

Dear Colleague

COVID-19 Updates

New York City Department of Health and Mental Hygiene

Updated guidance and scientific literature on COVID-19

Week of April 11-17, 2020



During the 1918 influenza pandemic, the New York City Board of Health recommended that all New Yorkers wear masks. [National Archives](#).

If you are a certified health care worker, or a local provider in need of additional staff, you can [apply to join the Medical Reserve Corp or to receive surge staffing during the coronavirus disease 2019 \(COVID-19\) outbreak](#).

Looking to make a donation of personal protective equipment (PPE)?
[Now you can do so online.](#)

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New York City Situation Summary

Updated New York City COVID-19 Case Counts and Rates

The New York City (NYC) Health Department recently launched an [interactive webpage](#) to highlight data related to COVID-19 in NYC. This page shows daily counts and rates of confirmed cases of, hospitalizations for, and deaths due to COVID-19. Data are shown according to different demographic categories, including by age and sex. Trends in emergency department visits over time, a map of case counts by ZIP code, and information on underlying health conditions among people who died due to COVID-19 are also presented. To inform the public, health care providers, and scientists, all data shown on the webpage are available for download.

New and Updated NYC Health Department Emergency Planning Resources for Hospitals

During a public health emergency such as the COVID-19 epidemic, it is critical that hospitals expand their capacity to accept patients. [This page](#) provides step-by-step instructions for assessing and documenting hospital surge staffing, facility and supply needs during the COVID-19 epidemic. The toolkit also includes implementation strategies, timelines and forms that can be adapted to the size and services of any hospital.

Guidance and Recommendations

NYC Health Alerts

The Health Alert Network (HAN) is the primary way that the NYC Health Department shares information and official guidance on public health issues and emergencies with local health care providers. Sign up to receive NYC Health Alerts [here](#).

Previous Health Alerts on COVID-19

- [NYC Health Alert #10: COVID-19 Updates for New York City](#) (April 11, 2020)
Recommends that all employees wear face masks while providing care to patients in healthcare facilities due to emerging data on asymptomatic and pre-symptomatic transmission of SARS-CoV. Describes serious shortage of swabs needed to collect specimens for COVID-19 testing; recommends prioritizing testing of patients with severe disease. Describes how to report deaths due to COVID-19 using [eVital](#).

- [NYC Health Alert #9: Conserve All Personal Protective Equipment Now](#) (April 1, 2020)
Recommends that health care providers employ personal protective equipment (PPE) conservation measures as per guidance from the NYC Health Department and the U.S. Centers for Disease Control and Prevention (CDC).
- [NYC Health Advisory #8: COVID-19 Update for New York City — Do not test non-hospitalized patients and preserve PPE](#) (March 20, 2020)
Recommendation to conserve PPE for health care workers providing medically necessary care for hospitalized patients by limiting testing for COVID-19 to hospitalized patients. Guidance on managing PPE needs.
- [NYC Health Alert #7: Guidance for Healthcare Worker Self-Monitoring and Work Restriction in the Presence of Sustained Community Transmission of Coronavirus Disease 2019 \(COVID-19\)](#) (March 17, 2020)
Occupational health guidance for hospitals, health care facilities, and other organizations for the management of health care workers, including all providers and support staff involved in patient care. This interim guidance should be considered alongside applicable state and federal regulations. Health care workers currently furloughed because of previous guidance may return to work if asymptomatic.
- [NYC Health Alert #6: COVID-19 Updates for New York City](#) (March 15, 2020)
Guidance on laboratory testing at the NYC Health Department Laboratory; updated PPE guidance to support the use of droplet precautions; advising patients who do not require hospitalization to stay home; and an overview of home-isolation and self-monitoring instructions.

NYC Health Department Guidance

Guidance for the General Public: Updated Recommendations on Use of Face Coverings

The NYC Health Department now [recommends](#) that people who need to leave their homes cover their noses and mouths with well-secured paper or cloth masks, bandanas or shawls. A face covering is particularly important when people may come within 6 feet of others (e.g., in stores, offices, elevators, subways, buses, taxis, or crowded streets or parks). However, physical distancing and healthy hand hygiene (frequent washing with soap and water) should continue to be promoted as prevention measures.

