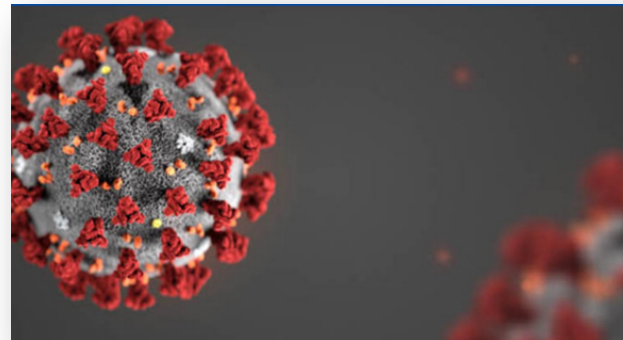




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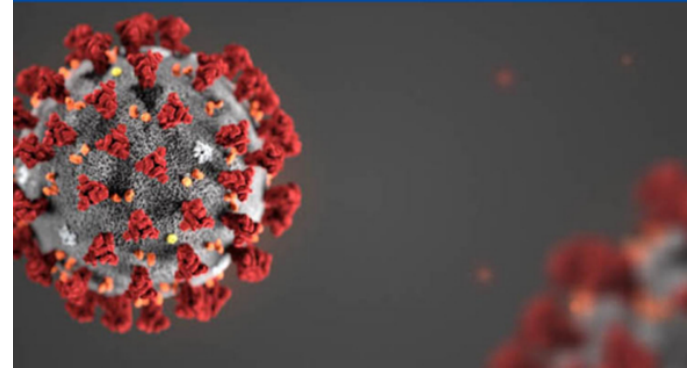
An Update for NYS Healthcare Providers on COVID-19

April 30, 2020

**Elizabeth Dufort, MD, FAAP
Medical Director, Division of Epidemiology
New York State Department of Health**

Agenda

- Global, National, New York State Updates
- Testing Updates
- Containment
- Community Mitigation
- Maternal Task Force
- Guidelines on Therapy
- Healthcare System Surge Response
- Healthcare Provider Wellness and Survey
- Resources
- Pre-planned Q & A: Chat box not feasible with level of attendance



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Upcoming Calls

Update: Future weekly calls will be held on Thursdays 1-2 PM

- **Recordings will be available immediately:** [NYSDOH COVID-19 Healthcare Provider website](#)
- In addition to YouTube, an on-demand version of our weekly sessions for healthcare providers in NYS is now available as a podcast – search NYSDOH
- If you are not receiving email invitations to the call series, please work with your Health Commerce System (HCS) site coordinator to receive notifications from the Integrated Health Alerting and Notification System (IHANS)



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Disclaimer

- The situation is rapidly evolving, as is our understanding of this new virus.
- All of the information presented is based on our best knowledge as of today.

Situation Summary: COVID-19 Global, 4/29/2020

www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports

Region	Confirmed Cases	Deaths
Global	3,018,681	207,973
Western Pacific	146,449	6037
European	1,406,899	129,311
South-East Asia	51,351	2001
Eastern Mediterranean	176,928	7304
Africa	22,254	903
Americas	1,213,088	62,404

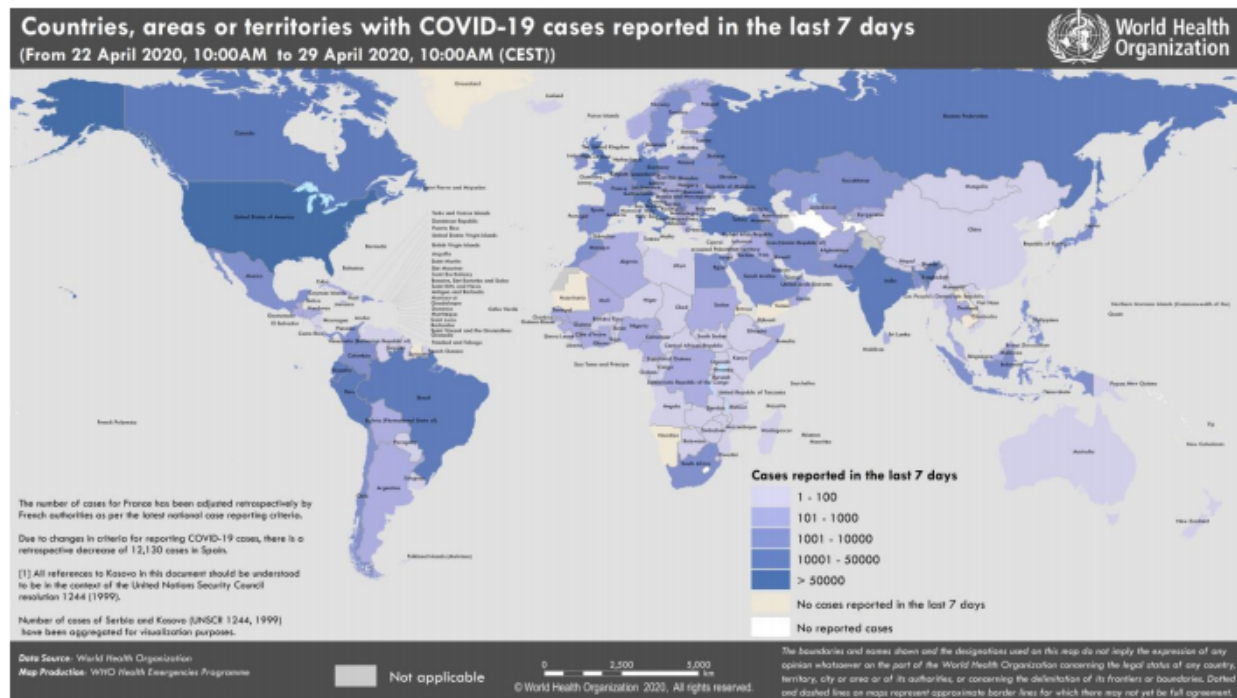


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Situation Summary: COVID-19 Global, 4/29/2020

www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports

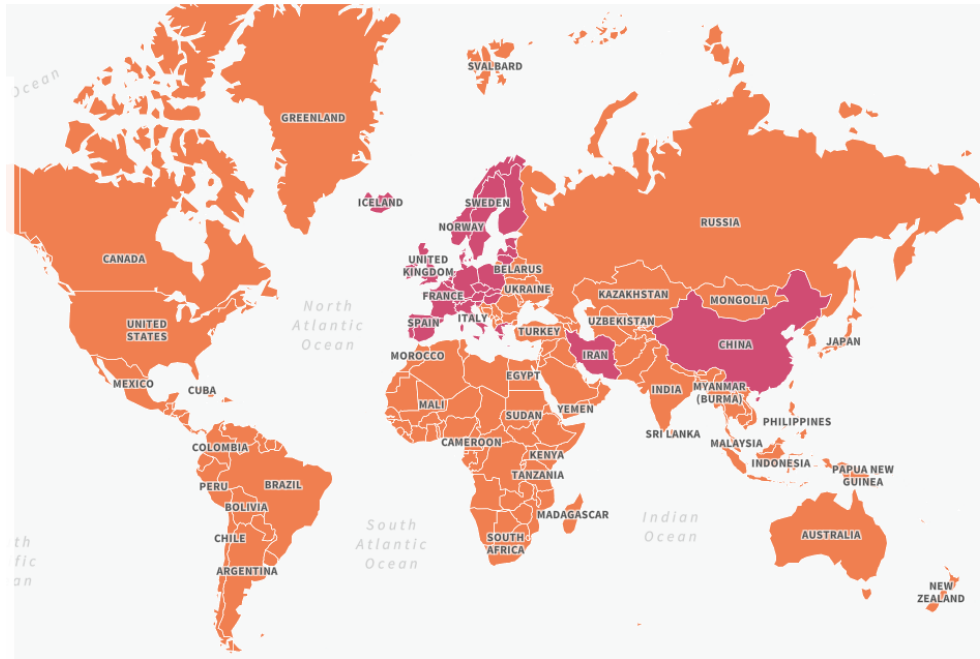
Figure 1. Countries, territories or areas with reported confirmed cases of COVID-19, 29 April 2020



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COVID-19 CDC Travel Recommendations by Country

www.cdc.gov/coronavirus/2019-ncov/travelers/index.html



Geographic Risk Assessment for COVID-19 Transmission

Click on the map to get country-specific travel health information about COVID-19.

