

DOH/DOHMH Weekly Health Care Provider Coronavirus Call, February 11, 2020 – prepared by Zeynep Sumer King

Brad Hutton, Deputy Commissioner for Public Health, DOH – overview

- 40K individuals impacted worldwide
- Immediate risk to most Americans is low;
- Goal remains to rapidly identify, contain high risk individuals, and prevent secondary transmission
- In US - 13 cases across 6 states
- In NYS a total of 25 individuals have been tested and most have been cleared with a 3 test results still pending
- There are a “handful” of individuals in NYS who traveled from Hubei province and are under the mandatory 14 quarantine
- There are 2000+ individuals under voluntary home isolation, and self-monitoring. These individuals are also being monitored and supported by local health departments.

Dr. Demetre Daskalakis, Deputy Commissioner, Division of Disease Control, DOHMH – Clinical Updates

- Review of recent non-peer reviewed publication looking at two case series of infected patients:
 - Contact with wildlife is no longer the primary source of infection (Accounts for 1% of infected). Instead travel to Wuhan and close contact with someone who has traveled to Wuhan are the leading sources.
 - The median incubation period appears to be about 3 days
 - Symptoms: cough, shortness of breath are most common initial presentation. Fever was present in only 44% of cases on initial presentation. 90% of cases had fever at some point during infection
 - Conclusion: while there is a broad range of experiences, main symptoms to watch for continue to be respiratory issues: cough and shortness of breath. Transmission appears to be mostly by symptomatic individuals. Nosocomial transmission is a serious concern.

Dr. Mary Foote, Senior Medical Coordinator for Communicable Disease Preparedness, DOHMH – Conserving PPE

- Review of indications for N95 respirators and surgical/medical masks; should be used for airborne and droplet precautions and source control.
- Providers should put in place administrative controls including moving mask stations to secure locations and posting signs for visitors to ask staff for masks. Hospitals should also review their visitor policy and consider restricting.
- DOH/DOHMH will distribute additional guidance soon.

NYS and NYC Laboratory Update

- Clinical diagnostic testing only through CDC. Wadsworth and the NYC Public Health Labs are working together to implement testing for NY; expected in the coming weeks.
- The current algorithm for testing is ruling out other viral and bacterial pathogens through a standard respiratory panel. If negative, will send specimens to CDC.
- Of note, current standard respiratory panels include 4 coronavirus strains. Provider messaging to patients should include language noting that the 2019 novel coronavirus is not detected in the respiratory panel coronavirus assays. A positive result for coronavirus on a respiratory panel does not mean the patient is positive for 2019 novel coronavirus.
- Labs should review [recently updated guidance](#) from CDC.

Dr. Emily Lutterloh, DOH – Health Care Worker Monitoring

- CDC released a detailed set of recommendations for a [*Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with 2019 Novel Coronavirus*](#)