

PUBLIC HEALTH COUNCIL

A regular meeting of the Massachusetts Department of Public Health's Public Health Council was held on August 12, 2009, 9:00 a.m., at the Department of Public Health, 250 Washington Street, Boston, Massachusetts in the Henry I. Bowditch Public Health Council Room. Members present were: Chair John Auerbach, Commissioner, Department of Public Health, Ms. Helen Caulton-Harris, Dr. John Cunningham, Dr. Michèle David (arrived at 9:25 a.m.), Dr. Muriel Gillick, Mr. Paul J. Lanzikos, Ms. Lucilia Prates Ramos (arrived at 9:20 a.m.), Mr. José Rafael Rivera, Mr. Albert Sherman, Dr. Michael Wong, Dr. Alan C. Woodward, and Dr. Barry S. Zuckerman. Members absent were: Mr. Harold Cox, Mr. Denis Leary, Dr. Meredith Rosenthal. Also in attendance was Attorney Donna Levin, DPH General Counsel.

Chair Auerbach announced that notices of the meeting had been filed with the Secretary of the Commonwealth and the Executive Office of Administrative and Finance.

RECORDS OF THE PUBLIC HEALTH COUNCIL MEETINGS OF JUNE 24, 2009 AND JULY 8, 2009:

A record of the Public Health Council Meeting of June 24, 2009 was presented to the Public Health Council for approval. Council Member Albert Sherman moved approval. After consideration, upon motion made and duly seconded, it was voted unanimously [Dr. Michèle David and Ms. Lucilia Prates Ramos not present to vote] to approve the June 24, 2009 minutes of the Public Health Council meeting as presented.

A record of the Public Health Council Meeting of July 8, 2009 was presented to the Public Health Council for approval. Council Member Albert Sherman moved approval. After consideration, upon motion made and duly seconded, it was voted unanimously [Dr. Michèle David and Ms. Lucilia Prates Ramos not present to vote] to approve the July 8, 2009 minutes of the Public Health Council meeting as presented.

Note: For the Record, Council Member Lucilia Prates Ramos arrived here at approximately 9:20 a.m., after the votes on the two sets of minutes and at the start of Attorney Korman's presentation.

REGULATION: REQUEST FOR FINAL APPROVAL OF RESCISSION OF 105 CMR 950.000 ET SEQ. (CRIMINAL OFFENDER RECORDS CHECKS):

Attorney Sondra Korman, Deputy General Counsel, Office of the General Counsel, presented the request for rescission of regulation 105 CMR 950.000 to the Council. She noted that at the May 13, 2009 Public Health Council meeting she briefed the Council on this issue. She said, "On July 21, 2009, the Department held a public hearing on the proposed rescission and there were no attendees at the hearing. Further, the Department did not receive any written comments regarding the proposed rescission. For the reasons outlined in the May 4, 2009 memorandum, I request that the Council give final approval for the Department to rescind 105 CMR 950.000 et seq." A copy of the Memorandum and supporting documentation is attached and made a part of this record as **Exhibit No. 14,932**.

Dr. Michael Wong moved approval of these regulations. After consideration, upon motion made and duly seconded, it was voted unanimously [Dr. Michèle David not present to vote] to **Rescind 105 CMR 950.000 et seq (Criminal Offender Records Checks)**.

PRESENTATION: "H1N1 PREPARATION AND PLANNING", by Lauren Smith, MD, MPH, Medical Director, Mary Clark, JD, MPH, Director, Emergency Preparedness Bureau, Ms. Suzanne Crowther, Associate Director, Communications, Alfred DeMaria, Jr., MD, Medical Director, Bureau of Infectious Disease:

Note: Council Member Michele David arrived here at approximately 9:25 a.m., at the start of Attorney Mary Clark's presentation. Dr. David was not present to vote on either the two sets of minutes or the rescission of the CORI regulations 105 CMR 950.000.

