Dear Colleague
COVID-19 Updates

New York City Department of Health and Mental Hygiene

Updated guidance and scientific literature on COVID-19

April 1, 2020

If you are a certified health care worker or a local provider in need of additional staff, learn how you can **apply for or receive surge staffing during the COVID-19 outbreak.**

Looking to make a donation of personal protective equipment (PPE)?
Now you can do so on-line.

Table of Contents

Situation Summary

Guidance and Recommendation Updates

Literature Summary

Situation Summary

COVID-19 Testing and Personal Protective Equipment (PPE)

Now that testing for coronavirus disease 2019 (COVID-19) is more available in New York City (NYC), you may be wondering why the NYC Health Department is advising providers not to test patients who are not hospitalized. Although widespread testing may make sense at specific points in a pandemic, it does not make sense in NYC right now. In fact, indiscriminate testing is currently compromising the health care system's response to the pandemic and putting people's lives at risk. We need your help getting the word out. Important reasons not to test outpatients now include:

- COVID-19 is now widespread in NYC. Most people with compatible symptoms probably have it. For almost all patients who are not currently hospitalized, confirming the diagnosis will not make a difference in treatment or in what you should advise them to do — tell your patients, "Stay home and separate yourself from others to prevent spread." Tell patients to visit **nyc.gov/coronavirus** for the latest information and guidance.
- Unnecessary testing of outpatients wastes PPE. Right now, there is a critical shortage of PPE. PPE needs to be saved for health care providers taking care of patients with severe COVID-19 and other serious illnesses. Each piece of PPE used for an unnecessary test means one less piece of PPE for a health care worker treating a sick patient in the hospital or intensive care unit (ICU).
- People who leave their homes to get tested can infect others.
- People who leave their homes might also get infected themselves, if they are not already infected.
- False negative tests can occur. A false negative test result would send the wrong message to a patient who might have COVID-19, making them less likely to take steps to avoid passing it on. During this pandemic, if your patient has symptoms consistent with COVID-19, you can assume they have it, and advise them accordingly. A negative test in this case should not sway you.

There is a critical shortage of PPE, collection swabs and viral transport media supplies.

- Prioritize testing for hospitalized patients.
- PPE stockpile supplies in NYC are extremely limited and released based on strict criteria to preserve health care functions.
- All NYC health care and allied health professionals are urged to take steps immediately to conserve PPE.
- See **NYC Health Advisory #8: COVID-19 Update for New York City — Do not test non-hospitalized patients and preserve PPE** (PDF, March 20).

New Rules to Enforce Social Distancing in New York State

Starting at 8 p.m. on Sunday, March 22, everyone in New York State (NYS) is directed by executive order to stay at home from work, unless they are deemed an essential worker. Exemptions from the order include shipping, media, warehousing, grocery and food production, pharmacies, health care providers, utilities, banks and related financial institutions. All non-essential businesses are ordered to remain closed. Bars and restaurants may provide food for takeout and all non-essential gatherings of any size for any reason are banned. The public is encouraged to stay at home and practice social distancing when needing to be in public spaces for necessary tasks such as shopping for groceries. For more information on this executive order from the Governor, visit the **NYS Department of Health website.**

Daily Syndromic and COVID-19 Case Data Update

NYC COVID-19 case data and syndromic surveillance data are updated each weekday morning and can be found on the **NYC Health Department website.**

Due to public health guidance that non-hospitalized people with COVID-19–like illness stay home and not get tested, these data may not reflect the true number of positive COVID-19 cases in NYC and may overrepresent the volume of hospitalized cases.

Finding Information on Telehealth and Other Services Covered by Medicare and Medicaid

The Centers for Medicare & Medicaid Services (CMS) has allowed for more widespread access to Medicare telehealth services so that beneficiaries can receive a wider range of services from their doctors without having to travel to a health care facility.

Generally, telehealth services must be located in certain types of originating sites such as a physician's office, skilled nursing facility or hospital for the visit. However, effective starting March 6, 2020, and for the duration of the COVID-19 public health emergency, Medicare will make payments for Medicare telehealth services furnished to beneficiaries in any health care facility and in their home. These visits are considered the same as in-person visits and are paid at the same rate as regular, in-person visits. These services can only be reported when the billing practice has an established relationship with the patient.

For more information regarding Medicare telehealth coverage and payment, see the CMS **Fact Sheet** and **Frequently Asked Questions.**

The Office for Civil Rights (OCR) at the US Department of Health and Human Services (HHS) announced it will exercise its enforcement discretion and will waive potential penalties for HIPAA violations against health care providers that serve patients through everyday communications technologies during the COVID-19 nationwide public health emergency. For more information, see the **HHS Announcement.**

Effective for dates of service on or after March 13, 2020, during the current state of emergency only, NYS Medicaid will reimburse telephonic evaluation and management services to members in cases where face-to-face visits may not be recommended and it is medically appropriate for the member to be evaluated and managed by telephone. Guidance is available to support the policy that patients should be treated through telehealth, including telephonically, wherever possible to avoid member congregation with potentially sick patients. Telehealth will be covered for all appropriate services for all patients appropriate to treat through this modality. However, telephonic services are only to be rendered for the care of established patients or the legal guardian of an established patient.

