

Division of Medical And Dental Affairs

Medical Community Outreach and Engagement

- Partnerships with External Medical Community
- Health Care Consumer Protection



An initiative of the ABIM Foundation



Physician Communication and Education

Health Professional's Website - 'Provider Portal'

Public Health

publichealth.lacounty.gov

Home Community Schools Health Professionals Newsroom

Call for clinical consults on communicable disease

The Los Angeles County Department of Public Health (DPH) maintains this health professional's website to facilitate easy access to public health resources including information on how to report communicable diseases and how to consult DPH specialists. All [comments and suggestions](#) on how to improve this website are welcome.

Health Care Professionals

- LA Health Alert Network
- Mandatory Reporting
- Consultation
- DPH Program Resources
 - Division of HIV and STD Programs
 - Tuberculosis Control Program
 - Acute Communicable Disease Control
 - Immunization Program
 - Public Health Laboratories
 - Veterinary Public Health
- DPH Health Centers
- Safe Opioid Prescribing
- 211 - LA County Resources for Patients
- Rx for Prevention
- DPH Reports
- PH Education for Physicians
- Employment Information
- Contact

Los Angeles Health Alert Network (LAHAN)

- Subscribe to receive important public health information for LA health care professionals.
- Visit the [LAHAN webpage](#) to see all Health Alerts, Advisories, and Updates on topics such as communicable disease outbreaks, emerging infectious diseases, immunizations, and drug shortages and recalls.

Mandatory Reporting

- California law mandates that health care providers report over 85 diseases or conditions (including animal bites to humans) to their local health department.
- [This page](#) summarizes how professionals can report by disease or condition (including animal bites) and includes links to reporting forms, phone numbers and program webpages.

Consultation

- [Phone consultation](#) is available for health care providers weekdays 8:00 am-3:00 pm for all communicable diseases including TB and STD, veterinary public health, and public health laboratory questions.
- During non-business hours (evenings, weekends and holidays) call 213-974-1234 and ask for the physician on call.

DPH Sponsored Training and Education

- Pertussis in California--The New Normal: Recommendations and Resources for Health Care Professionals [Webinar](#) (1 credit CME available)
- Measles Update: A Primer for Health Care Providers [Webinar](#) (1 credit CME available)

ZIKA VIRUS UPDATE

To facilitate easy access to DPH public health resources including:

- Mandatory reporting
- Consultation lines
- DPH Program resources for providers
- Employment opportunities
- <http://www.publichealth.lacounty.gov/providerportal/>

Accessible from the DPH Homepage

COUNTY OF LOS ANGELES
Public Health

publichealth.lacounty.gov

Home Community Schools **Health Professionals** Newsroom

ZIKA VIRUS UPDATE

Birth & Death Certificates Clinics Inspections Publications Statistics File a Report Contact us



Prevent Zika Virus Infection

LA County is closely monitoring the Zika virus and will provide updates as new information becomes available. Here are some ways to keep from getting Zika virus disease: Avoid travel to areas with Zika virus. Avoid mosquito bites. Read more

Tweets by @lapublichealth

LA Public Health Retweeted
CDC HIV/AIDS @CDC_HIVAIDS

Attention Health Professionals!

Sign up for the LA County Health Alert Network



Los Angeles Health Alert Network

Centers for Disease Control Health Alert Network

Federal Drug Administration Safety Recalls

Emergency Preparedness and Response Program

Medical Reserve Corps Los Angeles

Reporting of Diseases and Conditions by Health Care Professionals

Los Angeles Department of Public Health Resources for Health Care

Los Angeles Health Alert Network



The Department of Public Health (DPH) shares important public health information with health care professionals in Los Angeles County through its Health Alert Network. DPH sends Health Alerts, Health Advisories, and Health Updates on topics such as communicable disease outbreaks, emerging infectious diseases, immunizations, and drug shortages and recalls. On occasion, information on important but non-emergent topics will also be shared.



**LAC DPH Health Alert:
Meningococcal Vaccine Now
Recommended For All Men Who Have
Sex With Men (MSM)**
July 26, 2016



*This message is intended for primary care, HIV, infectious disease, emergency medicine, and urgent care providers.
Please distribute as appropriate.*

Key messages

- An outbreak of invasive meningococcal disease (IMD) among men who have sex with men (MSM) continues in Southern California.



