Our understanding of COVID-19 is evolving rapidly.
This presentation is based on our knowledge as of August 6, 2020, 5 PM.
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.
WHERE WE ARE NOW

Mary Foote, MD, MPH
Health Systems Planning and Strategies Lead, COVID-19 Response
NYC Department of Health and Mental Hygiene
WHERE WE ARE NOW

- Over 18 million cases and 693,000 deaths due to COVID-19 confirmed worldwide
- The United States reported a record 1.87 million cases in July
- Vaccine candidates are in various stages of development. Moderna/NIH and AstraZeneca/Oxford University vaccines are in stage III trials
- Indicators of viral circulation in NYC are being monitored closely to gauge success of suppression measures and to help guide potential next steps in reopening
CUMULATIVE
CASES
WORLDWIDE

>18.2 million cases
>693,000 deaths
8/3/20

Cumulative confirmed cases, Johns Hopkins University
https://www.arcgis.com/apps/opsdashboard/index.html#bda7594740fd40299423467b48e9ecf6
> 4.8 million cases (~26% of confirmed global cases)

> 158,000 deaths (~23% of reported global deaths)

COVID-19, NYC
8/3/20

Cumulative counts:
• Cases: 222,522
• Hospitalizations: 56,365
• Confirmed deaths: 18,927
• Probable deaths: 4,623

Figures show number of daily COVID-19 cases, hospitalizations, and deaths

NYC Health Department. COVID-19: data.
https://www1.nyc.gov/site/doh/covid/covid-19-data.page
GETTING READY FOR FLU

Mary Foote, MD, MPH
Health Systems Planning and Strategies Lead, COVID-19 Response
NYC Department of Health and Mental Hygiene
• Framing the problem
• Getting your facility ready
• Evaluation and management considerations
• What is the NYC Health Department doing to prepare
• Flu down south
Seasonal Flu and respiratory syncytial virus (RSV)

- Each year, the beginning, peak, and end of the flu season are different
- Flu activity often starts in October and peaks in February most seasons
  - RSV typically peaks a bit earlier than influenza
- Influenza sometimes exhibits two separate peaks in a season

NYC Influenza Surveillance Report
CDC estimates* that, from **October 1, 2019**, through **April 4, 2020**, there have been:

- **39,000,000 – 56,000,000** flu **illnesses**
- **18,000,000 – 26,000,000** flu **medical visits**
- **410,000 – 740,000** flu **hospitalizations**
- **24,000 – 62,000** flu **deaths**

[https://www.cdc.gov/flu/about/burden/preliminary-in-season-estimates.htm](https://www.cdc.gov/flu/about/burden/preliminary-in-season-estimates.htm)
• Potential second wave of COVID-19 in the fall
  • Compounding strain on healthcare system capacity
  • Higher risk to black and brown communities
• Overlap in symptoms / presentation
• COVID-19 testing challenges persist
• Impact of dual respiratory infections unknown
  • Are recovered COVID-19 patients more vulnerable?
• Could exacerbate shortages of PPE and other supplies
• Convene planning team
• Review flu and COVID-19 plans
  • Incorporate lessons learned from 1\textsuperscript{st} wave
• Optimize influenza vaccination
• Explore testing options
• Assess supply needs
  • Supply needs based on peak of COVID-19
  • What would be impacted when you add other respiratory infections into the mix?
• Begin patient communications early
VACCINATION

• Could help reduce strain on healthcare system and supply chain
• Proactive outreach to patients at highest risk for severe COVID-19
  • Similar risk factors for severe flu
• Consider dedicated vaccine clinic hours
• Offer to asymptomatic and mildly symptomatic patients presenting for COVID-19 testing
• Ensure providers have the education and tools to address vaccine hesitancy
Disparities in Flu Vaccination Rates

NYC COVID-19 Case Rates as of 8/4/2020

NYC Influenza Vaccine Coverage, 2017
- Create standard processes for
  - Testing (symptomatic vs. asymptomatic)
  - Vaccination
- Screen for COVID-19 symptoms before appointments
  - Would telehealth visit be appropriate?
- Does your facility offer COVID-19 testing?
  - If yes, would hybrid visit be appropriate?
  - If no, can assessment be done remotely and patient referred to designated testing site?
- Screen everyone for symptoms upon arrival
  - Direct symptomatic patients to a designated isolation area
  - Prepare signage and post staff for directing patients
- Ensure physical distancing throughout

https://www1.nyc.gov/site/coronavirus/get-tested/covid-19-testing.page
SPACE CONSIDERATIONS

