist with any client/patient questions or concerns. Questions 1 through 8 screen for risk of hepatitis B and/or C exposure. Questions 9 through 14 screen for risk of tuberculosis exposure/infection.

Appropriate Clinical Responses Guide

A "Yes" response to any of questions 1 through 7 and no record of being tested for hepatitis Band C should prompt a referral for testing and appropriate follow-up.

A "Yes" response to question 8 should prompt making information available about the possible (though low-level) risks involved.

If any of the categories in question 9 are marked, a T8 skin test should be encouraged.

A "Yes" response to any of questions 10 through 14 indicates high risk for active TB or TB infection and a referral to a healthcare practitioner or health department for testing/treatment should be made immediately.

2. Infectious Disease Behavioral Screen

The Infectious Disease Behavioral Screen can be self-administered or used in a face-to-face interview. The questions identify behaviors that may place clients/patients at risk for HIV and hepatitis B and C exposure. A scoring instrument for the screen tallies numeric values of client/patient responses and indicates appropriate clinical responses.

Because of the sensitive nature of the information being collected and the possibility of clients/patients perceptions of personal intrusion, it is recommended that the Screen be administered after some rapport and trust has been established, preferably following **HIV** and hepatitis education. If self-administered, a counselor or other person knowledgeable about the Screen should be available to assist with any client/patient questions or concerns.

3. Infectious Disease Behavioral Interview

The Infectious Disease Behavioral Interview is used when scores from the Infectious Disease Behavioral Screen Scoring Instrument place clients/patients in the medium risk and high risk categories for acquiring/transmitting HIV and hepatitis. It is based on responses to questions asked by the Behavioral Screen and provides more detail in the behavioral risk aspects of substance abuse and disease acquisition/transmission. **This instrument is designed for use as an evaluative interview; it should not be self-administered.**

For clinician use only:

At risk for TB
(Based on positive response to
any question 9-14).

INFECTIOUS DISEASE MEDICAL SCREEN

Name _____ Date _____

I understand that my responses to this screen are protected under the federal regulations governing Confidentiality Of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that HIV, STD and TB related information about me is protected by state law and cannot be disclosed unless state Law authorizes the disclosure.

I have read and understand the above. Signature: _____

Please mark the one most accurate response to each question.

1. Have you been a recipient of a blood transfusion or organ transplant prior to 1992 (includes receiving blood during birth or other surgical procedures)?
 Yes No
2. Have you ever been or are you now on long-term hemodialysis (blood cleansing)?
 Yes No
3. Are you a recipient of clotting factor made prior to 1987?
 Yes No
4. Have you ever been stuck by a needle or anything sharp that was likely to have been contaminated with hepatitis C-infected blood?
 Yes No
5. Were you born to a mother who had hepatitis?
 Yes No
6. Have you ever had symptoms of liver disease or abnormal liver function/enzyme tests?
 Yes No
7. Have any of your sexual partners been infected with hepatitis B or C?
 Yes No
8. Have you been the recipient of tattooing or body piercing in unsanitary conditions (e.g. unsterile needles)?
 Yes No
9. Mark all of the following that currently apply to you or that applied to you in the past.

- Close** contact with active TB
- Medical condition that increases risk of **TB** disease (e.g., HIV, other immune disorders, diabetes, silicosis, [black lung] or coal miners disease}, bleeding/clotting disorders, specific malignancies, kidney failure, etc.)
- Abnormal chest x-ray showing fibrotic lesions
- Resident or employee of a high risk group setting (e.g., correctional facilities, nursing homes, mental institutions, homeless shelters, residential treatment, etc.)
- Health care worker or volunteer who serves high-risk clients
- Foreign-born person who has arrived within the last five years from countries that have a high **TB** incidence or prevalence (e.g., most countries in Africa, Asia, Latin America, Eastern Europe, and Russia)
- Person from a medically underserved, low-income population
- Member of a high-risk racial, ethnic, or other minority population with an increased prevalence of TB (e.g." Asian and Pacific Islanders, Hispanics, African-Americans, Native Americans, migrant farm workers, homeless persons)
- History of inadequately treated TB