Country Transmission Level

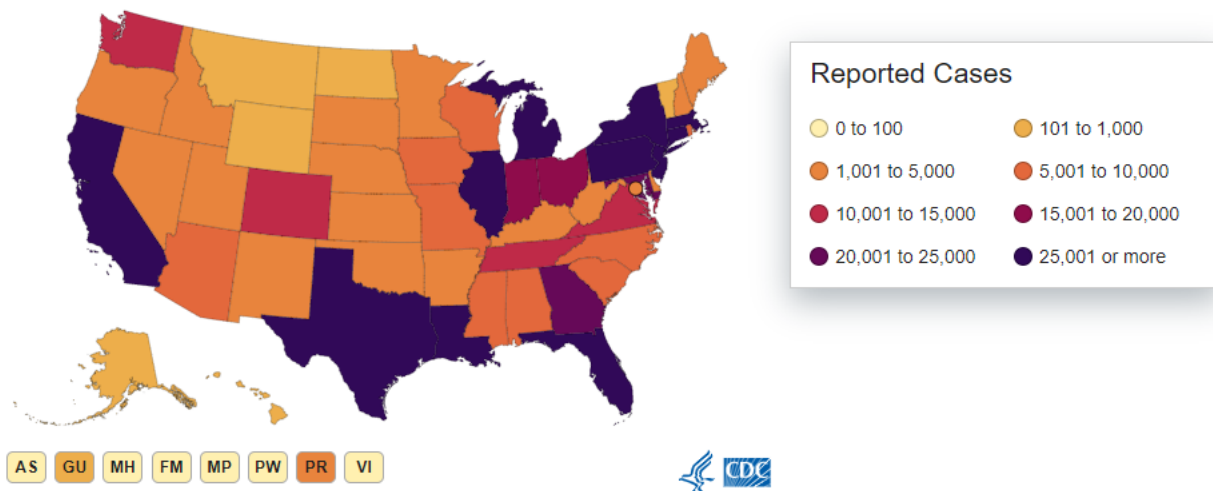
- Widespread ongoing transmission with restrictions on entry to the United States
- Widespread ongoing transmission without restrictions on entry to the United States
- Ongoing community transmission
- Limited community transmission

- **Level 3** Widespread transmission with US entry restrictions: China, Iran, Most of Europe, UK and Ireland
- **Level 3** Widespread transmission without US entry restrictions: Global Pandemic

Situation Summary: Covid-19 U.S. (April 29, 2020)

www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html

19 states report more than 10,000 cases of COVID-19.



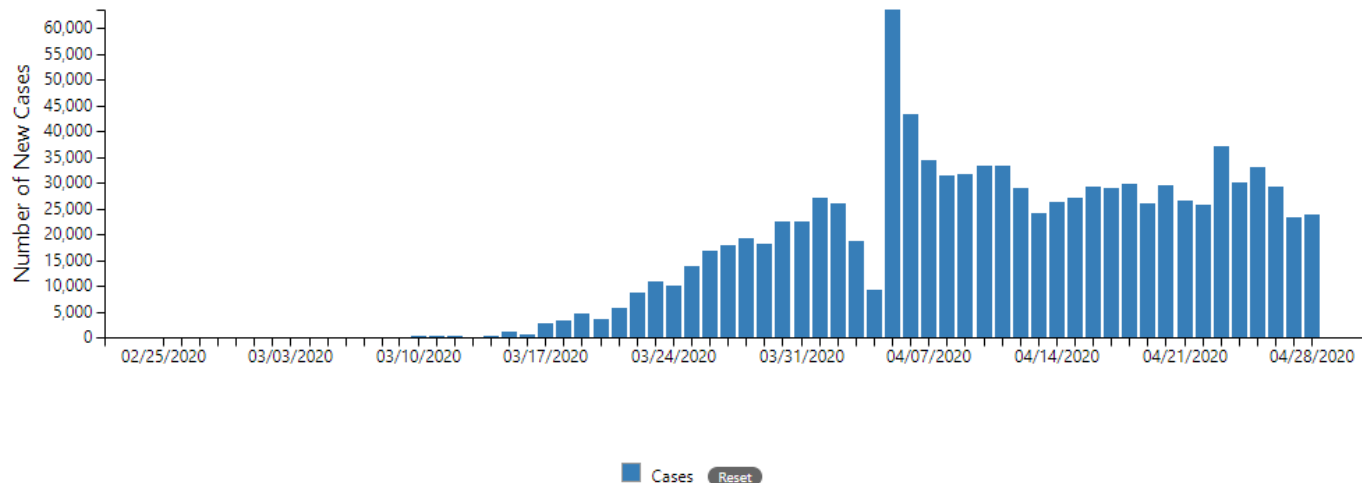
- **Total cases: 802,583**
 - New in 24hrs: 23,901
- **Total deaths: 57,505**
 - New in 24hrs: 2,247

Situation Summary: Covid-19 U.S.

www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html

New Cases by Day

The following chart shows the number of new cases of COVID-19 reported by day in the U.S. since the beginning of the outbreak.

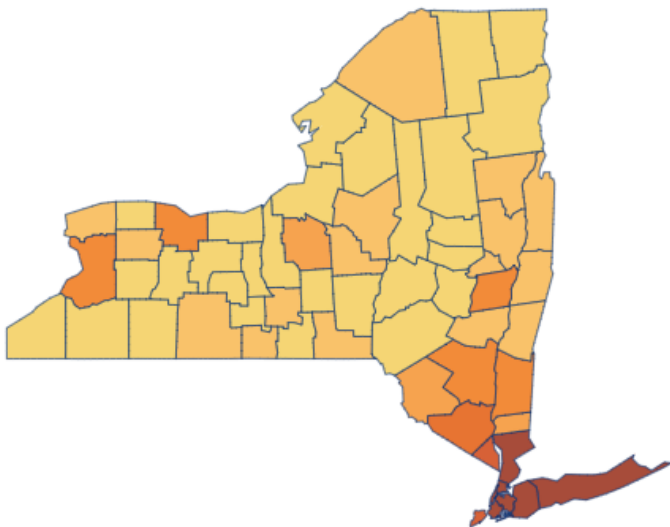


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NYSDOH COVID-19 Tracker (*April 28, 2020*)

Found at: [NYSDOH COVID-19 website](#)

Persons Tested Positive by County



- 01-99
- 100-499
- 500-999
- 1,000-4,999
- 5,000-9,999
- 10,000-14,999
- 20,000+

Statewide

Total Persons Tested

872,481

Total Tested 4/28

27,487

Total Tested Positive

299,691

Sex Distribution of Positive Cases

Female

47.6%

Male

51.9%

Unknown

0.5%

New Positives 4/28

4,585

NYSDOH COVID-19 Tracker (April 28, 2020)

Found at: [NYSDOH COVID-19 website](https://www.health.ny.gov/statistics/covid19/)

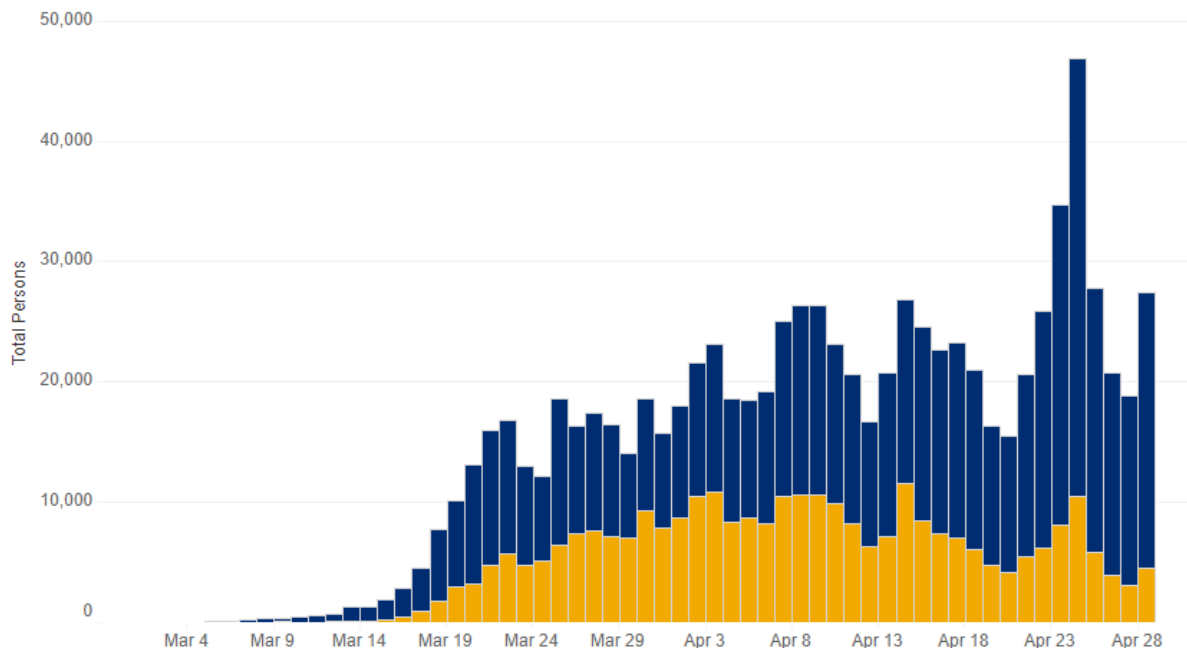
Daily Totals: Persons Tested and Persons Tested Positive



■ Total Persons Tested ■ Total Tested Positive

Hover over a bar to see details

Time Period
(All) ▼



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NYSDOH COVID-19 Tracker (April 28, 2020)

Found at: [NYSDOH COVID-19 website](#)

Fatalities by County		Click Here to see nursing home fatalities by county.
County	Place of Fatality	Residence of Individual
Grand Total	18,015	18,015
Albany	47	27
Allegany	0	2
Bronx	2,413	2,628
Broome	15	15
Cattaraugus	1	2
Cayuga	1	2
Chautauqua	1	1

