

Ongoing Measles Outbreak

In response to the ongoing measles outbreak, MVP Health Care® (MVP) encourages providers to follow guidance from the Centers for Disease Control and Prevention (CDC). In addition, guidance from the State Health Department is being continuously updated with information on current outbreak areas. Providers should follow the recommendations in their most recent State Health Advisory for measles prevention. Recommendations for additional vaccine doses and serologic testing will be covered by MVP according to these guidelines.

- For adults in non-outbreak areas, the recommendations have not changed. Anyone who lacks proof of measles immunity should receive at least one dose of MMR vaccine. Two appropriately spaced doses of MMR vaccine are recommended for health care personnel, college students, international travelers, and adults who reside or spend time in outbreak areas.
- For adults in outbreak areas and for adults who serve children/adults from outbreak areas, guidance has recently changed. Adults with one documented dose of a measles-containing vaccine from these areas should now receive a second dose of MMR vaccine.

Serologic testing

Serologic testing for immunity is not recommended for individuals with the recommended doses of MMR vaccine. Serology may be useful in assessing immune status if persons report they were vaccinated, do not have written documentation, and are unwilling to receive MMR vaccination.

Detailed guidance can be found in the most recent Health Advisory on the Measles Outbreak:

- New York State Department of Health: health.ny.gov/measles
- Vermont Department of Health: healthvermont.gov/immunizations-infectious-disease/other-reportable-diseases/measles
- CDC: cdc.gov/measles
- NYC Department of Health and Mental Hygiene: www1.nyc.gov/site/doh/health/health-topics/measles.page

Reminders when Prescribing Opiates

Prescribers are reminded that an opioid treatment plan must be in the patient records when opiates are prescribed, or may be prescribed, for greater than a three-month period or past the time of normal tissue healing. Individuals being treated for cancer that is not in remission, who are in hospice or other end-of-life care, or whose pain is being treated as part of palliative care practices are exempt from this requirement.

The treatment plan must follow generally accepted national professional or governmental guidelines, and shall include (but not be limited to), the documentation and discussion of the following clinical criteria within the medical record:

- Goals for pain management and functional improvement based on diagnosis, and a discussion on how opioid therapy would be tapered to lower dosages or tapered and discontinued* if benefits do not outweigh risks
- A review with the patient of the risks of and alternatives to opioid treatment
- An evaluation of risk factors for opioid-related harms

Such documentation and discussion of the above clinical criteria shall be done, at a minimum, on an annual basis.

Changes to the laws on prescribing opioids can be found here:

https://www.health.ny.gov/professionals/narcotic/docs/opioid_treatment_plan_letter.pdf

Prescribers are also required, with limited exceptions, to check the Prescription Monitoring Program (PMP) Registry prior to writing a prescription for a controlled substance in schedule II, III, and IV for a patient. The PMP Registry allows prescribers and pharmacists access to a patient's recent controlled substance prescription history and utilization as part of making treatment and dispensing decisions. Frequently asked questions can be found here:

https://www.health.ny.gov/professionals/narcotic/prescription_monitoring/docs/pmp_registry_faq.pdf