

AAFP News: AFP Edition

Policy and Health Issues in the News

Study Shows Antibiotic Prescribing Lowest in Medical Offices

A research letter published online in *JAMA Internal Medicine* compared antibiotic prescribing practices of urgent care centers, retail clinics, emergency departments (EDs), and traditional ambulatory care settings (i.e., medical offices). Clinicians in medical offices wrote the fewest antibiotic prescriptions per total number of visits (7.1%). The most prolific antibiotic prescribers were urgent care center clinicians, at 39% of total visits, followed by retail clinics (36.4%) and EDs (13.8%). Visits for antibiotic-inappropriate respiratory diagnoses accounted for 17% of retail clinic visits, 16% of urgent care center visits, 6% of medical office visits, and 5% of ED visits. Of these visits, antibiotics were most often incorrectly prescribed in urgent care centers (45.7%), followed by EDs (24.6%), medical offices (17%), and retail clinics (14.4%). To ameliorate the problem, the researchers suggested antibiotic stewardship interventions to help reduce unnecessary prescribing in all ambulatory care settings, with particular attention on urgent care centers. For more information, go to <https://www.aafp.org/news/health-of-the-public/20180802antibxprescribe.html>.

Obesity Linked to Influenza Transmission Risk

In a study published online in the *Journal of Infectious Diseases*, researchers found that patients who are obese and infected with certain influenza strains may remain contagious longer than patients who are not obese, thereby likely increasing the risk of spreading the virus. The study authors analyzed symptom data from about 1,800 persons in Managua, Nicaragua, during three influenza seasons. To measure the duration of viral shedding, they kept symptom diaries of all participants and obtained nose and throat swabs every two to three days. A total of 145 adults contracted influenza; 87 were infected with influenza A and 58 with influenza B. Adults with obesity shed influenza A virus nearly 1.5 times longer (5.23 days) than adults without obesity (3.68 days). Adult patients who were obese and had two or more symptoms shed the virus 42% longer than those who were not obese, whereas for adult patients with obesity who were asymptomatic or had only mild infection, the shedding duration was 104% longer than in those who were not obese. The authors could not explain why obesity was associated with prolonged viral shedding, but they noted that obesity is known to alter immune function and may cause chronic inflammation, which could lead to increased shedding duration. For more information, go to <https://www.aafp.org/news/health-of-the-public/20180813flu-obesity.html>.

Rise of 'JUULing' Among Youth Sparks Sharp Response

One brand of e-cigarette, known as JUUL, is drawing heat because its pods of flavored e-juice contain a nicotine concentration about twice that of many other e-juice nicotine concentrations. Moreover, it has been demonstrated that 63% of JUUL users 15 to 24 years of age do not realize the device contains nicotine. In April, U.S. Food and Drug Administration Commissioner Scott Gottlieb, MD, said in a statement that the Youth Tobacco Prevention Plan would expand to include efforts to stop the use of tobacco products among youth, focusing particularly on e-cigarettes. These actions include launching a crackdown on the sale of JUUL products to minors by retailers and reaching out to eBay to remove its listings for JUUL products. They also plan to contact the product's manufacturer with an official request for information to better understand its marketing efforts; for research on the health, toxicologic, behavioral, and physiologic effects of the product; and how design features, ingredients, or specifications appeal to youth. For more information, go to <https://www.aafp.org/news/health-of-the-public/20180806juul.html>.

AAFP, Other Groups Demand HHS Stop Stalling on Regulations

The American Academy of Family Physicians (AAFP) recently joined 13 other health care organizations in telling the federal government to stop dragging out the regulation-writing process on the information-blocking provisions of the 21st Century Cures Act, which was enacted in December 2016—more than 600 days ago. The law requires the U.S. Department of Health and Human Services (HHS) to issue regulations that prevent information blocking and clarify activities that do not constitute information blocking. Furthermore, the law directs the Office of the National Coordinator for Health Information Technology (IT) to implement a process that allows the public to submit reports of information blocking caused by health IT products. The AAFP considers information blocking to be a risk to patient safety and a contributor to the high costs and waste that currently plague the U.S. health care system. For more information, go to <https://www.aafp.org/news/government-medicine/20180809hhsblocking.html>.

—AAFP and AAFP NEWS STAFF

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