These recommendations are based on growing evidence that transmission of SARS-CoV-2 (the virus that causes COVID-19) can occur from infected people who do not have symptoms, as well as during the days preceding the onset of symptomatic COVID-19. Recent research from Singapore [describes](#) several clusters in which COVID-19 transmission appears to have occurred from individuals who were presymptomatic or asymptomatic. Prior research has found that viruses can spread through respiratory droplets produced when simply breathing or speaking, and that wearing a face covering diminishes the propagation of respiratory particles.

For these reasons, people who cover their face are less likely to spread SARS-CoV-2 to others, including essential workers. A face covering can also protect wearers by discouraging them from touching areas near their noses and mouths, thus preventing them from introducing the virus into the respiratory system.

Counsel patients and others to remain at home as much as possible, even if they do not have symptoms of possible COVID-19. Advise them to wear a face covering when it is necessary for them to leave their homes; to [wash or sanitize their hands](#) before putting the face covering on or taking it off; to use a new face covering or wash their reusable one every day; and to store face coverings in a plastic bag when not in use.

New Information for Health Care Providers: Summary of Interim Guidance on Prenatal and Obstetrical Care for Persons with Possible or Confirmed COVID-19

Currently available data do not indicate that pregnancy is associated with an increased risk for COVID-19. However, these data are preliminary, and pregnant persons are known to have a risk of severe morbidity and mortality from other viruses that cause respiratory infections, such as influenza virus and severe acute respiratory system coronavirus (SARS-CoV). Therefore, pregnant persons may have an increased risk for complications from COVID-19 as well.

Adverse outcomes (e.g., preterm birth) have been reported among some infants born to individuals with COVID-19 during pregnancy. However, this information is based on a small number of case reports, and it is not clear that the adverse outcomes were related to the pregnant parent's COVID-19. Currently, it is unclear if COVID-19 can cross through the transplacental route to the fetus. In limited recent peer-reviewed case series of infants born to individuals with COVID-19, none of the infants tested positive for SARS-CoV-2 (Chen et al; Breslin et al; Iqbal et al). Because there is no evidence of vertical transmission (including via breast milk) to date, current [CDC](#) and [American College of Obstetricians and Gynecologists \(ACOG\)](#) recommendations support delayed cord clamping and breastfeeding in persons with COVID-19.

Prenatal care is evolving rapidly to accommodate the requirements of physical distancing and limited personal protective equipment (PPE). While each practice will approach office visits differently, there are now published recommendations for the [use of telemedicine during prenatal visits](#) and how to provide prenatal care for pregnant persons with COVID-19. To date, there are no reports of the natural history of COVID-19 in pregnancy when acquired in the first or second trimester. The current recommendation is to follow pregnant persons with COVID-19 closely. Pregnant persons with possible or confirmed COVID - 19 who are asymptomatic or recovering from mild illness should be monitored with ultrasound assessment of fetal growth and amniotic fluid volume every two to four weeks, with umbilical artery Doppler if necessary (Poon et al).

Infection control during hospitalization for labor and delivery begins with the rapid identification of possible COVID-19 in pregnant persons through symptom screening. A report from Columbia University (Breslin et al) details two cases of asymptomatic women admitted for induction of labor who rapidly deteriorated intra-partum and were found to have COVID-

19. Both babies were delivered in good health and remain SARS-CoV-2 negative, and the mothers are expected to do well. However, it was estimated that these patients encountered approximately 30 hospital staff prior to diagnosis, none of whom were wearing PPE appropriate for COVID-19, emphasizing the importance of early identification of COVID-19. This suggests that health care providers should maintain a high level of clinical suspicion for COVID-19 during this period of sustained community transmission, and should periodically screen hospitalized patients for symptoms consistent with COVID-19, even if the patients were asymptomatic upon admission.

Current recommendations for the management of patients in labor or requiring admission to the labor floor include screening both the patient and the patient's partner for symptoms of COVID-19 ([CDC](#), [ACOG](#)). If the parent is classified as having possible or confirmed COVID-19, many hospitals are isolating the newborn until the status of both the parent and the infant can be clarified.

