CDC Update: Highest Number of West Nile Virus Cases Reported Since 1999

According to the Centers for Disease Control and Prevention (CDC), 43 states have reported West Nile virus infections in people, birds, or mosquitoes. A total of 693 cases, including 26 deaths, have been reported—the largest number since the virus was first detected in the United States in 1999. One-half of these cases, including nine deaths, were reported in Texas. In response, the state has been spraying insecticide to kill infected mosquitoes. Although signs and symptoms of the virus are nonspecific, about one-half of patients with the infection will have a rash. Other possible symptoms include high fever, headache, neck stiffness, stupor, disorientation, vision loss, muscle weakness, and numbness. Symptoms may last several weeks, and neurologic effects may be permanent. Adults older than 50 years, pregnant women, and those who are breastfeeding are more likely to develop serious symptoms. The most efficient way to confirm the diagnosis is to test for immunoglobulin M antibody to the virus in serum collected within eight to 14 days of illness onset or in cerebrospinal fluid collected within eight days of illness onset. No specific treatment is available; management consists of supportive care, including intravenous fluids, respiratory support, and prevention of secondary infections. Most patients with milder symptoms will not need medical attention. For more information, go to http://www.aafp.org/news-now/health-of-the-public/20120821wnvspread.html.

Influenza A Variant (H3N2v) Is Mild, with Little Human-to-Human Spread

Although there has been an increase in the number of influenza A variant (H3N2v) virus infections, the CDC does not expect a pandemic. A report from the CDC states that all confirmed cases of H3N2v have been associated with exposure to swine, with most occurring in persons exhibiting swine at agricultural fairs. The CDC recommends preventive actions to limit exposures between pigs and humans, particularly children and high-risk patients with conditions such as lung disease or diabetes mellitus. This is a mild strain, which had resulted in only two hospitalizations and no deaths as of late August. There is no evidence of sustained human-to-human spread, but the CDC continues to monitor the situation. Commercially available rapid influenza diagnostic tests may not detect the H3N2v virus, so respiratory specimens should be collected and sent for reverse-transcription polymerase chain reaction testing at a state public health laboratory. To facilitate more real-time estimates, the CDC's reporting protocol now allows states to confirm influenza cases before submitting specimens to the CDC for laboratory confirmation. Although the seasonal influenza vaccine contains an H3N2 component, it is substantially different from this variant. An H3N2v vaccine has been prepared and clinical trials are planned for this year. More information is available at http://www.aafp.org/news-now/health-of-the-public/20120810influenzavariant.html.

AAMC Indicates that Medical Students' Education Debt Level Is Holding Steady

According to a new trend analysis report from the Association of American Medical Colleges (AAMC), 86 percent of medical school graduates owed a median of $162,000 in education debt in 2011. The analysis also showed that U.S. medical student debt remained steady between 2009 and 2011. Mean education debt was $156,500 in 2009, $157,900 in 2010, and $161,300 in 2011, representing 1.2, 1.0, and 2.1 percent increases, respectively. This slowdown in debt levels is not completely understood, but interest rates may be a contributing factor. Students graduating in 2009 were the first group with a fixed interest rate of about 6.8 percent. Previously, the rate was variable, and debt increased at twice the rate of inflation. Earlier research has been based on tuition and fees for first-year students without considering living expenses; this report was based on four full years of medical school. For more information, go to http://www.aafp.org/news-now/education-professional-development/20120820medschooldebt.html.

CDC Reports Lower Cigarette Use Is Offset by Increased Cigar and Loose Tobacco Use

Although cigarette use continues to decline, the CDC reports that the use of cigars and pipe tobacco has increased. Between 2000 and 2011, cigarette use decreased by about 33 percent, whereas consumption of loose tobacco and cigars increased by 123.1 percent. The report indicates that this may be in part because cigars and pipe, or loose, tobacco used in roll-your-own cigarettes are not taxed at the same rate as factory-made cigarettes, and they are marketed to consumers as a lower-priced alternative. Cigar use includes cigarette-like cigars, or cigarillos, that are packaged and smoked like cigarettes, but are less expensive, making them more appealing and accessible to adolescents. In 2011, cigar use among

high-school males (15.7 percent) was comparable with cigarette use (17.7 percent). Although these products contain the same toxic chemicals as cigarettes and should be subject to U.S. Food and Drug Administration regulations, the regulations are not enforced. More information is available at http://www.aafp.org/news-now/health-of-the-public/20120809tobaccoreport.html.

