

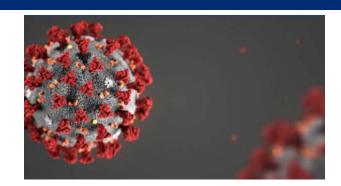
An Update for NYS Healthcare Providers on COVID-19

July 16, 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
- Travel Advisory
- Community Mitigation and Reopening
- Treatment Updates
- Vaccines (COVID vaccine and ACIP updates)
- Travel Advisory in Healthcare
- Telehealth Reimbursement
- Healthcare Provider Wellness
- Resources
- Pre-planned Q & A: Chat box not feasible with level of attendance _





 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.



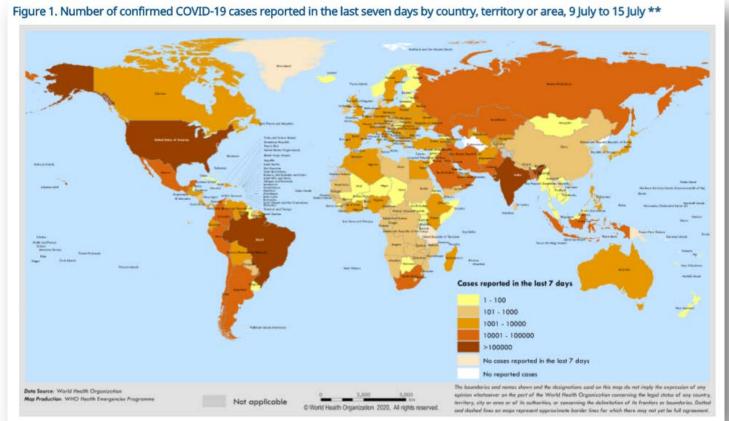
Situation Summary: COVID-19 Global, 7/15/2020

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

Region	Confirmed Cases	Deaths
Global	13,150,645	574,464
Western Pacific	247,491	7,814
European	2,964,046	204,449
South-East Asia	1,231,014	30,570
Eastern Mediterranean	1,317,078	32,294
Africa	506,124	8,650
Americas	6,884,151	290,674

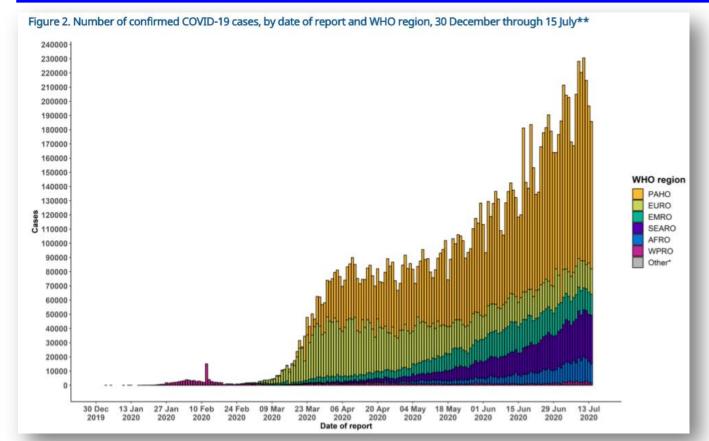


Situation Summary: COVID-19 Global, 7/15/2020 www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports





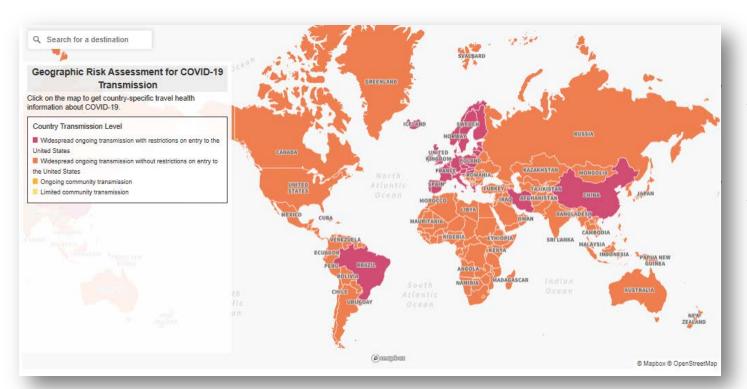
Situation Summary: COVID-19 Global, 7/15/2020 www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports





COVID-19 CDC Travel Recommendations by Country

https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html

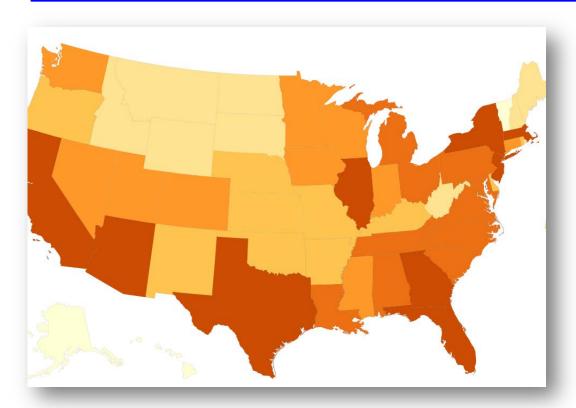


Level 3 Widespread transmission with US entry restrictions: Brazil, China, Iran, Most of Europe, UK and Ireland Level 3 Widespread transmission without US entry restrictions: Global Pandemic



CDC COVID Data Tracker (July 15, 2020)

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



3,416,428 TOTAL CASES

USA

135,991 TOTAL DEATHS

USA

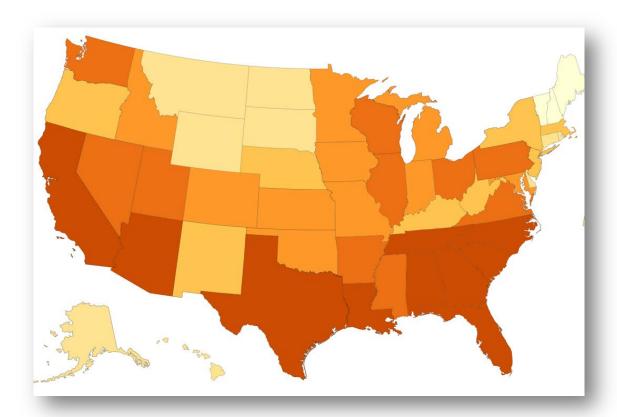
1,042.3

Cases per 100,000 People



CDC COVID Data Tracker (July 15, 2020)

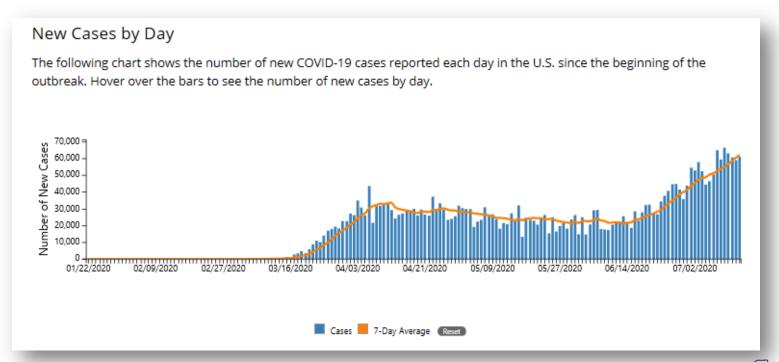
www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html





