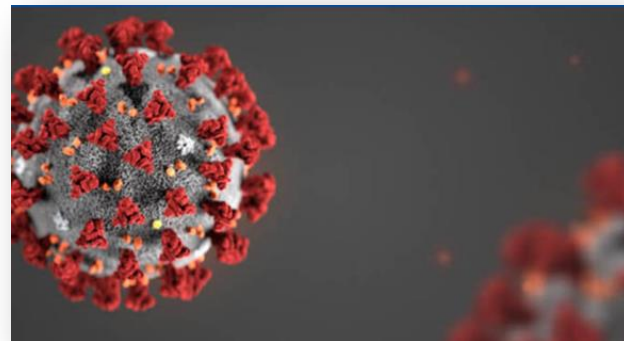




**Department
of Health**



Update on COVID-19 for NYS Healthcare Providers

March 13, 2020

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

Instructions for Q & A

- Please enter your questions in the chat box
- We will answer technical/logistical questions as they are received
- We will pick commonly asked questions from the chat box to discuss at the end
- We may not be able to answer every question today, but questions will be used to guide future educational materials and guidance documents

Thank you for your cooperation!



**Department
of Health**

Agenda

- **Overview and Epidemiological Update**
- **NYSDOH Containment Measures**
 - **Testing Recommendations**
 - **NYSDOH Isolation and Quarantine Recommendations**
- **Community Mitigation**
- **Q&A**

Upcoming Calls

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

- Thursday, March 19
- Thursday, March 26
- **Recordings will be posted:**
<https://www.health.ny.gov/diseases/communicable/coronavirus/providers.htm>
- If you are not receiving email invitations to the call series, please work with your Health Commerce System (HCS) site coordinator to receive notifications from the Integrated Health Alerting and Notification System (IHANS)

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

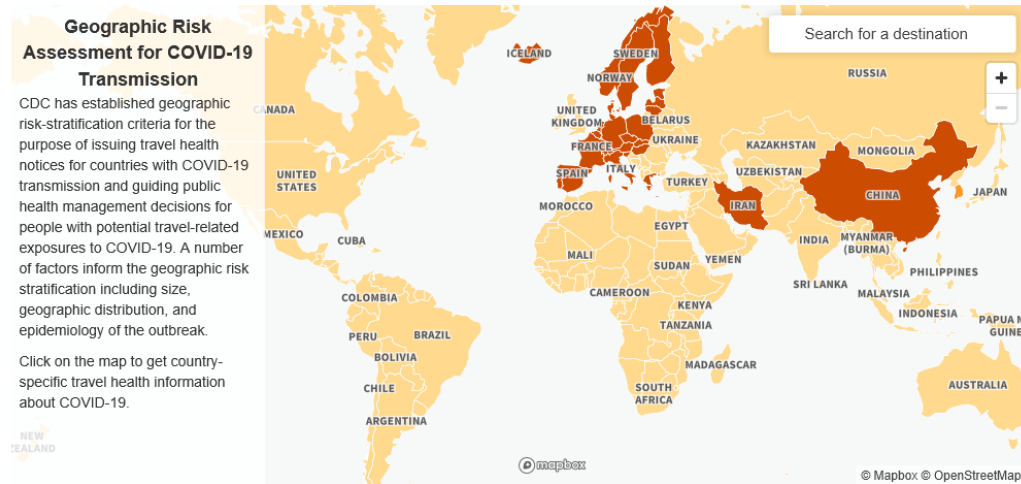
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>

- WHO now considers COVID-19 a pandemic
- WHO Situation Report- as of March 12, 2020
 - Globally 125,048 cases confirmed, 80,981 in China
 - 117 countries outside China with cases 44,067 confirmed cases
 - 3173 deaths in China, 1440 deaths outside of China

COVID-19 CDC Risk Assessment by Country






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

Search COVID-19 risk assessment by country.



