MEDICAL SOCIETY OF THE STATE OF NEW YORK
COMMITTEE ON EMERGENCY PREPAREDNESS AND DISASTER/TERRORISM RESPONSE MEETING
THURSDAY, MAY 7, 2020
10:00 A.M. – 12:00 P.M.
VIA WEBEX
MINUTES

COMMITTEE MEMBERS

PRESENT COMMITTEE MEMBERS (via Webex)

Arthur Cooper, MD, Chair
Lorraine Giordano, MD, Co-vice-chair
Craig Katz, MD, Co-vice-chair
Frank Dowling, MD, Secretary
Mary-Ruth Buchness, MD
Gary Guarnaccia, MD
William Valenti, MD
Kira Geraci-Ciardullo, MD
Zachary Hickman, MD
Joseph Maldonado, Jr., MD, MBA
Luis Carlos Zapata, MD
Bonnie Litvack, MD
Parag Mehta, MD
Arthur Fougner, MD
Leanna Knight

EXCUSED

Joshua Cohen, MD, Commissioner
Janine Fogarty, MD, Assistant Commissioner

ABSENT:

Sheila Bushkin-Bedient, MD, MPH
Erick Eiting, MD

MSSNY Staff-ALBANY:

Patricia Clancy, Senior Vice President, Public Health and Education/Managing Director
Melissa Hoffman, Public Health Associate
Miriam Hardin, PhD, Manager, Continuing Medical Education
Phil Schuh, CPA

INVITED GUESTS:

Tom Henery, Manager, Preparedness Training and Education, Office of Health Emergency Preparedness-NYSDOH
Pat Anders, MS, Manager, Health Emergency Preparedness Exercises, NYSDOH
Marcus Friedrich, MD the Chief Medical Officer, NYS DOH Office of Quality and Patient Safety
Elizabeth Dufort, MD, Medical Director in the NYS DOH Division of Epidemiology

1 **1. Welcome:** Arthur Cooper, MD, Chair
2 1. Committee Changes: New members – Erick Eiting, MD and Leanna Knight, medical student
3 member

2. Committee Changes: No longer a member – Edmond Amyot, MD, Saila Detore, MD, Catherine Steyer, MD and David Bernard Meza, III, MD (deceased)
3. Discussion of the contributions Dr. Meza made to the committee
4. A moment of remembrance for Dr. Meza
5. MSSNY Leadership approved the creation of a David Bernard Meza, III, MD Emergency Preparedness Award at the next MSSNY House of Delegates
6. Approval of June 27, 2019 minutes: minutes were approved
7. Financial Disclosure forms: Committee members were asked to complete and submit disclosure forms for the 2020-2021 grant period.

8. **Program Status and Discussion:** Pat Clancy & Melissa Hoffman
   1. There were seven Medical Matters webinar from October 17, 2019 – April 29, 2020 (an eighth Medical Matters webinar is scheduled for May 20, 2020)
      - Attendance increased from 313 in 2018-2019 to 780 in 2019-2020 (owing to webinars relating to the COVID-19 pandemic)
        - 249% increase in attendees
        - Thank you to Dr. Valenti, Dr. Katz, Dr. Dufort and Dr. Friedrich for working on the COVID-19 webinars and podcasts
        - Thank you to NYS DOH for promoting Medical Matters during the weekly COVID-19 webinars
      - 75% of attendees were physicians (down from 89% inn 2018-2019)
        - Increase in non-physician attendees from 35 in 2018-2019 to 158 in 2019-2020
      - All Medical Matters for 2019-2020 were recorded and placed online
   2. Online attendance at MSSNY CME website:
      - 289 online Emergency Preparedness and Medical Matters completions
        - 62% increase in course completions from 2018-2019
      - Registrations have increased from 1,665 in 2017 to 11, 158 as of May 5, 2020
   3. Podcasts related to emergency preparedness:
      - 2,158 emergency preparedness podcast listens since 2015

2. DOH COVID-19 Update Presentation: Marcus Friedrich, MD & Elizabeth Dufort, MD
   1. Priorities for DOH:
      - When the pandemic started, outpatient providers were not the focus
      - Impatient to get back to that partnership between office-based physicians and NYS DOH
      - Want to focus and partner more on physician and healthcare provider wellness
        - COVID-19 is highlighting physician wellness
      - Dr. Friedrich stated that overall need to figure out how do we manage the post-apex? And make sure that practices are set up
   2. General discussion of COVID-19
      - Cases are down under 10,000 and there have been 55,000 discharges
        - These numbers speak to all the work that is being done – There are approximately 50,000 hospital beds in New York State
      - Patients in ICU beds have gone under 3,000
        - Intubations are down to approximately 2,900
        - Normal ICU bed capacity in New York State is about 1,000 – Number has gone up over 5,000 during the pandemic
        - Hospitals have done a great job

