

# City Health Information

Volume 38 (2019) | No 5; 39-42

New York City Department of Health and Mental Hygiene

## SUMMARY OF GUIDANCE AND RESOURCES FROM *CITY HEALTH INFORMATION, 2019*

In 2019, *City Health Information* (CHI) published clinical guidance on important health issues that we face as a community. Here, we provide a summary of the year's key messages and resources.

### OPIOID USE DISORDER

#### Buprenorphine treatment

Buprenorphine treatment is a life-saving tool for patients with opioid use disorder (OUD). Incorporate buprenorphine treatment into your practice by recognizing OUD, prescribing buprenorphine after obtaining a waiver, and providing ongoing management of patients with OUD.

See *City Health Information: Buprenorphine—An Office-Based Treatment for Opioid Use Disorder* (April 2019) and *Treating Opioid Use Disorder* for detailed guidance and resources.

#### Inherited patients with OUD

Patients receiving chronic opioid analgesic therapy who have abruptly lost access to their prescriber (eg, as a result of a clinic closure) are at immediate risk of withdrawal and, consequently, overdose and death from opioids obtained from nonmedical sources. While national guidelines recommend that clinicians avoid increasing an opioid dosage to  $\geq 90$  MME daily, there is little evidence about the benefits and harms of reducing high dosages of opioids in patients who are on chronic opioid therapy. Existing guidelines do not suggest that patients who are maintained on high doses of opioid analgesics have their dose abruptly reduced.

See [Guidance for the Care of Inherited Patients on Chronic Opioid Therapy Following Pain Clinic Closure](#), [Centers for Disease Control and Prevention \(CDC\): Assessing and Addressing Opioid Use Disorder](#), [Buprenorphine Action Kit](#), and [Opioid Addiction Treatment With Buprenorphine and Methadone—How to Find Treatment](#) for guidance and resources.

For patients in your current panel, prescribe opioids judiciously to prevent or reduce future risk of high-dose chronic opioid use. See [Judicious Prescribing of Opioid Analgesics](#) for guidance.

### PATIENTS WITH A HISTORY OF CRIMINAL JUSTICE SYSTEM INVOLVEMENT

A history of involvement with the criminal justice system is associated with experienced trauma, adverse physical and mental health outcomes, and challenges with housing, employment, education, and economic opportunity. For patients who disclose a history of involvement with the criminal justice system, adopt an empathetic, trauma-informed approach to care, provide comprehensive screenings, and offer connections to services and community-based organizations that are familiar with the needs of people with a history of criminal justice system involvement.

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See [City Health Information: Providing Primary Care to Patients With a History of Criminal Justice System Involvement](#) (June 2019) for detailed guidance.

## EMERGENCY PREPAREDNESS

Natural or manmade disasters can disrupt your practice and patient care. Establish an emergency plan for staffing, maintaining communications with patients, and storing medicines and vaccines if clinical service or electricity is disrupted. Continually discuss personal preparedness with vulnerable patients (eg, older adults, young children, people with disabilities or illness, people with low to no income or no health insurance, people of color, and people who require life-saving equipment) and their caregivers.

See [City Health Information: Emergency Preparedness for Health Care Providers and Their Patients](#) (July 2019) for detailed guidance.

## ASTHMA

Patients with persistent asthma benefit from a reduction in exposure to indoor triggers such as rodents, cockroaches, and mold. The New York City (NYC) Health Department's Healthy Homes Program offers free home inspections and works with landlords to correct maintenance issues, such as leaks, cracks, and holes.

See [NYC Health Department Home Inspection Services for Patients With Persistent Asthma](#) for eligibility and referral information.

## INFECTION CONTROL

Patient health and well-being depend on providers' commitment to infection prevention and control standards, including the preparation and administration of infusions and injections in accordance with the CDC's injection safety recommendations. This applies to all health care facilities including non-Article 28 facilities, as defined by the New York State Public Health Law, that are not supported by a hospital or network infection prevention and control program.

The Health Department urges all outpatient health care providers in NYC to carefully review their infection control practices and, if necessary, consult an infection prevention expert to devise a program tailored to their office's clinical activities.

See [Key Infection Control Practices for Outpatient Health Care Settings](#) for guidance. For more

information, contact the Health Department's Provider Access Line at 866-692-3641.

## HIV

### HIV field services

With prompt and sustained treatment, people with HIV can achieve undetectable viral loads, which limits immune system damage and [eliminates the risk](#) of transmitting HIV through sex. The NYC Health Department's HIV Field Services Unit (FSU) can assist medical providers who diagnose an HIV infection to link persons with HIV to their initial HIV care appointment within 30 days of diagnosis, identify patients' sex and needle-sharing partners and link them to HIV care or preexposure prophylaxis, and locate patients who did not receive their confirmatory test result or who missed their first outpatient HIV care appointment.

There is no cost associated with FSU services for NYC providers and patients. Contact the FSU as soon as you make a preliminary or confirmed, new HIV diagnosis by calling 212-693-1419 or 347-396-7601, Monday through Friday from 9 AM to 5 PM. See [Linking Persons with HIV to Early Care](#) for more information.

### Latino men who have sex with men

Latino men who have sex with men (MSM)—whether they identify as gay, straight, or bisexual—are a priority population for promotion of sexual health. The Health Department asks you to create a welcoming environment, offer regular screenings, and inform Latino MSM about the entire sexual health toolkit.

See [Promoting the Sexual Health of Latino Men Who Have Sex With Men](#) for guidance and resources.

