

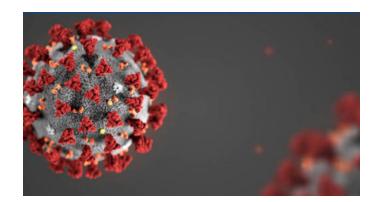
An Update for NYS Healthcare Providers on COVID-19

April 23, 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
- Containment
- Community Mitigation
- Infection Prevention and Control
- Guidelines on Therapy
- Healthcare System Surge Response
- 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, 4/22/2020

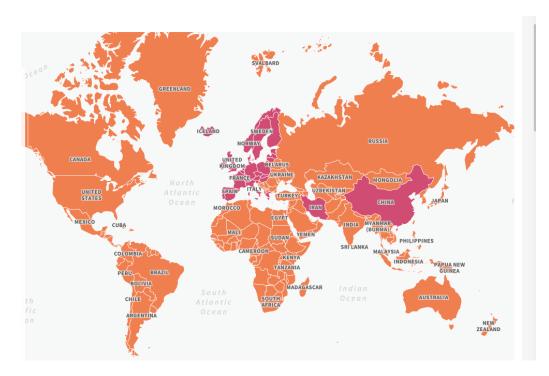
www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports

Region	Confirmed Cases	Deaths
Global	2,471,136	169,006
Western Pacific	136,271	5793
European	1,219,486	109,952
South-East Asia	33,912	1472
Eastern Mediterranean	139,349	6326
Africa	16,115	720
Americas	925,291	44,775



COVID-19 CDC Travel Recommendations by Country

www.cdc.gov/coronavirus/2019-ncov/travelers/index.html



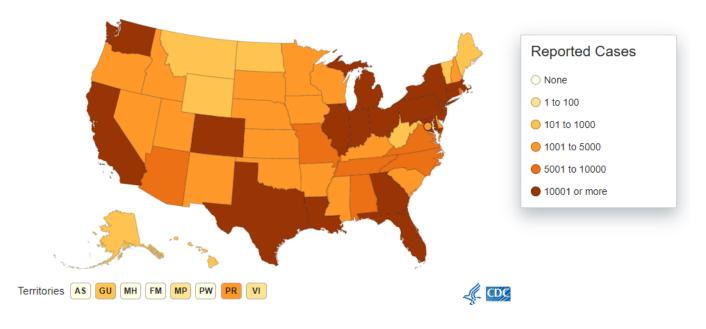
Geographic Risk Assessment for COVID-19 Transmission Click on the map to get country-specific travel health information about COVID-19. Country Transmission Level Widespread ongoing transmission with restrictions on entry to the United States Widespread ongoing transmission without restrictions on entry to the United States Ongoing community transmission Limited community transmission

- 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 21, 2020)

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



- **Total cases: 802,583**
- Total deaths: 44,575
- All 50 states plus,
 Puerto Rico, Guam,
 Northern Mariana
 Islands, US Virgin
 Islands and
 Washington DC all
 reporting cases

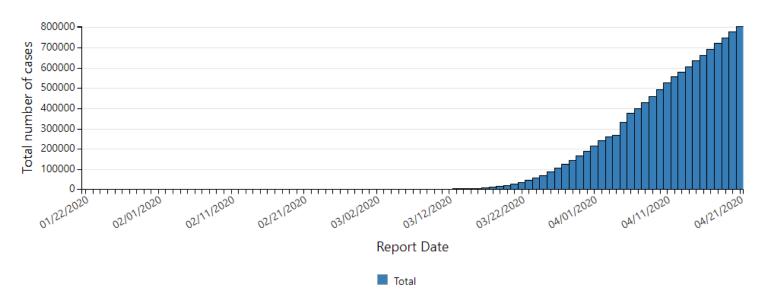


Situation Summary: Covid-19 U.S.

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

Number of COVID-19 Cases in the U.S., by Date Reported²

January 22 to April 21, 2020 (n=802,583)

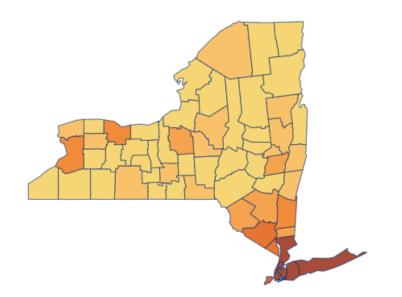


Departmen of Health

NYSDOH COVID-19 Tracker (April 21, 2020)

