

Dear Colleague

COVID-19 Updates

New York City Department of Health and Mental Hygiene

Updated guidance and scientific literature on coronavirus disease 2019 (COVID-19)

Week of April 19-25, 2020



Source: [National Archives](#)

Workers during the 1918 influenza pandemic covered their faces in gauze masks for protection against the disease.

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

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

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New York City Situation Summary

Updated New York City COVID-19 Data

The New York City (NYC) Health Department's interactive [COVID-19 data webpage](#) presents data related to COVID-19 in NYC. Updated daily counts and rates of confirmed cases of, hospitalizations for, and deaths due to COVID-19 are shown. Recent additions include trends in key indicators of the spread of COVID-19 in NYC, including the number of people in critical care at NYC Health and Hospitals facilities, and age-adjusted rates of fatal lab-confirmed COVID-19 cases according to race/ethnicity. Data are available for download.

Guidance and Recommendations

New York City Health Department Guidance

Recognizing and Addressing Behavioral Health Concerns During the COVID-19 Pandemic

During the COVID-19 pandemic, patients are likely to be afraid, anxious and distressed. If left unmanaged, these emotional reactions can negatively affect health and the ability to cope, and can also exacerbate existing health conditions, including underlying behavioral health conditions. The following recommendations may help providers recognize and address stress and behavioral health concerns and conditions.

1. **Inquire**: If a patient doesn't mention their behavioral health, ask how they are doing emotionally and how they are coping. Ask in a nonjudgmental way whether there has been any change in their substance use.
2. **Normalize and Promote Resiliency**: Validate reactions that are expected during this pandemic, including anxiety and difficulty sleeping. Teach patients about how our body reacts under stress and methods they can use to cope. Many health care providers feel unprepared or uncomfortable talking about behavioral health. Here are some ways you might consider asking about anxiety and recommending coping strategies.

"Anxiety is a normal response to threatening situations. It can help us do things to avoid a threat. In this case, it can help motivate us to use physical distancing to decrease the chances of getting COVID-19. But it can also be harmful if there is too much of it. If you are experiencing frequent, unproductive worry, having trouble sleeping, or using more alcohol or other drugs than you usually do, you may find it helpful to do things that can help you manage anxiety."

“You’ve probably been anxious before, even if not this anxious. What have you done in the past that helped? Some people find that a hot bath or shower helps. Some people find that talking with friends and family helps. Even if you can’t see someone in person right now, it can help to reach out by phone, email, or social media. Some people find that exercise helps (you don’t need to go to a gym to exercise — you can do sit-ups, pushups or run in place at home). Some people find that meditation and mindful breathing helps.”

The [NYC Health Department COVID-19 Coping and Emotional Well-being webpage](#) is a good source of additional information.

3. **Differentiate:** Assess whether the person can manage on their own, or if they may need professional behavioral health support. Patients who are not able to function at work (including working from home), care for family, or attend to their own needs may benefit from additional behavioral health interventions. Consider using the following two tools to screen for depression and anxiety:

Generalized Anxiety Disorder 2-item (GAD-2)	Patient Health Questionnaire-2 (PHQ-2)
<ul style="list-style-type: none"> • Over the last two weeks, how often have you been bothered by the following problems? <ul style="list-style-type: none"> • Feeling nervous, anxious, or on edge • Not being able to stop or control worrying 	<ul style="list-style-type: none"> • Over the last two weeks, how often have you been bothered by the following? <ul style="list-style-type: none"> • Little interest or pleasure in doing things • Feeling down, depressed or hopeless

For both tools, score each response using the following scale:

- 0 = not at all
- 1 = several days
- 2 = more than half the days
- 3 = nearly every day

For a total score ≥ 3 on either scale, refer the patient for further care (see below for more on referrals).

4. **Refer:** If an individual is having difficulty coping with stress, a referral to a behavioral health professional should be placed. The referral can be to the patient’s own behavioral health clinician, a colleague of yours, or a crisis counselor through NYC Well or the New York State (NYS) Emotional Support Helpline.

