An Update for NYS Healthcare Providers on COVID-19

March 26, 2020

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

- Global, National, New York State updates
- Testing
- Community Mitigation
- Telehealth
- Healthcare Surge Response and PPE Conservation and Tactics
- Volunteer MMR for HCF
- Infection control
- Treatment
- Mental Health Resources
- Pre-planned Q & A: Chat box not feasible with level of attendance
Upcoming Calls

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

• Recordings will be posted: NYSDOH COVID-19 Healthcare Provider website

• 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)
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, 3/25/2020


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Medical Director, Division of Epidemiology  
New York State Department of Health

<table>
<thead>
<tr>
<th>Region</th>
<th>Confirmed Cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global</td>
<td>414,179</td>
<td>18,440</td>
</tr>
<tr>
<td>Western Pacific</td>
<td>97,766</td>
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<tr>
<td>European</td>
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<td>South-East Asia</td>
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<td>Eastern Mediterranean</td>
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<tr>
<td>Americas</td>
<td>60,834</td>
<td>813</td>
</tr>
</tbody>
</table>
COVID-19 CDC Travel Recommendations by Country


- **Level 3** Widespread transmission with US entry restrictions: China, Iran, Most of Europe, UK and Ireland
- **Level 3** Widespread transmission without US entry restrictions: Multiple Countries in the South Pacific, South America, Southeast Asia, and the Middle East
- **Level 2** ongoing community transmission: Global outbreak notice
Situation Summary: Covid-19 U.S. (March 25, 2020)


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

- Total cases: 54,453
- Total deaths: 737
- Jurisdictions reporting cases: 54 (50 states, District of Columbia, Puerto Rico, Guam, and US Virgin Islands)

Cases of COVID-19 Reported in the US, by Source of Exposure*†

<table>
<thead>
<tr>
<th>Source of Exposure</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel-related</td>
<td>584</td>
</tr>
<tr>
<td>Close contact</td>
<td>986</td>
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<tr>
<td>Under investigation</td>
<td>52,883</td>
</tr>
<tr>
<td>Total cases</td>
<td>54,453</td>
</tr>
</tbody>
</table>

States Reporting Cases of COVID-19 to CDC*

Reported Cases
(last updated March 25, 2020)
- None
- 6 to 50
- 51 to 100
- 101 to 500
- 501 to 1000
- 1001 to 5000
- 5001 or more
Cumulative total number of COVID-19 cases in the United States by report date, January 12, 2020, to March 24, 2020, at 4pm ET (n=54,453)*
COVID-19 cases in the United States by date of illness onset, January 12, 2020, to March 24, 2020, at 4pm ET (n=11,055)
Situation Summary: COVID-19 New York State

- Full table can be found at: [NYSDOH COVID-19 website](#)
- **Total number of positive cases: 37,258**
- 52 counties + NYC with confirmed cases
- Top five jurisdiction case counts *(as of 9am)*:
  - NYC: 17,856
  - Westchester: 4,691
  - Nassau: 3,285
  - Suffolk: 2,260
  - Rockland: 968
COVID-19 New York State

• Testing updates
  • 122,104 people have been tested statewide in total to-date
  • Yesterday 18,650 people in NYS were tested

• 37,258 tested positive
  • 6,448 new cases tested positive yesterday
COVID-19 New York State

• Out of the 37,258 tested positive

• Current hospitalizations:
  • 5,327 currently hospitalized
    • 1,290 ICU patients

• 1,517 have been discharged from the hospital

• Deaths (as of 3.25.20, out of 30,811 positive cases as of 3.25.20)
  • 285
Telehealth Discussions with Your Patients

• First discussion on testing → TELEHEALTH

• TELEHEALTH SLIDES TO FOLLOW
Alternative Specimen Collection Sites for COVID-19 Testing

• For patients who may have COVID-19 but do not require clinical care either in an outpatient or inpatient healthcare setting, the NYSDOH recommends that healthcare providers (HCPs) seek out alternative specimen collection sites in your area.