Found at: NYSDOH COVID-19 website

Persons Tested Positive by County





□ 01-99 □ 100-499

500-999

1,000-4,999

5,000-9,999

10,000-14,999

15,000-19,999

20,000+

Statewide

Total Persons Tested 669,982

Total Tested 4/21 20,657

Total Tested Positive 257,216

Sex Distribution of Positive Cases

Female 46.9%

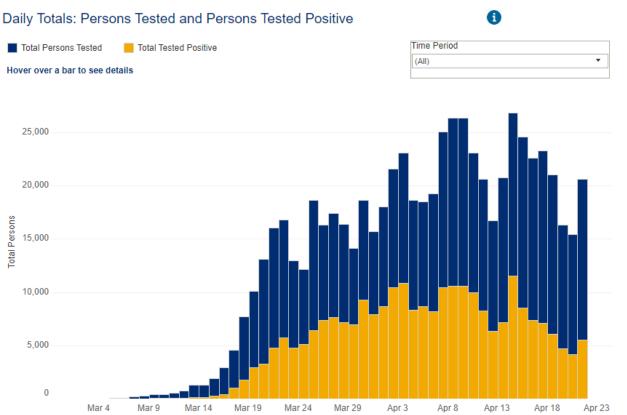
Male **52.6%**

Unknown 0.6%

New Positives 4/21 **5,526**

NYSDOH COVID-19 Tracker (April 21, 2020)

Found at: NYSDOH COVID-19 website





NYSDOH COVID-19 Tracker (April21, 2020)

Found at: NYSDOH COVID-19 website

Fatalities by County		Click Here to see nursing home fatalities by county.	
County	Place of Fatality	Residence of Individual	
Grand Total	15,302	15,302	
Albany	36	20	
Allegany	0	2	
Bronx	2,083	2,258	
Broome	8	8	
Cattaraugus	0	1	
Cayuga	1	2	
Chautauqua	1	1	

Fatalities by Race/Ethnicity Data is preliminary. With 98% reporting, below is the breakdown for NYS excluding NYC. With 63% reporting, below is the breakdown for NYC as provided by NYCDOHMH.

Click to see NYS excl. NYC age-adjusted rate

NYCDOHNIH.		
Race/Ethnicity	NYC	NYS Excl. NYC
Hispanic	34% (29% of population)	14% (12% of population)
Black	28% (22% of population)	18% (9% of population)
White	27% (32% of population)	60% (74% of population)
Asian	7% (14% of population)	4% (4% of population)
Other	4% (3% of population)	4% (1% of population)



NYSDOH COVID-19 Tracker (April 21, 2020)

Found at: NYSDOH COVID-19 website

Fatalities by	italities by Sex	
Grand Total	15,302 (100.0%)	
Female	6,132 (40.1%)	
Male	9,161 (59.8%)	
Unknown	9 (0.1%)	

Fatalities by Age Group		
Fatality Count	%	
15,302	100.0%	
34	0.2%	
1,870	12.2%	
3,882	25.4%	
4,070	26.6%	
3,062	20.0%	
1,520	9.9%	
	Fatality Count 15,302 34 1,870 3,882 4,070 3,062	



NYS COVID-19 Healthcare Utilization

- Total COVID-19 <u>currently</u>
 - Hospitalized: 15,021 (decreased by 578)
 - Newly admitted over last day for COVID-19: 1,359 (April 22nd)
 - ICU admissions: 4,597 (decreased by 93)
 - Intubations: 3,918 (decreased by 16)
- Deaths (April 22nd)
 - 438
 - 403 in hospitals, 35 in nursing homes
 - 36 less deaths than the day prior



SARS-CoV-2 Testing for COVID-19



Testing Expansion Strategies

1. Test – Trace – Isolate

- Molecular testing
- Particularly as we reopen
- Continue to expand
- Starting today in public housing/NYC Housing Authority and expanding in minority communities (work with faith based organizations)

2. Testing for antibodies can potentially donate for convalescent plasma clinical trials

3. Inform our reopening strategy

Community serosurveys



Alternative Specimen Collection Sites - COVID-19 Testing

- For patients who do not require clinical care in a healthcare setting
- Continued expansion statewide
 - Discussion with White House and Federal government
- 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 <u>NYSDOH alternative specimen collections sites</u> are available in areas with significant community transmission, with plans for expansion.
 - Call NYSDOH COVID-19 Hotline (888-364-3065) or <u>LHD</u> for information on sites in your area or check public health website(s) for information on local testing options
 - 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.



Available Molecular Assays

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

- There are 40 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
- Three are waived assays
- There are many supply chain issues for reagents



Pixel by LabCorp™ COVID-19 Test Home Collection Kit

- The FDA has recently approved LabCorp to use an at home collection kit for SARS-CoV-2 testing for use under an Emergency Use Authorization (EUA) only
- The Pixel by LabCorp™ COVID-19 Test Home Collection Kit will be used for self collection of a nasal swab specimen and the specimen is then sent to LabCorp for testing using LabCorp's COVID-19 RT-PCR test.
- The collection kit consists of:
 - collection materials (nasal swab and saline tube)
 - insulated specimen pouch
 - gel pack (for sample cooling)
 - specimen biohazard bag
 - instructions to direct the home users on how to appropriately collect the nasal swab specimen and place it in the saline transport tube, how to properly package the specimen and how to mail the specimen back to the laboratory
 - pre-labeled FedEx return envelope

Pixel by LabCorp™ COVID-19 Test Home Collection Kit How It Works

- A person goes on-line and fills out a eligibility survey.
- The kit will only be dispensed to patients meeting the inclusion criteria based on the information provided through the Pixel website COVID-19 questionnaire and reviewed by the Physician Wellness Network (PWN).
- The PWN will determine test eligibility and write prescriptions for testing.
- An eligible person can go on-line and purchase the collection kit. The collection kit is shipped via FedEx.