Situation Summary: Covid-19 U.S. (July 15, 2020)

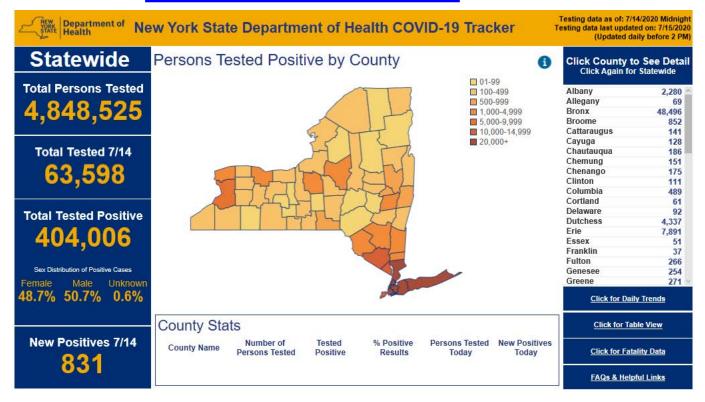
www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html





NYSDOH COVID-19 Tracker (July 15, 2020)

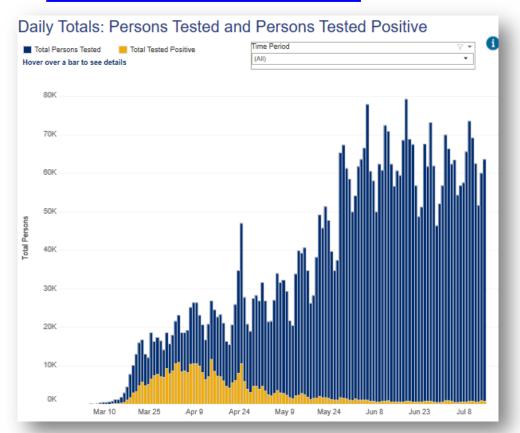
Found at: NYSDOH COVID-19 website





NYSDOH COVID-19 Tracker (July 15, 2020)

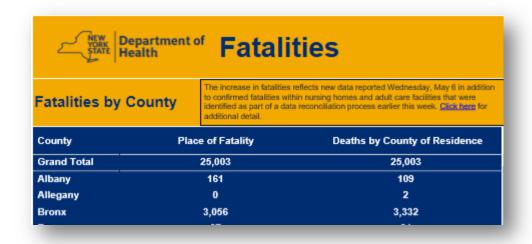
Found at: NYSDOH COVID-19 website





NYSDOH COVID-19 Tracker (July 15, 2020)

Found at: NYSDOH COVID-19 website





NYS COVID-19 Healthcare Utilization

- Continue to see low rates of COVID associated hospitalization, ICU, and intubation numbers
- Currently hospitalized: 813 (decreased by 18)
 - Newly hospitalized: 71
- Current ICU: 165 (no change)
 - Current Intubation: 88 (decreased by 6)
- Fatalities: 14 (9 on 7/14)
- Cumulative discharges: 71,867



SARS-CoV-2 Testing for COVID-19



<u>Association of Public Health Laboratories</u> Guidance on **Antigen Testing**

- July 6, 2020
- APHL Considerations for Implementation of SARS-CoV-2 Rapid Antigen Testing
- Rapid antigen tests
 - PROS
 - Relatively inexpensive
 - Short turnaround time
 - Point-of-care use (such as doctors' offices)
 - · Reported high specificity
 - CONS
 - Significantly lower sensitivity than most molecular tests
- Influenza rapid antigen testing
 - Commonly produces false negative results due to low sensitivity
 - As well as false positive results when disease prevalence is low



APHL Guidance on Antigen Testing

- In settings experiencing high SARS-CoV-2 positivity rates, positive test results indicate that SARS-CoV-2 antigens were detected and that the individual is infected and presumed to be contagious
- However, false positive results can occur and are most likely in populations where the prevalence of SARS-CoV-2 infection is low
- Currently available SARS-CoV-2 antigen tests are considerably less sensitive than molecular tests and may therefore generate false negative results
- They should only be used to test symptomatic patients in populations with a high prevalence of disease
- However, false negative results can occur regardless of overall prevalence
- Presumptive negative results should be confirmed using a molecular test



APHL Guidance on Antigen Testing

- Scenarios where Ag testing may be considered:
 - Symptomatic patients with high pre-test probability (high prevalence populations)
 - Use where a rapid positive helps clinical decisions or infection control
 - However, a negative result should be confirmed with molecular test
 - Examples:
 - Outbreak situations
 - Triaging individuals with respiratory symptoms in ED or similar settings
 - In high-risk congregate settings where confirmed cases
 - Off hour testing for rapid result, followed by molecular test
 - · Remote populations with high prevalence and limited access to testing



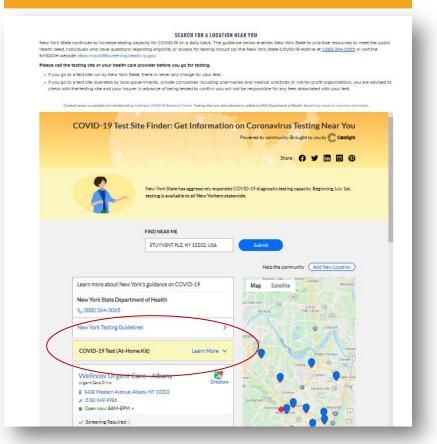
APHL Guidance on Antigen Testing

- Scenarios where Ag testing should NOT be considered for use:
 - Screening of asymptomatic individuals
 - Testing in underserved or marginalized populations where testing may be limited
 - Alternatives to improving access of testing should be sought

Test Name	Separate Instrument Required	Authorized for Use in Waived Settings	Specimen Types	Time to Result	Test Performance*	More Information
Quidel Sofia 2 SARS Antigen FIA	Yes Sofia 2 FIA Analyzer	Yes	NP or Nasal Swabs Directly or After Transport in VTM	15-30 minutes	Sensitivity: 80% Specificity: 100%	IFU HCP
BD Veritor System for Rapid Detection of SARS- COV-2	Yes BD Veritor Plus Analyzer	Yes	Nasal Swabs (supplied with kit) Directly Only	15 minutes	Positive Percent Agreement: 85% (CI 67%- 93%) Negative Percent Agreement: 100% (CI 98%- 100%)	IEU HCP