• Consider the use of alternate spaces
  • Tents outside of the facility
  • Community spaces for vaccination clinics

• Designate separate waiting and consultation areas for patients with respiratory symptoms within facility

• Designate one clinic site for respiratory illness evaluation

• Establish designated hours for sick visits

• Assess and optimize air circulation and ventilation in shared spaces
  • Consider the use of portable solutions (e.g., HEPA filter units) to create negative pressure space
INFECTION CONTROL CONSIDERATIONS

- Refresher training for staff
- Fit testing needs of staff
  - Are potentially aerosol generating procedures being performed?
- Cohorting of patients and staff
- Universal source control
  - Facemasks for all staff
  - Facemask or face covering for patients and visitors
- Ensure adequate supplies
  - Hand sanitizer throughout facility including by entryway of every patient room
- PPE should include **facemask** and **eye protection** for all clinical encounters

STAFFING CONSIDERATIONS

• Plan for staff shortages
  • What activities can be suspended if needed
• Cross train staff to perform essential roles
• Symptom monitoring
  • Before start of each shift
  • What’s the protocol if symptoms reported?
• Review options for temporary staffing
  • Medical reserve corps
  • Other volunteers
  • Temporary staffing agencies
TESTING CONSIDERATIONS

• Current strain on local and national testing capacity
  • Turnaround times significantly prolonged
  • Testing stewardship: will result change my management?

• Testing options
  • Point of care options → SARS-CoV-2 PCR or antigen
  • Combined tests → SARS-CoV-2 + Flu +/- RSV
  • Other rapid tests→ Strep A, Flu, RSV

• Point of care test results are preliminary
  • Need confirmation with lab-based PCR test

• Influenza diagnosis does not rule out COVID-19
  • Co-infections with SARS-CoV-2 and other viruses are well documented
  • If suspicion high, treat as COVID-19 while awaiting test results
OUTPATIENT MANAGEMENT CONSIDERATIONS

- Develop management algorithms
  - Assess risk and symptom severity
  - Testing capabilities
  - Treatment options
  - Monitoring and follow-up plans
- Equipment and supply needs
  - Pulse oximeters
  - Home oxygen
- Empiric treatment for flu
  - Oral Oseltamivir
  - Oral baloxavir (Xofluza™)
- Ensure ability to safely isolate
  - Consider social support needs
HOW IS THE NYC HEALTH DEPARTMENT PREPARING?

• Equity-centered approach
• Providing healthcare guidance
• Increasing access to rapid SARS-CoV-2 testing and support services
• Increasing influenza vaccine uptake
• Planning for COVID-19 vaccine rollout
• Supporting City PPE and ventilator stockpile planning
• Supporting healthcare surge planning
• Enhanced surveillance and improving data collection
• Maintaining essential healthcare services during a second wave
2020 Flu Season: Positive Signs?

Southern Hemisphere

Northern Hemisphere
Infection Control Resources

- NYC Health Department COVID-19 Resources for Providers and Facilities Including Infection Control and PPE Guidance
  - [https://www1.nyc.gov/site/doh/covid/covid-19-providers.page](https://www1.nyc.gov/site/doh/covid/covid-19-providers.page)

- NYC Health Department Dear Colleague Letter: Restoring Outpatient Care During the COVID-19 Pandemic

- Expanding Outpatient Services: Considerations and Resources (NYC Health Department )

- PPE Supplier List

- NYC Test & Trace Corps: Take Care Resources
  - [https://www.nychealthandhospitals.org/test-and-trace/take-care/](https://www.nychealthandhospitals.org/test-and-trace/take-care/)

- Health Inequities and COVID-19

- Vaccination During a Pandemic (CDC)

- City Health Information: Influenza Prevention and Control 2019-2020
FLU VACCINATION DURING COVID-19

Krishika A. Graham, MD, MPH

Adult Immunization Medical Specialist
Bureau of Immunization
NYC Department of Health and Mental Hygiene
IMPACT OF THE COVID-19 PANDEMIC ON ALL ADULT VACCINATIONS

Total Immunizations Administered for Adults 19+ Years, by Week, 2019-2020

Source: Citywide Immunization Registry; data run on 7/27/2020
During the 2019-2020 flu season, influenza resulted in:

- 410,000 – 740,000 hospitalizations nationwide
- 24,000 – 62,000 deaths nationwide
- 185 pediatric deaths, including 4 NYC children

Hospitalization rates for laboratory-confirmed influenza were higher in the 2019-2020 season than in most recent seasons.