- NYC Well offers a number of free well-being and emotional support applications (apps) to help with coping. NYC Well also offers trained counselors 24/7 in over 200 languages. In addition to crisis counseling, these counselors can connect people with ongoing treatment if necessary. Call 888-NYC-WELL (888-692-9355), text “WELL” to 65173, or chat at nyc.gov/nycwell.
- The NYS COVID-19 Emotional Support Helpline at 844-863-9314 is available from 8 a.m. to 10 p.m., seven days a week. The phone line is staffed with specially trained volunteer professionals who are there to listen, support and refer if needed.

The following is a sample script on how to refer patients to an outside provider:

“Sometimes, in a situation like this, nothing we can do on our own is enough to keep anxiety down to a level where it’s manageable. When that happens, there’s no shame in reaching out for help. Thousands of New Yorkers are doing it. One way to get help is to call 888-NYCWELL (888-692-9355) or you can text WELL to 65173. Counselors are there 24/7. There’s no judgment and calls can be anonymous if you want.”

New York City 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. Recent COVID-19 alerts include:

- [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 health care facilities due to emerging data on asymptomatic and presymptomatic transmission of SARS-CoV-2. 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): Recommendation for health care providers to 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).

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 the Outpatient Setting During Community Transmission](#) (March 16, 2020)

Recent Literature and Additional Resources

Recent Literature on COVID-19

Emerging Evidence of Loss of Smell and Taste as Symptoms of COVID-19

Recent scientific and popular press reports suggest that a substantial number of patients with COVID-19 have reported experiencing a loss or diminishment of their sense of smell (anosmia, hyposmia) or taste (ageusia, dysgeusia, hypogeusia).

Current Evidence

In a [cross-sectional survey conducted among 59 SARS-CoV-2-positive hospitalized patients in Milan, Italy](#), 20 (33.9%) patients reported at least one taste or olfactory disorder and 11 (18.6%) reported both. Twelve patients (20.3%) presented with the symptoms before hospital admission, while eight (13.5%) experienced the symptoms for the first time during their hospital stay.

Researchers used [data collected from RADAR COVID-19](#), an app launched to assess COVID-19 symptoms among the general population in the UK, to compare 579 individuals with positive RT-PCR COVID-19 tests to 1,123 individuals with negative tests. Of those with positive tests, 59% reported loss of smell and taste, compared to 18% of those with a negative test.

In a [retrospective review of 214 hospitalized patients with laboratory-confirmed COVID-19 in Wuhan, China](#), 19 patients had peripheral nervous system (PNS) symptoms, defined as one of the following: hypogeusia, hyposmia, hypopsia, or neuralgia. Of those with PNS symptoms, the two most commonly reported were hyposmia (11, 5.1%) and hypogeusia (12, 5.6%).

A fourth report describes various anecdotal evidence, including a [case series and a Google Trends report](#), which the authors believe support sudden-onset anosmia as an initially unrecognized symptom of COVID-19. Authors conducted a search for “anosmia” on Google Trends, which showed an unprecedented increase in searches for the term coincident with the spread of COVID-19 in the respective locations.

A [letter from the Royal College of Surgeons of England to Public Health England](#) and a [Letter to the Editor published in Obesity](#) outlined what the authors believed was new evidence for the loss of sense of smell as a symptom of COVID-19. Both reports highlighted evidence from South Korea and Germany. In Germany, it is reported that more than two in three confirmed cases have anosmia, and in South Korea, where testing is more widespread, 30% of patients who tested positive reported anosmia as a presenting symptom.

Biological Plausibility

Although it is well established that olfactory and taste disorders are related to a wide range of viral infections, the pathogenetic mechanism of taste and olfactory disorders in COVID-19 is not yet clear. Some [evidence from mouse models](#) have demonstrated transneuronal penetration of SARS-CoV (the virus identified in 2003 that causes severe acute respiratory syndrome) through the olfactory bulb. Additionally, the virus has been found in the cerebrospinal fluid of patients with acute COVID-19, suggesting a potential for neurologic involvement. Of [214 patients investigated retrospectively in Wuhan, China](#), 78 (36.4%) had neurologic manifestations in COVID-19. However, the neurotropic potential of SARS-CoV-2 in patients remains to be clearly established.

Limitations of the Evidence to Date

It is possible that the increased incidence of anosmia and dysgeusia described in these reports reflects an increased awareness of and media attention to symptoms potentially related to COVID-19. It is unclear whether these symptoms usually occur prior to other COVID-19 symptoms, during the illness, or afterwards, which may limit the utility of screening for these symptoms in a public health setting. More rigorous evidence is needed to clearly establish the frequency and timing of onset of olfactory and taste disorders as symptoms of COVID-19.