• Alternative specimen collection sites facilitate collection of samples in a setting that maintains the safety of the staff and other patients, allows the patient ease of access to specimen collection, and relieves the burden on healthcare facilities.
  – The NYSDOH alternative specimen collections sites are available in areas with significant community transmission, with plans for expansion.
  – Call the NYSDOH COVID-19 Hotline (888-364-3065) or your LHD for information on sites in your area or check public health website(s) for information on local testing sites.
  – Additionally, some area health systems and practices may choose to set up their own alternative specimen collection sites to serve their patient population and community.
Alternative Specimen Collection Sites for COVID-19 Testing

Drive-Through Testing

Drive-through sampling sites are a critical part of the Governor’s nation-leading program to test thousands of people per day for COVID-19. They help keep people who are sick or at risk of having contracted coronavirus out of healthcare facilities where they could infect other people.

Drive-through sites are currently located in:

- New Rochelle, serving all of Westchester County
- Nassau County
- Suffolk County
- Rockland County
- Staten Island
- The Bronx

The drive-through sites are prioritizing sampling for individuals that are part of the highest risk population including health care workers and first responders and those who were in close contact with a positive case. Residents who would like to be tested can make an appointment by calling 888-364-3065. Only those with an appointment can be tested at these sites. Results are provided via phone, fax and the online patient portal at: www.BioReference.com.

The New Rochelle site, a partnership with Northwell and Bioreference, was the first to open and is currently testing over 1,000 people per day. The new locations are part of the State’s initiative to replicate the New Rochelle model. Currently, thousands of samples are collected each day through the drive-through sites. This is on top of the testing that will be conducted at the 28 public and private labs across the state and out of state labs that New York is already contracting with. All of this is a result of the proactive steps taken by Governor Cuomo and the Department of Health to get as many New Yorkers tested as possible.
Testing for COVID-19

- March 25th, 2020 update
- Ideal: collect a **nasopharyngeal (NP) swab** for initial diagnostic testing for COVID-19 placed in a Viral Transport Media (VTM) or Molecular Transport Media (MTM) vial
- Oropharyngeal swab and sputum are no longer recommended for initial testing.
- Sputum or lower respiratory specimens such as bronchoalveolar lavage (BAL) or tracheal aspirate testing may be considered, as clinically appropriate, and can be sent to a commercial or clinical laboratory. Collection of sputum should only be done for those patients with a productive cough. Induction of sputum is not recommended.
- HOWEVER… IF there are supply chain issues…
Testing for COVID-19

• If NP swab supplies are unavailable:
  – NYSDOH Wadsworth Center and Bioreference Laboratory can receive nasal swab combined with oropharyngeal swab as an acceptable alternative.
  – Collect a nasal swab AND oropharyngeal (OP) swab for initial diagnostic testing for COVID19, placed in a single vial containing 1.5-2mL of VTM or MTM.
  – If NP swab supplies become available, clinicians should return to using NP swab for specimen collection per the above guidance.
  – If using a laboratory other than the Wadsworth Center or Bioreference Laboratory, follow the laboratory’s guidance for specimen collection, handling, and transport processes, including if nasal swab with OP swab specimen is an acceptable alternative to NP.
  – Flocked swabs are preferred as they provide better specimen recovery. Sterile dacron or rayon swabs with plastic or flexible metal handles may also be used. These are the same types of swabs and media used for influenza PCR testing. Do NOT use cotton or calcium alginate swabs or swabs with wooden sticks as they contain substances that inactivate some viruses and inhibit P
Nasal Swab:

1. Tilt patient’s head.
2. While gently rotating the swab, insert swab less than one inch into nostril (if you meet a point of resistance at turbinates – do **NOT** advance further).
3. Rotate the swab several times against nasal wall and repeat in other nostril using the same swab.
4. Withdraw the swab and place into the same viral transport media vial as the OP swab. Make sure liquid medium covers the swab tip.
5. Break or cut the end of the swab and screw the vial lid on **tightly**.
Difference between nasal swab vs nasopharyngeal (NP) swab sample collection

CORRECT nasal swab placement

INCORRECT – This image shows nasopharyngeal swab placement, which should not be performed with the supplies provided in this kit.
Testing for COVID-19

• For testing at a clinical laboratory, follow laboratory guidance for specimen collection, handling, and transport processes.

