



## Department of Health

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February 2017

Dear Colleagues:

Greetings! I hope your 2017 is off to a great start. This month, I'd like to discuss actions you can take to address hepatitis C virus (HCV) and e-cigarettes, two rising public health concerns.

**Hepatitis C virus:** According to the Centers for Disease Control and Prevention, as many as 2.7 million Americans have chronic HCV, including more than 200,000 people in New York State. Many people with HCV infection have no symptoms. Those who do may notice fatigue, nausea, fever and muscle aches. The long-term complications of chronic HCV are serious -- chronic liver disease, cirrhosis and liver cancer. HCV mortality is rising. In fact, during the last decade, more people in the U.S. died from HCV than from AIDS. Yet, only half of all infected persons in New York State know their status.

Three years ago, New York became the first state in the nation to enact a law requiring health care providers to offer a hepatitis C screening test to all persons born between 1945 and 1965 when they receive hospital inpatient or primary care services. This was a critical step in identifying people who didn't know they were infected due to HCV's long latency period, and linking them to care and treatment.

New York is also seeing an increase in new HCV cases among younger adults living in suburban and rural areas. Injection drug use is the leading cause of HCV transmission, and this shift is linked to the opioid epidemic, which is taking a significant toll on the same cohort. The growing impact of HCV on younger women raises the risk of perinatal transmission, especially since pregnancy is contraindicated for the drugs used to treat HCV. Another group at increased risk for HCV is the incarcerated. One third of all people in prison are infected with HCV. I urge you to screen your patients who may be at risk for HCV. Thanks in large part to our experience in addressing the HIV/AIDS epidemic and a new generation of highly effective, direct-acting, antiviral drugs that are easy to tolerate, we can control and ultimately eliminate HCV.

**E-Cigarettes:** The good news is that the smoking rate among New York's high school students declined to a historic low of 4.3 percent in 2016. The bad news is that during the last two years, the use of e-cigarettes among youth nearly doubled from 10.5 percent in 2014 to 20.6 percent in 2016. Many young people are lured by the intentionally sweet flavors and the mistaken belief that e-cigarettes are safe to use. But e-cigarettes are not safe. Both cigarettes and e-cigarettes contain nicotine, which is highly addictive and can cause permanent changes in young, developing brains. In addition, although combustible tobacco products contain more toxins than e-cigarettes, the aerosol produced by e-cigarettes is not a harmless water vapor. Rather, it often contains ultrafine particles that have been linked to lung disease; heavy metals such as tin, lead and nickel; and volatile organic compounds such as benzene and toluene. Research also shows that the use of e-cigarettes by young people is associated with the use of other tobacco products, including cigarettes.

The U.S. Food and Drug Administration considers nicotine containing e-cigarettes a tobacco product, as does the Department of Health. Governor Cuomo's 2017 Executive Budget proposes regulating and taxing e-cigarettes in a similar manner as traditional cigarettes. This proposal would include e-cigarettes in the state's comprehensive indoor air law and impose a 10 cent per milliliter tax on vapor products, thereby reducing the affordability of vapor products for youth, the age group most sensitive to price. But we need physicians to weigh in, too. I encourage all health care providers to talk to their patients – young and old alike -- about the dangers of e-cigarettes, and to discourage their use. For patients who are already using traditional cigarettes or e-cigarettes, there are currently seven FDA approved medications for smoking cessation, including five nicotine replacement therapies. Medicaid and most insurance plans will cover a portion of the cost of smoking cessation products.

Finally, I'd like to encourage you to participate in the next Commissioner's Grand Rounds, "Baby Boomer Health." The event will be held March 21 from 7:30 to 9:00 a.m. at SUNY Upstate in Syracuse. The program will provide further information on HCV, and inform clinicians about two other of conditions that often go undiagnosed in Baby Boomers - hypertension and pre-diabetes. Presenters will discuss the NYS Hepatitis C Testing Law, steps to identifying undiagnosed hypertension, and screening and treatment options for pre-diabetes. Look for more details on the Department's [website](#).

As always, thank you for your attention to these critical matters.

Sincerely,

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