Rates among children 0-4 years and adults 18-49 years were the highest recorded for these age groups.

Influenza and pneumonia together are the 3rd leading cause of death in NYC.

*As of June 13, 2020
NYC Flu Vaccine Coverage among adults 18+ years: Stratified by Age

Flu Vaccination Coverage Among Adults is 48%

Source: NYC Community Health Survey
NYC Flu Vaccine Coverage among adults 18+ years:
Stratified by Race/Ethnicity

Source: NYC Community Health Survey, 2019
NYC Flu Virus Vaccine Coverage among adults 65+ years:

Stratified by Race/Ethnicity

NYC Flu Vaccination Coverage, Adults Age 65+, 2018 and 2019

*Represents a significant increase in coverage from 2018 CHS data to 2019 CHS data.
**Represents a significant increase in coverage from 2018 CHS data to 2019 CHS data.
¥Interpret with caution due to small sample sizes.

Source: NYC Community Health Survey 2018 and 2019
FLU VACCINE RECOMMENDATION

All persons 6 months and older, especially those at high risk for influenza complications:

• Infants and young children

• Pregnant persons

• Adults 65 years of age and older

• Persons with certain underlying medical conditions
  • Asthma and chronic lung disease
  • Heart disease
  • Renal, hepatic, neurologic, hematologic, or metabolic disorders, including diabetes
  • Weakened immune system
  • Obesity

• Persons who care for individuals at increased risk, including healthcare providers
This flu season, the following additional groups should be prioritized for vaccine:

- High risk for severe COVID-19 illness
- Essential workers
FLU VACCINE RECOMMENDATION

Persons at increased risk for severe illness from COVID-19

• Older adults, especially those 65 and older
• Residents in a nursing home or long-term care facility
• Persons of all ages with certain underlying medical conditions
• Black and Latino New Yorkers, who have disproportionately borne the burden of severe COVID-19 illness and deaths
Essential workers

- Healthcare personnel, including nursing home, long-term care facility, and pharmacy staff
- Other critical infrastructure workforce, particularly if their job requires regular interaction with the public and others
TALK TO YOUR PATIENTS ABOUT FLU VACCINE

- Provider recommendation is the strongest predictor of whether patients receive needed vaccines.
- This season, getting a flu vaccine will both protect against flu and help preserve scarce medical resources for health care providers and COVID-19 and other patients.
- Flu vaccines have a long safety track record and are thoroughly tested by the FDA for purity and potency before they are released for distribution.
VACCINATE SAFELY DURING THE COVID-19 PANDEMIC

- Minimize chance for exposures
  - Limit the number of patients
  - Maintain physical distancing
- Adhere to infection prevention and control procedures
- Ensure all staff wear medical facemasks
- Vaccine Administration
  - For injectable vaccine, if gloves are worn, change gloves and wash hands between patients
  - For intranasal or oral vaccine, wear gloves.
  - Administration of flu vaccines is not an aerosol-generating procedure → N95 or higher-level respirator is NOT recommended
- [CDC General Practices for the Safe Delivery of Vaccination Services]
2020-2021 FLU VACCINE UPDATES

• 3 updated flu vaccine strains:
  • A/H1N1
  • A/H3N2
  • B/Victoria

• All vaccines are now available in quadrivalent formulation

• Flu vaccines recommended for adults 65+ years:
  ✓ High dose quadrivalent flu vaccine
  ✓ Adjuvanted quadrivalent flu vaccine
2020-2021 FLU VACCINE SUPPLY

• Vaccine manufacturers expect to produce 189.75 million doses of flu vaccine for the US
  • >10% increase over last influenza season
• Distribution expected to begin on time, at mid – end of August
• **Reduce burden** of respiratory illness and protect vulnerable populations at risk for severe illness, the healthcare system, and other critical infrastructure

