Agenda

• Global, National, New York State Updates
• Testing Update
• New Isolation Discontinuation Guidance
• Community Mitigation
• Telehealth
• Healthcare System Surge Response
• Brief Treatment Overview
• Resources
• Pre-planned Q & A: Chat box not feasible with level of attendance
Upcoming Calls

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

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

• In addition to YouTube, an on-demand version of our weekly sessions for healthcare providers in NYS is now available as a podcast – search NYSDOH

• If you are not receiving email invitations to the call series, please work with your Health Commerce System (HCS) site coordinator to receive notifications from the Integrated Health Alerting and Notification System (IHANS)
Disclaimer

• The situation is rapidly evolving, as is our understanding of this new virus.

• All of the information presented is based on our best knowledge as of today.
## Situation Summary: COVID-19 Global, 4/1/2020


<table>
<thead>
<tr>
<th>Region</th>
<th>Confirmed Cases</th>
<th>Deaths</th>
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</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: Global Pandemic
Situation Summary: Covid-19 U.S. (April 1, 2020)

- **Total cases:** 186,101
- **Total deaths:** 3,603
- All 50 states plus, Puerto Rico, Guam, Northern Mariana Islands, US Virgin Islands and Washington DC all reporting cases
Situation Summary: Covid-19 U.S.

COVID-19 cases in the United States by date of illness onset, January 12, 2020, to March 31, 2020, at 4pm ET (n=47,923)*
Situation Summary: Covid-19 U.S.


Cumulative total number of COVID-19 cases in the United States by report date, January 12, 2020 to March 31, 2020, at 4pm ET (n=186,101)*†
Situation Summary: COVID-19 New York State

Full table can be found at: [NYSDOH COVID-19 website](https://www.ny.gov/topic/coronavirus)

As of April 2, 2020

- **Total number of positive cases**: 92,381
- All 57 counties + NYC with confirmed cases
- Top five jurisdiction case counts (*April 2 am*):
  - NYC: 47,439
  - Westchester: 10,683
  - Nassau: 9,554
  - Suffolk: 7,605
  - Rockland: 3,321
COVID-19 New York State

• Testing updates
  • 238,965 people have been tested statewide in total to-date
    • Yesterday 18,031 people in NYS were tested

• 92,381 tested positive
  • 8,669 new cases tested positive yesterday
  • 51,809 positive in NYC
  • 40,572 outside of NYC
COVID-19 New York State

• Out of the 92,381 tested positive

• Current hospitalizations:
  • 13,383 currently hospitalized (increase of 1,157 since yesterday)
    • 3,396 ICU patients (increase of 374)

• 7,434 have been discharged from the hospital (increase of 1,292)

• Deaths
  • 2,373 (increase of 432)
  • Note: 285 (one week ago)
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.
Testing for COVID-19

- **Ideal**: Collect a nasopharyngeal (NP) swab for initial diagnostic testing for COVID-19 placed in a Viral Transport Media (VTM), Molecular Transport Media (MTM), or Universal Transport Media (UTM).
- 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

- **April 1\textsuperscript{st} update**
- This update further extends previous recommendations that nasal and oropharyngeal swab specimen collection is an acceptable alternative with recommendations for the collection of:
  - (1) nasal swab
  - AND
    - (1) saliva specimen
- **Healthcare personnel (HCP) observed patient self-collection for specimens submitted to Wadsworth Center**, if nasopharyngeal (NP) supplies are unavailable
Testing for COVID-19

- If using a laboratory other than the Wadsworth Center, follow the laboratory’s guidance for all specimen collection, handling, and transport processes, including whether nasal swab AND saliva specimen, or nasal swab AND OP swab specimen collection methods are acceptable alternatives to an NP swab.
Testing for COVID-19

- Nasal swab AND saliva specimen may be done through patient self-collection with HCP instruction and observation.

- **Nasal swab**: Instruct the patient to insert the swab less than one inch into their anterior nostril and rotate several times against nasal wall. Repeat in the other nostril using the same swab. Place in a vial containing at least 1.5-2.0mL of liquid media (VTM, MTM, or UTM) and **tightly** secure the cap.

- **Saliva specimen**: Instruct patient to spit at least 3.0mL of saliva into an empty sterile specimen container, which may be a vial, tube or cup, that can be securely closed. **Tightly** secure the cap.

