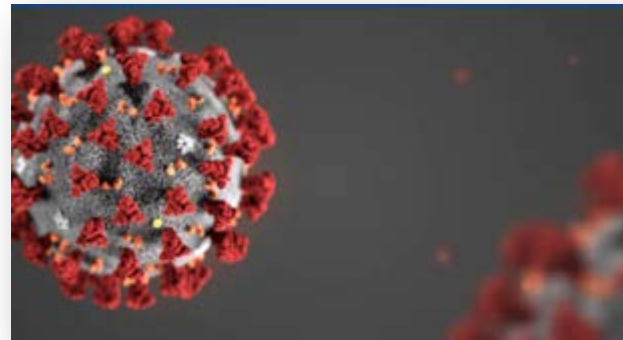




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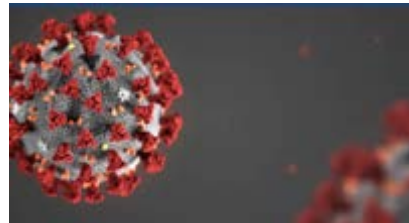


An Update for NYS Healthcare Providers on COVID-19

January 28, 2021

Agenda

- Global, National, New York State Updates
- COVID-19 Vaccine “Clinical Pearls”
- Testing Updates
- SARS-CoV-2 Vaccine and Pregnancy
- SARS-CoV-2 Quarantine Updates
- Multi-System Inflammatory Syndrome in Children and Adults MIS-C/A Updates
- COVID Long Haulers
- Monoclonal Antibody Therapeutics
- Clinical Guidance updates
- Q & A



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

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.

COVID-19 Global Update

Bryon Backenson

Acting Director

Division of Bureau of Communicable Diseases

Situation Summary: COVID-19 Global, 1/24/2021

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

Region	Confirmed Cases	Deaths
Global	96,2890,844	2,112,759
Western Pacific	1,347,893	23,307
Europe	32,848,998	706,293
South-East Asia	12,656,504	194,449
Eastern Mediterranean	5,507,649	130,901
Africa	2,462,083	57,902
America	38,861,668	910,741



NEW YORK
STATE OF
OPPORTUNITY.

Department
of Health

Situation Summary: COVID-19 Global, 1/24/2021

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

Figure 1: COVID-19 cases reported weekly by WHO Region, and global deaths, as of 24 January 2021**

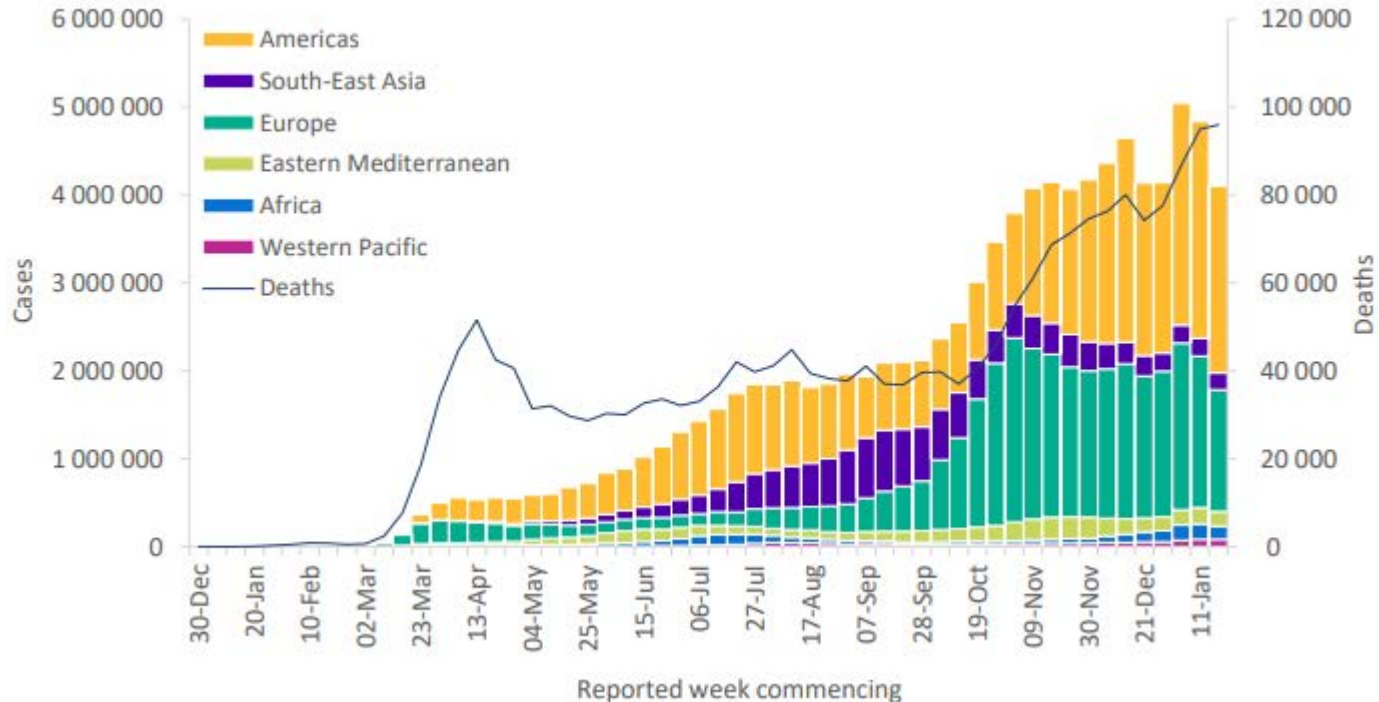
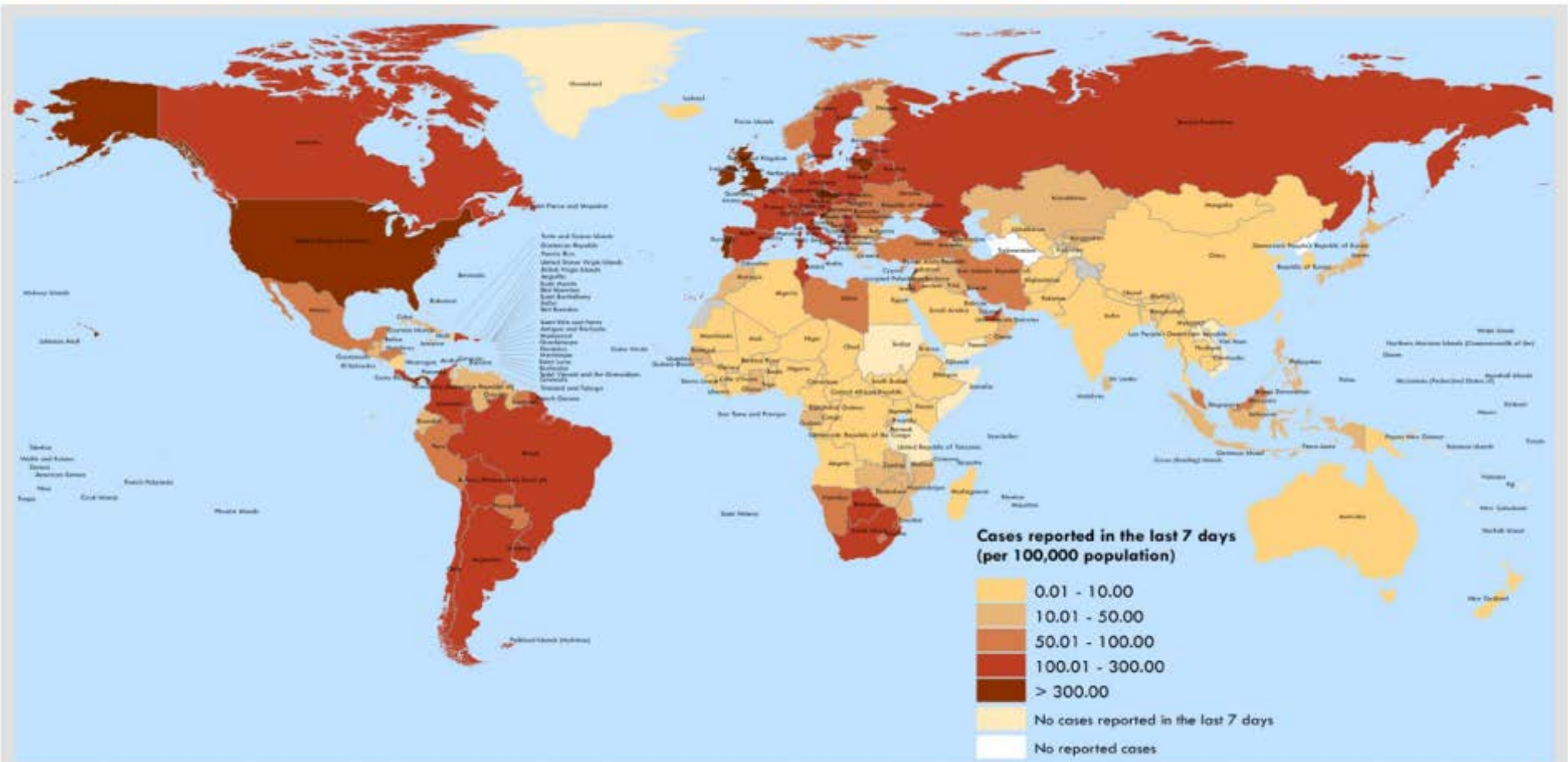


Figure 2. COVID-19 cases per 100 000 population reported in the last seven days by countries, territories and areas, 18 January through 24 January 2021**



Data Source: World Health Organization,
United Nations Population Division (population prospect 2020)
Map Production: WHO Health Emergencies Programme

Not applicable

0 2,500 5,000 km
© World Health Organization: 2021.
All rights reserved.

