1) **Welcome**: Dr. Braun welcomed the new committee members.

2) **Adoption of Minutes**: January 25, 2018 accepted with corrections

3) **Update - HOD Resolution 154 “Safe Injection Facilities Pilot Studies in NYS”**: This resolution was adopted at the 2018 HOD.

4) **Setting 2018 Priorities**:
   a) Prevention of Infectious Diseases by Immunization—Ensure that immunizations continue to be covered by NYS and Federal insurance products, and ensure that public policy on immunization continues to evidence-based.

   b) Pre-existing infectious diseases conditions remain a standard of insurance coverage. This includes infection prevention and treatment that is aligned with New York State initiatives to end infectious diseases epidemics for HIV and hepatitis C:
   - For individuals with transmissible infections such as HIV, for which ongoing medical treatment is also a prevention strategy (treatment as prevention)
   - For HIV prevention (pre-exposure prophylaxis; PrEP) for high risk HIV-negative people.
   - For hepatitis C which is curable.

   c) Environmental Protection—
   - Ensuring the safety of public water supplies, and consider the effects of climate change and migration of vectors like mosquitos (Zika virus, malaria, West Nile virus, and related vector-borne infections)
   - Address other environmental factors that contribute to the spread of infectious diseases.
The 2017 Priorities were:

a) Immunization Prevention - Ensure that immunization continues to be covered by NYS/country insurance products and ensuring that current public policy on immunized continues to be based on evidence based medicine.

MSSNY agreed to be a part of an HPV coalition. The aim is to increase the rate of HPV vaccines in adults and children. HPV effects the entire population. Data from Australia where it’s been mandated and given to children before they become sexually active has been a huge success. It was suggested that some of this data be included in the policy. Rhode Island has a mandate on the books that was passed in 2015 and they have one of the highest rates of HPV vaccination in the nation. The state of Virginia has it on the books with an “opt out” which gives parents the option to refuse their child not receive the vaccine.

The position needs to be stated clearly. The elements are insurance access and public policy based on evidence needs to be included and financial barrier needs to be removed.

It was stated that there needs to be education policy before legislation policy.

b) Pre-existing Conditions Remains as a Standard—Especially for those individuals infected with diseases that are transmissible such as HIV, and for which, ongoing medical treatment is also a prevention strategy.

The committee were all in agreement with this, however, it was suggested that this needs a little work on the language.

c) Review of Environmental Protection—Ensuring that the public water system and the effects of warming and migration of vectors like mosquitos (Zika, malaria, West Nile, etc) environmental factors that could contribute to the spread of infectious diseases.

4) Encouraging NYSIIS (NYS Immunization Information System) reporting of adult vaccines:

Dr. Kaplan gave a brief presentation.

In 2008 §2168 of NYS public health law was enacted establishing the duty for physicians immunizing children to report such doses to a central database at DOH. Family physicians and pediatricians have been submitting data for eight years, providing the opportunity for meaningful assessment of population and individual immunization status. Gaps in care are identified and patient mobility does not confuse the record for each patient. Pharmacies are required to report, but not required to ask permission, so their reporting is not enforced.

For such a database to fully protect the individual and the community, all vaccinators must report adult doses. Therefore we should move toward universal reporting. Mandated reporting should be advocated by MSSNY with two cautions:

- Historic data uploads, as was required for pediatric data, should not be required because for adults such records are incomplete and speculative, and
- Small rural paper chart based practices need support so the public benefit of a robust database is not negated by the loss of such practices due to the burden of technology. Such support could be acceptance by NYSIIS of paper reports from such practices, or
translation of such reports into electronic format by county health departments of local
pharmacies.

The Onondaga County Medical Society and our county health commissioner have agreed to
perform a demonstration project for an adult NYSIIS reporting mandate if enabling state
legislation were to be enacted, if reporting to our RHIO would satisfy this mandate. Note that
such an effort by Onondaga and Monroe counties resulted in the statewide availability of the
MOLST form.

Dr. Kaplan stated that he would like the outcome to be a resolution that advocates for a
statewide mandated adult reporting system. The committee agreed that Dina Hoeffer,
Director NYSIIS and Jane Zueker, NYC DOH, should be invited to speak at the next meeting.

5) **Direct Acting Antiviral Therapies for HCV:** Dr. Braun stated that the treatment of HepC is
very important not only for the carrier but keeps them for transmitting to others which is big
problem amongst intravenous drug users. Dr. Braun provided articles to the committee.

6) **Adjournment:** Next Meeting October 25, 2018