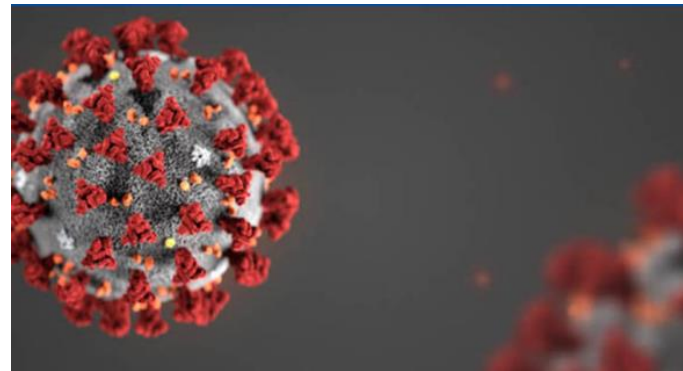


Healthcare Provider COVID-19 Weekly Key Updates and Q&A Session

March 5, 2020

Agenda

- Housekeeping
- Updates
 - Global, National, New York State
 - State PUI guidance
 - New York City
 - Clinical
 - Pandemic preparedness resources
 - Healthcare worker monitoring
 - Lab Testing
- Q&A



Instructions for Q & A

- Please enter your questions in the chat box
- We will answer technical/logistical questions as they are received
- We will pick commonly asked questions from the chat box to discuss after the updates
- We may not be able to answer every question today, but questions will be used to guide next week's agenda

Thank you for your cooperation!

Upcoming Calls

Update: Future calls will be held from 1-2 PM

Thursday, March 12

Thursday, March 19

Thursday, March 26

- Recordings will be posted on:
<https://www.health.ny.gov/diseases/communicable/coronavirus/providers.htm>
- If you are not receiving email invitations to the call series, please work with your Health Commerce System (HCS) site coordinator to receive notifications from the Integrated Health Alerting and Notification System (IHANS)

Situation Summary: COVID-19 Global

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>

Elizabeth Dufort, MD FAAP

Medical Director, Division of Epidemiology

New York State Department of Health

- WHO Situation Report- as of March 4, 2020
 - Globally 93,090 cases confirmed, 80,422 in China
 - 76 countries outside China with cases, 12,668 confirmed cases outside China
 - 2984 deaths in China, 214 deaths outside of China

COVID-19 CDC Risk Assessment by Country

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



Risk Assessment Level for COVID-19

- Widespread sustained transmission and restrictions on travel to the United States
- Widespread sustained (ongoing) transmission
- Sustained (ongoing) community transmission
- Risk of limited community transmission

	China Level 3 Travel Notice	Iran Level 3 Travel Notice
	South Korea Level 3 Travel Notice	Italy Level 3 Travel Notice
	Japan Level 2 Travel Notice	
	Includes Hong Kong Level 1 Travel Notice	

Situation Summary: Covid-19 U.S. (March 4, 2020)

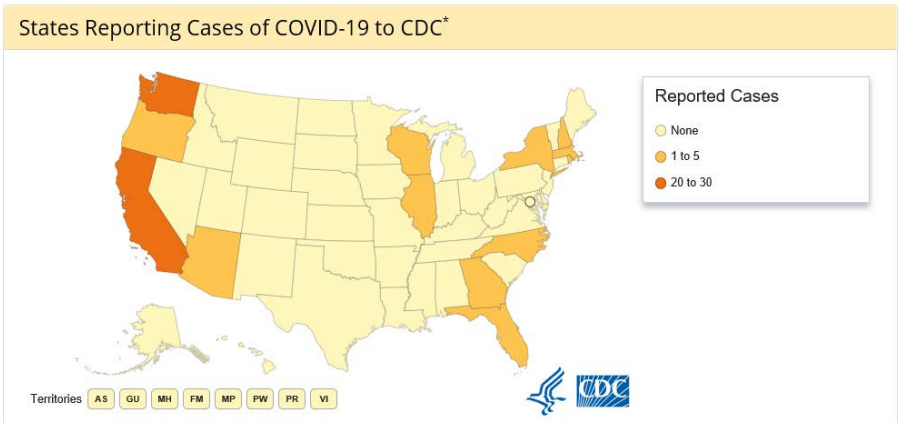
www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html

