4.17.2020 NYC DOHMH Weekly Call

PDF and Recording will be available

7 weeks since first confirmed case in the city; continuing to see high numbers of new diagnoses, including those who require hospitalization – but cautiously optimistic with beginning to flatten the curve.

Less influenza like illness and pneumonia coming into emergency department;

7,563 confirmed cases; probable cases 3,914

Staten Island highest count of cases; slightly higher in males (binary gender chart)

Not all infected with SARS-CoV-2 are diagnosed by laboratory confirmation; routinely capture deaths for laboratory-confirmed COVID-19 cases

Black/African American and Hispanic/Latino at the highest risk for hospitalization or mortality

Report all deaths occurring in NYC to eVital

More than 95 companies informed FDA of intent to distribute serology test kits for COVID-19 in US marketplace; Many falsely advertising as "approved" may not be reliable; unvalidated serology test kits; **positive serologic test for SARS-CoV-2 does not mean a person is immune – Health Advisory coming on this**.

Severe shortage of nasopharyngeal swabs and viral transport media to diagnose COVID-19

Health Care workers and staff who work while asymptomatic pose a risk to patients and each other – to reduce the potential risk of asymptomatic transmission to other staff and patients – wear masks. Public face covering guidance in any setting where social distancing cannot be maintained. Critical to still stress physical distancing and good hygiene.

There are still no proven medications for treatment of COVID-19; trials of a variety of different medications are underway

No vaccine yet; we currently have a limited set of preventive measures for the virus and physical distancing is one of our main tools; decrease in case count as most stay home

Survey in China – those who stopped working reported worse mental and physical health conditions and distress; this emphasizes impact on all, even those not infected.

Trying to figure out strategies to loosen distancing – monitoring closely: indicators are hospital admissions, critical care capacity and positive test rates.

Behavioral Health Response:

- NYC Health Department: shares reliable information and resources; collaborates with behavioral health partners across the city; strengthens existing resources to be responsive to needs and promotes coping and resiliency for all New Yorkers.
- Coping and mental wellness: normalize symptoms of stress, anxiety ad grief; promote coping and resilience; provide resources for additional support
- Stress can affect the way you think, feel, and act. Most of the effects are normal reactions to distressing events and are generally short-lived – feelings of sadness, anxiety, anger, agitation, irritability, confusion, forgetfulness, difficulty concentrating, experiencing uncharacteristic behaviors such as becoming restless and short tempered.
- We want to help people cope by doing the following: stay informed, limit screen time and exposure to media, stay connected, create and maintain daily routines, stay positive, focus on what you can control – be proactive, be thoughtful and sensitive
- https://nycwell.cityofnewyork.us/en/app
- Text "WELL" to 65173
- Call: 888-NYC-WELL Confidential 24/7 helpline staffed by trained counselors
- Headspace meditation application
- Emotional Support Helpline: 844-863-9314 8am to 10pm, 7 days a week
- In previous 6 weeks numbers of people contacting helpline rose higher than usual from around 5K to 6,300
- Guidance documents responsive to and anticipatory of community needs in plain language with regular updates informed by our own epidemiology and previous outbreak and disaster response
- Is it anxiety? Panic Attack or COVID-19? Is one of most downloaded resources
- Grief and Loss During COVID-19
- Social Media: Behavioral health content posted 2x/day on various social medial platforms; call to action – coping and emotional well being page; highlights new virtual resources – NYC H+H Virtual Buprenorphine Clinic
- Media Campaign: created in collaboration with the First Lady of NYC, coping with stress and physical distancing; New Yorkers Stay Home and Stay Connected
- **Guidance for Providers**: Dear Colleague: Recognizing and Addressing Behavioral Health Issues During the COVID Pandemic; Taking care of your emotional well-being: tips for healthcare workers; Grief and Loss in the workplace during COVID-19
- Planning for ongoing behavioral health impact: promoting mental wellness and healthy coping to encourage resiliency; past disasters tell us there will be ongoing negative behavioral health effect for some New Yorkers; anticipate increase in behavioral health screening
- **Likely to see psychic trauma, mental illness, economic injury, and burnout as part of the "4th wave"**

Questions:

1. Can serology tests be used in practice? How can they be used in public health?

- There are only 3 tests that received emergency use agreements by FDA – **have cross-reactivity with common coronaviruses** (others that are associated with colds) so we must be very cautious in how we interpret the result. Most important is that it does not mean you are immune to COVID-19 even if it signifies that you had the virus. **It is a marker of exposure and should not be thought of as a marker of immunity.**

- We should not use antibodies to replace PPE or distancing. Immunity is not 100% - even with measles – you still wear all PPE even if presumed immune.

- We don't know the answers about immunity – temporary, long-term, any at all

2. Point of care test results?
- Reported in electronic or physical medical record. No point of care serology approved.

3. Children as potential vessels of transmission?
- We do know is that there are not a lot of kids that get very sick. It's possible they get mild disease. Possible that they could be potential carriers. Molecular epidemiology could be suggested – we have a ways to go to learn more about this.

4. Alternate care sites – outcomes data collected?
- Working with Federal Government to collect data on outcomes … some run as an extension of partner hospitals so that data will be included in the hospital's data.

5. Second infection after recovered from COVID-19?
- VERY LIMITED DATA! Some reports from Korea and China of individuals getting re-infected – but need more information on the sequence of the virus – will not know until more research is done. **We should act as if it is possible until we know better**.