- China, Iran, and most of Europe: widespread sustained spread and restrictions on entry into the United States, level 3 travel warning
- South Korea: widespread sustained spread, level 3 travel warning

Risk Assessment Level for COVID-19

	Widespread sustained spread and restrictions on travel to the United States
	Widespread sustained spread
	Sustained community spread
	Limited community spread
	No reported risk level

Situation Summary: Covid-19 U.S. (March 12, 2020)

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

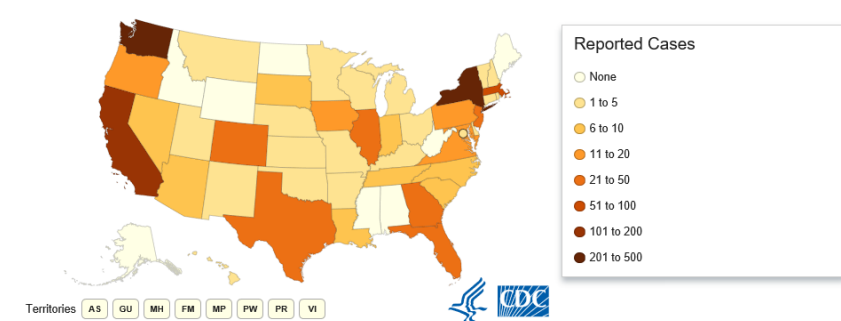
Cases of COVID-19 Reported in the US, by Source of Exposure*†

Travel-related	125
Close contact	102
Under investigation	988
Total cases	1,215

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

- Total cases: 1,215
- Total deaths: 36
- Jurisdictions reporting cases: 43 (42 states and District of Columbia)

States Reporting Cases of COVID-19 to CDC*

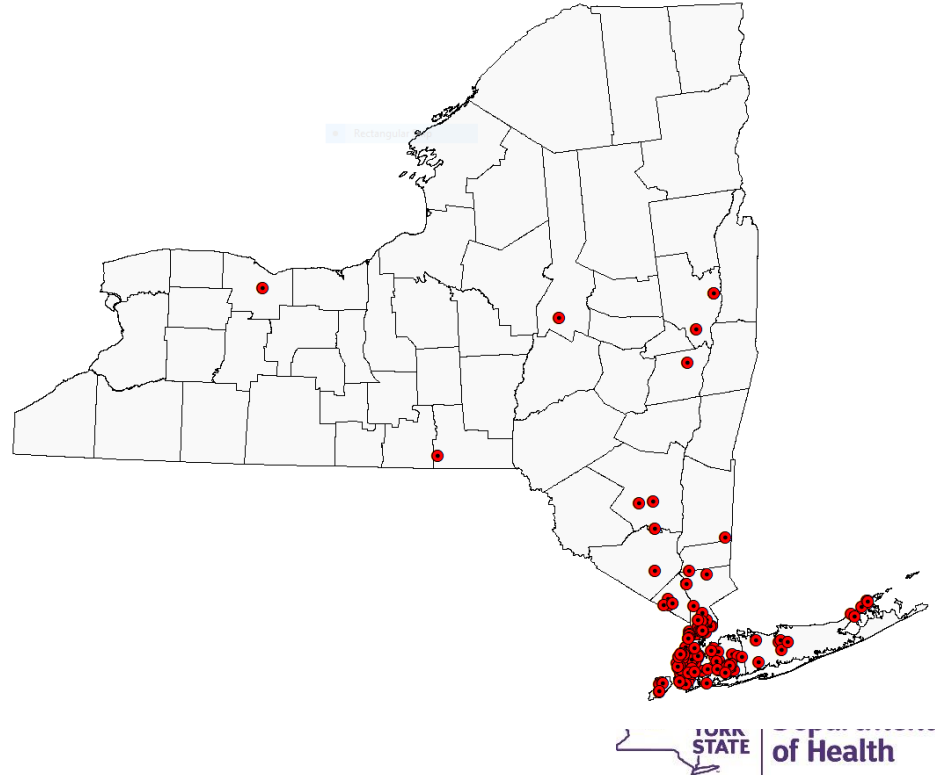


Situation Summary: COVID-19 New York State

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

Data last updated 4:00pm March 12, 2020

	Positive Cases
Westchester County	148
Nassau County	41
Suffolk County	20
Rockland County	7
Saratoga County	3
Ulster County	4
Orange County	1
Albany County	1
Monroe County	1
Dutchess County	1
Delaware County	1
Herkimer County	1
Broome County	1
New York State (Outside of NYC)	230
New York City	95
Total Positive Cases (Statewide)	325



