



Health Alert # 4:

COVID-19 Updates for New York City

- Increasing number of persons in NYC diagnosed with COVID-19 and evidence of sustained community transmission
- Commercial testing options now available, which expands capacity
- Guidance for persons at increased risk for severe disease and death
- Testing available at the New York City Public Health Laboratory
- NYC Public Health Laboratory will ONLY accept NP and OP swabs that arrive in separate viral transport medium (VTM) collection tubes

March 8, 2020

Dear Colleagues

There is now evidence of sustained community transmission of COVID-19 in New York City (NYC). This is based on; NYC Health Department surveillance data which are showing an increase in the number of persons visiting emergency departments who report fever or influenza like illness despite decreases in circulating influenza virus; and the identification of 13 persons in New York City (including one New York State resident) diagnosed with COVID-19, only two of whom traveled to countries with known COVID-19 activity. Health facility planners can expect the potential of widespread transmission of COVID-19. Implementation of illness screening at facility entry is advised before the onset of widespread transmission.

Commercial, academic, and hospital-based laboratories will soon be able to test for COVID-19, expanding the availability of testing in NYC.

Testing for COVID-19

Testing is now available through several commercial diagnostic laboratories as well as the NYC Public Health Laboratory (PHL). In most cases, these tests will be conducted at no-cost to the patient per a New York State directive.

When considering COVID-19 in any patient presenting with respiratory symptoms, whenever possible test for common causes of respiratory illness (e.g., influenza, RSV), and if negative, a test for COVID-19 may be considered. COVID-19 testing is typically not indicated for patients with mild respiratory illness or those who are asymptomatic.

Epidemiologic factors that may help guide decisions on whether to test include: any persons, including health care workers, who have had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset, or a history of travel from affected geographic areas within 14 days of symptom onset.

Testing at the NYC Public Health Laboratory (PHL)

- Patients hospitalized in the intensive care unit (ICU) with severe acute lower respiratory illness (e.g., pneumonia, ARDS)
- Persons for whom testing is indicated as described below, but commercial, academic, or hospital-based laboratory testing is not yet available to the provider or facility ordering the test.
- On the New York City Department of Health and Mental Hygiene (NYC DOHMH) and New York State Department of Health (NYS DOH) “Healthcare Provider Novel Coronavirus (COVID-19) Weekly Call and Q&A Session” on 3/5/20, it was announced that Wadsworth Center Laboratory in Albany is able to test combined nasopharyngeal (NP) and oropharyngeal (OP) swabs. **Please note that NYC Public Health Laboratory (PHL) will ONLY accept NP and OP swabs that arrive in separate viral transport medium (VTM) collection tubes.** Combined NP/OP swabs will be rejected by PHL and specimens will need to be recollected.

Testing at commercial, academic, and hospital-based laboratories

Specimens should be sent to a commercial, academic, or hospital-based laboratory for:

- Patients with acute respiratory illness admitted to the hospital, but not requiring ICU
- Non-hospitalized patients with fever and either cough or shortness of breath. Prioritize persons at greatest risk for severe disease or death (e.g., patients 50 years and older or individuals of any age who have chronic conditions that put them at greater risk for poor outcomes, such as chronic lung or cardiac disease, malignancy, diabetes, or conditions or treatments that can lead to immune deficiency).

How to test at PHL

Testing at PHL is available for those providers with an eOrder account. To create an account, please visit the [PHL website for more information](#). Once an eOrder account has been set up, providers wanting to submit specimens to PHL should call the Provider Access Line at (866) 692-3641 to reach the testing call center

Reporting persons who test positive for COVID-19

At this time, there is NO need to report individual persons with COVID-19 positive test results unless they are a health care worker, work or reside in a congregate setting (e.g., shelter, correctional facility) or are part of a cluster of 3 or more confirmed or suspected cases in a congregate setting such as an assisted living facility, group home, or senior residential building other than a single household). Reports can be made by calling the PAL at (866) 692-3641.

The NYC Health Department will receive all positive COVID-19 test results for NYC residents directly from a commercial or hospital-based laboratory because of existing mandated laboratory reporting.

Prevention of healthcare-associated transmission of COVID-19

At this time, providers are urged to manage any patient with a respiratory illness with a minimum of droplet precautions. Providers and the public are encouraged to adopt and enforce practices to limit the spread of COVID-19, which is transmitted primarily via respiratory droplets and touching one’s eyes, nose, or mouth with contaminated fingers. Providers can encourage their patients to practice

respiratory etiquette and frequent hand hygiene, and to call providers to schedule urgent appointments, which allows screening for febrile respiratory illness. Persons with mild respiratory illness who do not require urgent medical evaluation can self-isolate at home, if clinically appropriate, rather than visiting healthcare facilities. Communicating with patients by telephone, video conference, electronic messaging, telemedicine and by other telecommunication means may be considered as an acceptable alternative in some cases. **When a patient with respiratory illness does require medical care, instruct them to use a face mask when traveling to the healthcare facility and not to use public transportation regardless of travel history.** All patients with suspected or confirmed COVID-19 can be directed to [CDC materials](#) that explain how to prevent spread in households and elsewhere.

Providers should continue to implement [infection prevention and control practices](#) to protect themselves, their patients, and staff. This includes, but is not limited to, adherence to screening practices, conducting routine environmental cleaning and disinfection, and restricting visitors and staff with fever or an acute respiratory illness. Protocols for managing staff who were exposed to COVID-19 patients also are needed. Guidance documents and other resources for healthcare providers and facilities are available on the [NYC Health Department provider webpage](#) and the [CDC website](#).

What steps can providers take to help protect their patients from severe COVID-19 complications?

There still is limited information about the spectrum of clinical illness and risk factors for severe disease. To date, factors associated with severe illness include advanced age (>50) (children and young adults appear to be less affected) and chronic medical conditions, such as chronic lung disease or diabetes. Some specific steps providers can take to avoid exposing at-risk patients to COVID-19 include:

For your support staff:

- Encourage staff members to take routine preventive actions, including hand hygiene
- Incentivize staff to stay home if ill (e.g., compensated sick time)
- Remind them to use appropriate PPE

For your patients:

- Provide influenza and pneumococcal vaccinations as indicated
- Prescribe refills of essential medications for several months when possible
- Plan to communicate with patients electronically (e.g., telemedicine, phone or email), when possible

Preparing for widespread transmission

Widespread transmission of COVID-19 in New York City may occur in the weeks ahead. Healthcare workers and facilities are reminded that now is the time to prepare for large numbers of people needing medical care at the same time. There are excellent resources for [providers](#) and [facilities](#) on the CDC website. Workplaces may experience more absenteeism and healthcare systems may become overloaded with elevated rates of hospitalizations and deaths. Other critical infrastructure, such as law enforcement, emergency medical services, and public and private transportation may also be affected. At this time, there is no vaccine to protect against COVID-19 or approved treatments, although studies are ongoing.

The outbreak of COVID-19 is evolving rapidly. NYC healthcare providers and institutions are reminded to check COVID-19 resources available on the NYC Health Department provider webpage (on.nyc.gov/covid19provider), and the [CDC website](https://www.cdc.gov).

Thank you for your collaboration.

Sincerely,

A handwritten signature in black ink, appearing to read "Demetre Daskalakis". The signature is fluid and cursive, with a long horizontal stroke at the end.

Demetre Daskalakis, MD, MPH
Deputy Commissioner