Self-Collection kit instructions

For In Vitro Diagnostic Use



When you are ready to collect your sample, register your kit online at www.pixel.labcorp.com/register and type in the 12-digit barcode located on your collection tube.



Visit https://bit.ly/fedexdropbox to view FedEx drop box locations and pickup schedules. It's important to bring your sample to a drop box on the same day you collect it before the last Express pick up. Do not deliver sample to a drop box on Saturday or Sunday. Or refer to the flyer in your kit to schedule a FedEx pickup on the day of collection.



Wash and dry hands before opening the kit. Open your kit and place all the contents on a clean, dry surface.



Take one of the cotton swabs out of its package. Do not touch the cotton tip of the swab with your hands. You will only need one of the cotton swabs but the rest have been provided as backups.



Screw off the top of the collection tube.

Do not drink the liquid.

Hold swab in one hand and collection tube

in the other being careful not to spill the liquid.

nostril and place in the collection tube. The end of the cotton swab that went into your nose should be placed into the tube first so that it sits down in the liquid. Screw the



Insert the tip of the cotton swab into one nostril. The cotton swab does not need to be inserted far - insert just until the cotton tip of the swab is no longer visible. Rotate the swab in a circle around the entire inside edge of your nostril at least 3 times.



Remove the cotton swab from your second Wash and dry hands thoroughly again. Insert collection tube into the biohazard specimen bag. Seal the biohazard specimen bag by closing the zip lock seal. Fold the specimen bag in half and lay the bag on one half of the ton of the collection tube back on



Take the cotton swab out of your nostril.

Using the same end of the cotton swab.

repeat step 6 in your other nostril.

Fold the other half of the gel pack on top of the specimen bag. Place the specimen bag and gel pack into the insulated specimen pouch. Remove the adhesive cover strip to seal the insulated pouch.



Place the insulated pouch into the shipping box and close the lid. Place the shipping box into the FedEx return pack. Remove the adhesive cover strip and seal the FedEx





Deliver the postage paid, pre-addressed FedEx return pack to a FedEx drop box. It's important to bring your sample to a drop box on the same day you collect it before last Express pick up. Do not deliver sample to a drop box on Saturday or Sunday. Or refer to the flyer in your kit to schedule a FedEx pickup on the day of collection.

Pixel by LabCorp™ COVID-19 **Test Home Collection Kit How It Works**

PATIENT INCLUSION/EXCLUSION CRITERIA:

(criteria below in use as of 4/17/20)

Exclusion:

- Patients with no symptoms
- Low risk individuals
- Individuals with severe symptoms (will be directed to seek immediate care)

Inclusion:

- Health care workers or first responders with "mild" symptoms
- High risk patients with "mild" symptoms



Pixel by LabCorp™ COVID-19 Test Home Collection Kit How It Works

- Specificity: The empirical testing showed that all targets were negative for all tested microorganisms except for the SARS coronavirus which is expected to react with N3 target (target for the universal detection of SARS-like viruses) of the COVID-19 RT-PCR test.
- The person self-collects a nasal swab sample, places the swab into a tube containing saline, places the tube into the biohazard bag and ships it with the gel pack using the postage paid, pre-addressed FedEx box provided, to LabCorp.
- LabCorp performs testing using their COVID-19 RT-PCR test.
- PWN will also follow up all positive and inconclusive test results by contacting the
 patients. Negative patients will be notified by email, phone message and through the
 website portal.

Pixel by LabCorp™ COVID-19 Test Home Collection Kit How It Works

Not yet available in NYS, however, we are working to make this available to residents of NYS as soon as possible



Available Serology Assays

www.fda.gov/medical-devices/emergency-situations-medical-devices/faqs-diagnostic-testing-sars-cov-2

- Antibody-based assays are being developed at multiple labs but are not yet widely available
- Four assays are FDA approved for use in moderate or high complexity laboratories
 - Three IgG and IgM or total antibody tests
 - There is one FDA approved IgG only serologic assay (Mount Sinai Laboratory)
- NYSDOH recommends only using an FDA EUA approved or NYS approved test
- There are over 70 serology assays listed on the FDA website
- These are NOT FDA reviewed, nor approved.
- Be aware of these disclaimers if you use these tests
 - 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.



The NYSDOH Wadsworth Center's Assay for SARS-CoV-2 IgG

- IgG specific
- Blood can be collected using a dried blood spot card
- Infection with the SARS-CoV-2 does seem to result in the production of IgG antibodies, though it isn't known exactly when and if it happens to everybody
- A reactive result on this test indicates that IgG antibodies to SARS-CoV-2 were present in the blood
- A reactive result may be due to past or present infection with non-SARS-CoV-2 strains
 - However, specificity for the Wadsworth Center SARS-CoV-2 IgG test has been determined to be 93 to 100%
 - Therefore, significant cross-reactivity to other known respiratory viruses is not expected

The NYSDOH Wadsworth Center's Assay for SARS-CoV-2 IgG



The Wadsworth Center (WC), the public health laboratory of the New York State Department of Health (NYSDON), has developed an antibody test for the virus that causes Coronavirus 2019 (COVID-19) disease. Below are several questions and answers that will address concerns you may have.