A recent case report in the *New England Journal of Medicine* details the vaginal delivery of a mother with symptomatic COVID-19 (Iqbal et al). Extensive isolation and infection control precautions were taken. Contrary to general expert recommendation, delayed cord clamping, skin-to-skin contact, and breastfeeding were not permitted. The healthy, full-term newborn tested negative for SARS-CoV-2 at 24 hours and was isolated from the parents (who both tested positive for SARS-CoV-2) for six days. The baby went home with the mother six days after delivery, while the father continued isolation at a hotel. The detailed account of all aspects of care for the mother, infant, and partner in an otherwise uneventful delivery underscores the importance of sharing information in a discipline that is being reshaped by a global pandemic.

Both CDC and ACOG have issued guidance for providers for management of patients with possible or confirmed COVID-19 in the obstetric setting. These websites are updated regularly as new information becomes available in this rapidly evolving situation.

CDC Considerations for [Prevention and Control of Coronavirus Disease 2019 (COVID-19) in] Inpatient Obstetric Healthcare Settings

- [cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html)

ACOG Practice Advisory

- [acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/03/novel-coronavirus-2019](https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/03/novel-coronavirus-2019)

Frequently Asked Questions and General Information for Providers

CDC

- [cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnancy-breastfeeding.html](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnancy-breastfeeding.html)

ACOG

- [acog.org/clinical-information/physician-faqs/covid-19-faqs-for-ob-gyns-obstetrics](https://www.acog.org/clinical-information/physician-faqs/covid-19-faqs-for-ob-gyns-obstetrics)

References on Prenatal and Obstetrical Care

Breslin N, Baptiste C, Miller R, et al. COVID-19 in pregnancy: early lessons. *American Journal of Obstetrics & Gynecology MFM*. First available online March 27, 2020. DOI: 10.1016/j.ajogmf.2020.100111.

<https://www.sciencedirect.com/science/article/pii/S2589933320300410>

Highlights: Detailed account of 2 asymptomatic patients admitted for induction at 37 weeks who rapidly deteriorated immediately post-partum and required ICU admission for respiratory distress. Both were found to be SARS-CoV-2 positive. Each had an underlying condition. Both babies remained negative and mothers ultimately did well. Multiple staff (~30) were encountered during care, none of whom wore adequate PPE.

Chen H, Guo J, Wang C, et al. Clinical characteristics and intrauterine vertical transmission potential of COVID-19 infection in 9 pregnant women: a retrospective review of medical records. *The Lancet*. 2020;395(10226):809-815.

<https://www.sciencedirect.com/science/article/pii/S0140673620303603>

Highlights: Case series of nine infants born to mothers infected with COVID-19 in China. None of the infants tested positive for COVID-19. Presents very detailed clinical course of each case. All nine women had a Caesarian Section and seven of the nine presented with fever. None of the mothers or infants died.

Iqbal SN, Overcash R, Mokhtari N, et al. An uncomplicated delivery in a patient with COVID-19 in the United States. *N Engl J Med*. First available online April 1, 2020. DOI: 10.1056/NEJMc2007605.

https://www.nejm.org/doi/full/10.1056/NEJMc2007605?query=featured_coronavirus

Highlights: Case report of management of a pregnant patient with COVID-19 and an account of the approach to labor and delivery. Strict infection control procedures were observed and precautions taken to avoid potential vertical transmission. The infant tested negative and went home with mother on day 6 after birth.

Poon LC, Yang H, Lee JCS, et al. ISUOG Interim Guidance on 2019 novel coronavirus infection during pregnancy and puerperium: information for healthcare professionals. *Ultrasound Obstet Gynecol*. First published March 20, 2020. DOI: 10.1002/uog.22013.

<https://obgyn.onlinelibrary.wiley.com/doi/epdf/10.1002/uog.22013>

Highlights: Detailed review of literature to date and recommendations for management in pregnancy and post-partum with a focus on the international experience and extensive guidance for healthcare professionals.

