Recent Epidemiology and Guidance
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Update on COVID-19 Contact Tracing
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Our understanding of COVID-19 is evolving rapidly.
This presentation is based on our knowledge as of October 29, 2020, 5 PM.
COVID-19 WORLDWIDE

Cumulative
>44.5 million cases
>1.1 million deaths
10/29/20

In past week:
• Over 2 million cases reported; highest number of weekly cases since start of pandemic
• Deaths up in Europe by nearly 40%, compared with previous week

COVID-19, U.S.

Cumulative
>8.9 million cases
>227 thousand deaths
10/29/20

New cases reported in past week:
• >500,000
• Daily average, 73,000

Past two weeks:
• 39% increase in cases
• 13% increase in deaths

Remdesivir is the first treatment approved by the U.S. Food and Drug Administration (FDA) for treatment of COVID-19

- Approved for use in patients aged ≥ 12 years and weighing ≥ 40 kg (~88 lbs) requiring hospitalization
- Should only be administered in hospitals or health care settings capable of providing acute care comparable to inpatient hospital care
- Emergency Use Authorization remains in place for treatment of pediatric patients aged <12 years or weighing 3.5 to <40 kg with suspected or confirmed COVID-19

Remdesivir prescribing information. 2020.
https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/214787Orig1s000lbl.pdf
• Someone who was within 6 feet of an infected person for cumulative total \( \geq 15 \text{ minutes over a 24-hour period} \) starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until time patient is isolated

• Factors to consider when defining a close contact:
  • Proximity
  • Duration
  • Whether infected person had symptoms
  • Whether infected person could generate aerosols
  • Environmental factors (crowding, adequacy of ventilation, inside vs. outdoors)

• May expand the number of close contacts identified in certain situations

• Most relevant for group or congregate settings where there is potential for multiple brief interactions

• Reminder of importance of preventive measures, including use of face covering, physical distancing, and avoiding crowds and indoor gatherings

COVID-19 HOSPITALIZATIONS AMONG U.S. HEALTH CARE PERSONNEL

March 1-May 31, 2020

- Analysis of COVID-19 hospitalization data from 13 U.S. sites
- 6% of adults hospitalized with COVID-19 were health care personnel (HCP)
- Among HCP hospitalized with COVID-19
  - Median age: 49 years
  - Majority (67%) had direct patient contact
  - Most frequently reported occupation: nursing-related (36%)
  - Approximately 90% had at least one underlying health condition; obesity was most common
  - Many had severe outcomes (28% admitted to an intensive care, 16% required invasive mechanical ventilation, 4% died)
- Underscores importance of continued infection prevention and control

COVID-19, NYC
2/29/20 – 10/27/20

Cumulative counts
Cases: >254,000
Hospitalizations: >58,800
Deaths: >19,300 confirmed; >4,600 probable

- Gray bar indicates data from most recent days are incomplete
- Case counts began increasing again in mid-September through early October, have plateaued since; recent counts roughly 500/day
- There has been a recent increase in hospitalizations, from <30/day in August to 50-60 new admissions per day (visit data page)
- Confirmed deaths have remained stable at <10/day citywide (visit data page)
DIAGNOSTIC TESTING AND PERCENT POSIVITY OVER TIME, NYC