COVID-19: Cases in the United States Reported to CDC*†

Travel-related	24
Person-to-person spread	16
Under Investigation	40
Total cases	80

COVID-19: U.S. at a Glance*

- Total cases: 80
- Total deaths: 9
- States reporting cases: 13



Situation Summary: COVID-19 New York State

www.health.ny.gov/diseases/communicable/coronavirus/

Data last updated 6:00pm March 4, 2020

Test Results	New York State (Outside of NYC)	New York City (NYC)	Total Persons Under Investigation (PUI)
Positive Cases	10	1	98
Negative Results	33	16	
Pending Test Results	33	5	

REVISED NYSDOH (3/5/20) Criteria to Guide Evaluation of Patients Under Investigation (PUI) for COVID-19

Clinical Features	AND	Epidemiologic Risk
Fever ¹ or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	Any person, including healthcare workers ² , who has had close contact ³ with a laboratory-confirmed ⁴ COVID-19 patient within 14 days of symptom onset
Fever ¹ or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath) AND negative results on a molecular respiratory viral panel (e.g., Biofire or equivalent) ⁵	AND	A history of travel from a geographic area for which a CDC LEVEL 2 or LEVEL 3 Travel Health Notice has been issued for COVID-19 (sustained or widespread community transmission) ⁶ (see below) within 14 days of symptom onset
Fever ¹ or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath) requiring hospitalization AND negative results on a molecular respiratory viral panel (e.g., Biofire or equivalent) ⁵	AND	A history of travel from a geographic area for which a CDC LEVEL 1 Travel Health Notice has been issued for COVID-19 ⁶ (see below) within 14 days of symptom onset
Fever ¹ AND severe lower acute respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization and without alternative explanatory diagnosis (e.g., influenza, legionella, streptococcal pneumonia, fungal infections) ⁷	AND	No source of exposure has been identified.
Clusters of epidemiologically linked individuals with fever ¹ AND signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath) AND negative results on a molecular respiratory viral panel (e.g., Biofire or equivalent) ⁵	AND	Potential epidemiologic risk other than categories defined above (e.g., residence in a county with evidence of community-acquired COVID-19 but no known direct exposure) ⁸

New York City Updates

Joel Ackelsberg, MD, MPH

New York City Department of Health & Mental Hygiene

	NYC Residents	Non-NYC Residents*
Positive	3	1
Negative	24	1
Pending	6	0
Total	33	2

*As of 10:30 AM, 3/5/20

- Check DOHMH website for frequent updates
 - Provider site: on.nyc.gov/covid19provider
 - Public site: nyc.gov/health/coronavirus

NYC DOHMH Coronavirus Provider Webpage

<https://www1.nyc.gov/site/doh/providers/health-topics/novel-respiratory-viruses.page>

Health Topics

Resources

Emergency Prep

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

The City's response to the 2019 novel coronavirus (COVID-19) depends on health care providers staying up to date on the latest guidance for how to manage a possible infection and discuss the outbreak with patients. The information below can help you provide nimble, specifically tailored responses to the ongoing outbreak.

For more information about COVID-19, including common symptoms and an up-to-date case count in NYC, visit our [Coronavirus page](#).