What is SARS-CoV-2?

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 pandemic. What is the Wadsworth Center's antibody test for SARS-CoV-2?

WC has developed a test for detecting [gG anthodies to \$ARS-CoV-2, the virus that causes COVID-19. The test is a microsphere immunoassay MIAM which can detect [gG anthodies in blood. The blood can be collected using a dried-blood spot card. Dried-blood spot specimens can be collected by pricking the finger and collecting drops of blood onto a paper card. The cards are dried and then shipped to the WC for testing.

What is an IgG antibody?

Antibodies develop when the immune system responds to a germ, usually a virus or a bacterium. With other diseases, IgG is one type of antibody that usually develops 3-4 weeks after infection with the germ and lasts for a long time. Once you have IgG antibodies, your immune system may recognize the germ and be able to fight it he next time you are exposed to it. Infection with the SARS-COV-2 virus does seem to result in the production of IgG antibodies, though it int it known exactive when that happens and if it happens to everybody.

What test results will be reported?

The results for this test are reported as reactive, nonreactive or indeterminate. It is important to understand that this is a novel virus and we continue to divance in our understanding of COVID-19. Discuss any concerns or questions you may have about COVID-19 with your medical provider.

What does a reactive result mean?

A reactive result on this test indicates that IgG antibodies to SARS-CoV-2 were present in the blood specimen. A reactive result can many out and infection with SARS-CoV-2 in the past or I can many our sur-currently infected; by you did not test positive for SARS-CoV-2 already, another test may be needed to see if you are currently infected; by Aloce A reactive result may be due to past or present infection with non-SARS-CoV-2 already. Alowers, specificial, for the Wastworth Center (VIC) SARS-CoV-2 gloss that has been determined to be 93 to 100%. Therefore, significant cross-needibility to other known respiritory visuses in not bespected.

What does a nonreactive result mean?

A nonreactive result on this test means that IgG antibodies to SARS-CoV-2 were not present in the blood. However, you may still be infected with SARS-CoV-2. An additional test would be needed to determine if you are infected or not. This test is called a molecular diagnostic test and can be done with a swab of your nose or throat or a test of your spit.

Vhat does an indeterminate result mean?

An indeterminate result means that the test did not produce a clear nonreactive or reactive result. This could happen if the test reacted with other antibodies in the blood or if you do have SARS-CoV-2 IgG antibodies but the levels are still too low to be reported as reactive.

Is a person with a reactive result on the WC SARS-CoV-2 IgG test immune to COVID-19? This won't be known until people who have IgG levels are exposed again to SARS-CoV-2 and we can study whether any of them are infected again. It is also not known how long the IgG antibodies will last. It will take time to find

these answers. In the meantime, this test is the best we can do to indicate some sort of immunity.

Can a health care worker who has a reactive SAVRS-CoV-2 IqG test return to work?

It is not known whether having IgG antibodies means that you are still infected or are immune. Therefore, you need to follow the NYSDOH guidelines for returning to work. They can be found at

It is recommended that health care workers continue to follow the current COVID-19 infection control precautions including continuing to wear PPE. This test is not required to return to work.

Who should be tested for SARS-CoV-2 IgG?

https://coronavirus.health.ny.gov/information-healthcare-providers

SARS-CoV-2 IgG can provide information about your immune status. However, IgG antibodies are usually produced weeks after the initial infection. Therefore, this test should not be conducted until at least 21 days have passed since you had a positive virial (molecular diagnostic) test or the symptoms of COVID-19 started.

If you were already tested and the results were negative or you have never been tested and you have been exposed to the virus at work or at home, you can also be tested using the blood spot test.

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

13102 New York State Department of Health 4/2

NEW YORK Department of Health

Health

The NYSDOH Wadsworth Center's Assay for SARS-CoV-2 IgG

- A nonreactive result on this test means that IgG antibodies to SARS-CoV-2 were not present in the blood, however, if early in disease course/acute phase, check molecular testing for SARS-CoV-2
- Is a person with a reactive result on the WC SARS-CoV-2 IgG test immune to COVID-19?
 - This won't be known until people who have IgG levels are exposed again to SARS-CoV-2 and we can study whether any of them are infected again.
 - It is also not known how long the IgG antibodies will last. It will take time to find these answers



The NYSDOH Wadsworth Center's Assay for SARS-CoV-2 IgG

- When should someone use this test?
 - This test should not be conducted until at least 21 days have passed since you had a positive viral (molecular diagnostic) test or the symptoms of COVID-19 started
- Can a healthcare worker who has a reactive SAVRS-CoV-2 lgG test return to work?
 - It is not known whether having IgG antibodies means that you are still infected or are immune.
 - Therefore, you need to follow the <u>NYSDOH Guidelines on HCW return to work</u>
 - It is recommended that healthcare workers continue to follow the current COVID-19 infection control precautions including continuing to wear PPE
 - This test is not required to return to work