2019 Novel Coronavirus (COVID-19)

- **COVID-19** for **Corona Virus Disease 2019**
- The virus has been named SARS-CoV-2 (as it is virologically related to the SARS-CoV virus)

Epidemiological Updates

- Spread mainly via:
 - Respiratory droplets produced when an infected person coughs or sneezes and droplets land in the mouths or noses of people nearby, similar to influenza and other viruses which cause respiratory illness
 - May survive on surfaces and therefore by touching a surface or object that has the virus on it and then touching mouth, nose, or eyes. Unclear how long the virus may survive on surfaces.
- People are probably most contagious when they are most symptomatic
- Incubation period: 2-14 days
- Estimated basic reproduction number (R_0) of 2.2¹
 - On average, each infected person spreads the infection to an additional two persons
- Case fatality rate estimates range: <1%-2%¹
 - Compared with a severe influenza season (0.1%)

¹ www.nejm.org/doi/full/10.1056/NEJMe2002387

Symptoms

- Fever, cough, shortness of breath
- Other symptoms such as muscle aches may also occur
- Symptoms are thought to occur as few as 2 days or as long as 14 days
- The severity of illness is variable after exposure to the virus
 - Some people have mild illness that does not require hospitalization
 - Some persons develop severe respiratory illness with subsequent organ failure and death

Testing for COVID-19

- The diagnostic tests for typical seasonal coronavirus are NOT useful for diagnosing or excluding novel coronavirus
- Some patients may be tested for the typical seasonal human coronaviruses on standard clinical testing for respiratory viral pathogens – this is NOT COVID-19
- Molecular testing (rRT-PCR) for SARS-CoV-2, the virus that causes COVID-19, is available under FDA emergency use authorization at the Wadsworth Center, the NYC PHL, and the Erie County PHL
- Commercial or hospital clinical laboratories are beginning to accept respiratory specimens for COVID-19 testing (e.g., LabCorp, Northwell Laboratory,) or expect to begin testing within the coming days or weeks

Testing for COVID-19

- NYS is expanding testing capacity and now will have 28 state authorized labs that will give us the capacity we need
- The 28 labs are specialized in virology and are routine partners with the New York State Department of Health

Testing for COVID-19

- Healthcare providers (HCP) may request COVID-19 testing at the Wadsworth Center or order from clinical laboratories when patients who meet at least one of the following criteria:
 - A person has come within proximate contact (same classroom, office, or gatherings) of another person known to have tested positive for COVID-19 OR
 - A patient shows symptoms of illness and has traveled from a country for which the CDC has issued a [CDC Level 2 or 3 Travel Health Notice](#) within 14 days of illness onset OR
 - A patient is quarantined (mandatory or precautionary) and has shown symptoms of COVID-19 illness; OR
 - A patient has a symptomatic illness consistent with COVID-19 and has not tested positive for any other etiology consistent with the illness (e.g., negative respiratory virus panel (RVP))
 - Additionally, testing may occur in other cases that warrant testing as determined by the treating clinician in consultation with state and LHD officials.

Testing for COVID-19

- Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether testing through should be pursued.
- Decisions on which patients receive testing should be based on the local epidemiology of COVID-19, as well as the clinical course of illness. Most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing).
 - Check the [NYSDOH COVID-19 website for updates on case counts in your area.](#)
- Clinicians are strongly encouraged to test for other causes of respiratory illness, including infections such as influenza. Where indicated, healthcare providers should order same-day molecular respiratory viral panel (RVP) testing locally for all patients with suspect COVID-19.