Attorney Mary Clark, Director, Emergency Preparedness Bureau presented her bureau's emergency preparations on the H1N1 virus. She said in part, "...During the spring and summer we confirmed 1083 cases of H1N1 in this state, with ten deaths as a result of H1N1. We saw interesting data that the median age for cases was 14 years old, which is younger than we would see in seasonal flu. Thirteen percent of the confirmed cases were hospitalized, and Massachusetts had approximately 50% of the confirmed cases in the New England states. For the fall, we are looking at being ready to vaccinate 50% of the population for both seasonal flu and H1N1. Our goal is to provide a vaccine for any resident that wants it...The challenges that we face are that there are different priority groups for the different vaccines and that the vaccination efforts will be overlapping for seasonal and H1N1. We are looking at expanding public health strategies or public education strategies around seasonal and H1N1. We are looking for clear and consistent guidance for schools and we are working with our acute care hospitals and health care system to plan for a surge and to make sure that we have appropriate care available and medications and supplies in place...We have a H1N1 advisory board. We are working with local health and other local partners around preparedness..."

Ms. Suzanne Crowther, Associate Director, Communications for DPH, made a presentation to the Council on her office's activities in regard to the public campaign on H1N1. She said in part, "...The goal of the Communications Campaign is to reduce the morbidity and mortality associated with the flu by preventing the spread of the flu and to do that we have three main objectives (1) getting as many people vaccinated as possible with the H1N1 and the seasonal flu (2) educating people around preventions measures such as washing your hands and cover your coughs and sneezes; and (3) helping people understand that when they are sick they need to stay home and also keep their children home from school..." Ms. Crowther noted that her office will continue the use of a variety of social media such as the DPH blog, podcasts, YouTube videos, Twitter, and the DPH website. She spoke about the Department's new Ready-Cam system which will allow live broadcasts to a television station anywhere in the state; expansion of print communications in community newspapers and

booklets in many languages, and a media campaign with video, PSAs and audio with the five major transit authorities and MassPort.

Dr. Lauren Smith, Medical Director, Department of Public Health, spoke about the Department's planning with the schools around H1N1 virus. She note in part, "...The reason we are talking about planning for schools is that the median age of our confirmed cases for H1N1 is 14 years old and 64% of all of our confirmed cases were under 18 years of age. The goals for schools are to keep them open as much as possible while maintaining a healthy environment for students and staff." She spoke about the CDC's exclusion policy which entails when students or staff should be excluded from school. There is a two-tiered response. First tier policy: is 24 hours after the last fever (without using anti-fever medications); having a separate waiting area for students who are identified as ill and are waiting to go home; early treatment of high risk students and staff with underlying medical conditions; considering selective school dismissal for special populations for instance, pregnant students. If the flu is more severe than last spring, there is the second tier policy: extended exclusion period of at least 7 days and active screening for fever and other respiratory symptoms early in the day by school nurses so the sick can be separated and sent home.

Dr. Smith continued, "The idea that high risk students and staff would stay home, even if they were well, is something to consider or if well contacts of sick people should stay home...this would be considered only in a situation of increased severity." Dr. Smith said the fever period for most people with the flu is two to four days, adding on the 24 hour exclusion would mean three to five days out of school versus 7 days before. Other discussed strategies included social distancing (increase space between desks for instance) and masking school nurses and sick students. In conclusion, Dr. Smith noted that the Department will be mailing out a joint letter from the Commissioners of Public Health and Elementary and Secondary Education to school officials and in addition a tool kit for parents, explaining the above strategies will be given to the schools for distribution.

Discussion followed by the Council. During discussion Members suggested that the Department of Mental Health and the Department of Developmental Services, incarcerated populations, college students and daycare populations be included in the Department's education effort.

Dr. Alfred DeMaria, Jr., Medical Director, Bureau of Infectious Disease and State Epidemiologist spoke about the Department's vaccination plans. He noted that in Massachusetts we usually vaccinate three million people with seasonal flu vaccine and in addition this year including the seasonal and H1N1 vaccines we hope to distribute nine million doses of vaccine. Dr. DeMaria noted that the Department will be focusing on Health Care Workers for a variety of reasons. He said, "The big target group is everyone six months old to 24 years old, anyone of any age with an underlying condition that puts them at higher risk, emergency medical responders and health care workers and pregnant women. There are sub-groups of that, for instance, household contact with children under six months of age, who cannot be vaccinated and will not have maternal antibody to a new novel strain of influenza. The big effort is going to have to involve every possible site that people can get vaccinated safely, and that is the goal."

Discussion followed and Mr. Sherman noted that we should remember to vaccinate the police and fire departments and that some towns have only municipally owned ambulance service. Dr. Wong noted that we should put out a one page informational sheet informing people that the flu vaccination does not cause the flu.