Statewide Community Serosurveys

- Aim: To develop a baseline infection rate
- Tested 3,000 people statewide over 2 days in 19 counties and 40 localities, ages 18 and over
- Collected at grocery stores, other box stores
- Preliminary results:
 - Statewide positivity: 13.9%
 - Long Island: 16.7%
 - NYC: 21.2%
 - Westchester/Rockland: 11.7%
 - Rest of State: 3.6%



Statewide Community Serosurveys

- If infection rate is 13.9%*
- Case fatality rate may be lower than prior estimates
- Could mean 2.7 million people infected statewide
- With 15,500 total fatalities** in healthcare facilities (hospitals and nursing homes)
- Estimates of CFR approximately 0.5%
- *Preliminary data
- **Does not include at-home deaths or deaths not identified as COVID-19
- Data supports a regional coordinated framework for reopening



Containment



Contact Tracing

- 'Contact tracing army'
 - Coupled with increased testing
 - Safely reopen
- Regional approach in conjunction with Connecticut and New Jersey
- Bloomberg Philanthropies
 - Committed \$10.5 million along with organizational support and technical assistance to build and execute the program
 - To identify and recruit contact tracer candidates including DOH staff, investigators from state agencies, SUNY and CUNY health students
- Bloomberg School of Public Health at Johns Hopkins University
 - To build an online curriculum and training program for contact tracers
- Resolve to Save Lives, an initiative of Vital Strategies
 - To provide operational and technical advising



Community Mitigation



NYS Community Mitigation

- NY on PAUSE and social distancing are working to flatten the curve
 - We need to continue to flatten the curve
- NY on PAUSE extended through May 15th
 - Schools and non-essential businesses will remain closed
- Governor Cuomo issued an executive order requiring all people in New York to wear masks or face coverings in public
- An executive order directs employers to provide essential workers with masks free of charge to wear when interacting with the public
- Governor Cuomo and several northeast state Governors announced the creation of a multi-state council to restore the economy

Guidance for Masks for the Public

- Individuals (over 2 years of age and able to medically tolerate a face covering) must procure, fashion, or otherwise obtain face coverings and wear such coverings when they are in a public and are:
 - Within six feet of distance from other individuals; or
 - In a situation or setting where they are unable to maintain six feet of distance from other individuals; or
 - In a public or private transportation carrier or for-hire vehicle
 - Transport operator and the passenger
 - Essential businesses must provide face coverings to employees who directly interact with the public
- Face coverings include, but are not limited to, cloth (e.g. homemade sewn, quick cut, bandana), surgical masks, N-95 respirators, and face shields
 - Visit the Centers for Disease Control and Prevention's "Coronavirus Disease 2019 (COVID-19)" website for information on cloth face covers and other types of personal protective equipment (PPE), as well as instructions on use, cleaning, and disposal
 - The most protective PPE (e.g. N-95 respirators) remains a critical need for health care workers and first responders and, therefore, should be prioritized for those settings

Masks for the Public

- When wearing a mask or face covering, New Yorkers should:
 - Make sure that they fit snugly and cover their nose and mouth
 - Be changed frequently and laundered when they are soiled or wet
 - Not become complacent with other protective measures
 - Do not touch the cloth covering or face
 - Continue to be vigilant with thorough and frequent hand washing
 - Soap and water, or alcohol-based hand sanitizer of 60%+ alcohol
 - Practice respiratory etiquette and cover your coughs or sneezes
 - Practice social distancing even when wearing masks
 - Stay home and help flatten the curve!





- New Yorkers without health insurance can apply through NY State of Health through May 15th, 2020
- Must apply within 60 days of losing coverage

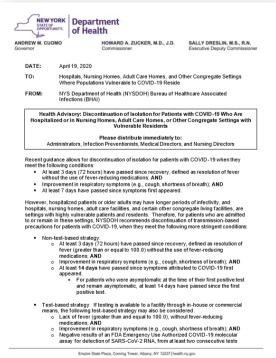


Infection Prevention and Control



Discontinuation of Isolation for Patients with COVID-19

- Hospitals, NHs, Adult Care Homes, & other congregate settings where populations vulnerable to COVID-19 reside
- Hospitalized patients or older adults may have longer periods of infectivity and congregate living facilities have other highly vulnerable patients/residents
 - Therefore different guidance than discontinuation of isolation for those in the community





Discontinuation of Isolation for Patients with Suspected or Confirmed COVID-19

Non-test based strategy

- At least 3 days (72 hours) have passed since recovery, defined as resolution of fever (greater than or equal to 100.0) without the use of fever-reducing medications; AND
- Improvement in respiratory symptoms (e.g., cough, shortness of breath); AND
- At least 14 days have passed since symptoms attributed to COVID-19 first appeared
- If asymptomatic, at least 14 days have passed since the first positive test

Test based strategy

- If testing is available to a facility through in-house or commercial means, the following testbased strategy may also be considered.
 - Lack of fever (greater than and equal to 100.0), without fever-reducing medications;
 AND
 - Improvement in respiratory symptoms (e.g., cough, shortness of breath); AND
 - Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA, from at least two consecutive tests 24 hours apart
 - If asymptomatic, at least 7 days from first positive test
 - Preferred approach for immunocompromised patients



