



2020 Health Advisory #17: Advise Patients When to Seek Essential Care and Plan to Expand In-Person Patient Services

- Urge patients with severe symptoms due to any health condition to seek medical care promptly.
- Prioritize essential medical care, patients at higher risk for poor health outcomes, and patients who cannot access telemedicine when re-opening or expanding current in-person clinical services.
- Encourage patients who are not at increased risk of complications from COVID-19 to donate blood.

May 29, 2020

Dear Colleagues,

The COVID-19 pandemic has greatly reduced access to non-COVID-19 medical care and has had a profound effect on care-seeking behavior. As we enter the next phase of New York City's pandemic response, we need to plan for increased health care access, while maintaining vigilance in physical distancing and other precautions. Providers should continue to use telephone, telehealth, and electronic communications as much as is feasible and limit in-person visits to essential medical services that cannot be provided remotely. Providers can help patients weigh the benefits of seeking in-person medical care against the potential risks of leaving home. This is especially important for patients who have urgent medical needs but are reluctant to seek care due to fear of COVID-19.

Advise patients with severe symptoms due to any condition to promptly seek medical care

We urge you to remind patients that there are some symptoms for which care should always be sought by immediately calling 911 or going to the nearest emergency room. These include trouble breathing, signs of a possible stroke or heart attack, and newly altered mental status. Parents and caregivers should also be educated about how to recognize and promptly seek care for symptoms consistent with the newly recognized [multi-system inflammatory syndrome in children \(MIS-C\)](#) associated with COVID-19. Parents and caregivers can be referred to the NYC Health Department's [MIS-C Fact Sheet](#).

Patients to prioritize for non-COVID-19 care while planning to re-open or expand service offerings

As part of planning for expansion of in-person services, providers should identify patients to prioritize for care and actively reach out to them to schedule telehealth or in-person visits. To ease concerns, providers should explain to patients the added infection control and physical distancing

precautions the provider has put in place in response to COVID-19, such as designated office hours for specific types of patient, staggered in-person appointments, face covering requirements, heightened disinfection practices, and COVID-19 symptom screening of staff and visitors.

As providers plan for service expansion, they should consider the following groups and services (this list is not exhaustive):

- Young children (up to age 24 months) due or overdue for immunizations. Guidance on immunization services, including patients to prioritize and tools to assist in identifying children is available [here](#).
- Patients with chronic conditions, including behavioral, who have new or escalating symptoms or cannot access telehealth.
- Patients who require physical or occupational therapy to prevent functional decline.
- Patients recently discharged from a hospital or emergency department who require follow-up evaluation.
- Infants born preterm, with a low birth weight or with other factors that meet criteria for referral to [Early Intervention](#).
- Patients with pregnancy complications during childbirth or postpartum.
- Patients with abnormal vaginal bleeding.
- Patients with severe abdominal pain.
- Care for older adults, particularly those with signs or symptoms of potential undiagnosed health issues.
- Sick patient visits where diagnostic testing is recommended.
- Adolescents and other individuals who are sexually active and may have had challenges accessing condoms, contraception, HIV pre-exposure prophylaxis (PrEP), or other essential sexual and reproductive health tools.
- Sexually active individuals who have symptoms or findings of a sexually transmitted infection (STI) that requires injectable treatment (such as a pregnant person with syphilis). Many STIs can be treated with oral antibiotics based on symptoms (see [Treating STIs During COVID-19](#)).
- Care and treatment for people with HIV, especially individuals who have fallen out of care or never initiated treatment.
- Patients with a history of intimate partner violence who may not be able to safely access telehealth.
- Urgent and other non-cosmetic dental procedures to relieve pain or prevent complications and postoperative follow-up care.

Resources for planning to expand existing health care services

The Centers for Disease Control and Prevention (CDC) offers a [framework](#) for safely providing non-COVID-19 health care at different stages in the COVID-19 pandemic, and many [COVID-19 resources](#) for medical facilities. COVID-19 guidance for NYC [providers](#) and [medical facilities](#) can also be found on the NYC Health Department's website.

Patients who do not have a health care provider can call 844-NYC-4NYC (844-692-4692) or **311**. Care is available regardless of immigration status or ability to pay.

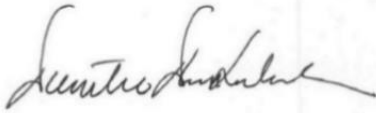
Encourage patients to donate blood

There is a severe blood shortage nationally and in New York City. Further, patients who were confirmed to have been infected with SARS-CoV-2 through molecular or antibody testing and have recovered may be eligible to donate plasma. Assure people who are not at increased risk of complications from COVID-19 that it is appropriate to leave home to donate blood and that blood donation is safe. Extra precautions have been put in place to ensure donor safety during the pandemic.

Please refer patients who are interested in donating blood to the NY Blood Center at nybloodcenter.org or 800-933-2566. Donation is by appointment only.

Thank you for your continued partnership in NYC's COVID-19 response. The actions we take together continue to be critical to ending the pandemic in NYC and improving individual and public health.

Sincerely,



Demetre C. Daskalakis, MD, MPH
Deputy Commissioner
Division of Disease Control

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