The NYS Department of Health comprehensive guidance regarding NYS Medicaid coverage and reimbursement policy for services related to COVID-19 and the use of telehealth including telephonic services during the COVID-19 state of emergency can be found **here** and is summarized in a regularly updated **newsletter.**

Patients at Risk of Severe Disease

The CDC has a page devoted to guidance for **people who may be at higher risk for severe illness.** The information is targeted to specific groups and contains useful guidance for the public.

Reports of Anosmia and Dysgeusia Among People with COVID-19

The American Academy of Otolaryngology–Head and Neck Surgery (AAO-HNS) has developed a COVID-19 anosmia reporting tool that is available to all clinicians. The AAO-HNS notes, "there is rapidly accumulating anecdotal evidence that anosmia with resultant dysgeusia are frequently reported symptoms associated with the COVID-19 pandemic. Similar reports are surfacing from multiple countries around the world including the United States. In an effort to establish the significance of these symptoms in diagnosis and progression of COVID-19, the AAO-HNS established the **COVID-19 Anosmia Reporting Tool for Clinicians**. This tool was developed by the AAO-HNS Infectious Disease and Patient Safety Quality Improvement Committees to allow health care providers of all specialties worldwide to submit data to confidentially report on anosmia and dysgeusia related to COVID-19. The data will be used by AAO-HNS to establish the importance of anosmia and dysgeusia in the diagnosis and progression of COVID-19."

Guidance and Recommendation Updates

Centers for Disease Control and Prevention (CDC)

THERAPEUTIC OPTIONS

The CDC's regularly updated COVID-19 **Clinical Care page** recently added information on **Therapeutic Options for COVID-19 Patients**. Although the US Food and Drug Administration (FDA) has not approved any drug specifically for treating COVID-19, the page highlights several drugs that have potential activity against SARS-CoV-2, including **hydroxychloroquine** and **chloroquine** (which are FDA approved for other conditions) and **remdesivir** (a broad-acting antiviral which is under investigation).

Hydroxychloroquine, chloroquine, and hydroxychloroquine combined with azithromycin, are being used in several countries following clinical experience and in vitro studies. However, at this time there has not been a completed randomized clinical trial (RCT) to provide data to support the use of these drugs. RCTs are imperative for ascertaining the efficacy and safety of a drug.

Providers at this time should not prescribe these medications to patients with mild or moderate illness, and should only consider their use for hospitalized patients. This is to prevent shortages of these drugs for those patients for whom there is a clinical indication and to preserve supplies for persons hospitalized with COVID-19 when warranted. Hydroxychloroquine is used to treat conditions such as rheumatoid arthritis, systemic lupus erythematosus and porphyria cutanea tarda. Chloroquine is used for malaria treatment and prevention. Azithromycin is a macrolide antibiotic that is effective against a wide variety of bacteria.

When considering therapeutic options for a hospitalized patient, you can also refer to **COVID-19 Antiviral and Pharmacotherapy Recommendations** developed by the University of Nebraska.

The Milken Institute is currently tracking the development of treatments and vaccines for COVID-19 and has posted **an online document** that contains an aggregation of publicly available information from validated sources. It is not an endorsement of one approach or treatment over another, but simply a list of all treatments and vaccines currently in development.

SURVIVING SEPSIS CAMPAIGN

The Surviving Sepsis Campaign, made up of a panel of 36 experts from 12 countries, generated recommendations to help support health care workers caring for critically ill ICU patients with COVID-19. The topics covered were: 1) infection control, 2) laboratory diagnosis and specimens, 3) hemodynamic support, 4) ventilatory support, and 5) COVID-19 therapy. It is accessible online and, when available, new evidence will be provided in further releases of these guidelines.

JAMA's **Management of Critically Ill Adults With COVID-19** is a Clinical Guidelines Synopsis, which summarizes the 2020 Surviving Sepsis Campaign guidelines on the treatment of critically ill adults with COVID-19.

PEDIATRIC PROVIDERS

Information for Pediatric Healthcare Providers developed by the CDC is available on children with COVID-19 and can be referred to when managing pediatric patients with confirmed or suspected COVID-19.

NYC Health Alerts

Health alerts and advisories through the Health Alert Network (HAN) are the primary method used by the NYC Health Department to share information and official guidance on public health issues and emergencies with local health care providers.