10. Have you had a cough for more than three weeks?

- Yes No

11. Have you coughed up blood/colored mucous?

- Yes No

12. Do you have swollen, non-tender lymph nodes?

- Yes No

13. Have you had a prolonged loss of appetite or unexplained weight loss of ten pounds or more?

- Yes No

14. Have you had recurrent fevers or heavy night sweats for more than three weeks?

- Yes No

Response Guide:

If you answered "yes" to any question # 1-7, please see your counselor for a referral to be screened for hepatitis B and C.

If you answered "yes" to question # 8, please see your counselor for a referral for infectious disease screening and testing.

If you answered "yes" to any of the categories in question # 9, please see your counselor for a referral to be screened for tuberculosis.

If you answered "yes" to any question # 10-14, please see your counselor immediately for a referral for tuberculosis screening and treatment.

Your counselor is referring you to the following program/agency for follow-up:

Program/Agency: _____

Address: _____

Contact: _____ **Phone:** _____

For clinician use only:

At risk for HIV

If so is at :

Medium risk

High risk

Score:

INFECTIOUS DISEASE BEHAVIORAL SCREEN

Name: _____ Date: _____

I understand that my responses to this Screen are protected under the federal regulations governing Confidentiality Of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that HIV I STD and TB related information about me is protected by state law and cannot be disclosed unless state law authorizes the disclosure.

I have read and understand the above. Signature: _____

Please mark the one most accurate response to each question.

1. Have you had 2 or more sexual partners in the past 10 years?
 Yes No
2. Have you had anal sex (penis in anus) with any of your sexual partners during the past 10 years?
 Yes No
3. How often have you used a condom when having anal sex in the past 10 years?
 Never Sometimes Always Have not had anal sex
4. Have you ever had a sexually transmitted disease such as gonorrhea, syphilis, chlamydia, genital warts (HPV), genital herpes, or hepatitis?
 Yes No
5. At any time in the past 10 years, have you ever given money or drugs to anyone to have sex with you?
 Yes No
6. Have you ever had sex with someone so that they would give you money or drugs?
 Yes No
7. Have you ever injected street drugs, steroids, or vitamins with a needle?
 Yes No
8. Have any of your sexual partners in the past 10 years ever injected street drugs, steroids, or vitamins with a needle?
 Yes No Don't know
9. Have any of your sexual partners in the past 10 years been men who have had sex with other men?
 Yes No Don't know
10. Have any of your sexual partners in the past 10 years ever had a sexually transmitted disease such as gonorrhea, syphilis, chlamydia, genital warts (HPV), genital herpes, or hepatitis?
 Yes No Don't know

INFECTIOUS DISEASE BEHAVIORAL SCREEN SCORING

Client/Patient Name/ID: _____ Date: _____

Transfer responses from the Infectious Disease Behavioral Screen onto this form and total the corresponding numeric values.

1. Yes (5) No (0)
2. Yes (10) No (0)
3. Never (20) Sometimes (15) Always (10) No anal sex (0)
4. Yes (15) No (0)
5. Yes (10) No (0)
6. Yes (20) No (0)
7. Yes (30) No (0)
8. Yes (30) No (0) Don't know (15)
9. Yes (30) No (0) Don't know (15)
10. Yes (30) No (0) Don't know (15)

My score: _____

Scoring Guide:

0 to 29 indicates low risk for acquiring/transmitting HIV. You do not need to be evaluated further, unless it is believed to be necessary based on other information you have provided.

30 to 119 indicates medium risk for acquiring/transmitting HIV and hepatitis. You should receive further evaluation and appropriate referrals should be provided.

120 or higher indicates high risk for acquiring/transmitting HIV and hepatitis. You should contact the Colorado Department of Public Health and Environment, 303-692-2759, or your local county health department for further evaluation and follow-up.

