



# NYC Health Care Coalition (NYCHCC) Emergency Preparedness Symposium (EPS)

NYC DOHMH OFFICE OF EMERGENCY PREPAREDNESS AND RESPONSE  
BUREAU OF HEALTHCARE AND COMMUNITY READINESS

Tuesday, November 10, 2020

# Opening Remarks and Welcome

**Taina Lopez**, Sr. Manager Planning and Strategy, OEPR, Bureau of Healthcare and Community Readiness, NYC DOHMH

# Agenda

PM	
1:00 – 1:05	Arrivals / Opening Remarks and Welcome
1:05 – 2:00	The Brooklyn Coalition Presents Staff Mental Health Challenges and Strategies During COVID-19
2:00 – 2:20	DOHMH Updates
2:20 – 2:40	Partnering with Health Care Facilities to Break the COVID-19 Chains of Transmission NYC H+H Test and Trace Corps
2:40 – 3:00	COVID-19 Vaccine Planning
3:00	Adjournment

# The Brooklyn Coalition Presents Staff Mental Health Challenges and Strategies During COVID-19

**Dr. Pia Daniel**, Associate Medical Director of Emergency Preparedness Division, SUNY Downstate Medical Center/The Brooklyn Coalition

**Patricia Roblin**, Associate Director Emergency Preparedness, SUNY Downstate Medical Center/The Brooklyn Coalition

# DOHMH Updates

**Dr. Celia Quinn**, Senior Science Advisor, OEPR, Bureau of Healthcare and Community Readiness, NYC DOHMH

**David Miller Jr.**, Acting Executive Director, OEPR, Bureau of Healthcare and Community Readiness, DOHMH

# Partnering with Health Care Facilities to Break the COVID-19 Chains of Transmission NYC H+H Test and Trace Corps

**Dr. Judith Flores**, Lead for Health Care Facility Notifications, NYC Test & Trace Corps

**Dr. Laura Guerra**, Deputy Director, Health Care Facility Notifications, NYC Test & Trace Corps

# Preparing for a Potential Surge in Contact Tracing within Healthcare Facilities

November 10, 2020

**Judith Flores, MD, FAAP, CHCQM**

Lead, Health Care Facility Notifications

**Laura Guerra, EdD, MS, MS, MBA, CHES**

Deputy, Health Care Facility Notifications

# The goal of the Test & Trace Corps and the Health Care Facility (HCF) Team is to support the suppression COVID-19 transmission

According to the WHO, Health-care workers make up 1 in 7 covid-19 cases recorded globally

- In the United States alone, there have been 156,093 healthcare worker cases as of September 7, 2020
- 696 healthcare workers have died due to COVID-19

Partnerships between health care facilities and the HCF Team supports our common goal of saving lives. It also enables the preservation of our health care workforce, trust in the health care facility and overall patient satisfaction



# The Three Pillars

STEP 1.  
**TEST**



Ensure that all New Yorkers can access safe and free testing for COVID-19 even if they do not feel sick

STEP 2.  
**TRACE**



Prevent the spread of COVID-19 within the community by finding people who have been diagnosed or exposed and ensuring they safely isolate

STEP 3.  
**TAKE CARE**



Provide New Yorkers with the resources to safely separate to protect others from exposure to COVID-19 and take care at a hotel or home.

## How We Identify Cases

- All COVID-19 tests performed in a lab are reported to the New York City Department of Health and Mental Hygiene
- Every confirmed case who is an NYC resident is automatically enrolled into Trace
- Since Trace investigates cases that are reported to the NYC Health Department, reports from the public might be helpful but are not necessary at this time

## How We Identify Contacts

- People with COVID-19 will be interviewed to identify their close contacts
- Individuals who were at a place at the same time as person with COVID-19 was may also be identified as contacts
- Contacts will be enrolled into Trace
- With more testing available, people who think they were exposed to COVID-19 but have not been contacted by Trace should get tested and self-quarantine

