COVID-19
HEALTH CARE PROVIDER UPDATE:
COVID-19 EPIDEMIOLOGY IN NYC, VACCINES FOR ADOLESCENTS, AND MONOCLONAL ANTIBODY TREATMENT

JUNE 4, 2021

Corinne Thompson, PhD
Jane R. Zucker, MD, MSc, FIDSA
Pooja Jani, MD, MPH

New York City Department of Health and Mental Hygiene

Our understanding of COVID-19 is evolving rapidly. This presentation is based on our knowledge as of June 3, 2021, 5 PM.
RECENT EPIDEMIOLOGY OF COVID-19 IN NYC

Corinne Thompson, PhD
Co-Lead, Epi Data Unit, COVID-19 Response
NYC Department of Health and Mental Hygiene
VACCINATION OF ADOLESCENTS AND OTHER COVID-19 VACCINE UPDATES

Jane R. Zucker, MD, MSc, FIDSA
Branch Director, Vaccine Section
Assistant Commissioner, Bureau of Immunization
NYC Department of Health and Mental Hygiene
COVID-19 VACCINE ADMINISTRATION, NYC

- Over 8.3 million doses administered
- Of NYC residents aged ≥ 18 years:
  - 63% received ≥ 1 dose
  - 54% fully vaccinated

Data are reported by providers to the Citywide Immunization Registry and may be delayed. [https://www1.nyc.gov/site/doh/covid/covid-19-data-vaccines.page](https://www1.nyc.gov/site/doh/covid/covid-19-data-vaccines.page); updated 6/3/2021
Pfizer-BioNTech COVID-19 Vaccine for Adolescents

Background: COVID-19 among adolescents

• Adolescents, especially those who are Black or Latino, are at risk for severe COVID-19

• Among U.S. adolescents 12-17 years old:
  • >1.5 million cases of COVID-19*
  • >13,000 hospitalizations due to COVID-19*
  • >800 cases of multisystem inflammatory syndrome in children (MIS-C)*

• Among NYC adolescents 13-17 years old:
  • >30,000 cases of COVID-19**
  • >500 hospitalizations due to COVID-19**

• Adolescents can spread COVID-19 infection to others within households and communities

*Cases and hospitalizations were from March 1, 2020 – April 30, 2021. Cases of MIS-C were as of May 3, 2021

Pfizer-BioNTech COVID-19 Vaccine Authorized & Recommended for Ages 12-15 Years in U.S.

• May 10, 2021: Food and Drug Administration (FDA) expanded emergency use authorization (EUA) to include adolescents aged 12-15 years

• May 12, 2021: Advisory Committee on Immunization Practices (ACIP) recommended the vaccine in this age group

Pfizer-BioNTech COVID-19 Vaccine Clinical Trial Findings for Participants Aged 12-15 Years

• 2,260 adolescents in this age group randomly assigned to vaccine or placebo in 1:1 ratio
• Efficacy of two doses in preventing symptomatic, laboratory-confirmed COVID-19: 100%
• Side effects:
  • Mild to moderate; similar to those seen in people aged 16-25 years
  • Pain at injection site (79%-86%), fatigue (60%-66%), headache (55%-65%), chills (28%-42%), joint pain (10%-16%), muscle pain (24%-32%), fever (10%-20%)
  • More common after second dose (except pain at injection site)
• 0.4% of participants in vaccine group reported ≥ 1 serious adverse event vs. 0.2% in placebo group
  • No serious adverse events were considered related to vaccine by FDA

Administration and Clinical Considerations

• Same dose (30 µg, 0.3 mL) and schedule as for older age groups: 2 doses, separated by ≥ 21 days
• Same contraindications and precautions as for other age groups

https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html
Consent for Vaccination of Minors in NY State

