NEW YORK STATE OF OPPORTUNITY. Department of Health

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Dear Colleague:

As we head into summer, we need to be alert to seasonal illnesses. This month, I will focus on recreational water illnesses, Legionnaires' disease, and extreme heat advisories. I will also tell you about a new smoke-free housing rule that the U.S. Department of Housing and Urban Development (HUD) is implementing this summer.

Recreational Water Illness: The number of waterborne illnesses and outbreaks resulting from exposure to infectious pathogens in treated recreational water venues (i.e., water playgrounds, pools and hot tubs/spas) has increased nationwide in recent years. *Cryptosporidium* has become the leading cause of outbreaks associated with exposure to treated recreational water. This parasite is transmitted when a diarrheal incident occurs in the water and the contaminated water is ingested. *Cryptosporidium* is extremely chlorine-tolerant and can survive for more than seven days even in well maintained pools. Other pathogens associated with recreational water include *Escherichia coli, Giardia, Legionella, Norovirus,* and *Shigella*. Otitis externa can also occur following exposure to recreational water. The common misconception that chlorine instantly kills all pathogens leads to risky behaviors, such as swimming during diarrheal illness, not reporting fecal incidents in pools, and swallowing recreational water.

Clinicians can help protect their patients' health and the health of others by advising swimmers not to swim while ill with diarrhea or when they have open wounds; avoid swallowing the water; and to keep ears as dry as possible and dry ears thoroughly after swimming. Patients with cryptosporidiosis should not swim for an additional two weeks after diarrhea has resolved.

Legionnaires' disease: You are probably aware of the outbreaks of Legionnaires' disease that have occurred across New York State over the last few years. Unfortunately, this disease is also underrecognized and underdiagnosed. Clinicians are in a unique position to make sure cases are detected, allowing rapid investigation by local health departments and, most importantly, the prevention of additional cases. Patients with severe immunosuppression (from organ transplantation, cancer, kidney failure, or other chronic underlying illnesses) are at the greatest risk of acquiring Legionnaires' disease. People with diabetes, chronic lung disease, HIV, current or former smokers, and people over 50 years of age are at moderately increased risk. This disease is rare in children.

As we know, signs and symptoms of Legionnaires' disease are similar to those of pneumonia caused by other pathogens; the only way to tell if a patient with pneumonia has Legionnaires' disease is by testing. The preferred diagnostic tests for Legionnaires' disease are culture of lower respiratory tract secretions (e.g., sputum, bronchoalveolar lavage) on selective media and the *Legionella* urinary antigen test. Molecular techniques can be used to compare clinical isolates to environmental isolates and confirm the source. Physicians play a key role in

outbreak investigations by obtaining sputum samples from patients for this type of source tracking.

If your patient has Legionnaires' disease, the most recent treatment guidelines can be found at http://bit.ly/CommunityPneumonia for community-acquired pneumonia, and http://bit.ly/HospitalPneumonia for hospital-acquired pneumonia. Macrolides and respiratory fluoroquinolones are currently the preferred agents for treating Legionnaire's disease.

Heat Advisory: As the temperature rise and approach 80-105° F, so does the risk of heat-related health conditions, such as heat syncope, exertional heat stroke, non-exertional heat stroke, and heat rash. Those with renal illness and cardiovascular disease have higher risk on subsequent days following a heat event. Risks persist for up to four days after a heat event. Young children, the elderly, those with comorbidities or in frail health, and young adults engaged in outdoor recreation or occupations are more likely to be at risk of heat-related health outcomes. Low-income patients and older adults with documented medical conditions that are aggravated by heat may be eligible to receive an air conditioner—including installation—free of charge. More information regarding the eligibility requirements can be found at: https://www.ny.gov/services/apply-heating-and-cooling-assistance-heap,or from one of New York's 59 county offices for the aging at: https://aging.ny.gov/NYSOFA/localoffices.cfm. While heat illnesses occur mostly in the hot summer months (June, July, and August), there is also significant risk in September. More information for patients on health advice during times of extreme heat can be found at: https://www.health.ny.gov/environmental/emergency/weather/hot/.

New Smoke-Free HUD Housing Rule: With the federal rule prohibiting smoking in HUD multi-unit public housing going into effect this summer, you may see an increase in patients looking for assistance with smoking cessation.

Research shows that combining brief cessation counseling and medication is more effective in helping motivated patients quit than either method alone. Additionally, prescribing a combination of pharmacotherapies approved by the U.S. Food and Drug Administration (FDA) doubles and even triples smoking cessation rates and is safe for most patients. FDA-approved cessation products include five nicotine replacement therapies (NRT) – transdermal patch, gum, lozenge, nasal spray, and oral inhaler – and two non-nicotine oral medications – bupropion SR (Zyban or Wellbutrin) and varenicline (Chantix). Typical combination therapy would include a long-acting medication like a patch or bupropion and short-acting NRT (e.g., gum, lozenge) to manage cravings.

Although New York State's adult smoking rate is at a record low of 14.2%, rates are much higher among adults living with poor mental health, disability, low socio-economic status, unemployment, and/or covered by Medicaid. In fact, adults enrolled in Medicaid smoke at twice the rate of privately-insured adults. New York State Medicaid covers smoking cessation counseling and all seven FDA-approved cessation products, including over-the-counter NRT (a prescription will serve as a fiscal order); however, according to a recent survey of Medicaid-enrolled smokers and recent quitters, fewer than half of enrollees know Medicaid pays for NRT.

The New York State Department of Health's (Department) media campaigns targeting providers and Medicaid enrollees have contributed to increased use of Medicaid smoking cessation benefit—70% of enrollees who used NRT at their last quit attempt reported Medicaid paid for it. Letting your patients with Medicaid know about this life-saving benefit may increase quit attempts by removing financial and psychological barriers.

The Department's "Talk to Your Patients" website https://talktoyourpatients.health.ny.gov/ offers an overview of nicotine addiction and prescribing information, counseling tips, helpful links, and printable posters for your office that can assist you in addressing this topic with your patients.

As always, thank you for the care that you provide to all New Yorkers and your attention to these critical matters. Enjoy your summer!

Sincerely,

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