Additional NYC Health Department Clinician Guidance

- [Frequently Asked Questions About COVID-19 for Health Care Providers](#) (March 30, 2020)
- [Interim Guidance for Home and Community Healthcare Workers](#) (March 30, 2020)
- [Infection Control in Outpatient Setting During Community Transmission](#) (March 16, 2020)

Literature Summary and Additional Resources

Recent Literature on COVID-19

We summarized two recent reports that provide evidence supporting the [NYC Health Department's recommendation](#) that New Yorkers wear face coverings when leaving their homes. Links to additional recent literature on COVID-19 are included below.

[Presymptomatic Transmission of SARS-CoV-2 — Singapore, January 23–March 16, 2020](#)

Wei WE, Li Z, Chiew CJ, Yong SE, Toh MP, Lee VJ. *MMWR Morb Mortal Wkly Rep.* 2020;69(14):411–415.

Highlights: Presymptomatic transmission is the transmission of SARS-CoV-2 from an infected person, prior to their illness onset, to another person. Previous reports from China suggested there is person-to-person asymptomatic and presymptomatic transmission of SARS-CoV-2. Additional evidence to support presymptomatic transmission of the virus was described in this report from Singapore, which reported seven clusters of between two to five patients diagnosed with COVID-19. These clusters were identified among a total of 243 persons with confirmed COVID-19 in Singapore during the study period. Within the seven clusters, presymptomatic transmission was the most likely route of infection for 10 cases. These 10 cases accounted for 6.4% of the 157 locally acquired cases during the study period. In four clusters where the date of exposure could be determined, presymptomatic transmission occurred one to three days before symptom onset in the source patients. Along with evidence from other studies, these findings suggest that viral shedding can occur in the absence of symptoms, as well as one to three days before symptom onset. The potential for presymptomatic and asymptomatic transmission emphasizes the importance of physical distancing and supports the adoption of face coverings while in public to reduce COVID-19 spread.

[Detection of SARS-CoV-2 Among Residents and Staff Members of an Independent and Assisted Living Community for Older Adults — Seattle, Washington, 2020](#)

Roxby AC, Greninger AL, Hatfield KM, et al. *MMWR Morb Mortal Wkly Rep.* 2020;69(14):416–418.

COVID-19 has been associated with high levels of morbidity and mortality among older adults in long-term care skilled nursing facilities (SNFs). However, less is known about COVID-19 among older adults living in senior independent and assisted living communities, who live more independently and rely less on skilled nursing services compared to residents of SNFs.

After two residents of a senior independent and assisted living facility in Seattle, WA, were hospitalized with confirmed COVID-19, Seattle and King County and the CDC conducted an investigation at the facility. All staff and residents were tested for SARS-Cov-2 and asked to complete a symptom questionnaire; all residents were tested again seven days later. The first round of testing identified three residents and two staff members with positive tests. Among those with a positive test in the initial phase, none of the residents reported symptoms at the time of testing; both staff members reported symptoms. During the second round of testing, one additional positive test was reported for an asymptomatic resident who was negative on the first test. Of those with a negative test, 42% of residents and 25% of staff reported symptoms potentially compatible with COVID-19 in the preceding 14 days. In summary, symptom screening of residents and staff did not accurately identify persons who had positive tests for SARS-CoV-2, illustrating the limitations associated with COVID-19 case identification based on symptoms alone. Notably, although two Seattle SNFs reported high COVID-19 transmission, morbidity and mortality among residents, only four residents at the independent and assisted living facility had positive tests. The authors concluded that physical distancing among residents, less contact with staff than typically occurs in SNFs, and early implementation of strict isolation and protective measures in line with CDC guidance minimized the spread of the virus at the independent and assisted living facility.

Links to Additional Publications on COVID-19

- [Johns Hopkins University](#) COVID-19 Resources
- [World Health Organization](#) Global Research on COVID-19

Upcoming NYC Health Department Presentation for Providers and Other Information

- The NYC Health Department offers regular presentations on COVID-19 for health care providers. The next call will be on Friday, April 17 at 2 p.m. Visit the [NYC Health Department Provider web page](#) to register, and to find new and updated information on COVID-19.
- Critical care and other health care facility planning resources are available on The Greater New York Hospital Association web page: gnyha.org/tool/critical-care-planning-resources/

The NYC Health Department may change recommendations as the situation evolves.

4.13.20