Draft Minutes
MSSNY Committee on Infectious Diseases
Thursday, February 10, 2022 via zoom

Present
Joshua Cohen, MD
Janine Fogarty, MD
William Valenti, MD Chair
Karen Myrie, MD Co-Vice Chair
Phillip Kaplan, MD
Monica Sweeney, MD
Helena Mirza, Alliance

Excused
James Braun, MD Co-Vice Chair

Absent
Carmen Rodriguez, MD
Ryan Schloback, MD
Danielle P. Wales, MD
Saiganesh Ravikumar, Student

Staff
Troy Oeschner, Executive Vice-President
Moe Auster, Sr. Vice-President and Chief Legislative Counsel
Pat Clancy, Sr. Vice-President PHE, Managing Director
Maureen Ramirez, Administrative Asst.

1) Welcome

2) Approval of October 14, 2021 minutes – approved

3) 2022 Sunset Review of House of Delegates Policy – MSSNY bylaws require a review of policy every 10 years. The policy requiring review by this committee is **PHE15.952 HIV Testing Guidelines –** the committee votes to **Sunset** this policy.

4)Discussion of DOH Guidance: "Prioritization of Anti-Sars-CoV2 Monoclonal Antibodies and Oral Antivirals" - William Valenti, MD, Chair – some of the issues that have arisen are from physicians who have raised a question of how restrictive this guidance is, in other words people want to make sure the physicians clinical judgement still plays are role in the decision making in selecting who gets these drugs. The question has come up – is this a guideline or is this a requirement? At this point in time the drugs are in relatively short supply and are distributed to the regions based on a formula the health department has developed that is based on a few things – it is based on population, size and disease burden. This formula is then adjusted with monthly allocations depending on those and other factors. It discusses how to use the framework in relation to tiering or creating prioritization groups of for the treatment of COVID. It goes through risk groups, recommended therapies, etc. and gives some notes on prioritization. It talks about age and vaccine status. There are some notes that are added. The discussed the role of BMI in the decision making. Also note, race and ethnicity should be considered a risk factor as long standing systemic health and social inequities contribute to increased risk in these populations. So this is the foundation and the idea is that these drugs are in relatively short supply.

Dr. Valenti indicated he did not have any trouble accessing these drugs and listed the website www.healthdata.gov search for the Therapeutic Locator – its lists by state – every pharmacy that has these drugs for treatment and how much they have.

Moe Auster, Sr. Vice-President and Chief Legislative Counsel to MSSNY joined the meeting to talk about the legal guidance surrounding accessing these drugs. MSSNY received word from the AMA that the NY Attorney Generals office has asked the AMA to join in an Amicus Brief in support of the Department of Health guidelines. There is a Cornell University professor that has sued to have these guidelines declared unconstitutional specifically addressing the notes that say being a person of color or of Latino heritage, there is a risk factor. It is specifically asking that organized medicine defend it and for a specific number of reasons – including that COVID has disproportionately harmed people of color and Latino individuals. Greater rates of severe symptoms and death from COVID by persons of color, that it is systemic racism and bias not accounted for in the standard risk factors.That persons of color and Latino heritage have worse outcomes due to inadequate health care directly tied to systemic racism and bias. Considering a patients non-white race or ethnicity as a risk factor when prioritizing COVID treatments has a strong basis supporting that. This is an item that should be answered by MSSNY Leadership, the office of the president or MSSNY counsel. It is probable when deciding whether to join in support of this brief, that they will ask "what does the Infectious Disease Committee think of these guidelines? Just as a point of reference – the algorithm that Dr. Valenti went over has been on the agenda for two weeks to be discussed. That MSSNY just received information on the Amicus Brief last night just ties into this.

- Given the amount of data that has been collected over the past two years about the disparities in the effect of COVID and COVID mortality and morbidity on Black and Latino populations, this committee should support this AMICUS Brief.
- Three observations by Phil Kaplan, MD - #1 the COVID-19 Vaccine Workgroup meeting yesterday suggests that NYS allocation of antibodies and antivirals is plentiful and that we are receiving more than we use in this state. #2 Dr. Kaplan observed that there is a different part of this policy and being vaccinated is being penalized. That is you're under 65 and up to date on vaccination, you become ineligible. #3 Gene Heslin from the DOH has repeatedly stated that clinical judgement trumps everything.
- The DOH has made consistently clear that at the end of the day clinical judgement wins out.
- Since supplies have gone up it is extremely unlikely that a physician will be put in the position of having to use the guidelines to make that decision.
- If indeed supply is outstripping demand the question is "is that supply the same in all areas?" Can underserved communities throughout the state make the same statement that "supply is outstripping the demand?" or not.

Dr. Valenti referred back to the healthdata.gov website to look at the allocations. Supply does seem to be adequate throughout the state.