Guidance on Therapeutics



Guidelines COVID-19 Therapeutics

National Institute of Health (NIH) COVID-19 Treatment Guidelines

<u>Infectious Disease Society of America (IDSA) COVID-19 Rapid</u> <u>Guidelines for Clinicians</u>

NYS Medicaid Prescriber Education Program COVID-19 Drug Topics

NIH Guidelines COVID-19 Therapeutics

- Currently there are no FDA approved medications for COVID-19
- Many medications being studied in NYS
 - These trials can be accessed at <u>ClinicalTrials.gov</u>
- In addition, providers can access investigational drugs through other pathways such as Emergency Investigational New Drug (EIND) applications, off-label use, or other
- Does not recommend pre- or post- exposure prophylaxis outside of a clinical trial
- At present, no drug has been proven to be safe and effective for treating COVID-19
- There are insufficient data to recommend either for or against the use of any antiviral or immunomodulatory therapy in patients with COVID-19 who have mild, moderate, severe, or critical illness

IDSA Guidelines COVID-19 Therapeutics

- Overarching goal emphasized of entry of patients into ongoing clinical trials
- The guideline panel used the word "only" in recommendations about therapeutic agents with higher uncertainty and/or more potential for harm
- Recommendation 1. Among patients who have been admitted to the hospital with COVID-19, the IDSA guideline panel recommends hydroxychloroquine/chloroquine in the context of a clinical trial. (Knowledge gap)
- **Recommendation 2.** Among patients who have been admitted to the hospital with COVID-19, the IDSA guideline panel recommends hydroxychloroquine/chloroquine plus azithromycin <u>only</u> in the context of a clinical trial. (Knowledge gap)
- **Recommendation 3.** Among patients who have been admitted to the hospital with COVID-19, the IDSA guideline panel recommends the combination of lopinavir/ritonavir <u>only</u> in the context of a clinical trial. (Knowledge gap)
- Recommendation 4. Among patients who have been admitted to the hospital with COVID-19 pneumonia, the IDSA guideline panel suggests against the use of corticosteroids. (Conditional recommendation, very low certainty of evidence)
- Recommendation 5. Among patients who have been admitted to the hospital with ARDS due to COVID-19, the IDSA guideline panel recommends the use of corticosteroids in the context of a clinical trial. (Knowledge gap)
- **Recommendation 6.** Among patients who have been admitted to the hospital with COVID-19, the IDSA guideline panel recommends tocilizumab <u>only</u> in the context of a clinical trial. (Knowledge gap)
- Recommendation 7. Among patients who have been admitted to the hospital with COVID-19, the IDSA guideline panel recommends COVID-19 convalescent plasma in the context of a clinical trial. (Knowledge gap)

Convalescent Plasma Clinical Trials

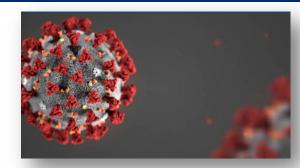
- One investigational treatment being explored for COVID-19 is the use of convalescent plasma collected from individuals who have recovered from COVID-19
- Use of convalescent plasma has been studied in outbreaks of other respiratory infections, including the 2003 SARS-CoV-1 epidemic, the 2009-2010 H1N1 influenza virus pandemic, and the 2012 MERS-CoV epidemic
- Although promising, convalescent plasma has not yet been shown to be safe and effective as a treatment for COVID-19
- Therefore, it is essential to study the safety and efficacy of COVID-19 convalescent plasma in clinical trials in severe or critically ill patients
- Because COVID-19 convalescent plasma has not yet been approved for use by FDA, it is regulated as an investigational product
- A healthcare provider must participate in one of the pathways described below.
 - Single Patient Emergency IND: call or email request response given within 4 hours
 - Expanded patient eligibility criteria using the National Expanded Access Treatment Protocol (Mayo Clinic holds the study – hospitals can join)
 - Full clinical trial: clinical trial proposals are submitted to the FDA for investigational use under the traditional IND regulatory pathway (21 CFR Part 312).
- FDA does not collect COVID-19 convalescent plasma or provide COVID-19 convalescent plasma. Healthcare providers or acute care facilities would instead obtain COVID-19 convalescent plasma from an FDA-registered blood establishment.

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
- Healthcare system utilization and surge
- Elective outpatient treatment can resume in counties and hospitals without significant risk of COVID-19 surge starting next week
- Healthcare Provider Update and Compilation



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/



Guidance for Private Physician Practices Operating Specimen Collection Sites



ANDREW M. CUOMO

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

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

DATE: April 19, 2020

TO: All Physician Practices

Guidance for Private Physician Practices Operating Specimen Collection Sites
Please Distribute Immediately to All Physician Practices

The NYS Department of Health has become aware of physician practices operating large-scale specimen collection sites to collect samples from patients for submission to laboratories for COVID-19 testing. Any such physician practices must adhere to this guidance regarding specimen collection and testing.

