

Intro: [00:02](#) Welcome to 'Prep Talk,' the emergency management podcast. Find out what you need to know about preparedness. Get all the latest tips from experts in the field and learn what to do before the next disaster strikes. From the Emergency Management Department in the city that never sleeps, here are your hosts, Omar Bourne and Allison Pennisi.

Omar Bourne: [00:27](#) Hello everyone. Thank you for listening. I'm Omar Bourne.

Allison Pennisi: [00:30](#) And I'm Allison Pennisi.

Omar Bourne: [00:32](#) As always, you are our listeners and we thank you for joining us.

Allison Pennisi: [00:35](#) Yep. We want you to come back as often as you can, so feel free to add 'Prep Talk' to your favorite RSS feed. You can also follow us on social media @nycemergencymgt on Twitter or NYC Emergency Management on Facebook.

Omar Bourne: [00:49](#) Allison and our listeners, we have a great show for you today. Coming back to the show is Dr. Dimitri Daskalakis. As we like to call him, Dr. D.

Allison Pennisi: [00:59](#) Yes, Dr. D. is the deputy commissioner for the division of disease control at the Health Department here in New York City. He also oversees all infectious disease programs for New York City and the public health laboratory.

Omar Bourne: [01:11](#) Add one more title to his job description. He is now the official doctor of 'Prep Talk.' He was here last year, he did a great job talking about the flu. We're going to get into that a little later on in the show. We're also going to talk about the measles and the great work that Dr. D. is doing here in New York City to end HIV.

Allison Pennisi: [01:30](#) That's right. But before we dive in, it's time to give our listeners the latest hot topics in the emergency management field.

Intro: [01:39](#) Here's your 'Prep Talk' Situation Report.

Allison Pennisi: [01:43](#) Alright. It's the Situation Report. Let's get started.

Omar Bourne: [01:47](#) This first story is from NBC News. The U.S. Is facing the worst measles outbreak in almost 30 years. Now, since the start of 2019, the Centers for Disease Control and Prevention has confirmed more than 100 cases of measles in 10 states. Measles activity has been monitored closely in Southwestern Washington State where a public health emergency was declared in January after 55 confirmed cases. A similar outbreak

also occurred in New York in January. Almost all of the cases occurred in children younger than 10, whose parents had chosen not to vaccinate them or those who did not have the second dose.

- Omar Bourne: [02:28](#) Measles is a highly contagious infection that can survive up to two hours in an air space where someone infected has coughed, sneeze or even breathed. The spread of measles can be prevented through vaccinations which are 97% effective. Now, last year, there were a total of 349 measles cases in the US. Allison I know we're going to get into that a little later with Dr. D. So stay tuned.
- Allison Pennisi: [02:57](#) Thanks, Omar. Now, can the spread of the flu lead to a blood shortage? Now, executives from the New York Blood Center place blame on the extreme cold and widespread flu outbreak following an emergency blood shortage, according to Lohud, part of the USA Today Network. Flu activity generally peaks between December and February and the outbreaks are well underway in New York City. According to the New York City Department of Health and Mental Hygiene Weekly influenza surveillance report, flu activity in New York City is currently elevated. The Health Department began surveillance activities for the 2018, 2019 season on September 30.
- Allison Pennisi: [03:34](#) Now, blood supply generally drops in the winter as we know, but this year's decrease has been worse than expected. Blood Center staff also say that canceled blood drives and reduced donor turnout also attribute to the shortage. There is a two to three day stockpile of some blood types across New York, according to this article, instead of the ideal six or seven days supply.
- Omar Bourne: [03:54](#) Is climate change intensifying hurricanes in the Atlantic? A group of top hurricane experts say yes. Now, according to a new study, the percentage of Atlantic storms that rapidly intensified had tripled over a 28-year period. Rapid intensification occurs when hurricanes grow from a weak tropical storm or category one to a category four or five in a brief period. This occurred before Hurricane Harvey struck Texas in 2017 and before Hurricane Michael struck the Gulf Coast with little warning in 2018. Hurricane Michael, for example, transformed from a category one into a category four in the span of 24 hours.
- Omar Bourne: [04:36](#) The study comes in the wake of two of the most damaging years for hurricanes and other extreme events. In 2017, according to NOAA figures, the United States saw 306 billion in disaster losses largely driven by hurricanes Harvey, Irma and Maria. In