In summary, Chair Auerbach stated, "We expect that there are going to be hundreds of public clinics in addition to the vaccine that is distributed through licensed health care facilities, and the public clinics will be probably combinations of seasonal flu specific clinics, that continue to focus on the elderly, other clinics where you can get both seasonal flu and H1N1 vaccine at the same time and maybe even throwing in pneumococcal I vaccine in some of these clinic settings. We are encouraging the locations that would normally hold these clinics to think about expanding the opportunities. There are

some new resources from the federal government that may help to do that, and to really think about breaking the rules a little bit in terms of how we think about an appropriate setting for a public clinic...”

NO VOTE/INFORMATION ONLY

REQUEST FOR EMERGENCY PROMULGATION OF PROPOSED AMENDMENTS TO 105 CMR 130.000 (HOSPITAL LICENSURE), 105 CMR 140.000 (LICENSURE OF CLINICS) and 105 CMR 150.000 (LICENSURE OF LONG-TERM CARE FACILITIES) – RELATING TO EMPLOYEE INFLUENZA VACCINATIONS:

REQUEST FOR EMERGENCY PROMULGATION OF PROPOSED AMENDMENTS TO 105 CMR 700.000 (IMPLEMENTATION OF THE M.G.L.c.94C CONTROLLED SUBSTANCES ACT) – AUTHORIZING ADMINISTRATION OF VACCINES BY DESIGNATED HEALTH CARE PROFESSIONALS:

Ms. Jean Pontikas, Interim Director, Bureau of Health Care Safety and Quality explained the emergency regulations to the Council. Staff’s memorandum, dated August 12, 2009 also stated in part, “...The federal government has contracted to develop enough H1N1 vaccine for widespread use in the fall of 2009....The first shipment is likely to be targeted for priority populations such as children, pregnant women, and those of all ages at higher risk of complications of influenza infection, as well as healthcare workers and emergency medical services personnel. It is expected that most people will require two doses of vaccine, 3-4 weeks apart. All of the vaccine will be available free-of-charge for all providers and patients...The Department has begun organizing to meet the challenge of a possible H1N1 vaccination campaign by building upon its annual efforts for seasonal flu vaccination. In addition to the traditional channels for vaccine distribution, the Department is putting in place a number of steps to greatly expand its capacity, including enrolling many thousands of providers in the immunization Program’s vaccine distribution system, establishing a statewide record-keeping

mechanism, providing funding to local health departments to set-up a large number of public clinics, and enlisting the help of school nurses, pharmacists, and paramedics to expand the pool of those capable of vaccinating the public.”

Staff’s memorandum indicated further, “The emergency amendments to regulations being proposed today are part of the effort to protect the health care workforce and to expand vaccination capacity in the event of a pandemic. The first set of amendments requires clinics and hospitals to establish and implement an influenza vaccination program to ensure that all employees are offered vaccination for seasonal influenza on an annual basis, and vaccination for pandemic or novel strains of influenza, such as H1N1, as directed in guidelines of the Commissioner. A similar requirement is already in place for employees at long term care facilities licensed by the Department.”

Ms. Pontikas said further, “The second set of emergency amendments would allow the Commissioner to authorize a health care professional, such as a dentist, paramedic or pharmacist, to administer a vaccine for the prevention of a pandemic or novel influenza virus where the Commissioner determines that there are not sufficient health care professionals available for timely vaccine administration. Such administration would be in accordance with the order of a practitioner and training and other requirements related to administration established by order of the Commissioner.”

As noted to the Council in staff’s memorandum, the Proposed Emergency Amendments provide for the following:

Regulations Concerning Influenza Vaccination of Employees of Licensed Health Facilities:

“The Department is proposing emergency amendments to require hospitals (105 CMR 130.000) and clinics (105 CMR 140.000) licensed by the Department to implement vaccination programs to ensure that all employees of those facilities are vaccinated with seasonal influenza vaccine no later than December 15 each year, when feasible. The proposed amendments to the clinic licensure regulation

also apply to out-of-hospital dialysis units (OHDU) because the OHDU regulation incorporates by reference the amendments to the clinic regulation at 105 CMR 145.900. Although the seasonal vaccination requirement already exists for long term care facilities, staff also is proposing minor amendments to the long-term care licensure regulation to make the regulatory language consistent for hospitals, clinics and long-term care facilities (105 CMR 150.000)...In addition to employee vaccination programs for seasonal influenza, the proposed amendments allow the Commissioner of Public Health to issue guidelines as necessary to require hospitals, clinics and long-term care facilities licensed by the Department to ensure that employees are vaccinated against other novel/pandemic influenza viruses as vaccines become available, such as H1N1. The proposed amendments require the Commissioner to issue guidelines in the event of an outbreak of novel/pandemic influenza specifying (1) the categories and priority of employees to be vaccinated, (2) the influenza vaccines to be administered, (3) the dates by which employees must be vaccinated, and (4) any reported reporting and data collection."