• Parent/guardian must provide consent for their child to be vaccinated in person or by phone
  • Not necessary to provide proof they are the child’s parent/guardian
• Some providers, including all City-run sites, accept proof of consent in writing; however, in-person or phone consent is preferred
• All minors ages 12 to 15 years must be accompanied to the vaccination site by a parent, guardian, or adult caregiver designated by parent/guardian
• Proof of age is required
  • If child does not have an ID or other document with date of birth, parent/guardian can accompany child to vaccination site to attest to their age
Co-Administration of COVID-19 and Other Vaccines

- Vaccines may now be administered regardless of timing between COVID-19 and non-COVID-19 vaccines (including live vaccines)
  - Includes administration of COVID-19 and non-COVID-19 vaccines on same or different days
- Applies to all ages
- Many people have fallen behind on vaccination during the pandemic. Use the opportunity to administer other needed immunizations
  - For adolescents, consider need for school-required immunizations and to administer missed immunizations such as human papilloma virus (HPV) vaccine
  - When deciding whether to co-administer COVID-19 and other vaccines, considerations may include reactogenicity of other vaccines (e.g. reactogenic adjuvanted vaccines such as Shingrix)

[https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#Coadministration](https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#Coadministration)
Updated Recommendations for Use of Johnson & Johnson/Janssen COVID-19 Vaccine

• April 27, 2021: ACIP reaffirmed interim recommendation for use in all people ≥ 18 years

• EUA now contains a warning about thrombosis with thrombocytopenia syndrome (TTS)

• As of May 7, 2021, 28 cases of TTS reported among recipients of Johnson & Johnson/Janssen COVID-19 vaccine
  • Predominantly among females (female, 22; male, 6)
  • Median age 40 years (range, 18-59 years)

Updated Recommendations for Use of the Johnson & Johnson/Janssen COVID-19 Vaccine

• Benefits of vaccine, including efficacy in preventing serious illness, hospitalization, and death due to COVID-19, outweigh rare but potential risk of TTS

• Educate all potential vaccine recipients, especially women <50 years, about risk for TTS from and availability of alternative (mRNA) COVID-19 vaccines

• Provide vaccine recipients with updated patient fact sheet and instruct to seek care immediately if they develop:
  • Shortness of breath
  • Chest pain
  • Leg swelling
  • Persistent abdominal pain
  • Severe or persistent headache or blurred vision
  • Easy bruising or petechiae beyond the site of the injection

MacNeil JR, et al. Updated Recommendations from the ACIP for Use of the Janssen (Johnson & Johnson) COVID-19 Vaccine After Reports of Thrombosis with Thrombocytopenia Syndrome Among Vaccine Recipients — United States, April 2021. MMWR 2021;70:651-656
DOI: http://dx.doi.org/10.15585/mmwr.mm7017e4
https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#janssen-vaccine-certain-populations
Revised Clinical Considerations for Use of Johnson & Johnson/Janssen COVID-19 Vaccine

• Offer mRNA vaccine for people with history of an immune-mediated syndrome with thrombosis and thrombocytopenia (e.g. heparin-induced thrombocytopenia) if ≤ 90 days since illness resolved
  • > 90 days, use any FDA-authorized COVID-19 vaccine

• Risk factors for or a personal history of thrombosis not associated with thrombocytopenia are unlikely to increase risk for TTS after Johnson & Johnson/Janssen COVID-19 vaccine
  • Includes pregnancy and use of hormonal contraceptives
  • Can receive any authorized COVID-19 vaccine

https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#janssen-vaccine-certain-populations
Revised Clinical Considerations for Use of Johnson & Johnson/Janssen COVID-19 Vaccine

• Taking aspirin or an anticoagulant before any COVID-19 vaccine is not recommended, unless part of routine medications

• Patients with suspected TTS after Johnson & Johnson/Janssen COVID-19 vaccination should **not** be treated with heparin unless platelet factor 4-ELISA ("HIT" ELISA) assay is negative

[https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#janssen-vaccine-certain-populations](https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#janssen-vaccine-certain-populations)
Myocarditis and Pericarditis after mRNA COVID-19 Vaccines

