

**CITY OF PHILADELPHIA
DEPARTMENT OF PUBLIC HEALTH
MEETING OF THE BOARD OF HEALTH
Thursday, August 13, 2009**

A meeting of the Philadelphia Board of Health was held on Thursday, August 13, 2009, in the Municipal Services Building, 1401 J.F.K. Boulevard, Room 1450.

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

Attendees: Nan Feyler; Kay Graham; Sam Gulino, MD; Caroline Johnson, MD; Rina Lieberman; Katherine Maus; Jeff Moran; Elaine Strunk; Thomas Storey, MD; Kevin Vaughan; Don Sapatkin

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 asked for amendments or corrections to the minutes of the meeting of June 11, 2009. It was moved that the minutes be approved as written. The motion was seconded. **Motion passed.**

Announcements:

Commissioner Schwarz reminded board members to schedule and complete Ethics Training.

Budget Update:

The City's requests for changes in the sales tax rate and payments to the pension fund have passed the State House of Representatives and are now before the State Senate. PICA, the Pennsylvania Intergovernmental Cooperation Authority, has officially asked the City to provide a plan to address any consequent structural deficit in the budget should the City's requests be denied by the Senate. The Senate is expected to vote on the measures over the weekend or early next week.

H1N1 Influenza Update:

Dr. Schwarz introduced Caroline Johnson, MD, Director of the Division of Disease Control, to provide the Board with a local update on the H1N1 2009 pandemic. She reported that disease activity has ceased since June when emergency room activity in Philadelphia hospitals reached record levels. One pediatric hospital reported that H1N1 patients occupied 20% of its hospital beds. Hospitals ran out of masks; however, there were no reported shortages of antiviral medications. Evidence indicates that H1N1 will return in the fall, replacing regular seasonal influenza in this country as it has done in Africa and South America. There is no evidence that H1N1 is mutating to a more pathogenic strain. While there have been anecdotal reports of resistant isolates, these cases have not occurred in significant number, and the resistant strains do not appear to

have been passed along to subsequent generations of the virus. Thus far, eight Philadelphia deaths have been attributed to H1N1. Two of the deaths were in women who were pregnant.

When the illness returns, the biggest challenge is not expected to be its severity, but the potentially large number of cases. An effective and safe vaccine should be available fairly soon. The Division of Diseases Control projects that approximately 600,000 Philadelphians will be eligible for the vaccine including those six months to 24 years-of-age, anyone between 24 and 65 with an underlying medical condition, women who are pregnant, and health care and emergency service workers. Seniors are not eligible because little of the illness has been seen in this age group. It is expected that two doses of the vaccine will be needed, to be administered one month apart.

The Pennsylvania Department of Health has agreed that Philadelphia will control its own allotment of vaccine, which will be distributed through a network of approximately 400 health care providers and agencies. The vaccine will be free to patients and providers, and providers may bill insurers for administrative costs.

The CDC will require accountability for distribution of the vaccine on a dose by dose basis that records age and information about risk factors. To capture this data, the Division of Disease is developing a form that can be filled out by the consumer.

Discussion of the feasibility of administering vaccine in public schools continues.

When the vaccine and clear federal guidelines become available, information will be provided to the public and targeted at-risk groups through the media, on the Internet, and through advertising and other forms of outreach.

Proposed Regulation Governing Adult Immunization

Dr. Johnson circulated a proposed regulations governing adult immunization (attachment A), and background materials (attachment B). She said that the regulation requires reporting by health care providers, authorizes providers to release the information, and authorizes the health department to maintain and utilize the information in a database. The Division of Disease Control does not intend to impose new mechanisms for recording information upon providers. It intends to build this database in consultation with providers, practice by practice, using existing medical and billing records.

The objective in introducing this regulation is to create a comprehensive data set about adult immunization resembling the information already available through the KIDS Immunization Registry. An adult immunization registry will serve as a resource for patients, health care providers, and public health officials. It also has the potential to make new automated tools available to improve the delivery of health care. The effort will be funded by the CDC and will not impose a financial burden on the City or health care providers.

Fifty percent of states currently have regulations that authorize the storage of adult immunization records, and many have regulations that require reporting. Dr. Johnson said that the proposed regulation is consistent with the CDC's ambition to create a cradle

to grave registry of medical events. She estimated that establishment of an adult immunization registry would be a ten to fifteen year project.

In response to questions from the Board about informed consent and Dr. Johnson said the patients would be given the opportunity to opt out of the registry. In regard to confidentiality, she explained that the information recorded would include age, vaccine administered, date administered, and other basic demographic information. It does not include information about circumstances or conditions that may have prompted the immunization.

Several Board members commented on the enormous value of the KIDS Immunization Registry to pediatricians.

Dr. Johnson noted that the Division of Disease Control is working to improve the registry by moving to the next generation of technology. A recent agreement with the State of New Jersey will make possible the sharing of this information across state lines.

Dr. Robert G. Sharrar moved that the Board approve the regulation governing the immunization of adults. The motion was seconded. **Motion passed.**

Dr. Schwarz said that the motion would be forwarded to the Department of Records where it will be posted for a 30-day period of public comment. He will review the comments. If there are substantive comments, the Board will meet in September to discuss them.

The Commissioner adjourned the meeting at 6:55 PM.