Our understanding of COVID-19 is evolving rapidly.
This presentation is based on our knowledge as of June 25, 2020, 5 PM.
OUTLINE

WHERE WE ARE NOW

SAFER SEX DURING COVID-19

RECOGNIZING AND PREVENTING DOMESTIC AND INTIMATE PARTNER VIOLENCE DURING COVID-19

PREVENTING HEAT-RELATED ILLNESS DURING COVID-19

QUESTIONS AND DISCUSSION
The COVID-19 pandemic is accelerating in many low- and middle-income countries.

Globally, new daily case count records continue to be set.

Cases are surging in many U.S. states, especially in the West and South.

New York City (NYC) began Phase Two of reopening on June 21.

Current response strategy: implement suppression measures and monitor impact of reopening.
COVID-19 CASES AND DEATHS WORLDWIDE

> 9.1 million cases
> 470,000 deaths

6/25/20

How the number of new cases has changed in the last two weeks

Falling
About the same
Rising →
Few or no cases

New York Times. Coronavirus map: tracking the global outbreak
CUMULATIVE CASES AND DEATHS, U.S.
6/25/20

> 2.4 million cases
(~26% of confirmed global cases)

122,226 deaths
(~26% of reported global deaths)

CHANGE IN NUMBER OF NEW CASES IN THE U.S. IN THE PAST TWO WEEKS

6/25/20

COVID-19, NYC
3/3/20 – 6/25/20

Cumulative counts:
• Cases: 210,523
• Hospitalizations: 54,564
• Confirmed deaths: 17,715
• Probable deaths: 4,669

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
NUMBER OF HOSPITAL VISITS AND ADMISSIONS FOR INFLUENZA-LIKE ILLNESS OR PNEUMONIA
NYC, 1/1/20 – 6/24/20

Visits
Hospitalizations
NYC HAS ENTERED THE SUPPRESSION PHASE

Updated Guidance for Healthcare Personnel

- During suppression, it will be important to identify and exclude healthcare personnel (HCP) who have had worksite exposures to COVID-19

- Prevention of healthcare exposures must take asymptomatic and pre-symptomatic transmission of COVID-19 into account

- In this context, NYC issued Health Advisory #20 with recommendations for HCP on:
  - Personal protective equipment (PPE)
  - Identifying COVID-19 exposures in the workplace
  - Exclusion after a workplace exposure

UPDATED PPE GUIDANCE

- Everyone entering healthcare facilities should wear a face covering or mask
- In addition to masks, the CDC now recommends that all HCPs use eye protection (goggles or a face shield) for all patient encounters
- N95 respirator or higher should be worn for any procedure that can generate aerosols
  - Given ongoing N95 shortages in NYC, prioritize respirators for aerosol-generating procedures (e.g., intubation, suctioning, high-flow oxygen, nebulizer) or locations where they often occur (e.g., ICU)
- For evaluation of patients with possible or confirmed COVID-19, clinicians are still advised to use gloves, gown, face mask (or N95 respirator), and eye protection

NYC Health Department. Health Advisory #20.  
Asymptomatic HCP with a workplace exposure to a patient, visitor, or other HCP with confirmed COVID-19 should be excluded for 14 days.

Exposure is defined as any of the following:

- HCP did not wear a face mask/respirator and spent ≥ 15 minutes within 6 feet of a person with confirmed COVID-19.
- HCP did not wear eye protection and spent ≥ 15 minutes within 6 feet of a person with confirmed COVID-19 who was not wearing a face covering/mask.
- HCP did not wear all recommended PPE (gloves, gown, N95 respirator, and eye protection) during a procedure that can generate aerosols.

SAFER SEX DURING COVID-19

NYC HEALTH DEPARTMENT
SAFER SEX GUIDANCE

• Patient-friendly document that encourages healthy sexual behaviors
• Provides information on risk and precautions


https://nypost.com/cover/june-11-2020/
IS IT SAFE TO HAVE SEX DURING COVID-19?