Fatalities by Race/Ethnicity		Click to see NYS excl. NYC age-adjusted rate
<i>Data is preliminary. With 98% reporting, below is the breakdown for NYS excluding NYC. With 63% reporting, below is the breakdown for NYC as provided by NYCDOHMH.</i>		
Race/Ethnicity	NYC	NYS Excl. NYC
Hispanic	34% (29% of population)	14% (12% of population)
Black	28% (22% of population)	18% (9% of population)
White	27% (32% of population)	60% (74% of population)
Asian	7% (14% of population)	4% (4% of population)
Other	4% (3% of population)	4% (1% of population)



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NYSDOH COVID-19 Tracker (April 28, 2020)

Found at: [NYSDOH COVID-19 website](#)

Fatalities by Sex

Grand Total	18,015 (100.0%)
Female	7,248 (40.2%)
Male	10,758 (59.7%)
Unknown	9 (0.1%)

Fatalities by Age Group

Age Group	Fatality Count	%
Grand Total	18,015	100.0%
Unknown	34	0.2%
90 & Over	2,178	12.1%
80 to 89	4,587	25.5%
70 to 79	4,801	26.7%
60 to 69	3,630	20.1%
50 to 59	1,793	10.0%



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NYS COVID-19 Healthcare Utilization

- Currently hospitalized: 11,598 (*decreased by 561*)
- Current ICU: 3,769 (*decreased by 154*)
 - Current Intubation: 3,157 (*decreased by 124*)
- Deaths: 306 (*compared to 330 day prior, deaths/day decreased by 24*)
- Continue to see decreases in hospitalization, ICU, and intubation numbers

- Testing:
 - 872,481 tested
 - 27,487 new tests last 24 hrs (~30,000 per day)

Percent of Tests that are Positive by Region

NYC 31%	Mohawk Valley 9%
Long Island 31%	Central NY 7%
Mid-Hudson 28%	Southern Tier 7%
Capital District 12%	Finger Lakes 10%
North Country 8%	Western NY 17%

SARS-CoV-2 Testing for COVID-19

Testing Expansion Strategies

Revised Testing Criteria

- New York State continues to increase testing capacity for COVID-19 on a daily basis. However, until such time as we are at full capacity, this guidance is necessary to ensure that New York State prioritizes resources to meet the most urgent public health need.
- Diagnostic and/or serologic testing for COVID-19 shall be authorized by a health care provider when:
 - An individual is symptomatic or has a history of symptoms of COVID-19 (e.g. fever, cough, and/or trouble breathing), particularly if the individual is 70 years of age or older, the individual has a compromised immune system, or the individual has an underlying health condition)
 - An individual has had close (i.e. within six feet) or proximate contact with a person known to be positive with COVID-19
 - An individual is subject to a precautionary or mandatory quarantine
 - An individual is employed as a health care worker, first responder, or other essential worker who directly interacts with the public while working
 - An individual presents with a case where the facts and circumstances – as determined by the treating clinician in consultation with state or local department of health officials – warrant testing.
- *Based on individual clinical factors, health care providers should use clinical judgement to determine the appropriate COVID-19 test(s) (i.e. diagnostic or serologic) that should be obtained*

Testing Expansion Strategies

Testing Prioritization:

- On April 17, 2020, Executive Order 202.19 was issued requiring the establishment of a single, statewide coordinated testing prioritization process that shall require all laboratories in the state, both public and private, that conduct COVID-19 diagnostic testing, to complete such COV

To support the statewide coordinated testing prioritization, healthcare providers should take the following prioritization into consideration when ordering a COVID-19 test:

1. Symptomatic individuals, particularly if the individual is part of a high-risk population, including persons who are hospitalized; persons residing in nursing homes, long-term care facilities, or other congregate care settings; persons who have a compromised immune system; persons who have an underlying health condition; and persons who are 70 years of age or older.
2. Individuals who have had close (i.e. within six feet) or proximate contact with a person known to be positive
3. Individuals who are employed as health care workers, first responders, or in any position within a nursing home, long-term care facility, or other congregate care setting, including but not limited to:



3. Individuals who are employed as health care workers, first responders, or in any position within a nursing home, long-term care facility, or other congregate care setting, including but not limited to:

- Correction/Parole/Probation Officers
 - Direct Care Providers
 - Firefighters
 - Health Care Practitioners, Professionals, Aides, and Support Staff (e.g. Physicians, Nurses, Public Health Personnel)
 - Medical Specialists
 - Nutritionists and Dietitians
 - Occupational/Physical/Recreational/Speech Therapists
 - Paramedics/Emergency Medical Technicians
- ID-19 diagnostic testing only in accordance with such process

Individuals who are employed as essential employees who directly interact with the public while working, including but not limited to:

- Animal Care Workers (e.g. Veterinarians) • Automotive Service and Repair Workers • Bank Tellers and Workers • Building Code Enforcement Officers • Child Care Workers • Client-Facing Case Managers and Coordinators • Counselors (e.g. Mental Health, Addiction, Youth, Vocational, Crisis, etc.) • Delivery Workers • Dentists and Dental Hygienists • Essential Construction Workers at Occupied Residences or Buildings • Faith-Based Leaders (e.g. Chaplains, Clergy Members) • Field Investigators/Regulators for Health and Safety • Food Service Workers • Funeral Home Workers • Hotel/Motel Workers • Human Services Providers • Laundry and Dry Cleaning Workers • Mail and Shipping Workers • Maintenance and Janitorial/Cleaning Workers • Optometrists, Opticians, and Supporting Staff • Retail Workers at Essential Businesses (e.g. Grocery Stores, Pharmacies, Convenience Stores, Gas Stations, Hardware Stores) • Security Guards and Personnel • Shelter Workers and Homelessness Support Staff • Social Workers • Teachers/Professors/Educators • Transit Workers (e.g. Airports, Railways, Buses, and For-Hire Vehicles) • Trash and Recycling Workers • Utility Workers



Testing Expansion Strategies

1. Test – Trace – Isolate

- Molecular testing
- Particularly as we reopen
- Continue to expand (healthcare, alternative specimen collection settings, diverse settings)

2. Testing for antibodies can potentially donate for convalescent plasma clinical trials

3. Inform our reopening strategy

- Community serosurveys
- Healthcare testing

Alternative Specimen Collection Sites - COVID-19 Testing

- For patients who do not require clinical care in a healthcare setting
- Continued expansion statewide
 - Drive-throughs and walk-throughs throughout the state
- Facilitate collection of samples in a setting that maintains the safety of the staff and other patients, allows the patient ease of access to specimen collection, and relieves the burden on healthcare facilities
 - The [NYSDOH alternative specimen collections sites](#) are available in areas with significant community transmission, with plans for expansion.
 - Call NYSDOH COVID-19 Hotline (888-364-3065) or [LHD](#) for information on sites in your area or check public health website(s) for information on local testing options
 - Additionally, some area health systems and practices may choose to set up their own alternative specimen collection sites to serve their patient population and community.

Alternative Specimen Collection Sites - COVID-19 Testing

- Five new drive-through sites opened: Monroe, Erie, Broome, Niagara, and Oneida Counties
- New walk-throughs and drive-throughs across the state
- Diagnostic Testing Access: Individuals who fit these prioritization categories and do not currently have access to testing can:
 - Call the New York State COVID-19 Hotline at 1-888-364-3065
 - OR
 - Visit the NYSDOH website www.covid19screening.health.ny.gov to be screened for eligibility, and if eligible, have an appointment set up at one of the State's Testing Sites

Available Molecular Assays

www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations#covid19ivd

- There are **42** PCR-based assays for SARS-CoV-2 that have been approved under the FDA's EUA process
- The majority of these are assays that can be used in a high-complexity laboratory
- Three are waived assays
- There are many supply chain issues for reagents

Current Data on Sensitivity and Specificity of Molecular SARS-CoV-2 Testing?

- Generally the sensitivity of the FDA EUA approved molecular assays is very good and detects in the low hundreds of genome copies per ml.
- The sensitivity and specificity of the PCR COVID-19 tests vary between tests.
- Details on each of the tests can be found on the FDA EUA web site.
- Manufacture Instructions/Package Inserts (IFUs) can be found for each of the FDA EUA approved tests and include information on sensitivity and specificity.

Molecular SARS-CoV-2 Testing Questions

Is there a recommendation about the best days to test a suspect case so that they have a sufficient viral load and we can be more confident about the results?

- Specimens should be collected as soon as possible once a decision has been made to pursue testing, regardless of the time of symptom onset

Has there been any progress in procuring nasopharyngeal swabs and transport medium as both have been subject to national shortage?

- The supply chain is continually changing and you need to monitor and order quickly when supplies become available.

Molecular SARS-CoV-2 Testing

Is home based testing an option?

