Establishing Routine, Opt-Out Screening Policies for HIV, Viral Hepatitis, STDs & TB

HOMELESS AND HOUSELESS SERVICES

August 2023

WHO is this resource for?
This resource was developed for state and local policymakers, public health decision makers, hospital providers, and homeless and houseless services providers.

WHAT does this resource offer?
This resource synthesizes information on routine, opt-out screening policies for HIV, viral hepatitis, STDs (specifically chlamydia, gonorrhea, and syphilis), and tuberculosis (TB) for people experiencing homelessness in six states with high disease prevalence: California, Florida, Georgia, Illinois, New York, and Texas.

Compared to people not experiencing homelessness:

HIV is

8.5x

higher among people experiencing homelessness [1,2]

TB is

11x

higher among people experiencing homelessness [3]

Hepatitis C is roughly

6x - 31x*

higher among adults experiencing homelessness [4,5]

**rates differ by study and population*

50% of people experiencing homelessness have a substance use disorder and **many inject drugs, increasing the likelihood of getting HIV and viral hepatitis** if needles are reused or shared. [1,6]

In the United States, **4.5% of people with TB reported experiencing homelessness** within 12 months prior to their TB diagnosis. [7]

People experiencing homelessness are more likely to experience **risk for TB** if they have a co-occurring **substance use disorder** or **HIV infection** or spend time in **crowded shelters.**

WHAT IS ROUTINE, OPT-OUT SCREENING?

Routine, opt-out screening occurs when a healthcare provider screens all eligible patients **(routine)** instead of using an individualized risk-based assessment, and informs the patient that a test will be performed unless they explicitly decline the test **(opt-out)**. Alternatively, "opt-in" screening occurs when patients are asked if they want a test to be performed.

Providing routine, opt-out screening to people experiencing homelessness can reduce disease transmission, link people to treatment, and help minimize health disparities.

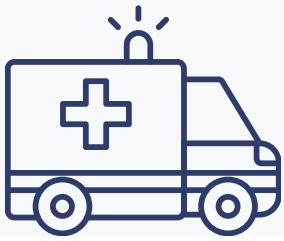
Routine, opt-out screening can be cost-effective and highly effective in identifying undiagnosed infections, reducing the stigma associated with infectious disease testing, facilitating earlier diagnosis and treatment, and reducing risk of transmission. [8-11]

WHERE DO PEOPLE EXPERIENCING HOMELESSNESS RECEIVE CARE?

Implementing routine, opt-out screening policies in settings where people experiencing homelessness seek medical care could increase opportunities to identify infections and connect people to care. These are some settings where people experiencing homelessness receive medical care:

STREET MEDICINE

Street medicine teams bring medical care directly to people experiencing homelessness. By providing care to people where they live, such as "in alleyways, under bridges, or within urban encampments," street medicine reduces barriers to medical care and can improve follow-up. [12]



COMMUNITY CLINICS

Some clinics may be embedded in shelters, but shelters typically do not provide medical services directly. About 30% of people experiencing homelessness suffer from a mental health condition and roughly 50% have a co-occurring substance use disorder. As such, some people may receive care at mental health clinics or medication assisted treatment programs. [6]

EMERGENCY DEPT.

People experiencing homelessness are more likely to seek care at emergency departments (EDs) than people not experiencing homelessness. Each year in the U.S., there are an average of 203 ED visits per 100 people experiencing homelessness compared to 42 ED visits per 100 persons not experiencing homelessness. [13]

Notes *from the* Field

It's very different if treatment is readily accessible in places where the person goes on a regular basis … the day-to-day survival of someone experiencing homelessness involves a lot of walking or going from place to place … so asking somebody to get treatment for a health care problem that doesn't seem to be involved in immediate survival - asking somebody to go to a clinic that they don't know, is not convenient, is stigmatizing, or has rules that are difficult to follow - makes it really difficult for people experiencing homelessness to actually get care."

- Street Medicine Provider

Click here to view CDC screening recommendations for HIV, viral hepatitis, STDs, and TB.

- Click here for CDC resources on viral hepatitis and people experiencing homelessness. [14]
- Click here for CDC resources on TB and people experiencing homelessness. [15]

HOW DO POLICIES DESCRIBE SCREENING?

ROUTINE, OPT-OUT SCREENING

Some policies related to screening people experiencing homelessness leave screening methods open to interpretation, but policies explicitly describing or requiring routine, opt-out screening were *not* identified in the six states with high disease prevalence (California, Florida, Georgia, Illinois, New York, and Texas).

OTHER SCREENING POLICIES

The following policy language does ***not*** *explicitly* indicate routine, opt-out screening:

In response to California law, the Los Angeles County Department of Public Health stated that "homeless patients **should be screened** for [syphilis, chlamydia, gonorrhea, HIV, TB, and hepatitis B (pregnant women)] upon admission to the hospital." The directive does not specify whether screenings are to be conducted via an opt-in or opt-out method.

In some cities, such as San Francisco, California and San Antonio, Texas, **TB screening is required** for people to receive certain shelter or housing services.

WHAT LANGUAGE DO POLICIES USE WHEN REFERENCING PEOPLE EXPERIENCING HOMELESSNESS?

Jurisdictions may use different terminology to refer to people experiencing homelessness. It is important to note which language is used when searching for policies related to this population.

- The California Health & Safety Code refers to **"homeless patients"** in hospital settings.
- County and city-level policies or guidelines for homeless and houseless service agencies may refer to **"clients receiving shelter services."**

WHICH SETTINGS HAVE SCREENING POLICIES FOR PEOPLE EXPERIENCING HOMELESSNESS?