• Sex during COVID-19 can be risky because of how the virus spreads:
  • Close contact (within about 6 feet)
  • Particles in the saliva, mucus, or breath of people with COVID-19
• Currently no evidence of transmission via semen, vaginal fluid or feces
• Other coronaviruses aren’t easily spread through semen or vaginal fluid but we don’t know about SARS-CoV-2 yet

• Cohort study of men hospitalized for COVID-19, Shangqiu, China¹
  • Of 38 participants who provided a semen specimen, 6 (16%) had semen sample positive for SARS-CoV-2
    • 4 of 15 patients (27%) who were at the acute stage of infection
    • 2 of 23 patients (9%) who were recovering
  • Authors note that researchers have found 27 viruses associated with viremia in human semen, but the presence of viruses in semen may be more common than currently understood

• Study of 10 women hospitalized for severe COVID-19 in Wuhan, China who were tested for SARS-CoV-2 in vaginal fluid²
  • All samples tested negative

• SARS CoV-2 has been found in feces, but not clear yet if transmissible

• Meta-analysis of gastrointestinal manifestations of COVID-19 (included 23 published and 6 preprint studies):
  • Fecal tests positive for SARS-CoV-2 reported in 8 studies
  • Viral RNA shedding detected in feces in 41% (95% CI, 27-55%) of patients with confirmed COVID-19

• One study (Xiao et al.) found that 17 patients (23% of the sample) had stool samples PCR positive for SARS-CoV-2 despite having respiratory samples PCR negative for SARS-CoV-2

• Findings suggest:
  • Fecal-oral transmission could be a potential source of infection spread
  • Testing for the virus in feces by real-time RT-PCR could be helpful in disease monitoring and surveillance

SHOULD PEOPLE HAVE SEX DURING COVID-19?

• YES! During this extended public health emergency, people will and should have sex!

• Sex is natural and a big part of how we connect with others, and is important for physical and mental health

• There are ways to have safer sex during COVID-19
HOW PROVIDERS CAN HELP

- Educate patients about COVID-19, including:
  - Symptoms, transmission, who is at high risk for severe illness, isolation, and length of infectious period
  - Meaning of diagnostic and antibody test results
- Have open conversations with patients about risks and harm reduction strategies so patients can make informed decisions and be as safe as possible
  - Encourage patients to “Bare It All” – i.e., be open and honest about their sex life
  - Ask patients who they are having sex with and how
  - Tailor advice to the patient: consider age, underlying health conditions, sexual orientation, and lifestyle
  - Engage in shared decision-making
- Direct patients to sexual health care and resources
PARTY OF ONE

Discuss ways to stay sexually active while physical distancing, especially with those who are at higher risk of severe COVID-19 illness:

• Masturbation
  • Wash hands and any sex toys with soap and water for at least 20 seconds before and after sex
  • If masturbating with a partner, maintain increased physical distance as heavier breathing may increase particle spread

• Virtual sex
  • Use video dates, sexting, chat rooms, and video conferencing parties with consenting partners
  • Disinfect keyboards and touch screens
Advise patients:

- Household sex partners are the safest
- Limit the number of external sex partners
- Have sex with people who they trust to be honest about any possible COVID-19 risks
• Some patients are going to engage in riskier sexual activity no matter what
• Don’t shame patients – instead, give them the information they need to be as safe as possible
• Advise patients:
  • Keep groups as small as possible
  • Attend gatherings with a consistent sex partner
  • Pick larger, more open, and well-ventilated spaces
  • Wear a face covering, avoid kissing, and do not touch eyes, nose, or mouth with unwashed hands
  • Bring alcohol-based hand sanitizer
Encourage patients to:

- Talk about COVID-19 risk factors with their partners, just as they would discuss PrEP, condoms, and other safer sex topics
- Ask their prospective partners:
  - Do you have symptoms?
  - Have you had symptoms in the last 14 days?
  - Have you been diagnosed with COVID-19 using a nasal swab or saliva test? When?
  - Have you been practicing physical distancing?
Keep Your Pants On!