2018, Hurricanes Florence and Michael were major factors in a 91 billion damage total. Now, experts say a rapid intensification of hurricanes create major emergency response issues because the intensity of hurricanes can rise dramatically in a short period, making it difficult to make key decisions such as issue in an evacuation order. That story is brought to you from the Washington Post. We'll be sure to keep our eye on this story and others as we continue with the podcast.

- Allison Pennisi: [05:25](#) All right, and that's our Situation Report. Up next, Dr. D. joins our show. First, here's a throwback message from New York City Emergency Management and the Ad Council.
- Child: [05:35](#) Mom, dad, my teacher said that we should have a plan in case of an emergency. Do we have one?
- Dad: [05:41](#) Yeah, sure we do. I'm an expert at making plans. First thing I'm going to do is grab a flashlight with dead batteries. After that, I'm going to empty every drawer and closet looking for supplies I can't find. Then I'm going to mumble a few obscenities under my breath.
- Child: [05:53](#) That will make mom even more nervous.
- Dad: [05:55](#) That's right, sweetie. After that, I'm going to run downstairs to the bodega looking for batteries they'll be sold-out of. And while I'm there, I might even try to pick up some water that'll be totally gone.
- Mom: [06:03](#) While your dad is doing that, I'm going to go from room to room and start randomly throwing clothes in the bag. You two will be hiding in the closet and dad won't be able to find you.
- Child: [06:12](#) And that's when we both start crying.
- Mom: [06:13](#) Yes. Uncontrollably. Can you pass the cutlets?
- Dad: [06:16](#) I'll take some of those potatoes. Glad we don't have a plan.
- Announcer: [06:19](#) Winging it is not an emergency plan. Make sure your kids know what to do during an emergency. Who to call, where to meet, what to pack. Search [readykids@nyc.gov](mailto:readykids@nyc.gov) or call 311. A public service announcement brought to you by The New York City Office of Emergency Management and the Ad Council.
- Intro: [06:36](#) You're listening to Prep Talk, the emergency management podcast.

Omar Bourne: [06:41](#) Yes, you are listening to Prep Talk and we are back. That PSA is my favorite. We say it all the time, winging it is not an emergency plan.

Allison Pennisi: [06:52](#) Yep. That one is from the archives back when we were at the Office of Emergency Management. Now we have re-branded to New York City Emergency Management. But again, to our listeners, winging it is not an emergency plan. One person who knows nothing about winging it, he's always prepared, he is our official doctor of Prep Talk, Dr. D. Thank you for coming back to our show to talk with us today.

Dimitri D.: [07:13](#) Thank you very much for having me.

Omar Bourne: [07:15](#) As we have mentioned, Dr. D, you are in charge of the health department's Division of Disease Control, and you oversee all infectious disease programs for the City as well as the public health lab. So I want to start with the measles. There has been extensive coverage in the media of late about the measles. According to the CDC, they were confirmed individual cases of measles in 10 States during the month of January. New York State is one of those states and is facing its most severe measles outbreak in decades. So my first question for you for our listeners, what is the measles?

Dimitri D.: [07:54](#) Measles is a very contagious viral disease. In fact, it's one of the diseases that we call vaccine preventable because a vaccine prevents measles. It is something that if you're not vaccinated is a very, very contagious virus. In fact, probably one of the most contagious viruses out there.

Allison Pennisi: [08:16](#) Okay. And what are some symptoms of the measles?

Dimitri D.: [08:18](#) So, usually people get symptoms 10 to 12 days after they breathe in the virus. In some cases it may take up to 21, so seven to 21 days total after exposure. Early symptoms are fever, cough, some people have a runny nose, conjunctivitis, which means your eyes are red and watery. Then after those initial symptoms were there is nothing on your skin of concern, rash starts to appear. So it sort of starts like someone's pouring paint on your head. So it starts on your head and then it sort of pours down your body. So its face first, head first. I mean, for me since I'm bald, you'd see it up here. I'm vaccinated so I'm not going to get it and it just sort of drips down and then eventually becomes a full body rash for most people.