• For testing at the Wadsworth Center, guidance can be found on the NYSDOH COVID-19 healthcare provider website including:
  1. NYSDOH Wadsworth Center Specimen Collection, Handling, and Transport Instructions
  2. NYSDOH Wadsworth Center Infectious Disease Requisition (IDR) Form (the IDR form must be filled out for each patient and sent to the Wadsworth Center with the specimen).
  3. NYSDOH Wadsworth Center Packaging and Transport Illustrated Checklist
COVID-19 Healthcare Surge Response

Marcus Friedrich, MD, MHCM, MBA, FACP
Chief Medical Officer, Office of Quality and Patient Safety
NYSDOH
COVID-19 Healthcare Surge Response

- Telehealth
- Mechanisms for healthcare providers to get PPE
- Elective surgeries or procedures
- Provider communication compendium
- Governor Cuomo and Commissioner Zucker’s call for healthcare provider volunteers
  - Questions about MMR requirements
Encouraging Use of Telehealth Services During COVID-19 National Emergency

• Effective immediately, Office for Civil Rights (OCR) at the Department of Health and Human Services (HHS) will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency.

• A covered health care provider that wants to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency can use any non-public facing remote communication product that is available to communicate with patients.
  
  – **Acceptable Examples (non-public facing):** Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype
  
  – **Unacceptable (public facing):** Facebook Live, Twitch, TikTok

[Link](https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html)
COVID-19 Medicaid Telephonic Communication Services

During the current State of Emergency only, New York State Medicaid will reimburse telephonic evaluation and management services to members who are established patients or the legal guardian of an established patient in cases where face-to-face visits may not be recommended and it is medically appropriate for the member to be evaluated and managed by telephone. Telehealth will be covered for all appropriate services for all patients appropriate to treat through this modality.

Relevant CPT codes are:

- “99441”: Telephone evaluation and management service; 5-10 minutes of medical discussion Fee: $12.56
- “99442”: 11-20 minutes of medical discussion Fee: $23.48
- “99443”: 21-30 minutes of medical discussion Fee: $37.41
COVID-19 Telehealth Services

- To the extent it is practical, the Department encourages the use of telehealth to provide COVID-19 related services.

- The NYS Telehealth Parity Law requires commercial insurers (under the jurisdiction of the Division of Financial Services) and the Medicaid program (administered by the Department of Health) to provide reimbursement for services delivered via telehealth, if those services would have been covered if delivered in person.
COVID-19 Healthcare Surge Response

• BUILDING HOSPITAL CAPACITY: Focusing on 3 primary elements.
  – We must increase hospital capacity dramatically and quickly
  – Apex could be 14-21 days away
  – More beds (hospitals must increase capacity by 50% - 100%, emergency hospitals, hotels, dorms)
  – More staff (Using retirees)

• More equipment (masks, PPEs, Ventilators)
What proof of immunity do healthcare personnel (HCP) need?

- **Valid, age-appropriate, documented** measles and rubella vaccination:
  - **Two doses** of measles-containing vaccine
  - **At least one dose** of rubella-containing vaccine
  - **Recommended but not required in NYS**: Two doses of mumps-containing vaccine

- Other acceptable documentation of immunity:
  - Laboratory evidence of immunity (positive IgG antibody titer)
  - Laboratory confirmation of disease (PCR or IgM)
  - Birth before January 1, 1957

www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm
How can HCP locate MMR vaccine records?

- Check with schools attended (including health professional schools), previous employers, parents, their own HCP
- Look in the New York State Immunization Information System (NYSIIS) or the Citywide Immunization Registry (CIR)
- If the record can’t be located, offer MMR or order titers for measles and rubella
Should I order titers on HCP with two valid, documented doses of MMR vaccine?

