



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

October 2019

Dear Colleagues:

October is always a month for New York State to shine—the kaleidoscopic foliage, the 24 varieties of apples on more than 10 million trees, the Yankees on occasion. It would be wonderful if an apple a day really did keep the doctor away. But the reality for public health and all clinicians is that new, broad-scale challenges can emerge at any time.

As New York State and the nation grapple with a severe vaping-related pulmonary illness that emerged mid-summer, I have reflected on the immense value of clinical astuteness in identifying threats to public health. This month I'd like to share some of these thoughts on your frontline work and public health. I will also provide an important update on measles and cover PrEP Awareness Week that New York is recognizing this week.

When Something Is Not on the Radar. In August 1999, Dr. Deborah Asnis, an infectious disease specialist at Flushing Hospital Medical Center in Queens, noticed two older male patients suffering from similar unusual symptoms—sudden paralysis in their arms and legs, disorientation, high fevers. Both men had elevated white blood cell counts and neither was responding to antiviral drugs. Dr. Asnis contacted authorities and colleagues to get more concrete diagnoses. The patients' blood and spinal fluid samples were sent to the Department of Health's Wadsworth Center lab for further analysis. In four days, two more patients in Queens were identified, and then it was eight patients—all of whom resided within a few miles of one another and were frequent evening gardeners.

Long story short: Dr. Asnis—a medical school classmate and friend of my brother—was credited by health experts with the early identification of West Nile virus in the United States. Tragically, she died of breast cancer in 2015. I'm telling her story because it is the story of all clinicians who confront symptoms that don't make sense, that don't fall into typical categories. Their questions and astute recognition of patterns are the starting point for connecting the dots and discovering disease outbreaks that may be widespread.

Early this month, New York State confirmed its first vaping-related death—a 17-year-old male in New York City. It greatly saddens me personally—as a pediatrician, as a parent, and as Health Commissioner—that life has been lost in New York due to something that many young people still do not realize as a health threat. The Department has received numerous reports from State physicians of severe pulmonary (lung-related) illness among patients ranging from 14 to 71 years of age who were using at least one vape product prior to becoming ill. As of this writing, the illness has been identified in at least 146 individuals in New York State.

From the start, the problem with vaping products was their lack of regulation by the U.S. Food and Drug Administration. The long-term health effects of these products were, and still are, largely unknown. In New York State, the Department of Health has been researching ingredients in vaping products that could damage lungs. Our Wadsworth Center has been analyzing vaping products associated with New York State patients. They have identified thickening agents in THC containing pens, most commonly vitamin E acetate, and are

continuing to investigate this and other components seen in the samples provided. More recently, [researchers at the Mayo Clinic](#) studied lung biopsies associated with the outbreak and found signs of lung damage similar to what would occur after exposure to toxic chemicals, gases, or other substances.

Before this summer, when this illness was traced to vaping, patients across the country had been coming to clinicians with complaints of shortness of breath and chest pain. Pneumonia was the common diagnosis. But as far back as 2012, some doctors began [linking reports of lung illnesses to e-cigarette use](#) among teens. I suspect that many clinicians whose patients have developed this illness are feeling that they could have done more. But although we've long asked patients about their smoking and drug use as a matter of course, vaping was not on this critical checklist.

I am encouraged to see that health professionals in New York and across the country have begun asking young patients whether they vape—even those not presenting with recognized symptoms such as shortness of breath, cough, chest pain, fever, nausea, or vomiting. I encourage you to visit the Department's [website for resources](#) to counsel patients against using e-cigarettes and vaping, to make questions about vaping history part of routine screening, and to direct patients and parents for help on how to quit vaping. Please report possible cases to your local poison control center (1-800-222-1222). Dr. Asnis's story surely inspires all of us to dig deeper.

Measles Milestone. This month the Department marked the passage of more than 42 days—the equivalent of two incubation periods—without any new cases of measles reported in Sullivan and Orange counties since the outbreak began in October 2018. Rockland County passed that threshold in September. Although this is welcome news for maintaining measles elimination status with the Centers for Disease Control and Prevention, the threat of vaccine-preventable diseases remains, and the Department is not letting down its guard. With our Rockland partners, the Department is currently investigating a case subject who contracted measles internationally and traveled to Rockland County. Additionally, the Department has active public health responses underway in Nassau (two cases), Monroe (one case), and Putnam (one case) counties related to measles exposures from international travel but not affiliated with the 2018 outbreak.

Between October 1, 2018, and October 3, 2019, 406 people were infected with measles in Rockland, Orange, Sullivan, and Westchester counties as a result of initial exposures from international travel. With our partners, we administered nearly 85,000 MMR vaccinations in those counties during that timeframe. New York City administered more than 5,000 MMR vaccinations for its outbreak in which 654 individuals were diagnosed with measles. As I detailed in earlier letters, New York State has taken strong measures in 2019 to ensure that all eligible students are vaccinated. We will remain vigilant in protecting New Yorkers from measles and other dangerous vaccine-preventable diseases.

PrEP Awareness Week. Governor Cuomo recognized October 20-26 as a week to raise awareness about pre-exposure prophylaxis for HIV, known as PrEP. This [medication](#) is a way, for those who do not have HIV but who are at substantial risk of getting it, to prevent HIV infection by taking medication in a manner that is tailored to their specific prevention needs. In June, the U.S. Preventive Services Task Force gave PrEP [a Grade A rating](#), indicating a high degree of certainty of its substantial benefit, and resulting in a requirement for health insurers to cover this therapy. You can find a valuable resource to help prescribe and manage PrEP for your patients in the [New York State Clinical Guidelines](#).

New York leads the nation with the largest percent of individuals on PrEP medication. I encourage all providers to practice in accordance with public health regulations that require the offer of HIV testing at least once as a part of routine health care for all patients age 13 and older. Testing is essential to get those diagnosed as living with HIV into HIV treatment and those who are HIV negative but at ongoing risk to begin PrEP medication or other prevention methods. The Department's AIDS Institute provides an [extensive toolkit](#) on HIV testing.

Expanding access to PrEP is a critical component of New York State's plan to end the AIDS epidemic by the end of 2020. New data show that 2018 had the largest decrease in new HIV diagnoses in New York State since the launch of the Ending the Epidemic initiative in 2014, and we are on track to end the AIDS epidemic by the end of 2020. New diagnoses for last year reached an all-time low of 2,481—an 11% percent drop from 2017 and a 28% drop since 2014. These advances place us in an ideal position to contribute to the national goal of ending the AIDS epidemic by 2030. The [Ending the Epidemic Dashboard](#) provides the latest data about our efforts.

Thank you for supporting the Department's recommendations—both during routine care and during times of heightened risk for particular conditions and diseases. Your commitment makes public health successful. All best wishes—and enjoy a freshly-picked apple if you can!

Sincerely,

A handwritten signature in blue ink that reads "Howard".

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