- Omar Bourne: [09:04](#) So you talked about the best way to prevent the measles is kind of through vaccinations, is through vaccinations, actually. I have heard that some people talk about not wanting to get vaccinated because of severe allergic reactions to the vaccine. Can you talk to us a little about that?
- Dimitri D.: [09:23](#) I think it's akin to saying that I don't want to walk outside because I may get struck by lightning. So the vaccine that measles, mumps, rubella vaccine that we use for measles tends to be very, very well tolerated. Severe allergic reactions are exceedingly rare. Some folks who also don't want to vaccinate cite some data on that has since been debunked, actually. Actually, people sort of commenting that the data was revealed that it was pretty much falsified. That measles, mumps, rubella vaccine may be associated with some developmental issues in children. That's untrue.
- Dimitri D.: [10:00](#) So really, measles is far worse than a measles vaccine by orders and orders of magnitude. So I really ... From the medical perspective and also from the emergency response perspective in New York City, I don't really see a good reason not to vaccinate your children or yourself.
- Allison Pennisi: [10:17](#) So in 2018, New York and New Jersey accounted for more than half the measles cases in the country. Do you have any insight as to why this may have happened or why it was so prevalent in these two states?
- Dimitri D.: [10:29](#) Yeah. I think it's really thinking about the origin of the most recent outbreak we have. So as of February 12, 2019, we've had 73 cases in New York City. All in the in Brooklyn and all among a very specific community. So the Orthodox Jewish community in Williamsburg in Borough Park. So it sort of reveals to you a little bit of the story of why this is happening. So we had imported cases of measles. People who came back from Israel and other parts of the world where there is a larger measles epidemic currently happening. When they land here, if they land in a community that may not be adequately vaccinated, since this is such a contagious virus, it tends to spread through that community. So it really speaks to the fact that we're seeing cases because there are a small group of people who are either not vaccinated their children or are late in vaccinating their children.
- Omar Bourne: [11:28](#) It's interesting that you brought up being late in vaccinating children. Because that kind of leads into this question. For parents of newborns, should babies younger than six months of

age receive the vaccine? I guess the question is, when is the best time and how many doses?

- Dimitri D.: [11:46](#) Great. This is a great question. There's no reason for a baby under six months old right now to get a vaccine. There are certain circumstances during outbreaks where we may recommend a change in that, but right now the answer is no. We don't recommend any change in vaccination pattern. So the way that you vaccinate for measles is ideally on or just after a child's first birthday, they should get their first dose. Then a second dose should come between four and six years of age. People who get two doses of the MMR vaccine are immune. So chances of getting measles, mumps or rubella are really, really low if you have this vaccine. In some environments, people will check blood to see if people have immunity. But at the end of the day, if you have two doses, you're good to go.
- Omar Bourne: [12:31](#) What if I only have one dose?
- Dimitri D.: [12:32](#) Get your second dose.
- Allison Pennisi: [12:33](#) So I have a two-year-old at home. I'm also expecting another child. So do you have any recommendations for parents with young children or those who are expecting? Should I be getting another MMR shot?
- Dimitri D.: [12:45](#) Great question. So first of all, make sure your two-year-old is vaccinated. Great on. So that's important. So getting back to ... That is your main strategy for prevention because once you're pregnant, the measles, mumps, rubella vaccine which is a live attenuated vaccine is actually contraindicated. So you don't want to take it during pregnancy. But if you haven't had it, once you deliver, go for it. It's safe to breastfeed if you've had the MMR. So really, it's get it before if you're planning your pregnancy. If you're pregnant and you've never had it, make sure that the kids around you and other folks around you are vaccinated. When you're done with your pregnancy, when you deliver, then go for it. It's good to get the shot.
- Allison Pennisi: [13:25](#) Really good to know.
- Omar Bourne: [13:27](#) Just for our listeners who didn't see the exchange between Dr. D and Allison when he asked the question or when he made the comment, make sure your two-year-old has been vaccinated. She said yes.
- Dimitri D.: [13:38](#) That's an A+ [crosstalk 00:13:40].