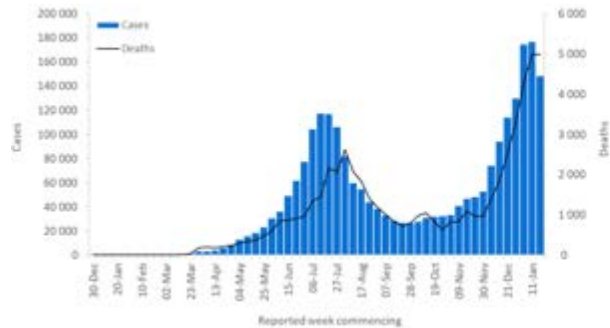
The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. Data for Bahrain, Sint Eustatius and Saba have been disaggregated and displayed at the subnational level.

**See data, table and figure notes

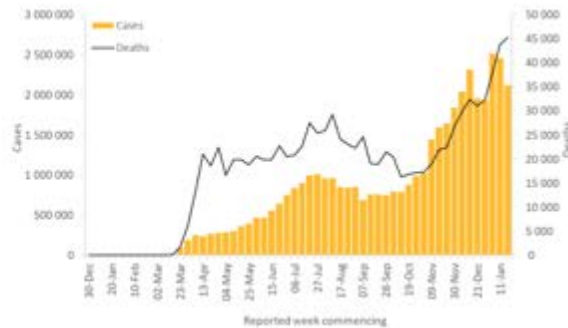
Situation Summary: COVID-19 Global, 12/15/2020

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

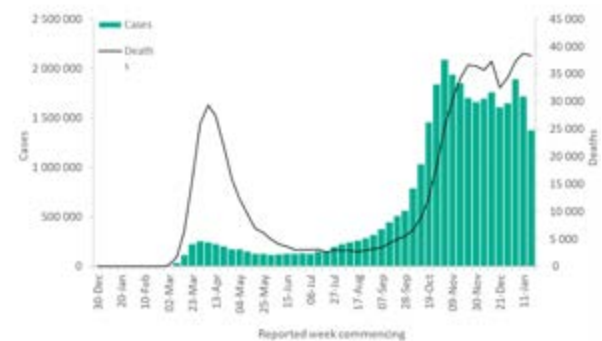
African Region



Americas



Europe



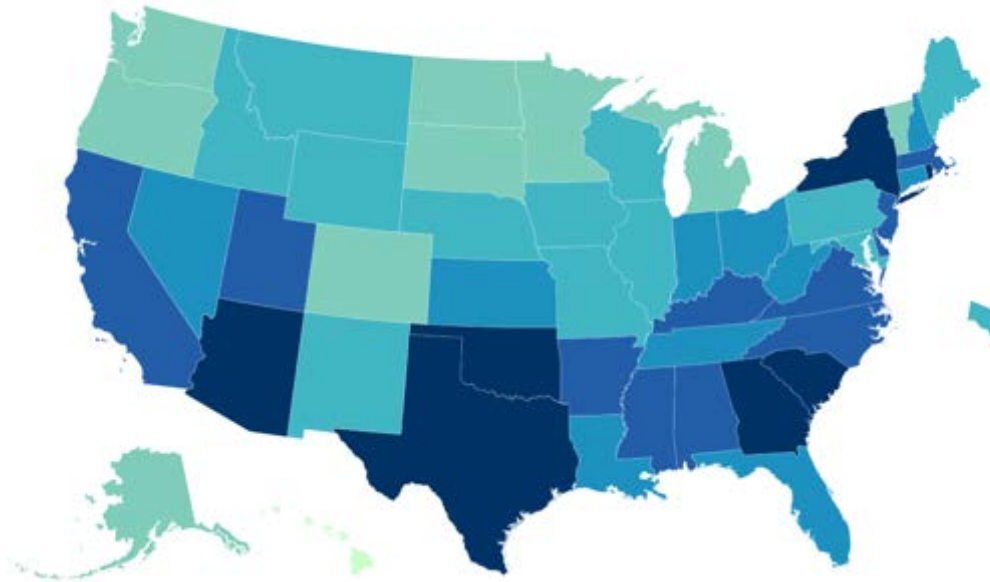
CDC COVID Data Tracker (Jan 26, 2021)

10



Rate down from
74.8/100K

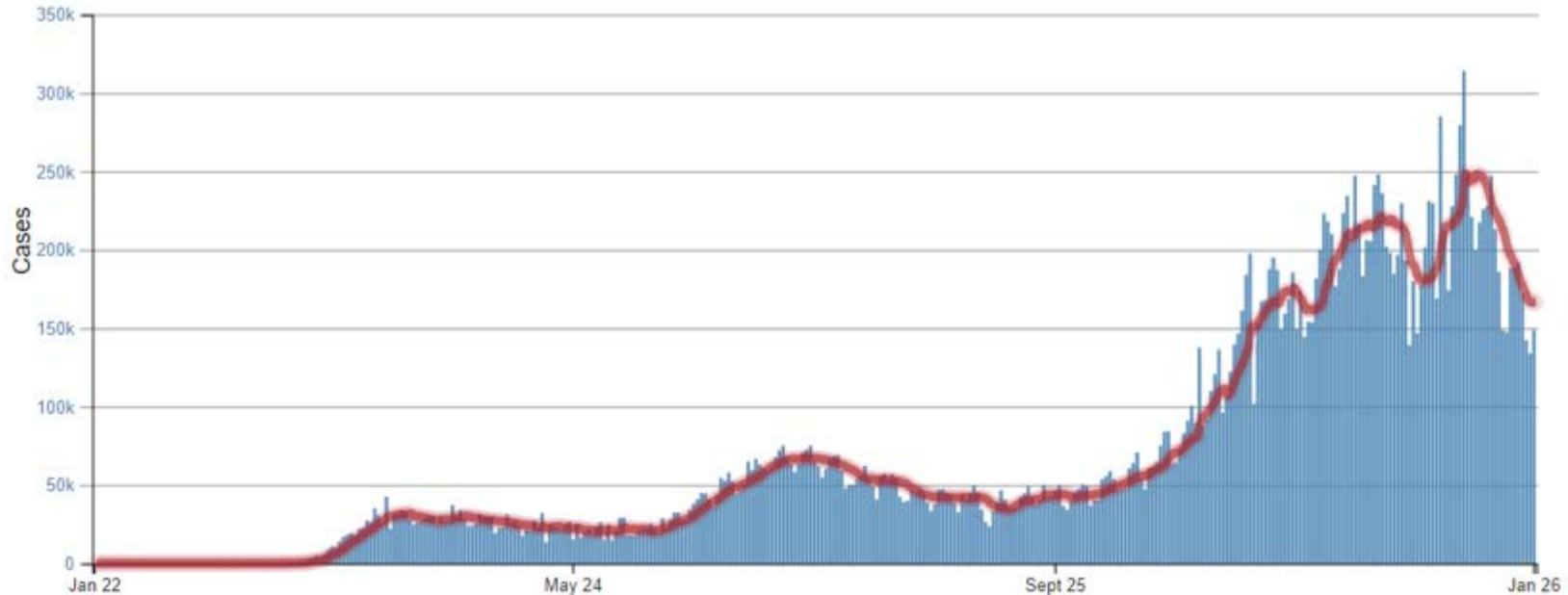
US COVID-19 Average Daily Case Rate in Last 7 Days, by State/Territory (cases per 100K)



Situation Summary: COVID-19 U.S. (Jan 26, 2021)

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

Daily Trends in Number of COVID-19 Cases in the United States Reported to CDC



NYSDOH COVID-19 Tracker (Jan 27, 2021)

