



Department of Health

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Governor

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Commissioner

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Executive Deputy Commissioner

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Dear Colleagues:

I began drafting this February letter in January to update you on New York State's response to the emerging threat of coronavirus disease-2019, or COVID-19 as the World Health Organization (WHO) has named this rapidly spreading respiratory virus. The fact that you are receiving this letter in March reflects the dynamic nature of this global outbreak and the continual and rapidly evolving public health messaging in response.

As of this week, we have identified community transmission of COVID-19 in New York State. As I, and the Governor have said many times, this was a matter of when, not if and we are prepared. It is incumbent upon all of us in the medical profession to vigilantly promote prevention, act to minimize transmission, and reduce the harmful spread of fear and misinformation.

From the first reports of a new disease in China, the Department has been engaged in a containment and mitigation strategy includes (1) continuing aggressive containment to limit imported cases and preventing local transmission as the list of affected countries expands; (2) securing Food and Drug Administration (FDA) approval to allow diagnostic testing for COVID-19 at the Department's Wadsworth Center; (3) educating the public on community mitigation and personal protective measures and providing accessible information to all; and (4) ensuring the State's resources are deployed to handle a larger outbreak and advise and support local health departments and hospitals. We are now in the mitigation state.

While we are focusing on New York, the Department is also closely monitoring developments globally and throughout the United States and is in frequent communication with our colleagues at the Centers for Disease Control and Prevention (CDC) and the U.S. Department of Health and Human Services (HHS); the Port Authority of New York and New Jersey (PANYNJ); and the New York City Department of Health and Mental Hygiene (DOHMH) and our 57 other county health departments. We also have regular communication with colleagues at other state agencies, as well as with healthcare facilities, providers, and associations and colleges and universities.

Diagnostic Testing. The Department's Wadsworth Center developed its own test for COVID-19 and received FDA approval on February 28th to begin testing in NYS. New York City's public health lab has also received approval to begin testing. That same day, Wadsworth used the test to confirm the first COVID-19 case in the state and NYC used it to confirm the second. Wadsworth can perform 200 tests per day and we are implementing a surge plan that will soon increase that number to 1000 tests per day.

Originally Wadsworth was one of five U.S. public health laboratories that usually test for influenza that the CDC authorized to begin diagnostic testing for COVID-19. You may have heard that the diagnostic test kits that the CDC sent to public health labs across the country had

a problem with one (out of three) test reagent and could not be used. The CDC later announced a modified protocol that states could use if the remaining two reagents sent with the kits were functioning. Because two of the three reagents failed in the kits sent to both New York State and New York City, we are unable to use the modified protocol. Fortunately, the test Wadsworth has developed is very efficient at identifying the virus and received approval quickly from the FDA.

Vigilant Screening for Potential Cases. New York State's primary focus is aggressively identifying signs of disease and potential COVID-19 exposure in travelers returning from China and other affected countries. New York City's JFK Airport continues to be one of 11 U.S. airports designated to receive passengers from China, and the Department collaborates closely with U.S. Customs and Border Protection (CBP) and the CDC to screen those returning passengers: we look for symptoms, for travel to Hubei province, and for those who have contacts with a known case while in affected areas.

We are working closely with counties to ensure that they properly carry out these quarantine procedures and provide needed supports to individuals. Last month, we added COVID-19 to the Department's list of reportable communicable diseases, which requires healthcare providers to report persons they suspect to be ill with COVID-19 to their local health department and ultimately to the Department.

Educating and Reassuring the Public. The Department is actively working to educate New Yorkers on COVID-19 transmission and threat level and to dispel misinformation.

- We have opened up a Coronavirus Hotline (1-888-364-3065) where New Yorkers with questions about the virus can speak with public health experts in their preferred language. We have received nearly 3,000 calls since the hotline went live on February 2.
- We maintain a dedicated [COVID-19 webpage](#) with informational videos available in multiple languages.
- In the past several weeks, I have addressed COVID-19 at five of the Governor's press conferences, and we have issued more than 10 press releases on COVID-19 to raise awareness and reassure New Yorkers.
- To combat anti-Asian racism and xenophobia that has arisen from this outbreak, we have been reaching out with bilingual information and ads in Chinese American community publications to offer support.

In all of our communication about COVID-19, the Department is encouraging New Yorkers to remain calm and act rationally. As clinicians, we encounter the "worried well" all the time—individuals who don't have symptoms and haven't had any exposures but desire clinical confirmation. We have other individuals who have the symptoms of one of the many other respiratory viruses circulating this time of year but no exposures to COVID-19. Testing these groups is neither necessary nor efficient. We are simply following the risk criteria and symptomology we use to determine when we test for any disease. Of course, this position on how or who to test may change according to what we learn about coronavirus or if community transmission is observed.

Ensuring Adequate Resources. At the end of February, Governor Cuomo announced key measures to ensure that the Department of Health will have the full capacity to respond to a larger outbreak of COVID-19. He has committed funding for the Department to hire additional staff and procure equipment and any other resources as necessary. He will also propose legislation to grant me as Commissioner authority to ensure that local health departments and the State's public and private hospitals follow proscribed actions and measures in the event of a large outbreak of COVID-19.

Pandemic Preparedness. While we are aggressively responding to this threat with the hope that we will be able to prevent community spread, we are prepared to activate our public health response in the event that broad, community-based transmission appears likely.

The Department is in the process of updating our existing Health Emergency Preparedness & Response Plan (HEPRP) for COVID-19. We are basing this document on our HEPRP for influenza, which is a vital document every flu season. The COVID-19 plan focuses on the Department's major response areas in an infectious disease outbreak, including Command and Coordination, Planning and Preparedness, Surveillance and Epidemiology, Infection Control, Healthcare System Coordination, and Environmental Health. The Department has tested these and other response areas for more than a decade as we have continuously developed and refined our preparedness for pandemic influenza and other response efforts.

While concern for COVID-19 is valid, we do not want it to obscure the fact that every flu season brings with it the potential for influenza to become pandemic. Influenza is still prevalent in New York State and has already claimed the lives of nine children this year. At the end of February, the total number of flu cases in New York State eclipsed the record number of seasonal cases since the Department began tracking flu cases during the 1998-1999 season. There have been more than 140,000 laboratory-confirmed cases so far this season. Previously, the most lab-confirmed influenza cases reported during a single flu season was 128,892 in 2017-2018.

The flu kills between 600,000 and 700,000 people around the world annually. This is a point that I hope all of you will make to your patients concerned about the threat levels of viruses prevalent in other countries. Patients who do not get the flu vaccination (it's not too late) are exposing themselves and others to needless risk.

Whatever threat that the coronavirus ultimately presents, we know that New York's state and local governments and members of the community can all work together successfully against a common foe. New York State's healthcare professionals are a major part of our firewall against threats to public health. Your standards of care constitute the best line of defense for whatever challenges lie ahead. Thank you for your continued good work.

Sincerely,

A handwritten signature in blue ink that reads "Howard".

Howard A. Zucker, M.D., J.D.