- The FDA has recently approved LabCorp to use an at home collection kit for SARS-CoV-2 testing for use under an Emergency Use Authorization (EUA) only

Not yet available in NYS, however, we are working to make this available to residents of NYS as soon as possible

Available Serology Assays

www.fda.gov/medical-devices/emergency-situations-medical-devices/faqs-diagnostic-testing-sars-cov-2

- Antibody-based assays are being developed at multiple labs but are not yet widely available
- **Eight** assays are FDA approved for use in moderate or high complexity laboratories
 - Four IgG and IgM or total antibody tests
 - There are four FDA approved IgG only serologic assay
- **NYSDOH recommends only using FDA EUA tests or NYS approved test**
- There are over 150 serology assays listed on the FDA website
- **These are NOT FDA reviewed, nor approved.**
- Be aware of these disclaimers if you use these tests
 - This test has not been reviewed by the FDA.
 - Negative results do not rule out SARS-CoV-2 infection, particularly in those who have been in contact with the virus. Follow-up testing with a molecular diagnostic should be considered to rule out infection in these individuals.
 - Results from antibody testing should not be used as the sole basis to diagnose or exclude SARS-CoV-2 infection or to inform infection status.
 - Positive results may be due to past or present infection with non-SARS-CoV-2 coronavirus strains, such as coronavirus HKU1, NL63, OC43, or 229E.

Available Serology Assays

What does FDA EUA mean for validation?

- If a test has obtained Emergency Use Authorization (EUA) from the FDA, this means that the FDA has performed a review of validation data and have found it to be acceptable.
- If a laboratory is using a test that has an FDA Emergency Use Authorization (EUA), the laboratory does not need to do a complete validation study. However, they do need to verify the method in their lab.

What are the sensitivity and specificity of various serologic assays for COVID?

- The sensitivity and specificity of the COVID-19 serology tests vary between manufacturers. Details on each of the tests can be found on the FDA EUA web site. Manufacture Instructions/Package Inserts (IFUs) can be found for each of the FDA EUA approved tests and include information on sensitivity and specificity.
- Be aware that there are numerous serology tests that have been approved for distribution by the FDA, but the FDA has not reviewed the validation data. Additional information can be found on the FDA's web site that include FAQs on Diagnostic Testing for SARS-CoV-2.

Available Serology Assays

NYS is testing people at supermarkets for seroprevalence?

- Over 8,000 samples have been collected from supermarkets across the state.

What are the sensitivity and specificity of the Wadsworth Center serologic assay used for the serosurveys for COVID?

- Wadsworth Center's test uses a cut-off of 6 Standard Deviations above the baseline to determine a positive. In this way we maximize specificity (between 96.6 to 98.3%) and eliminate the presence of false positives which may be due to previous infection with commonly circulating coronaviruses. In this way, we may lose some sensitivity, possibly missing some low positives. This high level of specificity gives us confidence in the state's current estimate of prevalence.

Available Serology Assays

When will serology testing be available for providers to order for patients or their staff/themselves?

- At this time, Wadsworth is only accepting specimens for COVID-19 serology testing that are related to specific studies (including community based and healthcare or essential workers).
- Providers should reach out to commercial laboratories as they have started to perform COVID-19 serology testing.
- **NYSDOH recommends only using FDA EUA tests or NYS approved test**

Can you test for COVID from Formalin Fixed Paraffin-Embedded (FFPE) tissues?

- This type of sample should be sent to the CDC

Available Serology Assays

Are specimens from “before” COVID started being tested? Like blood collected early on that are being tested to see if COVID was around prior to the reports?

- Yes, studies are being performed to see if antibodies to the COVID-19 virus are present in sera collected prior to the appearance of COVID-19 in NY’s population.

Pharmacy Based Testing?

What is pharmacy based testing?

- Executive order 202.24 allows pharmacists to order and collect specimens for COVID-19 virus and antibody testing. It also allows pharmacists to direct limited service laboratories, which will enable pharmacies to act as testing sites for waived (simple) testing.
- Depending on the model used by the pharmacy, the pharmacy will send the sample to an approved lab to be tested or used a waived test if they are an approved limited service laboratory.
- Currently there are three (3) waived tests to detect the SARS-CoV-2 virus.
- There are no waived tests to detect antibodies to SARS-CoV-2.
- The Department is working to prepare additional guidance related to pharmacies and COVID-19 testing.



The NYSDOH Wadsworth Center's Assay for SARS-CoV-2 IgG

- IgG specific
- Dried blood spot card
- A reactive result may be due to past or present infection with SARS-CoV-2
- A non-reactive result on this test means that IgG antibodies to SARS-CoV-2 were not present in the blood, however, if early in disease course/acute phase, check molecular testing for SARS-CoV-2
- Immunity won't be known until people who have IgG levels are exposed again to SARS-CoV-2 and we can study whether any of them are infected again.
- It is also not known how long the IgG antibodies will last. It will take time to find these answers

The NYSDOH Wadsworth Center's Assay for SARS-CoV-2 IgG



Department of Health

The Wadsworth Center (WC), the public health laboratory of the New York State Department of Health (NYSDOH), has developed an antibody test for the virus that causes Coronavirus 2019 (COVID-19) disease. Below are several questions and answers that will address concerns you may have.

What is SARS-CoV-2?

SARS-CoV-2 stands for Severe Acute Respiratory Syndrome Coronavirus Type 2, which is the name of the virus causing the current COVID-19 pandemic.

What is the Wadsworth Center's antibody test for SARS-CoV-2?

WC has developed a test for detecting IgG antibodies to SARS-CoV-2, the virus that causes COVID-19. The test is a microsphere immunoassay (MIA) which can detect IgG antibodies in blood. The blood can be collected using a dried-blood spot card. Dried-blood spot specimens can be collected by pricking the finger and collecting drops of blood onto a paper card. The cards are dried and then shipped to the WC for testing.

What is an IgG antibody?

Antibodies develop when the immune system responds to a germ, usually a virus or a bacterium. With other diseases, IgG is one type of antibody that usually develops 3 to 4 weeks after infection with the germ and lasts for a long time. Once you have IgG antibodies, your immune system may recognize the germ and be able to fight it the next time you are exposed to it. Infection with the SARS-CoV-2 virus does seem to result in the production of IgG antibodies, though it isn't known exactly when that happens and if it happens to everybody.

What test results will be reported?

The results for this test are reported as reactive, nonreactive, or indeterminate. It is important to understand that this is a novel virus and we continue to advance in our understanding of COVID-19. Discuss any concerns or questions you may have about COVID-19 with your medical provider.

What does a reactive result mean?

A reactive result on this test indicates that IgG antibodies to SARS-CoV-2 were present in the blood specimen. A reactive result can mean you had infection with SARS-CoV-2 in the past or it can mean you are currently infected. If you did not test positive for SARS-CoV-2 already, another test may be needed to see if you are currently infected.

**Note: A reactive result may be due to past or present infection with non-SARS-CoV-2 strains. However, specificity for the Wadsworth Center (WC) SARS-CoV-2 IgG test has been determined to be 93 to 100%. Therefore, significant cross-reactivity to other known respiratory viruses is not expected.*

What does a nonreactive result mean?

A nonreactive result on this test means that IgG antibodies to SARS-CoV-2 were not present in the blood. However, you may still be infected with SARS-CoV-2. An additional test would be needed to determine if you are infected or not. This test is called a molecular diagnostic test and can be done with a swab of your nose or throat or a test of your spit.

What does an indeterminate result mean?

An indeterminate result means that the test did not produce a clear nonreactive or reactive result. This could happen if the test reacted with other antibodies in the blood or if you do have SARS-CoV-2 IgG antibodies but the levels are still too low to be reported as reactive.

Is a person with a reactive result on the WC SARS-CoV-2 IgG test immune to COVID-19?

This won't be known until people who have IgG levels are exposed again to SARS-CoV-2 and we can study whether any of them are infected again. It is also not known how long the IgG antibodies will last. It will take time to find these answers. In the meantime, this test is the best we can do to indicate some sort of immunity.

Can a health care worker who has a reactive SARS-CoV-2 IgG test return to work?

It is not known whether having IgG antibodies means that you are still infected or are immune. Therefore, you need to follow the NYSDOH guidelines for returning to work. They can be found at <https://coronavirus.health.ny.gov/information-healthcare-providers>.

It is recommended that health care workers continue to follow the current COVID-19 infection control precautions, including continuing to wear PPE. This test is not required to return to work.

Who should be tested for SARS-CoV-2 IgG?

SARS-CoV-2 IgG can provide information about your immune status. However, IgG antibodies are usually produced weeks after the initial infection. Therefore, this test should not be conducted until at least 21 days have passed since you had a positive viral (molecular diagnostic) test or the symptoms of COVID-19 started.

If you were already tested and the results were negative or you have never been tested and you have been exposed to the virus at work or at home, you can also be tested using the dried-blood spot test.

