

**CITY OF PHILADELPHIA
DEPARTMENT OF PUBLIC HEALTH
MEETING OF THE BOARD OF HEALTH**

Thursday, December 10, 2009

A meeting of the Philadelphia Board of Health was held on Thursday, December 10, 2009, in the Municipal Services Building, 1401 J.F.K. Boulevard, Room 1450.

Board Members Present: Jose A. Benitez, MSW; Marla J. Gold, MD; Shannon P. Marquez, Meng, PhD; Susan Schewel, CRNP, PhD; Donald F. Schwarz, MD, MPH; Robert G. Sharrar, MD, MSc; Yolanda A. Slaughter, DDS, MPH

Attendees: Bernard Finkel; Nan Feyler; Kay Graham; Sandra Greene; Robert Frederick; Izzat Melhem; Paul Offit, MD; Carol Rogers; Don Sapatkin; Elaine Strunk; Melissa Valentine; Kevin Vaughan

Welcome and Introductions

Board President Donald F. Schwarz, Health Commissioner, called the meeting to order at 5:35 PM. He welcomed the members of the Board and those attending the meeting. Dr. Schwarz asked for amendments or corrections to the minutes of the meeting of October 2009. A typographical error in the list of members present was noted and corrected. It was moved that the minutes be approved as corrected. **Motion passed.**

Announcements:

Commissioner Schwarz announced that Carol Rogers, after 29 years of continuous City service, would retire from the health department on January 4th, 2010. He submitted a written summary of Carol's history and accomplishments for inclusion in the minutes. (Attachment A) He noted her achievements as a pioneering advocate for women's health, HIV/AIDS services and, universal health care. On behalf of the Board of Health, and previous boards over the past thirty years, he thanked Carol for her many years of outstanding service.

Menu Labeling:

Board Members were presented with a regulation (Attachment B) to establish procedures for application and approval of variances in the manner of display of nutrition information required by the Menu Labeling Ordinance. The outlined procedure allows business operators to apply for a variance that is to be approved by the Health Commissioner or his designee within 30 days. If a variance is denied, operators may appeal the decision to the Board of Health within 60 days.

The document presented to the Board was drafted in consultation with the Law Department, following discussion about procedures for the granting of a Variance during the October meeting of the Board of Health. Dr. Gold asked if the regulation contained any substantive changes that were not a part of discussion in the previous meeting. Dr Schwarz said that it did not. He entertained a motion to approve the regulation. It was moved and seconded. **Motion passed.**

The regulation will be forwarded to the Records Department for a 30-day period for public comment.

Human Papillomavirus (HPV):

As a part of the Board's on-going discussion of HPV vaccine, Dr. Schwarz introduced Dr. Paul Offit of Children's Hospital of Philadelphia and the University of Pennsylvania School of Medicine.

Dr. Offit asked if the Board was considering a universal use recommendation for children. Dr. Schwarz said that the Board is not currently considering any official action and invited Dr. Offit to conclude his presentation with any recommendations he may have for official action.

Dr. Offit said the HPV is a virus that is spread through sexual contact, and, for the most part, sexual contact only. It is a common infection that is the only known cause of cervical cancer. There are approximately 100 types of HPV virus, some of which are more capable of causing cancer than others. HPV causes approximately 10,000 cases of cervical cancer in women each year.

There are two vaccines to immunize against the virus. The first vaccine, Gardasil, manufactured by Merck, immunizes against virus types 6, 11, 16, and 18. Types 16 and 18 account for 70% of the cases. Immunization against types 6 and 11, also prevents anal and genital warts. Men and women suffer anal and genital, with approximately 500,000 cases seen in a year. Warts are disfiguring, psychologically crippling, and painful. The vaccine immunizes against 90% of the strains that cause anal and genital warts.

Under an electron microscope it resembles whole virus; but it does not contain genetic material and cannot reproduce. It is one of only a few vaccines that induce an immune response that is better than natural infection. It is 100% effective against the strains that are in the vaccine. When it was licensed in 2006, it had been tested in 30,000 women for five years. The Food and Drug Administration licensed it for the prevention of cervical cancer even though cervical cancer does not appear until twenty or twenty-five years later, because it prevents an infection that is that is prerequisite to cervical cancer.