Advise patients:

- Avoid sex altogether (especially kissing) if they or their partners:
  - Have any COVID-19 symptoms, no matter how mild
  - Tested positive for SARS-CoV-2 via a molecular or antigen test in the last 10 days

- When it is safe to have sex again – for most people:
  - At least 10 days from the day symptoms started + prior 3 days fever free + overall reduction in symptoms, OR
  - If asymptomatic, 10 days from date positive specimen was collected

- If 50 years or older (and especially 65 years or older) or have an underlying medical condition that puts them at higher risk for severe COVID-19 illness, consider avoiding sex; be extra careful in terms of precautions
OTHER SAFER SEX TIPS FOR PATIENTS

• Avoid kissing and use a mask or face covering
• Avoid rimming (mouth on anus)
• Use condoms or dental dams to reduce contact with saliva or feces, especially during oral or anal sex
• Wash up before and after sex
  • Wash hands often with soap and water or use hand sanitizer
  • Wash sex toys with soap and warm water
• Make it kinky!
  • Be creative with sexual positions and physical barriers, like walls, to prevent face-to-face contact
USING COVID-19 TEST RESULTS

• A prior positive diagnostic test (PCR or antigen) or antibody test means the patient likely had COVID-19 and may be less likely to be re-infected

• But we don’t know how strong that protection is or how long it lasts

• Advise patients to be cautious in using these tests to make decisions about who they have sex with and what kind of sex they have
• The NYC Health Department has created unique service offerings during the COVID-19 public health emergency

• Free safe sex products are available for home delivery through the Door 2 Door initiative:
  • Wide variety of condoms and lubricant packs
  • Products come in multiples of 30 and are delivered in discreetly packaged envelopes
  • Order form available at nyc.gov/condoms

• HIV testing at home with the Community Home Test Giveaway Virtual Program
  • Participants receive coupon codes from partner organizations to redeem online for a free OraSure OraQuick HIV self-test kit delivered to their home address
  • Get a coupon code for a testing kit through a participating community provider: https://sforce.co/2WRtinY
SEXUAL HEALTH CARE DURING COVID-19

• Numerous private practices and clinics have re-opened, but many people have concerns about seeking care
• Continue to use telemedicine to the extent feasible
  • Preserves PPE and reduces risk of exposure
  • Fewer in-person visits enables physical distancing
• Reassure patients who need STI testing or other in-person services that they can safely get care and should do so, especially if:
  • They may have been exposed to HIV or need HIV PrEP
  • They have symptoms of an STI or think they may have been exposed
• Reach out to patients who are overdue for care or who may be at higher risk of exposure to STIs or COVID-19
WHERE TO GET SEXUAL HEALTH CARE

• NYC Health Department Sexual Health Clinics
  • Chelsea and Fort Greene have some in-person services
  • For hours and available services: www1.nyc.gov/site/doh/services/sexual-health-clinics.page
  • Telehealth services available via NYC Heath Department Sexual Health Clinic Hotline: 347-396-7959, Monday-Friday, 9 a.m. to 3:30 p.m.

• Visit nyc.gov/health/coronavirus and go to “Community Services” to find sexual and reproductive health provider directories by borough

• Visit NYC Health Department Health Map at nyc.gov/health/map to find HIV, sexual health, and LGBTQ health services

• 24/7 NYC PEP Hotline: 844-4-PEPNYC (844-373-7692) to start PEP
NYC HEALTH DEPARTMENT COVID-19
SEXUAL HEALTH RESOURCES
nyc.gov/health/coronavirus

Providers


NOTE: Some recommendations more applicable to mitigation phase of pandemic

Patients

DOMESTIC VIOLENCE AND INTIMATE PARTNER VIOLENCE IDENTIFICATION, EMPOWERMENT AND RESOURCES DURING THE PANDEMIC AND BEYOND

Catherine Stayton, MPH, DrPH
Director, Injury and Violence Prevention Program
Domestic Violence/Intimate Partner Violence Liaison, DOHMH ICS Response to COVID-19
OBJECTIVES

- **Build**
  - Build an anti-oppression framing and establish definitions

- **Describe**
  - Describe the scope of domestic violence/intimate partner violence (DV/IPV) as health concerns

- **Illuminate**
  - Illuminate experiences of DV/IPV survivors during the COVID-19 pandemic

- **Guide**
  - Guide providers to identify DV/IPV, adapting the principles of CUES (Confidentiality, Universal Education, Empowerment and Support)

- **Share**
  - Share City and community-based resources and services during COVID-19 pandemic and beyond
DEFINING AND FRAMING

TERMS AND ROOT CAUSES

• **Domestic Violence (DV)** is an overarching term that encompasses both Intimate Partner Violence and Family Violence.