For more information on COVID-19 in NYS go to: <https://health.ny.gov/coronavirus>

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New York State Department of Health

4/20



Department of Health

The NYSDOH Wadsworth Center's Assay for SARS-CoV-2 IgG

- **When should someone use this test?**
 - This test should not be conducted until at least 21 days have passed since you had a positive viral (molecular diagnostic) test or the symptoms of COVID-19 started
- **Can a healthcare worker who has a reactive SARS-CoV-2 IgG test return to work?**
 - It is not known whether having IgG antibodies means that you are still infected or are immune.
 - Therefore, you need to follow the [NYSDOH Guidelines on HCW return to work](#)
 - It is recommended that healthcare workers continue to follow the current COVID-19 infection control precautions including continuing to wear PPE
 - This test is not required to return to work

Serosurveys Among Essential Workers

- Aim: To develop a baseline infection rate
- FDNY and NYPD antibody testing survey that tested 1,000 New York City Fire Department officers and 1,000 New York City Police Department officers from across all five boroughs.
 - The preliminary results show **17.1 percent of FDNY officers and EMTs** have COVID-19 antibodies and **10.5 percent of NYPD** officers have COVID-19 antibodies
 - **The state will be conducting further antibody analysis**
- Further testing ongoing and planned for transit workers, State Police, MTA, and DOCCS

Statewide Community Serosurveys

- Aim: To develop a baseline infection rate
- Over 8,000 persons tested across the state collected at grocery stores, other box stores
- **Phase 2 preliminary results:**
 - **Statewide positivity: 14.9%**

Containment

Contact Tracing

- ‘Contact tracing army’
 - Coupled with increased testing
 - Safely reopen
- Regional approach – in conjunction with Connecticut and New Jersey
- Bloomberg Philanthropies
 - Committed \$10.5 million along with organizational support and technical assistance to build and execute the program
 - To identify and recruit contact tracer candidates including DOH staff, investigators from state agencies, SUNY and CUNY health students
- Bloomberg School of Public Health at Johns Hopkins University
 - To build an online curriculum and training program for contact tracers
- Resolve to Save Lives, an initiative of Vital Strategies
 - To provide operational and technical advising

Community Mitigation and Re-opening Strategies

NYS Community Mitigation and Reopening Strategy

- **NY on PAUSE and social distancing are working to flatten the curve through May 15th**
 - Schools and non-essential businesses will remain closed
- **Elective Outpatient Treatments: 35 counties have been approved to resume elective outpatient treatments.**
 - In **counties and hospitals** without significant risk of COVID-19 surge in the near term.
 - The counties now eligible are: Allegany, Broome, Cattaraugus, Chautauqua, Chenango, Delaware, Dutchess, Essex, Franklin, Fulton, Genesee, Herkimer, Jefferson, Lewis, Livingston, Madison, Monroe, Niagara, Oneida, Onondaga, Ontario, Orleans, Oswego, Putnam, Saratoga, Schoharie, Schuyler, St. Lawrence, Steuben, Sullivan, Tompkins, Ulster, Wayne, Wyoming and Yates.

NYS Community Mitigation and Reopening Strategy

Reopen NYS on a regional basis

- Each region of the state – Capital Region, Central New York, Finger Lakes, Mid-Hudson Valley, Mohawk Valley, New York City, North Country, Long Island, Southern Tier and Western New York – must follow these guidelines as part of the re-opening plan.
- **CDC Guidelines:** Based on CDC recommendations, once a region experiences a 14-day decline in the hospitalization rate they may begin a phased re-opening.
- **Industries:** Businesses in each region will re-open in phases.
 - Phase one will include opening construction and manufacturing functions with low risk. Phase two will open certain industries based on priority and risk level.
 - Businesses considered "more essential" with inherent low risks of infection in the workplace and to customers will be prioritized, followed by other businesses considered "less essential" or those that present a higher risk of infection spread.
 - Regions must not open attractions or businesses that would draw a large number of visitors from outside the local area.

NYS Community Mitigation and Reopening Strategy

Reopen NYS on a regional basis

- Each business and industry must have a plan to protect employees and consumers, make the physical work space safer and implement processes that lower risk of infection in the business.
- To maintain the phased re-opening plan, each region must have at least 30 percent of hospital beds and ICU beds available after elective surgeries resume.
- Regions must implement a testing regimen that prioritizes symptomatic persons and individuals who came into contact with a symptomatic person, and conducts frequent tests of frontline and essential workers. Regions must maintain an appropriate number of testing sites to accommodate its population and must fully advertise where and how people can get tested. The region must also use the collected data to track and trace the spread of the virus
- There must be at least 30 contact tracers for every 100,000 people. The region must also monitor the regional infection rate throughout the re-opening plan
- Regions must present plans to have rooms available for people who test positive for COVID-19 and who cannot self-isolate.
- Track the Reproductive number ≤ 1.1

If you lost your job or health coverage, or are uninsured, we have you covered



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Individuals & Families

You and your family have many low cost, quality health insurance options available through the Individual Marketplace.

You can quickly compare health plan options and apply for assistance that could lower the cost of your health coverage. You may also qualify for health care coverage from Medicaid or Child Health Plus through the Marketplace. Anyone can apply here.

GET STARTED

Get In-Person Help

Compare Plans and Estimate Cost

Search by Health Plan, Provider, or Facility

Chat Now

1

Create an Account.

2

Tell us about yourself and your family.

3

Choose a health insurance plan.

- **New Yorkers without health insurance can apply through NY State of Health through May 15th, 2020**
- **Must apply within 60 days of losing coverage**



Department of Health

Maternal Task Force

Maternal Task Force Recommendations

- #1: DIVERSIFY BIRTHING SITE OPTIONS TO SUPPORT PATIENT CHOICE
- #2: SUPPORT PERSONS
- #3: UNIVERSAL TESTING OF PREGNANT PATIENTS
- #4: ENSURING EQUITY
- #5: MESSAGING AND EDUCATION
- #6: DEPARTMENT OF HEALTH WILL COLLABORATE WITH ACADEMIC INSTITUTIONS, REGIONAL PERINATAL CENTERS, AND MEDICAL ORGANIZATIONS TO REVIEW THE IMPACT THAT COVID-19 HAS ON PREGNANCY AND NEWBORNS.

Maternal Task Force Recommendations

#3: UNIVERSAL TESTING OF PREGNANT PATIENTS

- The Task Force recommends universal COVID-19 testing for all pregnant individuals. and universal COVID-19 testing for all support persons accompanying pregnant individuals at birthing facilities, as testing becomes available.
- The Task Force recommends the issuance of NYSDOH guidance for COVID-19 testing that defines pregnant individuals as a priority population for testing
- The Task Force recommends that pregnant individuals be tested during pregnancy and one week prior to their estimated due date or upon admission if second test is not conducted one week prior to delivery
- The Task Force recommends that the NYSDOH monitor the availability of testing supplies to support equitable access to testing kits and laboratory analysis for all pregnant individuals in all birthing settings, particularly those serving marginalized communities and those most impacted by racial disparities in birth outcomes.

Maternal Task Force Recommendations

- **#6: DEPARTMENT OF HEALTH WILL COLLABORATE WITH ACADEMIC INSTITUTIONS, REGIONAL PERINATAL CENTERS, AND MEDICAL ORGANIZATIONS TO REVIEW THE IMPACT THAT COVID-19 HAS ON PREGNANCY AND NEWBORNS.**
- The Department will host weekly statewide interactive webinars addressing the management of maternity care during the pandemic as needed as part a collaboration with the New York State Perinatal Quality Collaborative (NYSPQC) in partnership with American College of Obstetrics and Gynecology District II.
- The Department and ACOG II issue guidance on best practices, including prenatal care, during the time of COVID-19, with a special emphasis on reducing racial disparities.
- The Department will also host a webinar on obstetrical care and implicit bias within the context of COVID-19.
- The Department will collaborate with the Centers for Disease Control and Prevention on a COVID-19 Pregnancy Module that will capture supplemental data on COVID-19 during pregnancy.
- This module will help describe risk for severe illness or adverse outcomes among pregnant individuals with laboratory evidence of COVID-19 infection up to delivery, and their newborns, to inform public health guidance and risk communication messages



Department
of Health

Guidance on Therapeutics

Update on COVID-19 Therapeutics

- **NIAID Remdesivir Trial - ACTT Trial (Adaptive COVID-19 Treatment Trial (ACTT))**
 - Not yet published in the peer reviewed literature
 - DSMB identified the effect and NIAID felt it was ethical to report it out
 - ~1,060 patients, randomized controlled trial versus placebo
 - Recovered in 11 days versus 15 days ($p=0.001$)
 - Mortality trended toward better, but not statistically significant 8% versus 11%
 - Dr. Fauci, Director of the NIAID
 - Opens the door to more research on effective therapeutics and lets us know we can treat this virus
 - NYS sites involved in this study
- **Many other sites in NYS also engaged in clinical trials run by Gilead and in compassionate use / expanded access trials**
- **Lancet study out of China with 237 patients total (158 drug and 79 placebo) – no stat significant difference in clinical benefits**
- **Not yet FDA EUA or FDA approved**

NIH Guidelines COVID-19 Therapeutics

- Currently there are no FDA approved medications for COVID-19
- Many medications being studied in NYS
 - These trials can be accessed at [ClinicalTrials.gov](https://clinicaltrials.gov)
- In addition, providers can access investigational drugs through other pathways such as Emergency Investigational New Drug (EIND) applications, off-label use, or other
- Does not recommend pre- or post- exposure prophylaxis outside of a clinical trial
- At present, no drug has been proven to be safe and effective for treating COVID-19
- There are insufficient data to recommend either for or against the use of any antiviral or immunomodulatory therapy in patients with COVID-19 who have mild, moderate, severe, or critical illness

