ACIP Expands Influenza Vaccine Guidelines, Advises Against Afluria for Young Children

The Centers for Disease Control and Prevention's (CDC's) Advisory Committee on Immunization Practices (ACIP) expanded its recommendations for annual influenza vaccination this year to include all persons six months of age and older in whom the vaccine is not contraindicated. The American Academy of Family Physicians (AAFP) has adopted the ACIP's influenza vaccine recommendations as policy. Despite an increase in the number of persons recommended for vaccination this season, the CDC has indicated it does not expect supply to be an issue, and many manufacturers already began shipping their 2010 to 2011 influenza vaccine in late July 2010. However, ACIP has recommended that Afluria, the trivalent inactivated seasonal influenza vaccine manufactured by the Australian company CSL Ltd. and distributed in the United States by Merck and Co. Inc., not be given routinely to children younger than nine years. This was based on data that indicate an increased risk of febrile seizures in children six months through four years of age following vaccination with CSL's Fluvax and Fluvax Junior, which are antigenically similar to Afluria. A higher incidence of fever in children ages five through eight years also was reported during a 2009 U.S. trial of Afluria. ACIP recommended that other age-appropriate, licensed seasonal influenza vaccine formulations be used in children younger than nine years. For more information, visit http://www.aafp.org/news-now/clinical-care-research/20100812fluvaccine.html and http://www.aafp.org/news-now/clinical-care-research/20100812afluria.html.

AAFP Responds to Proposed Medicare Rule, Creates Related Toolkit to Educate Patients

The AAFP recently sent a detailed list of comments to the Centers for Medicare and Medicaid Services (CMS) about CMS' proposed rule for the 2011 Medicare physician fee schedule. In a letter addressed to CMS Administrator Donald Berwick, MD, the AAFP expressed its appreciation for CMS' efforts in addressing issues related to primary care physicians. The AAFP also offered suggestions regarding CMS' future relative value unit validation efforts and reiterated the AAFP's previous recommendation that CMS establish a group of experts separate from the American Medical Association's Relative Value Scale Update Committee, which is composed primarily of representatives from subspecialty medical organizations, to help CMS review and revalidate relative value units. Additionally, the AAFP has developed a toolkit to help family physicians and their patients generate support for replacing the current Medicare physician payment system with a more equitable system that better rewards the provision of primary care services. The toolkit contains a one-page Medicare fact sheet; a sample letter that physicians can send to their patients; and a sample letter that patients can send to their respective representatives in Congress. The toolkit is available for physicians to download and distribute at http://www.aafp.org/online/en/home/policy/federal/issues/cmsacttools.html. For more information, visit http://www.aafp.org/news-now/inside-aafp/20100818feeschedule response.html and http://www.aafp.org/news-now/inside-aafp/20100823paymenttoolkit.html.

AHRQ Issues New Summary Guides on Adjunctive Therapy for Patients with CHD

The Effective Health Care Program of the Agency for Healthcare Research and Quality (AHRQ) has released summary guides for physicians and consumers that discuss adjunctive therapy options for patients with stable coronary heart disease. The consumer guide provides plain-language information about heart disease and helps patients understand the benefits and risks of treatment medications. The clinician guide summarizes current clinical evidence regarding augmenting standard medical therapy for patients with stable ischemic heart disease with an angiotensin-converting enzyme inhibitor and/or an angiotensin-II receptor blocker. It provides level-of-confidence ratings and evaluates the potential harms and benefits in certain patients. For more information, visit http://effectivehealthcare.ahrq.gov/ehc/products/57/385/ischemicheart_clinician_web.pdf and http://www.aafp.org/news-now/clinical-care-research/20100819ahrqchdguides.html.