- Omar Bourne: [13:42](#) Now Dr. D., with most diseases there are myths and rumors associated. This is no different with the measles. One such rumor is that only kids can contract the measles. Is this fact or fiction?
- Dimitri D.: [13:57](#) Fiction. In fact, during this outbreak, we have had some cases among unvaccinated or adults. So really, it's everybody is potentially susceptible to the measles. It's not just for kids. It's also important to remember that there are some pretty significant adverse outcomes like bad outcomes that you can get from the measles. There's some, other than the rash, you can get diarrhea, ear infections, you can get pneumonia, encephalitis, which means swelling of the brain.
- Dimitri D.: [14:26](#) In pregnant women, it could lead to premature birth or low birth weight in pregnancy. Then ultimately, though thankfully in our outbreak in New York City that we're currently having, we've had no deaths. But I'll tell you in Europe where there's a much larger outbreak, they've had almost 100 deaths. So really important that a vaccine preventable disease is not just about, I don't have a rash and don't have a fever, it's about I can prevent a lot of really bad stuff from going down if I prevent measles.
- Allison Pennisi: [14:54](#) Okay. So I want to go back to a comment that you had made earlier about those who might be traveling internationally. So if you are planning on traveling internationally with your children, especially an infant, do you have any advice for them?
- Dimitri D.: [15:07](#) Yeah. So talk to your doctor, talk to your healthcare provider and get vaccinated. I think that the only ... One of the important caveat says that the age matters. So if you have a young infant, you're going to want to talk about how high the risk is, and if that infant should get a shot of immunoglobulin, which is another way to prevent measles during travel. So if you're going to a highly measles endemic area, which your doctor can check out by going to the [cdc.gov](http://cdc.gov) website and looking at travelers health, there are clear recommendations as to what people should do.
- Dimitri D.: [15:37](#) So I think ultimately the answer is, there are measles outbreaks all over the world. There's something going on in Israel. There's things happening in parts of Europe. Really important if you haven't had the MMR to just cross check with your healthcare provider to make sure that you have it.
- Omar Bourne: [15:53](#) Great information.

Dimitri D.: [15:54](#) One more thing, sorry. Not to interrupt. Give it at least two weeks before you go because that way you have a chance to get immune. So if you take it the day before, great, we'll take that. But better to have it a couple weeks before so your body has some time to react or respond to the vaccine.

Allison Pennisi: [16:11](#) So prepare.

Omar Bourne: [16:11](#) I love it.

Allison Pennisi: [16:11](#) It sounds familiar.

Omar Bourne: [16:15](#) We said that he's always prepared. I love this. Great information here from you, Dr. D. Another question, is it too late to get vaccinated? What if I am 18 years of age? My parents didn't give me the vaccine and I've gone out on my own, moved out of the house. Can I get a vaccine at 18?

Dimitri D.: [16:33](#) Yes. There's no age cutoff for a vaccine. There are other things that you may want to sort of explore with your medical provider. Like there's certain situations like if your immune system is low or other things. It's worth sort of reviewing it, but at the end of the day, if you're not vaccinated and not immune, you should go for it.

Omar Bourne: [16:52](#) Wonderful. Any quick tips on how we can all stay safe, especially with the outbreak.

Dimitri D.: [16:58](#) Get vaccinated if you have haven't been. The reality is this outbreak is very, very contained within certain areas and actually within certain communities. So the most important thing is business as usual, this shouldn't create fear. But as you create a desire to prepare. Because we don't want to be like other parts of the world where folks who have opposed vaccine have resulted in large numbers of people not vaccinated against measles, mumps and rubella, and then the generalized outbreaks or more generalized outbreaks that they're having. So to prepare. If you don't know if you've been vaccinated or not, talk to your healthcare provider. If you're not immune or haven't been vaccinated, talk to them again and think about getting your vaccine.