• **Intimate Partner Violence (IPV)** is a pattern of coercive and abusive behaviors used by one partner to maintain power and control over another partner in an intimate relationship. This includes current or former romantic involvement. IPV occurs across any gender identity or sexual orientation.

• **Structural inequities** exacerbate the impact of violence. Risks mount for IPV at the intersections of multiple oppressive forces, including racism, sexism, transphobia, gender discrimination, ableism, heteronormativity and documentation status.
DEFINING AND FRAMING

**POWER AND CONTROL MAY BE EXERTED THROUGH:**

- Verbal abuse (e.g., belittling, gaslighting, name-calling, insulting)
- Coercive behaviors to threaten, monitor and/or control (e.g., stalking, isolating, financial abuse)
- Physical violence including hitting, slapping, shoving, choking, kicking, shaking or otherwise physically harming someone, and sexual and reproductive violence
- **During COVID-19 pandemic:** intentional exposure of a partner to the virus, blaming survivor for contracting the virus or for exposing the household, control over child custody, exploiting the stay-at-home order to restrict movement and social supports, obstructing access to care
SCOPE: HEAVY HEALTH TOLL, NOW AND HISTORICALLY, AMONG WOMEN OF COLOR

- COVID-19 challenges include grief, economic struggle and mounting physical and mental health concerns
- Exacerbated for New Yorkers confined to homes where IPV already existed or where pandemic conditions heightened exposure to abuse or emerged as a new risk factor
- People who are oppressed or marginalized face elevated risk of COVID-19 and IPV – e.g., sexual and gender minorities, immigrants and women of color – and diminished access to culturally and linguistically-specific supports as a result of stay-at-home order
- IPV occurs across different life stages and delivers disparate, lasting, accumulating negative health impacts; in extreme cases premature death results

SCOPE: NYC FINDINGS FROM HEALTH SURVEY, PSYCHOLOGICAL AND PHYSICAL IPV

• 17% of NYC adults reported ever experiencing psychological abuse

• 10% reported ever experiencing physical abuse from an intimate partner
  - For both types of abuse, women more likely than men to have reported experiencing it
  - For Latina women, higher prevalence of physical violence than White women (16% vs. 10%)

Data Source and Statistical Analyses: Community Health Survey (CHS) 2018. The CHS is conducted annually by the NYC Health Department with approximately 10,000 non-institutionalized adults ages 18 years and older. Data are age-adjusted to the U.S. 2000 standard population. For more survey details, visit nyc.gov/health/survey.
SCOPE:
NYC FINDINGS
FROM HEALTH
SURVEY,
PSYCHOLOGICAL
AND PHYSICAL
IPV

• People who reported ever experiencing psychological or physical IPV were nearly 3 times as likely to report depression compared to those who didn’t experience IPV

• Not getting needed mental health treatment during the past year (even pre-COVID) was four times higher among adults experiencing IPV

Data Source and Statistical Analyses: Community Health Survey (CHS) 2018. The CHS is conducted annually by the NYC Health Department with approximately 10,000 non-institutionalized adults ages 18 years and older. Data are age-adjusted to the U.S. 2000 standard population. For more survey details, visit nyc.gov/health/survey.
HEALTHCARE SYSTEM + HEALTHCARE PROVIDER GOALS DURING COVID-19 (AND BEYOND)

- **Elevate intersectionality** by acknowledging and addressing how racism, classism, sexism and other oppressions impact IPV/DV experiences
- **Empower healthcare providers to identify IPV/DV** and create an inviting, culturally competent, safe space for survivors to present, disclose and seek help (while acknowledging risks)
- Inform healthcare providers about **resources and options available to survivors**, including support mechanisms for moments of restricted movement/access
CUES = Confidentiality, Universal Education, Empowerment and Support

Confidentiality

- Always see patients alone for at least part of the visit.
- It is unsafe to discuss relationships if their partner, friend, or family member is with them.
- “Before we get started I want to let you know that I won’t share anything we talk about today outside of the care team here unless you were to tell me about ...”
CUES PRINCIPLES

Universal Education + Empowerment

• “Because relationships can affect our health, let’s talk about what healthy and unhealthy mean”
• Normalizing this conversation as a health issue