Find a Test Site Near You





Community Mitigation and Reopening Strategies



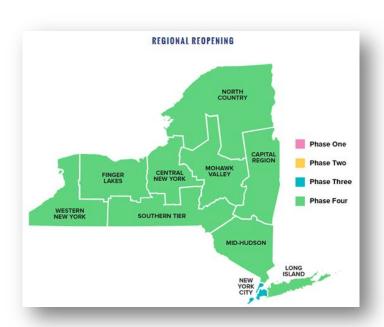
NYS Community Mitigation and Reopening Strategy

Phase 3

- NYC (without indoor dining)
- Outdoor dining, personal care services, gatherings of 25 people, low risk youth sports (baseball/softball, gymnastics, field hockey, cross country, and crew)
- On track for Phase 4 Mon. July 20th (to be announced tomorrow, but without additional indoor activity)

Phase 4

- Capital region, Mohawk Valley, North Country, Central New York, Southern Tier, Finger Lakes, Western NY, Long Island and the Mid-Hudson Region
- Higher education, low-risk outdoor and indoor arts & entertainment, media production, professional sports competitions with no fans
- Malls in phase 4 regions can open if they have advanced HVAC systems





NYS Community Mitigation and Reopening Strategy

- NY Forward business reopen look up tool available <u>here</u>
- NY Forward reopening guidance available <u>here</u>
- The state's regional monitoring dashboard is available <u>here</u>

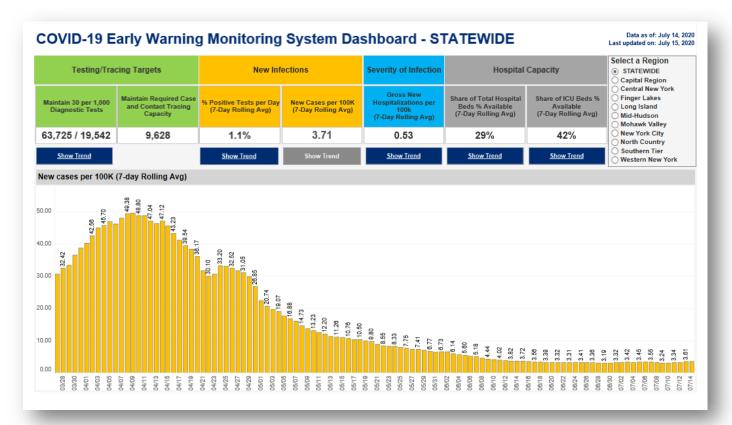


Percentage Positive Results By Region Dashboard



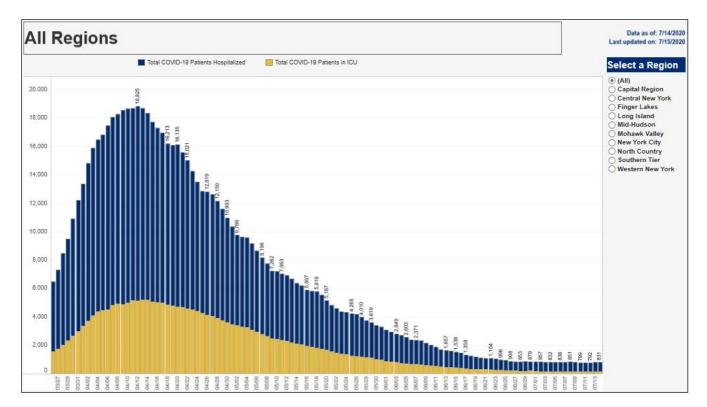


Early Warning Monitoring Dashboard





Daily Hospitalization Summary by Region



NYS Daily Hospitalization
Summary by Region



NYS Travel Advisory

- In partnership with NJ and CT, NYS has issued a travel advisory for individuals traveling from states with significant community spread of COVID-19, requiring a 14-day quarantine (issued June 25, 2020)
- NYSDOH COVID-19 Travel Advisory Website maintains a current list of states meeting the criteria for the required quarantine
- Current list (22 states):
 - Alabama, Arkansas, Arizona, California, Florida, Georgia, Iowa, Idaho, Kansas, Louisiana, Minnesota, Mississippi, New Mexico, North Carolina, Nevada, Ohio, Oklahoma, South Carolina, Tennessee, Texas, Utah, Wisconsin
- This is based upon a seven day rolling average, of positive tests in excess of 10%, or number of positive cases exceeding 10 per 100,000 residents
- If you have traveled from within a designated state, you must quarantine for 14 days from the last travel within the designated state, provided on the date you enter into NYS that such state met the criteria

NYS Travel Advisory - FAQs

- The requirements of the travel advisory do NOT apply to any individual passing through designated states for a limited duration (i.e., less than 24 hours) through the course of travel (stopping at rest stops for vehicles, buses, or trains or lay-overs for air travel, bus travel, or train travel)
- Exceptions for essential workers
- Beginning July 14th, enforcement teams stationed at Port Authority and regional airports to request proof of completion of the NYS Traveler Form
- A NYSDOH emergency health order mandating out-of-state travelers from designated states to complete NYSDOH traveler form
 - Enforcement and fines
- NYSDOH Traveler Health Form



Long Term Care Facility Visitation

- Starting July 20th, Long Term Care Facility visitation will be allowed if:
 - No new COVID cases at the LTCF for at least 28 days
 - Only two people are allowed to visit each resident
 - Visitors must:
 - Be screened for symptoms and temperature
 - Wear a mask
 - Social distance while visiting



NYSDOH PRE-K to Grade 12 School Guidance

- Schools in regions in Phase 4 can reopen if daily infection rate remains below 5% using a 14-day average (after unPAUSE was lifted)
- Schools will close if regional infection rate rises over 9% after August 1st
- NYS to make the determination during the week of August 1-7th
- Each school district must submit plans to reopen by July 31st
- NYSDOH Pre-K 12 School Guidance
 - Masks/PPE
 - Social Distancing
 - Cohort Structures
 - Restructuring Space to Maximize In-Class Instruction
 - Transportation
 - Food Service
 - Aftercare and Extracurriculars
 - Screening
 - Contact Tracing
 - Cleaning and Disinfecting
- NYS State Education Department guidance soon



Therapeutic Updates



Therapeutic Updates

- Hydroxychloroquine (HCQ) updates
- New Henry Ford Health System observational study
 - Cohort of 2,541 patients claims mortality benefit
 - Methodological concerns
 - Protocolized use of HCQ which screened out persons with cardiac risk factors
 - HCQ arm had twice the usage of systemic steroids
- RECOVERY HCQ Trial on pre-print server medRxiv
 - Randomized Evaluation of COVID-19 Therapy (RECOVERY) trial
 - Multi-center, randomized, controlled, open-label trial comparing a range of possible treatment with standard of care
 - 1561 patients received HCQ compared with 3155 usual care
 - In patients hospitalized with COVID-19, HCQ was not associated with reductions in 28-day mortality but was associated with an increased length of stay and increased risk of progressing to invasive mechanical ventilation or death
 - Peer-reviewed publication pending
- Other randomized controlled trial data pending

NIH COVID-19 Treatment Guidelines

Journal Pre-proof

Treatment with Hydroxychloroquine, Azithromycin, and Combination in Patients Hospitalized with COVID-19