Allison Pennisi: [17:38](#) All right. Fantastic. Stay right there. We have more coming up with Dr. D. Next.

Male: [17:44](#) If you don't know, now you know. You're listening to Prep Talk, the emergency management podcast.



- Omar Bourne: [17:52](#) That's right. We're here with Dr. D. from New York City's health department. We've been talking about the measles. We want to turn our attention to influenza. We have seen an increase in cases of the flu which is now widespread in New York City. So the first question, what is the flu and is there a difference between the flu and the common cold?
- Dimitri D.: [18:13](#) So it sounds like we're having a big virus day that we're talking today. Influenza is a generally respiratory illness that can have some more generalized body affects that is caused by a virus. Colds are also caused by viruses, but flu tends to be way more severe than the cold. So for anyone who's had the flu, you are knocked out. So you have high fevers, you have you can have shakes, you have all the symptoms of a cold, but it's a lot more intense. So the other piece of this is that colds generally are a nuisance and they like to spread all over a city.
- Dimitri D.: [18:54](#) Flu is not just a nuisance, it's potentially deadly. So it can cause pneumonia and other complications. It's caused by the influenza virus. There's a million viruses, not a million, but a lot of viruses that can cause the common cold. So the flu virus specifically is one that we're scared of. But thankfully, unlike the common cold, have a vaccine that is either effective in preventing acquisition of the flu or preventing the consequences of the flu.
- Allison Pennisi: [19:20](#) Okay. So to confirm, we've said this, that people who have the flu often experience signs and symptoms suddenly, not gradually. Can you explain to our listeners what those signs might be?
- Dimitri D.: [19:31](#) So it generally presents with a sort of thunderclap onset of fever, chills. Muscle aches are fairly common. It's a little bit different than a cold. People don't usually have that same level of achiness, cough and sore throat. Sometimes, though not always, people may also have like gastrointestinal or stomach kind of symptoms like vomiting or diarrhea. People are usually ill for just a few days, but sometimes it can lead to more serious illnesses like pneumonia, either influenza pneumonia, which tends to happen right after you get the illness, so you kind of never get better. Or it can be a factor in causing bacterial pneumonia a couple weeks after the flu. So it can cause a lot of trouble. So really thousands of New Yorkers died of influenza in the last season. I think nationally, almost 80,000 people died from the flu. So it's a big deal.
- Allison Pennisi: [20:30](#) We always say, it's a good idea for people to stay at home from work or stay at home from school. If you don't feel well, don't

come in. But some people say, I'm not contagious. I can't spread this virus. But is that true and when are people most contagious and what are the ways that the virus can be spread?

Dimitri D.: [20:48](#) With paid sick leave, let's tell you to stay at home. That's a good message because really, you should really not go to work unless you are free of fever for 24 hours. What I mean by free from fever is not because you're taking a million milligrams of ibuprofen or Tylenol. You got to be off all of the home remedies, all of the over-the-counter remedies that reduce fever. If your fever free for 24 hours then it's probably okay to go to work. It's also important to remember that with flu, you can also decrease the length of your symptoms if you catch it early enough by starting some antiviral medicines that your doctor or other healthcare provider can prescribe.

Dimitri D.: [21:32](#) It means that you potentially won't have some of the more intense problems with flu, but then also have a shorter duration of illness. But nothing's better than a vaccine. So don't wait to get sick and start these antivirals and all of these home remedies and over-the-counter. So stay home 24 hours after your fever is gone, off all of the drugs that reduce fever like acetaminophen or ibuprofen.

Omar Bourne: [21:56](#) You mentioned the vaccine and this is one of those popular topics that come up every year. We just mentioned it with measles with kind of the anti-vaccine movement. There are a lot of people who say, hey, I don't get vaccinated, I don't get the flu. There's people who they get vaccinated and they say they still end up getting the flu. So talk to us about that and the importance of the vaccine.

