



Welcome!

It is important that you understand how the County Plan works to get the care you need. The handbook will help explain your benefits, how to get care, as well as answer any questions that you may have.

Below are the instructions on how to locate your Kern County DMC-ODS Member Handbook online:

From your computer, tablet or Smartphone access the Kern Behavioral Health & Recovery Services website at:

<https://www.kernbhhs.org/>



BEHAVIORAL
HEALTH & RECOVERY
SERVICES

Formerly the Kern County Mental Health Department

Once you are on the home screen, please click on the tab "Substance Use."



You are now viewing all the information related to Substance Use Treatment.

Please scroll down until you see "Beneficiary Informing Materials for DMC-ODS."

To access the Handbook, click on "DMC-ODS Member Handbook."

Beneficiary Informing Materials for DMC-ODS

[DMC-ODS Member Handbook](#)

[DMC-ODS Provider Directory](#)

For a printed copy of the DMC-ODS Member Handbook, please request a copy from your provider.





NOTICE TO ALL PSYCHOTHERAPY CLIENTS

The Board of Behavioral Sciences (BBS) receives and responds to complaints regarding services provided within the scope of practice of **licensed/registered** marriage and family therapists, licensed educational psychologists, clinical social workers, or professional clinical counselors.

You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.





NOTICE TO ALL PSYCHOTHERAPY CLIENTS

The Patients' Rights Office of Kern Behavioral Health & Recovery Services (KernBHRS) receives and responds to complaints regarding the practice of psychotherapy by any **unlicensed or unregistered** counselor providing services KernBHRS and its contracted partners. To file a complaint, contact:

**KernBHRS Patients' Rights Office at 844.360.8250
or kernbhers.org**

You can also complete a Grievance form and follow the submission instructions provided on the form. Forms are available from:

- Patients' Rights website: kernbhers.org
- Building lobbies
- Team staff or receptionist
- KernBHRS Patients' Rights Office at 844.360.8250





SIGNATURES ON FORMS DURING AND AFTER COVID-19

Form	Current for MH Practice During COVID	MH-Practice After COVID	Current for SUD Practice During COVID	SUD-Practice After COVID
Consent for Treatment	Verbal agreement okay	At the 1-year mark, create new form and obtain signature	Need signature	Need signature
Notice of Privacy Practices	Verbal agreement okay	At the 1-year mark, create new form and obtain signature	Verbal agreement okay	At the 1-year mark create new form and obtain signature
Treatment Plan	Verbal agreement okay	At the 1-year mark, create new TP and obtain the signature	Verbal agreement okay	At the 90-day mark, create new TP and obtain new signature
Request for Records	Need signature	Need signature	Need signature	Need signature
Releases of Information for Non-Treating Provider	Need Signature	Need signature	Need signature	Need signature
Releases of Information for Treating Providers	No ROI needed (for MH information only)	No ROI needed (for MH information only)	Need signature	Need signature
Request for Information	Need signature	Need signature	Need signature	Need signature
Revocation to Release Information	Need signature	Need signature	Need signature	Need signature
Assignment of Benefits	Verbal Agreement okay	At the 1-year mark, create new form and obtain signature	N/A	N/A
UMDAP	Verbal Agreement okay	At the 1-year mark, create new form and obtain signature	Verbal Agreement okay	At the 1-year mark, create new form and obtain signature
Medication Consents	Verbal Agreement okay	At the 2-year mark, create new form and obtain signature	Need signature	Need Signature
Telehealth Consent for Treatment	Verbal Agreement okay	At the 1-year mark, create new form and obtain signature	Verbal okay	N/A

When receiving verbal consent: "Due to nationwide COVID-19 precautions, this assessment was conducted over the phone. Client was asked, 'Do you provide your verbal consent for treatment from Kern Behavioral Health and Recovery Services (or provider name)?' The client stated, 'yes'. Additional verbal consent was obtained for (list additional forms, e.g. Notice of Privacy Practices, UMDAP, Assignment of Benefits, Orientation Checklist, Treatment Plan)."