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

Statewide

Total Persons Tested
31,128,149

Total Tested 1/26
202,661

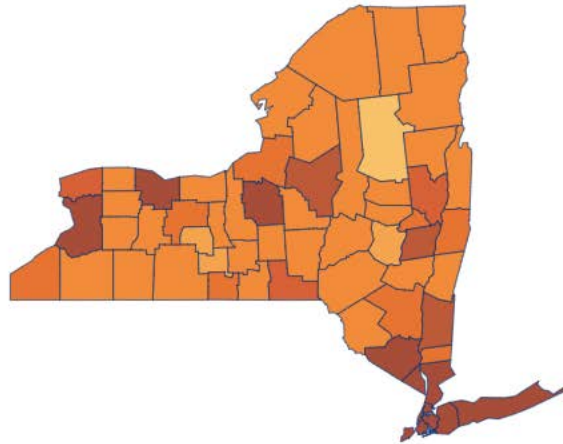
Total Tested Positive
1,361,082

Sex Distribution of Positive Cases

Female	Male	Unknown
50.5%	48.4%	1.1%

New Positives 1/26
11,028

Persons Tested Positive by County

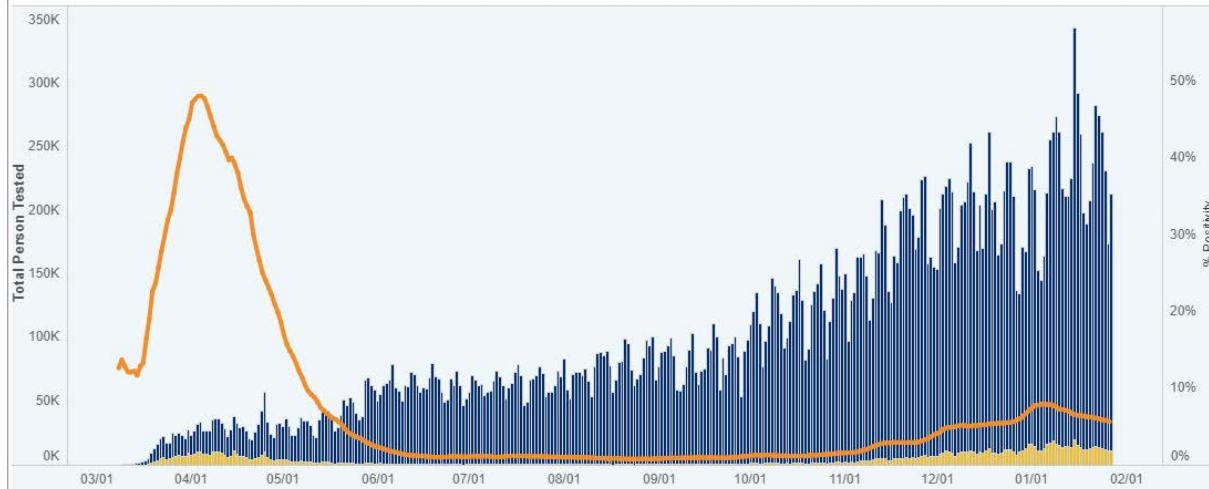


- 100-499
- 500-999
- 1,000-4,999
- 5,000-9,999
- 10,000-14,999
- 15,000-19,999
- 20,000+

County Stats: **None**

Percentage Positive Results By Region Dashboard

% Positive Results Over Time - All Regions



Test Results - Yesterday

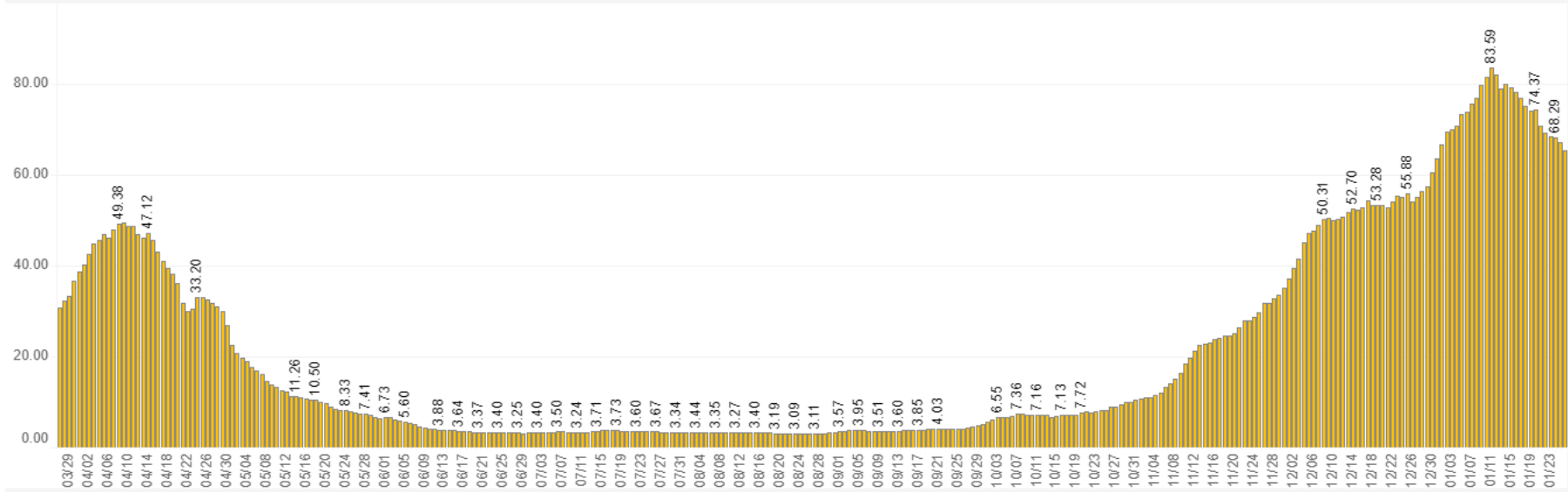
	Total Persons Tested	Total Tested Positive	% Positive, Yesterday	% Positive, 7-day Avg
Capital Region	8,224	522	6.3%	6.2%
Central New York	8,954	292	3.3%	4.3%
Finger Lakes	9,814	527	5.4%	4.9%
Long Island	29,599	2,061	7.0%	6.8%
Mid-Hudson	19,741	1,286	6.5%	6.7%
Mohawk Valley	4,567	220	4.8%	6.0%
New York City	93,528	4,947	5.3%	5.4%
North Country	2,922	207	7.1%	6.4%
Southern Tier	12,371	282	2.3%	2.7%
Western New York	12,941	684	5.3%	5.5%

[NYS Percentage Positive Results by Region Dashboard](#)

[NYS Percentage Positive Results by County Dashboard](#)

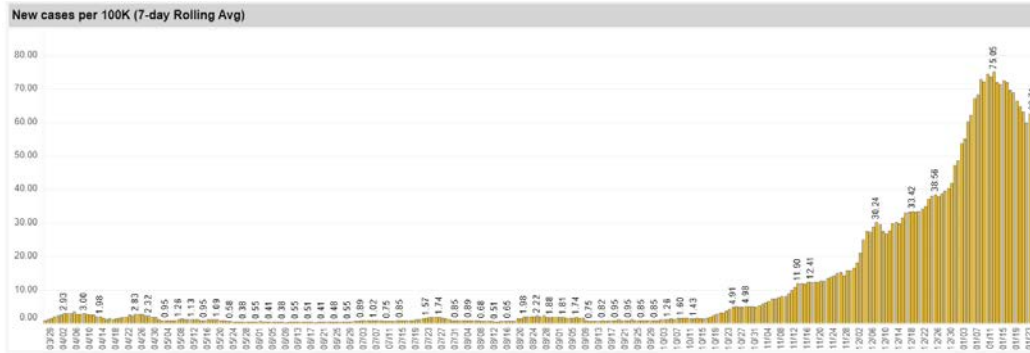
Early Warning Monitoring Dashboard

New cases per 100K (7-day Rolling Avg)

