MEDICAL SOCIETY OF THE STATE OF NEW YORK
COMMITTEE ON EMERGENCY PREPAREDNESS AND DISASTER/TERRORISM RESPONSE MEETING
THURSDAY, JUNE 27, 2019
9:00 A.M. – 3:00 P.M.
MSSNY ALBANY OFFICE
MINUTES

COMMITTEE MEMBERS

PRESENT COMMITTEE MEMBERS
- Arthur Cooper, MD, Chair
- Lorraine Giordano, MD, Co-vice-chair
- Frank Dowling, MD, Secretary
- Mary-Ruth Buchness, MD

PRESENT COMMITTEE MEMBERS (via Webex)
- Gary Guarnaccia, MD
- William Valenti, MD

MSSNY Staff-ALBANY:
- Phil Schuh, CPA, Executive Vice President
- Patricia Clancy, Senior Vice President, Public Health and Education/Managing Director
- Miriam Hardin, PhD, Manager, Continuing Medical Education - via Webex
- Melissa Hoffman, Public Health Associate
- Maureen Ramirez, Secretary

INVITED GUESTS:
- Bradley Hutton, MPH, Deputy Commissioner for Public Health, NYS Department of Health
- Tom Henery, Manager, Preparedness Training and Education, Office of Health Emergency Preparedness-NYSDOH
- Pat Anders, MS, Manager, Health Emergency Preparedness Exercises, NYSDOH
- Kristen Townsend, Assistant Director, Office of Health Emergency Preparedness, NYSDOH

EXCUSED
- Edmond Amyot, MD
- Joshua Cohen, MD, Commissioner
- Janine Fogarty, MD
- Kira Geraci-Ciardullo, MD
- Zachary Hickman, MD
- Craig Katz, MD, Co-vice-chair
- Joseph Maldonado, Jr., MD, MBA
- David Meza, III, MD
- Richard Peer, MD
- Catherine Steiger, DO

ABSENT:
- Saila Detore, MD
- Sheila Bushkin-Bedient, MD, MPH
- Catherine Steger, DO

1 **1. Welcome:** Arthur Cooper, MD, Chair
2 1. Committee Changes: New members – Gary Guarnaccia, MD; Luis Carlos Zapata, MD
3 2. Committee Changes: No longer a member – Justin Fuehrer, MD moved out of state
4 3. Approval of June 28, 2018 minutes: minutes were approved
5 4. The 2018-2019 grant expires on June 30, 2019. Any outstanding expenses and vouchers need to
6 be turned in by July 1, 2019.
7 5. Financial Disclosure forms: Committee members were asked to complete and submit disclosure
8 forms for the 2019-2020 grant period.
9 • An explanation was given for the purpose of the financial disclosures in regards to
10 ACCME regulations

2. **Program Status and Discussion:** The grant has been renewed for 2019-2020 with a $79,135 allocation. This is exactly the same as last year.
    1. Descriptions of where this money is allocated specifically
    2. Discussion of the boon that this renewal means and the successes this partnership has seen
    3. Emergency Preparedness for healthcare professionals is a national problem, yet the MSSNY program is unique and possibly the only one of its kind
    4. Accolades were given for all that has been accomplished with this grant throughout the years and the unique nature of the programs that have been created through this committee.
    5. The 2018-2019 goals have been accomplished.
        - There were eight live Medical Matters webinars.
        - There was one live Medical Matters seminar at the House of Delegates
            - 313 attendees for all nine programs
        - All of the new Medical Matters modules have been posted online.
            - 262 online module completions
            - Significant increase continues since the new CME website was launched
        - Discussion of patterns in online CME programs taken
    6. Discussion about coordinating with AMA to promote MSSNY's emergency preparedness programs
        - Decision to bring this suggestion to council in September
    7. Discussion about promoting programs and methodology
    8. Reaccreditation
        - All four modules of the Physician's Electronic Emergency preparedness Toolkit was reaccredited as well as two programs that were reviewed and reaccredited and two programs that were redone as new Medical Matters webinars.

