Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

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Dear Colleagues:

I hope that you are enjoying the beautiful fall here in New York State. This month, I would like to discuss two important topics with you: non-fatal strangulation and antibiotic resistance.

Non-fatal Strangulation: Non-fatal strangulation of an intimate partner is a very common form of domestic violence, and one of the most lethal. In 2016 alone, New York law enforcement made 12,447 arrests for strangulation crimes, and due to underreporting, the number of non-fatal strangulation incidents is likely much higher. However, this is not simply a criminal justice issue, but a public health one as well. Non-fatal strangulation often goes unidentified and untreated, in part because only 50% of strangulation survivors show visible external injuries. These injuries can result in serious, lasting health effects, including delayed death (72 hours or even longer after the assault, caused by injuries such as internal swelling of the throat or neck or carotid artery dissection), traumatic brain injuries, vascular injuries, and neurological system damage.

If someone is strangled just once by a partner, that partner is seven times more likely to attempt to kill him or her, and is 800% more likely to kill him or her in future attacks. As healthcare providers, it is vital that you know the signs and symptoms of non-fatal strangulation and screen patients so that you may provide them with necessary, potentially life-saving, treatment and resources.

Signs that your patient is a survivor of non-fatal strangulation include vision impairment, loss of consciousness, loss of bodily function, swelling of the neck or tongue, carotid tenderness, difficulties breathing or swallowing, memory loss, and facial, intraoral or conjunctival petechial hemorrhage. Please click here to familiarize yourself with the full list of signs and symptoms, so that you may provide the appropriate care. Also, be cognizant that survivors may not identify with the word "strangulation" and may understand, and respond more readily, to the word "choking." You should also be sure to document these injuries and patient statements so that necessary follow-up care may be provided, and so that strangulation incidents may be more easily prosecuted.

If your patient is exhibiting any of these symptoms, it is critical that you recommend a medical/radiographic evaluation, including a CT angiography of carotid/vertebral arteries, a CT neck with contrast, or an MRA/MRI of neck and brain. You may also want to consult an ENT and a neurologist for laryngeal trauma with dysphonia, odynophagia, dyspnea. It is vital that you follow up with your patients because symptoms may develop later or may worsen. Please see the Training Institute on Strangulation Prevention's "Recommendations for the Medical/Radiographic Evaluation of Acute Adult, Non-Fatal Strangulation" for more information.

As a healthcare provider, it is imperative that you inform patients about the seriousness of non-fatal strangulation and provide appropriate and timely assessment and medical treatment. You should also refer patients to your local domestic violence program. A list of domestic violence programs by county can be found here.

Antibiotic Resistance: I am sure you are all aware of the escalating global concern about antibiotic resistance, and fears that overuse and misuse of antibiotics have put us in a position where medications we once thought would always be in our armamentarium, might not be effective when we need them. The New York State Department of Health continues to analyze Medicaid data on antibiotic prescribing for acute upper respiratory infections, targeting presumed viral infections where antibiotics do not work. These analyses, entitled "Potentially Avoidable Antibiotic Prescribing Rates for Acute Respiratory Infection" are now available for review on Health Data NY. While antibiotic prescribing for acute respiratory infections is on a downward trend statewide, there is still room for improvement. If you would like to see how antibiotic prescribing for this condition compares across counties, please see the data and maps available for adult and pediatric patients.

As a practical matter, we realize that sometimes it is not easy to quickly determine whether your patient has a viral or bacterial upper respiratory infection (URI). Just a few weeks ago, we celebrated U.S. Antibiotic Awareness Week (November 12-18), and we want to keep its momentum going. We are offering you a free, hard-copy, pocket antibiotic prescribing guideline that can assist you in prescribing antibiotics. Please send an email to marybeth.wenger@health.ny.gov if you would like a copy.

Upcoming Grand Rounds: The upcoming Commissioner's Medical Grand Rounds session is taking place on Friday, December 14, 2018 at the Monroe Community Hospital in Rochester, New York. This session will explore Alzheimer's, as well as other dementias; presenting information on emerging research and best practices. Please click here to register. Feel free to contact Elisabeth.Ojo@health.ny.gov or Selena.Gonzalez@health.ny.gov with any questions.

Thank you again for caring for all New Yorkers and for your attention to these important issues.

Sincerely,

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