## What We Do For Cases

- Educate them about COVID-19 and their diagnosis
- Monitor them every day for new or worsening illness
- Identify their contacts
- Recommend and support them in isolation
- Evaluate their need for supportive services (such as hotels, food, laundry and medication deliveries)
- Let them know when they can leave isolation

## What We Do For Contacts

- Educate them about COVID-19 and their exposure
- Monitor them daily for new or worsening illness
- Recommend and support them in quarantine
- Evaluate their need for supportive services (including hotels, food, laundry and medication deliveries)
- Let them know when they can leave quarantine

## Health Care Facilities Team: Objectives

- Notify the health care facilities of cases in their facilities while infectious
- Support health care facilities contact tracing
- Provide connections to hotels and other wraparound services

Although some facilities may have systems in place to test their staff and do their own contact tracing, working in partnership with the HCF Notifications Team will expand opportunities to quickly identify cases and contacts and improve compliance with NYC Test & Trace Corps guidance.

# Facility Notification Process



1. Cases reported to Trace for investigation and monitoring



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



3. Trace calls facility (e.g. Infection Control or Occupational Health) to provide case details, emails guidance on next steps, and offer contact tracing support



4. HCF conducts internal investigation to identify possible exposures related to the case and then calls Trace to report contacts



6. Trace will conduct contact investigation, connect the person to hoteling and wraparound services if needed, and monitor contacts for up to 14 days



5. Trace records contacts into contact tracing database



## Data Protections

- Confidentiality and protection of Case/Contact information is critical
- Protected information (name, date of birth, COVID-19 status, address, etc.) is maintained and transferred using processes that respect and protect the data.
- Some of our best practices:
  - Minimize frequency that information is transferred between systems
  - DO NOT keep logs or files with PHI on a private computer or where others can access them



# Health Care Providers play a critical role in the early identification and treatment of cases by taking the following actions:

- Encourage your patients to get tested and isolate until they receive their results.
- Educate your patients on what to expect from Test & Trace Corps if they test positive. Contact Tracers will call all individuals who test positive to ask how they are feeling, provide information on COVID-19, assess their need for supportive services, and request information on close contacts they may have exposed while infectious.

## Health Care Provider Actions

- Inform patients that resources are available if they test positive for COVID-19 or are exposed to an individual with COVID-19 to help them successfully isolate or quarantine, including free hotels, meals, and medication delivery.
- Prepare your staff for calls from the Health Care Facility Team. We will notify you anytime a patient, staff, or visitor indicates that they have been in your office while infectious. You will be asked to provide information to our team on any close contacts who may have been exposed to the case at your practice. These close contacts will be enrolled in monitoring.
- Ensure that patient contact information is up-to-date so that accurate information is transmitted to health department with the test result.

## Health Care Provider Actions

- Encourage your patients to get a flu shot. The influenza vaccine not only protects against the flu by reducing the risk of illness, hospitalization, and death, but will help preserve medical resources for treating patients with COVID-19.
- Encourage your colleagues and patients to download the app:
- Continue to promote the “Core Four”: stay home when sick, wear a face covering, adhere to physical distancing, and practice healthy hand hygiene.

## The Health Care Facility Contact Information

Contact information so you are easily able to contact the HCF Team as needed

- Phone: 646-614-3024
- Email: [TraceHCF-NYC@health.nyc.gov](mailto:TraceHCF-NYC@health.nyc.gov)

**Thank You!**

# COVID-19 Vaccine Planning

Dr. Bindy Crouch, Medical Director, Vaccine Task Force, DOHMH

CONSIDERATIONS  
FOR COVID-19  
VACCINE  
PLANNING AND  
DISTRIBUTION

**Bindy Crouch, MD, MPH**

Medical Director, Vaccine Task Force  
NYC Department of Health and Mental Hygiene

## OUTLINE

- I. Status of COVID-19 vaccine development
- II. Vaccine characteristics
- III. Planning assumptions
- IV. Vaccine prioritization and planning
- V. Questions