Samia Arshad, Paul Kilgore, Zohra S. Chaudhry, Gordon Jacobsen,





Media Advisory Saturday, June 20, 2020

NIH halts clinical trial of hydroxychloroguine

Study shows treatment does no harm, but provides no benefit

WHO discontinues
hydroxychloroquine and
lopinavir/ritonavir
treatment arms for
COVID-19



Multisystem Inflammatory
Syndrome Associated with
COVID-19 in Children (MIS-C)



MIS-C

Clinical Management of Multisystem Inflammatory Syndrome in Children (MIS-C) Associated with Coronavirus Disease 2019 (COVID-19)

Overview

During this COCA Call, clinicians will learn about clinical management of multisystem inflammatory syndrome in children (MIS-C) associated with Coronavirus Disease 2019 (COVID-19). Clinicians will share their experiences treating patients with MIS-C, present treatment details from published literature on patients with MIS-C, and provide an overview of the treatment guidelines published by the American College of Rheumatology.

Presenters

Ermias Belay, MD

MIS-C Team Lead COVID-19 Response

Centers for Disease Control and Prevention

Eva Cheung, MD

Assistant Professor of Pediatrics – Divisions of Pediatric Cardiology and Critical Care Medicine

Columbia University Irving Medical Center/NewYork-Presbyterian Morgan Stanley Children's Hospital

Matthew Oster, MD, MPH

CDC COVID-19 Response, MIS-C Team

Call Details

When: Thursday, July 16, 2020, 2:00 p.m. to 3:00 p.m. (Eastern Time)

Webinar Link:

https://www.zoomgov.com/j/1612 204810 Γና

Dial In:

US: <u>+1 669 254 5252</u> or <u>+1 646</u> 828 7666

International numbers [2]

iPhone one-tap:

US: <u>+16692545252</u>,,1612204810# or <u>+16468287666</u>,,1612204810#

Webinar ID: 161 220 4810

Add to Calendar

Webinar link:

https://www.zoomgov.com/j/ 1612204810

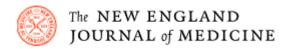


COVID Vaccine Update



- 140 candidates in preclinical evaluation
- 23 candidates in clinical evaluation
- Of the candidates undergoing clinical trials:
 - 10 candidates undergoing only Phase 1 trials
 - 8 candidates undergoing combined Phase 1/2 trials
 - 2 candidates are in Phase 1 trials and Phase 2 trials separately
 - 3 candidates are undergoing Phase 3 trials:
 - An inactivated candidate by Sinovac
 - A non-replicating viral vector candidate by University of Oxford and AstraZeneca (a weakened non-human adenovirus)
 - Phase II currently enrolled in U.K., Phase III to start next month
 - An RNA candidate by Moderna and the National Institute of Allergy and Infectious Diseases
 - Phase I completed, Phase II fully enrolled, Phase III to start later this month





- mRNA candidate by Moderna and NIAID
 - Remarkable 6 mos from sequence to phase I results
 - No mRNA vaccines in current use
- Phase 1 dose-escalation open-label trial
- 45 healthy adults (18-55 years of age), received 2 vaccinations, 28 days apart
- After the 2nd vaccination, serum-neutralizing activity was detected by 2 methods in all
 participants evaluated, with values similar to control convalescent serum specimens
- Adverse events
 - Occurred in more than half the participants included fatigue, chills, headache, myalgia, and pain at the injection site
 - Systemic adverse events were more common after the second vaccination, particularly with the highest dose, and three participants (21%) in the higher dose group reported one or more severe adverse events

ORICINAL ARTICL

An mRNA Vaccine against SARS-CoV-2 — Preliminary Report

Lisa A. Jackson, M.D., M.P.H., Evan J. Anderson, M.D., Nadine G. Rouphael, M.D., Paul C. Roberts, Ph.D., Marmodikoe Makhene, M.D., M.P.H., Rhea N. Coler, Ph.D., Miche P. McCullough, M.P.H., James D. Chappell, M.D., Ph.D., Mark R. Denison, M.D., Laura J. Stevens, M.S., Andrea J. Pruijssers, Ph.D., Adrian McDermott, Ph.D., et al., for the mRNA-1273 Study Group*

- The mRNA-1273 vaccine induced anti–SARS-CoV-2 immune responses in all participants, and no trial-limiting safety concerns were identified
- These findings support further development of this vaccine
- Still need data on whether the neutralizing antibody titers will predict efficacy
 - Supported by findings in nonhuman primates
 - Need a large clinical efficacy study
- Authors report a planned phase 3 trial of this mRNA SARS-CoV-2 vaccine is imminent



ORIGINAL ARTICLE

An mRNA Vaccine against SARS-CoV-2 — Preliminary Report

Lisa A. Jackson, M.D., M.P.H., Evan J. Anderson, M.D., Nadine G. Rouphael, M.D., Paul C. Roberts, Ph.D., Mamodikoe Makhene, M.D., M.P.H., Rhea N. Coler, Ph.D., Michel P. McCullough, M.P.H., James D. Chappell, M.D., Ph.D., Mark R. Denison, M.D., Laura J. Stevens, M.S., Andrea J. Pruijssers, Ph.D., Adrian McDermott, Ph.D., gt.al., for the mRNA-1273 Study Group*

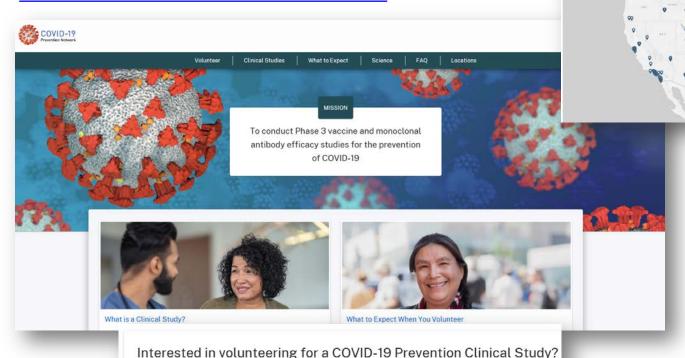
EDITORIAL

The Covid-19 Vaccine-Development Multiverse

Penny M. Heaton, M.D.



COVID-19 Prevention Network website



Selecting the button below will take you to the CoVPN Volunteer Screening Registry.