• Rare reports of myocarditis and pericarditis after receipt of Moderna and Pfizer-BioNTech COVID-19 vaccines are being investigated
  • Cases identified during routine review of COVID-19 vaccine safety monitoring data
  • To date, rates of myocarditis/pericarditis appear similar to baseline rates

• Cases have occurred
  • Mostly in male adolescents and young adults age ≥ 16 years
  • Typically, several days after mRNA COVID-19 vaccination
  • More frequently after the second vaccine dose than after the first dose

• Most cases have been mild and have responded to medical treatment and rest

CDC’s Clinical Considerations: Myocarditis and Pericarditis after Receipt of mRNA COVID-19 Vaccines Among Adolescents and Young Adults
Myocarditis and Pericarditis after mRNA COVID-19 Vaccines: Key Messages for NYC Providers

• Consider myocarditis and pericarditis when evaluating chest pain, dyspnea, or palpitations
  • Ask about a history of COVID-19 vaccination

• Review CDC guidance for providers:
  • Clinical Considerations: Myocarditis and Pericarditis after Receipt of mRNA COVID-19 Vaccines Among Adolescents and Young Adults

• Report cases of myocarditis, pericarditis and other serious events after vaccination to VAERS

• CDC continues to recommend COVID-19 vaccination for people ≥ 12 years
  • CDC information for patients: Myocarditis and Pericarditis Following mRNA COVID-19 Vaccination
## Non-FDA-Authorized COVID-19 Vaccines Received Outside the U.S.

<table>
<thead>
<tr>
<th>Patient’s Vaccination Status</th>
<th>Recommendation for COVID-19 Vaccination in U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fully vaccinated with COVID-19 vaccine authorized by World Health Organization</td>
<td>No further COVID-19 vaccination needed</td>
</tr>
<tr>
<td>Partially vaccinated with COVID-19 vaccine authorized by World Health Organization</td>
<td>Start new COVID-19 series with FDA-authorized vaccine*</td>
</tr>
<tr>
<td>Fully or partially vaccinated with COVID-19 vaccine not authorized by World Health Organization</td>
<td>Start new COVID-19 series with FDA-authorized vaccine*</td>
</tr>
</tbody>
</table>

*Start FDA-authorized COVID-19 vaccine series ≥ 28 days after the last dose of the non-FDA authorized COVID-19 vaccine

https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#people-vaccinated-outside-us
New York State Excelsior Pass

• Digital record of COVID-19 vaccination
  • Stored in smartphone
  • Can be used by businesses/venues to confirm vaccination
  • Adults may hold pass for accompanying minors
  • Does not provide vaccination dates

• Vaccine recipient’s information must match the information submitted in the NYC Citywide Immunization Registry (CIR) vaccination record
  • Especially for name, date of birth, phone number and zip code
  • Need the county where vaccine provider is registered

• Confirm correct vaccine recipient information at each step:
  • Collection from recipient
  • Entry of data into CIR

New York State Excelsior Pass: https://covid19vaccine.health.ny.gov/excelsior-pass
Anticipated Developments in COVID-19 Vaccines

• Pfizer-BioNTech and Moderna have applied for full FDA approval of their products (in persons ≥ 16 years and ≥ 18 years, respectively)
  • Approval of both products may occur by the end of 2021
• Moderna has applied to FDA to extend EUA to adolescents ages 12-17 years
• Pfizer-BioNTech and Moderna are conducting studies in children < 12 years old
• Pfizer-BioNTech and Moderna booster doses being tested for potential need
  • Variant protection, durability
• Pfizer-BioNTech is conducting studies in pregnant people
  • Follow up of newborns for 6 months
Take Every Opportunity to Vaccinate

• Use every opportunity to vaccinate every eligible person against COVID-19

• Updated CDC, New York State and New York City guidance: vaccinate even if this means you will not be able to use an entire multi-dose vial
  • New, more flexible policy will allow for broader administration