3. **Programmatic Review of 2017-2018 courses/live & online.**
    1. On-line Programs/Evaluation. Attendance and evaluation trends were discussed in regards to online modules.
        - Discussion of evaluation process with pre-and post- module questions
            - Some answers show change in competence and knowledge
            - Suggestion to promote CME hour
            - Scrolling promotion on MSSNY website
            - Could also do it on the CME website
            - Try to reach out to the 9,458 CME website accounts to encourage them to take these modules

    2. Live Medical Matters. There were eight Medical Matters live webinars and one live seminar from October 17, 2018-May 15, 2019.
        - Approximately 313 (up from 225 in 2017-18) attendees participated in these webinars, and there were approximately 518 registrants (this is a 60% attendance/registration ratio)
            - 89% of attendees were physicians – Up from 62% in 2017-18
        - 77% of attendees filled out an evaluation - Down 8% from 2017-18
            - Break out discussion regarding updating evaluations
        - 87% of respondents rated "Educational Content" as "Excellent" or "Good"
        - There was a discussion as to who the non-physician attendees are, especially for the medical focused programs
        - There was a discussion as to how to engage more participants
            - How do we connect to members?

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    - Use of Facebook and Twitter to engage on a real-time basis was recommended

3. Drop off in non-physicians this year
    - Suggestion to reach out to nurse practitioner and physician assistant state societies to promote our programs
    - 60% of registrants attended. Registration to attendance up 4% from previous year
    - Discussion of What's Your Diagnosis and how it engaged the audience
    - Future programs need to focus more on case studies and how they impact physicians in order to engage participants
        - More discussion on best ways to engage participants
    - Need to focus on ways to engage the audience
    - 77% evaluation response – down 8% from previous year
    - Brief discussion of changing evaluation format
    - More detailed discussion of each individual program
    - Breakdown of attendance

4. Podcasts
    - 1,399 emergency preparedness podcast listens since 2015
    - Discussion of two new podcasts that were created in 2018-19

5. Discussion of promotion and possible podcast ideas to encourage participation

6. Discussion about MSSNY's role in getting the measles exemptions bill passed

4. Arrival of DOH representatives

1. Kristen Townsend, Assistant Director, Office of Health Emergency Preparedness, NYSDOH; Tom Henery, Preparedness Training Manager, New York State Department of Health, Office of Health Emergency Preparedness (OHEP) and Pat Anders, Pat Anders, MS, Manager, Health Emergency Preparedness Exercises, NYS Department of Health, introduced themselves upon arrival
2. All committee members introduced themselves

5. Presentation on New York State Office of Health Emergency Preparedness Measles Update New York Stat Response for 2018-19

1. Bradley Hutton, MPH, Deputy Commissioner for Public Health, NYS Department of Health
    - Ebbs and flows and challenges of the current measles outbreak
    - Began in October started in a youth returning home to Rockland County from Israel where there's an ongoing outbreak – As many as 10,000 people in Israel were exposed
    - Imported cases are always a concern
    - Origin case in Brooklyn also was imported from Israel
    - Global travel and diminished vaccination rates here have contributed
    - Small pockets across the state have lower rates, sometimes even below 80%
    - Yeshiva private schools in Rockland County had sometimes as low as 50%
    - Biggest outbreak faced in NYS so far
    - 90% of non-immune up to 2 hours later will become infected
    - 4 days before rash presents
    - How do you stop a measles outbreak?
    - Boost immunity, increase vaccines
    - Work on reproduction (new cases from each case) factor

