



Department of Health

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Dear Colleagues:

Welcome to my April letter. This month, I'm going to discuss two timely and important topics: E-prescribing and Lyme disease.

E-prescribing: As I'm sure you've heard, prescribers across New York are now required to send all prescriptions electronically (veterinarians are the exception) for both controlled and non-controlled substances. Prescriptions can no longer be called or faxed in, and written paper prescriptions are no longer permitted except in certain circumstances such as disasters, technological or electrical failures or pursuant to a waiver issued by the Department of Health. This new mandate, which went into effect March 27, 2016 is part of the I-STOP legislation that was enacted to help reduce the abuse of prescription drugs. Requiring prescribers to submit prescriptions electronically guards against errors caused by illegible handwriting and misunderstood oral prescriptions, and makes it more difficult for people to obtain controlled substances illegally using prescription pads with handwritten instructions. E-prescribing uses a secure, closed system to transmit prescriptions to the patient's preferred pharmacy. As part of this new law, all prescribers and pharmacies must register their certified computer software application with the Department's Bureau of Narcotic Enforcement every two years. Before registering, prescribers must ensure the computer software application meets federal security requirements set forth by the federal Drug Enforcement Agency. Practitioners can register online using the Registration for Official Prescriptions and E-Prescribing Systems (ROPES) through the Health Commerce system (See:

http://www.health.ny.gov/professionals/narcotic/electronic_prescribing/ropes.htm).

For some, the new mandate is not a marked change. Even before the deadline, more than 70,000 New York prescribers were already using an electronic prescribing system. And patients who want to compare prices at different pharmacies may still do so before telling physicians where to send a prescription. For more information about New York's new E-prescribing law and the circumstances that are exempt from E-prescribing, visit:

http://www.health.ny.gov/professionals/narcotic/electronic_prescribing/.

Lyme disease: More than 120,000 cases of Lyme disease have been reported to the Department since 1986. It is now the most commonly reported vector-borne disease in the U.S., though it does not occur in every state and is concentrated in the northeast and upper midwest. Lyme disease is a bacterial infection caused by the bite of an infected deer tick. It can cause varied symptoms, but between 60 and 80 percent of people will develop a bull's eye (erythema migrans or EM) rash near the site of the bite. Sometimes, multiple rash sites appear. As you know, early stage Lyme disease resembles the flu, and may cause chills and fever, headache, fatigue, stiff neck, myalgias, arthralgias, and lymphadenopathy. If it goes untreated in the early stage, patients may develop more severe symptoms including severe fatigue, meningismus, facial paralysis, and paresthesia in the arms and legs. The most severe symptoms may not appear until weeks, months or years after the tick bite. These can include neurologic and cardiac complications.

Delaying treatment with antibiotics raises the risk for more serious symptoms to develop. During the localized (early) stage of illness, Lyme disease may be diagnosed clinically in patients who present with an EM rash, and antibiotics may be prescribed. A serologic test when EM is present is likely to be negative, but this should not be interpreted to mean that the patient does not have Lyme disease. During disseminated (later stage) disease, however, serologic testing is recommended.

When doing serological testing, the Centers for Disease Control and Prevention recommends a two-step process, using first the enzyme immunoassay (EIA) or less commonly, the indirect immunofluorescence assay (IFA). If the result is negative, no further testing is recommended. If the first step is positive or indeterminate, a Western blot (also called an immunoblot test) should be done. Results are considered positive only if both the EIA/IFA and Western blot are positive. Treatment involves antibiotics such as doxycycline, amoxicillin, or cefuroxime. Patients who are treated early usually have a complete recovery. However, because the disease is bacterial, reinfection is always possible. I urge you to remain vigilant for the possibility of Lyme disease in the warmer months, when people spend more time outdoors, and ticks are active.

Patients should be reminded to check for ticks after outdoor activity and remove them as soon as possible; the risk of contracting Lyme disease is greatly reduced if the tick is removed within 36 hours. I encourage you to visit www.health.ny.gov/tickfree for further information about Lyme disease as well as a video on the proper way to remove a tick.

Thank you for your time and consideration.

Sincerely,

Howard A. Zucker, M.D., J.D.
Commissioner of Health