• **NO**

• Serologic testing for immunity is *not* recommended for HCP with 2 documented doses of measles-containing vaccine and at least 1 documented dose of rubella-containing vaccine

• HCP with 2 valid, documented doses of MMR vaccine are considered immune regardless of subsequent titer testing

www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm
Infection Prevention and Control

• If COVID-19 is suspected, HCP should IMMEDIATELY
  • Implement infection control precautions as directed by CDC’s Interim Infection Prevention and Control Recommendations for COVID-19 in Healthcare Settings. (CDC revised guidance 3/10/20)

• Contact your Infection Preventionist or Infection Control Lead
When collecting diagnostic respiratory specimens (e.g., nasopharyngeal swab) from a possible COVID-19 patient, the following should occur:

- HCP in the room should wear an N-95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and gown.
- The number of HCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for specimen collection.
- Specimen collection should be performed in a normal examination room with the door closed.
- Clean and disinfect procedure room surfaces promptly as described in the section on environmental infection control below.
NYSDOH Isolation and Quarantine

• Healthcare providers must advise patients undergoing testing for COVID-19 to self-isolate until testing is resulted and COVID-19 is ruled out.

• If COVID-19 testing results are positive, patients must be continued on mandatory isolation. See CDC patient handout on self-isolation on self-isolation.

• IF a patient was on mandatory or precautionary quarantine when tested and results for COVID-19 are negative, healthcare providers must advise patients to continue quarantine until 14 days after last travel or exposure to a known case (per public health authorities).

• If a patient was not previously on quarantine and was tested for illness consistent with COVID-19, once the result is negative and COVID-19 is ruled out, the patient may be advised that they need not be on quarantine.
Signage at Entry

**ATTENTION ALL PATIENTS**

**STOP**

If you have

- fever
- cough
- trouble breathing

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

[New York State Department of Health]
Visitor Restrictions

Health Advisory: COVID-19 Guidance for Hospital Operators Regarding Visitation

Please distribute immediately to:
Administrators, Infection Preventionists, Medical Directors, Physicians, Physician Assistants, Nurse Practitioners, Nursing Staff, Risk Managers, Public Affairs, and to all units of the hospital.

COVID-19 has been detected in multiple communities around New York State. Visitors may introduce COVID-19 infection into the hospital. The New York State Department of Health (NYS DOH) is issuing the following guidance regarding visitors to hospitals and other precautions and procedures hospitals must take to protect and maintain the health and safety of their patients and staff during the ongoing novel coronavirus (COVID-19) outbreak.

To prevent the introduction of COVID-19 into hospitals:

Effective immediately, suspend all visitation except when medically necessary (i.e. visitor is essential to the care of the patient) or for family members or legal representatives of patients in imminent end-of-life situations. In addition:

- Any visitors meeting these exceptions must be screened for symptoms (cough, shortness of breath, or fever) or potential exposure to someone with COVID-19 and the duration and number of visits should be minimized.
- Hospitals should attempt to provide other forms of communication to meet the needs of their patients.
- Hospitals must post signage notifying the public of the suspension of visitation in all hospital entrances and in parking lots. In addition, these policies should be posted to the hospital’s website and social media pages.

Thank you for your efforts to contain the spread of COVID-19.
Visitor Restrictions

ATTENTION ALL VISITORS

STOP

NO VISITORS ARE ALLOWED AT THIS TIME
If you feel there is an urgent need for visitation, please contact ____________.

DO NOT VISIT
HCW Furlough

-For critical staff or staff required for operations to meet the community needs

-Staff require where Needed operations would otherwise cease

DATE: March 16, 2020
TO: Hospitals, Nursing Homes (NHs) and Adult Care Facilities (ACFs)
FROM: NYSDOH Bureau of Healthcare Associated Infections (BHAH)

Health Advisory: Protocols for Personnel to Return to Work Following COVID-19 Exposure

Please distribute immediately to:
Administrators, Infection Preventionists, Hospital Epidemiologists, Medical Directors, Nursing Directors, Risk Managers, and Public Affairs.