- Elective surgeries are reopening
- DOH is working on a reopening guidance document for all free-standing practices
    - Want to define and help practices understand what they have to have in place to reopen and protect themselves, their employees and their patients
- Significant discussion about nursing homes
    - Extensive testing of both residents and workers at nursing homes
    - Looking for volunteers to help in all capacities in nursing homes going forward
- Discussion about teaming up with MSSNY to focus on well-being
    - Mention of MSSNY's P2P program
- DOH is taking well-being very seriously
    - Bringing on a volunteer who is focusing solely on well-being
    - Tasked with ensuring that DOH has well-being as a centerpiece moving forward
    - DOH will promote MSSNY's efforts toward well-being such as the helpline

3. Questions from committee and MSSNY members:
    - Dr. Buchness asked about where can practitioners get PPE?
        - Unable to find link on Emergency Management website
    - Dr. Dufort Pointed out that some counties are easier than others to navigate when trying to access PPE
        - DOH does provide PPE to counties specifically for practitioners
        - In the future DOH will try to make it clearer to the counties that all practitioners that require PPE be given it
    - Dr. Friedrich pointed out that some counties are easier to communicate with than others
    - He mentioned that MSSNY has been sharing member communications regarding inability to access PPE and he has been prioritizing these concerns and sharing with individuals in a position to assist.
    - Dr. Geraci-Ciardullo asked about different types of testing such as antigen and antibody testing, what is the difference between what Quest does, what LabCorp does and what Wadsworth does? She also asked about the efficacy of the tests and how to know if a test is a good test, and how can you know the antibody is specifically COVID-19?
    - Dr. Dufort answered that unfortunately there aren't many answers yet and it's frustrating. This is a new pandemic, but luckily we have an excellent state laboratory in Wadsworth.
        - We find ourselves in a data-free zone owing to the novel nature of COVID-19
    - As for testing, the FDA held back labs ability to perform molecular testing early on
    - Now over 1 million New Yorkers have been tested
    - Sensitivity and specificity are pretty good.
    - Emergency Use Authorization approval for a number of tests
        - These tests are in the high 90% for sensitivity and specificity
    - Serological assays are on the market without FDA approval
        - As many as 150 tests have not been reviewed by the FDA
        - Some are good, some are poor
        - There are 12 EUA authorized serological assays that are considered valid
    - Is an antibody test good in the acute phase?
        - Serological tests are not perfect

    - Unknown if the antibodies confer immunity, though experts agree that the antibodies offer at least some immunity
- Discussion of the weekly NYS DOH webinar on COVID-19
    - Webinars for health providers are presented every Thursday and archived at the DOH COVID-19 website
- Dr. Valenti discussed testing and testing algorithms for healthcare workers
- Big issue for next phase is to figure out the best way to use testing and what to do with the results
    - Recognize that testing is important, but an imperfect science
    - Provide interim guidance
- There are many frequently asked questions about serology testing, but we don't have all the answers
    - Not a satisfying amount of answers

4. Where are we in surveillance testing?
    - There's a role for sero-prevalence studies, especially with asymptomatic infection
    - Testing in different settings for essential workers, healthcare workers and general community to understand sero-prevalence
    - Testing will help us plan for moving forward
    - There is value in antibody testing
        - How do we discuss the value in antibody testing with patients
        - There can be value in settings where staff were not showing up for work out of fear and anxiety
        - Antibody testing provides some reassurance, though PPE should still be used
        - Though we don't know if immunity is conferred, or for how long
    - Dr. Friedrich added that the testing and tracing strategy is encouraging and DOH is pleased with the emphasis being put on testing and tracing
    - Testing as much as possible will enable the identification of hot spots
    - Positive cases need to be identified as early as possible as part of a measured approach post-apex to identify second waves
    - Reporting helps DOH better understand what's going on
5. Dr. Geraci asked if we are learning from the serology of people who were known to have COVID-19 and were symptomatic
    - How much follow-up testing is there in regards to when positive symptomatic cases stop shedding virus
    - Serological testing is not reflective of shedding
    - Positive antibodies does not necessarily mean virus cannot still be spread
    - We know that individuals can be positive for weeks on molecular testing
        - Individuals should be in isolation for 10 days after symptom onset and symptom resolution
    - There are multiple serological studies ongoing, but the NYS team does not have any results as yet
6. Dr. Valenti stated that the need for coordination is critical to move on to the next phase.
    - Providers are ready to respond, but response must be coordinated
    - In order to apply science and prevention, testing and results must be coordinated
        - Need to link test results with coordination and follow-up in healthcare workers and essential workers

7. Dr. Cooper pointed out that what we really need for the physicians of New York State is practical guidance on "what am I going to do today?"
8.
    - Needs to happen to get to the next phase of applying the science to the interventions and preventions
    - We have an opportunity to educate, streamline, coordinate, intervene
    -

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.

9. 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?
        - Use of Facebook and Twitter to engage on a real-time basis was recommended

10. 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

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

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

13. 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
    - Deplete the susceptibles
    - Post exposure prophylaxis
    - 3 day window to treat

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

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.