Locations



Elizabeth Rausch-Phung, MD, MPH Director, Bureau of Immunization NYSDOH



2020 Advisory
Committee on
Immunization
Practices (ACIP)
Schedule Update



Haemophilus influenza type b (Hib) Vaccine

 Catch-up vaccination is not recommended for previously unvaccinated children age 5 years or older who are not at high risk (clarification)



Hepatitis A Vaccine

Unvaccinated children and adolescents age 2 through 18 years should complete a 2-dose series (new)



Human Papillomavirus (HPV) Vaccine

- HPV vaccine is routinely recommended at age 11-12 years (can start at age 9 years) (unchanged)
- Catch-up vaccination is recommended for all persons age 13-26 years (revised: same ages for all genders)
 - 2 doses, at least 5 months apart, if started at age 9 14 years
 - o 3-dose series at 0, 1-2, 6 months if started at 15 years or older
- Shared clinical decision-making recommended for adults age 27-45 years (new)



Shared Clinical Decision-Making Recommendations

- What it means: this vaccine is not routinely recommended for everyone in a particular group. The decision whether or not to vaccinate should be made as an individual, shared decision between the healthcare provider and patient.
- Consider the patient's risk factors, values and preferences, your clinical discretion, and characteristics of the vaccine such as, but not limited to, effectiveness, safety, and cost



Considerations for HPV vaccine for adults aged 27-45 years

- Ideally, HPV vaccine should be given in early adolescence, when it is most effective
- HPV vaccination does not need to be discussed with most adults aged > 26 years
- At any age, having a new sex partner is a risk factor for acquiring a new HPV infection
- Persons who are in a long-term, mutually monogamous sexual partnership are not likely to acquire a new HPV infection
- Vaccine effectiveness might be low among persons with risk factors for HPV infection or disease (e.g., adults with multiple lifetime sex partners and likely previous infection with vaccine-type HPV) as well as among persons with certain immunocompromising conditions

MenACWY Adolescent Booster

- Children with <u>high-risk</u> conditions (complement deficiencies, HIV, functional or anatomic asplenia) should follow the highrisk booster schedule, even if the ages for vaccination do not align to the routine ACIP schedule (unchanged)
- Healthy children who received a dose of MenACWY before age 10 years should receive an additional dose of MenACWY at age 11-12 years followed by a booster at age 16 years (new clarification)



Meningococcal Serogroup B (MenB) Vaccine

- Persons aged ≥ 10 years with complement component deficiency, who use complement inhibitors, with asplenia, who are microbiologists are recommended to receive a booster dose 1 year after completing the MenB primary series, followed by boosters every 2-3 years (new)
 - Persons determined by public health officials to be at increased risk during an outbreak should receive 1 booster at least 1 year after the primary series



Oral Polio Vaccines (OPV)

- Total number of doses is the same regardless of whether the child received an all-inactivated polio vaccine (IPV) series, an all-OPV series, or a mixed IPV-OPV series (new)
- Only trivalent OPV (tOPV) counts toward the U.S. vaccination requirements (clarification)
 - The World Health Organization implemented a global switch from tOPV to bivalent OPV (bOPV) in April 2016
 - Doses of OPV given <u>before</u> April 1, 2016 <u>should</u> be counted
 - Doses of OPV given on or after April 1, 2016 should not be counted

Pneumococcal Vaccines

- All adults age ≥ 65 should get a single dose of pneumococcal polysaccharide (PPSV23) vaccine (unchanged)
 - Adults who received a dose of PPSV23 before age 65 should get a second dose after age 65 and at least 5 years after the first
- Adults age ≥ 19 with immunocompromising conditions, asplenia, CSF leaks or cochlear implants should get 1 dose of pneumococcal conjugate vaccine (PCV13) followed by 2 doses of PPSV23 (unchanged)
- Shared clinical decision-making recommended for PCV13 for healthy adults age ≥ 65 (new)

Considerations for PCV13 for adults aged ≥ 65

- PCV13 is safe and effective for older adults
- The risk of PCV13-type disease among adults has markedly declined over the last 20 years, likely due to indirect effects of vaccinating infants
- Adults ≥ 65 living in nursing homes or other long-term care facilities, residing in areas with low childhood PCV13 coverage, or traveling to countries without PCV13 are at higher risk of acquiring PCV13 serotypes
- Adults ≥ 65 with chronic heart, lung, liver disease, diabetes, alcoholism or who smoke cigarettes are at higher risk of PCV13type invasive pneumococcal disease and pneumonia

Td/Tdap Decennial Dose

- Either Tdap or Td may be used where previously only Td was recommended (new)
 - Everyone should receive an initial dose of Tdap at age 11-12 years, or catch up at age 13 years or older, followed by <u>either</u> Tdap or Td every 10 years thereafter
 - Either Tdap or Td may be used for wound management



Tdap Catch-Up Vaccination

- Persons age 7 years or older not fully vaccinated with the DTaP primary series should receive an initial dose of Tdap followed by doses of <u>either</u> Td or Tdap to complete the series
- Children who receive either Tdap or DTaP at age 7-9 years should receive another dose of Tdap at age 11-12 years (new)
- Doses of Tdap received at age 10 years count toward the adolescent booster dose and do not need to be repeated (unless additional doses are needed to complete the primary series)

Resources

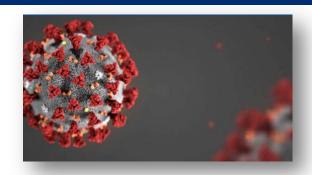
- ACIP Schedule: https://www.cdc.gov/vaccines/schedules/
- ACIP Schedule Changes & Guidance: <u>https://www.cdc.gov/vaccines/schedules/hcp/schedule-changes.html</u>
- CDC FAQ on Shared Clinical Decision-Making: https://www.cdc.gov/vaccines/acip/acip-scdm-faqs.html
- NYSDOH Bureau of Immunization contact information: (518) 473-4437 or immunize@health.ny.gov



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



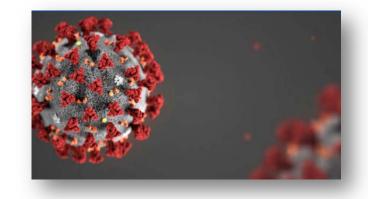
COVID-19 Healthcare Capacity and Response



- Travel Advisory in Healthcare
- Telehealth Reimbursement







Quick Tips for Clinician Wellbeing in The Era of COVID-19

July 16s, 2020

Louis S. Snitkoff, MD, FACP Immediate Past-President American College of Physicians, NY Chapter

NYSDOH Supporting Well-Being in COVID & Beyond

Kerri Palamara, MD

Archived webinar:

NYSDOH Supporting HCP Well-Being in COVID & Beyond webinar NYSDOH Supporting HCP Well-Being in COVID & Beyond SlideSet





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







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 costsharing, including deductibles, copayments and coinsurance, for innetwork mental health services for frontline essential workers during COVID-19



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 Well-being Resources

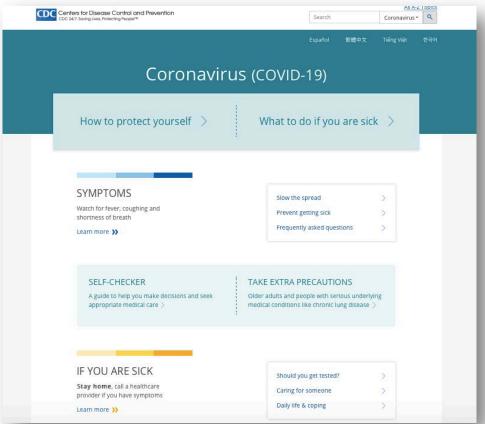
MSSNY	<u>AAFP</u>
<u>ACP</u>	AAP
NAM	AHRQ well-being AHRQ burnout
<u>AMA</u>	<u>NIH</u>
<u>IHI</u>	<u>Stanford</u>



