HIV/AIDS Linkage to Care

Linkage to care is the process of linking a client from HIV testing to HIV care. Individuals living with HIV who are able to access HIV medical care and support services such as case management, emergency housing, psychosocial support, substance abuse services and food assistance are able to focus on their health. HIV antiretroviral therapy, education on the importance of adherence to treatment and risk reduction counseling are offered to individuals in HIV care. Partner services allow specially trained Public Health employees to anonymously notify partners exposed to HIV and assist them with testing and linkage to care if appropriate.

Effective referrals between provider offices and crucial follow-up with clients, ensure people living with HIV/AIDS receive the services they need to maintain their health, enhance their overall well-being as well as decreasing the risk of HIV transmission. Retention in care involves outreach to clients who have fallen out of care, and identifying and mitigating obstacles to staying in care.

An estimated 80.4% of people newly diagnosed with HIV/AIDS in the San Bernardino/Riverside grant area are linked to care. Of all persons living with HIV/AIDS in the bi-county grant area, 56.8% are virally suppressed and less likely to pass the virus to their partners.1

There are several options for referring HIV positive individuals to HIV medical care or to an HIV service provider. If the individual has private insurance, contact the insurer first for a referral. If the individual has MediCal or is undocumented, please call San Bernardino County Clinic Operations at 1-800-722-4777. A list of HIV medical care and service providers in the San Bernardino/Riverside County area funded by Ryan White Part A or B is available at http://bit.ly/2rWkEYK.

Immunization Awareness Month

National Immunization Awareness Month (NIAM) is an annual observance held in August to highlight the importance of vaccination for people of all ages. NIAM was established to encourage people of all ages to make sure they are up to date on the vaccines recommended for them.

Providers are encourage to participate in this observance by following along each week and targeting your patients, according to NIAM’s weekly targeted populations.

- Babies and young children (July 31-August 6)
- Pregnant women (August 7-13)
- Adults (August 14-20)
- Preteen/Teen (August 21-27)

For questions regarding immunizations or to receive an immunization in-service contact a Health Education Specialist at 1-800-722-4794.

Health Advisory: Congenital Syphilis Prevention

The California Department of Public Health continues to report statewide increases of syphilis among women of childbearing age as well as congenital syphilis resulting from non/inadequate treatment.

San Bernardino County has been disproportionality impacted by congenital syphilis with the number of reported cases increasing by 400% from 2014 to 2016.

Prevention of congenital syphilis is a public health matter and it is recommended that clinicians:

1. Screen all pregnant women for syphilis at the first prenatal visit with RPR and TPPA.
2. Conduct an additional syphilis screening in the third trimester of pregnancy at 28-32 weeks.
3. Test any woman who delivers a stillborn infant for syphilis.

All suspected cases of syphilis must be reported within one working day to the San Bernardino Public Health Department. To report a Syphilis case, fax 909-387-6377 or call the Communicable Disease Section at 1-800-722-4794.

1 HIV Continuum of Care data for Riverside and San Bernardino County provided by California State Office of AIDS, July 2016. Based on CY 2015 state surveillance data reported through March, 31, 2016 (most current data available).
Zika Update

A recent Health Alert Notice issued by the Centers for Disease Control and Prevention (CDC) offers updated guidance for health care professionals to interpret Zika test results for women who live in, or frequently travel to areas with a CDC Zika travel notice.

Recommended procedures include testing that measures the presence of Zika antibodies that the body creates to fight Zika infections. New data indicates that, in some individuals, Zika antibodies may stay in the body longer than previously expected. The results of Zika testing may therefore be unable to determine if a woman was infected before or after pregnancy.

Latent Tuberculosis Infection (LTBI) with High Risk Factors

There are certain risk factors that increase the likelihood of Latent Tuberculosis Infection (LTBI) progressing to Tuberculosis disease (TB). California Tuberculosis Controllers Association (CTCA) recommends testing and treating individuals who are considered high risk for developing TB disease. Generally, persons at high risk for developing TB disease fall into two categories: those who have been recently infected, and those with clinical conditions that increase the risk of progression from LTBI to TB disease.

According to CTCA high risk clinical conditions for progression of LTBI to TB disease include the following: HIV infected individuals, persons with fibrotic changes on chest radiograph consistent with TB, diabetes mellitus, silicosis, chronic renal failure/hemodialysis, organ transplant recipients, prolonged corticosteroid therapy (taking>15mg/day prednisone for 1 month or longer), immunosuppressive therapy, hematological and reticuloendothelial diseases, malnutrition or rapid weight loss due to other diagnosis and injection drug use.

Under no circumstances should LTBI treatment be initiated without first ruling out TB disease. For further information contact the Communicable Disease Section at 1-800-722-4794.

Join the STD Task Force

Under the direction of Dr. Ohikhuare, San Bernardino County Public Health Officer, the Communicable Disease Section has worked to establish a Community STD Task Force to combat the high rates of STDs in the County. STDs have shown a steady increase, with the County ranking among the highest in numbers of STD cases in the U.S. The County ranks 16th among all counties in the nation for numbers of cases of chlamydia, and 25th in gonorrhea.

The first Task Force meeting took place April 2017, in which over 30 agencies were present. At the next meeting in June 2017, over 45 attendees were asked to rank and prioritize STD prevention strategies. Education was selected as the top priority with 50% of the votes, followed by awareness and testing. The Task Force will meet on a quarterly basis, with the next meeting planned for early September. Subcommittees focused on specified strategies will subsequently be formed and managed by its members. If you would like to be part of the STD Task Force or have ideas to share please contact a Health Education Specialist at 1-800-722-4794.

Confidential Morbidity Reports (CMRs) can be found on our website, http://bit.ly/2rGPRLh and should be faxed to: (909) 387-6377. For HIV CMRs call before faxing. To report suspect or confirmed cases of TB to the Tuberculosis Control Program, please fill out a TB case/suspect form http://bit.ly/2sZWyfn, for your hospitalized or clinic patient and fax to: (909) 387-6377. Follow-up with a phone call to one of our TB nurses at: 1-800-722-4794.