QID Documentation Compliance Team: Hotline Number 868-6740 Option #5

Form updated 3/5/2021





Notice of Privacy Practices UPDATE

By Dawn Milton, RN-BC, CHC, CHPC
Compliance and Privacy Officer, KernBHRS
April 23, 2021

The KernBHRS Notice of Privacy Practices has been updated, effective March 30, 2021. The updates include:

- A section added on the uses and disclosures for which a written authorization is required.
- A section added to include the limitations of the Department's integrated Electronic Health Record (EHR).
- Subtle changes to the section on disclosures to the Coroner or Medical Examiner, to reflect regulatory updates.

As a result of the required updates, all clients (current and new) must sign a new Cerner acknowledgment form AND be provided with access to the updated Notice. For current clients, new acknowledgment forms must be obtained at the client's next service. As outlined on the "Signatures" document (attached), verbal consent may be obtained for the Notice of Privacy Practices – staff must still complete the acknowledgment form in Cerner (titled "Privacy Practices") and document "verbal consent."

- For in-person services, the client must be provided with a copy of the updated Notice and the updates explained.
- For remote services, the client must be provided with information on how to access the Notice of Privacy Practices on the Departments web site, as well as an explanation of the updates.
- Providing the client with access to the updated Notice must be documented in a progress note. Sample language could include, "*client was informed of an update to the Notice of Privacy Practices dated 3/30/21. Client provided verbal consent and was provided with a copy of the updated Notice (OR – client was provided with access to an electronic copy of the Notice on the KernBHRS' public website). Client was informed of the updates regarding uses and disclosures when a written authorization is required, as well as limitations of the integrated EHR. Client verbalized understanding.*"

NOTE: Providing the updated Notice to the client is NOT a billable service. This sample language should be documented in the "Narrative" section of the progress note, where staff would typically document "late entry" or "see attached." Ensure this is not documented in the interventions section, as this is not a MH intervention.

All staff should familiarize themselves with the Notice of Privacy Practices (in its entirety), as it contains many important elements on how we protect clients' health information, as well as their privacy rights. The specific updates can be found on page 7 (English) and pages 7-8 (Spanish). The Notice of Privacy Practices is available in multiple locations:

- 1) The KernBHRS public web site Privacy tab (<https://www.kernbhers.org/privacy-info>)
- 2) Attachments to Policy 10.1.21 (<https://kcbhrs.sharepoint.com/SitePages/Home.aspx>)
- 3) Under the Informing Materials tab of the Quality Improvement Divisions' SharePoint page (<https://kcbhrs.sharepoint.com/directory/Pages/InformingMaterials.aspx>)

If you have any questions, please direct them to the Privacy and Corporate Compliance office at BHRSPrivacy@KernBHRS.org or 868-8222.

Attachment: Signatures on Forms During and After COVID-19





NOTICE OF



PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information.

Please read it carefully and ask about anything you do not understand.

Updated: March 30, 2021

Usted puede preguntar por esta información en Español.

KERN BEHAVIORAL HEALTH AND RECOVERY SERVICES' COMMITMENT TO YOUR PRIVACY

We at Kern Behavioral Health and Recovery Services (Kern BHRS) understand that information we collect about you and your health is personal. Keeping your health information confidential and secure is one of our most important responsibilities. We are committed to protecting your health information and abiding by all state and federal laws regarding the protection of your health information. This notice tells you how we may use or disclose your health information. It also tells you about your rights and the Department's requirements concerning the use and disclosure of your health information.

This Notice of Privacy Practices ("Notice") is provided pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), which is found in the Code of Federal Regulations (C.F.R.) Parts 160 and 164. HIPAA describes how we may use and disclose your Protected Health Information to carry out treatment, payment or health care operations and for other purposes that are permitted by law. This Notice also describes your rights and our duties with respect to your Protected Health Information. "Protected Health Information" is information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

CONFIDENTIALITY OF ALCOHOL AND DRUG USE/ABUSE CLIENT RECORDS

The confidentiality of alcohol and drug use/abuse client records maintained by KernBHRS is protected by another Federal law as well, the Code of Federal Regulations (C.F.R.) 42, Part 2. Generally, except as provided in this Notice, the program may not say to a person outside the program that a client attends the program, or disclose any information identifying a patient as an alcohol or drug abuser unless:

- 1) The client consents in writing;
- 2) The disclosure is allowed by a court order; or
- 3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about a crime committed by a client either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal law and regulations do not protect any information about neglect or suspected abuse of a child, elder or dependent adult from being reported under State law to appropriate State or local authorities.