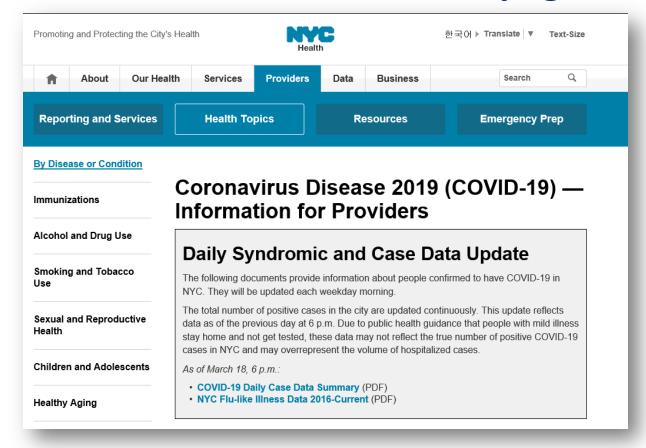
COVID-19 Resources



CDC COVID Website

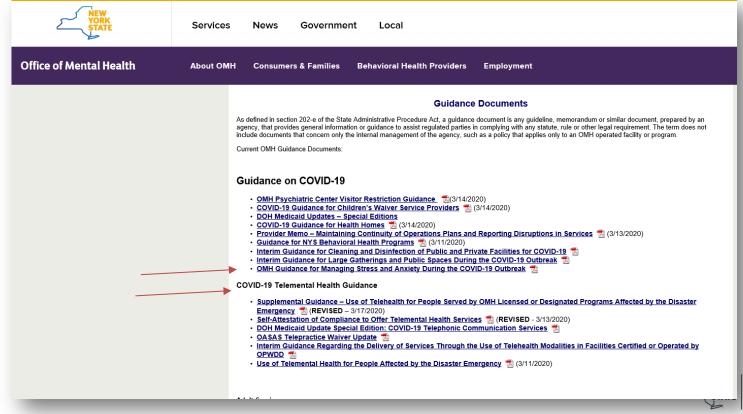


NYC DOHMH COVD-19 Webpage





Mental Health Resources



Department of Health Department

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

March 16, 2020



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.



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/



COVID-19 Weekly Healthcare Provider Update Compilation: As of June 17, 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 <u>Health Commerce</u> <u>System (HCS)</u>. 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 <u>information for Healthcare</u> <u>Providers</u>.

Recordings of COVID-19 Weekly Healthcare Provider Updates are also available on the NYSDOH webpage.

Guidance/Health Advisory Topic	Link(s)	Date
Testing/ Specimen	Additional Capacity Guidance (Collection, triage, treatment)	3/19/20
Collection	Specimen Collection and Handling to Allow NP and Saliva Specimen	4/01/20
	Wadsworth Specimen Collection, Handling and Transport	4/01/20
	Updated Infectious Disease Requisition Form	4/09/20
	Updated Infectious Disease Requisition Guidance	4/09/20
	Private Practice Collection Guidance	4/19/20
	The NYSDOH Wadsworth Center's Assay for SARS-CoV-2 IgG FAQ	4/20/20
	Serology Testing	4/30/20
	Specimen Collection Training for Unlicensed Individuals	5/15/20
	Authorization of Licensed Pharmacists to Order COVID-19 Tests	5/15/20
	SARS-CoV-2 Diagnostic Testing FAQ	5/15/20
	COVID-19 Testing Next Steps	5/12/20
	Protocol for COVID-19 Testing Applicable to All Health Care Providers and LHDs	5/31/20
Infection Control	Requests for PPE should go through your county OEM	3/23/20
and PPE	PPE Shortage Guidance	4/02/20
	Optimizing PPE (CDC)	4/22/20
	Infection Control Guidance (CDC)	4/24/20
Quarantine/ Isolation	Guidance for <u>Local Health Departments</u> highlighting definitions and situations for quarantine and isolation.	4/07/20
	Precautionary Quarantine, Mandatory Quarantine, and Isolation	4/16/20
	Discontinuation of Isolation for Patients with COVID-19 who are Hospitalized,	4/19/20
	in Nursing Homes, or in Other Congregate Settings	

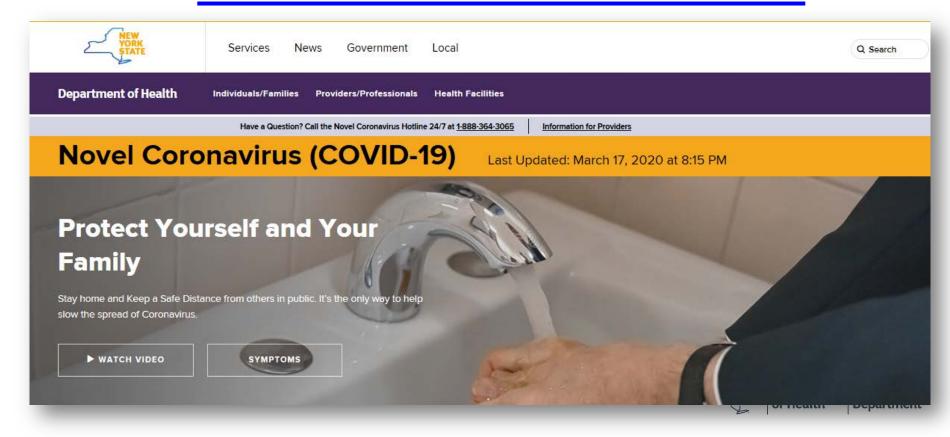
HCP Compilation (Week of June 17th)

For questions, contact covidproviderinfo@health.ny.gov

NYSDOH COVID-19 Weekly HCP Update Compilation



NYSDOH COVID-19 Website



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



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

WHAT TO LOOK FOR



COVID-19 Testing

OVERVIEW

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

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.