IDSA Guidelines COVID-19 Therapeutics

- **Overarching goal emphasized of entry of patients into ongoing clinical trials**
- **The guideline panel used the word “only” in recommendations about therapeutic agents with higher uncertainty and/or more potential for harm**
- **Recommendation 1.** Among patients who have been admitted to the hospital with COVID-19, the IDSA guideline panel recommends hydroxychloroquine/chloroquine in the context of a clinical trial. (Knowledge gap)
- **Recommendation 2.** Among patients who have been admitted to the hospital with COVID-19, the IDSA guideline panel recommends hydroxychloroquine/chloroquine plus azithromycin only in the context of a clinical trial. (Knowledge gap)
- **Recommendation 3.** Among patients who have been admitted to the hospital with COVID-19, the IDSA guideline panel recommends the combination of lopinavir/ritonavir only in the context of a clinical trial. (Knowledge gap)
- **Recommendation 4.** Among patients who have been admitted to the hospital with COVID-19 pneumonia, the IDSA guideline panel suggests against the use of corticosteroids. (Conditional recommendation, very low certainty of evidence)
- **Recommendation 5.** Among patients who have been admitted to the hospital with ARDS due to COVID-19, the IDSA guideline panel recommends the use of corticosteroids in the context of a clinical trial. (Knowledge gap)
- **Recommendation 6.** Among patients who have been admitted to the hospital with COVID-19, the IDSA guideline panel recommends tocilizumab only in the context of a clinical trial. (Knowledge gap)
- **Recommendation 7.** Among patients who have been admitted to the hospital with COVID-19, the IDSA guideline panel recommends COVID-19 convalescent plasma in the context of a clinical trial. (Knowledge gap)

Convalescent Plasma Clinical Trials

- One investigational treatment being explored for COVID-19 is the use of convalescent plasma collected from individuals who have recovered from COVID-19
- Use of convalescent plasma has been studied in outbreaks of other respiratory infections, including the 2003 SARS-CoV-1 epidemic, the 2009-2010 H1N1 influenza virus pandemic, and the 2012 MERS-CoV epidemic
- Although promising, convalescent plasma has not yet been shown to be safe and effective as a treatment for COVID-19
- Therefore, it is essential to study the safety and efficacy of COVID-19 convalescent plasma in clinical trials in severe or critically ill patients
- Because COVID-19 convalescent plasma has not yet been approved for use by FDA, it is regulated as an investigational product
- A healthcare provider must participate in one of the pathways described below.
 - Single Patient Emergency IND: call or email request – response given within 4 hours
 - Expanded patient eligibility criteria using the National Expanded Access Treatment Protocol (Mayo Clinic holds the study – hospitals can join)
 - Full clinical trial: clinical trial proposals are submitted to the FDA for investigational use under the traditional IND regulatory pathway (21 CFR Part 312).
- FDA does not collect COVID-19 convalescent plasma or provide COVID-19 convalescent plasma. Healthcare providers or acute care facilities would instead obtain COVID-19 convalescent plasma from an FDA-registered blood establishment.

Guidelines COVID-19 Therapeutics

[National Institute of Health \(NIH\) COVID-19 Treatment Guidelines](#)

[Infectious Disease Society of America \(IDSA\) COVID-19 Rapid Guidelines for Clinicians](#)

[NYS Medicaid Prescriber Education Program COVID-19 Drug Topics](#)

COVID-19 Healthcare System Surge

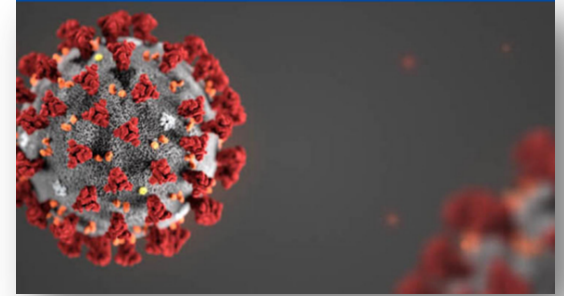
Marcus Friedrich, MD, MHCM, MBA, FACP
**Chief Medical Officer, Office of Quality and
Patient Safety**
NYSDOH



**Department
of Health**

COVID-19 Healthcare Surge Response

- Telehealth
- Healthcare system utilization and surge
- Elective outpatient treatment can resume in counties and hospitals without significant risk of COVID-19 surge
- Healthcare Provider Update and Compilation
- Healthcare Provide/Physician Wellness



Telehealth Guidance

- **American College of Physicians Telehealth Resource:**

www.acponline.org/practice-resources/business-resources/health-information-technology/telehealth

- **CDC Outpatient and Ambulatory Care Setting Guidance:**

www.cdc.gov/coronavirus/2019-ncov/hcp/ambulatory-care-settings.html

- **Medicaid:**

www.health.ny.gov/health_care/medicaid/program/update/2020/



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

DATE: April 29, 2020

TO: General Hospitals, Ambulatory Surgery Centers (ASC), Office-Based Surgery (OBS)
Practices, and Diagnostic & Treatment Centers (D&TC)

**COVID-19 Directive Regarding the Resumption of Elective Outpatient
Surgeries and Procedures in General Hospitals in Counties and Facilities
Without a Significant Risk of COVID-19 Surge**

Please distribute immediately to:
Hospitals, Ambulatory Surgery Centers, Office-Based Surgery Practices, Diagnostic
and Treatment Centers

Pursuant to Executive Order 202.10, on March 23, 2020, the Department of Health issued the *COVID-19 Directive to Increase Availability of Beds by a Minimum of 50% And Provide Necessary Staffing and Equipment*. The Directive, among other provisions, required that all general hospitals, ASCs, OBS practices, and D&TCs suspend all non-essential elective surgeries and non-urgent procedures statewide.

In accordance with Executive Order No. 202.25 and supplementing the March 23 Directive, this Directive implements the resumption of elective outpatient surgeries and non-urgent procedures in general hospitals in counties and facilities without a significant risk of COVID-19 surge in accordance with the direction and guidance provided herein. Resumption of elective outpatient surgeries and non-urgent procedures will be re-evaluated in the future for ASCs, OBS practices and D&TCs.

Guidance Pursuant to Directive

Definitions:

For purposes of this Directive, the following definitions shall apply:

"County Hospital Inpatient Capacity" shall mean the total number of staffed beds (including Intensive Care Units/Psychiatric Units, etc.) that are currently available in that county as reported by each general hospital in the April 27, 2020 daily *HERDS COVID-19 Patient and Bed Summary* survey divided by the total number of staffed beds (including ICU, Psych, etc.) in that county reported by each general hospital in the April 27, 2020 daily *HERDS COVID-19 Patient and Bed Summary* survey.

"County Hospital ICU Capacity" shall mean the total number of staffed ICU beds that are currently available in that county as reported by each general hospital in the April 27, 2020 daily *HERDS COVID-19 Patient and Bed Summary* survey divided by the total number of staffed ICU beds in that county reported by each general hospital in the April 27, 2020 daily *HERDS COVID-19 Patient and Bed Summary* survey.



Department
of Health

COVID-19 Weekly Healthcare Provider Update Compilation:

As of April 29, 2020, 9:00 AM

The information in this compilation is current only as of the above date and time.

Purpose: The purpose of this weekly publication is to provide healthcare providers in New York State with a consolidated update of guidance released by the New York State Department of Health (NYSDOH) related to the COVID-19 pandemic response. This will show only current guidance for any given topic and will be updated to reflect new guidance.

As a reminder, all advisories and informational messages (including webinar invitations) are distributed through the Integrated Health Alerting Network System (IHANS), an application housed on the [Health Commerce System \(HCS\)](#). If you are not receiving IHANS notifications, please work with your site's HCS coordinator. Additional COVID-19 resources may be found on the NYSDOH webpage under [Information for Healthcare Providers](#).

Recordings of COVID-19 [Weekly Healthcare Provider Updates](#) are also available on the NYSDOH webpage.

