Expanding Monkeypox Testing

To increase the accessibility of monkeypox testing, the US Department of Health and Human Services (HHS) began shipping monkeypox tests in late June to 5 commercial laboratory companies: Aegis Science, Labcorp, Mayo Clinic Laboratories, Quest Diagnostics, and Sonic Healthcare.

Even though more than 8000 tests had been available weekly through more than 67 public health laboratories, a cumbersome process made it difficult for clinicians to order tests. The commercial labs are expected to clear up the logjam.

The Centers for Disease Control and Prevention suggests testing all patients who present with rashes that resemble monkeypox or who are at risk of developing the disease and exhibit a new rash. Since June 21, 142 monkeypox cases have been reported in 24 states and the District of Columbia, according to HHS.

“All Americans should be concerned about monkeypox cases,” HHS Secretary Xavier Becerra, JD, said in a statement. “By dramatically expanding the number of testing locations throughout the country, we are making it possible for anyone who needs to be tested to do so.”

Federal Guidance on HIPAA and Audio-Only Telehealth

The US Department of Health and Human Services (HHS) issued a guidance on providing audio-only telehealth services that are compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA)—even when the COVID-19 public health emergency enforced by the HHS Office for Civil Rights (OCR) expires. HHS guidance offers direction on how to use remote communication technologies in ways that conform to HIPAA’s privacy, security, and breach notification rules.

According to the guidance, the HIPAA Security Rule—which requires health care professionals to safeguard the privacy and security of patients’ electronic protected health information (ePHI)—isn’t applicable to audio-only telehealth services when using traditional landline telephones, as information isn’t transmitted electronically during those calls. Conversely, electronic technologies that require HIPAA compliance for remote telehealth sessions may include computer or smartphone apps, messaging services that store audio messages electronically, technologies that transcribe or record sessions electronically, and voice-over-internet protocol technologies, which enable phone calls via the internet.

The guidance also points out potential risks associated with ePHI, including unauthorized third-party access and lack of encryption when storing recordings or transcripts of telehealth sessions.

Although telehealth services have the potential to expand health care access, the guidance notes, certain populations may have difficulty accessing the necessary technologies. Barriers include limited financial resources, English proficiency, internet access, and cell phone coverage. However, technologies that allow for audio-only telehealth sessions without requiring broadband may mitigate some of the barriers.

“AUDIO telehealth is an important tool to reach patients in rural communities, individuals with disabilities, and others seeking the convenience of remote options,” OCR Director Lisa Pino, JD, MA, said in a statement. “This guidance explains how the HIPAA Rules permit health care providers and plans to offer audio telehealth while protecting the privacy and security of individuals’ health information.”

Some Antioxidants May Mitigate the Risk of Dementias

Certain antioxidants may reduce the risk of developing Alzheimer disease and other dementias, according to a study from the National Institutes of Health. The results were published in Neurology.

Researchers analyzed blood samples from 7283 participants aged 45 to 90 years who enrolled in the Third National Health and Nutrition Examination Survey (NHANES) between 1988 and 1994. NHANES data were linked with databases that tracked participants for an average of 16 to 17 years to determine who developed Alzheimer disease or other dementias.

Overall, participants with higher levels of carotenoids—antioxidant plant pigments—were less likely to develop dementia than those with lower carotenoid levels. Such benefits derived from carotenoids were absent when factors such as diet, smoking, education, and income were accounted for in analyses. Certain carotenoids—like beta cryptoxanthin from some orange-colored fruits, as well as lutein and zeaxanthin in leafy, green vegetables—still reduced the risk of dementia, although factor adjustments mitigated the beneficial effects. The findings also suggested that high blood levels of antioxidant vitamins A and E may counteract benefits from other antioxidants. However, research published in Antioxidants has documented known and suspected health hazards of carotenoid supplements. And according to the Icahn School of Medicine at Mount Sinai, some studies have found that beta carotene supplements may increase the risk of cancer and heart disease.

“Extending people’s cognitive functioning is an important public health challenge,” the study’s lead author, May Beydoun, PhD, said in a statement, adding that further studies are needed. —Melissa Suran, PhD, MSJ

Note: Source references are available through embedded hyperlinks in the article text online.