- Package both the nasal swab vial and saliva specimen together, with the appropriate paperwork for shipment, to the lab in accordance with NYSDOH Wadsworth Center specimen collection, storage, and packaging guidance.

- NOTE: The nasal swab and saliva specimens must be transported to Wadsworth Center **within 24 hours** of specimen collection.
Testing for COVID-19

• HCP Personal Protective Equipment (PPE):
  • The ease of sampling for this specimen protocol allows for the patient to collect the specimens while the HCP provides instruction and observes the collection from a distance of 6 feet or greater.
  • Accordingly, as the exposure risk for the HCP to respiratory secretions is minimized, the HCP observing the sampling should wear a facemask and gloves, as well as eye protection, if available (face shield or goggles).
  • NOTE: These PPE recommendations do NOT apply if the HCP is directly collecting the specimen (whether NP, nasal, or OP). If the HCP is directly performing the specimen collection, then previously issued guidance regarding PPE recommendations for HCP specimen collection should be followed.
Testing for COVID-19

• For all swabs (NP, nasal, and OP):

• 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 PCR.
Testing for COVID-19

Further testing guidance can be found on the NYSDOH COVID-19 website including:

1. Specimen collection, storage, and packaging guidance.

2. The Wadsworth Center Infectious Disease Requisition (IDR) form. This form must be filled out for each patient and sent to the Wadsworth Center with the specimen.

3. A packaging and transport checklist.

SPECIMEN COLLECTION

- While a nasopharyngeal (NP) swab is the preferred diagnostic specimen for COVID-19, if NP swab supplies are unavailable, collection of one (1) nasal swab AND one (1) saliva specimen through healthcare personnel supervised patient self-collection is an acceptable alternative.
- If NP swab supplies are unavailable, and patient self-collection of nasal swab AND saliva sample is not feasible (i.e. infant, child, or incapacitated adult), collection of one (1) nasal swab AND one (1) oropharyngeal (OP) swab continues to be an acceptable alternative.
- All specimen containers must be labeled with patient’s first and last name, DOB, date of collection, and type of specimen. The label on the container must match the accompanying paperwork.
- Ensure specimen containers are leakproof, with caps tightly secured.
- For NP, nasal and OP swabs, flocked swabs are preferred since 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 PCR.
- After swabbing, place swabs in a sterile vial or tube containing at least 1.5-2.0mL of LIQUID viral transport, molecular transport, or universal transport media (VTM, MTM, or UTM). Dry swabs, not in transport media, are NOT acceptable for virus testing.

NP swab:
- NP swab: The healthcare personnel should insert a swab into the nostril parallel to the palate, to a depth equal to the distance from the nostril to the outer opening of the ear. Leave the swab in place for several seconds to absorb secretions. Slowly remove the swab while rotating it. Place the swab in a sterile vial or tube containing at least 1.5-2.0mL of liquid media and tightly secure the cap.
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.
CDC Guidance Infection Prevention and Control – Specimen Collection

- When collecting diagnostic respiratory specimens directly (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
Commercial Testing

- When forwarding specimens to commercial laboratories (e.g. LabCorp or Quest), **all** patient demographic information must be provided to the laboratory with the corresponding specimen.
- This information is needed to promptly route the test result to the correct local health department for investigation.
- Failure to include a full patient address severely impacts the ability of public health to intervene and slow the spread of COVID disease.
- The information includes, at minimum: Patient’s name, Date of Birth, Sex, Address, Patient Phone number, County of Residence, Type and Source of Specimen, Date Collected, and Physician’s Name.
- In addition, the Physician’s Address and Telephone Number should be reported so that public health may complete the investigation.
Available Molecular Assays

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

- There are 22 PCR-based assays for SARS-CoV-2 that have been approved under the FDA’s EUA process
- The majority of these are assays that can be used in a high-complexity laboratory
- One is a waived assay
- One is also point-of-care
- There are many supply chain issues
Available Serology Assays


- Antibody-based assays are being developed at multiple labs but are not yet widely available
- There is one assay that is FDA approved
- There are 51 serology assays listed on the FDA website
- These are NOT FDA reviewed, nor approved
- Be aware of these disclaimers if you use these tests
  - Educate about antibody test characteristics
  - This test has not been reviewed by the FDA.
  - Negative results do not rule out SARS-CoV-2 infection, particularly in those who have been in contact with the virus. Follow-up testing with a molecular diagnostic should be considered to rule out infection in these individuals.
  - Results from antibody testing should not be used as the sole basis to diagnose or exclude SARS-CoV-2 infection or to inform infection status.
  - Positive results may be due to past or present infection with non-SARS-CoV-2 coronavirus strains, such as coronavirus HKU1, NL63, OC43, or 229E
Available Testing


Home testing?

