CITY HEALTH INFORMATION: 2018 IN REVIEW

- In 2018, City Health Information (CHI) brought you evidence-based up-to-date information on topics central to the health of our community.
- Issues planned for 2019 include perinatal depression, emergency preparedness, and age-friendly primary care.
- We look forward to providing practical guidance and we thank you for your continuing efforts to improve the health of all New Yorkers.

In 2018, City Health Information (CHI) published clinical guidance on important health issues that we face as a community. Here, we provide a summary of the year’s key messages and a look ahead to CHI in 2019.

SUMMARY OF GUIDANCE FROM 2018

JANUARY

**Identifying and Managing Sleep Disorders in Primary Care**

- Sleep disorders are associated with serious health conditions and are common in the general population.
- Educate all patients about sleep hygiene and ask about sleep problems.
- Assess patients presenting with insomnia, excessive sleepiness, and abnormal nighttime events.
- Treat insomnia with behavioral interventions; consider short-term adjunctive pharmacotherapy only for patients who need immediate symptomatic relief.
- Refer patients with refractory insomnia, troublesome nighttime activity, or suspected sleep apnea or narcolepsy to a sleep medicine specialist.

FEBRUARY

**Diagnosing and Managing Hepatitis C**

- Hepatitis C can now be cured with well-tolerated treatments.
- Screen all patients for hepatitis C risk factors.
- Order a hepatitis C antibody test for all patients at risk, including everyone born between 1945 and 1965.
- Routinely confirm a positive antibody test with viral RNA PCR to assess current infection status as required by the Health Code Amendment.
- For patients infected with hepatitis C:
  - Educate and counsel about the risks of alcohol use and preventing hepatitis C transmission.
  - Vaccinate against hepatitis A and B if needed.
  - Assess liver function and stage of liver disease/fibrosis.
  - Discuss antiviral treatment options and make a plan for treatment.
  - If you cannot provide treatment, refer to a provider who treats hepatitis C.
MARCH

Judicious Prescribing of Opioid Analgesics*

- Providers can reduce patient risks associated with opioid analgesics, including fatal drug overdose.
- For acute pain:
  - If opioids are warranted, prescribe only short-acting agents.
  - A 3-day supply is usually sufficient.
- For chronic noncancer pain:
  - Avoid prescribing opioids unless other approaches to analgesia have failed or are contraindicated.
  - Avoid prescribing opioids to patients taking benzodiazepines because of the risk of fatal respiratory depression.
- Reassess pain status and treatment plan when the opioid dose is ≥90 total daily morphine milligram equivalents (MME).

*The guidance in this document is not intended for end-of-life care.

JUNE

Preventing, Identifying, and Managing Hepatitis B Virus Infection

- Hepatitis B is a vaccine-preventable viral infection transmitted through blood and sex, and from mother to child during childbirth.
- Chronic hepatitis B virus infection can lead to liver disease, cirrhosis, liver cancer, and premature death.
- Screen all people at risk for hepatitis B virus infection and vaccinate patients who are not immune.
- For patients with chronic hepatitis B virus infection, provide counseling, evaluation for liver cancer, and treatment or referral for treatment if indicated.
- Refer to a specialist if you are unfamiliar with the most recent hepatitis B management guidelines.

JULY

Preventing and Managing Summer-related Health Conditions

- Summer brings health and safety risks such as asthma exacerbations, heat-related illness, sun exposure, animal bites, mosquito- and tick-borne diseases, and water-related injuries.
- Educate patients about how to reduce these risks.
- Know how to diagnose and manage diseases connected to these risks.
- Report tick- and mosquito-borne diseases, rabies, animal bites, and drownings according to NYC Health Department guidelines.

AUGUST

Managing Asthma

- Diagnose asthma based on symptoms, medical history, physical examination, and spirometry.
- Initiate treatment using a stepwise approach that includes inhaled corticosteroids (ICS) for patients who have poorly controlled asthma.
- Complete an asthma Medication Administration Form (MAF) for families of school-aged children.
- Include ICS on the MAF for children with poorly controlled asthma and medication adherence issues.
- Engage families in developing a treatment plan and promote asthma self-management, including specific guidance on reducing exposure to environmental asthma triggers.
**NOVEMBER**

**Influenza Prevention and Control, 2018-2019**

- This past influenza season (2017-2018) was severe in New York City (NYC) and throughout the United States, with the highest overall hospitalization rates recorded since the current surveillance system began in 2003.

- Ensure that you and your entire staff receive flu vaccine and that staff educates patients and caregivers about the benefits of flu vaccine.

- Vaccinate all patients aged 6 months and older as soon as flu vaccine is available (see new NYC Board of Health requirements).

- Give inactivated vaccine to all pregnant women in any trimester to prevent influenza infection and complications in both the woman and her infant.

- Strongly consider high-dose or adjuvanted flu vaccine for patients aged 65 years and older.

**LOOK AHEAD TO 2019**

**CHI issues planned for 2019 include**

- Managing perinatal depression to benefit mothers and their babies
- Emergency preparedness for health care providers and their patients
- Providing comprehensive care to older adults
- Providing comprehensive care to men who have sex with men
- Encouraging and supporting breastfeeding
- Talking with parents about childhood vaccination
- Providing primary care to patients with a history of criminal justice system involvement

**THANK YOU FOR WORKING TO IMPROVE THE HEALTH OF ALL NEW YORKERS IN 2018.**

**Best wishes for 2019!**