

Take 3 – Practical Practice Pointers® July 8, 2019 Edition
Screening for HIV, Climate Change, Measles Travel Advisory

From the USPSTF

1) Screening for HIV

More than 1 million persons in the US are currently living with HIV, and more than 700,000 persons have died of AIDS since 1981. In 2017, there were approximately 38,000 new diagnoses of HIV infection, and an estimated 8,700 women living with HIV give birth each year in the US. The incidence of perinatal HIV infection in the US peaked in 1992 and has declined significantly following the implementation of routine prenatal HIV screening and the use of effective therapies and precautions to prevent mother-to-child transmission.

The purpose of this recommendation is to update the USPSTF 2013 recommendation on screening for HIV infection in adolescents, adults, and pregnant women. Updated recommendation includes:

- Screening for HIV infection should be performed in adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk of infection should also be screened. **(A)**
- Screening for HIV infection should be performed in all pregnant persons, including those who present in labor or at delivery whose HIV status is unknown. **(A)**

The USPSTF found convincing evidence that;

- currently recommended HIV tests are highly accurate in diagnosing HIV infection
- identification and early treatment of HIV infection is of substantial benefit in reducing the risk of AIDS-related events or death
- the use of antiretroviral therapy (ART) is of substantial benefit in decreasing the risk of HIV transmission to uninfected sex partners
- identification and treatment of pregnant women living with HIV infection is of substantial benefit in reducing the rate of mother-to-child transmission

The USPSTF also found adequate evidence that ART is associated with some harms, including neuropsychiatric, renal, and hepatic harms, and an increased risk of preterm birth in pregnant women.

Based on the above, the USPSTF concludes with high certainty that the net benefit of screening for HIV infection in adolescents, adults, and pregnant women is substantial.

My Comment:

This recommendation has not changed from the 2013 guideline, but certainly provides compelling ongoing evidence of the benefits of at least one-time HIV screening in these at risk populations. Remember that Medicare Part B (Medical Insurance) covers USPSTF “A” and “B” recommendations, meaning in this case it will cover screening in the populations noted above.

Reference:

From the AAFP, ACP, AMA, AAP, ACEP, and Many Other Groups

2) Climate Change as a Public Health Emergency

On July 1st, a total of 74 (and growing) medical and public health groups issued a call to action against climate change, naming it as a public health emergency that threatens the health, safety, and well-being of millions of Americans. The “US Call to Action on Climate Health and Equity: A Policy Action Agenda” includes a list of 10 policy priorities and urges elected officials and civil society leaders to recognize climate change as a health emergency and to work across government agencies and with communities and businesses to prioritize action on this.

The Policy Priorities include:

Climate Action for Health: Making health integral to climate policymaking at all levels and across all sectors offers a major opportunity to engender greater support for climate action, advance climate solutions, and achieve ambitious health targets through win-win strategies that promote climate justice, health and health equity, resilience, and a sustainable economy. Priority Actions:

- Meet and strengthen U.S. commitments under the Paris agreement.
- Transition rapidly away from the use of coal, oil and natural gas to clean, safe, and renewable energy and energy efficiency.
- Emphasize active transportation in the transition to zero-carbon transportation systems
- Promote healthy, sustainable and resilient farms and food systems, forests, and natural lands.
- Ensure that everyone in the U.S. has access to safe and affordable drinking water and a sustainable water supply.
- Invest in policies that support a just transition for workers and communities adversely impacted by climate change and the transition to a low-carbon economy.

Health Action for Climate: Proactive support is required to expand health sector efforts to reduce greenhouse gas emissions in health facilities; build resilience through the integration of climate considerations in health systems, policies, programs, and investments; and effectively communicate the health threats of climate change together with the health benefits of climate action. Priority Actions:

- Engage the health sector voice in the call for climate action.
- Incorporate climate solutions into all health care and public health systems.
- Build resilient communities in the face of climate change.

Financing Climate Action for Health and Health Action for Climate: Achieving goals for climate, health, and equity will require that climate investments consider health impacts and benefits, and that investments in health take climate change considerations into account. Investing in the health of people and our communities saves money over time and makes the nation stronger. Current investments fall far short. Priority Action:

- Invest in Climate and Health

My Comment:

Regardless of where one falls in the “climate change debate,” it’s hard for me to be against solutions that improve the health of our population and the health of the planet, such as transitioning from coal, oil, and natural gas to renewable energy; emphasizing active transportation, such as walking and cycling; and promoting sustainable food systems and water supplies.

According to the CDC, the health effects of climate change include increased respiratory and cardiovascular disease, injuries and premature deaths related to extreme weather events, changes in the prevalence and geographical distribution of food- and water-borne illnesses and other infectious diseases, and threats to mental health. Vulnerable populations at particular risk include children, the elderly, and those with insufficient resources.

As a youth, I was introduced to the “Seventh Generation” philosophy both by my parents and through reading. Commonly credited to the Iroquois Confederacy but practiced by many Native nations, Seventh Generation philosophy mandated that tribal decision makers consider the effects of their actions and decisions for descendants seven generations into the future. There was a clear understanding that everything we do has consequences for something and someone else, reminding us that we are all ultimately connected. As a father, I worry our present trajectory as a civilization isn’t even considering a “Second Generation” philosophy. At the same time, I often feel powerless to make a difference. This healthcare “call to action” is one collective attempt to help “reframe” this conversation.

References:

US Call to Action on Climate Health and Equity: A Policy Action Agenda: [Link](#)

CDC Climate Effects on Health: [Link](#)

From the CDC

3) MMR Vaccine Guidance Prior to European Travel

With the peak summer travel season under way, the CDC recent issued a press release reminding travelers to Europe and other global destinations to take steps to protect themselves against measles amid outbreaks of the disease. According to Gary Brunette, M.D., M.P.H., chief of CDC’s travelers’ health program, “Most measles cases in the United States are the result of international travel. Travelers get infected while abroad and bring the disease home. This can cause outbreaks here in the US.”

According to the European Centre for Disease Prevention and Control, measles cases were reported in 15 European countries in 2017: Austria, Belgium, Bulgaria, the Czech Republic, Denmark, France, Germany, Hungary, Iceland, Italy, Portugal, Slovakia, Spain, Sweden, and the United Kingdom. Because of this, the CDC has issued travel health notices for five European countries; Belgium, France, Germany, Italy, and Romania.

The CDC recommends that anyone who isn’t protected against measles, either through vaccination or past infection, should get vaccinated, including before international travel.

Specifically, the CDC recommended that infants ages 6 months to 11 months should receive a single dose of measles, mumps and rubella vaccine if they are traveling to Europe, while unvaccinated children ages 12 months and older should be given two MMR vaccine doses separated by 28 days. The guidance also urges adults to have evidence of measles immunity prior to traveling or undergo vaccination in the absence of such information. If there's no evidence of presumed immunity, the CDC recommends getting the MMR.

My Comment:

My experience is that many travelers don't think about immunizations prior to travel to Europe, which is why I thought this was important to highlight. Given the present concerns, I can't help but wonder if we'll eventually have travel advisories for certain states or regions in the US!

References:

- CDC Global Measles Outbreak Notice: [Link](#)
- CDC Press Release July 19, 2019: [Link](#)
- Angelo K, et al. Spread of Measles in Europe and Implications for US Travelers. Pediatrics July 2019;144(1). Online June 17, 2019. [Article](#)

Feel free to forward Take 3 to your colleagues. Glad to add them to the distribution list.

Mark

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