# COVID-19 VACCINE DEVELOPMENT

- Six vaccine manufacturers have received funding from the federal program “Operation Warp Speed” to produce a COVID-19 vaccine to be available in early 2021
- Four vaccines are in phase III trials in the U.S. to assess safety and whether the vaccine can prevent COVID-19
  - Moderna mRNA vaccine - fully enrolled
  - Pfizer mRNA vaccine – fully enrolled
  - Oxford/AstraZeneca DNA vaccine
  - Johnson & Johnson Janssen DNA vaccine
- Phase I/II trials and animal challenge studies have demonstrated good humoral and cellular immune responses
  - Safety profile is acceptable though these vaccines are reactogenic

## COVID-19 VACCINE PHASE III TRIALS

- Designed to address vaccine safety and effectiveness
- Randomized, blinded, placebo-controlled trials
- Enrolling participants aged  $\geq 18$  years\*
- Do not include immunocompromised persons, pregnant persons or children\*
- FDA has issued guidance for licensure outlining regulatory data expected to be submitted, including effectiveness information\*\*

\* Pfizer trial will begin enrolling 12+ and persons living with HIV

\*\* <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/development-and-licensure-vaccines-prevent-covid-19>

COVID-19  
VACCINES  
EXPECTED TO  
BECOME  
AVAILABLE FIRST

- Pfizer mRNA vaccine
  - Shipped at  $-70^{\circ}\text{C}$
  - Can be stored in shipping container with replenishment of dry ice
  - Can be stored for up to 5 days at 2 to  $8^{\circ}\text{C}$
  - 1000 dose order minimum
  - 2 ml vial with 5 doses
  - Requires reconstitution
- Moderna mRNA vaccine
  - Shipped and stored at  $-20^{\circ}\text{C}$
  - Can be stored at 2 to  $8^{\circ}\text{C}$  for up to 14 days
  - Minimum 100 dose orders
  - 10 dose vials
  - No preservative or reconstitution needed

## VACCINE ASSUMPTIONS

- Vaccine will only be available through CDC or NYC Health Department initially
- Distribution will be limited by vaccine storage and handling requirements
- Two doses will be required
  - Interval is either 21 (Pfizer) or 28 days
- Intramuscular administration
- Products will not be interchangeable
- Shipped with vaccination supplies

## COVID-19 VACCINE AVAILABILITY

- Expect vaccine to become available in two phases
  - I: Limited availability for highest priority groups
  - II: Greater availability for general public

COVID-19  
VACCINE  
AVAILABILITY  
PHASE I

- Limited supply for the country, November 2020
  - Initially, 10-20 million doses by end November
  - Approximately 20-30 million doses by end of December
- Vaccine would likely be available under an FDA Emergency Use Authorization and not be a licensed product
- CDC will likely distribute vaccine to
  - Federal locations (e.g., Veterans Health Administration sites)
  - Other national entities (e.g., chain pharmacies)
- Vaccine is likely to be offered at a smaller number of sites that can reach the target populations (e.g., hospitals and large medical facilities for administration to health care personnel)
- NYC allocation is not known

# COVID-19 VACCINE AVAILABILITY PHASE II

- A licensed vaccine is expected as early as 2021
- This will mean greater availability to general public
- Production expected to start before vaccine is licensed
- NYC Health Department would oversee vaccine distribution
- Broad distribution and availability
- Will expand on existing vaccination infrastructure:
  - Federally Qualified Health Centers
  - Independent health care providers
  - Pharmacies
  - Urgent care
  - Hospitals
  - H+H facilities
  - NYC Health Department COVID-19 testing sites
  - Community vaccinators

# COVID-19 VACCINE ALLOCATION

- ACIP principles include:
  - Reduce health impact of COVID-19
  - Reduce transmission
  - Vaccine safety and effectiveness
  - Equitable allocation and availability
- Advisory Committee on Immunization Practices (ACIP)
  - Recommendations are in development
  - Not expected to be finalized until after an EUA has been approved
- National Vaccine Allocation Framework\*
  - Groups proposed for initial doses of vaccine include high risk health workers and first responders with high risk of exposure
  - Equity is a crosscutting consideration

