#### NEW YORK STATE PUBLIC HEALTH COUNCIL

May 12, 2006

90 Church Street New York, New York

May 12, 2006 10:15 o'clock a.m.

BEFORE:

DR. WILLIAM STRECK, Chairman

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come they are getting sick.

The next topic is herpes simplex in the newborn.

And today we are asking the Public Health Council to approve the emergency adoption of a regulation adding neonatal herpes to the New York State list of mandatory reportable diseases.

Only seven other states in the United States do so.

As many of you know, herpes infections in infants age fifty days or younger is a serious disease that can cause permanent neurological impairment, and in some situations, even death.

Most cases of neonatal herpes are acquired from perinatal transmission from an infected mother in utero, or at the time of delivery.

However, in some cases, the infants can acquire the virus postnatally, through exposure to people with herpes in the community, whether

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it be by mouth, by eyes, or by hand contact.

Current medicine enables the detection of neonatal herpes, and the infection can be treated with anti-viral therapy, but without timely anti-viral therapy, an estimated 80 percent of the neonates can die, and one to two thirds of the survivors can have a lasting mental impairment.

The new reporting requirement will enable us at the Department to obtain more complete information on neonatal herpes cases, and monitor any outbreak of neonatal herpes, in order to prevent further transmission.

The data that we collect will also be used to identify gaps in knowledge by clinicians and the public about herpes transmission to the neonate, and target education, so that we can promote a better detection and treatment, if it so appears.

The issue at hand is that, as some of you are aware, recently, in the

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last one or two years, there were several cases of neonatal herpes that occurred in infants in new York States who had undergone a ritual practice of metzizah b'peh after circumcision.

Because metzizah b'peh, which is known labor, and the medical literature suggests that although extremely, very extremely rare, one out of every 3,400, the practice of metzizah b'peh can be a transmission for herpes by someone who unknown could be shedding the HSV virus.

Clearly, irrespective of everything, the highest priority for us in the State of New York is the health of all infants, and at the same time, we have to be very sensitive to the religious freedom of all Americans, as set forth in the Constitution.

Taking a too aggressive mode of operation in protecting the children, and the sensitivity of the public at large, I think it could drive this practice underground, which would be

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much more drastic for the benefit of the children.

Therefore, over the last month, my staff and I have had many meetings with the members of the Rabbinical Council of the State of New York, so that we could reach a mutual agreement that would allow the continuation of the metzizah b'peh and religious freedom, but adding the new health measures that would reduce the risk of harm to any infant, if that would be the case.

Together we have developed what I consider an outstanding protocol of prevention for neonatal herpes, and more than anything, it has been passed by the brains and the hands of the experts in the United States, and the supervision of the National Institute of Health.

And I can tell you, in addition to requiring several new measures that must be taken to prevent transmission of herpes, the protocol requires

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increased education to parents, so that they also are totally alerted to what to look for.

Should an infant show signs of any infection, the protocol also provides for an investigational process that will be conducted by the public health authorities with the cooperation of the Rabbinical Council, as long as the protocol of the Department of Health is followed.

We are hopeful that this new protocol, which has been with the total agreement of the Rabbinical Council of the State of New York, would prevent any case of neonatal herpes in the State of New York.

Additionally, I am requesting that this council consider an endorsement of a new state standard of care that would require that all newborns that undergo a medical or a surgical procedure after birth to be seen by a trained professional within three to ten days after the procedure,

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or immediately, if any complications are to follow.

I have the feeling that this requirement would increase early detection of any infection that might come after a surgical or a medical procedure conducted to an infant, so that we can give them timely treatment, in the event that that might happen.

As you can see, in the last three to four months, we have been dealing with some very sensitive, but very important public health issues.

I'm confident that this mutual agreement with the Rabbinical Council, in conjunction with the State of New York, Department of Health, will be outstanding as we start reporting neonatal herpes in this state by August 7th, and with the new precautionary measures, I am confident that we will have better protections for infants in the future.

I have to say for the record that I have never met a group of rabbis

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in the Rabbinical Council that have been as much more easy to be able to deal with the issue at hand, and to be able to be trusting of the system of health care delivery.

Only in the ability that we had to communicate the way we did, with the trust in the system, and the respect that it deserves from the religious freedom that is offered to every American, I urge you to pass this particular herpes reporting, because I do believe that it would just benefit the health of the neonatal in the State of New York, and protect the religious freedom, and it would meet what I call a flagship document, to show that we care for the health of all the infants.

At this moment, I also wanted to talk to you about the budget.

In spite of what you say, things are being passed.

I know that you have all followed the budget discussions very closely, and there are a number of new

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53 Performance Improvement. 1 (Applause.) 2 COMM. NOVELLO: We have 3 finalized the awards, and at the end of 4 the Public Health Council, they will 5 each make a presentation regarding 6 7 their own research. But I think they deserve a very 8 great round of applause. 9 (Applause.) 10 11 THE CHAIRMAN: Okav. 12 Congratulations to all. 13 And now we will resume our 14 agenda. 15 We will go a little bit out of 16 order and move to the Regulation and 17 Codes Committee, Mr. Jennings. 18 MR. JENNINGS: The first item 19 for emergency adoption is the 20 regulation on neonatal herpes. We heard Commissioner Novello 21 22 speak about it this morning very 23 comprehensively. I don't think there is anything to add to her remarks.

I'm comfortable with moving

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forward with a vote, if the Committee members are.

DR. GORIS: Yes.

THE CHAIRMAN: So the motion for the change in regulation on neonatal herpes has been moved and seconded.

Further discussion, comment?

MR. SERBAROLI: I just have a comment, Mr. Chairman.

I would like to echo the

Commissioner's sentiments before that
this is, obviously, a very sensitive
issue between the religious community
and the concern over public health, and
I'm very, very pleased that both sides
were able to come to the table and
negotiate in good faith here for the
benefit of the children, which is what
we are primarily concerned about.

So I certainly would like to add my vote of thanks to all of the parties who were involved in these very difficult negotiations, and we came to a resolution.

Thank you.

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l	THE CHAIRMAN: Other comments or	
2	questions?	
3	Dr. New?	
4	DR. NEW: I just want to say	
5	that I think this is very much in the	
6	spirit of the care of neonates, and the	
7	improvement and prevention of care.	
8	And I want to congratulate the	
9	Rabbinical Council and Dr. Novello for	
10	developing a protocol which I think	
11	will protect the children.	
12	THE CHAIRMAN: Other comments or	
13	questions?	
14	I, as Chairman, did participate	
15	in some of these discussions, and I'll	
16	second the remarks.	
17	And with that, we will conclude	
18	the remarks and ask for a vote.	
19	Those in favor, aye.	
20	(Chorus of "aye.")	
21	THE CHAIRMAN: Opposed?	
22	(No response.)	
23	THE CHAIRMAN: Okay, it passes.	
24	Next, Mr. Jennings.	

MR. JENNINGS: The next one is

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