General Requirements

- Practices must ensure the sample collection process and site layout includes environmental controls to prevent exposure to COVID-19 and avoids any unnecessary gathering that would violate the Governor's Executive Order. This should include a process for pre-screening patients for symptoms. Patients should be provided with scheduled appointment times for sample collection.
- . Samples must be sent to a laboratory qualified to perform COVID-19 testing.

Outside Area

- Practices must provide at least 6 feet between individuals in queue for testing.
- Practices must implement appropriate environmental controls to prevent a large number of individuals from assembling outside the physician office.
- Practices must have traffic and pedestrian safety protocols in place. Practices should work with local law enforcement in the set up and ongoing operation of the site.

Enclosed Space

- Any enclosed space must have controls in place to keep at least 6 feet between individuals, except during collection of the sample.
- The enclosed space must have adequate Occupational Safety and Health Administration (OSHA) compliant ventilation, to decrease possible airborne transmission of COVID-19.

Staff

- Practice personnel must have basic training regarding COVID-19. Personnel must have personal protective equipment (PPE) to protect against the transmission of the virus. Check-in procedures must be designed to avoid direct contact with personnel.
- Individuals collecting the specimen samples must be trained on how to don and doff PPE per OSHA and CDC guidelines, and fit-tested for appropriate N-95 masks, if required for specimen collection method.



COVID-19 Weekly Healthcare Provider Update Compilation: As of April 22, 2020, 8:00 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 Health Commerce System (HCS). 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 Information for Healthcare Providers.

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

Guidance/Health Advisory Topic	Link(s)	Date
Testing/Specimen Collection	Specimen Collection and Handling to Allow NP and Saliva Specimen	4/1/20
	Wadsworth Specimen Collection, Handling and Transport	4/1/20
	Additional Capacity Guidance (Collection, triage, treatment)	3/19/20
	<u>Testina Protocol</u>	3/19/20
	Updated Infectious Disease Requisition Form	4/9/20
	Updated Infectious Disease Requisition Guidance	4/9/20
	NEW GUIDANCE: Private Practice Collection Guidance	4/19/20
Infection Control and Personal Protective	Requests for PPE should go through your county OEM	3/23/20
Equipment	PPE Shortage Guidance	4/2/20
	Optimizing PPE (CDC)	4/3/20
	Infection Control Guidance (CDC)	4/7/20
Quarantine/Isolation	Process for Discontinuation of Home Isolation	3/28/20
	Precautionary Quarantine, Mandatory Quarantine, and Isolation	4/16/20
	Guidance for <u>Local Health Departments</u> highlighting definitions and situations for quarantine and isolation.	4/7/20
Exposure	Contact of a Contact Guidance	3/15/20

HCP Compilation (Week of April 22nd)

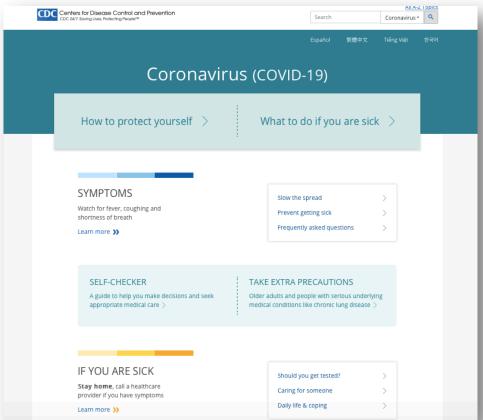
For questions, contact covidproviderinfo@health.ny.gov



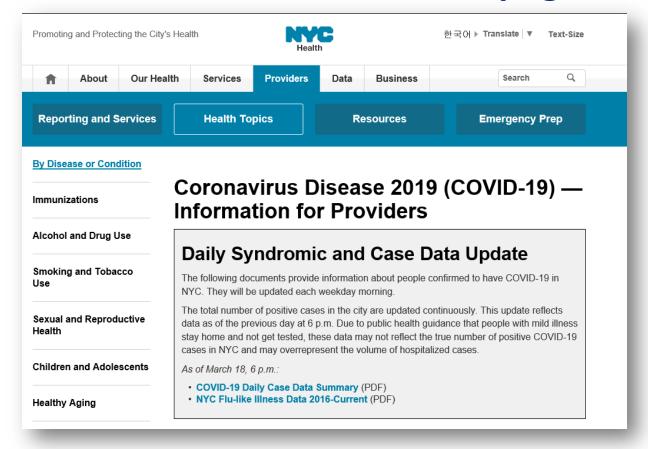
COVID-19 Resources



CDC COVID Website

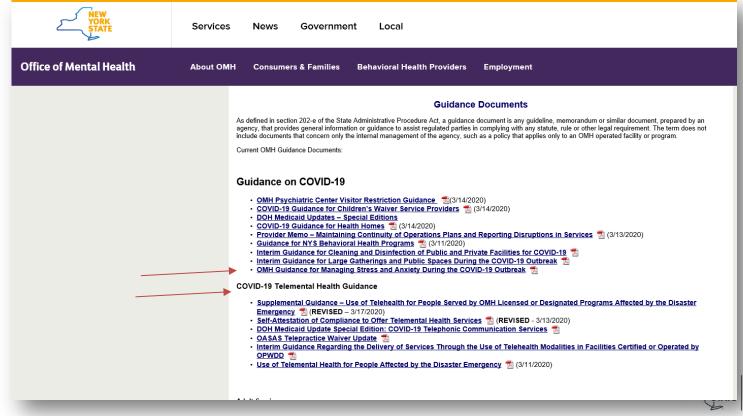


NYC DOHMH COVD-19 Webpage





Mental Health Resources



Department Education 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.