Guidance/Health Advisory Topic	Link(s)	Date
Testing/Specimen Collection	Additional Capacity Guidance (Collection, triage, treatment)	3/19/20
	Specimen Collection and Handling to Allow NP and Saliva Specimen	4/1/20
	Wadsworth Specimen Collection, Handling and Transport	4/1/20
	Updated Infectious Disease Requisition Form	4/9/20
	Updated Infectious Disease Requisition Guidance	4/9/20
	Private Practice Collection Guidance	4/19/20
	NEW GUIDANCE:	
	The NYSDOH Wadsworth Center's Assay for SARS-CoV-2 IgG FAQ	4/20/20
	Updated Testing Protocol	4/26/20
	Requests for PPE should go through your county OEM	3/23/20
Infection Control and Personal Protective Equipment	PPE Shortage Guidance	4/2/20
	Optimizing PPE (CDC)	4/22/20
	Infection Control Guidance (CDC)	4/24/20
Quarantine/Isolation	Process for Discontinuation of Home Isolation	3/28/20
	Protocols for Essential Personnel to Return to Work Following COVID-19 Exposure or Infection	3/31/20
	Protocols for Personnel in Healthcare to Return to Work Following COVID-19 Exposure or Infection	3/31/20
	Guidance for Local Health Departments highlighting definitions and situations for quarantine and isolation.	4/7/20

For questions about this document please contact covidproviderinfo@health.ny.gov

HCP Compilation (Week of April 22nd)

For questions, contact
covidproviderinfo@health.ny.gov



Department
of Health

Healthcare Provider/ Physician Wellness



New York State
Psychiatric Institute

For questions, contact
covidproviderinfo@health.ny.gov



ANDREW M. CUOMO
Governor

Department
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HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

April 28, 2020

Dear Colleague,

With deep appreciation and respect for your dedicated effort during the COVID-19 pandemic, I am inviting you to participate in a confidential online survey to assess the health impact of the COVID-19 pandemic on the New York State health care workforce. The study is being conducted by a consortium of NY universities and institutions, including Columbia University, NYU, CUNY Public Health, Hunter College, and the New York State Psychiatric Institute. Your identifiable data will be held by the university researchers and will not be shared with anyone. **Participant responses are anonymous; research data are archived without any identifiable information, and contact information is held separately.**

Immediate findings from their research will be shared with the policy, practice, and research communities within 7 days of data collection, so that it may be useful to the health workforce and to our ongoing COVID-19 response planning.

The survey will provide important insights to understand how to best address the needs of healthcare personnel who are on the front lines and shouldering critical responsibilities in the face of great personal risk. Additionally, the research team wants to hear from all healthcare personnel, even if you are not presently deployed on the front lines of the COVID-19 response.

Participation is completely voluntary and confidential. If you choose to participate, the questionnaire will take approximately 10 minutes.

To learn more about the study and to participate, please click on the link below:

<https://redcap.nyspi.org/surveys/?s=NXN7CHK3TW>

Sincerely,

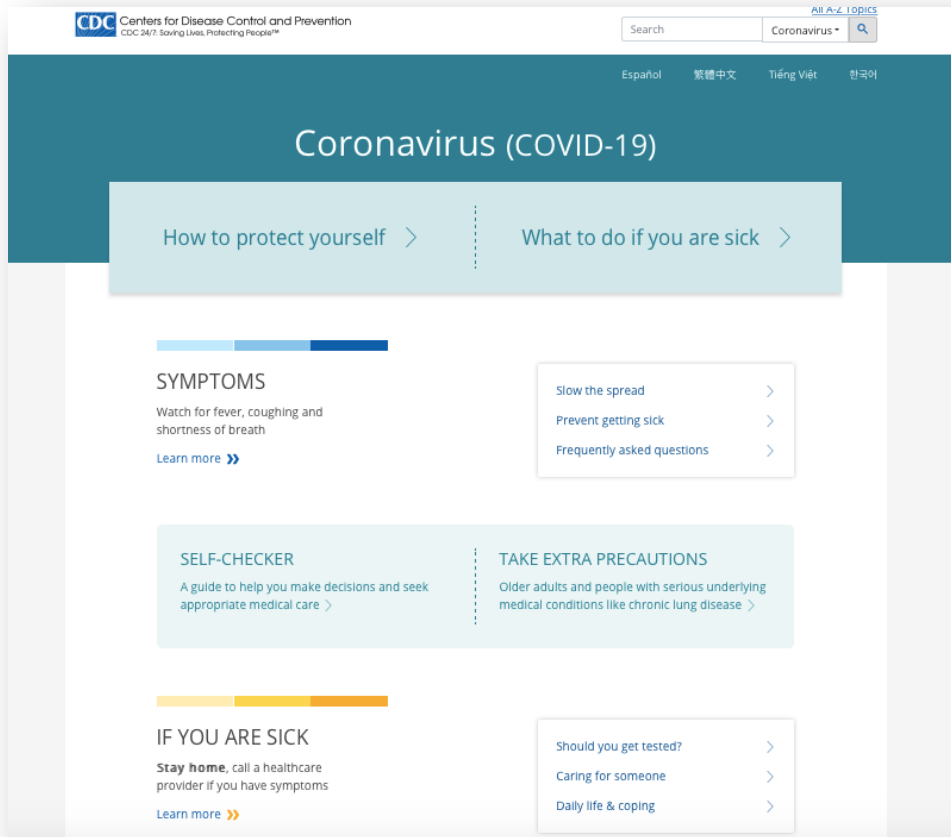
Howard A. Zucker, M.D., J.D.
Commissioner of Health



Department
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COVID-19 Resources

CDC COVID Website



www.cdc.gov/coronavirus/2019-ncov/index.html



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NYC DOHMH COVID-19 Webpage

Promoting and Protecting the City's Health

NYC
Health

한국어 ▶ Translate ▼ Text-Size

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Reporting and Services Health Topics Resources Emergency Prep

[By Disease or Condition](#)

Immunizations

Alcohol and Drug Use

Smoking and Tobacco Use

Sexual and Reproductive Health

Children and Adolescents

Healthy Aging

Coronavirus Disease 2019 (COVID-19) — Information for Providers

Daily Syndromic and Case Data Update

The following documents provide information about people confirmed to have COVID-19 in NYC. They will be updated each weekday morning.

The total number of positive cases in the city are updated continuously. This update reflects data as of the previous day at 6 p.m. Due to public health guidance that people with mild illness stay home and not get tested, these data may not reflect the true number of positive COVID-19 cases in NYC and may overrepresent the volume of hospitalized cases.

As of March 18, 6 p.m.:

- [COVID-19 Daily Case Data Summary](#) (PDF)
- [NYC Flu-like Illness Data 2016-Current](#) (PDF)



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Mental Health Resources



Services News Government Local

Office of Mental Health

About OMH Consumers & Families Behavioral Health Providers Employment

Guidance Documents

As defined in section 202-e of the State Administrative Procedure Act, a guidance document is any guideline, memorandum or similar document, prepared by an agency, that provides general information or guidance to assist regulated parties in complying with any statute, rule or other legal requirement. The term does not include documents that concern only the internal management of the agency, such as a policy that applies only to an OMH operated facility or program.

Current OMH Guidance Documents:

Guidance on COVID-19

- [OMH Psychiatric Center Visitor Restriction Guidance](#) 📄 (3/14/2020)
- [COVID-19 Guidance for Children's Waiver Service Providers](#) 📄 (3/14/2020)
- [DOH Medicaid Updates – Special Editions](#)
- [COVID-19 Guidance for Health Homes](#) 📄 (3/14/2020)
- [Provider Memo – Maintaining Continuity of Operations Plans and Reporting Disruptions in Services](#) 📄 (3/13/2020)
- [Guidance for NYS Behavioral Health Programs](#) 📄 (3/11/2020)
- [Interim Guidance for Cleaning and Disinfection of Public and Private Facilities for COVID-19](#) 📄
- [Interim Guidance for Large Gatherings and Public Spaces During the COVID-19 Outbreak](#) 📄
- [OMH Guidance for Managing Stress and Anxiety During the COVID-19 Outbreak](#) 📄

COVID-19 Telemental Health Guidance

- [Supplemental Guidance – Use of Telehealth for People Served by OMH Licensed or Designated Programs Affected by the Disaster Emergency](#) 📄 (REVISED – 3/17/2020)
- [Self-Attestation of Compliance to Offer Telemental Health Services](#) 📄 (REVISED - 3/13/2020)
- [DOH Medicaid Update Special Edition: COVID-19 Telephonic Communication Services](#) 📄
- [OASAS Telepractice Waiver Update](#) 📄
- [Interim Guidance Regarding the Delivery of Services Through the Use of Telehealth Modalities in Facilities Certified or Operated by OPWDD](#) 📄
- [Use of Telemental Health for People Affected by the Disaster Emergency](#) 📄 (3/11/2020)

- For everyone
- For individuals receiving mental health services
- For parents
- For caregivers of older adults
- For mental health providers

March 16, 2020

Office of
Mental Health

Feeling Stressed About Coronavirus (COVID-19)?

Managing Anxiety in an Anxiety-Provoking Situation

The outbreak of COVID-19 around the world has led to the spread of fear and panic for individuals and communities. In addition to following physical precautions guidelines, individuals should be taking care of their psychological well-being.

This guide includes tips for the following populations:

- For Everyone
- For Individuals Receiving Mental Health Services
- For Parents, Including Parents of Children with Pre-Existing Anxiety Disorders
- For Caregivers of Older Adults
- For Mental Health Providers

For Everyone:

- Reduce anxiety by reducing risk. Ways to reduce risk include practicing good hygiene (e.g.