YOUR HEALTH INFORMATION RIGHTS

You have the following rights regarding the health information that the Department has about you:

Right to Inspect and Copy: You have the right to inspect and obtain a copy of your health information. This request may include your medical, billing, or health care payment information. It does not include

information that is needed for civil, criminal or administrative actions or proceedings, or psychotherapy notes. We will charge a fee for the costs of copying, mailing or other supplies associated with your request. If you want to request a copy of your records in either hard copy or electronic form, you may ask a member of our staff, our Privacy Officer, or visit our website at: <http://www.KernBHRS.org> for a Request to Access or Copy Protected Health Information form. The form will include instructions about the processes, fees and timeframes for requesting access or copies. You can ask to direct, in writing, Kern BHRS to transmit an electronic copy of PHI, PI and/or PII to a third party designated by you.

Right to Amend: If you feel that the health information the Department has created about you is incorrect or incomplete, you may ask us to amend that information. The Department may deny your request if you ask to amend information that: 1) was not created by the Department; 2) is not part of the health information the Department maintains; 3) is not part of the information which you would be permitted to inspect or copy; or 4) the information is determined to be accurate and complete. If you wish to request an amendment of the information created by this department, you can get a Request for Amendment of Protected Health Information form from our staff, from our Privacy Officer, or from our web site at: <http://www.KernBHRS.org>. This form will contain instructions for completing the form and an explanation of the process the department will follow to approve or deny your request for amendment.

Right to Accounting of Health Information Disclosures: You have the right to request a list of disclosures that the Department has made of your health information. The list will include an accounting of disclosures of your health information we have made without your express authorization, if any, and may include disclosures such as:

- Reporting disease or injury to a public health official (other than staff employed for public health functions).
- Responding to mandatory abuse reporting laws (excluding child abuse) to an entity authorized by law to receive the abuse report (other than protective services staff who respond to such reports).
- Information from your record in response to an audit or review of a provider or contractor (whether financial or quality of care or other audit or review).
- Information from your records in relation to licensing or regulation or certification of a provider or licensee or entity involved in your care or services.
- Information about you that is disclosed pursuant to a court order in a court case or other legal proceeding.
- Information about you provided to law enforcement officials pursuant to a court order.
- Information about you provided by an entity's staff to avert a serious threat to health or safety of a person.

The list will not include: 1) health information disclosures made for purposes of providing treatment to you, obtaining payment for services or disclosures made for administrative or operational purposes; 2) health information disclosures made for national security; 3) health information disclosures made to correctional institutions and other law enforcement custodial situations; 4) health information disclosures the Department has made based on your written authorization; 5) health information disclosures to persons who are involved in your care; or 6) health information disclosures made prior to April 14, 2003; or 7) disclosures made to mandatory child abuse reporting agencies.

You may request an accounting of disclosures by completing a Request for Accounting of Disclosures form. This form is available from our staff, by contacting our Privacy Officer, or by visiting our web site at: <http://www.KernBHRS.org>. This form will contain instructions for completing and submitting the form to our department.

Right to Request Restrictions: You have the right to request that we communicate with you about health care matters in a certain way, or at a certain location. For example, you can request that we only contact you at work, or at home, or by mail. Furthermore, you have the right to request restrictions of disclosures of your Protected Health Information for our purposes of treatment, payment and healthcare operations. The Department will accommodate all reasonable requests, but we are not required to agree to all requests for restrictions. To request restrictions to communications, you must specify how or where you wish to be contacted. You can get a copy of the Request for Restriction of Use or Disclosure form from our staff, by contacting our Privacy Officer, or from our web site at: <http://www.KernBHRS.org>. This form will contain instructions for completing the form and an explanation of the process the department will follow to approve or deny your request for restrictions.

Right to Restrict Certain Disclosures if you pay out of pocket: You have the right to restrict certain disclosures of Protected Health Information to a health plan where you pay out of pocket in full for the health care item or service.

Right to be Notified Following a Breach: You have a right to and will receive notification if your Protected Health Information/confidentiality was not maintained.

Right to a Paper Copy of this Notice: You have the right to request a paper copy of this notice from the Department at any time. You can get a paper copy from our staff, from our Privacy Officer, or by visiting our website at: <http://www.KernBHRS.org>.