Healthcare facilities may allow healthcare personnel (HCP) exposed to or recovering from Covid-19, whether direct care providers or other facility staff, to work under the following conditions:

1. Furloughing such staff would result in staff shortages that would adversely impact the operation of the facility.
2. HCP who have been contacts to confirmed or suspected cases are asymptomatic. HCP with confirmed or suspected Covid-19 have maintained isolation for at least 7 days after illness onset and have been at least 72 hours fever-free with other symptoms improving.
3. HCP who are asymptomatic contacts of confirmed or suspected cases should self-monitor twice a day (temperature, symptoms), and undergo temperature monitoring and symptom checks at the beginning of each shift and at least every 12 hours. At the current time, staff who are recovered from Covid-19 should wear a facemask until 14 days after onset of illness if mild symptoms persist but are improving. Staff who are asymptomatic contacts should wear a facemask while working until 14 days after the last high-risk exposure.
4. At the current time, staff working under these conditions should preferentially be assigned to patients at lower risk (e.g. on units established for patients with confirmed Covid-19) as opposed to higher-risk patients (e.g. severely immunocompromised,

NEW YORK STATE Department of Health
Goals for Community Mitigation Measures

• Delay exponential growth in cases
  – Provide more time for preparation
  – Allow flu season to end
• Decrease height of the peak
  – Eases peak demand on healthcare and public health systems
• Reduce total number of cases

NYS Community Mitigation

- Closed schools, universities, casinos, gyms, theaters, bars, restaurants, retail shopping malls, amusement parks, bowling alleys are closed until further notice
- Reduce street density
- Only essential services and businesses stay open
  - The executive order exempts essential service industries, including shipping, media, warehousing, grocery and food production, pharmacies, healthcare providers, utilities, banks and related financial institutions, gas stations, and other industries critical to the supply chain
- In addition to closures, no social gatherings
COVID-19 Treatment

• New drug studies

• Starting on multiple fronts
  – Hydroxychloroquine and Azithromycin
    • Underway - Clinician directed, observational study
    • Randomized controlled trial soon
  – Plasma injections
  – Antibody tests

• CDC COVID-19 Treatment website
## Guidance Documents

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

Current OMH Guidance Documents:

### Guidance on COVID-19

- [OMH Psychiatric Center Visitor Restriction Guidance](#) (3/14/2020)
- [COVID-19 Guidance for Children’s Waiver Service Providers](#) (3/14/2020)
- [DOH Medicaid Updates – Special Editions](#)
- [COVID-19 Guidance for Health Homes](#) (3/14/2020)
- [DOH Medicaid Updates – Special Editions](#)
- [Guidance for NY’s Behavioral Health Programs](#) (3/11/2020)
- [Interim Guidance for Cleaning and Disinfection of Public and Private Facilities for COVID-19](#)
- [Interim Guidance for Large Gatherings and Public Spaces During the COVID-19 Outbreak](#)
- [OMH Guidance for Managing Stress and Anxiety During the COVID-19 Outbreak](#)

### COVID-19 Telemental Health Guidance

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

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

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.)
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.
Mental Health Resources

Medical Matters 2020
Sponsored by the Medical Society of the State of New York
Psychosocial Dimensions of Infectious Outbreaks
Live Webinar
Wednesday, April 1, 2020 @ 7:30am

Faculty: Craig Katz, MD
Educational Objectives:
- Understand common human reactions to infectious outbreaks
- Explore factors that influence how people react
- Describe how to apply historical lessons to your own medical practice

To register, please: Click Here
For more information, contact
Melissa Hoffman at mhoffman@nyscm.org or call (631) 685-8885

Funding provided by the New York State Department of Health
The Medical Society of the State of New York is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.
The Medical Society of the State of New York designates this live activity for a maximum of 1.5 AMA PRA Category 1 credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
COVID-19 Resources
Situation Summary

The Centers for Disease Control and Prevention (CDC) is closely monitoring an outbreak of respiratory illness caused by a novel (new) coronavirus first identified in Wuhan, Hubei Province, China. Chinese authorities identified the new coronavirus, which has resulted in thousands of confirmed cases in China, including cases outside Wuhan City. Additional cases have been identified in a growing number of other international locations, including the United States. There are ongoing investigations to learn more.

