

February 28, 2020

Dear Colleagues,

Attached find the most recent Health Update from the U.S. Centers for Disease Control (CDC) and Prevention with updated and interim guidance on 2019 Novel Coronavirus (COVID-19). The COVID-19 outbreak that began in Wuhan, Hubei Province, China has now spread to multiple continents. Community transmission has been reported in several countries, most notably South Korea, Japan, Iran, and Italy. Therefore, the CDC revised their definition of persons who may merit investigation for COVID-19.

The definition is subject to change; visit the CDC website periodically for the most [updated PUI definition](#).

Providers should use clinical judgment when evaluating patients for suspected COVID-19 and deciding whether to notify the NYC Health Department and request testing. For patients with pneumonia who do not have an identified epidemiologic risk factor for COVID-19 (i.e., third criterion listed in the table above), clinicians should perform routine evaluation, including testing for common causes of community acquired pneumonia, before notifying the NYC Health Department of the case and requesting testing for COVID-19.

Clinical features that increase suspicion of COVID-19 include acute respiratory distress syndrome (ARDS), unexplained lymphopenia or thrombocytopenia, bilateral ground-glass opacities on chest computerized tomography (CT), or bilateral infiltrates consistent with viral pneumonitis on chest X-ray. Additionally, the following exposures within the 14 days preceding symptom onset should increase suspicion: close contact with an ill traveler who was in an affected country or being a healthcare provider with possible exposure to an unrecognized case of COVID-19.

Children and otherwise healthy young adults appear to be less likely to develop severe COVID-19 than are older adults. The presence of unilateral lobar pneumonia or leukocytosis suggest an alternate diagnosis.

In China, South Korea, and elsewhere, transmission of COVID-19 in healthcare settings appears to have played an important role in the spread of the disease. Although no cases of COVID-19 have yet been confirmed in New York City, its arrival is likely. The NYC Health Department encourages healthcare providers to develop plans to prevent and minimize the spread of COVID-19.

Steps that can be taken now include implementing plans to:

- **Identify** persons at risk for possible COVID-19 promptly. Post [signage](#) in multiple languages instructing patients to report recent travel and either fever or respiratory illness. Implement triage procedures to rapidly identify patients entering the clinical

setting with fever, cough, or shortness of breath, and place a facemask (e.g., surgical mask, procedure mask) on them before further assessment. If the masked patient traveled to [countries with ongoing community transmission](#) of COVID-19 or had close contact with a person with confirmed COVID-19 within 14 days,

- **Isolate** – Place the patient in an airborne infection isolation room (AIIR); if not available, place the masked patient in a private room with a closed door.
- **Evaluate** – The recommended personal protective equipment (PPE) for evaluation of persons with possible COVID-19 is gloves, gown, a fit-tested N95 respirator, and either goggles or face shield. If medical personnel have not been trained how to properly don and remove this PPE, or if a patient cannot be placed in an AIIR or private room with a closed door, the patient should be referred to a location that is able to evaluate them with these precautions. Before referring any such patients to another location, please consult the NYC Health Department by calling the Provider Access Line (PAL) at **866-692-3641**. In some settings, providers might opt to have patients wait in a personal vehicle or outside the healthcare facility where they can be contacted by phone when it is their turn to be evaluated.
- **Inform** – Immediately report any patient who may meet criteria for diagnostic testing for COVID-19 (*Table*) to the NYC Health Department and to infection control personnel at your facility. The NYC Health Department can be reached via the PAL, **866-692-3641**, 24 hours/day. The NYC Health Department will advise on collection of specimens for diagnostic testing, completion of submission forms, and arrangements for specimen transportation to the NYC Public Health Laboratory (PHL).

The outbreak of COVID-19 is evolving rapidly. We encourage NYC healthcare providers and institutions to check COVID-19 resources available on the NYC Health Department provider webpage (on.nyc.gov/covid19provider), which includes patient management and clinical laboratory guidance, and on the [CDC website](#).

Thank you for your collaboration.

Sincerely,

A handwritten signature in black ink, appearing to read "Demetre Daskalakis". The signature is fluid and cursive, written over a light blue rectangular stamp or watermark.

Demetre Daskalakis, MD, MPH
Deputy Commissioner