• Ensure **equitable access** to flu vaccine and, once available, COVID-19 vaccine, including:
  • Elimination of racial disparities in vaccine flu coverage
  • Communities with historically low flu coverage
  • Communities with high burden of COVID-19
  • Uninsured persons
NYC HEALTH DEPARTMENT
FLU VACCINE CAMPAIGN STRATEGY

• Communication to the public
• Provider support and communications
• Increase access to vaccination services
  ➢ Support/supplement existing health care and public health infrastructure to ensure equitable access
  ➢ Support health care facilities in hosting vaccination events for their communities
  ➢ Deploy community vaccinators or host points of dispensing (PODS) if needed in settings with poor access
CITYWIDE IMMUNIZATION REGISTRY REPORTING

Shirley Huie, MPH
Online Registry Manager
Bureau of Immunization
NYC Department of Health and Mental Hygiene
• Current expectations are that providers interested in ordering COVID-19 vaccine, when available, will electronically sign a provider agreement, place orders using the CIR and report all doses administered to the CIR

• Providers should begin the CIR enrollment process now

• Providers and facilities already enrolled in the CIR should put processes in place to report adult doses of vaccines administered now
• Database of patient immunization records submitted by health care providers
• Used by providers for clinical decision support
• Used by the NYC Health Department to
  • Assist in surveillance investigations
  • Monitor vaccine uptake and coverage
  • Facilitate emergency preparedness activities
• Patients under age 19:
  • New York State (NYS) Public Health Law (PHL) requires all providers to report all immunizations administered to the CIR
• Patients aged 19 and older:
  • NYS PHL: any provider can report all immunizations administered to the CIR with verbal or written consent
  • NYS PHL + NYS Education Law requires registered nurses and pharmacists to report all immunizations administered to the CIR with verbal or written consent
We encourage all vaccine providers to report all adult immunizations to the CIR with verbal or written consent.
Decision support in determining which immunizations are due
- Patients receive only the vaccines they need
- Patients do not miss opportunities for vaccination

Consolidates immunizations across providers

See and import immunizations provided at other facilities
- Increases documented immunization coverage rates in your practice that can apply to QI initiatives

Send patient reminders and recall patients for immunizations

Patients and providers can print official copies of immunization records
Adult Vaccine Doses Reported to the CIR
2012-2019
Pharmacy Reporting of Adult Flu Vaccine Doses

2012-2019
OBTAINING ADULT CONSENT

Signature and Consent

- HIPAA Compliance
- VIS Compliance
- Patient Bill of Rights
- Primary Care Provider Notification
- Consent for Services
- CIR Authorization
- Authorization to Release Information

In compliance with Health Insurance Portability and Accountability Act (HIPAA) I have received a copy of the NYC Department of Health and Mental Hygiene (DOHMH) Notice of Privacy.

I have read or had explained to me the information contained in the Vaccine Information Statement (VIS) or the appropriate important statement about the disease(s) or vaccine(s) administered.

I have received a copy of the Patient Bill of Rights.

I agree to provide my / my child's primary care provider with a copy of my / my child's immunization records.

I hereby grant permission to the NYC Department of Health and Mental Hygiene (DOHMH) to administer vaccine(s) as deemed necessary.

I hereby grant permission to the NYC DOHMH to keep a record of my immunizations in the NYC Citywide Immunization Registry (CIR).

I hereby grant permission to the NYC DOHMH to release information to Medicaid and other third-party health care payers, obtain information from NYC Human Resources Administration (NYC HRA) or Business Associate, if the information is necessary to pay for my medical care.
The Citywide Immunization Registry
And Your Privacy

What is the Citywide Immunization Registry? The Citywide Immunization Registry (CIR) is a confidential database that contains records of vaccines given to patients in New York City.

Am I required to have my vaccine records in the CIR? Providers are required to send vaccine records to the CIR for patients age 18 and younger. Individuals age 13 and older can choose to add their information to the CIR.

Why should I put my information in the CIR? There are many benefits to having your vaccine records in the CIR. The CIR collects New Yorkers’ immunization records in one place so that you and your doctors know which vaccines you have had and which vaccines you may need. You can access the CIR if you start seeing a new provider or if you lose your record.