109 • Deplete the susceptibles
110 • Post exposure prophylaxis
111 • 3 day window to treat
112 • Contact investigations
113 • Either a family is cooperative and agrees to monitoring and prevention, or completely non-
114 cooperative and the entire family (average 8 family members) is exposed/infected
115 • Discussion of the exemption prior to the new bill being passed
116 • Law signed on June 14th first dose has to be given within 14 days – includes public or
117 private school and day care
118 • Anti-vax movement is a public health globally
119 • Camps do not have a requirement for vaccination
120 • Orthodox community migrates to Sullivan County
121 • Sullivan, Orange, Rockland and Greene Counties have issued county orders requiring
122 vaccination for camps
123 • State is going to 173 camps and trying to ensure compliance
124 • Concerns about the camp environment
125 • DOH considered requiring camp vaccines, but decided it was not a viable option
126 • Suggestion to get rabbis to encourage congregants to vaccinate
127 • Scientology is the one and only religious group that has doctrine against vaccine
128 • Anti-vax movement is infiltrating communities with significant success
129 • Parents of children with medical exemptions have strong support to remove religious
130 exemptions
131 • There have been some complications from the current outbreak, fortunately no deaths
132 • Pediatric practices are overwhelmed, now they have an urgency to deliver vaccines. Deluge
133 of families looking for titers to prove immunity – practices are in a juxtaposed position
134 between families and public health
135 • Incident Command has been activated for the longest time ever for DOH
136 • CDC has people along with DOH and Rockland County keeping track of the outbreak
137 • Healthcare settings in Rockland county have been struggling with keeping patients with a
138 rash separate from others
139 • Model Refuah healthcare center started screening at the door
140 • Trying to prevent healthcare exposures
141 • Failing to report in a timely manner, understandable delay owing to non-recognition
142 • Important to report to public health
143 • Estimated that 30-50% of cases are reported
144 • 90% of cases have been unvaccinated children
145 • Orthodox community has a strong concern about stigma surrounding developmental
146 disability – Need children to be marriageable
147 • Coincidence that vaccine schedule and appearance of spectrum disorders – developmental
148 milestones for communication – correlation as opposed to causation
149 • This outbreak will end, but global travel will surely bring more cases in the future
150 • Need to communicate with patients and promote vaccination – prevention is the key
151 • Suggestion for a webinar and podcast with Dr. Valenti and a rabbi
152 • Concerns about abuse of the medical exemption rule – Need recorded documentation of the
153 medical condition that leads to exemption
154 • Discussion of notices to share with MSSNY community

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- Questions about Amish communities – Local health departments have been dealing with these communities more than State DOH
- Discussion on steps forward for auditing schools and ensuring compliance
- Anticipation of legal challenges
- Discussion about vaccine hesitation
- Anti-vax and vaccine hesitant – ¾ are vaccine hesitant and are not firmly opposed to vaccinate, but with a push from DOH will be persuaded to vaccinate – Rarely able to change the mind of anti-vax
- Suggestion for a program about the science behind vaccines

6. DOH discussion

1. Discussion of continuation of program following CDC guidelines
    - Discussion of exercises being planned
    - Vaccination of critical workforce
    - Pediatric surge tabletop exercise
    - Large medical counter-measure distribution exercise dealing with Anthrax
    - Communication drills
    - Coalition surge test - Evaluation exercise for large medical centers
    - Discussion of revisiting drills for MSSNY -

7. Measles presentation:

1. Dr. Valenti presentation What to Do About Measles
    - Diagnostics and vaccination numbers
    - Anti-vax movement is recent and has gained momentum despite the autism study being rejected soundly