• Other recent changes that make providing COVID-19 vaccines easier:
  • Storage of Pfizer-BioNTech vaccine
    - Undiluted frozen vials may be transported and stored at temperatures commonly found in pharmaceutical freezers for up to two weeks (2/25/21)
    - Thawed, undiluted vaccine may be refrigerated for up to 30 days (5/19/21)
  • Pfizer-BioNTech vaccine now available in 450 and 1170 dose orders
  • Moderna vaccine now available in 14 dose vials

Updated Pfizer-BioNTech fact sheet for health care providers: https://www.fda.gov/media/144413/download
NYC Youth Vaccination Week: June 3-8

• Participate in this week of action by promoting vaccination for adolescents through a strong recommendation and information-sharing

• City conducting series of virtual and in-person events:
  • Youth Vax Block Parties and Vaccinations: food, music, activities and vaccinations with Pfizer-BioNTech in all five boroughs
  • Virtual Events: workshops will provide information to parents, youth, and educators about the COVID-19 vaccine
  • Mobile vaccine units: units providing youth vaccinations will be parked across the city (including beaches & iconic sites)

• List of events: https://www1.nyc.gov/site/coronavirus/vaccines/vaccine-events.page
COVID-19 Vaccine Resources in NYC

• COVID-19 vaccines are available at many NYC locations, including pharmacies, Federally Qualified Health Centers and hospitals

• Patients can find a vaccination site at nyc.gov/vaccinefinder
  • Searchable by vaccine brand, walk-in or ADA accessible
  • They can also call 877-VAX-4NYC (877-829-4692) for assistance making an appointment at a City-run site

• Dedicated line for providers and staff to help patients make vaccine appointments:
  • 877-VAX-4NYC (877-829-4692); press 2 at the second prompt

• Providers can refer a patient to the Vaccine Appointment Hotline by filling out a short request form:
  • Patients referred through this form will receive a call within 48 hours
Give Your Strong Recommendation

• Your strong recommendation is critical to your patients choosing to get vaccinated

• Start conversations with parents and patients to address concerns

• Remind parents of benefits of vaccination, including:
  • Protecting their children’s health
  • Preventing transmission from their children to others
  • Enabling children to resume activities stopped due to the pandemic

• Remind everyone that COVID-19 vaccines:
  • Are available to everyone at no cost
  • Will be given to all people living in the U.S., regardless of immigration status

• Resources on communicating with patients: nyc.gov/VaccineTalks
UPDATE ON MONOCLONAL ANTIBODIES FOR TREATMENT OF COVID-19 IN NYC

Pooja Jani, MD, MPH
Health Systems Planning and Strategies Lead
COVID-19 ICS Emergency Response
NYC Department of Health and Mental Hygiene
Interventions depend on stage of COVID-19 illness

Objective: optimize therapeutic use to prevent or shorten hospitalizations

- **No Illness**: Healthy, no infection
  - Antiviral therapies
  - Immune modulator therapies
  - Question mark for Monoclonal antibodies

- **Exposed/Asymptomatic Infected**: Not hospitalized, no limitations

- **Early Symptomatic**: Not hospitalized, with limitations
  - Monoclonal Antibodies
  - Remdesivir
  - Convalescent Plasma

- **Hospital Admission**: Hospitalized, no active medical problems
  - Hospitalized, not on oxygen
  - Hospitalized, on oxygen
  - Dexamethasone
  - Baricitinib (with remdesivir)

- **ICU Admission**: Hospitalized, high flow oxygen or invasive ventilation
  - Hospitalized, mechanical ventilation/ECMO

Monoclonal Antibody (mAb) Therapeutics

• Approved Products
  • Eli Lilly
    • Bamlanivimab 700 mg + etesivimab 1,400 mg – cocktail administers as single dose
  • Regeneron
    • Casirivimab 1,200 mg + imdevimab 1,200 mg – cocktail administers as single dose

• No Longer Approved
  • Bamlanivimab alone unlikely to be active against most B.1.526 and other variants
    • No longer authorized → EUA revoked by FDA
  • Etesevimab can now be ordered alone to complement on-site supplies of bamlanivimab; however, bamlanivimab monotherapy discontinued nationwide