DIAGNOSTIC TESTING AND CASE DATA BY ZIP CODE IN PAST FOUR WEEKS

CASES OVER TIME, BROOKLYN

NY STATE RESPONSE TO INCREASED COVID-19 TRANSMISSION

NY State has increased restrictions in selected geographic areas with elevated transmission (cluster zones)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Red (Cluster)</th>
<th>Orange (Warning)</th>
<th>Yellow (Precaution)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schools</td>
<td>Closed; full remote learning</td>
<td>Closed; full remote learning</td>
<td>Open</td>
</tr>
<tr>
<td>Businesses</td>
<td>Only essential businesses* can remain open</td>
<td>Only essential businesses* can remain open</td>
<td>Open</td>
</tr>
<tr>
<td>Food Service Establishments</td>
<td>Take out and delivery only (no indoor or outdoor dining)</td>
<td>Outdoor dining allowed (no indoor dining); maximum 4 people per table</td>
<td>Indoor and outdoor dining allowed; maximum 4 people per table</td>
</tr>
<tr>
<td>Houses of Worship</td>
<td>25% capacity, up to a maximum of 25 people</td>
<td>33% capacity, up to a maximum of 25 people</td>
<td>50% maximum capacity</td>
</tr>
<tr>
<td>Gatherings (indoor and outdoor)</td>
<td>All nonessential gatherings prohibited**</td>
<td>Maximum of 10 people**</td>
<td>Maximum of 25 people**</td>
</tr>
</tbody>
</table>

*As defined by NY State: [https://esd.ny.gov/ny-cluster-action-initiative-guidance](https://esd.ny.gov/ny-cluster-action-initiative-guidance)

**Fines up to $15,000/day
LIMITED VISITATION IN RESIDENTIAL CONGREGATE SETTINGS

NY State Health Advisory
October 23, 2020

NYS Department of Health. Health advisory: all residential congregate facilities.

• Red zones:
  • Visitation suspended

• Orange zones:
  • Visitation suspended if a staff member or resident has tested positive in the preceding 14 days
  • Certain exceptions apply (e.g., visitor is accompanying a minor or essential to care of patient)

• Includes the following facility types:
  • Nursing homes
  • Adult care facilities and adult homes
  • Pediatric skilled nursing facilities
  • Facilities for individuals with developmental disabilities
  • Facilities for individuals affected by substance use
  • Facilities for individuals receiving mental health services
  • Residential treatment centers
  • Juvenile justice facilities
  • Hospitals
  • Correctional facilities
Restrictions are adjusted based on updated data from cluster zones
Enter an address, place, or intersection to see if it falls in a zone
Recent modifications are described on COVID-19 Zone Finder website, nyc.gov/COVIDZone
NY STATE RECOMMENDATIONS FOR USE OF POINT-OF-CARE (POC) ANTIGEN TESTS

October 17, 2020

- Provides guidance on use and interpretation of these tests in:
  - Response to COVID-19 outbreaks
  - Routine screening in settings such as nursing homes and assisted-living facilities
- Uses the following definitions:
  - Congregate facility (e.g., nursing home, assisted facility, long-term-care)
  - Congregate setting (e.g., school/educational setting, workplace, other gathering place)
  - Outbreak
    - General public setting – area with high prevalence
    - Nursing home – ≥ 1 SARS-CoV-2 infection in a resident or health care provider
- Interpretation of test results is outlined based on combinations of:
  - Type of setting (general public vs. congregate)
  - If a congregate setting, whether the setting has an ongoing COVID-19 outbreak
  - Whether individual tested has COVID-19 symptoms
- Accompanied by an FAQ document

CAUTION WHEN INTERPRETING POC SARS-CoV-2 ANTIGEN TEST RESULTS

- POC antigen tests offer advantages (timely results, affordability), but providers should understand the limitations of these tests
  - Sensitivity is known to be lower than RT-PCR → false negative results are a recognized problem
  - With increasing use, false positive results have also been reported
- Consider using RT-PCR when evaluating an asymptomatic member of the general community with no known exposure in past 14 days
- Rapid antigen test results that are inconsistent with clinical picture should be confirmed with an RT-PCR test within 2 days. Examples:
  - Individual has symptoms or a recent exposure, but negative rapid antigen
  - Individual has no symptoms or known exposure, but positive rapid antigen
  - In either situation, advise individual to isolate pending RT-PCR test results

WHAT’S ON THE DIFFERENTIAL?