Alternative Specimen Collection Sites for COVID-19 Testing

- For patients who do not require clinical care in an healthcare setting (outpatient or inpatient), however, require testing for COVID-19, NYSDOH recommends that HCPs seek out alternative specimen collection sites in your area.
- Alternative specimen collection sites are useful if your healthcare setting is unable to accommodate the patient while maintaining the safety of the staff and other patients, as well as to allow the patient easy access to specimen collection, while also relieving the burden on healthcare facilities.
- The NYSDOH has alternative testing sites currently available in areas with significant community transmission, with plans for expansion. Call the LHD or NYSDOH for information on sites in your area.
- Additionally, some area health systems and practices may choose to set up their own alternative specimen collection sites to serve their patient population .

Alternative Specimen Collection Sites for COVID-19 Testing



3/13/2020

GOVERNOR ANDREW M. CUOMO

GOVERNOR CUOMO OPENS THE STATE'S FIRST DRIVE-THROUGH COVID-19 MOBILE TESTING CENTER IN NEW ROCHELLE

In Partnership with Northwell and BioReference, Mobile Testing Center Will Test up to 200 People Today and up to 500 People per Day in the Coming Days

New Rochelle Residents Should Call 888-364-3065 to Make an Appointment at Mobile Testing Center

In Addition to Tests at this Site, BioReference Laboratories Will Conduct 5,000 Tests per Day for New Yorkers - Five Times the State's Target Goal When Outbreak First Came to New York

This Commitment is on Top of the Testing that Will be Conducted at the 28 Public and Private Labs Across the State

Builds on Governor's Aggressive Efforts to Ramp Up Testing Capacity in State



Testing for COVID-19

- **Particularly, specimens essential for public health response, or other timely patient concerns, may be approved by public health for expedited transport to the Wadsworth Center for testing.**
 - Discuss testing for the Wadsworth Center Laboratory with public health for transport to the lab. Call the LHD or NYSDOH
- This may be important where a healthcare worker, healthcare exposures, or a school exposure may be involved.
- These are NYS-specific criteria and may deviate from guidance provided by NYCDOHMH and/or CDC.
- These criteria are subject to change as additional information about COVID-19 becomes available.

Testing for COVID-19

- Collect nasopharyngeal (NP) swab, oropharyngeal (OP) swab, and sputum, if available (patient has a productive cough).
- For testing at a clinical laboratory, follow lab guidance for specimen collection, shipping, and handling.
- For testing at the Wadsworth Center laboratory, the NP swab and the OP swab should both be placed into the same Viral Transport Media (VTM) vial (two swabs into one vial).
- See Wadsworth Center Specimen guidance on the [NYSDOH COVID-19 healthcare provider website](#) including:
 - Specimen collection, handling, and transport guidance
 - A Wadsworth Center Infectious Disease Requisition (IDR) Form must be filled out for each patient and sent to the Wadsworth Center with the specimens (one per patient specimen collection event)
 - A packaging and transport checklist

Testing for COVID-19

- The Local Health Department and the NYSDOH will assist providers in determining and accessing appropriate laboratory testing for respiratory pathogens and if indicated, COVID-19 (SARS-CoV-2 testing)
- Specimen collection and transport instructions will also be provided

NYSDOH Wadsworth Center COVID-19 Specimen Collection, Handling, and Transport Instructions¹



- Discuss transport processes with LHD²
- Estimated turnaround time for suspect COVID-19 test results from specimen arrival at the Wadsworth Center is 1-2 business days.

SPECIMEN COLLECTION

- Collect one nasopharyngeal (NP) swab **AND** one oropharyngeal (OP) swab **AND** sputum (or other lower respiratory tract specimen), if feasible (if patient is unable to produce sputum).
- All tubes must be labeled with patient first and last name, DOB, and date of collection. The label on the tube must match the paperwork.
- Ensure sample containers are leakproof, with caps tightly secured.