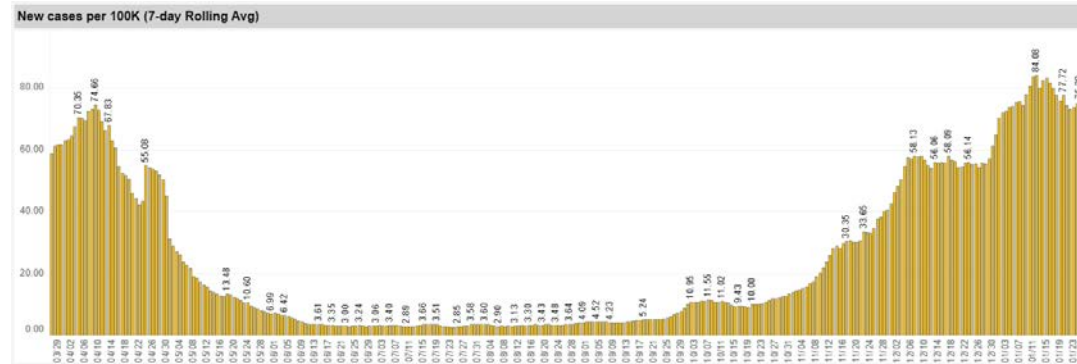


Early Warning Monitoring Dashboard

North Country Region



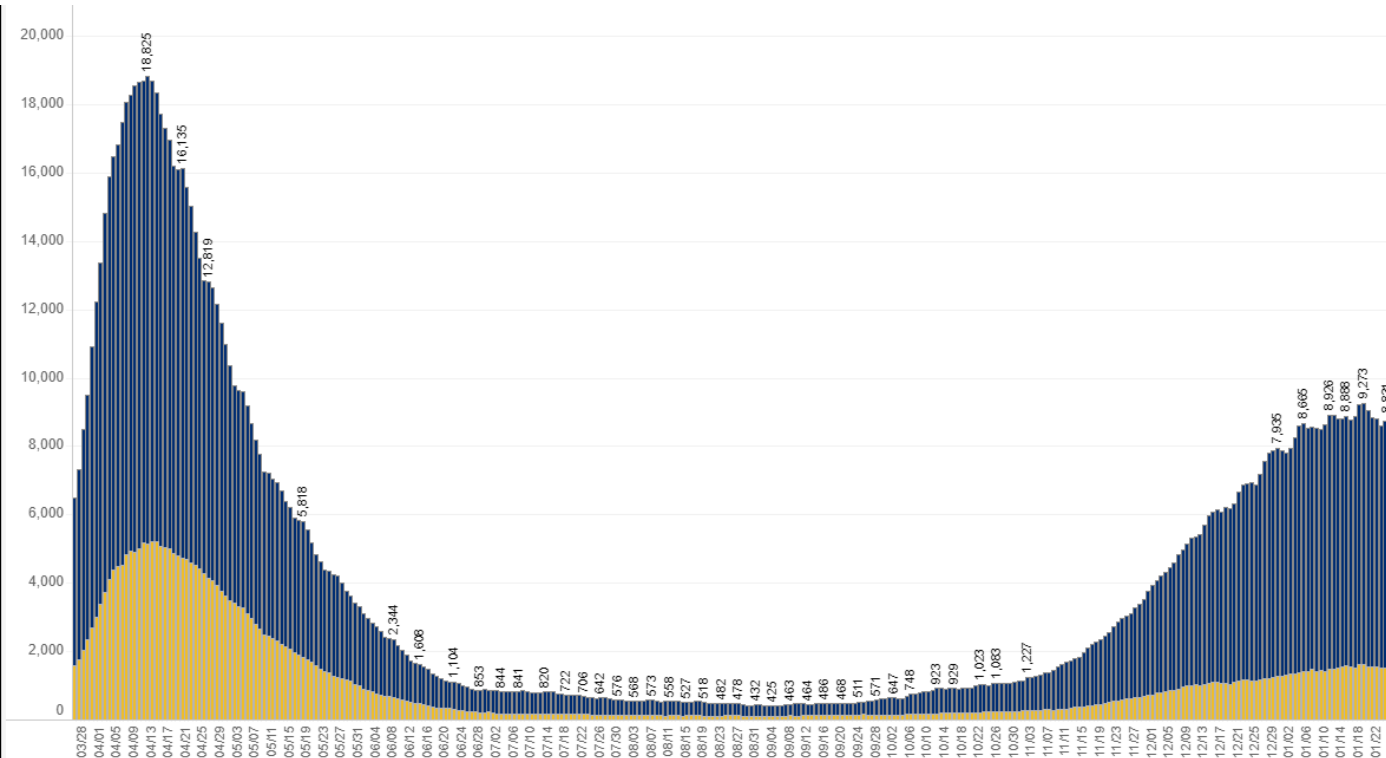
Mid-Hudson Region



Daily Hospitalization Summary by Region

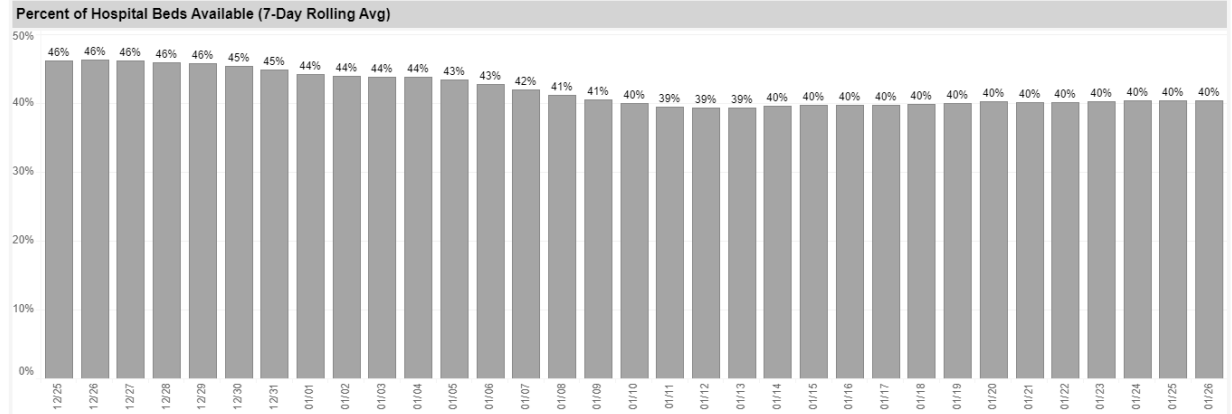
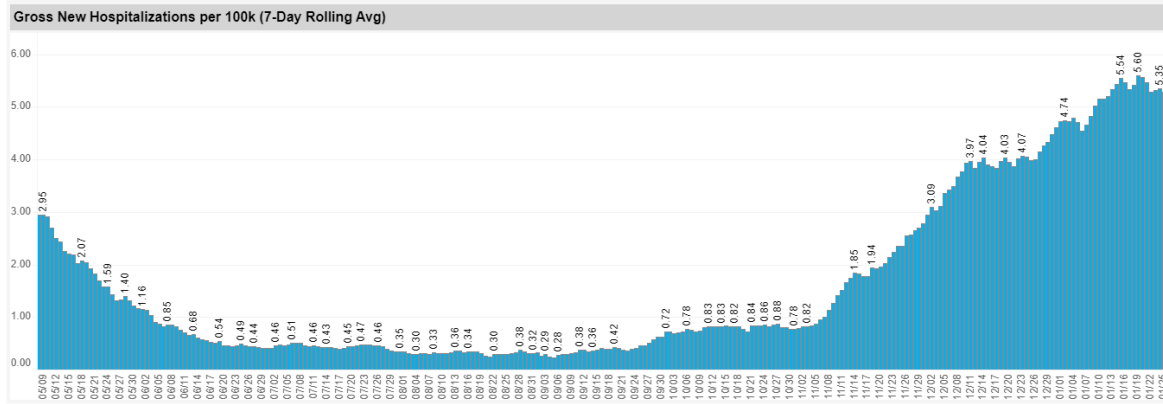
■ Total COVID-19 Patients Hospitalized

■ Total COVID-19 Patients in ICU



[NYS Daily Hospitalization Summary by Region](#)

NYS COVID-19 Healthcare Utilization (Jan 13, 2021)



Micro-Cluster Zones Update

Mitigation Measures

- All but 5 micro-cluster zones lifted <https://forward.ny.gov/cluster-action-initiative>
- Still zones in areas of NYC, Orange County



Bronx East Cluster



Bronx West Cluster



Manhattan Cluster



Newburgh and New Windsor Cluster



Queens Cluster - Kew Gardens/Forest Hills

COVID-19 Variants Update

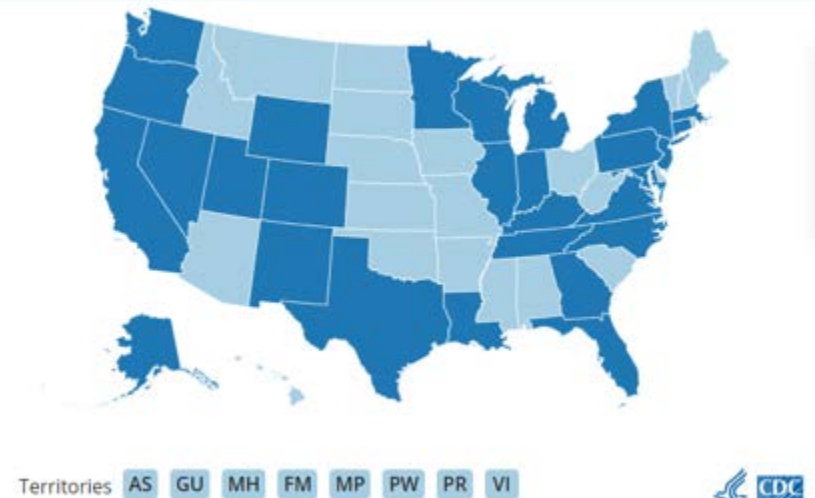
Currently 3 main variants of public health interest:

UK variant: B.1.1.7

- 70 countries, 27 US states, 42 detections in NY



B.1.1.7 Lineage Cases in the United States*† Total Cases: 315



COVID-19 “Clinical Pearls”

Elizabeth “Betsy” Rausch-Phung, M.D., M.P.H.
Medical Director
Bureau of Immunization

Needle Length and Gauge

1. Use the correct syringe and needle.

- Administer vaccine using either a 1-mL or 3-mL syringe.
- Use a 22- to 25-gauge needle.
- Use the correct needle length based on the patient's gender and weight. For adults, use a 1- to 1.5-inch needle.

1 in (25 mm)

Men and women,
less than 60 kg* (130 lbs)



Men and women,
60–70 kg (130–152 lbs)



1.5 in (38 mm) OR

1 in (25 mm)

Men,
70–118 kg (152–260 lbs)

Women,
70–90 kg (152–200 lbs)



1.5 in (38 mm)

Men, greater than
118 kg (>260 lbs)

Women, greater than
90 kg (>200 lbs)



**Some experts recommend a 5/8-inch needle for men and women who weigh less than 60 kg (130 lbs). If used, the skin must be stretched fully and the subcutaneous tissues must not be bunched.*

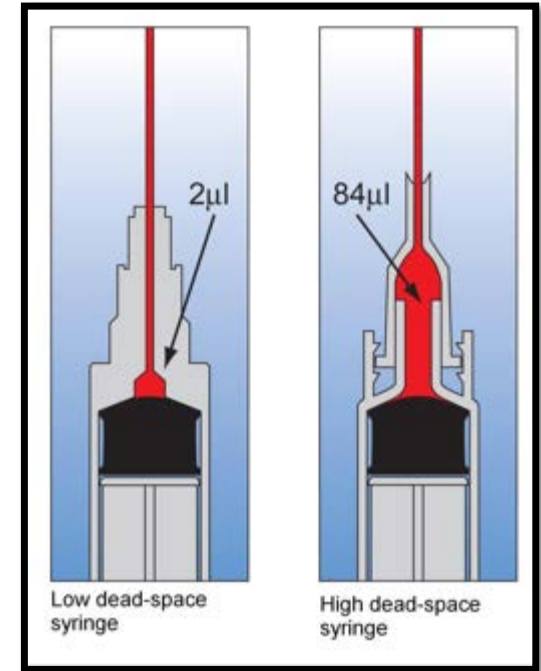
Syringe Size

- Pfizer vaccine dilution
 - Preferred: 3 mL
 - Acceptable: 5 mL
 - Do NOT use: 1 mL
- Vaccine administration
 - Preferred: 1 mL
 - Acceptable: 3 mL
 - Do NOT use: 5 mL



Syringe and Needle “Dead Space”

- Volume of fluid remaining between the plunger of the syringe and the tip of the needle
- Wide variations in “dead space” in different syringes and needles
 - Accounts for why some vaccinators who were previously able to access 6 doses from a Pfizer vial might only be able to access 5 doses after changing syringe or needle brand
- Dosage gradations on syringes account for “dead space”
 - No need to adjust dosage or volume to account for “dead space” nor to repeat or “top off” a vaccine dose if some volume of vaccine remains in the “dead space” after administration



VAERS Reporting Requirements

- Vaccine administration errors whether or not associated with an adverse event,
- Serious adverse events after COVID-19 vaccine (even if you don't think they were caused by the vaccine),
 - Death;
 - A life-threatening adverse event;
 - Inpatient hospitalization or prolongation of existing hospitalization;
 - A persistent or significant incapacity or substantial disruption of the ability to conduct normal life functions;
 - A congenital anomaly/birth defect;
 - An important medical event that based on appropriate medical judgement may jeopardize the individual and may require medical or surgical intervention to prevent one of the outcomes listed above.
- Cases of Multisystem Inflammatory Syndrome (MIS) in adults and children, and
- Cases of COVID-19 that result in hospitalization or death.

