



Department of Health

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Dear Colleagues:

Greetings! I hope your summer is off to a good start. This month, I'd like to call your attention to two timely issues: mandatory pain management training for practitioners and tickborne diseases.

Mandatory Pain Management Training: As part of ongoing efforts to standardize prescribing practices across the state, New York State practitioners who are licensed to prescribe controlled substances must now complete mandatory pain management training. The new law applies to prescribers licensed under Title 8 of the New York Education Law to treat humans, and who have a Drug Enforcement Administration (DEA) registration number to prescribe controlled substances. The law also applies to medical residents who prescribe controlled substances under the authority of a facility with a DEA registration number. Practitioners must complete at least three hours of course work or training in pain management, palliative care and addiction by July 1, 2017, and once every three years after that.

Practitioners may complete their training in-person or online, and the course must include the following topics:

- New York State and federal requirements for prescribing controlled substances;
- pain management;
- appropriate prescribing;
- managing acute pain;
- palliative medicine;
- prevention, screening and signs of addiction;
- responses to abuse and addiction; and
- end of life care.

Courses for the continuing education of licensees must be accredited and approved by the New York State Department of Health (Department). Accrediting organizations include, but are not limited to:

- Accreditation Council for Continuing Medical Education (ACCME);
- The American Dental Association's Continuing Education Recognition Program (ADA CERP);
- The Academy of General Dentistry's Program Approval for Continuing Education (AGD PACE);
- The New York State Dental Association (NYSDA);
- American Podiatric Medical Association (APMA);
- Council on Podiatric Medical Education (CPME);
- The American Association of Colleges of Podiatric Medicine (AACPM);
- American Association of Nurse Practitioners (AANP);
- Accreditation Council for Pharmacy Education (ACPE); and
- New York State Education Department.

Prescribers must complete course work or training in all eight topics. The topics may be covered in a single, comprehensive presentation or multiple individual presentations, for a total of at least three hours. In some cases, it may take longer than three hours to complete all eight required topic areas. Prescribers must attest to their own completion of the course work or training. For medical residents who prescribe under a facility's DEA registration number, however, the facility must make such attestation.

Prescribers can access three hours of free course work covering the eight required topic areas through a course offered by the University of Buffalo and sponsored by the Department. The course is offered in two parts and can be accessed online at [Opioid Prescriber Training Program](#). Other course work may be available through prescribers' professional organizations.

In limited circumstances, the Department may grant an exemption to a prescriber who clearly demonstrates no need for the training. For more information, visit the Department's [Bureau of Narcotic Enforcement](#) website, or call 1-866-811-7957.

Tickborne disease: Both ticks and people are more active in warmer weather. As people spend more time outdoors, there are more opportunities for tick bites. Several recent news reports about ticks have heightened public anxiety. It is important to remember that not all ticks carry disease. As clinicians, it is important to be on the lookout for the signs and symptoms that indicate one of those 8,500 cases reported annually to the Department. Nearly 90 percent of those disease cases — or approximately 7,500 — turn out to be Lyme disease. Ticks can also cause anaplasmosis (500 cases per year), babesiosis (400 cases) and ehrlichiosis (100 cases). Less common diseases in New York are Rocky Mountain Spotted Fever (RMSF) (10 cases) and Powassan (1-2 cases).

Lyme disease is caused by a bacterium and results in symptoms such as a bull's eye rash, solid rash or multiple rashes, as well as fever and chills, joint pain, fatigue and muscle aches. In the absence of early diagnosis and treatment, symptoms of disease progression include severe fatigue, a stiff aching neck, tingling or numbness in the arms and legs, or facial paralysis. The most severe symptoms may not appear until weeks, months or years after the tick bite. These can include severe headaches, painful arthritis, swelling of the joints, and heart and central nervous system problems.

Anaplasmosis and Ehrlichiosis are two closely related bacterial diseases that may produce fever, muscle aches, weakness and headache. Patients may also experience confusion, nausea, vomiting and joint pain. Babesiosis is caused by microscopic parasites and, while most people do not have experience symptoms, can result in flu-like symptoms, such as fever, chills, sweats, headache, body aches, loss of appetite, nausea, or fatigue. RMSF is characterized by a sudden onset of moderate to high fever that can last for two or three weeks, severe headache, fatigue, deep muscle pain and chills. It also causes a rash that begins on the legs or arms, and may include the soles of the feet or palms of the hands. The rash may spread rapidly to the trunk or rest of the body. Powassan is an extremely rare viral illness that can cause fever, headache, vomiting, weakness, confusion, seizures, memory loss, and death.

Ticks prefer grassy and wooded environments, but tick bites can also happen in backyards. Diagnosis is made based on patient-reported symptoms and blood tests. The only way to prevent tickborne disease is to avoid tick bites. I urge you to talk to patients about using insect repellent and wearing long sleeves and pants as protective measures against ticks. For more information, please visit our [website](#) or review guidance from the [Centers for Disease Control and Prevention](#).

Updates: I also wanted give you an update on *C. auris*, which I covered in my January 2017 letter. The Department continues to work in partnership with hospitals and nursing homes to identify cases and implement enhanced infection control measures to prevent transmission of this fungus. In May, the Department convened representatives from the hospital and health care associations to discuss the critical need for precise control practices to combat *C. auris*. Proper hand hygiene and adherence to Contact Precautions, along with environmental cleaning with an [EPA-registered, hospital-grade disinfectant effective against *Clostridium difficile* spores are the most critical steps in stopping the spread of this multi-drug resistant organism.](#) For more information on your role in combatting *C. auris*, please visit the Department's website and click on [Candida Auris for Healthcare Providers](#).

Finally, I want to alert you to an important change in recommendations for pediatric polio vaccination from the World Health Organization (WHO). Children who were vaccinated with oral polio vaccine (OPV) in another country on or after April 1, 2016, and who now live in the U.S., should be revaccinated with inactivated poliovirus vaccine (IPV). Doses of OPV given after April 1, 2016 do not contain type 2 poliovirus. Although type 2 wild poliovirus disease was officially declared eradicated in 2015, there is still a very small risk of importing type 2 vaccine-derived poliovirus into the U.S. with the OPV. That's why the CDC's Advisory Committee on Immunization Practices continues to recommend that all U.S. infants and children be immunized for all three poliovirus types.

Thank you for your attention to these important matters. And thank you as always for your commitment to quality health care.

Sincerely,

Howard A. Zucker, M.D., J.D.