Staff noted further, "Both the seasonal and novel/pandemic influenza vaccination amendments require clinics, hospitals, and long-term care facilities to: (1) notify employees of the influenza vaccination requirement, (2) provide or arrange for vaccination of all employees who cannot provide proof of current immunization against influenza, at no cost to any employee, and (3) provide employees with information about the risks and benefits of influenza vaccine. Licensed health facilities are not required to provide or arrange for influenza vaccination when the vaccine is unavailable for purchase, shipment, or administration by a third-party, or when complying with an order of the Commissioner which restricts the use of the vaccine. However, facilities must obtain and administer seasonal and novel/pandemic vaccine, if applicable, as soon as vaccine becomes available. Licensed health facilities may not require an employee to receive an influenza vaccine if (1) the vaccine is medically contraindicated, (2) against the employee's religious beliefs, or (3) the employee must sign a statement declining vaccination and certifying that he or she received information about the risks and

benefits of influenza vaccine. Licensed health facilities are required to maintain in each employee's personnel file a certificate(s) of vaccination against influenza, or the employee's declination statement. Facilities must maintain a central system to track the vaccination status of each employee. If a facility is unable to provide or arrange for influenza vaccination for any employee, it must document the reasons such vaccination could not be provided or arranged for. The proposed amendments require facilities to report information to the Department of Public Health documenting the facility's compliance with the employee vaccination requirement, in accordance with reporting and data collection guidelines that may be issued by the Commissioner..."

Regulations Authorizing Administration of Vaccines by Designated Health Care Professionals:

"As part of the preparation for handling an outbreak of H1N1 flu, the Drug Control Program (DCP) is bringing to the Public Health Council amendments to regulations governing the implementation of the Controlled Substances Act, M.G.L.c.94C. At present, M.G.L.c.94C and related Department regulations, 105 CMR 700.000, limit the persons who may lawfully administer controlled substances (i.e., prescription medications, including vaccines). Currently, only certain licensed health care providers, such as physicians, nurses, physician assistants, nurse practitioners and pharmacists may administer vaccine. Section 7 (g) of c.94C, however, permits the Commissioner to authorize by regulation the registration of persons for a specific activity or activities, including administration of controlled substances. The proposed amendments would invoke s.7 (g) to enlarge the number of health care professionals who may be able to administer vaccines and therefore expedite the administration of flu vaccine in the event that large numbers of people need to be vaccinated in a short period of time..."

"The proposed amendments would authorize the Commissioner to designate health care professionals licensed or certified by the Department, such as dentists and paramedics, to administer flu vaccine for the prevention of a pandemic or novel influenza virus

where the Commissioner determines that there are not sufficient health care professionals available for timely vaccine administration. The regulations authorize the Commissioner to issue an order designating the persons who may administer the vaccine and the conditions under which the vaccine may be administered. In addition, the regulations require that the vaccine be administered under an order or prescription of a practitioner authorized to prescribe vaccines. The vaccinators must administer in accordance with the order/prescription and the Commissioner's order. The proposed regulations require a person administering vaccine to be properly trained and supervised, in accordance with the Commissioner's order. Also, the person administering must comply with the order of the Commissioner and the prescriber's order with respect to proper storage, handling and return of the vaccines, record keeping of administration, responses to adverse events, and safe and appropriate administration of vaccines."

Emergency Promulgation:

Staff noted that "Emergency promulgation is required in order to provide hospitals, clinics, and long-term care facilities with as much time as possible to implement employee vaccination programs in advance of the 2009-2010 influenza season. We are facing an urgent situation entering the 2009-2010 influenza season, with the potential simultaneous circulation of both seasonal influenza viruses and the pandemic novel H1N1 strain. It is expected that the seasoned flu vaccine will be available beginning in August and H1N1 vaccine sometime after that. The Department is recommending that seasonal flu vaccination efforts at hospitals, clinics and long-term care facilities begin as soon as practicable, with the aim of ultimately protecting employees in a timely fashion against seasonal influenza as well as H1N1 influenza."