**LAC DPH Health Advisory:
Bicillin L-A®
(Benzathine Penicillin G) Shortage**
June 2, 2016



*This message is intended for obstetrics/gynecology, family medicine, internal medicine, pediatrics, and urgent care providers.
Please distribute as appropriate.*

Key messages

- There is a national shortage of Bicillin-LA® (benzathine penicillin G).
- Benzathine penicillin G is the only recommended treatment for pregnant women with syphilis and should be prioritized for the treatment of pregnant women infected with or exposed to syphilis.



**LAC DPH Health Update:
Zika Virus Infection Update #4 - Updated CDC
Interim Guidance for Prevention of Sexual
Transmission and for Health Care Providers
Caring for Women of Reproductive Age**
March 25, 2016



*This message is intended for ob-gyn and prenatal care providers, pediatrics, internal medicine, family practice, urgent care, infectious disease, and emergency medicine health care providers.
Please distribute as appropriate.*

Key messages

The Centers for Disease Control and Prevention (CDC) has updated its interim



**CDPH Health Information:
CDPH Provider Call - Zika Virus Disease and California's
Response, April 20, 2016
CDC Guidance - Preventing Transmission of Zika Virus in
Labor and Delivery Settings**
April 8, 2016

On April 8, 2016 the California Department of Public Health (CDPH) issued a CAHAN Health Notification – Zika Virus Guidance, Provider Call 04.20.16. The full communication is below.

Attached you will find a copy of the CDC guidance on "Preventing Transmission of Zika Virus in Labor and Delivery Settings." CDPH endorses the CDC guidance, as well as their recommendation for the use of standard precautions.

CDPH will hold a call on April 20, 2016 for Healthcare Providers to provide an overview of Zika Virus Disease and California's response. Please send your questions to jeocuser43@cdph.ca.gov by April 15, 2016 so we can address as many issues as possible during the call.

Call in information is as follows:

Date: April 20, 2016
Time: 11:00 AM to 12:00 PM PDT
Phone Number: (800) 683-4564
Passcode: 506286

View the CDC guidance:
PDF <http://www.cdc.gov/mmwr/volumes/65/wr/pdf/mm6511e3.pdf>

2016 HAN Communications

**3
AUG**

CDC Health Advisory:

CDC Guidance related to local mosquito-borne Zika virus transmission in Florida

**26
JUL**

LAC DPH Health Alert:

Meningococcal Vaccine Now Recommended For All Men Who Have Sex With Men (MSM)

**24
JUN**

LAC DPH Health Alert:

Outbreak of Meningococcal Disease among adult Males in Southern California

**14
JUN**

LAC DPH Health Alert:

Alert to U.S. Healthcare Facilities: First mcr-1 Gene in E. coli Bacteria found in a Human in the United States

**2
JUN**

LAC DPH Health Advisory:

Bicillin L-A® (Benzathine Penicillin G) Shortage

**27
MAY**

CDC Health Update:

Testing of Urine Specimens for Zika Virus Infection

**14
APR**

CDPH Drug Overdose Health Alert:

Fentanyl-Contaminated Street Norco

**8
APR**

CDPH Health Information:

CDPH Provider Call - Zika Virus Disease and California's Response, April 20, 2016

CDC Guidance on Preventing Transmission of Zika Virus in Labor and Delivery Settings

LAHAN Communication Types



Alert: Conveys the highest level of importance; warrants immediate action or attention.



Advisory: Provides important information for a specific incident or situation; may not require immediate action.



Update: Provides updated information regarding an incident or situation; unlikely to require immediate action.



Information: Provides general information that is not necessarily considered to be of an emergent nature.