Exercising your Rights: All requests for inspecting, copying, amending, making restrictions, or obtaining an accounting of your health information must be made in writing to:

CONFIDENTIAL
Privacy Officer
Kern Behavioral Health and Recovery Services
P.O. Box 1000
Bakersfield, California 93302-1000.

Once the Privacy Officer receives your request, he or she must respond within ten (10) business days acknowledging that he or she has received your request and is acting upon it. The Privacy Officer is not required to have completed all actions on your request by that time.

HOW THE DEPARTMENT USES AND DISCLOSES HEALTH CARE INFORMATION

The Department may use and disclose your health information, without your permission, for the purposes of providing treatment, obtaining payment for services, for administrative and operational purposes, and to evaluate the quality of the services that you receive. The Department provides a wide range and variety of health care and social services to the people of Kern County. For this reason, not all types of

uses and disclosures can be described in this document. Other uses and disclosures not described in the Notice of Privacy Practice will be made only with your authorization. We have listed some common examples of permitted uses and disclosures below.

For Treatment: Caregivers, such as nurses, doctors, therapists, social workers and case managers, may use your health information to determine your plan of care. Individuals and programs within the Department may share health information about you, in order to coordinate the services you may need, such as clinical examinations, therapy, nutritional services, medications, hospitalization or follow-up care. We may also use your health information to determine if your treatment is medically necessary or to ensure that proper treatment is being given.

For Payment: The Department may disclose information about you to your health plan or health insurance carrier to obtain payment for services. For example, we may need to give your health plan information about a behavioral health assessment, treatment services, case management services, prescribed psychotropic medications, and services that you or your child received so your health plan will pay us or reimburse us for treatment or services the Department provided. We may also share your information, when appropriate, with other government programs including, but not limited to, Worker's Compensation, Medicaid, Medicare, MediCal, EPSDT or Indian Health Services, in order to coordinate your benefits and payments. We may also tell your health plan about a treatment you are going to receive, in order to obtain prior approval or to determine whether your plan will cover the treatment.

For Operations: The Department may use and disclose information about you to ensure that the services and benefits provided to you are appropriate and are of high quality. For example, we may use your information to evaluate our treatment and service programs, or to evaluate the services of other providers that use government funds to provide health care services to you. We may combine health information about many consumers to identify health trends, to determine which services and programs should be offered, or whether new treatments or services are useful. Our MediCal program may share your prescription information with your pharmacist so that he or she can ensure that you are receiving the proper type and dosage and that your medicines will not interact with each other. We may share your health information with business associates who perform functions on behalf of the Department. For example, our business associates may use your information to perform claims processing or administration, data analysis processing or administration, utilization review, quality assurance, billing, etc. The Department requires that our business partners abide by the same level of confidentiality and security as our Department when handling your health information.

To Other Government Agencies Providing Benefits or Services: The Department may disclose your health information to other government agencies that are providing you with benefits or services when the information is necessary for you to receive those benefits and services.

To Keep You Informed: The Department may contact you about reminders for treatment, medical care or health check-ups. We may also contact you to tell you about health-related benefits, programs or services that may be of interest to you, or to give you information about your treatment choices.

For Public Health: The Department may disclose your health information to public health agencies, subject to the provisions of applicable state and federal law, for the following kinds of activities:

- To notify social service agencies that are authorized by law to receive reports of child or elder abuse, financial abuse, physical abuse or neglect;
- To report reactions to medications or problems with products to the Food and Drug Administration (FDA).

For Health Oversight Activities: The Department may share your health information with other divisions within the agency and with other agencies for oversight activities as required by law. Examples of these oversight activities include audits, inspections, investigations and licensure.

For Law Enforcement: The Department may disclose health information to a law enforcement official, subject to applicable federal and state laws and regulations, for purposes that are required by law or in response to a court order or subpoena.

For Research: The Department may disclose your non-identifiable health information for research projects that have been reviewed and approved by an institutional review board or privacy board to ensure the continued privacy and protection of the health information.

For Lawsuits and Disputes: The Department may disclose health information about you in response to a court or administrative order, if you are involved in a lawsuit or a dispute. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only in accordance with state law.

To Coroners, Medical Examiners and Funeral Directors: The Department may disclose health information, to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law.