VAERS Vaccine Adverse Event Reporting System
www.vaers.hhs.gov

Adverse events are possible reactions to problems that occur during or after vaccination. Items 1, 2, 3, 4, 5, 6, 11, 16 and 21 are **REQUIRED** and should be completed. Patient identity is kept confidential. Some items are provided on the last two pages.

INFORMATION ABOUT THE PATIENT WHO RECEIVED THE VACCINE (Use Continuation Page if needed)

1. Patient name (last): _____
 Street address: _____
 City: _____ State: _____ County: _____
 ZIP code: _____ Phone: () _____ Email: _____

2. Date of birth (month/year): _____ Sex: ☐ Male ☐ Female ☐ Unknown

3. Date and time of vaccination (month/year): _____ Time: _____

4. Date and time adverse event started (month/year): _____ Time: _____

5. Age at vaccination: _____ Years _____ Months _____ Days _____ Today's date (month/year): _____

6. Pregnant at time of vaccination? ☐ Yes ☐ No ☐ Unknown
 If yes, describe the event, any previous complications, and estimate the date of event in item 10.

7. Prescriptions, over-the-counter medications, dietary supplements, or herbal remedies being taken at the time of vaccination: _____

8. Allergies to medications, food, or other products: _____

9. Other diseases at the time of vaccination and up to one month prior: _____

10. Chronic or long-standing health conditions: _____

INFORMATION ABOUT THE PERSON COMPLETING THIS FORM

11. Form completed by: name _____
 Relation to patient: ☐ Healthcare professional ☐ Patient (self) ☐ Parent/guardian/caregiver ☐ Other _____
 Street address: _____ Check if same as item 1 _____
 City: _____ State: _____ ZIP code: _____
 Phone: () _____ Email: _____

12. First name (healthcare professional in contact about the adverse event): _____
 Name: _____
 Phone: () _____ Fax: _____

INFORMATION ABOUT THE FACILITY WHERE VACCINE WAS GIVEN

13. Facility type: name _____
 Type of facility: ☐ Clinic ☐ Doctor's office ☐ Urgent care ☐ Hospital ☐ Pharmacy or clinic ☐ Workplace (school) ☐ Public health clinic ☐ Nursing home or senior living facility ☐ School or student health clinic ☐ Other _____
 Street address: _____ Check if same as item 11 _____
 City: _____ State: _____ ZIP code: _____
 Phone: () _____ Email: _____

WHICH VACCINE(S) WERE GIVEN? WHAT HAPPENED TO THE PATIENT? (Use Continuation Page if needed)

14. List all vaccines given on the date listed in item 3. Show a 48-hour window when given. Only one is 48-hour window when given. (Use Continuation Page if needed)

Vaccine type and brand name	Manufacturer	Lot number	Route	Body site	Site number

15. Describe the adverse event(s), treatment, and outcome(s). If any, symptoms, signs, test results, etc. _____

16. Result or outcome of adverse event(s): Check all that apply.
☐ Death or other healthcare professional attention visit
☐ Emergency room/department or urgent care
☐ Hospitalization: Number of days it lasted: _____
☐ Hospitalization: Number of days it lasted: _____
☐ Prolongation of existing hospitalization: Number of days it lasted: _____
☐ Life-threatening illness (describe out of health from the event)
☐ Disability or permanent damage
☐ Patient died - Date of death (month/year): _____
☐ Congenital anomaly or birth defect
☐ Name of the above: _____

17. Medical tests and laboratory results related to the adverse event(s): Include date: _____

18. Has the patient recovered from the adverse event(s)? ☐ Yes ☐ No ☐ Unknown (Use Continuation Page if needed)

ADDITIONAL INFORMATION

19. Any other vaccine(s) received within one month prior to the date listed in item 3. (Use Continuation Page if needed)

Vaccine type and brand name	Manufacturer	Lot number	Route	Body site	Site number	Date

20. Has the patient ever had an adverse event following any previous vaccine? If yes, describe adverse event, parent age at vaccination, vaccine type, vaccine route, and brand name: _____
☐ Yes ☐ No

21. Patient's race: Check all that apply: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Unknown

22. Patient's ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

23. Name of the above: _____

24. Date of vaccination: ☐ Active duty ☐ Reserve ☐ National Guard ☐ Secondary ☐ Other _____

25. Vaccinated at Military/DoD site: ☐ Yes ☐ No

FORM HHS VAERS 2.0 (12-22) 111111

COVID-19 Infection After the First Dose

- Treated with monoclonal antibodies or convalescent serum:
Delay second dose until 90 days after antibody treatment
- No antibody treatment, recovered and isolation completed before due for second dose: Give second dose on time
- Recovered but still in isolation when second dose is due:
Delay second dose until after isolation is complete
- Isolation complete but still feeling ill when second dose is due:
Delay second dose until recovered/not acutely ill

Quarantine After the First Dose

- Quarantine is completed before second dose is due: Give second dose on time
- Still in quarantine when second dose is due: Delay second dose until after quarantine is complete
- Traveled out-of-state before second dose is due: Refer to current NYSDOH Travel Restrictions at coronavirus.health.ny.gov/covid-19-travel-advisory; some travelers may be eligible to “test out” of travel quarantine
 - When in doubt, ask POD Vaccine Lead

CDC Clinical Considerations for Use of mRNA COVID-19 Vaccines in U.S.

- <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>
- Regularly updated as information on COVID-19 vaccines and the pandemic evolve
- Last updated January 21, 2021

Updated Recommendations: Intervals Between First and Second Doses

- If second dose was inadvertently administered before the recommended interval, it does not need to be repeated
 - Neither the CDC nor the NYSDOH recommend intentionally scheduling the second dose before the recommended interval
- The second dose should be administered as close to the recommended interval as possible. However, if it is not feasible to adhere to the recommended interval, the second dose may be scheduled for administration up to 6 weeks (42 days) after the first dose
 - There are currently limited data on efficacy of mRNA COVID-19 vaccines administered beyond this window
 - If the second dose is administered beyond these intervals, there is no need to restart the series

Updated Recommendations: Interchangeability of COVID-19 Vaccines

- The Pfizer-BioNTech and Moderna COVID-19 vaccines are not interchangeable. Vaccine series started with one product should be completed with the same product (Pfizer with Pfizer; Moderna with Moderna)
- Every effort should be made to determine which vaccine product was given for the first dose
- In exceptional situations in which the first-dose vaccine product cannot be determined or is no longer available, any available mRNA COVID-19 vaccine may be administered at a minimal interval of 28 days between doses to complete the mRNA COVID-19 vaccination series
- If a mixed-dose series (e.g., Pfizer and Moderna or vice-versa) is inadvertently given, both doses may be counted as valid and neither needs to be repeated

Updated Recommendations: COVID-19 Vaccine in Persons with History of COVID-19 Infection

- Data from clinical trials indicate that either the Pfizer-BioNTech or Moderna COVID-19 vaccine may be safely given to people with a history of COVID-19 infection
- There is no recommended minimum interval between COVID-19 infection and COVID-19 vaccination
- However, current evidence suggests that the risk of SARS-CoV-2 reinfection is low in the months after initial infection but may increase with time due to waning immunity
- Thus, **while vaccine supply remains limited**, persons with recent documented acute SARS-CoV-2 infection may choose to temporarily delay vaccination, if desired, recognizing that the risk of reinfection, and therefore the need for vaccination, may increase with time following initial infection

Additional Information:

COVID-19 Vaccine Components (Part 1)

- Both the Pfizer-BioNTech and Moderna COVID-19 vaccines contain polyethylene glycol (PEG)
 - PEG is a primary ingredient in osmotic laxatives and bowel preparations for colonoscopy, and an inactive ingredient in many other medications
 - Cross-reactive hypersensitivity can occur between PEG and polysorbates
- History of immediate* allergic reaction of any severity to PEG or polysorbates is a contraindication to mRNA COVID-19 vaccine unless they have been evaluated by an allergist-immunologist and determined that they can safely receive the vaccine under observation and in a setting with advanced medical care available
 - Immediate allergic reaction is defined as any hypersensitivity-related signs or symptoms consistent with urticaria, angioedema, respiratory distress (e.g., wheezing, stridor), or anaphylaxis that occur within four hours following administration