• Clinical Considerations
  • Given via a one-time intravenous (IV) infusion
    • 16-60 min infusion time + 60 min observation
  • Must be given within 10 days of symptoms onset
Emergency Use Authorization Eligibility

• mAbs are authorized for the treatment of patients who:
  • Have mild to moderate COVID-19 symptoms
  • Have a positive direct SARS-CoV-2 viral test
    • Nucleic acid amplification (NAA) or antigen test
  • Are 12 years of age or older
  • Weigh at least 88 pounds (40 kg)
  • Are at high risk for progressing to severe COVID-19 or hospitalization
**Updated EUA Eligibility Criteria**

<table>
<thead>
<tr>
<th>Adults who meet at least one of the following:</th>
<th>Pediatrics (Age 12-17) who meet at least one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Age 65 or older</td>
<td>• Obesity or being overweight with BMI ≥85th percentile of patients of same age and gender based on <a href="https://www.cdc.gov/">CDC growth charts</a></td>
</tr>
<tr>
<td>• Obesity or being overweight with a BMI ≥25</td>
<td>• Sickle cell disease</td>
</tr>
<tr>
<td>• Pregnancy</td>
<td>• Congenital or acquired heart disease</td>
</tr>
<tr>
<td>• Chronic kidney disease</td>
<td>• Neurodevelopmental disorders (e.g., cerebral palsy) or other conditions that confer medical complexity (e.g., genetic or metabolic syndromes, severe congenital anomalies)</td>
</tr>
<tr>
<td>• Type I or II diabetes</td>
<td>• Dependence on medical-related technologies (e.g., tracheostomy, gastrostomy, or positive pressure ventilation (not related to COVID-19))</td>
</tr>
<tr>
<td>• Immunosuppressive disease or currently receiving immunosuppressive treatment</td>
<td>• Asthma, reactive airway, or other chronic respiratory disease (e.g., cystic fibrosis) that requires daily medication.</td>
</tr>
<tr>
<td>• Cardiovascular disease or hypertension</td>
<td></td>
</tr>
<tr>
<td>• Chronic lung diseases (e.g., COPD, moderate-to-severe asthma, interstitial lung disease, and pulmonary hypertension)</td>
<td></td>
</tr>
</tbody>
</table>

Effective 5/14/21; see updated FDA factsheets for [bamlanivimab/etesevimab](https://www.fda.gov) (administered together) and [casirivimab/imdevimab](https://www.fda.gov) for additional information.
COVID-19 Vaccination and mAb Treatment

• Patients are advised to defer COVID-19 vaccination for 90 days after receiving mAb treatment
• Any eligible patient who develops lab-confirmed COVID-19 after vaccination can receive mAb treatment
Data pulled 6/01/21 from GISAID; variants available in GISAID for NYC residents, cumulative*

<table>
<thead>
<tr>
<th>Variants of concern that are being monitored by CDC</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>B.1.1.7</td>
<td>4,883</td>
</tr>
<tr>
<td>B.1.351</td>
<td>39</td>
</tr>
<tr>
<td>B.1.429</td>
<td>254</td>
</tr>
<tr>
<td>B.1.427</td>
<td>144</td>
</tr>
<tr>
<td>P.1</td>
<td>315</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other variants of interest being monitored by CDC</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.1.526/B.1.526.2</td>
</tr>
<tr>
<td>B.1.526.1</td>
</tr>
<tr>
<td>B.1.525</td>
</tr>
<tr>
<td>B.1.617</td>
</tr>
<tr>
<td>B.1.617.1</td>
</tr>
<tr>
<td>B.1.617.2</td>
</tr>
<tr>
<td>B.1.617.3</td>
</tr>
<tr>
<td>P.2</td>
</tr>
</tbody>
</table>

| Number of genome sequences from specimens from NYC residents in GISAID, cumulative* | 20,935 |

* GISAID is a global science repository for open-access genomic data of SARS-CoV2. Cumulative refers to January 2021 – present. All sequences noted as “available in GISAID” have passed critical quality control checks and are publicly available.