Who can view my immunization record or my child’s immunization record? You, your doctor, your pharmacist, your child’s school or college, your health insurance plan and some social services programs — such as Women, Infants and Children (WIC) — can view your immunization record.

To learn how to access your or your child’s record, visit My Vaccine Record at nyc.gov/myvaccinerecord or call 311.

Can my CIR record be used for immigration enforcement? The CIR does not include your social security number or immigration status. New York State law protects the privacy of your CIR records. The New York City Health Department cares about your health, not your immigration status. We respect the privacy of all patients. Get the care you need.

Call 800-354-0365 or 311 for information about support services, such as legal assistance, through ActionNYC. To learn more about your rights, visit nyc.gov/immigrants.
METHODS OF REPORTING

• Directly using online registry
  • Look up individual records, add vaccinations

• Through your electronic medical record
  • Information is extracted from your encounter, billing or clinical management system and sent to the CIR in real time via the HL7 Web Service
Quick Add Screen for Adult Vaccinations

a. After entering a minimum of patient information, the CIR searches for an existing record or adds a new record to the system.

b. Entering patient’s address and phone helps avoid duplicates and consolidate records, which helps for those vaccines that require a second dose.

c. Saving the manufacturer, lot and expiration date enables quicker reporting of subsequent events using the same lot. Choose from the droplist of adult vaccines the immunization event.

If not immunizing, read-only accounts may be given to view patient immunization records.

CIR is enhancing the application to allow adding multiple immunization events.
• Reporting immunizations through the Online Registry is a manual process, one patient at a time

• An EHR can be set up to report to the CIR and query patient records via HL7 web service

• Fulfills a Meaningful Use public health objective of Promoting Interoperability

• Can connect EMR to CIR and later decide to participate in MU

REPORTING THROUGH YOUR ELECTRONIC MEDICAL RECORD

[Diagram showing the process of connecting to the CIR for MU and data exchange]
Additional Meaningful Use Information

- If your practice is participating in an MU program (including MIPS, MACRA), register in MURPH if you haven’t done so already
  - Register your intent to submit immunization data for Meaningful Use on the Health Commerce System (HCS) website by following the directions on the Meaningful Use Public Health Reporting (MURPH) website
  - Guide to register the practice’s intent to engage with the immunization registry: Eligible Professional MURPH Registration Guide (PDF)
  - Helps track attestation and provides an audit report card that can be used as proof of meeting the measure
  - Onboarding support - NYS Technology Enterprise Corporation (NYSTEC)
- Medicaid Promoting Interoperability Programs (formerly EHR Incentive Programs; commonly referred to as Meaningful Use) for Public Health Reporting: https://www.health.ny.gov/health_care/medicaid/redesign/ehr/publichealth/
  - If you have already registered for MU, you do not need to re-register your intent. Please avoid duplicate registrations.
  - If you need assistance with MURPH, contact support at MUPublicHealthHELP@health.ny.gov or call 1-877-646-5410 (option 3)
<table>
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<tr>
<th><strong>Need help with...</strong></th>
<th><strong>Resources</strong></th>
<th><strong>Contact</strong></th>
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<td>Interoperability Overview; CIR Meaningful Use and HL7 specifications</td>
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Vaccine codes for reporting: [https://www.cdc.gov/vaccines/programs/iis/code-sets.html](https://www.cdc.gov/vaccines/programs/iis/code-sets.html)
NYC Health Department
- 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
- Weekly webinars: Fridays, 1 p.m. (sign up on provider 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
- Neighborhood resource snapshots: https://www1.nyc.gov/site/doh/covid/covid-19-communities.page

NYC COVID-19 Citywide Information Portal
- Includes information on > 150 testing sites in NYC: NYC.gov/covidtest

Other sources
Log onto the CPE website - http://cme.nychhc.org

Look for the login section (on the right side)

Create a profile if you have not logged in before

Enter your username (email address) and password. Click on the Go button.

The Welcome Screen will appear. Click on the Go button.

The next screen will display three tabs. “My Programs”, “CPE Tracker” and “My Account Info.”

Click the tab “CPE Tracker”

On the same row look to your right. Locate the ‘Select Year’ section. Click on the down arrow and select the year to view. Certificates will be listed by program name.

View credits or print certificates by clicking on the certificate located under the view/print column.

Note: It may take up to 8 weeks for H+H to process credits