For Organ Donations: A federal privacy rule allows providers to disclose Protected Health Information to organizations for organ donation activities. However, state law and department policy do not allow for such disclosure without your permission.

To Avert a Serious Threat to Health or Safety: The Department may disclose your health information if it is necessary to prevent a serious threat to your health and safety, or to the health and safety of the public or another person.

For National Security and Protection of the President: The Department may disclose your health information to an authorized federal official, or other authorized persons for the purposes of national security, for providing protection to the President, or to conduct special investigations, as authorized by law.

To a Correctional Institution: The Department may disclose your health information, if you are an inmate of a correctional institution, including juvenile halls, or under the custody of a law enforcement officer, to the correctional institution or law enforcement officer. The information disclosed must be necessary for the institution to provide you with health care, protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

To the Military: The Department may disclose your personal health information, if you are a veteran or a current member of the armed forces, as required by military command or veteran administration

authorities.

USES AND DISCLOSURES FOR WHICH WRITTEN AUTHORIZATION IS REQUIRED

The following uses and disclosures will be made only with your written authorization:

- 1) Uses and disclosures of psychotherapy notes;
- 2) Uses and disclosures of Protected Health Information for marketing purposes;
- 3) Disclosures that constitute a sale of Protected Health Information; and
- 4) Other uses and disclosures not described in this Notice of Privacy Practices

Limitations of the Departments' Electronic Health Record: Please note that the Department utilizes an integrated electronic health record (Cerner), which allows diagnoses and treatment assignments to be visible to all employees (both employees who work on mental health teams and those who work on substance use teams). However, only your treatment provider has access to any treatment notes or other parts of your electronic health record, unless you specifically authorize access to this information. All Department employees are bound by confidentiality laws, and are prohibited from accessing, using or disclosing health information beyond that which is allowable by law, and as outlined in this Notice of Privacy Practices.

THE DEPARTMENT'S REQUIREMENTS

The Department is required by state and federal law to maintain the privacy of your health information. We are required to give you this notice of our legal duties and privacy practices with respect to the health information that the Department collects and maintains about you. We are required to follow the terms of this notice.

This notice describes and gives some examples of the permitted ways that your health information may be used or disclosed. Disclosure of your information outside of the boundaries of Department-related treatment, payment or operations, or as otherwise permitted by state or federal law, will be made *only* with your specific written authorization, as described above. You may revoke specific authorizations to release your information, in writing, at any time. To revoke an authorization you previously gave the Department, contact your treatment team to obtain and complete the "Revocation of Authorization for Release of Protected Health Information" form. If you revoke an authorization, we will no longer disclose your health information to the authorized recipient(s), except to the extent that the Department has already used or disclosed that information in reliance of the original authorization.

The Department reserves the right to revise this notice. We reserve the right to make the revised notice effective for the health information we already have about you, as well as any information we create or receive in the future. If you are enrolled in a health plan, such as Medicaid, MediCal, EPSDT, Healthy Families, or Kern Family Health Services, we will provide you with a copy of our revised notice within sixty (60) days from the date it becomes effective. We will post a copy of the current notice at all Department treatment sites, and on our website listed below. In addition, you may ask for a copy of our current notice of privacy practices anytime you visit a Department facility for treatment or other services. You may request an oral translation of this notice into your preferred language. When possible, a written

translation will be provided. If the request cannot be accommodated immediately, please contact the Privacy Officer at the address below to arrange for a translation or other materials.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

To obtain more information about the Department's privacy practices, to receive additional copies of this notice, or to receive request forms related to your health information, please contact: CONFIDENTIAL, Privacy Officer, Kern Behavioral Health and Recovery Services, P.O. Box 1000, Bakersfield, California 93302-1000. You may also visit our web site at <http://www.KernBHRS.org>.

Kern Behavioral Health and Recovery Services Department's Patients' Rights Advocates are also available to help you. The Family Advocate is available to assist family members of persons receiving services. You may contact the Patients' Rights and Family Advocacy Office, toll free, at 844-360-8250. They will talk with you and help to resolve any issues that concern you about your treatment and the services you receive.

If you believe your privacy rights have been violated, you may file a complaint with any or all of the agencies listed below. There will be no penalty or retaliation against you for filing a complaint. You may obtain a complaint form by calling the number listed below, or by asking our staff for a Privacy Complaint Form.