Effective Date/Public Comment Period:

Emergency regulations are effective upon approval by the Public Health Council and subsequent filing with the Secretary of the Commonwealth. Staff anticipates filing these amendments in

September, and returning to the Public Health Council for final approval at the November 18 meeting. There will be a public hearing and public comment period in September or October.

A Public Health Council discussion followed staff presentations. Please see verbatim transcript for full discussion. The phrase, "or a member of the medical staff" was added to the regulations to ensure that all physicians are included for vaccination. Dr. Gillick suggested adding physician practices employees but staff noted that these are not licensed by the Department as clinics so they would not be covered under these regulations. Ms. Pontikas suggested and Chair Auerbach said in reply, "Perhaps we can use the mechanism of the Board of Medicine. Let's put forward a strong recommendation on the part of the Department, that those practices also follow these same approaches." Mr. Lanzikos noted that volunteers with direct patient contact should be included in the list of employees to receive the vaccinations and he further noted that other health care providers such as home health care agencies do not fall under DPH either. Dr. Auerbach replied in part, "We will make an attempt to relay that the Department of Public Health strongly recommends that others involved in patient care in a variety of settings follow these same practices and determine a way to do the dissemination of that information appropriately."

Dr. Michael Wong made the motion to approve **Emergency Promulgation of Proposed Amendments to 105 CMR 130.000 (Hospital Licensure), 105 CMR 140.000 (Licensure of Clinics) and 105 CMR 150.000 (Licensure of Long-Term Care Facilities) – Relating to Employee Influenza Vaccinations with Council amendments: (1) add the phrase "who is a volunteer with direct patient contact" and (2) add the phrase "or as a member of the medical staff" to definitions of 105 CMR 130.325, 105 CMR 140.150, and 105 CMR 150.002 (D)(8).** After consideration, upon motion made and duly seconded, it was voted unanimously to approve the said Emergency Regulations as amended by the Council. A copy of the approved and amended regulations are attached and made a part of this record as **Exhibit No. 14,933.**

Discussion followed by the Council about the regulations Authorizing Administration of Vaccines by Designated Health Care Professionals.

For the record, Attorney Howard Saxner, Deputy General Counsel, Attorney Priscilla Fox, Deputy General Counsel and Dr. Grant Carrow, Deputy Director, Bureau of Health Care Safety and Quality and Director, Drug Control Program had been instrumental in the development of these regulations and participated in Council discussion, answering questions by the Council.

Council Member Dr. Barry Zuckerman suggested that nurses and medical students be added to the regulation so that they can volunteer to give the vaccine shots. Dr. John Cunningham agreed with that suggestion. Dr. Woodward said the language in the proposed regulations should state “when” or “where” the Commissioner determines that there are or will be insufficient health care professionals...”. Ms. Caulton-Harris noted that she liked the addition of the word “when” so it will be clear to the unions. Discussion continued around whether medical and nursing students should be included on the list and the complexities of it since they are not licensed by the Department, including liability – whose license would they operate under? Attorney Priscilla Fox noted that there is another option, that the Governor can declare a Public Health Emergency, under Chapter 17, Section 2A, the Commissioner with the concurrence of the Public Health Council may take any action so that would allow the Commissioner to expand the pool by virtue of emergency authority.

Chair Auerbach summarized the conclusion of the discussion, “...What we have decided is, we do want to do this, and we will charge the staff collectively with contacting medical schools, nursing schools, clarifying what the current rules are, reporting back on that, thinking about how it might be possible to enlist those students in a mobilization, under what conditions and with what kind of language, and that we will have that report and that recommendation next month.” DPH General Counsel, Attorney Donna Levin read the motion for the record, “A health care professional, duly licensed or

certified by the Department may possess and administer a vaccine for the prevention of a pandemic or novel influenza virus when or where the Commissioner determines that there are, or will be, insufficient health care professionals available for timely vaccine administration and issues an order authorizing such administration.”