NP and OP swabs:

- 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. After swabbing, place swabs in LIQUID viral transport or universal transport media.
- NP: Insert a swab into the nostril parallel to the palate. Leave the swab in place for a few seconds to absorb secretions. Swab both nasopharyngeal areas with the same swab.
- OP swab (e.g., throat swab): Swab the posterior pharynx, avoiding the tongue.
- For Wadsworth Center testing, NP and OP specimen swabs should be placed together in one vial of liquid viral transport media.
- Dry swabs not in media or in other transport media are NOT acceptable for virus testing.

Lower Respiratory Tract Specimens (Sputum):

- Sputum: Have the patient rinse the mouth with water and then expectorate deep cough sputum directly into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container³
- Bronchoalveolar lavage (BAL) or tracheal aspirate: Collect 2-3 mL into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container.

¹ As a note, this document refers only to SARS-CoV-2 sample testing sent to the Wadsworth Center, Laboratory of Viral Diseases. These instructions do not apply to Influenza Pathogens (i.e., H1N1 CV) or respiratory syncytial virus. In the future, the Wadsworth Center will be able to perform SARS-CoV-2 sample testing in-house to reduce turnaround time to the packaging and shipping separately.

² If a suspect case temporarily resides in a location such as a school/college or is a traveler visiting a jurisdiction then report immediately to that county LHD.

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

CDC Guidance Infection Prevention and Control – Specimen Collection

- 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



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

[A-Z Index](#)



Coronavirus Disease 2019 (COVID-19)

[CDC](#) > [Coronavirus Disease 2019 \(COVID-19\)](#) > [Healthcare Professionals](#) > [Infection Control](#)



[Home](#) Coronavirus Disease 2019
(COVID-19)

COVID-19 Situation Summary +

What You Should Know +

Travel Information +

Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings

- Intended for all U.S. healthcare settings
- Updated frequently

<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

Guidance current as of 12pm 3/13/2020



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Coronavirus Disease 2019 (COVID-19)

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- COVID-19 Situation Summary +
- What You Should Know +
- Travel Information +
- Preventing COVID-19 Spread in Communities +

Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID-19)

March 7, 2020

Summary of Recent Changes

- Streamlined table from earlier versions
- Identify and assess risk if exposure occurs
- Identify risk categories by source control and HCP PPE
- Includes recommendations for furlough according to risk at time of exposure

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

Guidance current as of 12pm 3/13/2020

Signage at Entry

- Ensure facility policies and practices are in place to minimize exposures to respiratory pathogens including the virus that causes COVID-19, including prominently posting signage at entrances.
- Establish procedures for monitoring, managing and training all visitors, which should include visitor signage posted at entrances for visitors.

**ATTENTION
ALL VISITORS**

DO NOT VISIT

if you have fever, shortness of breath, cough, nasal congestion, runny nose, sore throat, nausea, vomiting and/or diarrhea.

DO NOT VISIT

until you are completely recovered.

Infections like flu and novel coronavirus (COVID-19) are especially dangerous to the residents and can be avoided.

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 as noted below. 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.



NYSDOH Isolation and Quarantine

- See the [NYS COVID-19 Interim Containment Guidance: Precautionary Quarantine, Mandatory Quarantine, and Mandatory Isolation Applicable to all LHDs](#). In summary:
- Mandatory Quarantine or Isolation:
 - Patients with confirmed COVID-19 (whether symptomatic or asymptomatic). (For discontinuation, see [NYSDOH Criteria for Discontinuation of Isolation for Persons with Confirmed COVID-19](#)).
 - Asymptomatic persons who have been in close contact (<6 ft) with someone who is a known to have COVID-19 (discontinued 14 days after last known exposure).
 - Patients who traveled to CDC Level 2 or 3 Health Alert countries and are displaying symptoms of COVID-19 within 14 days of affected area.
- Precautionary Quarantine :
 - Asymptomatic traveler from a CDC Level 2 or 3 Health Alert country with widespread sustained transmission of COVID-19 (discontinued 14 days after last travel date to affected area).
 - Asymptomatic person who had proximate exposure (but not direct, close contact) to a confirmed COVID-19 case (discontinued 14 days after last known exposure).
 - Healthcare providers should call the [Local Health Department](#) of the patient's residence with questions about patients and their monitoring or movement restrictions.