### Hepatitis C and HIV

People living with HIV and hepatitis C virus (HCV) infection are at high risk for developing serious liver disease and liver cancer. Fortunately, antiviral medications can cure HCV infection in the majority of patients living with HIV in 8 to 12 weeks with few side effects.

To improve health outcomes of persons with HIV,

1. test all HIV-positive individuals for HCV infection at intake into care. Retest HIV-positive individuals with ongoing risk for HCV infection annually;
2. treat all co-infected patients for hepatitis C;
3. contact [Hep@health.nyc.gov](mailto:Hep@health.nyc.gov) or call the Hepatitis

Navigation Warmline at 917-890-0834 for assistance helping patients get treated and cured.

See [Preventing Hepatitis C Infection in People Living With HIV and Hepatitis B and C—Reporting and Care](#) for clinical guidelines on testing and care for HCV infection, reporting requirements, training opportunities, and patient education materials.

## LEAD EXPOSURE

Health care providers play a key role in preventing, detecting, and managing lead exposure. Guidance on screening for lead exposure and on chelation is available at [Lead Exposure in Children](#), [Lead Exposure in Pregnant Women](#), [Lead Exposure in Adults](#), and [Recommended Chelation Protocol for Children with BLLs  \$\geq\$  45  \$\mu\$ g/dL](#).

Use the [Online Registry](#) to view and submit children's BLLs, find management recommendations, and access NYC Health Department home inspection results. Fax adult reports to 347-396-8883. To report a hospital admission for lead poisoning or discuss a case, call 646-632-6002, and ask for the Care Coordination Unit.

For more information, see [Corrected—2019 NYC Lead Exposure Testing and Management Guidelines and Lead Poisoning](#) or call 311 and ask for the Healthy Homes Program.

## E-CIGARETTES

In 2018, [1 in 15 public middle school students](#) (about 13,000 students or 6.7%) reported using an e-cigarette in the previous 30 days. Although e-liquids do not contain tobacco, they almost always contain nicotine, which is addictive, and other harmful chemicals. The CDC, FDA, and state and local health departments are investigating a [multistate outbreak](#) of lung injury associated with e-cigarette use. As of December 17, 2019, there have been 2,604 vaping-related hospitalizations and 54 deaths in the United States, with 31 illnesses and 1 death in NYC.

Discuss the risks of e-cigarettes with your patients and ask about use. Starting at age 5 years, provide education and counseling to prevent e-cigarette and tobacco use as part of ongoing anticipatory guidance. Starting at age 10 years, screen for e-cigarette and tobacco product use.

See [Guidance on Addressing E-cigarettes with Pediatric Patients](#) for detailed guidance.

## SYPHILIS

Since 2000, there has been a steady rise in syphilis rates in NYC, and congenital syphilis cases in NYC [nearly tripled](#) in the last year.

Screen all pregnant patients for syphilis at the first prenatal encounter, 28 weeks' gestation, and delivery. See [Amendment to NYC Health Code— Additional Syphilis Screening in Pregnant Persons](#) and visit [Sexually Transmitted Infections](#) for clinical guidelines; [comprehensive monograph](#); training opportunities; and the [NYC Syphilis Registry](#).

## ANTIBIOTIC STEWARDSHIP

Antibiotic resistance is a global health crisis driven by overprescribing and inappropriate use of antibiotics. While inappropriate prescribing occurs across health care settings, 1 in 3 antibiotics prescribed in the outpatient setting are thought to be unnecessary (The Pew Charitable Trusts, [Antibiotic Use in Outpatient Settings](#)).

Antibiograms summarize data about resistance patterns for selected pathogens. Health care providers can use these data, along with their clinical expertise and patient information, to guide selection of initial therapy and reduce inappropriate prescriptions. See [Updated—NYC Health Department Offers Free Antibiogram Mobile App to Guide Outpatient UTI Treatment](#) and [New York City Antibiogram](#) to access the NYC Antibiogram mobile app for Android or iOS, which includes an antibiogram on outpatient urinary tract infections.

## INFLUENZA

Every influenza season is associated with hospitalizations and deaths, including pediatric deaths. Strongly recommend and offer vaccine each influenza season. Vaccinate all patients aged 6 months and older as soon as flu vaccine is available. Give inactivated flu vaccine to all pregnant patients in any trimester to prevent influenza infection and complications in both the patient and infant. For patients aged 65 years and older, the NYC Health Department recommends high-dose or adjuvanted flu vaccine.

See [Influenza Information](#) and [City Health Information: Influenza Prevention and Control, 2019-2020](#) (October 2019) for guidance.

# City Health Information



42-09 28th Street, Long Island City, NY 11101 (347) 396-2914

**Bill de Blasio**  
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Commissioner of Health and Mental Hygiene

**Division of Epidemiology**  
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Liz Selkove, Medical Editor  
Melissa Donze, MPH, Program Manager

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E-mail *City Health Information* at: [nycdohrp@health.nyc.gov](mailto:nycdohrp@health.nyc.gov)  
New York City Department of Health and Mental Hygiene.  
Summary of guidance and resources from *City Health Information*, 2019.  
*City Health Information*. 2019;38(5):39-42.



## 2020

### CHI issues planned for 2020 include

- Talking with parents about childhood vaccination
- Providing comprehensive care to older adults
- Using out-of-office blood pressure measurement to improve diagnosis and management of hypertension
- Providing comprehensive care to women who have sex with women
- Addressing weight bias as a primary care provider
- Testing for and treating latent tuberculosis infection