



Donovan Richards
Queens Borough President

Community Board No. 2

43-22 50th Street, 2nd Floor
Woodside, New York 11377

(718) 533-8773

Fax (718-533-8777

Email qn02@cb.nyc.gov

www.nyc.gov/queenscb2

Morry Galonoy
Chairperson

Debra Markell Kleinert
District Manager

September 12th, 2022

Health and Human Services and Education Committee Meeting Minutes

This meeting was teleconferenced using Zoom

Attendees:

Lauren Springer, Chair
Clara Oza, Co-Chair
Amparo Abel-Bey
John Bahia
Dr. Rosamond Gianutsos
Phuntsok Tashi

Absentees:

Sandra Bigitschke
Jewel Chowdhury
Selena Romero
Mary Torres

Guest

Clara Londono
Dr. Maurice Policar, Chief of Infectious Diseases, Elmhurst Hospital, Queens
Helen Arteaga, CEO, NYC Health & Hospitals Elmhurst Hospital

Community Board 2 Staff

Debra Markell Kleinert, District Manager, Community Board 2

Lauren Springer, Chair Health and Human Services and Education Committee welcomed everyone to the meeting.

Dr. Maurice Policar, Chief of Infectious Diseases at Elmhurst Hospital, Queens introduced himself.

He has been working at Elmhurst Hospital, Queens since 1986.

- He has been involved in the HIV pandemic and is still involved with that as well as the COVID pandemic and now the MonkeyPox virus.
- With the location of the hospital and the influx of many backgrounds, the hospital does come across tuberculosis, thyroid malaria and many other health conditions.

Helen Arteaga, CEO, NYC Health & Hospitals Elmhurst Hospital, Queens introduced herself. She introduced Dr. Maurice Policar who is the specialist regarding the MonkeyPox Virus.

“Serving the Communities of Long Island City, Sunnyside, Woodside, and Maspeth”

Dr. Maurice Policar shared a presentation with the committee on Monkeypox.

- Monkeypox is caused by a virus that for many decades circulated in certain animal populations in a few countries in Africa.
- It is now being spread from person to person in many countries around the world, which is new as prior it was transmitted from animal to human.
- There are close to 22,000 known cases in the United States, mainly among gay and bisexual men. 98% of the cases were in the Democratic Republic of the Congo during 2010-2019.
- 98% of the cases recorded this year are in New York City.
- In July 2022 the cases in NYC were rising, but in August 2022 the cases started to drop.
- Monkeypox is usually a self-limited disease; the symptoms lasting from 2 to 4 weeks.
- You can get better on your own with no intervention.
- The symptoms that make Monkeypox different from other viruses is the rash. The rash can range from unpleasant to painful.
- Monkeypox in the United States has very few lesions as compared to cases in Africa where the whole body is usually covered with lesions.
- Death is rare in the Monkeypox virus. The risk of death is greater for young children, the immunocompromised, those who are pregnant, etc.
- The lesions can look different on each person.
- Other symptoms include fever, headache, muscle aches, swollen lymph nodes, chills, exhaustion, and malaise.
- Monkeypox mostly spreads through close physical contact, typically skin-to-skin touch.
- The virus can also spread through contaminated surfaces, including clothes and bedding. Brief contact, like a handshake, is not usually enough to spread the virus. Unlike COVID it does not spread through the air.
- The treatment for Monkeypox is a medicine called Tecovirimat; there is a pill version or through intravenous.
- It is not FDA approved and can be only obtained for patients as a clinical trial.
- It is only needed for severe cases.
- Monkeypox is related to smallpox but smallpox, which was transmitted from person to person, was able to be eliminated. Monkeypox is different as it involved animal to human transmission.
- Vaccines do exist for Monkeypox, but due to a supply shortage they are not widely available.
- The vaccine is available for those that have been exposed to the virus and are at high risk..
- Using partial doses from one vaccine is allowing more people to get vaccinated.
- The risk is not high for most people, but that could change if the virus continues to spread or if it begins to circulate in animal populations.
- Monkeypox is not fatal but can cause painful disease and permanent scarring.