The problem does not seem to be how to prioritize drugs, but getting people vaccinated and tested. In order to enter into this algorithm, you'd have to be

tested. This is a guideline not a mandate. The guidance is helpful. Historically, when HIV testing became available in 1985, people wanted to prevent the FDA from approving it because it had the potential to "stigmatize" and discriminate. We can look at HIV testing now and see where that has gone and understand why it is central to the discussion. It would be best if we didn't wait 40 years to figure it out for COVID. What does the committee think? Is there anyone that would like to speak against joining the AMICAS brief with the AMA?

A motion was made and seconded that the Infectious Disease Committee support the Amicus Brief. The motion was approved. Pat Clancy will convey this information to leadership at MSSNY and will keep the committee advised as things move forward.

5) COVID-19 Work Group Update – Pat Clancy – There was a discussion at this meeting about the development of podcasts. Particularly to address the misinformation that is out there. The members may recall several years ago, MSSNY did immunization podcasts. MSSNY has been committed to do podcasts for different regions of the state. Pediatricians will need to be involved because once the CDC approves the vaccine use in 6 months and older, the pediatricians will be responsible for immunizing very young children. We hope to have several members of the Infectious Disease Committee working with the Academy of Pediatrics and Family Docs to identify physicians that can talk to patients about the need to be immunized for COVID-19 and also the need to continue to mask up. Dr Valenti commented that the release of mask wearing in public places is premature and naïve, when respiratory viruses are so unpredictable that you don't know if there is a next wave and what it will look like or whether this is becoming endemic. We will need to sit tight for the next couple of weeks and see what happens. He hopes he is proven wrong. Dr. Zucker, from New York City indicated that they were keeping their mask mandate in place. Calling to mind the health departments anti-smoking campaigns it was discussed that scare tactics are not meant to be a long term motivator, but can be a short term motivator which is "get your shot, once it's done, it's done!"
Pat Clancy will be in touch with Dr. Sweeney and Dr. Myrie regarding the podcasts. They last about 10 minutes and we will need to develop a consistent message throughout the state. We need to raise the important points on vaccination and why it's important for children to be immunized. Dr. Sweeney pointed out that the over 60 crowd still need to be motivated to get the rest of their shots. Many have had the 2 vaccine shots and refuse to get the booster. She has a family member who passed from COVID and before they placed him on a ventilator, he had them take a picture of his with the phrasing "COVID is real, get vaccinated". Then he passed. She will ask her family for permission to use that picture. Sometimes the tough message is the only way to get through.

6)New York State Department of Health Announces New Study and New Data Website On COVID-19 Reinfection-- Eli Rosenberg PhD, Deputy Director for Science, Office of Public Health
New York State Department of Health (New York State Department of

Health Announces New Study and New Data Website On COVID-19 Reinfection (ny.gov).

The State of New York collaborated with the State of California doing a study on COVID-19 and reinfection. Eli Rosenberg, PHD presented the results of the study by Powerpoint. Dr. Valenti asked if it was safe to say "we now have evidence to support the idea that both natural infection and vaccine is providing a higher level of protection for people." Dr. Valenti commented "we're trying to translate your data into real world information that we can talk to our patients about". The idea that natural infection doesn't require the need for vaccination really turns into an argument, but the idea of considering that one dose, might work better than arguing with people on our view of science vs. their own research. Dr. Rosenberg commented that "the graph is very telling, even though it is thin data. The closeness of the 62 and 60 – the 3 dose with no infection and the 2 dose with infection is suggestive of what we're talking about." It is very early to consider that here in the US, but there is certainly logic to it. Dr. Valenti asked Dr. Rosenberg "what are the next steps, what can we expect from your group?" There are no established "next steps" the NYS DOH is studying this data and trying to figure out how to apply that to this state. Question – what do you hear about the newest variant VA2? Dr. Rosenberg said at this point it seems to be more transmissible; but has no other significate properties.

Dr. Valenti thanked Dr. Rosenberg for his time and asked him to come back soon.

Dr. Valenti asked for any thoughts or ideas.

- A comment on the emotional and personal story that Dr. Sweeney shared. Could there be other similar stories within the MSSNY membership that could be shared too? Is there a way to gently, kindly ask our membership if they have stories they'd be willing to share?

Pat Clancy indicated that MSSNY had reached out to members asking them for their stories on COVID. She is aware of several physicians who have had COVID themselves and one who has long COVID. She will reach out to the individuals to see if they'd be willing to share their story. She will reach out to MSSNY Communications Department about crafting a message to physicians about telling their story.

The Medical Society will to reach out to the governors' office about the lifting of the mask mandate. The DOH, as a result of the COVID-19 Work group meeting yesterday is aware of MSSNY's concerns over the lifting of the mask mandate. Discussions will continue on this topic.

Next meeting: April 28, 2022

Adjourned