NYC COVID-19 Cases Caused by Variants

https://www1.nyc.gov/site/doh/covid/covid-19-main.page

For national data go to:

---

Trends based on a sample of specimens submitted to Pandemic Response Lab, as of 5/23

| Specimen collection date, week | Total specimens sequenced by PRL | B.1.1.7 (N, %) | B.1.351 (N, %) | B.1.429 (N, %) | B.1.427 (N, %) | P.1 (N, %) | B.1.528 (N, %)* | SE-E484K+ (N, %) | SE-E484K- (N, %) | B.1.526.1 (N, %) | B.1.525 (N, %) | B.1.617 (N, %) | B.1.617.1 (N, %) | B.1.617.2 (N, %) | B.1.617.3 (N, %) | P.2 (N, %) |
|--------------------------------|----------------------------------|----------------|----------------|----------------|----------------|-----------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|---|
| April 12 - 18                  | 1404                             | 532 (37.9%)    | 5 (0.4%)       | 11 (0.8%)      | 6 (0.4%)       | 47 (3.4%) | 366 (25.1%)   | 196 (14.0%)   | 97 (6.9%)      | 9 (0.6%)       | 1 (0.1%)       | 0 (0%)         | 0 (0%)         | 0 (0%)         | 0 (0%)        |
| April 19-25                    | 955                              | 402 (41.5%)    | 1 (0.1%)       | 3 (0.3%)       | 9 (0.8%)       | 34 (3.6%) | 229 (24%)     | 121 (12.7%)   | 52 (5.4%)      | 5 (0.6%)       | 1 (0.1%)       | 0 (0%)         | 0 (0%)         | 0 (0%)         | 0 (0%)        |
| April 26 - May 2               | 690                              | 303 (43.3%)    | 1 (0.1%)       | 2 (0.3%)       | 1 (0.1%)       | 41 (5.9%) | 130 (10.5%)   | 87 (12.4%)    | 55 (7.9%)      | 5 (0.6%)       | 1 (0.1%)       | 0 (0%)         | 16 (2.5%)      | 0 (0%)         | 0 (0%)        |
| May 3 - 9                      | 414                              | 196 (47.3%)    | 5 (1.2%)       | 2 (0.5%)       | 24 (5.8%)      | 24 (5.8%) | 56 (13.5%)    | 30 (4.9%)     | 17 (4.1%)      | 5 (1.2%)       | 0 (0%)         | 0 (0%)         | 17 (4.1%)      | 2 (0.5%)       | 0 (0%)        |
| May 10 - 16                    | 361                              | 147 (40.7%)    | 0 (0%)         | 1 (0.3%)       | 2 (0.6%)       | 18 (5%)  | 47 (13%)      | 54 (15%)      | 38 (10.8%)     | 0 (0%)         | 0 (0%)         | 15 (4.2%)      | 0 (0%)         | 0 (0%)         | 0 (0%)        |
SARS-CoV-2 Variants & Monoclonal Antibodies

Preliminary data on efficacy:

• Both mAb products active against B.1.1.7 ("UK" variant)

• Shipments of bamlanivimab/etesivimab and etesivimab to complement existing bamlanivimab has been paused in 8 states (AZ, CA, FL, IL, IN, MA, OR, WA) due to P.1 and B.1.351 prevalence
  • CDC has identified increased combined frequency above 10% of circulating P.1 and B.1.351 variants in these states
  • Results from in vitro studies suggest:
    • Bamlanivimab/etesivimab administered together are not active against either the P.1 or B.1.351 variants
    • Casirivimab/imdevimab is likely to retain activity against the P.1 or B.1.351 variants

See Section 15 of FDA fact sheets for info on variants of concern: bamlanivimab with etesevimab and casirivimab with imdevimab
SARS-CoV-2 Variants & Monoclonal Antibodies