Professional Journal Articles

- Bagheri S, Asghari A, Farhadi M, et al. Coincidence of COVID-19 epidemic and olfactory dysfunction outbreak. *medRxiv*. 2020. (not peer-reviewed)
<https://www.medrxiv.org/content/10.1101/2020.03.23.20041889v1>
- Baig A, Khaleeq A, Ali U, Syeda H. Evidence of the COVID-19 virus targeting the CNS: tissue distribution, host–virus interaction, and proposed neurotropic mechanisms. *ACS Chem Neurosci*. 2020;11(7):995-998.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7094171>
- Gane S, Kelly C, Hopkins C. Isolated sudden onset anosmia in COVID-19 infection. A novel syndrome? *Rhinology*. 2020. Epub ahead of print.
https://www.rhinologyjournal.com/rhinology_issues/manuscript_2449.pdf
- Giacomelli A, Pezzati L, Conti F, et al. Self-reported olfactory and taste disorders in patients with severe acute respiratory coronavirus 2 infection: a cross-sectional study. *Clin Infect Dis*. 2020. Epub ahead of print.
<https://academic.oup.com/cid/article/doi/10.1093/cid/ciaa330/5811989>
- Mao L, Wang M, Chen S, et al. Neurological manifestations of hospitalized patients with COVID-19 in Wuhan, China: a retrospective case series study. *medRxiv*. 2020. (not peer-reviewed)
<https://www.medrxiv.org/content/10.1101/2020.02.22.20026500v1>

- Menni C, Valdes A, Freydin MB, et al. Loss of smell and taste in combination with other symptoms is a strong predictor of COVID-19 infection. *medRxiv*. 2020. (not peer-reviewed)
<https://www.medrxiv.org/content/10.1101/2020.04.05.20048421v1>
- Vaira LA, Salzano G, Deiana G, De Riu G. Anosmia and ageusia: common findings in COVID-19 patients. *Laryngoscope*. 2020. Epub ahead of print.
<https://onlinelibrary.wiley.com/doi/full/10.1002/lary.28692>

Statements from Professional Societies

- American Academy of Otolaryngology – Head and Neck Surgery: Anosmia, hyposmia, and dysgeusia symptoms of coronavirus disease. <https://www.entnet.org/content/aao-hns-anosmia-hyposmia-and-dysgeusia-symptoms-coronavirus-disease>. Anosmia reporting tool: <https://www.entnet.org/content/coronavirus-disease-2019-resources>
- Ear, Nose and Throat UK at the Royal College of Surgeons of England joint statement: Loss of sense of smell as marker of COVID-19 infection.
<https://www.entuk.org/sites/default/files/files/Loss%20of%20sense%20of%20smell%20as%20marker%20of%20COVID.pdf>
- Obesity Society: A new symptom of COVID-19: loss of taste and smell.
<https://onlinelibrary.wiley.com/doi/full/10.1002/oby.22809>

Popular Press [not an exhaustive list]

- Forbes. There's an unexpected loss of smell and taste in coronavirus patients.
<https://www.forbes.com/sites/judystone/2020/03/20/theres-an-unexpected-loss-of-smell-and-taste-in-coronavirus-patients/#5e6e090f5101>
- National Public Radio. Is loss of smell and taste a symptom of COVID-19? Doctors want to find out.
<https://www.npr.org/sections/goatsandsoda/2020/03/26/821582951/is-loss-of-smell-and-taste-a-symptom-of-covid-19-doctors-want-to-find-out>
- The New York Times. Lost sense of smell may be peculiar clue to coronavirus infection.
<https://www.nytimes.com/2020/03/22/health/coronavirus-symptoms-smell-taste.html>
- The Scientist. Lost smell and taste hint COVID-19 can target the nervous system.
<https://www.the-scientist.com/news-opinion/lost-smell-and-taste-hint-covid-19-can-target-the-nervous-system-67312>

Summaries of Selected Recent U.S. Publications on COVID-19

Community Transmission of SARS-CoV-2 at Two Family Gatherings — Chicago, Illinois, February–March 2020

