

REVISED
DRAFT Minutes
MSSNY's Infectious Diseases Committee
October 19, 2017
7:30 a.m. – 9:30 a.m.
Via Web conference and Teleconference

Teleconference

William Valenti, MD, Chair
James Braun, DO, Co-Vice Chair
Philip Kaplan, MD
Karen Myrie, MD, MPH
Monica Sweeney, MD, MPH
Wehbeh A. Wehbeh, MD
Gary Zeitlin, MD
Frank Dowling, MD, Commissioner
Joshua Cohen, MD, Assistant Commissioner

Absent

Mary Ruth Buchness, MD
Evelyn Dooley-Seidman, MD
Eric Ganz, MD
Richard Schoor, MD

Invited Guest

Kassandra Frederique, VOCAL-NY
Angie Woody, MPH, Policy Analyst, VOCAL-NY

MSSNY Staff

Pat Clancy, Sr. Vice President, Public Health
& Education, Managing Director, Division of
Governmental Affairs
Terri Holmes, Secretary

- 1 **1) Review Committee List:** The committee was asked to view the committee list and send any
2 changes/updates to MSSNY staff.
3
- 4 **2) Adoption of Minutes:** May 4, 2017 adopted as written.
5
- 6 **3) Sunset Review of MSSNY Policies for 2018 HOD:** The committee reviewed 10 year old policies for the
7 2018 HOD.
- 8 **15.956 Rapid In-Office HIV Testing and Public Health Law 27F:**
9 MSSNY supports legislative efforts to eliminate separate written informed consent and pre-testing
10 counseling in order to comply with the Centers for Disease Control and Prevention's 2006 guidance on
11 HIV testing. (HOD 2008-156)
12
- 13 **RECOMMENDATION: SUNSET.** Over the last five years, the New York State Legislature, and the
14 governor's office has worked towards elimination of written informed consent and has passed and
15 approved legislation to that effect. Therefore, this policy is no longer needed and staff has
16 recommended that it be sunset as the goal has been achieved.
17
- 18 **312.983 Immunization Registry:**
19 MSSNY will: (a) support efforts to delay implementation of the New York State Immunization
20 Information System to allow sufficient time for physicians and their staff to be educated, trained and
21 obtain the necessary equipment to use the registry; (b) support procedures that will ease the
22 administrative burden to physicians such as FAXing and mailing of vaccination records to the New York
23 State Department of Health; and (c) continue its advocacy for fair and adequate administrative fees
24 from all payors. (HOD 2008-153)
25

1 **RECOMMENDATION: SUNSET.** The New York State Immunization Registry has been in effect for over
2 ten years and staff is recommending that this policy be sunset as it is no longer relevant.

3
4 **312.984 Immunization Access to Parents of High-Risk Infants Younger Than Six**
5 **Months of Age:**

6 MSSNY - (1) endorses the use of the neonatal intensive care unit and hospital newborn nursery as
7 practical and legitimate venues for parents and first-person contacts of vulnerable infants (those less
8 than six months of age and/or premature) to obtain vaccines against communicable respiratory
9 pathogens such as influenza and pertussis; (2) recommends that hospitals with neonatal intensive care
10 units and newborn nurseries consider making vaccine against these pathogens available; and (3)
11 supports local and state governments in efforts to make available vaccinations to parents and first-
12 person contacts of those infants under the hospital's care. (HOD 2008-152)

13
14 **RECOMMENDATION: REAFFIRM.** This policy is still germane and should be continued about the need to
15 vaccine care givers of newborn. While the NYS Legislature has passed legislation to require this, this
16 policy indicates MSSNY strong support of immunization and therefore, should be continued.

17 **The Committee agreed with the recommendations.**

18
19 **4) Set 2018 Committee Meeting Dates:** January 25, 2018; April 19, 2018 and October 25, 2018

20
21 **5) Discussion of Resolution to MSSNY HOD:** It was agreed by the committee to put forth a resolution
22 to the MSSNY HOD in support of a SIF pilot project in New York State. There was also discussion about
23 resolutions on the immunization registry. Members were informed to craft these resolutions in advance
24 and provide them to Ms. Clancy so she can send to members for final discussion and decision to bring
25 them forth by the committee to the HOD, will be made at the next meeting. Resolution deadline is
26 February 9, 2018.

27
28 **6) Presentation by VOCAL-NY on SIF:**

- 29 • 12,984 overdose deaths in NYC from 2000-2016
- 30 • 1,374 overdose deaths in NYC in 2016
- 31 • Top two boroughs for number of deaths in 2016-308 deaths in the Bronx
32 And 297 in Brooklyn
- 33 • Top two boroughs for highest rate of deaths in 2016-31.8% in Staten Island
34 and 28.1% in the Bronx
- 35 • 80% increase for Black New Yorkers from 2015-2016
- 36 • 112% increase for Black New Yorkers involving heroin and/or fentanyl

37 **Public Injection**

- 38 • 60% had recently injected in semi-public places like public or restaurant bathrooms
- 39 • Half of syringe exchange participants reported having to inject in a public place like a park,
40 playground, behind parked cars, or building stairwell
- 41 • Homeless people were more than 9 times more likely to report public injecting than those
42 who were stably housed.

43 Public injectors were twice as likely to not have a consistent supply of new, sterile injection equipment
44 and more than 4 times more likely to re-use injection equipment, which can lead to permanent vein
45 damage and HIV, viral hepatitis, and other infectious disease transmission.

46
47 **What is a Safer Consumption Space?**

1 Safer Consumption Space (SCSs) are legally sanctioned facilities where people who use drugs
2 Can inject or otherwise consume pre-obtained drugs in a sterile and supervised environment.

3
4 **A Public Health Intervention**

- 5 † Supervised facility
- 6 † Sterile equipment
- 7 † Proper syringe disposal
- 8 † Service/treatment referrals
- 9 † Overdose prevention
- 10 † Proper injection education
- 11 † Relationship development

12
13 **Concerns related to SCSs – Do SCSs lead to increased rates of substance use?**

14 **No.**

- 15 • Current empirical research and anecdotal evidence has shown no
16 Increase in community intravenous substance use rates
- 17 • For example: Kerr et al. (2007) found that of 1065 Insite users, only 1
18 had performed their first injection at the SCS
19 - 15.9 years: the median number of years injecting
- 20 • Encouraging and funding more published research is important

21 **Concerns related to SCSs**

22 **Why invest in SCSs instead of more treatment services?**

- 23
- 24 ❖ SCSs can be the first step into treatment for traditionally underserved populations
- 25 ❖ Unlike traditional treatment services, SCSs do not force abstinence; the focus is on
26 relationship building with individuals who may not otherwise have ever felt the security or
27 autonomy to make their own choices

28 **Bottom Line:** The goal of SCSs is to reduce public injection to keep our communities clean, healthy, and
29 safe, and to work collaboratively with other community-based services

30
31 **7) Adjournment – Next Meeting January 25, 2018**