INFLUENZA UPDATE

- Seasonal influenza activity remains low in the United States
- Influenza surveillance is conducted at selected NYC sites
  - Small numbers of specimens have tested positive for influenza A or B
  - Overall, < 1% of specimens submitted for influenza testing were positive
- Updates on influenza and other respiratory viral activity in NYC:
- Remind patients that this is an ideal time to receive influenza vaccination

NYC Health Department. Influenza Surveillance Report.
NEW INFECTION CONTROL RESOURCE: PROJECT FIRSTLINE
CDC’s National Training Collaborative for Health Care Infection Prevention & Control

Aim:
Empower *all* health care workers to understand and apply infection control practices

Will offer:
- Short, accessible training videos
- Virtual interactive events and webinars (recordings available)
- Telementoring

[www.cdc.gov/projectfirstline](http://www.cdc.gov/projectfirstline)
VOTING SAFELY DURING COVID-19

Provides information and tips for voting safely, including:

- Voting early to avoid crowds on Election Day
- Following the “Core 4”: stay home if sick, wear a face covering, practice physical distancing, practice hand hygiene

CELEBRATING HALLOWEEN SAFELY DURING COVID-19

Recommendations and tips such as:

- Follow the “Core 4”
- No large gatherings, especially indoors
- Recommended activities (e.g., pumpkin carving, outdoor scavenger hunt)
- Safer trick-or-treating (e.g., stay outdoors, step 6 feet back from door)
- Costumes (e.g., costume masks ≠ acceptable face covering)

New York City Trace Overview

Kathleen Blaney, MPH, RN
Deputy Director, Trace
NYC Test & Trace Corps
The goal is to slow the spread of COVID-19 by interrupting chains of transmission.

We have been carrying out contact tracing at a scale not seen in recent history.

This is a great opportunity to do something impactful at a time when the world depends on public health.
Test and Trace Corps Overview

- The Trace team is part of New York City’s Test and Trace Corps (TTC)
- TTC represents a multi-pronged approach to stopping COVID-19:
  - **Testing**: Rapidly expanding COVID-19 testing to detect infections
  - **Tracing**: Identifying cases, tracing their contacts and recommending isolation or quarantine
  - **Take Care**: Connecting New Yorkers to resources to safely isolate or quarantine at home or in a hotel
STEP 1. TEST

COVID-19 TEST
STEP 2.
TRACE
How We Identify Cases

▪ All COVID-19 tests performed in a lab are reported to the NYC Health Department

▪ Every confirmed case who is a NYC resident is automatically enrolled into Trace
How We Identify Contacts

- People with COVID-19 are interviewed to identify their close contacts
- Individuals who were at a place at the same time as the person with COVID-19 may be identified as contacts
Trace Team Roles

Call Center
- Case Investigators
- Monitors

Enhanced Investigations Team
- Community Engagement Specialists
- Information Gatherers

Healthcare Facilities & Out of Jurisdiction
- Liaisons
Trace Team Roles

Call Center
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Healthcare Facilities & Out of Jurisdiction
- Liaisons
Case intake interview

1. Confirm the case’s identity
2. Provide COVID-19 Education & Care package
3. Confirm locating information & NYC residency
4. Assess work & living: congregate settings
5. Assess symptoms and underlying medical conditions
6. Identify contacts & indoor group settings
7. Recommend isolation
8. Assess need for supportive services
9. Ask monitoring preference (call or text)
10. Collect demographic information
11. Complete interview
Contact intake interview

1. Confirm contact's identity
2. Provide COVID-19 Education & Care package
3. Confirm locating information & NYC residency
4. Assess work & living; congregate settings
5. Assess symptoms and underlying medical conditions
6. Recommend quarantine
7. Assess need for supportive services
8. Ask monitoring preference (call or text) & recommend testing
9. Collect demographic information
10. Complete interview
# Contact Tracing Program Over Time

- **Program Goals**
  - 90% of all cases reached
  - 75% of all cases complete intake
  - 75% of all contacts complete intake

- **Cumulative Results**
  - 90% of all cases reached
  - 71% of all cases complete intake
  - 60% of all contacts complete intake

- **Last Two Week Period (10/4-10/17)**
  - 90.9% of all cases reached
  - 77.5% of all cases complete intake
  - 71.9% of all contacts complete intake

New York City Test & Trace Corps Public Dashboard: 10/4-10/17/2020: https://www.nychealthandhospitals.org/test-and-trace/data
Reaching Cases