Clinician Guidance

- Management of Patients Suspected to Have COVID-19 Infection
 - [Interim Guidance](#) (PDF, February 1)
 - [Provider Checklist](#) (PDF, January 31)

Clinical Updates

- CDC Criteria to Guide Evaluation of Persons Under Investigation (PUI) for COVID-19 updated on 3/4/20

If a Person Under Investigation (PUI) is Identified

In New York City:

Notify the NYC DOHMH provider access line

1-866-NYC-DOH1 or 1-866-692-3641

works 24 hours/day x 7 days/week



In New York State:

Notify your County Health Department

Use link to find your County's phone number:

https://www.health.ny.gov/contact/contact_information/

Healthcare Worker Monitoring

Emily Lutterloh, MD, MPH

Director, Bureau of Healthcare-Associated Infections

New York State Department of Health

Pandemic Preparedness

Mary Foote, MD, MPH

New York City Department of Health and Mental Hygiene

Prepare for **patient surge** and **prevention of healthcare transmission of COVID-19**

- Screening and isolation at points of entry
- Options to evaluate patients remotely
- Improving infection control policies and practices
- Patient placement: waiting areas, exam rooms, inpatient, ICU
- Visitor management
- Planning for staff shortages- illness, absenteeism
- Crisis care in resource limited settings
- Communication plans

Steps to Take Now

- Review pandemic plans
- Review CDC and other public health guidance
- Occupational health and safety plans
 - Healthcare worker monitoring
- Assess PPE supplies and take steps to conserve
- EVS supplies and protocols
- Just in time trainings
- Drills and exercises
- Risk communication to patients, staff, families/visitors

Nursing Home Preparedness

Key Steps

- Prevent the introduction of respiratory germs INTO your facility
- Prevent the spread of respiratory germs WITHIN your facility
- Prevent the spread of respiratory germs BETWEEN facilities

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>

Stop Infection at the Door

ONE! TWO! THREE! FOUR! Stop Infection at the Door

Point of entry basics for front desk personnel: a four step process to manage potentially infectious visitors, volunteers, or other individuals who want to enter the nursing home.



- 1. RECOGNIZE:** Teach front desk staff how to identify potentially infectious visitors. Use signage — such as a Cover Your Cough poster — explaining people should wait to visit if they feel unwell.
- 2. CONTAIN SECRETIONS:** If a potentially infectious visitor chooses to remain, offer them a mask and tissues, and point out trash bins and hand sanitizer stations.
- 3. SEPARATE:** Try to place the potentially infectious person away from others in the waiting area.
- 4. EVALUATE:** Refer the visitor to the Nursing Supervisor for evaluation and education.

[DOHMH's Best Practices and Good Ideas for Infection Control in Nursing Homes](#)

Preparedness Resources

- CDC resources for COVID-19 preparedness
<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/guidance-hcf.html>
- Actions for hospitals
<http://www.centerforhealthsecurity.org/cbn/2020/cbnreport-02272020.html>
- ASPR resources for COVID-19 and pandemic planning
<https://asprtracie.hhs.gov/technical-resources>
- CDC strategies for optimizing supply of N95 respirators.
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-supply-strategies.html>
- NYC DOHMH toolkit for expanding resources in emergencies
<https://www1.nyc.gov/site/doh/providers/emergency-prep/hospitals.page>

Lab Testing Updates

Jennifer Rakeman, PhD

Asst. Commissioner/Lab Director, Public Health Laboratory
New York City Department of Health and Mental Hygiene

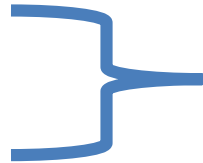
Jill Taylor, PhD

Director, Wadsworth Center
New York State Department of Health

- On February 29, the NYSDOH Wadsworth Center Laboratory received FDA emergency use authorization to test specimens for COVID-19
- This will result in more timely results for patient management and public health action in NYS
- On March 2, the NYC DOHMH PHL began to test as well
- Commercial testing may be available soon

Laboratory Testing for COVID-19 at Wadsworth

- Nasopharyngeal (NP) swab
- Oropharyngeal (OP) swab
- Sputum specimen, if available
- Easier and allows for greater testing capacity at WC lab



As of 3/5/20, NP swab and OP swab can both go in the same Viral Transport Media (VTM) Vial



Questions?