CMS Expands Hardship Exemptions for E-Prescribing to Address Program Overlap

The Centers for Medicare and Medicaid Services (CMS) has proposed two additional hardship exemption categories for Medicare's Electronic Prescribing Incentive Program to help offset conflict with the Electronic Health Record (EHR) Incentive Program. CMS believes that complying with electronic prescribing requirements may pose a significant hardship for eligible physicians who are meaningful EHR users. To avoid the 1.5 percent penalty for 2013, CMS is requiring physicians to manually apply for the hardship exemptions. Only individual exemption requests will be accepted for 2013. Applying as a group is not an option for 2013, and the process for 2014 has not yet been clarified. To qualify for the first exemption, the physician's continuous 90-day reporting period for EHR usage had to be between January 1 and June 30, 2012. To qualify for the second exemption, physicians cannot previously have adopted certified EHR technology or received any incentive payment. In addition, physicians must register to participate in the EHR incentive program, include the product number of the certified EHR system they are using, and submit the exemption request no later than October 15, 2012. Although this process can be completed online, sending a hard copy through regular mail is recommended as a more secure option. For more information, go to http://www.aafp.org/news-now/practice-professional-issues/20120810erx-hardshipexempt.html.

CDC Discourages Use of Cefixime in Update on Gonorrhea Treatment

According to an update in Morbidity and Mortality Weekly Report, the CDC is asking physicians to stop prescribing oral cefixime (Suprax) to treat Neisseria gonorrhoeae because of emerging resistance to the antibiotic. The CDC has updated guidelines, favoring injectable therapy combined with a second antibiotic (e.g., 250 mg of intramuscular ceftriaxone [Rocephin] and either 1 g of oral azithromycin [Zithromax] as a single dose or 100 mg of oral doxycycline twice daily for seven days) in an attempt to slow the increasing prevalence of antimicrobial-resistant bacteria. It is recommended that patients' sex partners from the previous 60 days be evaluated and treated promptly. Patients with persistent symptoms after treatment, and patients treated with an alternative regimen (i.e., cefixime plus azithromycin or doxycycline; or a single dose of azithromycin) should be tested for cure one week after treatment. The CDC is asking that physicians report any suspected treatment failures and submit isolates from gonococcus-positive cultures for resistance testing. More information is available at http://www.aafp.org/news-now/health-of-the-public/20120816gonorrhearesist.html.

HHS Releases Interim Final Rule Promoting Electronic Information Transfer

The U.S. Department of Health and Human Services (HHS) has issued an interim final rule designed to promote electronic information transfers as a way of reducing the administrative burdens of billing and other insurance-related tasks, saving time and money. The new rule establishes operating rules for the electronic remittance advice standards, building on the previously adopted electronic fund transfer standards, which are projected to save between $2.7 and more than $9 billion over the next 10 years. Health plan providers, as senders of the information, will incur most of the costs of implementing the new rule. This interim rule describes more effective ways to use electronic transactions and how to eliminate obstacles that physicians and health plan providers experience when using electronic transactions. It also requires health plan providers to initiate standardized enrollment to make it less complicated for physicians and hospitals to enroll with multiple health plans. According to HHS, compliance is required by January 1, 2013. For more information, go to http://www.aafp.org/news-now/practice-professional-issues/20120815adminstreamline.html.

CMS Provides Information on Proposed Value-Based Modifier Payment Initiative

The Patient Protection and Affordable Care Act requires that Medicare implement a value-based payment modifier that would apply to fee-for-service payments beginning in 2015. CMS has proposed phasing in the use of the modifier beginning in 2015 by applying the requirement only to physicians in groups of 25 or more eligible health professionals. Participation by all physician groups would be required by 2017. Physicians who successfully participate in the physician quality reporting system in 2013 will be protected from penalty fees related to the reporting system or the payment modifier in 2015. More information is available at http://www.aafp.org/news-now/practice-professional-issues/20120808valuebasedprop.html.

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