Dimitri D.: [22:24](#) Yeah. So the vaccine, there's no such thing as a perfect vaccine. But the flu vaccine does a couple of important things. It prevents you from getting the flu, that's really important. But if it doesn't prevent you from getting the flu, it makes it less intense. So you have a milder case of the flu and it also prevents, get this, hospitalizations, Intensive Care Unit admissions and death. So though it may not be perfect in preventing the flu, it's pretty darn good at preventing all of the other stuff that happens. Really in the US, the recommendations are that everyone over six months old should get a flu shot. But there's certain populations who specifically need to really be encouraged. So that includes adults over 50, pregnant women. There you go. She raised her hand. So, right on.

Allison Pennisi: [23:14](#) I got my flu shot in September.

Dimitri D.: [23:16](#) That's her second A+ in one-

Omar Bourne: [23:20](#) She's acing this.

Dimitri D.: [23:20](#) She's acing it. So over 50, immune system that's weak either because of something like HIV or chemotherapy or other drugs. If you're six months to five years old, no-brainer. Those kids need vaccine. So really, it's a bunch of populations that may be at increased risk. So older folks, like I said, and certain kids, especially in that six months to five-year range and definitely folks and pregnant women like we said. The other part that you brought up, which I think it's important to talk about is, the flu shot doesn't make you sick. The flu shot is made up of inactivated virus, it's dead. It can't do anything.

Dimitri D.: [23:57](#) Now, anytime you get a shot, your arm can hurt. You can a little bit of ... Some people get like low grade temperature. They may not feel perfect, but it's not the flu that you're getting. The other thing to remember is, flu season is also cold season. So one of the things that I hear when I see patients all the time is, you gave me the flu shot and the next I had sniffles. The answer is, you got a cold from somewhere else because there are other thousand viruses that can do this. So it is not the flu shot. Flu shot's safe, stupendously well-tolerated and prevents flu, death, ICU admissions, etc, etc, etc.

Omar Bourne: [24:32](#) See, this is why Dr. D is a doctor for 'Prep Talk' because he brings up so many salient points.

Allison Pennisi: [24:38](#) Yep. He's also all about preparedness, which you know we love. We've also been told to be mindful of touching certain things, making sure your hands are washed. I mean, I'm not a germaphobe. I mean, I have to be very mindful though of making sure that my hands are always clean, but should I not be touching doorknobs? Should I be wearing gloves? Should I be very, very careful. What should we be doing to ensure that we're staying safe? What's a conduit of the flu virus?

Dimitri D.: [25:05](#) As an infectious disease doctor, theoretically, I should be scared of everything. I'm very happy to be ... It's true. I'm happy to touch the coffee pot in the office. I'm happy to grab the the pole at the MTA, but I also carry around hand sanitizer and wash my hands a lot. So I think that the advice is businesses usual, do what you gotta do to keep your hands clean and really frequent hand hygiene, whether it's an alcohol based hand sanitizer, or it's through washing your hands with soap and water and singing happy birthday once through to make sure that you've got it.

Dimitri D.: [25:36](#) I think that that's really good advice. That's also good advice if you have someone who happens to get the flu at home. So you should be vaccinated, but still try your best. Hand hygiene is really critical. But you shouldn't become a germaphobe. You don't need to be in a bubble.

Omar Bourne: [25:50](#) I'm gonna high five and spray the hand sanitizer right after I do that.

Allison Pennisi: [25:54](#) At the same time.

Dimitri D.: [25:55](#) Sounds good.

Omar Bourne: [25:57](#) One last question on the flu. Is the stomach flu related to the actual flu?

Dimitri D.: [26:07](#) The word flu is a magical slang term for lots of people. So when I talk flu, I'm talking influenza. Stomach flu is just like a slang term that people throw around for like some kind of gastrointestinal illnesses. Now, there's plenty of viral gastrointestinal illnesses that go around, especially in the winter and there're also bacterial infections that can also cause symptoms like gastroenteritis or diarrhea, nausea, vomiting. The flu can cause stomach symptoms. It's not really a stomach flu. So again, it's kind of jargon and slang to say stomach flu. Doctors call it gastroenteritis. It's not a stomach flu. So they're different.