- **NYC Health Advisory #8: COVID-19 Update for New York City — Do Not Test Non-hospitalized Patients and Preserve PPE** (PDF, March 20)
  Directions to preserve PPE for health care workers providing medically necessary care for hospitalized patients by limiting testing to hospitalized patients, and guidance on managing PPE needs.
- **NYC Health Alert #7: Guidance for Healthcare Worker Self-Monitoring and Work Restriction in the Presence of Sustained Community Transmission of Coronavirus Disease 2019 (COVID-19)** (PDF, March 17)
  Occupational health guidance for hospitals, health care facilities, and other organizations for the management of health care workers, including all providers and support staff involved in patient care. This interim guidance should be considered alongside applicable state and federal regulations. Health care workers currently furloughed because of previous guidance may return to work if asymptomatic.
- **NYC Health Alert #6: COVID-19 Updates for New York City** (PDF, March 15)
  Guidance on laboratory testing at the NYC Health Department Laboratory; updated PPE guidance to support the use of droplet precautions; advising patients who do not require hospitalization to stay home; and an overview of home-isolation and self-monitoring instructions.

NYC Health Department and CDC Clinician Guidance

- **FAQ About COVID-19 for Health Care Providers** (PDF, March 30)

- Interim Guidance for Home and Community Healthcare Workers (PDF, March 16)
- Infection Control in Outpatient Setting During Community Transmission (PDF, March 16)
- Caring for Patients at Increased Risk for Severe COVID-19 (PDF, March 8)
- Guidance for Patients at Increased Risk for Severe COVID-19 (PDF, March 8)
- CDC: Interim Considerations for Infection Prevention and Control of COVID-19 in Inpatient Obstetric Healthcare Settings

NYC Health Department Emergency Planning Resources for Hospitals

The ability of a hospital to take in more patients during a public health emergency such as COVID-19 is critical. Emergency Planning Resources for Hospitals provides a set of tools with step-by-step instructions for assessing and documenting surge staffing, facility and supply needs. The toolkit also includes implementation strategies, timelines and forms that can be adapted to the size and services of any hospital.

Literature Summary

CLINICAL FINDINGS, PATIENT MANAGEMENT AND TREATMENT

Association of radiologic findings with mortality of patients infected with 2019 novel coronavirus in Wuhan, China. *PLOS ONE,* Yuan et al, 2020

Highlights: The predominant CT characteristics consisted of ground glass opacity (67%), bilateral sides involved (86%), both peripheral and central distribution (74%), and lower zone involvement (96%). The median CT score of the mortality group was higher compared to survival group (30 (IQR 7-13) vs 12 (IQR 11-43), P = 0.021), with more frequency of consolidation (40% vs 6%, P = 0.047) and air bronchogram (60% vs 12%, P = 0.025). An optimal cutoff value of a CT score of 24.5 had a sensitivity of 85.6% and a specificity of 84.5% for the prediction of mortality.

Temporal Changes of CT Findings in 90 Patients with COVID-19 Pneumonia: A Longitudinal Study. *Radiology,* Wang et al, 2020

Highlights: The extent of lung abnormalities on CT peaked during illness days 6-11. Temporal changes of the diverse CT manifestations followed a specific pattern, which might indicate the progression and recovery of the illness.

Epidemiological Characteristics of 2143 Pediatric Patients with 2019 Coronavirus Disease in China. *Pediatrics,* Dong et al, 2020

Highlights: Largest pediatric study to date. The median age of all patients was 7 years (IQR: 2-13), and 1213 cases (56.6%) were boys. Over 90% of all patients were asymptomatic, mild, or moderate cases. The median time from illness onset to diagnoses was 2 days (range: 0-42 days).

Clinical Outcome of 55 Asymptomatic Cases at the Time of Hospital Admission Infected With SARS-Coronavirus-2 in Shenzhen, China. *The Journal of Infectious Diseases,* Wang et al, 2020

Highlights: SARS-Coronavirus-2 carriers were more often middle-aged people who had close contact with infected family members. Most asymptomatic cases at the time of hospital admission will go on to develop to mild and ordinary COVID-19 during hospitalization.

New Insights on the Antiviral Effects of Chloroquine Against Coronavirus: What to Expect for COVID-19? ***International Journal of Antimicrobial Agents,*** **Devaux et al, 2020**

Highlights: Preliminary trials of chloroquine repurposing in the treatment of COVID-19 in China have been encouraging, leading to several new trials. This article discusses the possible mechanisms of chloroquine interference with the SARS-CoV-2 replication cycle.

Hydroxychloroquine and Azithromycin as a Treatment of COVID-19: Results of an Open-Label Non-Randomized Clinical Trial. ***International Journal of Antimicrobial Agents,*** **Gautret et al, 2020**

Highlights: Twenty cases were treated in this study and showed a significant reduction of the viral carriage at D6-post inclusion compared to controls, and much lower average carrying duration than reported of untreated patients in the literature. Azithromycin added to hydroxychloroquine was significantly more efficient for virus elimination.