- At this time, the FDA has not authorized any test that is available to purchase for testing at home for COVID-19
- The FDA sees the public health value in expanding the availability of COVID-19 testing through safe and accurate tests that may include home collection, and are actively working with test developers in this space
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.
Release From Home Isolation

Updated March 28th

RELEASE OF SYMPTOMATIC INDIVIDUALS ON ISOLATION

• Symptomatic individuals who were confirmed as having COVID-19 may discontinue home isolation once they meet the following conditions:
  ➢ At least 3 days (72 hours) have passed since recovery, defined as resolution of fever without the use of fever-reducing medications;
  AND
  ➢ Improvement in respiratory symptoms (e.g., cough, shortness of breath);
  AND
  ➢ At least 7 days have passed since symptoms first appeared.

• This approach will prevent most, but may not prevent all, instances of secondary spread. The risk of transmission after recovery is likely substantially less than that during illness.

• To further reduce the risk, individuals returning from isolation should continue to practice proper hygiene protocols (e.g., hand washing, covering coughs) and avoid prolonged, close contact with vulnerable persons (e.g. compromised immune system, underlying illness, 70 years of age or older).
Release From Home Isolation

RELEASE OF ASYMPTOMATIC INDIVIDUALS ON ISOLATION

• Asymptomatic individuals who were confirmed as having COVID-19 may discontinue home isolation under the following conditions:
  ➢ At least 7 days have passed since the date of their first positive COVID-19 diagnostic test;
  AND
  ➢ The individual has had no subsequent illness.

• Note (for symptomatic or asymptomatic): Release of immunocompromised persons with COVID-19 from isolation (e.g., medical treatment with immunosuppressive drugs, bone marrow or solid organ transplant recipients, inherited immunodeficiency, poorly controlled HIV) should be discussed in advance with NYSDOH.
Release From Home Isolation – Essential Workers

Updated March 31st

- Public and private sector organizations that provide essential services or functions where personnel are needed to perform critical functions, including infrastructure, public safety, and other essential operations, may allow personnel who were exposed to or are recovering from COVID-19 to work in the workplace setting, if needed to maintain essential operations.

- Essential services or functions include but are not limited to public health personnel, utility and water operators, skilled manufacturers and supporting supply chains, transportation infrastructure, law enforcement, and emergency response personnel.
Essential personnel who have been exposed to a confirmed or suspected case of COVID-19 can be permitted to work in the required workplace setting if all of the following conditions are met:

1. Working from home would not be feasible for job duties;
2. Personnel are asymptomatic;
3. Personnel quarantine themselves when not at work;
4. Personnel undergo temperature monitoring and symptom checks upon arrival to work and at least every 12 hours while at work, and self-monitor (take temperature, assess for symptoms) twice a day when at home;
5. Personnel required to interact with individuals within 6 feet should wear facemask while working for 14 days following the last exposure;
6. Personnel whose job duties permit a separation of greater than 6 feet should have environmental controls in place to ensure adequate separation is maintained, and do not need to wear a facemask;

7. If personnel develop symptoms consistent with COVID-19 (e.g., fever, cough, or shortness of breath) while working, they should immediately stop work and isolate at home; and

8. Testing should be prioritized for essential personnel with symptoms.
Release From Home Isolation – Essential Workers

Essential personnel with confirmed or suspected COVID-19 may be permitted to work in the required workplace setting if all of the following conditions are met:

1. Working from home would adversely impact essential services or functions, including critical public health and public works infrastructure in New York or the response to the COVID-19 public health emergency;
2. Personnel have maintained isolation for at least 7 days after illness onset (i.e. symptoms first appeared) and have not had a fever for at least 72 hours, without the use of fever-reducing medications, and with other symptoms improving;
3. Personnel who are recovering from COVID-19, and return to work, must wear a facemask for 14 days following onset of illness.
**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