<table>
<thead>
<tr>
<th>Healthy</th>
<th>Unhealthy</th>
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<tr>
<td>– Physical safety</td>
<td>– Physical danger</td>
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<tr>
<td>– Respect</td>
<td>– Disrespect</td>
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<td>– Shared decision-making</td>
<td>– Executive decision-making</td>
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<td>– Sexual respect</td>
<td>– Sexual control</td>
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<td>– Emotional freedom</td>
<td>– Emotional control</td>
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<tr>
<td>– Financial liberty</td>
<td>– Financial control</td>
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<tr>
<td>– Freedom to spend time as wanted/needed</td>
<td>– Isolation</td>
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**Universal Education + Empowerment**

- Provider *and* patient empowerment
- Providers do not have to fix/cure.
- Patients:
  - *Are experts* about their own safety
  - *Have the power* to make choices about optimal approaches to meeting their needs
Support

• When a patient says “yes… this happened/is happening to me”
  - Validate… “Thank you for sharing this with me, I am so sorry this is happening. This is not your fault. You didn’t do anything to deserve this.”
  - Offer resources… “What you’re telling has me worried about your safety and health…. Would you like me to share some options and resources that folks with similar experiences are often interested in hearing about? I would be happy to connect you if you are interested.”

• When a patient says “no… this hasn’t happened/isn’t happening to me”
  - Offer resources… “I want to share some resources information you can also share with people in your networks who you think may need it.”
Mayor’s Office to End Domestic and Gender-based Violence (ENDGBV) operate the City’s Family Justice Centers. NYC Family Justice Centers buildings are temporarily closed as part of the City’s response to COVID-19. Services and support for survivors are available by phone, M-F, 9-5. Call volume is high; callers may have to await a returned call.

- Bronx: 718-508-1220
- Brooklyn: 718-250-5113
- Manhattan: 212-602-2800
- Queens: 718-575-4545
- Staten Island: 718-697-4300
NYC IPV/DV RESOURCES (GENERAL)

In the evenings or weekends

• Call NYC's 24-hour Domestic Violence Hotline: **800-621-4673**
• Visit the NYC HOPE Resource Directory online at [www.nyc.gov/NYCHOPE](http://www.nyc.gov/NYCHOPE)

You can also

• Chat on a secure website with a Safe Horizon advocate who can offer information, advocacy and support through [SafeChat](http://SafeChat), Monday to Friday, 1 p.m. to 6 p.m. (except for holidays)
• For help with stress and anxiety, please call NYC Well, **888-692-9355** or text "WELL" to **65173**
• For emergencies, call 911
NYC IPV/DV RESOURCES (MORE HELPLINES)

NYC Anti-Violence Project (AVP), crisis counseling and advocacy for LGBTQ and HIV-affected survivors

• 24/7 hotline: 212-714-1141

Sanctuary for Families

• Helpline, Monday-Friday, 9 a.m.-5 p.m., for counseling, shelter, legal advocacy: 212-349-6009

Womankind (formerly New York Asian Women’s Center)

• 24/7 survivor hotline (including Chinese, Korean, Japanese, Tagalog, Hindi, Urdu, Bengali, Vietnamese): 888-888-7702

• Text message, Monday-Friday, 9 a.m.-5 p.m. (English: 929-207-5907; Chinese: 929-207-5901)
NYC IPV/DV Resources (More Helplines)

Violence Intervention Program, Inc (VIP): vipmujeres.org
- 24-hour bilingual hotline for counseling
- Emergency shelter and safety planning for Latina survivors: 800-664-5880

SOVRI (of Mount Sinai Beth Israel, for Orthodox Jewish survivors)
- Helpline, Monday-Thursday, 9:30 a.m.-5:30 p.m. and Friday, 9:30 a.m.-1:30 p.m.: 888-613-1613.

Barrier Free Living’s Secret Garden program for survivors with disabilities and survivors who are Deaf
- Helpline, Monday-Friday, 9 a.m.-5 p.m.: 212-533-4358

Sakhi for South Asian Women
- Helpline, Monday-Friday, 10 a.m.-5 p.m., 212-868-6741
TIP Find access to professional interpreters, if possible; do not rely on family or friends to interpret.

TIP Offering information about healthy relationships ensures that everyone gets access to information about relationships, not just those patients who choose to disclose DV/IPV.

TIP Know resources are available in your area for DV/IPV survivors, including for LGBTQ, immigrants or youth. Partnering with local resources makes all the difference.

