

OREGON PUBLIC HEALTH DIVISION • OREGON HEALTH AUTHORITY

A PRESCRIPTION FOR SAFE PRESCRIPTIONS

As reported in the September, 2009 issue of the *CD Summary* (Vol. 58, No. 20), prescription drug overdoses are an increasing problem in Oregon and across the U.S.

In Oregon alone, during 2003 through 2008, 1,320 people died from unintentional drug overdose (including all types of prescriptions and illicit drugs), according to Oregon death certificate data. Prescription opioid analgesics have accounted for an increasing proportion of these deaths since 1999.

In an effort to address this concerning trend, the Oregon Prescription Drug Monitoring Program (PDMP) was established by Senate Bill 355 in 2009. The PDMP offers healthcare providers a tool that is available 24 hours a day, seven days a week to help patients better manage their prescriptions. In particular, the PDMP allows healthcare providers to get information about prescriptions their patients have received for Schedule II, III, and IV medications.

The system became available for prescribers and pharmacists on September 1, 2011. This issue of the *CD Summary* describes how the PDMP can be valuable to you and your patients, and how you can enroll in the program. It also provides an update on measles in France, so read on!

HOW DOES PDMP WORK?

All retail pharmacies dispensing within Oregon and those outside Oregon dispensing to Oregon residents are required to report Schedule II-IV prescriptions to PDMP each week.

Pharmacies are required to notify each patient receiving a Schedule II-IV controlled substance, either before or when the prescription is dispensed, that the prescription will be entered into the PDMP system. Healthcare providers are also encouraged to let patients know about reporting to the PDMP when they write a prescription that will be reported.

The PDMP data for each prescription include: patient name, address, date of birth, prescriber (including DEA#), drug name, drug quantity, date prescribed and date dispensed. The information collected by the system is kept for three years from the date the prescription was filled and is then destroyed. The patient information is stored in a secure database. System users can log onto the system, input their patient's name, date of birth, and address and request a report. The system will then generate a report that can be viewed electronically and printed out.



The patient report will list each prescription that is dispensed. Each record in the list will include specific information about the prescription. A record will include the fill date, product name, strength, form, quantity, prescriber, date written, prescription number, and dispensing pharmacy.

DATA SECURITY AND QUALITY ASSURANCE

The online system is a secure site that is continually assessed for security. Data will not be sold or used for any commercial purposes and only authorized users can access the data. All queries are recorded to understand what is accessed, by whom, and when.

It is also important to know that incorrect prescription information in the system can be noted in the system. Requests for error corrections can be submitted by healthcare providers or by patients. The PDMP will work with pharmacies to verify that the information in the system is correct. If an error is identified, the pharmacy is responsible for correcting it and updating

the pharmacy records submitted to the PDMP system.

REGISTERING FOR THE PDMP SYSTEM

- Go to the website, www.orpdmp.com and follow the online instructions.
- Once your request for an account is submitted online, the system will generate an application form that you must complete; print the completed application, get it notarized, and send the notarized copy to the PDMP program.
- The PDMP program staff will review and verify your credentials and notify the PDMP site administrator to grant account rights. If there are questions about credentials, staff might contact you to confirm questions. The account creation process occurs in four to five business days after you mail your signed, notarized application into the program office.
- The system administrator will send you two emails, one with your user name, and the other with your PIN, temporary password, and instructions to log in. Questions about signing up or the approval process? Call 971-673-0372 or email pdmp.health@state.or.us

EARLY SUCCESS

Outreach specialists are working across the state to encourage healthcare providers and pharmacists to request accounts and use the system. As of mid October, 76% of all pharmacists are submitting to the PDMP system, and more than 699,000 prescriptions have been submitted. There are 864 active users and more than 600 account requests pending approval. To date, the system has received 8,999 queries by health care providers and 787 by pharmacists.

The PDMP is working with partners from many disciplines to create a web-based resource that will support clinicians with assessment and patient management tools for treating pain, and screening and referral resources for addictions. Additionally, program evaluation results, monthly system use reports, and aggregated descriptive statistics about prescription drug use in Oregon are available. Training and educational modules are also in planning stages now.



If you need this material in an alternate format, call us at 971-673-1111.

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Measles in France

Like the measles, love is the most dangerous when it comes late in life.

—Lord Byron

As a result of high vaccination coverage, measles elimination was achieved in the United States in the late 1990s and likely in the rest of the Americas in the early 2000s. However, as long as measles remains endemic in other parts of the world, importations into the Americas will continue.

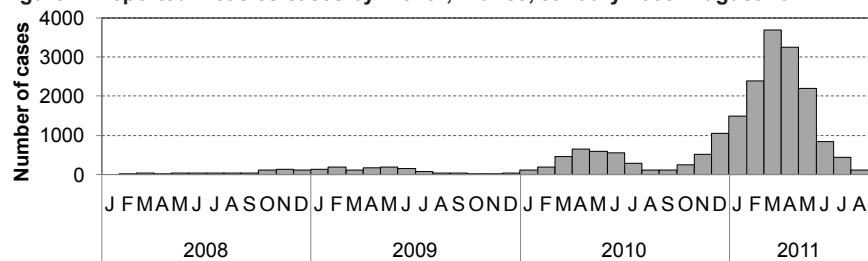
During the first 41 weeks of 2011, 201 cases of measles were reported in the U.S. — the highest number reported in any year since 1996. Of the 201 cases, 194 (88%) were associated with importation from other countries, including 53 importations from the WHO European (34) and South-East Asia (19) regions. France was the source of 13 importations.¹

Measles is highly contagious, and its continued endemicity in other parts of the world emphasizes the need to maintain very high vaccine coverage — probably at least 92% — to thwart transmission in the U.S. until measles has been wiped off the globe.²

France has been in the throes of a large measles outbreak since 2008, with more than 22,000 cases reported during January 2008–August 2011 (Figure 1). For the first 8 months of 2011, more than 14,600 cases were reported, including 16 cases of encephalitis, 647 cases of severe measles pneumonia, and six measles-related deaths.³

The median age of cases reported in 2010 was 14 years (range, 0–82), with the highest incidence in infants (52 per

Figure 1. Reported measles cases by month, France, January 2008–August 2011



100,000), 57% of whom were <9 months of age (Figure 2). Unvaccinated persons accounted for 82% of the cases.

In 2005, French officials developed a national measles elimination plan, with an objective of nation-wide vaccination coverage of ≥95% at 2 years of age. The strategy includes: 1) first measles-containing vaccine at 9–12 months of age; 2) second dose targeted at 12–24 months of age; and 3) a catch-up immunization campaign starting with teens.

According to French national data, vaccine coverage with at least one dose of measles-containing vaccine among two-year olds climbed to 90.1% in 2007. However, the catch-up vaccination effort among teens did not result in sufficient vaccine coverage. For example,

two-dose coverage rates are only 44.3%, 74.2% and 65.7% for 6-, 11-, and 15-year-olds, respectively.⁴ Measles will persist in France for some time to come.

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Figure 2. Measles incidence in France by age, 2008–2010