**FIGURE 1. Goals of community mitigation for pandemic influenza**

NYS Community Mitigation

- NYS Pause extended for through April 15th
- 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
- NYC playgrounds closed, however, open spaces will remain open
Other Updates

• New Yorkers without health insurance can apply through NY State of Health through April 15\textsuperscript{th}, 2020


• Federal small business guidance and loan resources
Infection Prevention and Control

Emily Lutterloh, MD, MPH
Director, Bureau of Healthcare Associated Infections
NYSDOH
Release From Home Isolation – Healthcare Workers

Updated March 31st

• Entities may allow healthcare personnel (HCP) who have been exposed to a confirmed or suspected case of COVID-19, or who have traveled internationally in the past 14 days, whether healthcare providers or other facility staff, to work if all of the following conditions are met:

1. Furloughing such HCP would result in staff shortages that would adversely impact operation of the healthcare entity

2. Asymptomatic

3. Self-monitor twice a day (i.e. temperature, symptoms), and undergo temperature monitoring and symptom checks at the beginning of each shift, and at least every 12 hours during a shift

4. Wear a facemask while working, for 14 days after last exposure
Release From Home Isolation – Healthcare Workers

5. To the extent possible, HCP working under these conditions should preferentially be assigned to patients at lower risk for severe complications (e.g. on units established for patients with confirmed COVID-19), as opposed to higher-risk patients (e.g. severely immunocompromised, elderly). As this outbreak grows, all staff will need to be assigned to treat all patients regardless of risk level.

6. HCP allowed to return to work under these conditions should maintain self-quarantine when not at work.

7. If symptoms consistent with COVID-19, they should immediately stop work and isolate at home. Testing should be prioritized for hospitalized health care workers. All staff with symptoms consistent with COVID-19 should be managed as if they have this infection regardless of the availability of test results.
Release From Home Isolation – Healthcare Workers

• Entities may request healthcare personnel (HCP) with confirmed or suspected COVID-19, whether healthcare providers or other facility staff, to continue to work if all of the following conditions are met:

  1. Furloughing such HCP for the entire 14-day quarantine period would result in staff shortages that would adversely impact operation of the healthcare entity.

  2. Isolation for at least 7 days after illness onset, must have been fever-free for at least 72 hours without the use of anti-pyretics, and must have other symptoms improving.

  3. If HCP is asymptomatic but tested and found to be positive, they must maintain isolation for at least 7 days after the date of the positive test and, if they develop symptoms during that time, they must maintain isolation for at least 7 days after illness onset and must have been at least 72 hours fever-free without fever reducing medications and with other symptoms improving. There are concerns that a COVID-19 positive, asymptomatic HCP may be pre-symptomatic and there are growing concerns about transmission of COVID-19 from asymptomatic, infected individuals.

  4. Staff who are recovering from COVID-19 and return to work after seven days should wear a facemask while working until 14 days after onset of illness, if mild symptoms persist but are improving.
5. To the extent possible, staff working under these conditions should preferentially be assigned to patients at lower risk for severe complications (e.g. on units established for patients with confirmed COVID-19), as opposed to higher-risk patients (e.g. severely immunocompromised, elderly). As this pandemic grows, all staff will need to be assigned to treat all patients regardless of risk level.

6. In the rare instance when an HCP, with unique or irreplaceable skills critical to patient care, is affected by COVID-19, the healthcare entity may contact NYSDOH to discuss alternative measures to allow such HCP to safely return to work before seven days have elapsed.

**HCP who are furloughed due to isolation, or because they do not meet the above conditions for returning to work, qualify for paid sick leave benefits and their employers can provide them with a letter confirming this, which can be used to demonstrate eligibility for the benefit.**
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.