This Issue

- 2015 Immunization Recommendations
- Figure 1. Sequential Administration and Recommended Intervals for PCV13 and PPSV23 for Adults Aged ≥65 Years in the United States
- Saving Lives from Colon Cancer: American Cancer Society's 80% by 2018 Initiative
- Figure 2. Immunization Schedule: Ages 0 through 18 Years
- Figure 3. Catch-Up Immunization Schedule: Ages 4 Months through 18 Years
- Figure 4. Footnotes—Immunization Schedule for Persons Age 0 through 18 Years
- Figure 5. Immunization Schedule—Adults 19 Years and Older
- Figure 6. Footnotes—Immunization Schedule for Adults 19 Years and Older
- Table 1. Contraindications and Precautions to Commonly Used Vaccines in Adults
- New Report Available: Recent Birth Trends in Los Angeles County

2015 Immunization Recommendations

A Nelson El Amin, MD, MPH
Melanie J. Barr, RN, MSN

On February 25, 2015, the Advisory Committee on Immunization Practices (ACIP) released the recommended immunization schedules for persons aged 0 through 18 years and adults 19 years and older. Both schedules, which consist of tables plus footnotes, can be found on the following pages as well as on the Centers for Disease Control and Prevention (CDC) website at <http://www.cdc.gov/vaccines/schedules/hcp/index.html>. This article features updates on new pneumococcal vaccination recommendations, guidance regarding newly licensed HPV and meningococcal vaccines, and information regarding an influenza vaccine that has been recalled. It also highlights important changes and clarifications made to the ACIP 2015 immunization schedules' tables and footnotes.

Pneumococcal Conjugate Vaccine Recommendations for Persons 65 Years and Older

On September 19, 2014, ACIP published new recommendations for the use of 13-valent pneumococcal conjugate vaccine (PCV13) among adults 65 years and older. ACIP now recommends routine vaccination of adults 65 years and older with PCV13 if they have not received this vaccine at an earlier age. The inclusion of PCV13 in the vaccine series along with 23-valent pneumococcal polysaccharide vaccine (PPSV23) will provide broader protection against invasive pneumococcal disease (IPD) for adults in this age group.



The following are the pneumococcal vaccination recommendations for adults 65 years of age and older.

- Adults 65 years of age and older who have never received pneumococcal vaccine or their vaccination history is unknown:
 - Administer a dose of PCV13 first, then a dose of PPSV23, 6–12 months later. The minimal interval between doses is 8 weeks.
 - If PPSV23 cannot be administered within this time frame, administer a dose at the next health care visit.
 - Do not administer PCV13 and PPSV23 simultaneously.
- Adults 65 years and older who have previously received one or more doses of PPSV23:
 - Administer a dose of PCV13 if it has been at least one year since the last dose of PPSV23.
 - For those for whom a second dose of PPSV23 is recommended, administer the second dose 6–12 months after PCV13 and at least 5 years after the first dose.
- Adults 65 years and older who have previously received one dose of PPSV23 before age 65 years:
 - Administer a dose of PCV13 if it has been at least one year since the last dose of PPSV23.

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This Issue

- Preventing Invasive Meningococcal Disease: Routine and Special Vaccination Recommendations
- Figure 1. Invasive Meningococcal Disease in LA County, 2010-2014
- Figure 2. Invasive Meningococcal Disease Cases, LA County, Oct. 2012-Dec. 2014
- Table 1. Estimated Incidence of Invasive Meningococcal Disease by Population Group, Oct. 2012-Sept. 2014.
- Table 2. Meningococcal Vaccines Licensed for Use in the United States
- Figure 3. Meningococcal Vaccine Recommendations-ACIP and LAC DPH
- Current Status and Next Steps: Ebola Virus Disease
- Measles Recommendations and Resources
- New Report Available: Social Determinants of Health: Housing and Health in LA County

Preventing Invasive Meningococcal Disease: Routine and Special Vaccination Recommendations

Rachel Given, MD, MPH
A Nelson El Amin, MD, MPH
Van Ngo, MPH

The Committee on Immunization Practices (ACIP) recommends meningococcal vaccination for adolescents, persons with certain medical conditions, and persons with increased risk for exposure. In Los Angeles County (LAC), since April 2014, there is a local vaccination recommendation for men who have sex with men (MSM) at elevated risk for meningococcal disease. This article provides information on IMD, disease trends in LAC, vaccination recommendations, and resources.

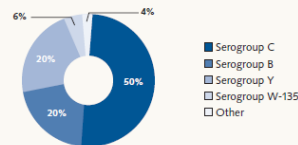
Background

Humans are the only known reservoir for *N. meningitidis*. Transient nasopharyngeal carriage rates for *N. meningitidis* can be as high as 10% during the winter and early spring among asymptomatic individuals. The bacteria is transmitted by respiratory droplets or by direct contact with nose or throat secretions from persons colonized with the bacteria. *N. meningitidis* is classified into serogroups determined by the chemical and antigenic structure of the bacterial polysaccharide capsule.

