



Department of Health

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Dear Colleague:

For this month, we will cover three important topics: measles, radon exposure, and New York State's Paid Family Leave. I will provide background information and links to resources from the state.

Measles remains a common disease in many parts of the world, with ongoing outbreaks occurring in multiple countries in Europe, Asia and Africa. We live in a globally connected world and measles is introduced into the United States through frequent international travel. So far this year, the Department has been notified of eleven individuals diagnosed with measles who potentially exposed people in New York State (NYS). All the cases have either been international travelers or persons exposed to international travelers.

Please take this opportunity to re-familiarize yourself with measles prevention, identification, and reporting. All persons, born on or after January 1957, are recommended to receive the measles, mumps and rubella (MMR) vaccine, unless they are less than 12 months of age or they have laboratory evidence of immunity or laboratory confirmation of prior infection. School-aged children and adults at high risk for measles exposure and/or transmission (i.e., students at post-high school secondary institutions, health care providers, and international travelers) should have two documented doses of MMR vaccine. Preschool-aged children and adults who are not considered high risk need at least one documented dose

Please verify all your patients' measles immunity. Patient self-report of having been vaccinated or of having had measles infection is not sufficient evidence of measles immunity. It is not uncommon for adults to believe that they were vaccinated as children when, in fact, they did not receive the vaccine. Even a history of having attended school or university in NYS does not prove that an individual was vaccinated, as they may have had a medical or religious exemption to vaccination or been overlooked.

When in doubt, please provide MMR vaccine to patients who do not have a documented MMR vaccine history. Alternatively, patients who believe they were vaccinated but do not have a vaccine record may be tested for immunity with an immunoglobulin G (IgG) serologic test for measles. Patients who are IgG negative or indeterminate should be offered MMR vaccine.

Finally, please be alert for cases of measles, particularly among international travelers and persons exposed to international travelers. Please ask about travel at every visit. Immediately notify your local health department of any patients with a fever, rash, and cough, coryza and/or conjunctivitis. Cases of fever and rash illness should immediately be placed in airborne isolation. If an airborne infection isolation room is not available, then the exam room used to isolate a suspected measles case should not be used for two hours after the case leaves the room and the number of people entering and leaving should be minimized. If a suspected measles case, being evaluated as an outpatient, needs to be sent to a hospital emergency room, the emergency room should be notified ahead so that appropriate infection control precautions can be implemented upon arrival.

For additional details on recent cases, measles diagnosis, testing, reporting, and post-exposure prophylaxis, please review the May 7, 2018 [Health Advisory on Measles Exposures](#) in NYS.

Radon is a naturally occurring radioactive gas found all over the United States. Radon is the second leading cause of lung cancer and the number one cause of lung cancer among non-smokers. Most inhaled radon is rapidly exhaled, but the inhaled decay products deposit in the lung, where they irradiate sensitive cells in the airways increasing the risk of lung cancer. In NYS, the annual incidence of lung cancer is approximately 13,600 compared to the annual mortality of nearly 9,000. Using the models from Biological Effects of Ionizing Radiation (BIER VI), there are between 900 and 1,200 radon-related lung cancer deaths in NYS each year. Radon has a synergistic effect with smoking, resulting in a much larger risk of lung cancer in smokers who are also exposed to radon.

Earlier this year, the Conference of Radiation Control Directors (CRCPD) released *Reducing the Risk from Radon: Information and Interventions - A Guide for Health Care Providers*. As the primary advisors on health and disease prevention, health care providers have the opportunity discuss the role radon exposure plays in increasing their patient's risk of lung cancer. This guide provides useful information designed to help health care providers educate and inform their patients about radon and the associated health risks from exposure to elevated levels of radon. I encourage you to review the health care providers guide and other resources listed on the Department's ["Radon Awareness Through Physicians"](#) webpage.

Please consider including questions about radon testing as part of the electronic medical record questionnaire, and recommend radon testing for patients who have not recently tested their home. All homes should be tested every few years, regardless of county risk. Radon test kits are available from local hardware stores or through the Department's [Radon Program](#).

The last topic I would like to reference is New York's new **Paid Family Leave**, the strongest and most comprehensive Paid Family Leave in the nation, which launched on Jan. 1, 2018. Now, millions of New Yorkers are eligible for job-protected, paid time off to care for their families. As a health care provider, you play a critical role in raising awareness of Paid Family Leave among your patients and their families, and certifying Paid Family Leave requests for bonding and family care leave in a timely manner.

Patients who request Paid Family Leave for bonding are required to provide certification of the pregnancy/birth as supporting documentation. Birth certificates are preferred, but if not available, this certification may be in the form of a letter, completed by you as the health care provider. The certification letter must include the patient's name, expected or actual due date of the child, and your name, address, contact information and medical credentials.

If a patient's family member (employee) requests Paid Family Leave to care for your patient due to their serious health condition, you will be given a signed release of personal health information by the patient to keep for your records. You will then be asked to complete a health care provider certification form, confirming the patient's serious health condition and need for family care.

Recognizing the important role that health care providers have in helping patients learn about and utilize this important benefit, New York is here to help you. Complete details on Paid Family Leave are available at ny.gov/PaidFamilyLeave, including downloadable fact sheets and FAQs for health care providers as well as materials to share with patients. Additionally, the state has set up a toll-free Paid Family Helpline at (844) 337-6303 to assist with any questions, in any language. The Helpline is available Monday through Friday, 8:30am-4:30pm. These resources are also available for those who now offer this benefit to your staff.

Thank you for your attention to these important issues, and for the care you provide to all New Yorkers.

Sincerely,

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