

Infectious Disease: Risk Factors and Screen Recommendations

Individuals with serious mental illness are often at increased risk for acquiring infectious diseases such as Hepatitis B, Hepatitis C, HIV, and tuberculosis due to a greater likelihood of engaging in high-risk behaviors such as using illicit substances and having multiple sexual partners. When planning to screen patients for infectious diseases, patients should be informed orally and in writing that testing will be performed. Unless they decline, they should receive explanation of the infection, how it can and cannot be acquired, the meaning of positive and negative test results, and the benefits and risks associated with treatment. They should also be offered the opportunity to ask questions and decline testing. This section reviews risk factors and screening recommendations for Hepatitis C (HCV), Hepatitis B (HBV), human immunodeficiency virus (HIV), and tuberculosis (TB).

Table 10. Infectious Disease Risk and Screening

Disease	Risk Factors	Screening/Treatment
Hepatitis C (HCV) ⁵⁰	<ul style="list-style-type: none"> ◆ Past/present drug use ◆ Sex with injection drug user ◆ Blood transfusion before 1992 ◆ Other: Long-term dialysis, incarceration, intranasal drug use, getting an unregulated tattoo, infant of HCV positive mother 	<ul style="list-style-type: none"> ◆ 1-time screening in all adults born between 1945 and 1965 ◆ High-risk patients ◆ FDA approved treatment
Hepatitis B (HBV) ⁵¹	<ul style="list-style-type: none"> ◆ Sexual contact with infected person ◆ Exposure to infectious bodily fluids ◆ Prolonged, close personal contact with infected person ◆ Perinatal exposure to infected Mother 	<ul style="list-style-type: none"> ◆ Hepatitis B surface antigen (HBsAg) ◆ Either Hepatitis B core antibody (anti-HBc) or hepatitis B surface antibody (anti-HBs)
Human Immunodeficiency Virus (HIV) ^{52, 53}	<ul style="list-style-type: none"> ◆ Injection drug use/sharing needles ◆ Sexual contact- anal, vaginal or oral sex; men who have sex with men; multiple partners; anonymous partners without using condom; sexual contact with infected person; exchange sex for drugs/ money; unprotected sex with at-risk individuals. ◆ History of STI (syphilis, genital herpes, chlamydia, gonorrhea, bacterial vaginosis, trichomoniasis) ◆ Diagnosed with hepatitis, TB, or malaria ◆ Blood transfusion or clotting factor recipient in US between 1978 and 1985 	<ul style="list-style-type: none"> ◆ All persons who seek evaluation and treatment for sexually transmitted infections (STIs) should be tested; consider rapid HIV test in this population as high proportion of patients may not return for HIV test results. ◆ Individuals suspected of recently acquired HIV infection- refer for immediate consultation with infectious disease specialist for evaluation (history, physical including gynecology exam in women, chest radiography, and lab tests - CBC, CMP, lipid profile, urinalysis toxoplasma antibodies, testing for STIs and hepatitis, HIV genotype, CD4 count and viral load, and TB test).

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Table 10. Infectious Disease Risk and Screening (continued)

Disease	Risk Factors	Screening/Treatment
Tuberculosis (TB) ⁵⁴	<ul style="list-style-type: none"> ◆ Individuals in contact with patient who has TB ◆ Individuals from a country where TB is common ◆ Patients with HIV infection or problems that weaken the immune system ◆ Symptomatic patients (e.g., fever, productive cough, weight loss, night sweats, fatigue, and loss of appetite) ◆ Live/work in area where TB is common (e.g., homeless shelter, and/or prison/jail) ◆ Illicit drug users 	<ul style="list-style-type: none"> ◆ TB testing generally is not recommended in patients with low risk of TB infection. ◆ High risk patients should have medical evaluation- history/ physical, TB test, chest radiograph at minimum and other laboratory tests as appropriate.

Adults aged 19 years or older should also receive immunizations recommended by the Centers for Disease Control (CDC):

- Influenza – 1 dose annually
- Tetanus, diphtheria, pertussis (Td/Tdap) - Substitute Tdap for Td once, then Td booster every 10 years
- Varicella – 2 doses
- Human papillomavirus (HPV) – 3 doses between 19 and 26 years old
- Herpes zoster – 1 dose 60 years old or older
- Measles, mumps, rubella (MMR) – 1 or 2 doses depending on indication

Note. Other immunizations may be recommended for persons with a risk factor (medical, occupational, lifestyle, or other indication). See CDC website www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule-bw.pdf