HOSPITALS

Some state or local policies specify which services hospitals should provide to people experiencing homelessness.

California law states that **prior to discharge, hospitals must document** that a "homeless patient has been offered or referred to screening for infectious disease[s] common to the region, as determined by the local health department."

In response to this law, some departments of health/public health across California established policies that specify the types of screenings that should be provided to people experiencing homelessness:

- Los Angeles County Department of Public Health established that **"upon admission" to a hospital**, people experiencing homelessness "should be screened" for syphilis, chlamydia, gonorrhea, HIV, and TB. Pregnant women should also be screened for hepatitis B.

- Butte County Public Health Department declared that **"upon intake,"** people experiencing homelessness "should be offered" screening for syphilis, gonorrhea, chlamydia, HIV, hepatitis C, and TB.

SHELTERS

While shelters do not typically perform screening directly, some cities require that people are screened for certain infectious diseases before they can receive shelter or housing services.

San Francisco, California policy states that **"all clients receiving San Francisco shelter services** for more than 3 days (cumulative within a 30-day period) are **required to complete tuberculosis screening** and evaluation within 10 working days of entering the shelter system."

The Development Services Department of San Antonio, Texas states that "no tenant or resident may occupy a **transitional home** without first being **screened for tuberculosis**."

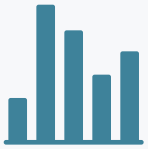
Some screening policies for people experiencing homelessness address both hospitals and shelters. For example, the New York City Department of Homeless Services requires that a referral form is "completed for each patient who is **admitted to a healthcare facility** (HCF) or a long-term care facility (LTCF) and is being **referred to the DHS Single Adult Shelter or Street System**." On the form, providers must indicate whether a person has been diagnosed with hepatitis B, hepatitis C, HIV/AIDS, and TB. However, the policy does not indicate whether the hospital must perform screening prior to discharge.

KEY CONSIDERATIONS:
ADVANCING ROUTINE, OPT-OUT SCREENING POLICY

1 Tailor screening guidelines for people experiencing homelessness to local disease prevalence and relevant population needs.

There is not a one-size-fits-all approach when implementing routine, opt-out screening. Connect with your state or local health department to determine which screening protocols are supported by data that is reflective of the population, disease rates in the community, and available local resources.

→ Click here for more information about disease prevalence rates for HIV, STDs, viral hepatitis, and TB.



2 Identify current policies on routine, opt-out screening for people experiencing homelessness in your state or jurisdiction.

Screening policies may be issued by various branches of government, such as state or local legislatures, administrative and regulatory bodies, or agencies like departments of homeless or houseless services or departments of health.

3 Provide screening in medical settings utilized by people experiencing homelessness.

A street medicine provider predicted that people experiencing homelessness have a "low follow-through rate" when they are referred for additional appointments or treatments. Infectious disease identification and treatment rates may increase if routine, opt-out screening **is implemented in medical settings where people experiencing homelessness already visit frequently**, such as primary care or mental health clinics, medication assisted treatment programs, and emergency departments.

4 Bring services directly to people experiencing homelessness via street medicine.

By knowing where people spend their days, street medicine teams can more easily locate people to conduct screening, provide other medical care, and deliver test results. Street medicine makes screening more accessible to people who do not consider healthcare a priority for their immediate survival and people who do not have or cannot be reached by a phone.

5 If blood is drawn for medical testing, consider testing for infectious diseases.

In some settings, drawing blood may not be routine and urine samples may not be ordered due to the lack of privacy. Therefore, whenever blood is drawn for other medical reasons, it is important to offer as many screening tests as possible, including tests for HIV, STDs, viral hepatitis, and TB.

6 Using rapid tests may expedite linkage to care.

Given that people experiencing homelessness may be difficult to contact for follow-up, rapid tests for HIV and TB can increase the chances that people will be informed of their results and will be linked to treatment if they test positive. Consider partnering with your local health department or other health agencies to obtain testing supplies.

SCREENING POLICIES FROM THE SIX STATES WITH HIGH DISEASE PREVALENCE: HIV, VIRAL HEPATITIS, STDS, & TB

CALIFORNIA

State Law:
- CA Health & Safety Code § 1262.5 (2022)

Local Policy: City and County of San Francisco
- TB Control Section, Department of Public Health: TB Screening Procedures for Homeless Shelters in San Francisco

Local Agency Policy: Los Angeles County Department of Public Health
- Hospital Administrator Re: Senate Bill 1152

Local Guidelines: Los Angeles County Department of Public Health
- Tuberculosis Control Program: Preventing Tuberculosis (TB) in Homeless Shelters

Local Agency Policy: Butte County Public Health Department
- Senate Bill 1152 / Health & Safety Code 1262.5: Homeless Patient Discharge Planning Policy and Process

FLORIDA

Local Guidelines: FL Department of Health in Miami-Dade County
- Tuberculosis Prevention and Control Guidelines For Homeless Service Agencies in Miami Dade County, Florida (March 12, 2013)

GEORGIA

Local Guidelines: GA Department of Public Health (Atlanta)
- Guidelines for Preventing and Controlling Tuberculosis in Atlanta Homeless Housing Facilities, 2016

NEW YORK

Local Agency Policy: New York City Department of Homeless Services
- Screening Tool for Referral from Health Care Facilities: Single Adult

TEXAS

Local Policy: City of San Antonio Development Services Department
- Tuberculosis Requirements for Transitional Housing

ADDITIONAL REFERENCES:

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