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 COVID-19 for Office-Based Physicians: How to

Handle Surge & Psychological First Aid

Live Webinar

Wednesday, April 29, 2020 @ 7:30am

Faculty: William Valenti, MD & Craig Katz, MD Educational Objectives:

- Explore the role of office-based physicians during the COVID-19 pandemic
- Describe surge preparedness procedures for infectious disease outbreaks
- Identify wellness and resiliency strategies to use during infectious outbreaks

To register, please: Click Here

For more information, contact:

Melissa Hoffman at mhoffman@mssny.org or call (518) 465-8085

Funding provided by the New York State Department of Health

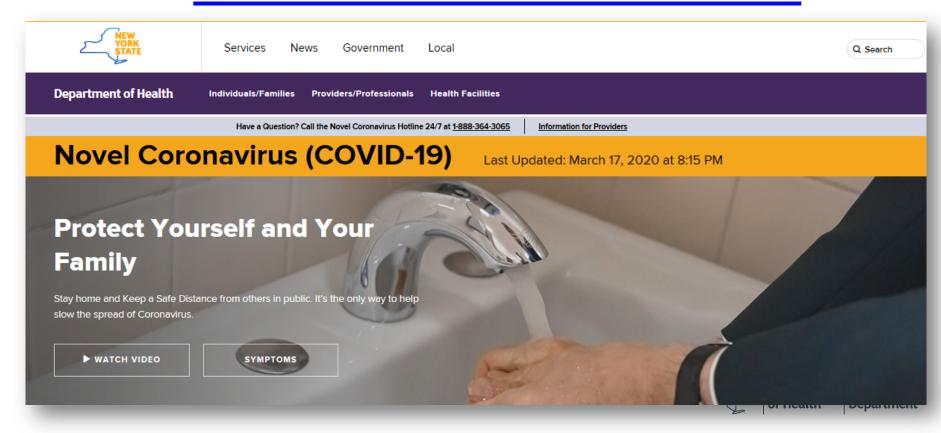
The Medical Society of the State of New York is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The Medical Society of the State of New York designates this live activity for a maximum of 1.0 AMA PRA
Category I credits™. Physicians should claim only the credit commensurate with the extent of their participation in
the activity.



Department Education of Health Department

NYSDOH COVID-19 Website





Symptoms

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

▶ WHAT TO LOOK FOR



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	•
LEARN MORE	



Know Your Rights

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

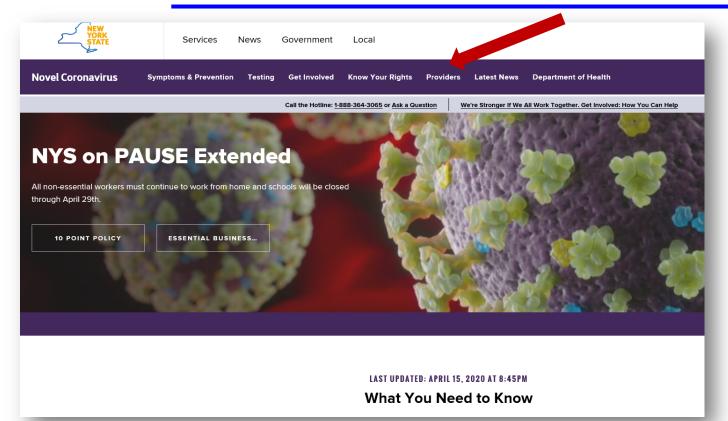
TESTING	•
INSURANCE	•
UNEMPLOYMENT	•
▶ LEARN MORE	



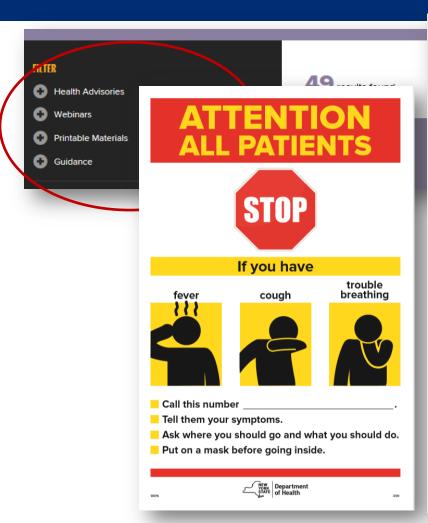
PROTECTING THE PUBLIC HEALTH OF ALL NEW YORKERS

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







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





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.



Department of Health

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.

COMPLETE THE SURVEY

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



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?

THANK YOU!