Allison Pennisi: [26:52](#) All right. So switching gears, you've done extensive work around HIV education and treatment here in New York City. New York City is actually leading the country in ending the AIDS epidemic. In 2017, we saw a record low number of new HIV diagnoses, a little more than 5% drop from 2016. What methods can you attribute to these improvements?

Dimitri D.: [27:15](#) So virus number three. So here we go. So for HIV, I think a lot of the work has revolved around really exquisite community engagement. So then I'll talk about the science. So we in New York have really relied on our community to implement science in a way that makes the most sense. So then I'll move on and say that with that guidance, we have three really important strategies that really lead us to be able to end the HIV epidemic in our jurisdiction. The first is testing. We are one of the best tested jurisdictions in the world. So we think that almost 95% of people living with HIV in New York City are aware of their diagnosis. That is amazing in a city of 9 million.

- Dimitri D.: [28:02](#) The second thing that we've done and have continued to promote is HIV treatment. So about 85% of people living with HIV who are engaged in care are actually what we call undetectable. That means that the medicines they're taking drive the virus in their blood to levels so low that they don't get sick and have this fabulous side effect, which is called U=U or undetectable is equal to and untransmittable, which means that you do not transmit the virus. It's impossible. You get to undetectable and stay there.
- Dimitri D.: [28:34](#) Then the last thing is we have pre-exposure prophylaxis, a different prep than your prep. Which is taking HIV medicines daily. If you're at risk for HIV acquisition, along with condom use as much as you can to prevent HIV. We've seen historic declines in HIV because of ... In fact, among gay, bisexual, and other men who have sex with men, we saw almost 18% reduction in new infections in 2017, probably on the back of a pre-exposure prophylaxis.
- Dimitri D.: [29:05](#) The last ingredient I've got to say, as in the universe of administration that's talking about ending an epidemic nationally is political will. New York City, especially under Mayor de Blasio has been a leader in really implementing some of the most innovative work and the political support that we've had on from the mayor, city council and others has been historic. The proof is in the pudding. It works.
- Allison Pennisi: [29:31](#) That's incredible.
- Omar Bourne: [29:33](#) On that note, New York City has a goal of ending the HIV epidemic by 2020. Are we still on target to me that goal, and if so, what does that mean for ending the epidemic across the country?
- Dimitri D.: [29:46](#) Great. First, I'll say that the end of HIV epidemic just means that we have more work to do after 2020. Because you have to keep people treated, you have to keep people engaged in care and keep those numbers of people who are accessing prevention. So really nothing really ends in 2020, except that we get to the point where the prevalence, the number of people living with HIV in New York City for a change will not go up, but will start to go down over time. So that's what we mean by the end of the epidemic.
- Omar Bourne: [30:13](#) Great point.

Dimitri D.: [30:13](#) So are we on target? We're actually exactly on target. So our plan is that we are supposed to get to statewide 750 or fewer new infections. That means brand new infections, not just new diagnoses by 2020, and we are exactly on target. The State thinks we're going to get there earlier. We like to be more conservative and say we're going to make it by 2020, but we are absolutely on target.

Omar Bourne: [30:37](#) Wonderful.

Allison Pennisi: [30:38](#) That's fantastic news. Now, where can people find more information about infectious diseases, symptoms signs, how to prevent them, how to get treated, all that fun stuff?

Dimitri D.: [30:48](#) Our New York City Department of Health website is pretty great. We have a lot of information about diseases. So I think my first place to start would be [nyc.gov/health](http://nyc.gov/health). Then what you do is, just go to our search bar and look for the diseases that you're interested in. So if you want influenza, you can search influenza. Another, I'm going to give a flu plug if that's okay, the measles, mumps or rubella plug, you can also dial 311 and/or actually text flu to 877877 and you can get a list of places that you can get the flu vaccine. So we have a lot of ways you can get information but I think our website is a great first hit.

Omar Bourne: [31:24](#) And you can give as many plugs as you want. Dr. D, you're family, you know that.

Dimitri D.: [31:30](#) Thanks.

Omar Bourne: [31:30](#) U=U. What was that again? Because I like your terminology.