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Figure 1. Invasive Meningococcal Disease in LA County, 2010-2014

Distribution of IMD Cases Since 2010: The most common serogroups are B, C, and Y, but serogroups W-135 and Z have been documented. B and Y cases have been declining since 1995.



This Issue

- Alcohol Screening and Brief Intervention for Prevention
- Table 3. Reimbursement CPT Codes
- Table 4. Resources for Training, More Info, and Help with Alcohol and Drug Use
- California Children's Services: A Resource for California's Children
- Figure 1. CCS-Eligible Medical Conditions
- Figure 2. CCS Eligibility Requirements
- Physicians Needed for CCS Medical Therapy Program
- Update: Vaccine Temperature Monitoring Recommendations and Requirements
- Upcoming Trainings
- Index of Disease Reporting Forms

Alcohol Screening and Brief Intervention for Prevention

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Mandi Bane, PhD
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Screening for excessive alcohol use is ranked among the 5 most beneficial and cost-effective preventive services by the National Commission on Prevention Priorities (Table 1). The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians screen adults aged 18 years or older for alcohol misuse, then provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions. According to the Centers for Disease Control and Prevention, 38 million Americans consume alcohol at levels that increase their risk of chronic disease and acute injury. The majority of these drinkers are non-dependent binge drinkers (i.e., individuals who use risky amounts of alcohol but have not developed a physical dependence). They consume an average of 7.7 drinks per occasion and drink 4 times a month.

For non-dependent drinkers, an alcohol use screening and brief intervention (SBI) can reduce excessive alcohol consumption, emergency room visits, automobile accidents, and disease morbidity. Despite the effectiveness of SBI, only 15% of patients report having ever been asked about their alcohol use by their physician. Evidence suggests that alcohol SBI in primary care is a cost-effective, cost-saving, and easily implemented practice. Given the current emphasis on accountable care and provisions within the Patient Protection and Affordable Care Act for reimbursement, it is an opportune time to begin alcohol SBI for all adult patients.

Non-Dependent Risk Drinking
Risk drinking is defined as alcohol consumption that creates a significant increase in the probability of harm and occurs when consumption exceeds a moderate level. Guidelines for moderate drinking are shown in Figure 1. Drinking above the recommended guidelines puts people at greater risk of chronic diseases, alcohol use disorder (AUD), and death. The relative risk of liver disease, cancer, diabetes, neuropsychiatric disease, and cardiovascular disease is positively correlated with the volume of alcohol consumed.¹ However, it is important to note that the more alcohol-attributable deaths result from acute injury, such as car accidents, poisoning, suicide, and accidental falls than from chronic disease. Moreover, the majority of alcohol-attributable injuries are not caused by people with a diagnosable AUD, but by people who are simply drinking at risky levels. This emphasizes the need to identify and counsel individuals who drink above moderate levels, regardless of the presence of any diagnosable condition.

Effectiveness of Alcohol SBI
SBI is a prevention and early intervention service that involves universal

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[Upload Resource List](#)

Issue	Issue Date	Featured Topic	Document Type
Vol. 6, No. 2	April-May 2015	<ul style="list-style-type: none"> • 2015 Immunization Recommendations • Saving Lives from Colon Cancer: American Cancer Society's 80% by 2018 Initiative • New Report Available: Recent Birth Trends in Los Angeles County 	rx-aprmay2015.pdf
Vol. 6, No. 1	January - March 2015	<ul style="list-style-type: none"> • Preventing Invasive Meningococcal Disease: Routine and Special Vaccination Recommendations • Current Status and Next Steps: Ebola Virus Disease • Measles Recommendations and Resources • New Report Available: Social Determinants of Health:Housing and Health in LA County 	rx-jan-mar2015.pdf
Vol. 5, No. 9	December 2014	<ul style="list-style-type: none"> • Alcohol Screening and Brief Intervention for Prevention • California Children's Services: A Resource for California's Children • Physicians Needed for California Children's Services Medical Therapy Program • Update: Vaccine Temperature Monitoring Recommendations and Requirements • Upcoming Trainings • Index of Disease Reporting Forms 	rx-dec2014.pdf

Questions ???