What You Need to Know about 2019-nCoV

2019-nCoV in the U.S.

Information for Travelers

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

Daily Syndromic and Case Data Update

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

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

As of March 18, 6 p.m.:

- COVID-19 Daily Case Data Summary (PDF)
- NYC Flu-like Illness Data 2016-Current (PDF)
COUNTY-BY-COUNTY BREAKDOWN OF POSITIVE CASES AROUND NEW YORK STATE

Governor Cuomo confirmed 5,146 additional cases of novel coronavirus, bringing the statewide total to 30,811 confirmed cases in New York State.

<table>
<thead>
<tr>
<th>County</th>
<th>Cases</th>
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<tbody>
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<td>New York City</td>
<td>5,845</td>
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<tr>
<td>Orange</td>
<td>963</td>
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<tr>
<td>Livingston</td>
<td>855</td>
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<tr>
<td>Schoharie</td>
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Total Number of Positive Cases: 30,811
Symptoms

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

COVID-19 Testing

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

Know Your Rights

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

OVERVIEW

MOBILE TESTING

PROTOCOL FOR TESTING

WHAT TO LOOK FOR

LEARN MORE

TESTING

INSURANCE

UNEMPLOYMENT

LEARN MORE
NYSDOH alternative specimen collections sites

Drive-Through Testing

Drive-through sampling sites are a critical part of the Governor's nation-leading program to test thousands of people per day for COVID-19. They help keep people who are sick or at risk of having contracted coronavirus out of healthcare facilities where they could infect other people.

Drive-through sites are currently located in:

- New Rochelle, serving all of Westchester County
- Nassau County
- Suffolk County
- Rockland County
- Staten Island
- The Bronx

The drive-through sites are prioritizing sampling for individuals that are part of the highest risk population including healthcare workers and first responders and those who were in close contact with a positive case. Residents who would like to be tested can make an appointment by calling 888-364-3065. Only those with an appointment can be tested at these sites. Results are provided via phone, fax and the online patient portal at: www.Bioreference.com.

The New Rochelle site, a partnership with Northwell and Bioreference, was the first to open and is currently testing over 1,000 people per day. The new locations are part of the State's initiative to replicate the New Rochelle model. Currently, thousands of samples are collected each day through the drive-through sites. This is on top of the testing that will be conducted at the 28 public and private labs across the state and out of state labs that New York is already contracting with. All of this is a result of the proactive steps taken by Governor Cuomo and the Department of Health to get as many New Yorkers tested as possible.
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
NYSDOH COVID-19 Website
Guidance on the Contacts of a Close or Proximate Contact of a Confirmed or Suspected Case of COVID-19

Background
As more cases of Novel Coronavirus (COVID-19) are identified or suspected across New York State, and individuals and families are required or recommended for mandatory or precautionary quarantine, it is important that there is a common understanding of the risk to contacts of contacts of a suspected or confirmed case.

DOH Policy Guidance
Person A is diagnosed with laboratory-confirmed COVID-19. If Person B had contact, close or proximate, with Person A, Person B would be subject to mandatory quarantine if close contact or precautionary quarantine if proximate contact.

Any individual (Person C) who is a contact of Person B (i.e., spouse, children, co-workers, etc.) is considered a “contact of a contact.” Person C is not at risk for infection and would not be subject to quarantine unless Person B had or developed symptoms, or tested positive for the virus causing COVID-19.
CALL FOR HELP

Retired Health Professionals

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

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

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

COMPLETE THE SURVEY

COMPLETE THE SURVEY
Questions or Concerns

• Call the local health department (www.health.ny.gov/contact/contact_information/)

• In New York City: Notify the NYC DOHMH provider access line (PAL)
  – 1-866-NYC-DOH1 or 1-866-692-3641 (works 24 hours/day x 7 days/week)

• Providers who are unable to reach the LHD can contact the NYSDOH Bureau of Communicable Disease Control at 518-473-4439 during business hours or the NYSDOH Public Health Duty Officer at 1-866-881-2809 evenings, weekends, and holidays
QUESTIONS?

THANK YOU!