When the CDC Advisory Committee for Immunization Practices (ACIP) recommended the vaccine in 2006, it was recommended for girls at an adolescent visit at the same time they receive meningococcal vaccine. Safety issues that arose at the time concerning strokes, blood clots, or heart attacks proved to be unfounded. The vaccine, however, can be quite painful at the site of injection and is associated with fainting.

The second vaccine, introduced in 2008, is called Cervarix. It contains two strains, 16 and 18. It does not contain strains 6 and 11 and will not prevent anal and genital warts. Cervarix contains a novel adjuvant, used for many years in Europe, called monophosphoryl lipid A that enhances immune response locally. Cervarix, too, has been subject to large safety trials involving tens of thousands of women with only local side effect.

Globally, approximately 300,000 women die of cervical cancer each year. The good news, Dr. Offit said, is that there are now two vaccines that can prevent it.

Dr. Schwarz called upon the Board for questions.

Dr. Gold asked what percent of cervical cancers are caused by HPV serotypes. "100%," Dr. Offit responded.

Dr. Gold asked how many cases of cervical cancer are prevented if adolescent girls are immunized.

Dr. Offit said that the vaccine is now licensed for boys and expressed disappointment in the ACIP recommendation does not include boys who account for 4,500 case a year. He said that the ACIP considered genital warts as an issue but did not consider transmission between boys and girls. If you prevent infection and persistent infection in boys, which are requisite to transmission, you will prevent transmission and prevent cervical cancer.

Dr. Schewel, asked Dr. Offit to discuss the vaccine's potential to produce long term immunity, and parental acceptance of the vaccine.

Dr. Offit said that the vaccine has been in use for eight or nine years and there is every reason to be encouraged that it will induce long-term immunity. He said that acceptance has been difficult because parents are uncomfortable about talking about sexually transmitted disease in relation to young adolescents. Uptake of the vaccine is only 20%.

Dr. Sharrar asked if the Vaccine For Children program provides the vaccine. Dr. Offit said that it is: however, because it is 'recommended' for girls and only 'permitted' for boys, most insurance companies will not pay for its use among boys.

Dr. Slaughter asked Dr. Offit to comment on recommendations to parents at both ends of the spectrum, those who have had frank conversations with their sexually active adolescents, and those who teach their children to practice abstinence.

Dr. Offit said that studies show that by 15 years-of-age 25% of girls have had penetrating sex. The percentage is roughly the same in urban suburban and rural areas. The vaccine is recommend whether or not a girl is already sexually active. There has been suggestion that use of the vaccine encourages sexual activity. This should not be so because the vaccine only protects against the strains of the virus that are in the vaccine. It does not protect against other strains of the virus or other sexually transmitted disease.

Dr. Slaughter noted that the mouth is the second most prevalent site of infection. She said that a greater percentage of girls might be participating in non-penetrating sex. Dr. Offit said that while the focus is on preventing cervical cancer the vaccine also protects against HPV. That is why the recommendation is for the younger adolescent.

Dr. Gold questioned the notion that a vaccine to immunize against a sexually transmitted disease should necessarily be administered in conjunction with an individual's sexual debut. She said that if the vaccine is safe, does not cause an increase in sexual behavior, and has proven to be effective the Board should consider use of the vaccine as readily as Meningococcal vaccine which immunizes against an infection that is less prevalent.

The Board discussed the merits of moving forward at this time by asking the Department of Public Health's Division of Disease Control to draft a proposal.

Dr. Slaughter asked for more information about what adjunct activities and community information and messages might be disseminated in conjunction with adopting a requirement.

Dr. Schewel urged the Board to consider a cost analysis of a requirement and to measure the costs against other public health measures such as routine gynecological care.

Dr. Marquez expressed concerned that if a requirement were not carefully implemented it might encourage people to opt out of receiving this and other vaccines.