Preliminary data on efficacy:

- Although B.1.1.7 variant is still the dominant strain in NYC, we must monitor other variants that could affect efficacy of one or more mAbs and lead to potential pause in use

- Manufacturers now required to study and routinely report on variant resistance (per FDA)

- Updated EUA data shows reduced efficacy of bamlanivimab/etesivimab on B.1.526 (with E484K mutation)

https://www.fda.gov/media/145611/download

https://www.fda.gov/media/145802/download

https://www.fda.gov/media/145611/download
Referring Patients for mAb Treatment

- Greater New York Hospital Association (GNYHA) list of hospitals and networks providing mAbs
  - [https://hitesite.org/monoclonalantibody](https://hitesite.org/monoclonalantibody) -- will be continuously updated
  - For other treatment sites check Department of Health and Human Services (HHS) Therapeutics Distribution locator

- NYC Health+Hospitals
  - Visit [ExpressCare.nyc](ExpressCare.nyc) and click “Talk to a Doctor Now” or call 212-COVID19 (212-268-4319)

- Become a treatment site
  - Learn how to prepare via the [HHS monoclonal antibody outpatient administration playbook](#)
  - Information on direct ordering of mAbs and [direct order form](#)

- CMS has increased reimbursement rates for mAb treatment (effective 5/6/21)
  - $450/reimbursement for mAb administration in most health care settings
  - $750/reimbursement when administered in the beneficiary's home
Dear Colleague: COVID-19 Monoclonal Antibody (mAb) Treatment in the Outpatient Setting

Overview

- mAbs are authorized for emergency use for non-hospitalized patients with mild to moderate COVID-19 at high risk of progression to severe disease
- When given early after symptom onset, monoclonal antibody (mAb) treatments can decrease the risk of hospitalization and death due to COVID-19
- Treatment sites and referral information can be found at https://sites.org/monoclonalantibody
- Outpatient facilities interested in providing mAb infusions can make requests through the federal Special Projects for Equitable and Efficient Distribution (SPEED) program

https://www1.nyc.gov/site/doh/covid/covid-19-providers.page
Additional COVID-19 Resources

COVID-19 Vaccines

- NYC Health Department - COVID-19 Vaccine:
  - Providers:
    - General vaccine information: nyc.gov/health/covidvaccineprovider
    - Vaccine communication resources: nyc.gov/VaccineTalks
    - Provider hotline to schedule vaccine appointments: 877-VAX-4NYC (877-8229-4692); press 2 at second prompt
  - Public: nyc.gov/covidvaccine

- Citywide Immunization Registry Reporting Assistance
  - https://www1.nyc.gov/site/doh/providers/reporting-and-services/cir-how-to-report.page#electronic

- Vaccine Provider Assistance: nycimmunize@health.nyc.gov

General COVID-19 Resources

- Provider page: https://www1.nyc.gov/site/doh/covid/covid-19-providers.page
- Data page: https://www1.nyc.gov/site/doh/covid/covid-19-data.page
- Dear Colleague COVID-19 newsletters (sign up for City Health Information subscription at: nyc.gov/health/register)
- NYC Health Alert Network (sign up at https://www1.nyc.gov/site/doh/providers/resources/health-alert-network.page)
- Provider Access Line: 866-692-3641

Next NYC Health Department provider webinar

- Friday, June 18, 1 p.m. (sign up on provider page)
CONTINUING MEDICAL EDUCATION

CME Accreditation Statement for Joint Providership
NYC Health + Hospitals is accredited by The Medical Society of the State of New York (MSSNY) to provide continuing medical education for physicians. This activity has been planned and implemented in accordance with the Accreditation Requirements and Policies of the MSSNY through the joint providership of NYC Health + Hospitals and the NYC Department of Health and Mental Hygiene. NYC Health + Hospitals designates this continuing medical education activity for a maximum of 1 AMA PRA Category 1 Credit™. Physicians should claim only credit commensurate with the extent of their participation in the activity.