INSURANCE	
UNEMPLOYMENT	

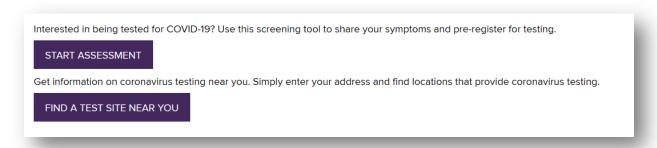


NYS Specimen Collection Sites - COVID-19 Testing

- NYSDOH Find Test Site Near You Website
 - NYS specimen collection sites, healthcare settings, pharmacies, and other
 - More than 800 specimen collection or testing sites have been identified
- For the NYS specimen collection sites:
 - Call the New York State COVID-19 Hotline at 1-888-364-3065

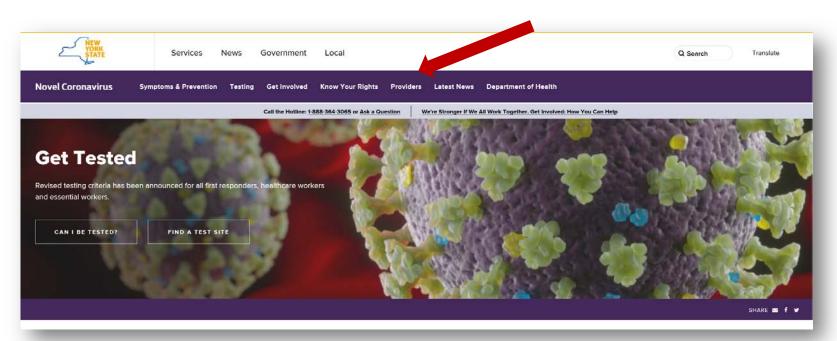
OR

 Visit the NYSDOH website <u>www.covid19screening.health.ny.gov</u> to be screened for eligibility, and if eligible, have an appointment set up at one of the State's testing sites





NYSDOH COVID-19 Website





Resources



Mirror Clings



To order mirror clings for public use email the NYSDOH:

bmcc@health.ny.gov







Mirror Clings

To order mirror clings for public use email the NYSDOH:

bmcc@health.ny.gov



Face Masks and Coverings for COVID-19





- You must wear a face mask or face covering in public when social distancing (staying at least 6 feet apart) is not possible, unless a face covering is not medically tolerated. This includes on public transport, in stores and on crowded sidewalks.
- Children over 2 years of age should wear a face mask in public, too. Children under 2 years of age should NOT wear face coverings for safety reasons.
- Cloth face coverings should be made from fabric you can't see through when held up to the light. They must be cleaned before reusing.
- · Disposable paper face masks should be used for one outing outside the home. They cannot be properly cleaned.
- The best way to prevent COVID-19 is to continue social distancing (staying at least 6 feet away from others), even when wearing a face covering.

Putting On Face Covering

- DO clean your hands with soap and water or if that's not available, alcohol-based hand sanitizer, before putting on your face covering.
- Make sure the face covering covers both your nose and mouth.
- DON'T wear your mask hanging under your nose or mouth or around your neck. You won't get the protection you need.
- DON'T wear the face covering on top of your head, or take it off and on repeatedly. Once it is in place, leave the covering in place until you are no longer in public.

13105

Taking Off Face Covering

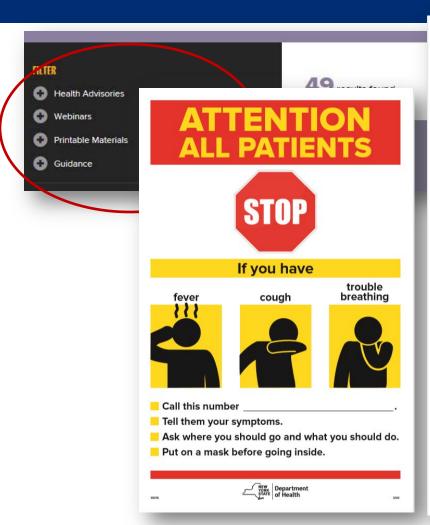
- DO clean your hands with soap and water or if that's not available, alcohol-based hand sanitizer, before taking off your face covering.
- · Remove your mask only touching the straps.
- Discard the face covering if it is disposable. If you are reusing (cloth), place it in a paper bag or plastic bag for later
- · Wash your hands again.
- When cleaning a cloth face covering, DO put in the washer (preferably on the hot water setting).
- Dry in dryer at high heat. When it is clean and dry, place in a clean paper or plastic bag for later use. If you live in a household with many people, you might want to label the bags with names so the face coverings are not mixed up.



Department of Health

5/20





ATTENTION ALL VISITORS



NO VISITORS ARE ALLOWED AT THIS TIME

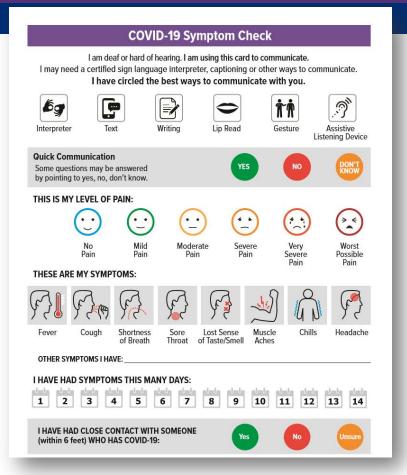
If you feel there is an urgent need for visitation, please contact ______.

DO NOT VISIT





Department of Health



https://coronavirus.health.ny.gov/system/files/documents/2020/05/13 104 015773 covid19 hearingimpairedcard version5.pdf



Department of Health

COVID-19 Testing **Next Steps**

You are being tested for a virus that causes COVID-19. If you have symptoms of the disease, or if you have been in contact with someone who is infected. you will be asked to stay apart from others. This is also called isolation or quarantine. COVID-19 spreads easily. Staying apart helps stop the disease from spreading.

Symptoms Include:

Fever, cough, difficulty breathing









Other symptoms may include: Chills muscle aches, headache, sore throat, abdominal pain, vomiting, diarrhea, runny nose, fatique, wheezing, or new loss of taste or smell.

You Should Be Isolated If:

· You have symptoms and think you may have been infected with the virus.

You Should Be Quarantined If:

· You have been in close contact with someone known to have COVID-19, even if you don't have symptoms. Close contact means sharing the same household, direct physical contact, or being within six feet for more than 10 minutes.

See back for more information.

If You are an **Essential Worker:**

You can ONLY return to work while you wait for your test results if:

- · You have your employer's permission to
- You DO NOT have symptoms.
- · And you have NOT had contact with a person known to have COVID-19.

In addition, you must continue to:

- · Practice social distancing (stay more than 6 feet from others).
- Use appropriate personal protective equipment (PPE).
- · Wear a mask when less than 6 feet away from others in public.
- · Take your temperature and monitor your symptoms daily.



www.coronavirus.health.ny.gov

Over -

5/20

How to Isolate or Quarantine:



Stay home, except to visit a doctor.



If you must see a doctor, call ahead and avoid using public transport such as subways, buses, taxis.



Don't have visitors.



Separate yourself in a room that is not shared with others. Stay at least 6 feet away from others at



Use a separate bathroom, if possible, and disinfect after each use.



Arrange for food, medicine, and other supplies to be left at your door.



Cover your coughs and sneezes. Throw away used tissues. Bag your trash and leave outside your door.



Don't touch pets.



Arrange for others to care for your children, if possible.



Wear a face mask if you must be around others.



13112

Wash your hands often with soap and water for 20 seconds each time, or if unavailable, use hand sanitizer with at least 60% alcohol.