TIP Survivors may not disclose initially, but may do so over time as the provider builds trust.
SUPPORT & EMPOWERMENT FOR PROVIDERS - RESOURCES

LOCAL

City Health Information

https://www1.nyc.gov/site/doh/providers/resources/public-health-action-kits.page


NATIONAL

https://www.futureswithoutviolence.org/health
CREATING AND SUSTAINING CHANGE...

**IPV is a manifestation of oppression and of societal norms about who has a right to use power and how.**

**Solutions reside ultimately in dismantling systems, structures, institutions that enable the abuse.**

**Providers have a role in shifting emphasis from law enforcement to public health approach to violence intervention/prevention.**
Thank you!

Catherine Stayton
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PREVENTION OF HEAT-RELATED ILLNESS DURING THE COVID-19 PANDEMIC

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Division of Environmental Health
NYC Department of Health and Mental Hygiene
BACKGROUND: HEAT-RELATED ILLNESS AND COVID-19

- Heat-related illnesses are a concern each summer in NYC
- Most hyperthermia victims are overcome in their homes and do not have or do not use air conditioning
- Staying home/indoors to avoid COVID-19 exposure may increase risk of heat-related illness if air conditioning is unavailable
- Financial strain related to COVID-19 may add concern about using air conditioning

HEAT ADVISORIES IN NYC

The following trigger activation of the NYC Heat Plan:
• Predicted heat index ≥ 100° F for ≥ 1 day OR
• Predicted heat index ≥ 95° F at any point for ≥ 2 consecutive days

The City will consider additional excessive heat actions if the following is forecast:
• Predicted heat index of 105° F for any duration OR
• Predicted heat index of 95° F for ≥ 4 days

identify patients at increased risk for heat-related illness

- People who do not have or do not use air conditioning and have ≥ 1 of the following have an increased risk of heat-related illness and death:
  - Chronic health conditions
    - Cardiovascular, respiratory, or renal disease
    - Diabetes
    - Obesity (BMI > 30)
    - Serious mental illness (e.g., schizophrenia, bipolar disorder)
    - Cognitive or developmental disorders
  - Conditions/medications that impair thermoregulation
  - Drug or alcohol misuse
  - Social isolation or limited mobility
- Black New Yorkers and adults age ≥ 60 years are more likely to have a combination of these factors
- Many of these factors also increase risk for severe COVID-19

ADVICE FOR HEAT- VULNERABLE PATIENTS

• Remind patients of the danger of heat
• Advise them to:
  • Monitor weather alerts
  • Use air conditioning (set to 78º or “low” cool to conserve energy)
  • Remain hydrated
  • Work with caregivers and support network to develop check-in plan
• Resources for those without air conditioning:
  • Air conditioning assistance programs
  • Consider family, friends, neighbors who can offer brief respite

SPECIAL CONSIDERATIONS DUE TO COVID-19

- When seeking temporary relief from heat in another household, take steps to avoid COVID-19 exposures
- Avoid visiting households where members:
  - Have symptoms of possible COVID-19
  - Are in isolation or quarantine related to COVID-19
- When visiting another household:
  - Maintain ≥ 6 feet distance from others
  - Use a face covering if distancing is not possible
- Remind patients not to visit another household if they have symptoms of possible COVID-19 or are in isolation or quarantine

NYC AIR CONDITIONING ASSISTANCE

- Eligibility:
  - Low-income households
  - ≥ 1 resident aged ≥ 60 years without air conditioning
- Approximately 74,000 units will be provided
- NYC case managers are identifying and contacting income-eligible New Yorkers

NEW YORK STATE HOME ENERGY ASSISTANCE PROGRAM (HEAP)

- Provides funds to purchase and install air conditioners
- People who meet income and other criteria can apply
- Provider patients with written documentation of increased risk for heat-related illness
- Advise them to call 311 to request a HEAP air conditioner application

NYC COOLING CENTERS IN THE COVID-19 ERA

• Cooling centers will:
  • Provide needed respite from the heat
  • Be safe
  • Be hygienic
  • Screen individuals
  • Provide universal access for all well individuals
  • Be fewer in number than in previous years
ADDITIONAL RESOURCES ON COVID-19

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, 2 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
QUESTIONS?