- Total Cases: 54,847
- Cases with Reachable Phone Numbers: 51,652
- Reached (Live Conversation): 49,402
- Cases Completing Intake: 39,001
- Gave Contacts (Eligible Cases Only): 23,759

New York City Test & Trace Corps Public Dashboard: 10/4-10/17/2020: https://www.nychealthandhospitals.org/test-and-trace/data
Trace Team

Roles

Call Center
- Case Investigators
- Monitors

Enhanced Investigations Team
- Information Gatherers
- Community Engagement Specialists

Healthcare Facilities & Out of Jurisdiction
- Liaisons
Trace Team Roles

Information Gatherers:
- Uses resources to find additional locating information to reach cases and contacts

Community Engagement Specialists:
- Goes into the community to find cases and contacts and encourages them to participate in Trace
- Conducts special projects
Special Projects

Hyperlocal responses

- Conduct accelerated contact tracing at pop-up test sites
- Distributing educational flyers and face coverings

School-related work

- Visited >1600 schools to distribute information about TTC
- Staffing “situation room” with colleagues from NYC Health Department and DOE to triage calls from school principals and facilitate rapid contact tracing
Trace Team Roles

- Call Center
  - Case Investigators
  - Monitors

- Enhanced Investigations Team
  - Community Engagement Specialists
  - Information Gatherers

- Healthcare Facilities & Out of Jurisdiction
  - Liaisons
Healthcare Facility (HCF) Investigations

1. Trace receives information about cases for investigation and monitoring

2. Trace initiates case investigation and identifies case that visited/worked in HCF while infectious (Case Investigator)

3. Calls HCF to provide case details, emails guidance on next steps, and offer contact tracing support

4. Supports HCF to conduct internal investigation to identify possible exposures related to the case and receives information about contacts

5. Records contacts in Salesforce

6. Contact intake, connection to hoteling and supportive services if needed, and monitoring (Monitor)
Out of Jurisdiction Team

- Refers cases and contacts from NYC who are isolating or quarantining in other jurisdictions to the appropriate jurisdictions
- Adds cases and contacts from other jurisdictions who are isolating or quarantining in NYC to Trace
STEP 3. TAKE CARE
Take Care Package

- The ‘Take Care’ Package includes enough personal protective equipment for a household of three to quarantine or isolate for 10-14 days.

- This includes medical grade masks, sanitizing wipes, hand sanitizer, thermometers and a pulse oximeter to help those who test positive for COVID-19 monitor their oxygen levels.

- Now includes two at home testing kits for contacts!
Encourage your patients to get tested.

Advise patients who have COVID-19 symptoms, a known exposure in the past 14 days, or those awaiting confirmatory testing to begin safely separating before they receive their results.

Promote the “Core Four”: stay home when sick, wear a face covering, adhere to physical distancing, and practice healthy hand hygiene.

Encourage your patients to get a flu shot.
Role of Healthcare Providers in Supporting TTC

- Tell your patients to expect a call from a Contact Tracer if they test positive.
- Inform your patients that resources are available to help them successfully isolate or quarantine.
- Prepare your staff for calls from TTC.
- Ensure that patient contact information is up-to-date so that accurate information is transmitted to the NYC Health Department with the test result.
Provider Resources

- Visit the TTC webpage for patient education materials (and submit a request for printed copies): www.TestandTrace.NYC

For more info, go to www.TestandTrace.NYC or call 80.
Thank you!
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.
• 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.
NYC Health Department

- Provider page: [https://www1.nyc.gov/site/doh/covid/covid-19-providers.page](https://www1.nyc.gov/site/doh/covid/covid-19-providers.page)
- Next provider webinar: Friday, Nov. 20, 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](https://nyc.gov/health/register))
- NYC Health Alert Network (sign up at [https://www1.nyc.gov/site/doh/providers/resources/health-alert-network.page](https://www1.nyc.gov/site/doh/providers/resources/health-alert-network.page))
- Provider Access Line: **866-692-3641**

NYC COVID-19 Citywide Information Portal

- Includes information on >150 testing sites in NYC: [NYC.gov/covidtest](https://www1.nyc.gov/covidtest)

Learn more below about zone restrictions


Other sources