\* National Academy of Science, Engineering and Medicine. A Framework for Equitable Allocation of Vaccine for the Novel Coronavirus.  
<https://www.nationalacademies.org/our-work/a-framework-for-equitable-allocation-of-vaccine-for-the-novel-coronavirus>



COVID-19  
VACCINE  
PRIORITIZATION:  
ACIP

ACIP initial target populations may include:

- Health care personnel<sup>1</sup> with high risk of exposure
- Persons with increased risk of COVID-19 complications
  - Adults aged  $\geq 65$  years
  - Persons with high-risk medical conditions<sup>2</sup>
  - Long-term care facility staff and/or residents
  - Essential workers
    - To be defined; may include transportation, food services

1. CDC definition of health care personnel:

<https://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/appendix/terminology.html>

2. See CDC for conditions associated with severe COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

COVID-19  
VACCINE  
PRIORITIZATION:  
NASEM

Potential populations in initial phase 1a:

- Health care personnel<sup>1</sup> with high risk of exposure
  - Direct patient care
  - Environmental services
  - Staff exposed to aerosols or and body fluids
  - Staff at nursing homes, assisted living facilities, group homes, home health aides
- First responders
  - EMS, police and fire

COVID-19  
VACCINE  
PRIORITIZATION:  
NASEM

Potential populations in initial phase 1b:

- People of all ages with comorbid and underlying conditions that put them at *significantly* higher risk
  - $\geq 2$  medical conditions
- Older adults living in congregate or overcrowded settings
  - Nursing homes, long-term care facilities, group homes, homeless shelters, prison and jails

## COVID-19 VACCINE DISTRIBUTION

- Medical facility networks and individual facilities are required to sign a federal provider agreement
- Step-wise approach to facility enrollment in the vaccination program to reach the populations expected to be prioritized in Phase 1a and Phase 1b
  - 46/48 acute care hospitals serving adults fully enrolled – remaining 2 are completing enrollment
  - At least 85 percent of nursing homes and > 60 percent of adult care facilities in NYC are enrolled in CDC's Pharmacy Partnership for Long-term Care Program
    - CDC allowing jurisdictions to bulk enroll LTCFs that missed registration deadlines ([bcrouch1@health.nyc.gov](mailto:bcrouch1@health.nyc.gov))
  - FQHC enrollment expected to begin 11/16/20
  - Planning underway for home health sector

## INITIAL PLANNING

- How will your facility allocate initial doses of vaccine?
- Initial target should be healthcare personnel at high risk of exposure
- Consider those at higher risk of severe COVID-19 illness
- Consider how you would vaccinate your patients
- Is your facility registered with the CIR?
- Is your facility reporting adult vaccine doses to CIR?
  - <http://www.nyc.gov/health/cir>
  - [cir@health.nyc.gov](mailto:cir@health.nyc.gov)

# COMMUNICATION

- Provider materials
  - Guidance on prioritization
  - Vaccine administration
  - Videos on handling Pfizer vaccine
  - Healthcare personnel acceptance of vaccine will be critical
- Public education
  - Community engagement
  - Development of materials
  - Address vaccine hesitancy

# QUESTIONS

- Regulatory
  - Close coordination with State and Federal partners
  - Expected required reporting and waiver of consent
  - Standing orders
- Logistics
- Vaccine questions

## REFERENCES

- CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html>
- ACIP website and slides: <https://www.cdc.gov/vaccines/acip/>
- NASEM Framework: <https://www.nationalacademies.org/our-work/a-framework-for-equitable-allocation-of-vaccine-for-the-novel-coronavirus>
- Oxford/Astrazeneca: Folegatti et al. Lancet Published online July 20, 2020  
[https://doi.org/10.1016/S0140-6736\(20\)31604-4](https://doi.org/10.1016/S0140-6736(20)31604-4)
- Moderna: Anderson EJ et al. NEJM September 29, 2020 doi: 10.1056/NEJMoa2028436
- Pfizer: Mulligan, M.J. et al. Nature 2020  
<https://doi.org/10.1038/s41586-020-2639-4>



# Adjournment