NYS Community Mitigation

- At this time, a shift to maintain dual, simultaneous response strategies is key:
 - Continued aggressive containment strategies and case-based control measures such as isolation and quarantine and rapid identification of new cases are essential to limit spread.
 - Preparations to implement community-based mitigation measures and non-pharmaceutical interventions (NPIs) are required at this time aimed at slowing the spread and reducing the impact.
- Your healthcare setting, in conjunction with your local health department and community partners, if not already in process should initiate your preparedness plans to make sure your healthcare setting is ready.

Centers for Disease Control and Prevention

MMWR

Morbidity and Mortality Weekly Report

Recommendations and Reports / Vol. 66 / No. 1

April 21, 2017

Community Mitigation Guidelines to Prevent Pandemic Influenza — United States, 2017



Continuing Education Examination available at <http://www.cdc.gov/mmwr/cme/conted.html>.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

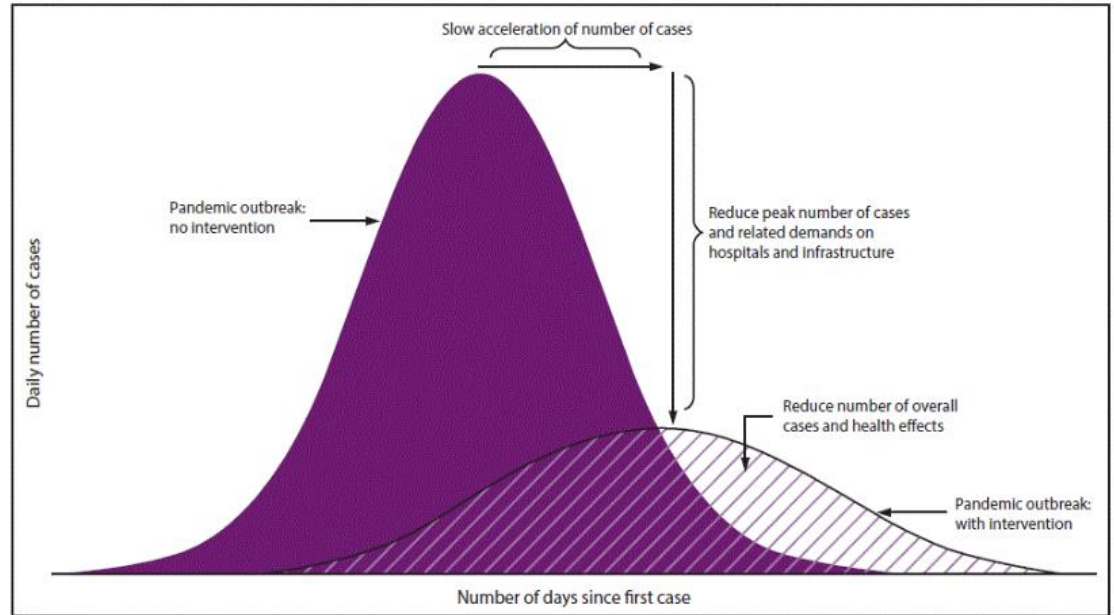


Department
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Goals for the Use of NPIs

- 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



Source: Adapted from: CDC. Interim pre-pandemic planning guidance: community strategy for pandemic influenza mitigation in the United States—early, targeted, layered use of nonpharmaceutical interventions. Atlanta, GA: US Department of Health and Human Services, CDC; 2007. <https://stacks.cdc.gov/view/cdc/11425>.