Note: Answering "yes" to question 7 indicates past or present injection drug use and testing for HIV and hepatitis B and C is strongly encouraged as behaviors associated with injection drug use place you at an increased risk for acquiring and/or transmitting these infections.

INFECTIOUS DISEASE BEHAVIORAL SCREEN SCORING

<p><i>Score is over 120</i></p>	<p style="text-align: center;">HIGH RISK</p> <p>A score over 120 indicates you are at high risk for acquiring/transmitting HIV and/or Hepatitis. See your counselor right away for referral to your local county health department or the Colorado Department of Public Health and Environment for further evaluation and follow-up.</p>
<p><i>Score is 30-119</i></p>	<p style="text-align: center;">MEDIUM RISK</p> <p>A score of 30-119 indicates that you are at medium risk for acquiring/transmitting HIV and/or Hepatitis. See your counselor for more information about ways that you can reduce your risk and other programs that can help you.</p>
<p><i>Score is 0-29</i></p>	<p style="text-align: center;">LOW RISK</p> <p>A score of 0-29 indicates that you are at low risk for acquiring HIV and/or Hepatitis. Low risk doesn't necessarily mean no risk. See your counselor if you have questions or concerns about behaviors that may place a person at risk.</p>

<p>Your counselor is referring you to the following agency/program for follow-up:</p>	
<p>Program/Agency: _____</p>	_____
<p>Address: _____</p>	_____
<p>Contact: _____</p>	<p>Phone: _____</p>
<p>Appointment: _____</p>	

INFECTIOUS DISEASE BEHAVIORAL INTERVIEW

1. Do you know your HIV status? Yes No

(If "Yes") When did you get the most recent test results? _____

2. (If answer to question 4. is "Yes") On the Screen, you stated that you have had a sexually transmitted disease (STD).

What STD(s) did (do) you have? _____

When did it (they) occur? _____

3. How many partners have you had during in the past year or so? _____ How would you describe those relationships?

4. How often do you use protection (e.g., condoms) when you have sex? Never Sometimes Always

When you don't use condoms, what are some of the reasons?

5. (If answer to question 2 is "Yes," and answer to question 3 is "Never" or "Sometimes") On the Screen you stated that you have had anal sex in the past 10 years and that you have never, or only sometimes, used a condom.

When, most recently, did you have anal sex without a condom? _____

(If male) Are you usually the insertive partner, the receptive partner both ?

How would your partner(s) react if you asked to use protection? Positively Negatively

6. (If answer to question 8 is "Don't know") On the Screen, you stated that you didn't know if any of your partners in the past 10 years were injection drug users. What makes you think any of them might be?

7. (If answer to question 9. is "Don't know") On the Screen, you stated that you didn't know if any of your partners in the past 10 years were men who have had sex (MSM) with other men. What makes you think any of them might be?

8. (If answer to question 10 is "Don't know") On the Screen, you stated that you didn't know if any of your partners in the past 10 years had an STD. What makes you think any of them might have?

9. (If answer to question 5. is "Yes") On the Screen you stated that in the past 10 years you have given money or drugs to someone to have sex with you. When and how often has that occurred?

10. (If answer to question 6. is "Yes") On the Screen you stated that in the past 10 years you have had sex with someone so that they would give you money or drugs. When and how often has that occurred?

11. Have you had violent or otherwise abusive relationships? Describe those relationships.

12. (If answer to question 7. is "Yes") On the Screen you stated that you have injected drugs. Describe those times - when, what drugs, use of sterile syringes or bleach, etc.

13. How often are you drunk or high when you have sex? Never Sometimes Always

What drugs do you use and how often do you use them when you have sex?

Have you ever been so drunk or high that you blacked out or can't remember what happened during sex?

Yes No (If "Yes") Describe those times.

14. What kinds of support do you feel that you would need to help you make the changes necessary to lower the risk that you will get and/or spread HIV?