CONFIDENTIAL
Privacy Officer
Kern Behavioral Health and Recovery Services
P.O. Box 1000
Bakersfield CA 93302
888-875-5559

Mental Health Services: You have the right to file a written complaint with the United States Department of Health and Human Services, Office of Civil Rights at:

Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

Substance Use Services: You have the right to file a complaint with the United States Department of Justice, United States Attorney's Office at the contact information below. Additionally, if you are a recipient of opioid treatment services, you may also contact the local SAMHSA (Substance Abuse and Mental Health Services Administration) office at (240) 276-2894.

United States Department of Justice
Offices of the United States Attorneys
501 I Street, Suite 10-100
Sacramento California, 95814
(916) 554-2700

Emergency Response for Opioid Overdose

nasal naloxone



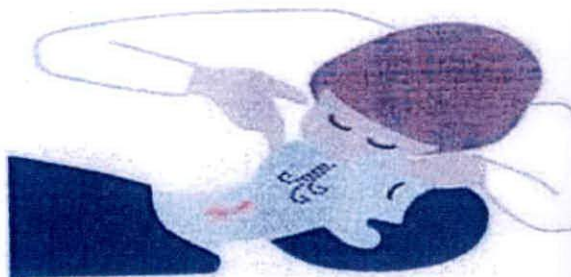
Administer nasal naloxone

- Assemble nasal naloxone.
- Spray half up each nostril.
- Repeat after 2 to 5 minutes if still not conscious.



Try to wake the person up

- Shake them and shout.
- If no response, grind your knuckles into their breast bone for 5 to 10 seconds.



Check for breathing

Give CPR if you have been trained or do rescue breathing:

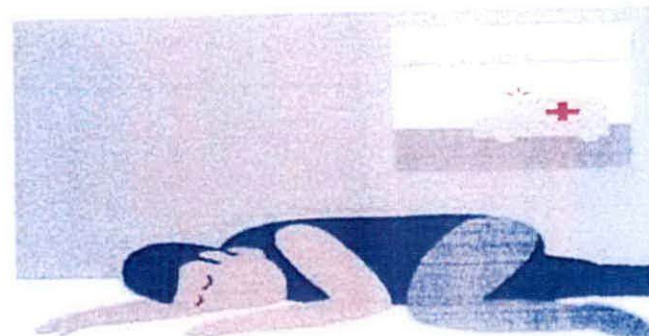
- Tilt the head back, open the mouth, and pinch the nose.
- Start with 2 breaths into the mouth. Then 1 breath every 5 seconds.



"Someone is unconscious and not breathing"

Call 911

- If you must leave the person alone to make the call, put them in the recovery position
- Give address/location
- Say "the person is unconscious and not breathing"
- You do not have to say that any drugs are involved until the ambulance arrives



Stay with the person

- Naloxone wears off in 30 to 90 minutes.
- When the person wakes up, explain what happened.
- If you need to leave, turn the person on his or her side to prevent choking.

Overdose is most common when:

- Your tolerance is down due to not using heroin or methadone - after incarceration, detox, or drug-free drug treatment.
- When drugs are mixed, especially, heroin with other downers, like alcohol or benzos.
- When using alone - nobody is around to respond if you get into trouble.

Warning signs of heroin overdose:

- Can't be woken up by noise or pain (try yelling their name and rubbing your knuckles on their breastbone)
- Blue or ashy lips and fingernails
- Slow (less than 1 breath every 5 seconds) or shallow breathing
- Gasping, gurgling, or snoring
- Vomiting

Gateway Services

Are you ready to enter treatment?
Do you need more information on
where to seek treatment for
substance use disorder?

Phone Screening

Call the Gateway Phone Screen
Line

866-266-4898

In Person Screening

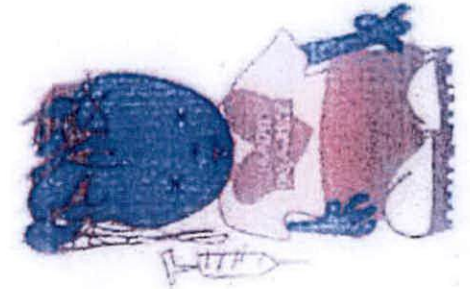
OC Sills - Window R8
100 East California Ave
Bakersfield, Ca
Or
Mary K. Shell
2151 College Ave
Bakersfield, Ca

Are you In Crisis?
Call 24 hours a day

1-800-991-5272

Visit KERNRxReturn.org to
learn how you can have
Naloxone paid by Medi-Cal
or at low cost.

got naloxone?