- Measles is respiratory and is transmitted by humans through respiratory droplets and is contagious prior to the onset of illness.
- Two doses of MMR will provide long-lasting immunity of 98%. The vaccine is not harmful if you receive more than the required 2 doses.
- Past measles infection can be detected through a blood test.
- Herd immunity is essential and ideal
- For patients who are travelling, if their history is incomplete or uncertain, tell them not to go to Italy, or get vaccinated before they go.
- Not hesitancy, but anti-vax is why there are a number of outbreaks throughout Europe.
- Niche histories can be overlooked, but should be included in an exam. Always ask travel and sexual history. Any patient with fever and a rash get a travel history and a sexual history. Fever and rash in children can be considered measles until proven otherwise.
- Remember that viral rashes look similar, but only measles causes Koplik's spots, and many doctors today have not seen them. 10-15% will not develop Koplik's spots, and they develop early.
- Discussion of herd immunity, striving for enough vaccinated population to interrupt spread of disease. Even if you vaccinate, unless you reach 95% community immunity for measles, it will begin to be transmitted.
- Degree of contagion/vs. vaccine protection.
- Higher level of herd immunity needed to interrupt transmission if higher level of contagion.
- Anti-vax movement is a universal phenomenon. Medical student unvaccinated in Ukraine died of measles where there have been 39 deaths since 2017.
- Physicians need to pay closer attention to travel history.

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- Concern that other “eradicated” diseases will reemerge.
- Opportunity as physicians to help younger colleagues understand the importance of recognizing and diagnosing vaccine preventable diseases that have been largely eradicated.
- Our experiences help make the case for vaccinating patients.
- Brief discussion of new bill that removes non-medical exemptions for school and day care.
- Presentation of vaccines that have the potential to be eradicated.
- Polio is still present in Pakistan, Algeria and Nigeria.
- War-torn countries have resistance to healthcare delivery.
- Vaccine community workers have been subjected to violence.
- Public health and politics begin to collide and create problems.
- Summary, get a travel history, thorough physical exam, call your local health department if you have a high index of suspicion.
- Difference between anti-vaxxers and vaccine hesitators, who are more amenable to reasoning and science.
- Discussion about shots required to leave the country.
- As vaccine penetration has increased, the need for vaccination to travel has decreased for most places.
- Association for vaccination for travel has changed.
- Check the CDC guidance list for recommendations.
- A number of young adults are seeking vaccine catch-up.
- Children of anti-vaxxers are more amenable to getting vaccines.
- Starting with a blank-slate at 20 years old can present a number of challenges.
- Recommended program surrounding vaccines.

8. Program Discussion 2019-20 – Looking for nine webinars again

1. Definitely should do the drill – hasn’t been done in a number of years – participant engagement is a critical component for a virtual drill
2. Vaccines
3. Influenza
4. Cybersecurity expanded with real-world examples and what NYS DOH has done – This really did happen – Recent attacks on two medical practices
5. Rash recognition – kaposi Sarcoma – perhaps a What’s Your Diagnosis?
6. Federal priorities: crisis and risk communication - Several areas to make this topic fit
7. Cyber; Hesitant individuals; How to communicate with your patients and the general population; You can damage an otherwise well-planed response
8. Risk communication with a role-playing aspect – Very easy to minimize trust by miscommunication
9. Incident Command System as part of the Virtual Drill
10. How can I get involved? Talk about available courses (Suggested as a podcast)
11. It has happened here – outbreaks, surges, terror attacks, natural disasters

9. Reaccreditation:

1. Office Based Surge – (should incorporate larger group practices which have become the norm)
2. Mosquito Borne Diseases
3. The Mental Health Impact of an Active Shooter on the Health Care Team
4. Consensus that we should reaccredit these programs

10. Suggestions for podcasts

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1. Perhaps ask Dr. Zucker to do a moderated podcast explaining why it's important to be prepared for an emergency
2. Discussion about resilience program and relationship between disaster and suicide – need to follow people longer term after disasters – correlation between disaster and suicide should be looked at long-term instead of acute – evidence informed data in regards to resilience needs to be deployed – mobile crisis team discussed

11. Closing comments

1. Discussion about moving next year's committee meeting to May, 2020 – On the calendar for May 7, 2020
2. Planning committee with meet again in August
    - First Thursday of the month at 12:30pm

12. Adjournment. The meeting was adjourned.

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