NYS Community Mitigation

- Patients can be counseled on personal NPIs which include everyday recommendations such as:
 - Persons with respiratory illness should stay home when ill except for medical care or necessities
 - Practice respiratory etiquette: Cover coughs and sneezes, use shirt sleeve if tissue not available, avoid touching eyes, nose, and mouth
 - Frequent hand hygiene with thorough washing with soap and water, or alcohol-based hand sanitizer
 - Additional possible public health recommendations may include voluntary home quarantine of exposed household members or use of face masks in community settings when ill
- Community NPI: Measures may be instituted, as appropriate, in conjunction with public health authorities:
 - Be prepared for school or work closures, divide out classes, work remotely from home, social distancing to increase distance to >6 ft between people, modify, postpone, or cancel mass gatherings
- Environmental NPI: Eliminate viruses from frequently touched surfaces and objects with thorough and frequent cleaning and disinfection.

Community NPIs – Social Distancing Measures

- Reduce virus transmission by decreasing the frequency and duration of social contact among persons of all ages. Reduce face-to-face contact
- Multiple measures should be implemented simultaneously
- Increase distance between people to >6 feet
- Separate sick people ASAP, send home
- Schools/Colleges/Universities
 - Divide classes into smaller groups of students, space desks
 - Remote instruction/distance learning options
 - Allowing students who are not able to attend classes in-person flexible ways of accruing academic credits
- Workplaces
 - Offer telecommuting, replace in-person meetings with teleconferences
- Modify, postpone, or cancel mass gatherings

Community NPIs - School Closures and Dismissals

- There are different types of school closure actions
- Selective school closures and dismissals
 - Schools that serve students at high risk for complications, especially when transmission rates are high (e.g., certain medical conditions, child care <5yrs)
 - Goal to protect high-risk persons, not reduce community virus transmission
- Reactive school closures and dismissals
 - When many students or staff are ill and there are not enough staff to ensure safety
 - Unlikely to affect community virus transmission

Community NPIs – Schools Closures/Dismissals

- Preemptive, coordinated closures and dismissals
 - During severe to extreme pandemics, not mild or moderate
 - School closure – all staff and students stay home
 - School dismissal – staff report but students stay home (distance learning)
 - Preemptive – before many students and staff become ill
 - Coordinated – simultaneous or sequential closing of higher education institutions in a jurisdiction
- Length of closure determined by objective
 - Gain time for assessment of transmissibility/severity in very early stages (up to 2 weeks)
 - Slow spread of virus in areas beginning to experience local outbreaks (up to 6 weeks)
 - Allow time for vaccine production and distribution (up to 6 months)

Community Mitigation

- NYS steps for density reduction:
- To reduce the number of people in a contagious environment, there can be no gathering with 500 people or more.
- From zero to 500, a reduction in the occupancy by 50%, meaning 50% of the seated capacity is the new capacity for a facility.
- There are exceptions including schools, hospitals, nursing homes and mass transit.
- School closings
 - Several districts across the State have closed and others will be closing.
- Many schools have canceled sporting and large group events

Questions or Concerns

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

COVID-19 Resources

NYSDOH COVID-19 Webpage

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

Novel Coronavirus Hotline

Call 1-888-364-3065 for Information about Coronavirus



Novel Coronavirus Information for Providers

- Health advisories
- Webinars
- Printable materials
 - signage, patient cards
- Guidance documents
 - EMS, Process to request PPE, Movement and Monitoring, LHD contact information

CDC Coronavirus Webpage

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



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2019 Novel Coronavirus

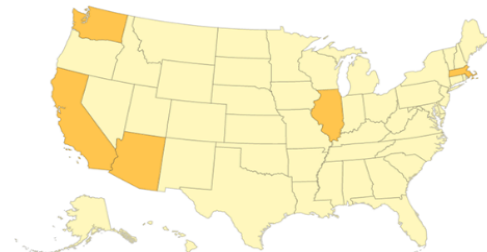


Situation Summary

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.

More

2019-nCoV in the U.S.



[View larger image](#)



What You Need to Know about 2019-nCoV



Information for Travelers

Information about 2019 novel

QUESTIONS ?

THANK YOU!