Test Results

You will be contacted with your results

If you test positive on a diagnostic test for the virus, you must continue isolation. You will get a call from a public health representative to identify any contacts you have had.

If you test negative, but you have been in close contact with a person known to have been infected, you must still continue quarantine until 14 days have passed from your last contact with a person known to have COVID-19. Even though you may feel well now, you are at risk of getting the disease and you may get sick. It can take up to 14 days to get the disease.

Your local health department can help you determine when it is safe to stop isolation or quarantine. Find them at www.nysacho.org/directory

Learn more at coronavirus.health.nv.gov

Support and Job Assistance

Any New Yorker under a mandatory or precautionary order to stay home may be eligible for job-protected sick leave and compensation. Learn more at https://coronavirus.health.nv.gov/protecting -public-health-all-new-vorkers#employee

If you need help caring for yourself or your children while in isolation or quarantine, call your local health department. Find them at www.nysacho.org/directory

Stay apart now. Be together later.

New York State Department of Health

Over ---



Contact Tracing Tool for People Being Tested for COVID-19

If you test positive for COVID-19, you will get a call from a public health representative to identify any contacts yo
have had. This form can help you identify your contacts so you will be ready for the call.

If you have		out the date you first	t felt sick OR if you have had no	symptoms then put your date of testing
2 Include p		our home, and peo	<u> </u>	friends, a babysitter or anyone else
1 2 3 4	aame or Person		Date La	St. III HOME THEIR FROME NUMBER
Include t	hings like hanging	out with neighbors,		s much detail as possible. appointments, social or recreational Use another piece of paper if needed
Day One:			People you were	e with
Activity	Location	Name	Address	Phone Number
Day Two:	Location	Name	People you were	with Phone Number
Activity	Location	Name	Address	Phone Number
Day Three:			People you were	
Activity	Location	Name	Address	Phone Number
Day Four:			People you were	
Activity	Location	Name	Address	Phone Number
13114		Now York	State Department of Health	5/20

To order materials from NYSDOH:

bmcc@health.ny.gov

Available in Spanish

NYSDOH Contact Tracing Tool



For Their Contacts

To order materials from NYSDOH:

bmcc@health.ny.gov



You're a part of the solution... now answer the phone!



You've stayed home!



You're wearing masks!



Now, answer the phone!

As we battle coronavirus together, tracing exposures to COVID is important to stop the spread.

The NYS Contact Tracing Program works with confirmed positive COVID-19 people to determine who they have been in contact with. Trained specialists reach out to those contacts about possible exposure. If you have been identified as a contact you will get a call from "NYS Contact Tracing."

Because the disease can be transmitted without symptoms, notifying people about a possible exposure is critical to stop the spread.

So, if you get a call from "NYS Contact Tracing" please answer. It is confidential and private.

Please Answer the Phone

so we can keep NY moving forward and stop the spread of COVID-19.

health.ny.gov/coronavirus

13135

5/20



NYS Contact Tracing Answer the Phone

NYSDOH COVID-19 Testing Resources

SARS-CoV-2 Diagnostic Testing



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 public health emergency.

What are the symptoms of COVID-19?

Symptoms of COVID-19 may include fever, cough, shortness of breath or difficulty breathing. Other symptoms have been recorded including chills, muscle aches, headache, sore throat, abdominal pain, vomiting, diarrhea. runny nose, fatigue, wheezing, and new loss of taste or smell. Some people with COVID-19 develop symptom and some do not. Both symptomatic and asymptomatic individuals can transmit COVID-19 to others. Talk to your health care provider if you have any of these symptoms.

How do I know if I am infected with SARS-CoV-2?

Diagnostic tests detect SARS-CoV-2 in samples collected from your nose or throat. A diagnostic test is the only way to know if you are infected with SARS-CoV-2. These tests can be performed for those with or without

How does the SARS-CoV-2 diagnostic test work?

The test uses a technique called Polymerase Chain Reaction (PCR) to determine if genetic material from the virus is present in the sample collected. If there is no SARS-CoV-2 virus present in the sample, then no genetic material

My report says I have a positive result. What does that mean?

This means you have SARS-CoV-2 (COVID-19). You should consult with your health care provider, who will monitor your symptoms and provide guidance about how your illness should be managed. It is important to understand that, if you are infected with SARS-CoV-2, you may transmit the virus to others. You should follow NYSDOH guidance about isolation and physical distancing.

My report says I have a negative result. What does that mean?

A negative test result means that SARS-CoV-2 was not detected in your sample. However, a negative result does not guarantee that you are not infected. If you continue to feel unwell or develop symptoms resembling those of COVID-19, you should isolate yourself and ask your health care provider if you should be tested again. If you had close contact with someone known to have COVID-19, you should remain in quarantine for 14 days after exposure, even if you had a negative test result.

My report says I have an inconclusive or indeterminant result. What does

This means that the test was not able to determine whether SARS-CoV-2 was or was not present. Talk to your health care provider, as they may decide you should be tested again.

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

New York State Department of Health



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

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

Clinical Laboratories, Limited Service Labs, Healthcare Providers, Healthcare

Facilities, and Local Health Departments

NYS Department of Health (Department) Bureau of Surveillance and Data

Systems (BSBS)

Health Advisory: COVID-19 Serology Testing

Background

Serological tests for determining the presence of antibodies against SARS-CoV-2 are now available from commercial manufacturers. Serology tests are used to determine if antibodies against SARS-CoV-2 are present. Certain serology tests can look for the general presence of SARS-CoV-2 antibodies, while others can determine if specific types of SARS-CoV-2 antibodies, such as IgM and/or IgG, are present.

FDA and Serological Testing

The US Food and Drug Administration (FDA) is allowing commercial manufacturers of COVID-19 serology tests to distribute these tests to laboratories once they notify the FDA that they have validated their test. A list of manufacturers that have notified the FDA can be found at https://www.fda.gov/medical-devices/emergency-situations-medical-devices/fags-diagnostic-

Although there are manufacturers that have notified the FDA that their tests have been validated, and the FDA has approved the distribution of the tests, the data demonstrating the accuracy and reliability of the tests has not been reviewed by the FDA. In addition, these tests have not necessarily been granted approval under the FDA's Emergency Use Authorization (EUA) process. Tests being distributed prior to the approval under the FDA's EUA process can only be performed by laboratories approved to conduct high complexity testing. These tests are not considered waived and, therefore, cannot be used at the point of care

Laboratories using COVID-19 serological tests from these commercial manufacturers are required to include specific disclaimers when issuing test results, including the following:

- . 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 recent contact with the virus. Follow-up testing with a molecular diagnostic test 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.

Empire State Plaza, Coming Tower, Albany, NY 12237 | health.ny.gov

NYSDOH Health Advisory on COVID-19 Serologic Assays





- New Yorkers without health insurance can apply through NY State of Health through <u>August 15th, 2020</u>
- Must apply within 60 days of losing coverage



Questions or Concerns

- Call the local health department <u>www.health.ny.gov/contact/contact_information/</u>
- 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!