Dr. Alan Woodward made the motion to approve **Emergency Promulgation of Proposed Amendments to 105 CMR 700.000 (Implementation of the M.G.L.c.94C Controlled Substances Act) – Authorizing Administration of Vaccines by Designated Health Care Professionals with Council Amendments**: adding the words “or when” and “there are or will be insufficient health” to 105 CMR 700.003 (H). After consideration, upon motion made and duly seconded, it was voted unanimously to approve the said Emergency Amendments as amended by the Council. A copy of the approved and amended regulations are attached and made a part of this record as **Exhibit No. 14,934**.

In closing, Chair Auerbach noted to the Council, “I take the liberties that are allowed in here very seriously and I would be very careful, thoughtful and restrained in terms of thinking about the circumstances that would take advantage of this. I want to reassure you of that. I think this needs to be done with a great deal of caution and thought, with regard to appropriateness, safety, and circumstances...I will pledge to you that I will follow through on that with the intent.”

PREVIOUSLY APPROVED PROJECT APPLICATION NO. 5-4925 OF CAPE COD PET-CT SERVICES, LLC AND TAUNTON PET-CT SERVICES, LLC:

Note: For the record, Ms. Helen Caulton-Harris and Dr. Barry Zuckerman left the meeting here, at approximately 11:55 a.m. prior to Ms. Gorga’s presentation and therefore not present to vote on this item.

Ms. Joan Gorga, Director, Determination of Need Program, presented the request for a significant change by Cape Cod PET-CT Services. Ms. Gorga noted in part and as staff's memorandum dated August 12, 2009 also indicates "Cape Cod PET-CT Services LLC and Taunton PET-CT LLC request a significant change to previously approved DoN Project No. 5-4925, a mobile Positron Emission Tomography (PET)/Computerized Axial Tomography (CT) service. The significant change involves the addition of a third host site, an outpatient diagnostic facility satellite of Falmouth Hospital located at 2 Jan Sebastian Drive, Sandwich, to the two approved host locations for the mobile PET/CT service. The holder is a consortium of Cape Cod Healthcare, the parent corporation for Cape Cod Hospital and Falmouth Hospital, Morton Hospital and Shields Healthcare."

Ms. Gorga noted, "The Department received no public comments objecting to the proposed amendment within the 20-day filing period of the significant change....The holder states that the reason for filing the significant change is to provide Falmouth Hospital patients with ready access to DoN-approved PET/CT services. There are no DoN approved PET/CT services in Falmouth Hospital's primary area. The nearest such service, a part-time service at Jordan Hospital, is on the other side of the Cape Cod Canal. The requested host location is in Sandwich, between the two approved sites in Harwich and Taunton and is within the geographic service area considered as the basis for the approval of the original application....In the past, the Council has recognized as a significant change the addition of a host site to a DoN approved mobile new technology...This request is not seeking to move the project from an approved service location to a new service location but instead is seeking to serve additional locations in addition to the two existing, approved service locations stated above...There will be no substantial capital expenditure as a result of the addition of the third location since the original approval in June of 2008 was for a full-time service. The location is equipped to host mobile services as it is an approved location for mobile MRI services....The reallocation of certain days of service to the proposed new location will not increase the approved level of operating expenses. Staff recommends approval." Bill Demianiuk, Chief Operating Officer of Shields Health Care and Terri Ahearn, Vice

President for Service Line Development at Cape Cod Healthcare had been present and available for questions.

Dr. Alan Woodward moved approval of the significant change as recommended by staff. After consideration, upon motion made and duly seconded, it was voted unanimously [Ms. Caulton-Harris and Dr. Zuckerman not present to vote] to approve the **Request filed by Cape Cod PET-CT Services LLC and Taunton PET-CT Services LLC (Cape Cod/Taunton PET)** for a significant change to add an out patient diagnostic facility satellite of Falmouth Hospital located at 2 Jan Sebastian Drive, Sandwich, as a third approved host site to DoN Project No. 5-4925. This amendment is subject to the following condition:

1. All conditions attached to the original and amended approval of Project No. 5-4925 shall remain in effect.

FOLLOW-UP ACTION STEPS:

- Include Department of Mental Health and the Department of Developmental Services, incarcerated populations, college students, and daycare populations in the DPH's education efforts (Lanzikos)
- Remember to include police and fire Department personnel to receive vaccinations (Sherman)
- DPH put out a one-page sheet informing public that the flu shot does not cause the flu (Wong)
- DPH recommend to Home Health Agencies and other health providers not licensed by DPH to have their employees vaccinated (Lanzikos)

The meeting adjourned at 12:00 p.m.

John Auerbach, Chair

LMH