Should Patients Stop Their Biologic Treatment During the COVID-19 Pandemic. ***Journal of Dermatological Treatment,*** **Bashyam AM, Feldman SR, 2020**

Highlights: At this point, there are no specific clinical data on COVID-19 in patients with dermatologic disease or on biologics. While guidelines and package inserts suggest that biologics are contraindicated in case of clinically important active infections, these guides do not recommend stopping treatment because of potential infection risks in the community. Moreover, there does not seem to be evidence that TNF-alpha inhibition will increase the risk of SARS-CoV-2 infection, specifically. In seasonal influenza and H1N1 influenza, patients on anti-TNFagents have a similar risk of infection compared with the general population.

The Convalescent Sera Option for Containing COVID-19. ***Journal of Clinical Investigation,*** **Casadevall et al, 2020**

Highlights: This viewpoint argues that human convalescent serum is an option for prevention and treatment of COVID-19 disease that could be rapidly available when there are sufficient numbers of people who have recovered and can donate immunoglobulin-containing serum.

EPIDEMIOLOGY

MMWR Early Release: Severe Outcomes Among Patients with Coronavirus Disease 2019 (COVID-19) — United States, February 12–March 16, 2020

Highlights: This first preliminary description of outcomes among patients with COVID-19 in the United States indicates that fatality was highest in persons aged ≥85 years, ranging from 10% to 27%, followed by 3%-11% among persons aged 65-84 years, 1%-3% among persons aged 55-64 years, <1% among persons aged 20-54 years, and no fatalities among persons aged ≤19 years.

MMWR Early Release: COVID-19 in a Long-Term Care Facility — King County, Washington, February 27–March 9, 2020

Highlights: This report describes the identification of a first US cluster of COVID-19 cases in a long-term residential care facility resulting in cases among 81 residents, 34 staff members, and 14 visitors; 23 persons died. The outbreak helped make densely populated long-term care facilities for older, vulnerable adults a priority ensuring early recognition of potentially infected patients and implementation of appropriate infection control measures.

Risk Factors of Healthcare Workers with Corona Virus Disease 2019: A Retrospective Cohort study in a Designated Hospital of Wuhan in China. ***Clinical Infectious Diseases,*** **Ran et al, 2020**

Highlights: Being in a high-risk department (interventional medical or surgical procedures that generate respiratory aerosols, including the respiratory department, infection department, ICU and surgical department), longer duty hours, and suboptimal hand hygiene after contacting with patients were linked to COVID-19.

Real Estimates of Mortality Following COVID-19 Infection. ***Lancet Infectious Diseases,*** **Baud et al, 2020**

Highlights: We re-estimated mortality rates by dividing the number of deaths on a given day by the number of patients with confirmed COVID-19 infection 14 days before. On this basis, using WHO data on the cumulative number of deaths to March 1, 2020, mortality rates would be 5.6% (95% CI 5.4–5.8) for China and 15.2% (12.5-17.9) outside of China.

Estimates of the Severity of COVID-19 Disease. ***MedRxiv,*** **Verity et al, 2020**

Highlights: We estimate a crude CFR of 3.67% (95% crI 3.56%,3.80%) in cases from mainland China. Adjusting for demography and under-ascertainment of milder cases in Wuhan relative to the rest of China. We obtain a best estimate of the CFR in China of 1.38% (95% crI 1.23%,1.53%) with substantially higher values in older ages.

Lack of Vertical Transmission of Severe Acute Respiratory Syndrome Coronavirus 2, China. ***Emerging Infectious Diseases,*** **Li et al, 2020**

Highlights: A woman with 2019 novel coronavirus disease in her 35th week of pregnancy delivered an infant by cesarean section in a negative-pressure operating room. The infant was negative for severe acute respiratory coronavirus 2. This case suggests that mother-to-child transmission is unlikely for this virus.

A COVID-19 Transmission Within a Family Cluster by Presymptomatic Infectors in China. ***Clinical Infectious Diseases,*** **Qian et al, 2020**

Highlights: We report a COVID-19 family cluster caused by a presymptomatic case. There were 9 family members, including 8 laboratory-confirmed with COVID-19, and a 6-year-old child had no evidence of infection. Among the 8 patients, one adult and one 13-month-old infant were asymptomatic, one adult was diagnosed as having severe pneumonia.

ETHICS

Fair Allocation of Scarce Medical Resources in the Time of COVID-19. ***The New England Journal of Medicine,*** **Ezekiel et al, 2020**

The Toughest Triage — Allocating Ventilators in a Pandemic. ***The New England Journal of Medicine,*** **Truog et al, 2020**