Dimitri D.: [31:33](#) That's good. U=U, undetectable is equal to and untransmittable. New York City was the first jurisdiction in the US to sign on to this and now everybody in the world is copying us like they always do.

Omar Bourne: [31:46](#) We're trendsetters.

Dimitri D.: [31:47](#) We are trendsetters.

Allison Pennisi: [31:49](#) We are trendsetters. All right. So it's time for rapid response. If you are a first time listener, it's simple. Omar and I will ask Dr. D a few questions. He will give us the answer that comes to mind. Let's get into it.

Male: [32:02](#) It's time for 'Prep Talk' Rapid Response.

Allison Pennisi: [32:06](#) All right. It's time for Rapid Response. Now, Dr. D., Here's a question. What is the one emergency item you cannot live without?

Dimitri D.: [32:14](#) The flashlight my mom gave me when I went to college. It works still. I check its batteries every couple of months.

Omar Bourne: [32:21](#) Great answer.

Dimitri D.: [32:22](#) Thanks.

Omar Bourne: [32:23](#) What is your favorite medical theme TV show or movie?

Dimitri D.: [32:27](#) I still like Grey's Anatomy. That's a great show.

Omar Bourne: [32:31](#) It is a great show. My girlfriend actually watches it all the time. She's in med school. But Grey's Anatomy has been around-

Dimitri D.: [32:36](#) Forever.

Omar Bourne: [32:37](#) Yeah. I was in college.

Dimitri D.: [32:39](#) Me too. Just kidding.

Allison Pennisi: [32:42](#) Omar tried to pass off before that he's 18 years old. But we'll get into that in a different episode.

Dimitri D.: [32:46](#) I'm 22.

Allison Pennisi: [32:49](#) What's currently on your playlist?

Dimitri D.: [32:50](#) So embarrassing, Ariana Grande, sorry.

Omar Bourne: [32:53](#) That's good.

Dimitri D.: [32:53](#) It's great, I guess. But I told him only 22. So my taste is like that of a teenage boy or girl.

Omar Bourne: [33:01](#) She has a lot of good music.

Dimitri D.: [33:03](#) She's doing good right now.

Omar Bourne: [33:04](#) Yeah. Nothing to be ashamed of there. The last question. Sum up the work you do in one word.

Dimitri D.: [33:10](#) Mission-driven. It's a dash so.

Omar Bourne: [33:12](#) This really counts?

Allison Pennisi: [33:14](#) No. It totally counts. Dr. D., thank you so much for joining us, teaching us about infectious diseases, what New Yorkers can do to stay safe. That website again, [nyc.gov/health](http://nyc.gov/health). Call 311. You could also text flu to 877877 to find a flu vaccination location near you.

Omar Bourne: [33:34](#) Before we sign off, we have some bittersweet news for our listeners. As we've mentioned throughout the episode, Allison is- she's going to be going out on maternity leave soon.

Allison Pennisi: [33:46](#) Yes.

Omar Bourne: [33:48](#) We will definitely miss having you on the show and hearing your voice with us for the next few months. But you'll definitely be with us in spirit I know that and I can't wait for you to be back with me here.

Allison Pennisi: [34:01](#) Yep. I'll be talking more about preparedness on balancing two kids. So stay tuned for that. It's been great man. I'm looking forward to coming back too, but on to the next adventure and taking all of the advice that I've received from all of our guests thus far to this new venture that we've got coming up.

Omar Bourne: [34:20](#) I'm gonna get a pin for you, most prepared mom.

Allison Pennisi: [34:23](#) Yeah. I'll take it. Most prepared mom. Actually, I would prefer to have like a crown and scepter, though, [inaudible 00:34:29]. But thanks again. This has been great.

Omar Bourne: [34:34](#) Dr. D., any last words?

Dimitri D.: [34:35](#) No. Thanks for having me. This was a great conversation and I hope that folks just make plans without being scared because I think that that's really the best strategy.

Outro: [34:50](#) That's this episode of 'Prep Talk.' If you like what you heard, you can listen anytime online or through your favorite RSS feed. Until next time, stay safe and prepared.