AAFP, Other Medical Groups Respond to ACGME's Resident Duty Hour Proposals

The AAFP and five other family medicine organizations have presented their views and recommendations on the latest proposals on residents' duty hours in a letter to the Accreditation Council on Graduate Medical Education (ACGME). The letter describes the organizations' concerns about the effect of the proposals on family medicine. According to results of a July 2010 survey of family medicine residency programs, the adoption of the proposed standards would threaten the existence of nearly

40 percent of programs with fewer than 22 residents. The groups also voiced particular concerns about proposals regarding the supervision of first-year residents and the 16-hour limit on interns' duty periods, and recommended that the ACGME conduct pilot studies that examine different duty hour requirements and their effect on medical errors and patient safety guidelines. They also want the ACGME to publicly acknowledge the increases in program costs if the duty hour restrictions and other proposals are implemented. When finalized, the new standards will go into effect in July 2011. For more information, visit http://www.aafp.org/news-now/resident-student-focus/20100818acgmeletter.html.

MEDWATCH: Antiepileptic Drug Lamotrigine Linked to Aseptic Meningitis

The U.S. Food and Drug Administration (FDA) is informing physicians and consumers that the antiepileptic drug lamotrigine (Lamictal) can cause aseptic meningitis. The FDA said it identified 40 cases of aseptic meningitis in patients taking lamotrigine from December 1994 to November 2009. More than 46 million prescriptions for the medication were dispensed during that time. The FDA is revising the warnings and precautions section of the drug's label and patient medication guide to include information about the risks associated with the medication, which is commonly used to treat seizures in children two years and older and bipolar disorder in adults. Patients taking the medication who experience symptoms of meningitis, including headache, fever, stiff neck, nausea, vomiting, rash, and sensitivity to light, should consult their physician immediately. If meningitis is suspected, patients also should be evaluated and treated for other causes of meningitis. Physicians are encouraged to report adverse events to the FDA's MedWatch program. For more information, visit http://www.aafp.org/news-now/clinical-care-research/20100823lamotrigine.html and http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm221847.htm.

AAFP Joins Court Brief Supporting Vaccine Injury Compensation Program

The AAFP, with more than 20 other medical organizations, has signed on to an "amici curiae" (friends of the court) brief in a case pending before the U.S. Supreme Court that could affect the future of vaccine injury compensation. The brief, recently filed by the American Academy of Pediatrics in the case of *Bruesewitz vs. Wyeth Inc.*, urges the Supreme Court to confirm that the National Childhood Vaccine Injury Compensation Act of 1986 preempts all design default claims against vaccine manufacturers. The brief points out that before the 1986 law created the Vaccine Injury Compensation Program, manufacturers were overwhelmed with lawsuits, and rising litigation and insurance costs were becoming threats to vaccine development and production. The case in question has been in the legal system for 15 years. The U.S. Supreme Court has agreed to hear the case and is expected to hear arguments this fall. For more information, visit http://www.aafp.org/news-now/health-of-the-public/20100818amicibrief.html.

HHS Temporarily Halts OMB Review of Health Information Breach Notification Rule

The U.S. Department of Health and Human Services (HHS) recently told the Office of Management and Budget (OMB) to stop their review of HHS' final breach notification rule. The rule was sent to the OMB on May 14, 2010, for a regulatory review, as required by executive order. A notice posted on the HHS Web site says the department needs more time to consider the rule. As it stands, the rule would require physicians to post information about health information security breaches if 10 or more patients were affected. A breach affecting 500 or more patients would require that a practice notify all of its patients, a local media outlet, and the HHS secretary. The breach notification rule has drawn fire from physician organizations, in part because physician practices would be required to enhance their patient information privacy policies and procedures at their own expense; no federal resources were allocated to help alleviate the financial burden those activities would pose. HHS says it intends to publish a final rule in the *Federal Register* sometime in the coming months. For more information, visit http://www.aafp.org/news-now/government-medicine/20100818breachnotifyrule.html.

National Commission Will Set Health Workforce Policies, Experts Say

One of the provisions of the recently enacted health care reform legislation is the creation of a national commission dedicated to making recommendations regarding health care workforce issues. According to some analysts, this commission could be the dominant force in driving and shaping the nation's health care workforce policies. The 15-member commission will make recommendations on a broad range of workforce-related topics, including national workforce priorities and goals, current and projected workforce supply, and needs and assessments of current education and training activities. For more information, visit http://www.aafp.org/news-now/government-medicine/20100818workforcecommission.html.

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