Opiate
Overdose
Prevention
and
Survival

TB Elimination

Tuberculosis: General Information

What is TB?

Tuberculosis (TB) is a disease caused by germs that are spread from person to person through the air. TB usually affects the lungs, but it can also affect other parts of the body, such as the brain, the kidneys, or the spine. A person with TB can die if they do not get treatment.

What are the Symptoms of TB?

The general symptoms of TB disease include feelings of sickness or weakness, weight loss, fever, and night sweats. The symptoms of TB disease of the lungs also include coughing, chest pain, and the coughing up of blood. Symptoms of TB disease in other parts of the body depend on the area affected.

How is TB Spread?

TB germs are put into the air when a person with TB disease of the lungs or throat coughs, sneezes, speaks, or sings. These germs can stay in the air for several hours, depending on the environment. Persons who breathe in the air containing these TB germs can become infected; this is called latent TB infection.

What is the Difference Between Latent TB Infection and TB Disease?

People with latent TB infection have TB germs in their bodies, but they are not sick because the germs are not active. These people do not have symptoms of TB disease, and they cannot spread the germs to others. However, they may develop TB disease in the future. They are often prescribed treatment to prevent them from developing TB disease.

People with TB disease are sick from TB germs that are active, meaning that they are multiplying and destroying tissue in their body. They usually have

symptoms of TB disease. People with TB disease of the lungs or throat are capable of spreading germs to others. They are prescribed drugs that can treat TB disease.

What Should I Do If I Have Spent Time with Someone with Latent TB Infection?

A person with latent TB infection cannot spread germs to other people. You do not need to be tested if you have spent time with someone with latent TB infection. However, if you have spent time with someone with TB disease or someone with symptoms of TB, you should be tested.

What Should I Do if I Have Been Exposed to Someone with TB Disease?

People with TB disease are most likely to spread the germs to people they spend time with every day, such as family members or coworkers. If you have been around someone who has TB disease, you should go to your doctor or your local health department for tests.

How Do You Get Tested for TB?

There are tests that can be used to help detect TB infection: a skin test or TB blood tests. The Mantoux tuberculin skin test is performed by injecting a small amount of fluid (called tuberculin) into the skin in the lower part of the arm. A person given the tuberculin skin test must return within 48 to 72 hours to have a trained health care worker look for a reaction on the arm. The TB blood tests measures how the patient's immune system reacts to the germs that cause TB.

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What Does a Positive Test for TB Infection Mean?

A positive test for TB infection only tells that a person has been infected with TB germs. It does not tell whether or not the person has progressed to TB disease. Other tests, such as a chest x-ray and a sample of sputum, are needed to see whether the person has TB disease.

What is Bacille Calmette–Guèrin (BCG)?

BCG is a vaccine for TB disease. BCG is used in many countries, but it is not generally recommended in the United States. BCG vaccination does not completely prevent people from getting TB. It may also cause a false positive tuberculin skin test. However, persons who have been vaccinated with BCG can be given a tuberculin skin test or TB blood test.

Why is Latent TB Infection Treated?

If you have latent TB infection but not TB disease, your doctor may want you to take a drug to kill the TB germs and prevent you from developing TB disease. The decision about taking treatment for latent infection will be based on your chances of developing TB disease. Some people are more likely than others to develop TB disease once they have TB infection. This includes people with HIV infection, people who were recently exposed to someone with TB disease, and people with certain medical conditions.

How is TB Disease Treated?

TB disease can be treated by taking several drugs for 6 to 12 months. It is very important that people who have TB disease finish the medicine, and take the drugs exactly as prescribed. If they stop taking the drugs too soon, they can become sick again; if they do not take the drugs correctly, the germs that are still alive may become resistant to those drugs. TB that is resistant to drugs is harder and more expensive to treat. In some situations, staff of the local health department meet regularly with patients who have TB to watch them take their medications. This is called directly observed therapy (DOT). DOT helps the patient complete treatment in the least amount of time.