Additional Information:

COVID-19 Vaccine Components (Part 2)

- The National Institutes of Health DailyMed database (<https://dailymed.nlm.nih.gov/dailymed/index.cfm>) may be used to determine whether medications contain PEG, PEG derivatives or polysorbates
- No other vaccines contain PEG, but several vaccines contain polysorbates.. A list of vaccine excipients is available at <https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf>

Merck Discontinues Development of COVID-19 Vaccine Candidates

- On January 25, 2021, Merck announced that the company is discontinuing development of its COVID-19 vaccine candidates and plans to focus its COVID-19 research strategy and production capabilities on therapeutic candidates
- Merck announced that their review of findings from Phase 1 clinical studies for the vaccine candidates found that both candidates were generally well tolerated, but the immune responses were inferior to those seen following natural infection and those reported for other COVID-19 vaccines

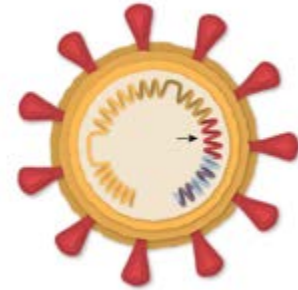
<https://www.merck.com/news/merck-discontinues-development-of-sars-cov-2-covid-19-vaccine-candidates-continues-development-of-two-investigational-therapeutic-candidates/>

COVID-19 Updates

Jessica Kumar MPH, DO
Medical Director
Division of Bureau of Communicable Diseases

Booster shots/Vaccine Updates

Spike
Protein
Gene



Some good news

Small study of 200 people exposed/recovered from SARS-CoV-2: NIH news on lasting immunity

- Durable immune responses in the majority of people studied
- Antibodies against the spike protein were found in 98% of participants one month after symptom onset
- Number of antibodies ranged widely between individuals
- Virus-specific B cells increased over time
- More memory B cells six months after symptom onset than at one month afterwards
- Although the number of these cells appeared to reach a plateau after a few months, levels did not decline over the period studied

Lasting Immunity?

- Levels of T cells for the virus also remained high after infection
- Six months after symptom onset, 92% of participants had CD4+ T cells that recognized the virus
- About half the participants had CD8+ T cells
- The numbers of different immune cell types varied substantially between individuals
- 95% of the people had at least 3 out of 5 immune-system components that could recognize SARS-CoV-2 up to 8 months after infection
- [Citation: Immunological memory to SARS-CoV-2 assessed for up to 8 months after infection.](#) Dan JM, Mateus J, Kato Y, Hastie KM, Yu ED, Faliti CE, Grifoni A, Ramirez SI, Haupt S, Frazier A, Nakao C, Rayaprolu V, Rawlings SA, Peters B, Krammer F, Simon V, Saphire EO, Smith DM, Weiskopf D, Sette A, Crotty S. *Science*. 2021 Jan 6:eabf4063. doi: 10.1126/science.abf4063. Online ahead of print. PMID: 33408181

Vaccine Product Updates

- Merck abandoned their two experimental coronavirus vaccines
- The single dose Johnson & Johnson vaccine JNJ-78436735 or Ad26.COV2.S manufactured by Janssen Pharmaceutica debuting soon: [NEJM article](#) and [NY Times easy to understand article](#)

Booster Dosing?

- Moderna and Pfizer-BioNTech vaccines are effective against new variants of the coronavirus discovered in Britain and South Africa
- Less protective against the variant in South Africa
- [Moderna](#) will begin testing whether giving patients a third shot of its original vaccine as a [booster](#)
- Pfizer-BioNTech is working on a modified vaccine that would be better able to head off the variant in South Africa

Variant Protection

- Moderna vaccine likely still protects against the emerging strains, but has a weaker response to the South Africa variant
- The new strains appear to spread more easily from person to person, and there are signs that the U.K. may cause increased morbidity and mortality
- The variant first detected in the U.K. [could become dominant](#) by March
- The variant identified in Britain has been found in at least 20 states in the United States
- Leading to a federal government plan to ban most non-US citizens from traveling from South Africa, Europe, U.K. and Brazil to the United States

Variant

- A variant found in Brazil has many of the mutations seen in the South African form
- [Preliminary studies](#) in the laboratory had hinted that those viruses may have some degree of resistance to the immunity that people develop after recovering from the infection or being inoculated with the current vaccines
- [Latest article](#) about Pfizer and the SA variant

SARS-CoV-2 Testing Updates



IDSA updated diagnostic recommendations 12/23/20

- [17 recommendations](#) for SARS-CoV-2 nucleic acid testing based on systematic reviews of the diagnostic literature
- [Testing algorithm](#)
- [Symptoms](#) compatible with SARS-CoV-2
- [Swab](#) based testing
- Risk based testing
- Using either [rapid RT-PCR or standard laboratory-based NAATs](#) over rapid isothermal NAATs (Abbott ID NOW) in symptomatic individuals

Continued


SARS-CoV-2 RNA testing in asymptomatic individuals






- Immunocompromised asymptomatic individuals who are being admitted to the hospital
- Before hematopoietic stem cell (HSCT) or solid organ transplantation (SOT)
- **No recommendations** for or against SARS-CoV-2 RNA testing before initiating immunosuppressive therapy in asymptomatic individuals with cancer or before the initiation of immunosuppressive therapy
- [Testing recommended](#) in major time-sensitive surgeries, time-sensitive aerosol generating procedure and time-sensitive aerosol generating procedure (bronchoscopy) when PPE is limited/testing is available
- [COVID-19 learning tool](#)


Where to send patients or yourself for a COVID test

[Find a COVID test site](#)

COVID-19 Test Site Finder: Get Information on Coronavirus Testing Near You

Powered by community. Brought to you by  **Castlight**

Share:     

 New York State has aggressively expanded COVID-19 diagnostic testing capacity. Beginning July 1st, testing is available to all New Yorkers statewide.

FIND NEAR ME

SARS-CoV-2 Vaccine and Pregnancy



*High-risk medical conditions outlined by the CDC include:

- Pregnancy
- Cancer
- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Down Syndrome
- Heart conditions, such as heart failure, coronary artery disease, or

[ACOG](#) recommendations

COVID Vaccine and Pregnancy

- [CDC](#): pregnancy and covid
- Increased risk of severe disease ([CDC](#))
- [ACOG](#) new recommendations for vaccine in pregnant/lactating people
- Access to information: no safety data specific to use in pregnancy under the EUA
- A conversation between the patient and their clinical team may assist (**but is not required**) with decisions regarding the use of vaccines approved under EUA for the prevention of COVID-19 by pregnant patients
- Pregnancy testing should not be a requirement prior to receiving any EUA-approved COVID-19 vaccine

Considerations

- Level of community transmission and risk of acquisition
- Personal risk due to occupation etc
- Risk to the patient and fetus
- Vaccine efficacy
- Vaccine side effects
- Status of scientific information

[WHO](#) statement regarding Moderna

Available Information

- Symptomatic pregnant patients with COVID-19 are at increased risk of more severe illness
- Increased risk of ICU admission, need for mechanical ventilation and ventilatory support (ECMO), and death reported in pregnant women with symptomatic COVID-19 infection
- Pregnant patients with comorbidities such as obesity and diabetes may be at an even higher risk of severe illness consistent
- Affects Black, Hispanic as well as Asian and Native Hawaiian/Pacific Islander pregnant individuals

State of Affairs

- None of the COVID-19 vaccines approved under EUA have been tested in pregnant individuals
- Studies in pregnant women are planned
- European Medicines Agency showed that animal studies using the Pfizer/BioNtech COVID-19 vaccine do not indicate direct or indirect harmful effects with respect to pregnancy, embryo/fetal development, parturition or post-natal development
- [DART](#) study
- [Moderna](#) study

Lactating individuals

- No clinical data on use of COVID-19 mRNA vaccines in lactation
- The Academy of Breastfeeding Medicine **does not** recommend cessation of breastfeeding for individuals who are vaccinated against COVID-19
- Health care providers should use shared decision making in discussing the benefits of the vaccine for preventing COVID-19 and its complications
- Biologically benefit as antibodies and T-cells stimulated by the vaccine may passively transfer into milk
- [ABF](#) Guidance
- [Vaccines](#) And Medication in Pregnancy Surveillance System (VAMPSS)
- [CDC](#): Vaccine Safety

Vaccine Confidence

- [CDC](#) Vaccination Considerations for People who are Pregnant or Breastfeeding
- [Baystate Health & University of Massachusetts Medical School COVID-19 Vaccine Decision Tool](#)
- [Frequently Asked Questions](#) about COVID-19 Vaccination CDC's
- CDC health care provider [vaccine tool kit](#)
- [Talking to Recipients](#) about [COVID-19 Vaccines](#)
- Fact Sheet should be provided prior to the individual receiving [Pfizer-BioNTech COVID-19](#) vaccine or [Moderna](#) vaccine

Registries

- CDC V-SAFE: <https://vsafe.cdc.gov/>
- American Academy of Dermatology ([AAD](https://www.aad.org)): www.aad.org/covidregistry
- Texas Tech and Infant Risk: <https://www.infantrisk.com>
- **The Netherlands**: Email: covid.milk@amsterdamumc.nl
- **UCSD**: <https://mommymilkresearch.org/research/> (site not working as of 1/28)
- **Mt Sinai Study** <https://labs.icahn.mssm.edu/rebecca-powell-lab/about-us/>
Email: covid19humanmilkstudy@gmail.com
- **The University of Washington** has a registry for pregnant vaccine recipients:
University of Washington Human Subjects Division at hsdinfo@uw.edu or by
calling (206)-543-0098 or by calling collect at (206) 221-5940,
email: covidvaccpreg@uw.edu