• Contact your Infection Preventionist or Infection Control Lead
COVID-19 Healthcare System Surge

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

- Telehealth
- New York City Hospital Surge
- Volunteering
- Advanced Directives
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.
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

Telehealth Services During COVID-19 - Medicaid

- FAQ provides additional clarification regarding face-to-face visits, telemedicine, telephonic, and other forms of remote care provision
- Posted on the COVID-19 Guidance for Medicaid Providers webpage, which is updated regularly with guidance and information
- NYSDOH will host a webinar to explain the Telehealth and Telephonic guidance and take questions (a separate notice with details regarding the webinar is forthcoming)
Get Involved: How You Can Help

Support New York's response. New York State is doing all it can to keep New Yorkers safe and stop the spread of COVID-19. But we're stronger if we all work together.
THE STATE IS TAKING MEASURES TO CREATE A RESERVE WORKFORCE

Seeking Qualified Health Professionals

Health, Mental Health, and Related Professionals

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

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

NYS COVID Get Involved How You Can Help
COVID-19 Treatment

• FDA issued an emergency use authorization to allow the use of these hydroxychloroquine or chloroquine in adolescents or adults hospitalized for COVID-19 when participation in clinical trials is not feasible

• Multiple fronts
  – Hydroxychloroquine
    • Limited clinical data, nevertheless some clinicians using
    • Possible drug toxicity
      – QTc prolongation (especially with those on other QTc prolonging agents, or who may be more susceptible)
      – American College of Cardiology has suggested QTc monitoring parameters
    • Other cardiac, retinal toxicity
  – Observational study
  – Randomized controlled trials
  – Convalescent serum injections
  – Remdesivir
    • Trials and compassionate use
  – Other agents in clinical trials

www.fda.gov/media/136534/download
CDC COVID-19 Treatment website
Clinical Management of Critically Ill Adults with Coronavirus Disease 2019 (COVID-19)

Presenters

CAPT Tim Uyeki, MD
Clinical Team Lead
COVID-19 Response
Centers for Disease Control and Prevention

Michael Bundesmann, MD, FCCP
Medical Director of Respiratory Therapy
Pulmonary and Critical Care Medicine, EvergreenHealth
Kirkland, WA

Waleed Alhazzani, MD, MSc, FRCPC
Associate Professor,
Department of Medicine, McMaster University

may also participate in this COCA Call by joining

COCA's Facebook Live

Webinar Link:

Dial In:
US: +1 669 254 5252
or +1 646 828 7666

International numbers

iPhone one-tap:
+16692545252_16133340
COCA Call: April 2, 2020 – Clinical Management of Critically Ill Adults with COVID-19

COCA Call: March 27, 2020 – Underlying Medical Conditions and People at Higher Risk for the Coronavirus Disease 2019 (COVID-19)


COCA Call: March 17, 2020 – Coronavirus Disease 2019 (COVID-19) Update and Information for Long-term Care Facilities

COVID-19 Resources
CDC COVID Website

How to protect yourself

What to do if you are sick

SYMPTOMS
Watch for fever, coughing and shortness of breath
Learn more

SELF-CHECKER
A guide to help you make decisions and seek appropriate medical care

TAKE EXTRA PRECAUTIONS
Older adults and people with serious underlying medical conditions like chronic lung disease

IF YOU ARE SICK
Stay home, call a healthcare provider if you have symptoms
Learn more

Should you get tested?
Caring for someone
Daily life & coping

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)
Mental Health Resources

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)
- 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 Telehealth Waiver Update
- Interim Guidance Regarding the Delivery of Services Through the Use of Telehealth Modalities in Facilities Certified or Operated by OPWDD
- Use of Telemental Health for People Affected by the Disaster Emergency (3/11/2020)
For everyone
For individuals receiving mental health services
For parents
For caregivers of older adults
For mental health providers
Mental Health Resources

• **NYS Mental Health Helpline:** 1-844-863-9314

• The helpline is staffed by specially trained volunteers, including mental health professionals, who have received training in crisis counseling related to mental health consequences of infectious disease outbreaks, typical stress reactions, anxiety management, coping skills, and telephonic counseling.
Medical Matters 2020

Sponsored by the Medical Society of the State of New York
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@nysmny.org or call (518) 485-8885

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 1.0 AMA PRA Category 1 credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
**COUNTY-BY-COUNTY BREAKDOWN OF POSITIVE CASES AROUND NEW YORK STATE**

Governor Cuomo confirmed 9,146 additional cases of novel coronavirus, bringing the statewide total to 30,811 confirmed cases in New York State.

<table>
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<th>County</th>
<th>Cases</th>
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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.

OVERVIEW
MOBILE TESTING
PROTOCOL FOR TESTING

WHAT TO LOOK FOR
LEARN MORE

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