

DOH Update for NYS Healthcare Providers on COVID-19 4.2.2020 1:00 PM

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(Weekly calls will continue on Thursdays at 1pm)

Situation is rapidly evolving, as is our understanding of the virus.

As of April 1 over 820 k confirmed cases globally, over 40k deaths

For CDC travel recommendations: entire globe is orange, level 3 travel alert (indicates against travel). In addition with US entry restrictions - China, Iran, most of Europe, UK and Ireland.

In US: total of over 186K cases, over 3,600 deaths. COVID19 in all 50 states+ PR, Guam, N Mariana Islands, US Virgin Islands and Washington DC. Number of cases did not decrease.

NYS : 92,381 positive total, all 57 counties+NYC (full table can be found on NYSDOH website)

Top: NYC, Westchester, Nassau, Suffolk, Rockland

238,965 have been tested statewide to-date, over 18K in NYS yesterday (8,669 new positive yesterday)

Current hospitalizations: 13,383 (1,157 incr from yesterday); 3,396 ICU; 7,434 discharged; 2,373 deaths (increase of 432 since yesterday, it 285 deaths a week ago)

Reminder to providers: unless a patient is in need of urgent help, telehealth is preferable before testing

Testing Updates:

For patients who may have COVID but do not require clinical care should seek out alternative specimen collection sites. ASCS facilitate collection of samples in a setting that maintains the safety of the staff and other patients, relieves the burden on healthcare facilities. NYSDOH ASCS are available in areas with significant community transmission with plans to expansion (you can find info on NYSDOH website under testing, call hotline or your LHD for info).

How to collect:

For PCR test: ideal - NP swab for initial diagnostic testing for COVID19 placed in VTM, MTM or UTM (talk to your lab about obtaining those media).

Oral Swab is no longer needed

BAL may be considered as clinically approved and be sent to a commercial or clinical lab. Collection of sputum should only be done for those patients with a productive cough. Induction of sputum is not recommended. If there are supply chain problems:

If NP swab is not available, nasal swab and saliva specimen (HCP can observe self-collection of specimen), allowed at public health labs, talk to other clinical labs, if these specimens are allowed.

NP Swab preferred>if unavailable>nasal swab AND Saliva specimen with observation of self-collection>if self-collection nor feasible>nasal swab AND OP Swab

Nasal swab AND saliva specimen self-collection:

- Nasal swab: instruct the patient to insert the swab less than 1 inch into their nostril and rotate several times against nasal wall. Repeat in the other nostril with the same swab. Place in a vial containing at least 1.5-2ml of liquid media (VTM, MTM, UTM) and tightly secure the cap.
- Saliva specimen: instruct the patient to spit at least 3ml of saliva into an empty sterile container, tightly secure the cap
- Package both together, with the appropriate paperwork for shipment, to the lab in accordance with NYSDOH Wadsworth Center specimen collection, storage and packaging guidance
- Specimens must be transported to the center within 24hrs of collection

Recommended PPE:

- This specimen protocol allows for the patient to self-collect while HCP provides instruction and observes from 6ft or greater
- HCP observing the sampling should wear a facemask and gloves, eye protection if available (face shield or goggles)
- These PPE recommendations do not apply if the HCP is directly collecting the specimen (in this case previously issued guidance should be followed)

For all swabs: flocked swabs are preferred, sterile dacron or rayon swabs with plastic or flexible metal handles may also be used. Do not use cotton or calcium alginate swabs or swabs with wooden sticks, as they contain substances that inactivate some viruses and inhibit PCR.

Further testing guidance can be found on the NYSDOH COVID19 website.

Commercial testing: When forwarding specimen to comm. Labs, all patient demographic info must be provided to the lab. This info 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 disease. The info includes at min: name, DOB, sex, address, phone #, county of residence, type and source of specimen, date collected, and physician's name. Physician's address and phone # should be reported as well.

There are 22 PCR-based assays approved. [Fda.gov](https://www.fda.gov) link with info.

At this time there are no FDA approved home tests available. They are working with developers on this.

Release from home isolation of confirmed cases:

- **Symptomatic:** at least 3 days since recovery (no fever without the use of fever-reducing medication) AND improvement in respiratory symptoms AND at least 7 days since symptoms first appeared.

- **Asymptomatic:** at least 7 days since positive diagnostic test AND NO symptoms

Both should be discussed in advance with NYSDOH if immunocompromised.

For Essential workers – updated guidance from March 31st. They're drafting a chart with all these aspects.

New Yorkers without health insurance can apply through NY State of Health through April 15, 2020.

Emily Lutterloh, MD, MPH:

Updates for HCW to be released from isolation.

Asymptomatic – stay at home for 7 days after positive test, if they develop symptoms – additional 7 days+Fever-free for 72hrs

True risk for transmission – asymptomatic ppl.

Marcus Friedrich, MD:

The Department encourages the use of telehealth. All implemented telehealth payment policies that benefits physicians.

There's no need for written consent for telehealth activities.

Acceptable apps (non-public facing): Apple FaceTime, FB Messenger video chat, Google Hangouts video, Skype

Unacceptable (public facing): Facebook Live, Twitch, TikTok

Link to the Medicaid website with a lot of useful info: health.ny.gov/health_care/Medicaid/covid19

Different relieves, that allow maximum flexibility (e.g. relieve of prior authorization for physicians allowing to work from another state)

Talk with your patients about healthcare proxy, you can download on the web, including on NYSDOH

Volunteering: Over 80k ppl who signed up so far.

Do I get paid when I volunteer? Pay rate is based on the competences, you'll be assigned to the certain hospital and receive a paycheck while you're working there, free and reduce hotels available, free food, free flights, and other amenities, if you're eager to volunteer. You can sign up on the NYSDOH website.

NYS Gov-t started to build temporary hospitals (alternative sites).

You can't refer directly to Javits center, only send from the hospital, to make room for patients.

NYC Harbor Comfort Ship accepting patients since yesterday (NO COVID patients)

Rochester, Buffalo, Albany numbers are rising, we're exploring potential expanding of bed capacity.

From Health State Department: Use of Hydroxychloroquine – not a recommendation of using, limited clinical data, possible drug toxicity, QTc prolongation, engaging of observational studies, supporting academic centers and their plans; Convalescent serum injections and other agents being trialed.

Q/A:

Q: Importance of telehealth and volunteerism was mentioned today. Are volunteers automatically assigned to be in the field or there's a potential to help via telehealth?

A: We're looking for all HCP and support personnel who can help in any way, shape or form. Website: coronavirus.health.ny.gov if you want to get involved, there's an intake form.

Q: A lot of questions about quarantine and initial symptoms and/or fever, from what point you should count (mostly physicians asking for their patients)

A: Individuals should self isolating since symptoms before getting test results. More and more different symptoms, losing taste or smell – symptoms, etc.

Q: How to find testing site? They are popping up everywhere, hard to keep track

A: Local health department, web page or call them. Local health system; their web page

Q: Volunteering – didn't heard back from DOH

A: Just stay put, they will get back to you.

Q: Hydroxychloroquine – where are with that? Is it recommended?

A: Evidence is extremely limited and so is not recommended by CDC. China was recommending it, but they are not clear. Doctors and HCP are doing their best with limitation we have. Case by case basis.