SARS-CoV-2 Quarantine Updates

NY State Quarantine Update

- Individuals exposed to COVID-19 can end their quarantine after 10 days without a testing requirement as long as no symptoms have been reported during the quarantine period
- After day 10 is reached, individuals must continue monitoring for symptoms through day 14 and if any develop, they should immediately self-isolate and contact the local health department or their healthcare provider to report this change and determine if they should seek testing

CDC options for shortened quarantine

“test-based strategy” **not** adopted by New York State

- *When diagnostic testing resources are sufficient and available* then quarantine can end after [Day 7](#) if a diagnostic specimen tests negative and if no symptoms were reported during daily monitoring
- The specimen may be collected and tested within 48 hours before the time of planned quarantine discontinuation (in anticipation of testing delays), but quarantine cannot be discontinued earlier than after Day 7
- In both cases, additional criteria (continued symptom monitoring and masking through Day 14)
- Science Briefs: [Weekly CDC updates](#)

Public Health Recommendations for Vaccinated Person from the CDC

- Still gathering information on ability to transmit virus post-vaccine and length of immunity
- Protection is not immediate
- Efficacious but not 100%
- Continue to follow current guidance per New York State
- [Risk mitigation strategies](#) in the face of the emergence of variants

COVID Long Haulers

Postacute COVID-19 syndrome

Long Term Effects of COVID

- Constellation of persistent symptoms and/or organ dysfunction after acute COVID-19
- CDC [Late sequelae](#) ~ 4 wks after initial infection
- [NIH Clinical guidance](#) for persistent symptoms
- [NIH clinical critical care](#) guidance

Clinical Trials

- [Longitudinal](#) Study of late sequelae and immunity
- [California](#) Study (UCSF)

Other COVID -19 Updates

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

COVID-19 Monoclonal Antibody Therapeutics

HHS Lookup Tool:



HHS Protect Public Data Hub

Hospital Reporting

Therapeutics Distribution

National Testing

More ▾

Find Locations 

0 0 mi 50



<https://protect-public.hhs.gov/pages/therapeutics-distribution>



COVID-19 Provider's Guide to Treatment Options:



FDA Healthcare Provider Fact Sheets

- Casirivimab and Imdevimab
- Bamlanivimab
- Baricitinib (Osimertinib) in Combination with remdesivir (Veklury)
- Veklury (Remdesivir) Emergency Use Authorization
- Convalescent Plasma Emergency Use Authorization
- REGIOCIT replacement solution that contains citrate for regional citrate anticoagulation (RCA) of the extracorporeal circuit Emergency Use Authorization
- Fresenius Propoven 2% Emulsion Emergency Use Authorization
- multiFiltrate PRO System and multiBic/multiPlus Solutions Emergency Use Authorization

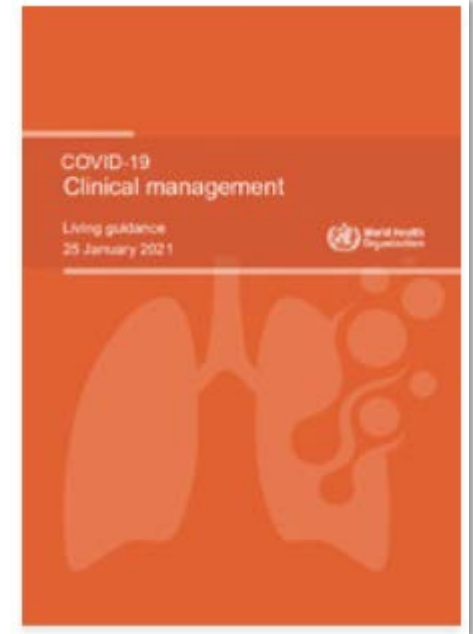
<https://combatcovid.hhs.gov/im-healthcare-provider/providers-guide-covid-19-treatment>

WHO: COVID-19 Clinical Management: Living Guidance

Best Practice Statement on caring for COVID-19 patients after their acute illness and new recommendations:

- Using clinical judgment, including consideration of patients' values and preferences and local and national policy if available, to guide management decisions.
- Proposal of pulse oximetry monitoring at home as part of a package of care.
- Proposal to use awake prone positioning in patients with severe COVID-19 that are hospitalized requiring supplemental oxygen or non-invasive ventilation.
- Thromboprophylaxis dosing of anticoagulation rather than intermediate or therapeutic dosing in patients hospitalized with COVID-19.

<https://www.who.int/publications/i/item/WHO-2019-nCoV-clinical-2021-1>



COVID-19 Resources

COVID-19 Healthcare Provider Compilation

What is the Provider Compilation Document?

- Contains links to the most recently available COVID-19 guidance for healthcare providers
- Includes links and guidance for:
 - Vaccinations, testing, quarantine, infection control and other relevant information for outpatient healthcare providers
- Updated weekly or as new guidance is released

NYSDOH COVID-19 Healthcare Provider Compilation As of January 5, 2021, 9:00 AM

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

Purpose: The purpose of this publication is to provide healthcare providers in New York State with a consolidated reference document of guidance released by the New York State Department of Health (NYSDOH) related to the COVID-19 pandemic response. This document displays hyperlinks to the current guidance documents. Additional COVID-19 resources may be found on the NYSDOH [Information for Healthcare Providers](#) webpage. Recordings of COVID-19 [Weekly Healthcare Provider Updates](#) are also available on the NYSDOH webpage.

COVID-19 Vaccine Information for Providers

Link to Guidance

[NYSDOH COVID-19 Vaccine Webpage](#)

- How to Order COVID-19 Vaccine
- Documents and Guidance on Administering the COVID-19 Vaccine and Vaccine Prioritization
- Provider Training

[Determine Eligibility for a Vaccine and Find a Local Vaccination Site to Make an Appointment](#)

Testing and Specimen Collection

Link to Guidance

[NYSDOH COVID-19 Testing Webpage](#)

- Antigen Testing
- Antibody Testing
- Molecular Testing
- Protocols for Drive-Through Testing

DOH Wadsworth Center [Coronavirus Testing Guidance Webpage](#)

- Specimen Collection, Handling and Transport
- Guidance on Pooling
- Test Results Reporting
- Infectious Disease Requisition

COVID-19 Healthcare Provider Compilation

- Link on NYSDOH web page: <https://coronavirus.health.ny.gov/information-healthcare-providers>

Information for Healthcare Providers

COVID-19 INFORMATION FOR PROVIDERS

Providing up-to-date information about the COVID-19 outbreak for NYS healthcare providers, including:

- [COVID-19 Vaccine Information for Providers](#)
- Weekly health care provider updates
- COVID-19 webinars, health advisories, printable materials and guidance
- COVID-19 Testing Information
- Joining the NYS health care provider reserve workforce
- Creating a Health Commerce Account

WEEKLY HEALTHCARE PROVIDER UPDATE COMPILATION

For questions, contact covidproviderinfo@health.ny.gov

NY State DOH COVID-19 Hotline

Call the Hotline: [1-888-364-3065](tel:1-888-364-3065) or [Ask a Question](#)

New Yorkers Can Now Report Vaccine-Related Fraud by
Calling **833-VAX-SCAM (833-829-7226)** or
Emailing STOPVAXFRAUD@health.ny.gov




GET COVID-19 EXPOSURE ALERTS
Add Your Phone. Stop the Spread.



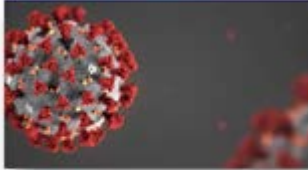
- COVID Alert NY is a voluntary, anonymous, exposure-notification smartphone app.
- You will get an alert if you were in close contact with someone who tests positive for COVID-19.
- Knowing about a potential exposure allows you to self-quarantine immediately, get tested and reduce the potential exposure risk to your family, friends, neighbors, co-workers and others.
- The more people who download COVID Alert NY, the more effective it will be.
- Help protect your community while maintaining your privacy.
- The free mobile apps—available to anyone 18 or older who lives, works, or attends college in New York or New Jersey—are available for download from the Google Play Store or Apple App Store. COVID Alert NY is available in English, Spanish, Chinese, Bengali, Korean, Russian and Haitian Creole.
- Download the free app to your smartphone to receive an alert if you have been in close contact with someone who has tested positive for COVID-19.

Healthcare Provider Well-Being

Healthcare Provider/Physician Wellness



NEW YORK STATE
Department
of Health



Supporting Healthcare Provider Well-Being in COVID & Beyond

July 9, 2020

Howard Zucker, MD, JD
Commissioner of Health, New York State

https://www.youtube.com/watch?v=B9PRLV-_XQE

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

Healthcare Provider/Physician Wellness

- The state is partnering with the Kate Spade New York Foundation and Crisis Text Line to provide a 24/7 emotional support service for frontline healthcare workers
- Text NYFRONTLINE to 741-741 to access these emotional support services
- New York State-regulated health insurers will be required to waive cost-sharing, including deductibles, copayments and coinsurance, for in-network mental health services for frontline essential workers during COVID-19

Mental Health Resources

[Office of Mental Health](#)[About OMH](#)[Consumers & Families](#)[Behavioral Health Providers](#)[Employment](#)

COVID-19 Resources

The COVID-19 pandemic has left many New Yorkers feeling anxious and stressed.

