

COMMUNICABLE DISEASE RISK SCREEN

People who report a history of substance use are at a greater risk for developing certain serious communicable diseases. Please answer the following questions to determine if you may need further health assessment.

I. The following questions relate to HIV (the virus that causes AIDS), Hepatitis A, B and/or C, Sexually Transmitted Infections (STIs), e.g., Herpes, Gonorrhea, Syphilis, Chlamydia and tuberculosis (TB):

1. Have you ever had unprotected sex (no condom) or engaged in sexual behaviors (oral, anal or genital) with a person whose HIV/AIDS, Hepatitis or Sexually Transmitted Infection (STI) status is unknown to you? (For example, sex while drunk or high with a person you do not know very well or sex with prostitutes.)
 Yes No
2. Have you **ever** engaged in sexual behavior with anyone who has:
Injected drugs Yes No
Traded sex for drugs Yes No
Many sexual partners Yes No
HIV/AIDS Yes No
Hepatitis Yes No
STIs Yes No
3. Have you **ever used needles**, shared needles or injecting "works" (cotton swab, water), back-filled syringes or split up dope into different syringes for other individuals including your spouse, partner or significant other, even if just once or a long time ago?
 Yes No
4. Have you experienced other forms of blood-to-blood or body fluid contact (for example, blood transfusions, hemophilia treatments, employment in medical field), and have concerns about your risk for HIV, Hepatitis or STIs?
 Yes No
5. Do you use injection or non-injection illegal drugs?
 Yes No
6. Do you have close contact, care for or live with someone who has Hepatitis?
 Yes No
7. Are you a male who has sex with other males?
 Yes No
8. Have you recently traveled to a country with high or medium rates of Hepatitis or TB?
 Yes No
9. Do you have a chronic liver disease, such as Cirrhosis, Hepatitis B or C?
 Yes No
10. Do you have a blood clotting factor disorder?
 Yes No
11. Are you concerned about Hepatitis A exposure and want to be immunized?

Yes No

12. Have you recently lived in **a substance use treatment facility, homeless shelter, drug house, mental health hospital, transitional living** or in other close quarters with people you did not know well?

Yes No

13. Have you recently been incarcerated?

Yes No

14. Have you recently had close contact or live with someone diagnosed with or being treated for TB?

Yes No

15. Have you had a nagging cough for more than three weeks **along with** any of the following symptoms?

Weight loss Yes No

Fever for 3 days or longer Yes No

Night sweats Yes No

Coughing up blood Yes No

I understand that if I answered "Yes" to **any** of the above questions I may be at risk for HIV, Hepatitis, STIs or TB. I have been given information on how HIV, Hepatitis, STIs and TB are transmitted, and how substance use can put me at risk for contracting these diseases. I have been told about ways to decrease the risk for getting these diseases or giving them to others.

Client Signature

Date

II. To be completed by Treatment Program.

NOTE: All individuals who have used drugs by injection or who are currently pregnant must be referred at a minimum, for Hepatitis C Virus (HVC) testing.

High Risk for Communicable Disease Yes No

If at risk, **GIVE PAGE 4** to the client and check applicable resources/referrals.

The general referral category from Page 4 must be indicated below (check all that apply):

Public Health Department (HIV/AIDS, TB, STI, Hepatitis)

Private Physician Name: _____

Note: Release of information for communication with primary care provider should be completed. Documentation of refusal to sign release should also be included in record.

HIV/AIDS/STI/TB Hotline/Resources

Health Care/Indigent Health Assistance/Resources

Other Resources not Listed (specify): _____

Additional Comments:

Treatment Staff Signature

Date

RISK SCREENING REFERRAL GUIDE

The following are local resources or hotlines related to items identified on the Communicable Disease Risk Screen. The check marked resources can provide you with further information and services based on the results of your risk screening.

TESTING/TREATMENT/INFORMATION/SUPPORT

- Macomb County Health Department TB Control (586) 469-5421
- Macomb County Health Department - Mt. Clemens (586) 469-5421
- Macomb County Health Department - St. Clair Shores (586) 466-6800
- Macomb County Health Department – Warren..... (586) 573-2090
- Macomb County Health Department HIV/AIDS
Counseling & Testing..... (586) 465-8434
- Health Emergency Lifeline Programs (HELP) (888) 435-5655
- AIDS Partnership Michigan (800) 872-2437
- En Espanol (800) 344-7432
- Michigan Department of Health and Human Services
HIV Hotline..... (800) 872-2437
- Teen AIDS Hotline (800) 232-4636
- Macomb County Health Department (586) 465-9217
- Hepatitis C Association Support Hotline (877) HELP-4-HEP
- Liver Health Connection..... (800) 522-HEPC
- National Sexually Transmitted Disease Hotline (800) 232-4636

MEDICAL ASSISTANCE

- Neighbors Caring for Neighbors (no/low cost medical)..... (586) 756-7005
- Trinity Community Care (no/low cost medical) (586) 649-3014
- Medicaid Health Plans
 - Aetna Better Health of Michigan..... (866) 316-3784
 - Blue Cross Complete of Michigan (800) 228-8554
 - Harbor Health Plan (800) 543-0161
 - McLaren Health Plan..... (888) 327-0671
 - Meridian Health Plan of Michigan..... (888) 437-0606
 - Molina Healthcare of MI (888) 898-7969
 - Total Health Care..... (800) 826-2862
 - United Healthcare Community Plan (800) 903-5253