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Department

Mental Health Resources

- **NYS Mental Health Helpline**

1-844-863-9314

- The helpline is staffed by specially trained volunteers, including mental health professionals, who have received training in crisis counseling related to mental health consequences of infectious disease outbreaks, typical stress reactions, anxiety management, coping skills, and telephonic counseling





Medical Matters 2020

Sponsored by the Medical Society of the State of New York
COVID-19 for Office-Based Physicians: How to
Handle Surge & Psychological First Aid

Live Webinar

Wednesday, April 29, 2020 @ 7:30am



Faculty: William Valenti, MD & Craig Katz, MD

Educational Objectives:

- ◆ Explore the role of office-based physicians during the COVID-19 pandemic
- ◆ Describe surge preparedness procedures for infectious disease outbreaks
- ◆ Identify wellness and resiliency strategies to use during infectious outbreaks

To register, please: [Click Here](#)

For more information, contact:

Melissa Hoffman at mhoffman@mssny.org or call (518) 465-8085

Funding provided by the New York State Department of Health

The Medical Society of the State of New York is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The Medical Society of the State of New York designates this live activity for a maximum of 1.0 **AMA PRA Category 1 credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



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[NYSDOH COVID-19 Website](#)

[Services](#)[News](#)[Government](#)[Local](#)[Q Search](#)[Department of Health](#)[Individuals/Families](#)[Providers/Professionals](#)[Health Facilities](#)[Have a Question? Call the Novel Coronavirus Hotline 24/7 at 1-888-364-3065](#)[Information for Providers](#)

Novel Coronavirus (COVID-19)

Last Updated: March 17, 2020 at 8:15 PM

Protect Yourself and Your Family

Stay home and Keep a Safe Distance from others in public. It's the only way to help slow the spread of Coronavirus.

[▶ WATCH VIDEO](#)[SYMPTOMS](#)



Symptoms

The 2019 novel coronavirus may cause mild to severe respiratory symptoms.

▶ WHAT TO LOOK FOR



COVID-19 Testing

Learn more about testing protocol now that the FDA has approved New York to begin its own testing.

OVERVIEW ▶

MOBILE TESTING ▶

PROTOCOL FOR TESTING ▶

▶ LEARN MORE



Know Your Rights

The health and safety of New Yorkers is the top priority, co-pays for telehealth visits have been waived.

TESTING ▶

INSURANCE ▶

UNEMPLOYMENT ▶

▶ LEARN MORE

PROTECTING THE PUBLIC HEALTH OF ALL NEW YORKERS

Mandatory and
Precautionary Quarantine

Mass Gatherings

Healthcare Providers

Nursing Homes

Schools

Childcare Providers

Employees & Employers

Insurance

Voting

International Travel

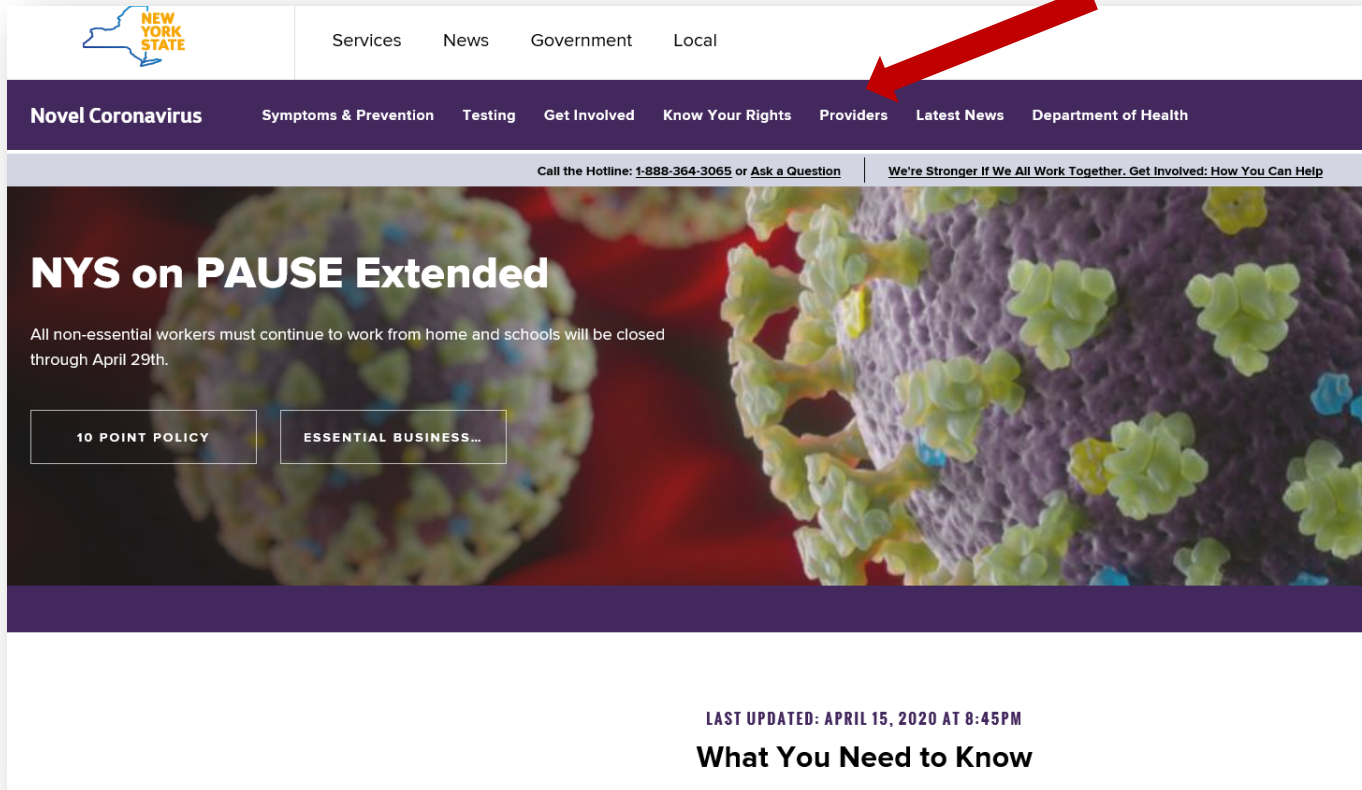
Cyber Security

Price Gouging



Department
of Health

NYSDOH COVID-19 Website



The screenshot shows the NYSDOH COVID-19 website. At the top left is the New York State logo. A navigation bar contains links for Services, News, Government, and Local. Below this is a dark purple navigation bar with links for Novel Coronavirus, Symptoms & Prevention, Testing, Get Involved, Know Your Rights, Providers (highlighted by a red arrow), Latest News, and Department of Health. A light purple bar below the navigation bar contains the text "Call the Hotline: 1-888-364-3065 or Ask a Question" and "We're Stronger If We All Work Together. Get Involved: How You Can Help". The main content area features a large image of a virus particle with the headline "NYS on PAUSE Extended". Below the headline is the text "All non-essential workers must continue to work from home and schools will be closed through April 29th." and two buttons: "10 POINT POLICY" and "ESSENTIAL BUSINESS...". At the bottom, it says "LAST UPDATED: APRIL 15, 2020 AT 8:45PM" and "What You Need to Know".

Novel Coronavirus Symptoms & Prevention Testing Get Involved Know Your Rights **Providers** Latest News Department of Health

Call the Hotline: [1-888-364-3065](tel:1-888-364-3065) or [Ask a Question](#) | We're Stronger If We All Work Together. Get Involved: [How You Can Help](#)

NYS on PAUSE Extended

All non-essential workers must continue to work from home and schools will be closed through April 29th.

[10 POINT POLICY](#) [ESSENTIAL BUSINESS...](#)

LAST UPDATED: APRIL 15, 2020 AT 8:45PM

What You Need to Know

FILTER

- Health Advisories
- Webinars
- Printable Materials
- Guidance

ATTENTION ALL PATIENTS



If you have

fever



cough



trouble
breathing



- Call this number _____.
- Tell them your symptoms.
- Ask where you should go and what you should do.
- Put on a mask before going inside.

ATTENTION ALL VISITORS



**NO VISITORS
ARE ALLOWED
AT THIS TIME**

If you feel there is an urgent need for visitation,
please contact _____.

DO NOT VISIT



Novel Coronavirus



Get Involved: How You Can Help

Support New York's response. New York State is doing all it can to keep New Yorkers safe and stop the spread of COVID-19. But we're stronger if we all work together.

[NYS COVID Get Involved How You Can Help](#)



Department
of Health

THE STATE IS TAKING MEASURES TO CREATE A RESERVE WORKFORCE

Seeking Qualified Health Professionals

Health, Mental Health, and Related Professionals

With your help, New York State is working to protect our residents and strengthen our public health system. We are looking for qualified health, mental health, and related professionals who are interested in supporting the state's response.

[COMPLETE THE SURVEY](#)

School of Public Health, School of Medicine, or School of Nursing Administrators

We appreciate your commitment to the health and safety of all New Yorkers and look forward to building on our partnership. We are looking for qualified individuals who are interested in supporting the state's response.

[COMPLETE THE SURVEY](#)

[NYS COVID Get Involved How You Can Help](#)



**Department
of Health**

Questions or Concerns

- Call the local health department www.health.ny.gov/contact/contact_information/
- In New York City: Notify the NYC DOHMH provider access line (PAL)
 - 1-866-NYC-DOH1 or 1-866-692-3641 (works 24 hours/day x 7 days/week)
- Providers who are unable to reach the LHD can contact the NYSDOH Bureau of Communicable Disease Control at **518-473-4439** during business hours or the NYSDOH Public Health Duty Officer at **1-866-881-2809** evenings, weekends, and holidays

QUESTIONS ?

TO NYS' HEALTHCARE PROVIDERS

THANK YOU!



Department
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