Learn more about:

- The COVID-19 Vaccine
- Managing anxiety in difficult times
- Coronavirus-related guidance for healthcare providers
- How you can help

VACCINATION INFORMATION

[New York State COVID-19 Vaccine webpage](#)

Learn more about the State's distribution plan and if you're eligible for the vaccine.

[OMH COVID-19 Vaccine Fact Sheet](#)

Get answers to common questions about the COVID-19 Vaccine.

PUBLIC RESOURCES

NY Project Hope Emotional Support Helpline: 1-844-863-9314 *

New York has a free, confidential helpline as part of the FEMA response to COVID-19. Call 1-844-863-9314 or visit nyprojecthope.org.

[Tips for Mental Wellness](#) (Español) | বাংলা | 中文 | P Y C K H I | Kreyòl Ayisyen | 한국어를

How to manage COVID related stress and anxiety

[Mental Health in the Next Phase of Coronavirus](#) (Español) | বাংলা | 中文 | P Y C K H I | Kreyòl Ayisyen | יידיש

A guide of coping tips and resources to help with the ongoing mental health impact of the pandemic.

[Mental Health Resources During an Emergency](#)

People often experience anxiety, fear, and helplessness during an emergency. Know the signs and get help.

<https://omh.ny.gov/omhweb/covid-19-resources.html>



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Peer to Peer Program



The Medical Society of the
State of New York

***Are you struggling with everyday life stressors?
MSSNY's P2P Supporters are here to help***

Any physician, resident or medical student who wishes to relate to a peer supporter may contact the Medical Society of the State of New York in the following ways:

- Email: P2P@mssny.org
- Phone **1-844-P2P-PEER** (1-844-727-7337)

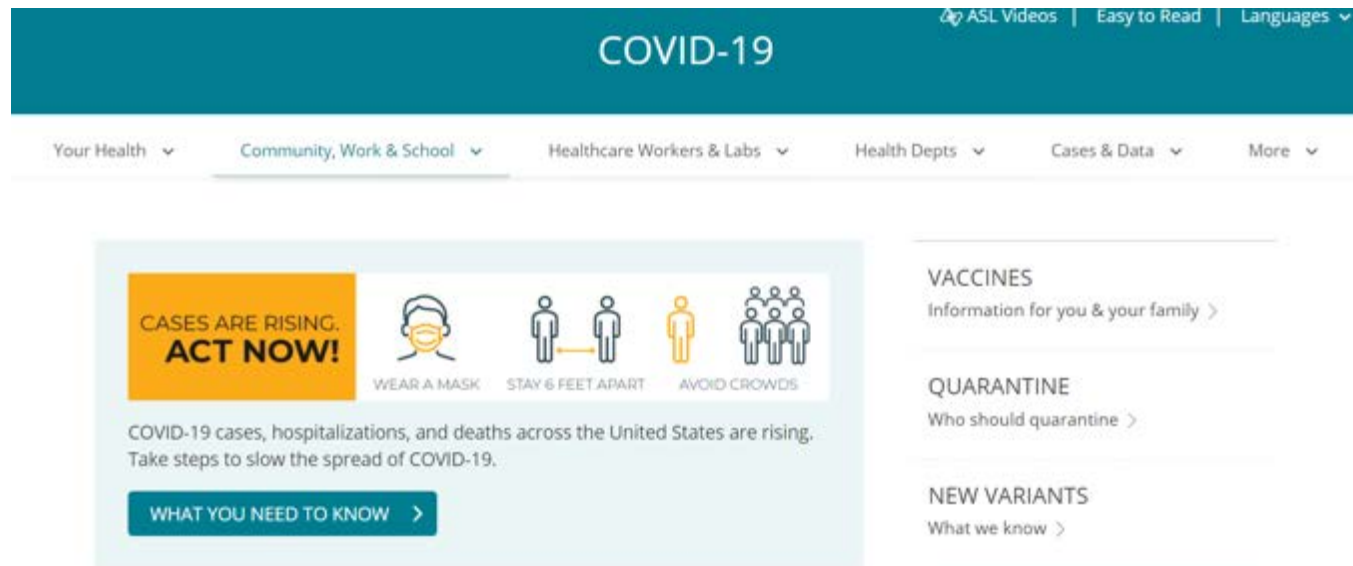
Support, Empathy & Perspective



The Pfizer Foundation



CDC COVID-19 Website



<https://www.cdc.gov/coronavirus/2019-ncov/index.html>



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Additional COVID-19 Resources

NYS resources

- <https://forward.ny.gov/early-warning-monitoring-dashboard>
- Testing/tracing
- New infections/severity & hospitalization
- Hospital capacity

COVID-19 Early Warning Monitoring System Dashboard

Region	Testing/Tracing Targets		New Infections		Severity of Infection	Hospital Capacity	
	Maintain 30 per 1,000 Diagnostic Tests	Maintain Required Case and Contact Tracing Capacity	% Positive Tests per Day (7-Day Rolling Avg)	New Cases per 100K (7-Day Rolling Avg)	Severe New Hospitalizations per 100K (7-Day Rolling Avg)	Percent of Hospital Beds Available (7-Day Rolling Avg)	Percent Adult Bed
STATEWIDE	227,110 / 19,542	9,628	5.6%	65.52	4.98	32%	
Capital Region	10,574 / 1,065	278	6.2%	60.02	3.77	24%	
Central New York	8,026 / 775	458	4.3%	44.64	3.76	29%	
Finger Lakes	10,749 / 1,203	468	4.9%	43.36	5.63	33%	
Long Island	35,706 / 2,839	1,308	6.8%	85.04	6.00	29%	
Mid-Hudson	25,521 / 2,322	1,456	6.7%	73.63	5.08	40%	

Helpful Links

- [HERO Together: COVID vaccine effects study](#)
- [New York State](#) vaccine tracker
- [NY Times](#) vaccine tracker

Highlighted CDC resources

- **Update to COVID-19 clinical considerations:** www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html
- **Nursing Home COVID-19 Data Dashboard:** CDC's National Healthcare Safety Network (NHSN) is supporting the nation's COVID-19 response by providing a [Long-term Care Facilities \(LTCFs\) COVID-19 Module](#), [NHSN Nursing Home COVID-19 Data Dashboard](#)
- **Estimated Disease Burden of COVID-19:** estimates of COVID-19 infections, symptomatic illnesses, and hospitalizations using a statistical model to adjust for cases that national surveillance networks are unable to capture for [a number of reasons](#).
- These estimates and methodology used to calculate them are published in *Clinical Infectious Diseases* and available [online](#). To learn more, please visit: [Estimated COVID-19 Burden](#)

CDC Upcoming Pending Topics

- **2/08/2021:** Tools for Essential Workers
- **2/22/2021:** Finding the Silver Lining:
Advancing Smoke-Free Protections During
the COVID-19 Pandemic

NYS Medicaid Telehealth Updates and Guidance

[NYSDOH COVID-19 Guidance for Medicaid Providers website](#)

- **Webinar:** New York State Medicaid Guidance Regarding Telehealth, Including Telephonic, Services During the COVID-19 Emergency - **5.5.2020**
 - [Slides](#) (PDF)
 - Recording *Coming Soon*
- **Frequently Asked Questions (FAQs)** on Medicaid Telehealth Guidance during the Coronavirus Disease 2019 (COVID-19) State of Emergency - [\(Web\)](#) - [\(PDF\)](#) - **Updated 5.1.2020**

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/

NYSDOH COVID-19 Website

LAST UPDATED: JANUARY 13, 2021 AT 2:30 PM

What You Need to Know

- Visit ny.gov/vaccine to get the facts on the COVID-19 Vaccine in New York.
- The [COVID-19 Emergency Eviction and Foreclosure Prevention Act](#) places a moratorium on residential evictions until May 1, 2021 for tenants who have endured COVID-related hardship.
- A new [Micro-Cluster Strategy](#) is addressing COVID-19 hot spots that have cropped up across the state.
 - Look up an address to see if falls into a Red, Orange, or Yellow Zone
 - See the [restrictions](#) that correspond to each color-coded level of cluster zone
- Indoor and outdoor gatherings at private residences are limited to no more than 10 people.
- Read [New York's COVID-19 Winter Plan](#) to mitigate the spread of the virus and bolster New York's hospital's preparedness.
- New [travel guidelines](#) are in effect that allow out-of-state travelers to "test out" of the mandatory 10-day quarantine.
- To report violations of health and safety restrictions and requirements for businesses, gatherings and individuals, please choose the appropriate link below:
 - [File a complaint about a business, location or incident in your community.](#)
 - [File a complaint against your employer or place of work.](#)
- Health care workers can text NYFRONTLINE to 741-741 to access 24/7 emotional support services. Any New Yorker can call the COVID-19 Emotional Support Hotline at 1-844-863-9314 for mental health counseling.

<https://coronavirus.health.ny.gov/home>



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<https://coronavirus.health.ny.gov/home>

NYSDOH COVID-19 Testing Website



SECTIONS

Overview

Can I Be Tested?

If You Test Positive

Drive-Through Testing

Antigen Testing

Antibody Testing

Contact Tracing

Molecular Testing

<https://coronavirus.health.ny.gov/covid-19-testing>



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Mirror Clings



To order mirror clings for public use email the NYSDOH:

bmcc@health.ny.gov

QUESTIONS ?

TO NYS HEALTHCARE
PROVIDERS
THANK YOU!