Dr. Schwarz said that this vaccine seems, more than any other, except perhaps Hepatitis B vaccine, to be linked to behavior. The Board seems to be interested in obtaining more information about the vaccines cost and its impact on behavior.

Dr. Gold said that it is important to acknowledge that the issue is sexual behavior.

Dr. Schwarz said that at the next meeting the health department would provide behavioral impact studies and cost information to the Board. He invited the Board to contribute to that information. He said that the department would also begin the process of drafting a regulation

The Commissioner adjourned the meeting at 6:55 PM.

ATTACHMENT A

- Carol Rogers has worked for the Department of Public Health since 1980, and is retiring this month after 29 years of continuous service.
- There is literally not enough time for me to cover all of Carol's outstanding contributions to the health department and to the tens of thousands people of Philadelphia she has helped over the past three decades.
- Carol graduated from high school in 1968, a pivotal moment in history that shaped both her politics and the principles that have shaped her work ever since. Along with much of the rest of her generation, she learned to question injustice and work to change it.
- Carol started her work as a clinician when she became a licensed practical nurse, through a Philadelphia public schools program. Her first job was in the emergency room of a local hospital, where she saw firsthand how many of our patients used the emergency room as a place to access primary care.
- Carol was exposed to a full range of conditions needing treatment in an emergency room. But, Carol says, she learned the most by listening to the stories her patients told her about their lives.
- In search of more training and more autonomy, Carol entered Hahnemann's (now Drexel's) Physician Assistant program. Many people may not remember that the position of PA was designed primarily for returning Vietnam era medics, who had a lot of practical experience, but little academic background.
- Carol's first, and only, job as a PA was for the Philadelphia Department of Public Health at Health Center #1, the City's STD clinic, where she worked for 18 years.
- Carol thought the STD clinic would be a good fit for a beginning PA because the patients served in the clinic were generally pretty healthy. Little did she expect to witness the seeds of a world epidemic, when in 1982 we saw the first patients in Philadelphia with HIV.
- During those years in the STD world, it became very clear to Carol that the primary prevention message—abstinence and the promotion of male condoms—was out of reach for many women. When she learned of a newly developed prevention tool, the female condom, she became very involved in working to get FDA approval for this new device, which put more control into the hands of women.
- After female condoms became available, Carol led the nation in promoting the female condom as an additional tool that could help women and girls protect

themselves. Philadelphia became the first city in the world to distribute female condoms on parity with male condoms. This project became a model for the U.S. AIDS female condom project in Africa.

- Many of you may remember that in the late 1980s, the city's health centers were threatened with closure because of budget constraints. (Sound familiar?) Along with other activists, a title that she proudly retains to this day, Carol embarked on a campaign to save the health centers, helping to unite a coalition of health center patients, union workers and community leaders.
- Carol was instrumental in building the community support and political pressure that eventually led to City Council legislation that protected the health centers.
- When Dr. Walter Tsou became Philadelphia's health commissioner, Carol moved to working in the health commissioner's office full time. For the last several years she has been the language access coordinator for the health department, working to ensure that our services are accessible to those with limited English proficiency.
- She has also spearheaded an effort to ensure that everyone in Philadelphia has access to high-quality health care—not a small order, by the way, but one she has taken on with her usual passion and tenacity.
- In November 2003, Philadelphia voters supported a change to the Philadelphia home rule charter, stating that, "...because health care is an essential safeguard of human life and dignity, the City of Philadelphia Health Department shall prepare a plan for universal health care that permits everyone in the City of Philadelphia to obtain decent health care." Since then, she has been working very hard to respond to this mandate.
- Carol has been the driving force behind the formation of "Healthy Philadelphia," a new, non-profit organization dedicated to addressing this mandate, and to collectively planning for the use Philadelphia's considerable health care resources. I know that even after her retirement, Carol plans to remain deeply involved in this project.
- All of you in this room have worked closely with Carol, and I know that we can all agree that she is an irreplaceable force in our department. How lucky Philadelphia has been to have benefited from her passion and her principles for these many years. I know that she will continue to fight for a better, healthier and more humane Philadelphia for years to come.