- A question was asked about the different vaccines that are available (i.e., pill vs. intravenous); if there was a difference in them. The doctor said there is no difference; they both would have the same affect.
- Both intradermal (beneath the skin) and subcutaneous (muscle) vaccines are effective but intradermal use was advised by Dr. Policar to maximize the shortage of vaccines.
- Elmhurst Hospital at this moment does not have access to offer the vaccine to those that are at risk. They can only offer the vaccine to those that are identified through the Department of Health as having been exposed.
- Dr. Policar stated that the period when people are sick with Monkeypox and don't have a rash is very short.
- Regarding Monkeypox the medical community is still not aware if it can be spread with no symptoms.
- Another question was asked about vaccines and how in the past it was given just one time, for instance for Polio and Smallpox. However, for the COVID pandemic there are several vaccines. So, is it still considered a vaccine? The answer from Dr. Policar is yes, it is still a vaccine. Some viruses mutate quickly and some don't. With COVID it took weeks to months to see different variants, with Monkeypox there are some mutations that weren't seen a few years ago. Every disease must be looked at individually as there are many mutations and variants throughout the year.
- A question was asked about Monkeypox regarding how to alleviate the pain. A topical ointment might be given and a sitz bath was suggested for private areas.
- A question was asked about neurological implications. Dr. Policar said he has not seen any neurological implications.
- The virus does travel in the bloodstream.
- The receiver of the virus does not have to have an opening or sore to catch the Monkeypox virus.
- How can the Community Board help? Dr. Policar suggested to have people tested. They are finding that a lot of people who get Monkeypox have STIs and have HIV. If a person has a skin lesion, they shouldn't delay in getting tested.
- A question was asked about how well does the Monkeypox vaccine work? And does the smallpox vaccine from years ago help with the Monkeypox virus? Dr. Policar stated that the Monkeypox vaccine does work, it is not 100% but it does decrease the risk. As far as the Smallpox Vaccine, it was given to people born before 1980, it does help a little but not a lot. There are some people who are getting the Monkeypox virus who have had the Smallpox virus.
- As far as testing is concerned, they prefer people do not go to the emergency room unless it is an emergency. If all you need is testing, Dr. Policar suggested going to the clinics within 48 hours. In the emergency room, the wait would be too long if all you need is testing. Dr. Policar offered to send the CB2 office information regarding available Monkeypox testing sites.
- Amparo Abel-Bey made a motion for the Health & Human Services and Education Committee of CB2 to write a letter of support to expand eligibility of Monkeypox

vaccinations at Elmhurst Hospital to align with the eligibility requirements of the Department of Health. Dr. Rosamond Gianutsos seconded that motion.

- For further information on Monkeypox visit the DOH site: <https://www1.nyc.gov/site/doh/health/health-topics/monkeypox-vaccination.page>
- Dr. Policar gave an update of the COVID-19 Virus. He stated that over the last five months there has been no difference with the Omicron VA 4 and VA 5 variants.
- Even though people are not getting sick and dying as in the past, there are still cases of long COVID where the virus affects the heart and the brain. Dr. Policar does encourage people to get the vaccine and the booster.
- A question was asked about the COVID tests that we get for free; are they sensitive to the new variant? The home tests can be limited in picking up the virus. It is good to try three different types of test, if they show a negative result, most likely the person is negative.
- As far as the latest vaccine is concerned, vaccine administration sites can be found on the Vaccine finder website. The bivalent vaccine is the only vaccine that is currently being given out.
- The Health & Hospital COVID testing sites will have the updated vaccine.
- Regarding the booster for children, Pfizer makes one for ages 12 and over. Moderna is for ages 18 and over.
- It is ok to get both the flu vaccine and COVID vaccine at the same time.
- Regarding Polio, there was one case in Westchester. Nonetheless, it's concerning given that most people with polio are symptom-free and only 1% end up paralyzed; there may be cases they're not seeing. Most people are well vaccinated. They are now checking wastewater to see what viruses are in the communities. Only 85% of children are vaccinated for polio. The risk to the average person is minimal.

Lauren Springer thanked everyone for their attendance.

The meeting was adjourned.

Respectfully submitted by:

Kim Waber