

## **INFECTIOUS DISEASE SCREENING**

In response to increasing rates of hepatitis B and 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 screens for risk of hepatitis B and/or C exposure. Questions 9 through 14 screens 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 B and 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 TB 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.)**  
**(ADAD ID Screening Instruments Rev 8/02)**

### 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

**(More questions on other side of form)**

- 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: \_\_\_\_\_

(ADAD ID Screening Instruments  
Rev. 8/02)

## 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, 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

<i>Score is over 120</i>	<p style="text-align: center;"><b>HIGH RISK</b></p> <p>A score over 120 indicates that 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>
<i>Score is 30 - 119</i>	<p style="text-align: center;"><b>MEDIUM RISK</b></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>
<i>Score is 0 - 29</i>	<p style="text-align: center;"><b>LOW RISK</b></p> <p>A score of 0-29 indicates that you are at low risk for acquiring/transmitting 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>

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

Program/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Appointment: \_\_\_\_\_