Medical Director's Report
Tompkins County Board of Health
June 2012

Pertussis Cases, Outbreaks and Patterns

I met with Karen Bishop to consider a variety of issues on controlling Pertussis cases that are appearing throughout the County.

A couple of instances of treating without testing occurred, we addressed those with the clinical setting that was involved. Another case, in which a practitioner did not realize that it was incumbent upon them to withdraw the individual from the community for the initial 5 days of antibiotics in treating cases of Pertussis, was addressed on a direct basis with the practitioner.

The cases continue to be somewhat sporadic with a few linkages to initial index cases.

Cases now also involve the southern Seneca County and also the northern Tioga County areas directly adjacent to Tompkins County.

We reviewed the reporting form that we use with any incident where a practitioner is suspecting pertussis, encouraging increased use of this by practitioners for purposes of communication with the department. We discussed faxing an update bulletin regarding this.

One of our community physicians, in private practice, was informed about a case of Pertussis that they had, with family members and contacts that needed to be treated. The physician was uncomfortable prescribing without a direct face to face visit. Direct face to face visits are generally required under standard of care and Public Health Law for the treatment of conditions. It is regarded as negligence if a physician treats without directly assessing the patient for whom the treatment is being given. In this case the indications for treatment are fairly simple however, one needs to be certain that the individual does not have a history of allergy or adverse reactions to the medication being prescribed and needs also to provide informed consent for them to take and comply with the medical regimen.

Again in the case mentioned above I was contacted as Medical Director and we dispensed medication for the contacts through my position as Medical Director of the Health Department.

I contacted Dr. Raush-Phung in the Department of Infectious Disease to learn what current Public Health Law states about this issue. We know that under

Chlamydia treatment that physicians are protected from being alleged negligent if they prescribe antibiotics for the contact of a Chlamydia case. This enhances the treatment of Chlamydia, the contacts of cases and helps prevent secondary spread. In a like matter, Pertussis prevention rests on treating contacts and also the vaccination of same. This role is filled by both public and the private sector. The question is whether physicians could be held negligent if an individual taking an antibiotic prescribed by them was to experience an adverse reaction. In addition, the information about the advisability about their being vaccinated with Pertussis to prevent future issues is also relevant. At the time of my communication with the State Department of Health their was no clear Public Health Law that could be cited with regard to this. Dr. Raush-Phung is going to research the matter and report back to me. I may have some further details for you at the Board of Health Meeting.

STD's

Reviewed materials from NYSDOH Aids Institute with regards to STD law and revisions therein. Discussed with Karen Bishop the same issues and coordinated participation in a conference call, Monday, May 14th, at noon.

Lyme Disease Detection and Study

We are entering the period of time where ticks are out and active. I collaborated with Cornell University, in terms of Lyme disease study at Cornell, to look into ticks and disease transmission, gathering information from the department to share with the contact person Dr. Corson-Rikert at Gannett Health Service of Cornell.

Hepatitis C – New CDC Recommendations

Due to predictions that a large number of undetected chronic Hepatitis C cases exist in our target population, the CDC has recommended routine screening of adults born between the years of 1945 and 1965. This target group is felt to have a high risk of Hepatitis C infection. The cost benefits analysis has indicated that a single screening, with a blood sample, of this population to detect Hepatitis C chronic infection is worthwhile.

Poison Control

Participated in a poison control conference call on synthetic cannabinoids and "bath salts".

The rise of these two products, which have associated with them significant health effects, has prompted New York State to make them illegal.

Death, renal failure, cardiovascular, and central nervous system effects have been noted.

Specialize drug testing is required to detect them and they are not on routine drug screens.

New York State has taken action to make them illegal within New York State, Federal action is pending.

They are not sold as products to be ingested, but often labeled for other euphemistic purposes. The common street understanding is to use them in a variety of methods of getting them into your body (such as ingesting, smoking or shooting up).

Emergency powers were used by the Drug Enforcement Administration to render these substances illegal for sale. They are now categorized as Schedule 1 controlled substances (meaning that they have no medicinal use and are prohibited for anyone to prescribe them for any purpose whatsoever).

General Activities

Usual desk work, approval of treatment regimens and review of Public Health Updates, as they appear across my desk.