
 **AAFP News: AAFP Edition***Policy and Health Issues in the News***CDC Issues Guidance on Measles Outbreak**

The Centers for Disease Control and Prevention (CDC) is warning physicians to remain alert for symptoms of measles as the number of patients with the once-eliminated disease continues to increase. As of May 30, a total of 334 confirmed cases from 18 states had been reported, with the largest outbreaks in Ohio and California. Importation of the disease from other countries and an increasing number of U.S. parents who choose not to immunize their children with the measles, mumps, and rubella vaccine have created a burgeoning public health dilemma. According to the CDC, 82% of measles cases in 2013 occurred in persons who were not vaccinated against the disease. Measles should be considered in persons of all ages who present with fever and a red, splotchy rash that typically starts at the hairline, then moves down behind the ears, across the face, and over the rest of the body. Isolation of patients diagnosed with measles is key. There is no antiviral treatment, and medical care consists of symptom relief and prevention of bacterial infections. The most common serious complication is pneumonia. For more information, go to <http://www.aafp.org/news/health-of-the-public/20140609measles.html>.

Medicare Panel Recommends Against Covering CT Screening for Lung Cancer

Despite a recommendation from the U.S. Preventive Services Task Force (USPSTF) to screen high-risk older adults for lung cancer using low-dose computed tomography (CT), a Medicare committee has recommended against covering the procedure for these patients. The Medicare Evidence Development and Coverage Advisory Committee based its decision on what it called a lack of evidence to support the benefits of the screening. The recommendation mirrors that of the American Academy of Family Physicians (AAFP), which states that the evidence is insufficient to recommend for or against screening for lung cancer with low-dose CT in high-risk persons. The Medicare and AAFP recommendations differ from the USPSTF's recommendation to perform annual CT screening in adults 55 to 80 years of age who have a 30 pack-year smoking history and currently smoke or quit within the past 15 years. The USPSTF gave its recommendation a B grade, which means that in accordance with the Patient Protection and Affordable Care Act, marketplace insurance plans and many private plans would be required to cover the screening with no out-of-pocket obligation to plan members. However, the law does not specify that

Medicare must provide full coverage for its beneficiaries. For more information, go to <http://www.aafp.org/news/health-of-the-public/20140521medcacctrec.html>.

CDC Corrects Report of Third U.S. MERS Case After Further Testing Reveals No Infection

Just days after announcing the third case of Middle East respiratory syndrome (MERS) in the United States, the CDC said that after additional testing, the man thought to have been infected has tested negative for the virus. The case was reported in the June 15, 2014, issue of *American Family Physician*, which went to press before the CDC corrected its initial report. The Illinois resident, a business associate who had extended contact with the first U.S. patient to contract the infection, had negative results on polymerase chain reaction testing in the days after that interaction. But when the CDC conducted serology testing, preliminary results were positive for MERS antibodies. Additional blood samples were subsequently tested using the more definitive neutralizing antibody serology test, which requires at least five days for results. Based on these results, the CDC concluded that the man was not infected. For more information, go to <http://www.cdc.gov/media/releases/2014/p0528-mers.html>.

Proposed Rule from CMS Would Stretch Timeline on Meaningful Use Requirements

Family physicians and other health care professionals who are navigating a maze of meaningful use rules may get a reprieve of sorts. The Centers for Medicare and Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology recently proposed a rule that would give physicians another year to use 2011 edition–certified electronic health record (EHR) technology. The same proposal would extend stage 2 of the EHR incentive programs through 2016, essentially giving physicians an extra year to work on meaningful use stage 1 rules. The proposed rule, which was published in the May 23, 2014, *Federal Register*, came after several physician organizations asked the U.S. Department of Health and Human Services to modify meaningful use timelines and requirements. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20140528mutimeline.html>.

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