Ghinai I, Woods S, Ritger KA, et al. *MMWR Morb Mortal Wkly Rep*. 2020;69(15):446–450.
<https://www.cdc.gov/mmwr/volumes/69/wr/mm6915e1.htm>

The Chicago Department of Public Health used contact tracing to describe chains of SARS-CoV-2 transmission among non-household contacts during a period preceding widespread community transmission of COVID-19 in Chicago. A patient with mild symptoms appears to have transmitted the virus to 10 contacts in settings that included a funeral, a birthday party and a shared meal at a private home. An additional five confirmed or probable cases of COVID-19 were linked to those infected by the index patient. Three of the 16 patients in this cluster died of COVID-19. These findings demonstrate that COVID-19 transmission can occur in non-household settings and during relatively brief encounters within homes, and that transmission in such settings may play an important role in amplification of the epidemic. The results support recommendations of social distancing and avoiding gatherings beyond one's immediate household, even with members of one's extended family.

Hospitalization Rates and Characteristics of Patients Hospitalized with Laboratory-Confirmed Coronavirus Disease 2019 — COVID-NET, 14 States, March 1–30, 2020

Garg S, Kim L, Whitaker M, et al. *MMWR Morb Mortal Wkly Rep.* 2020;69(15):458–464.
<https://www.cdc.gov/mmwr/volumes/69/wr/mm6915e3.htm>

In March 2020, in a sample of 99 U.S. counties, 4.6 people per 100,000 were hospitalized with laboratory-confirmed COVID-19. Hospitalization rates increased with age. Of the 12% of patients with information on underlying conditions, 89% had at least one underlying condition; the most common being obesity (for patients aged 18 to 49 years and 50 to 64 years) and hypertension (for patients aged 65 years and older). There was also a high prevalence of chronic lung disease, diabetes mellitus, and cardiovascular disease. Among 167 patients with available data, the most common signs and symptoms at the time of admission were cough (86%), fever/chills (85%), shortness of breath (80%), myalgia (34%), diarrhea (27%), and nausea/vomiting (24%), and the median interval from symptom onset to admission was 7 days.

Coronavirus Disease 2019 in Children — United States, February 12–April 2, 2020

MMWR Morb Mortal Wkly Rep. 2020;69(14):422–426.
<https://www.cdc.gov/mmwr/volumes/69/wr/mm6914e4.htm>

Among 149,082 cases of laboratory-confirmed cases of COVID-19 reported in the United States from March 12 to April 2, 2020, 2,572 cases (1.7%) occurred in persons aged younger than 18 years, of whom 57% were male. Among the small proportions of these cases with available data, only 73% had symptoms of fever, cough, or shortness of breath, compared with 93% of adults aged 18 to 64 years with COVID-19. An estimated 5.7% to 20% of children with COVID-19 were hospitalized, and 0.6-2.0% were admitted to intensive care, compared with 10% to 33% and 1.4% to 4.5%, respectively, of adults aged 18 to 64 years. Children aged <1 year accounted for the highest percentage (15%–62%) of hospitalization among pediatric patients with COVID-19. Among 345 pediatric cases with available data, 23% had at least one

underlying condition, with the most common being asthma or another chronic lung disease, cardiovascular disease, and immunosuppression. All of the children who were admitted to intensive care had at least one underlying medical condition. Three deaths were reported; the causes of these deaths are under review.

Additional Resources

- [Johns Hopkins University](#) COVID-19 Resources
- [World Health Organization](#) Global Research on COVID-19
- Critical care and other health care facility planning resources are available on [The Greater New York Hospital Association webpage](#)
- The Center to Advance Palliative Care of the Icahn School of Medicine at Mount Sinai has developed a [COVID-19 Response Resources toolkit](#), which includes protocols on crisis communication and symptom management, guidance for using Medicare COVID-19 emergency waivers, tools to help palliative care teams address high levels of volume and stress during a crisis, and more.

NYC Health Department COVID-19 Resources

- The NYC Health Department offers regular presentations on COVID-19 for health care providers. Check the [NYC Health Department Provider webpage](#) to register, and to find new and updated information on COVID-19.
- The NYC Health Department also offers [Emergency Planning Resources for Hospitals](#).
- Sign up to receive Dear Colleague COVID-19 newsletters, which are distributed through the [City Health Information network](#).

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