Additional Information

CDC. Questions and Answers About TB
<http://www.cdc.gov/tb/publications/faqs/default.htm>

<http://www.cdc.gov/tb>

HIV 101

Without treatment, HIV (human immunodeficiency virus) can make a person very sick and even cause death. Learning the basics about HIV can keep you healthy and prevent transmission.

HIV CAN BE TRANSMITTED BY



Sexual Contact



Sharing Needles to Inject Drugs



Mother to Baby During Pregnancy, Birth, or Breastfeeding

HIV IS NOT TRANSMITTED BY



Air or Water



Saliva, Sweat, Tears, or Closed-Mouth Kissing



Insects or Pets



Sharing Toilets, Food, or Drinks

Protect Yourself From HIV

- Get tested at least once or more often if you are at risk.
- Use condoms the right way every time you have anal or vaginal sex.
- Choose activities with little to no risk like oral sex.
- Limit your number of sex partners.
- Don't inject drugs, or if you do, don't share needles or works.



- If you are at very high risk for HIV, ask your health care provider if pre-exposure prophylaxis (PrEP) is right for you.
- If you think you've been exposed to HIV within the last 3 days, ask a health care provider about post-exposure prophylaxis (PEP) right away. PEP can prevent HIV, but it must be started within 72 hours.
- Get tested and treated for other STDs.



- Keep Yourself Healthy And Protect Others If You Are Living With HIV -

- Find HIV care. It can keep you healthy and help reduce the risk of transmitting HIV to others.
- Take your HIV medicine as prescribed.
- Stay in HIV care.



- Tell your sex or drug-using partners that you are living with HIV. Use condoms the right way every time you have sex, and talk to your partners about PrEP.
- Get tested and treated for other STDs.



For more information please visit www.cdc.gov/hiv

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention



Información básica sobre el VIH

Sin tratamiento, el VIH (virus de la inmunodeficiencia humana) puede hacer que una persona esté muy enferma, e incluso causarle la muerte. Aprender lo básico sobre el VIH puede mantenerlo saludable y prevenir la transmisión de este virus.

EL VIH PUEDE SER TRANSMITIDO



Mediante el contacto sexual



Al compartir las agujas para inyectarse drogas



De madre a hijo durante el embarazo, el parto o la lactancia materna

EL VIH NO SE TRANSMITE



A través del aire o del agua



Mediante la saliva, el sudor, las lágrimas o los besos con la boca cerrada



Por los insectos o por las mascotas



Al compartir el inodoro, los alimentos o las bebidas

Protéjase del VIH

- Hágase la prueba al menos una vez o más veces si está en riesgo.
- Use condones de la manera correcta cada vez que tenga relaciones sexuales anales o vaginales.
- Elija actividades que impliquen poco o nada de riesgo, como las relaciones sexuales orales.
- Limite el número de parejas sexuales.
- No se inyecte drogas, pero si lo hace, no comparta las agujas ni los implementos de inyección.



- Si está en muy alto riesgo de contraer el VIH, pregúntele a su proveedor de atención médica si la profilaxis preexposición (PrEP) es lo adecuado para usted.
- Si cree que se ha expuesto al VIH dentro de los últimos 3 días, pregúntele de inmediato a un proveedor de atención médica acerca de la profilaxis posexposición (PEP). La PEP puede prevenir el VIH, pero debe comenzarse dentro de las 72 horas de la posible exposición.
- Hágase las pruebas de detección de otras ETS y reciba el tratamiento necesario.



Si tiene el VIH, manténgase saludable y proteja a los demás

- Busque atención médica para el VIH. Esto lo puede mantener saludable y reducir enormemente las probabilidades de que transmita el VIH.
- Tome sus medicamentos de la manera correcta todos los días.



- No deje de recibir la atención médica para el VIH.
- Dígales a sus parejas sexuales o personas con las que consume drogas que usted tiene el VIH. Use condones de la manera correcta cada vez que tenga relaciones sexuales y hable con sus parejas sobre la PrEP.
- Hágase las pruebas de detección de otras ETS y reciba el tratamiento necesario.



Para obtener más información visite la página www.cdc.gov/hiv/spanish

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