



Testimony

of

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before the

New York City Council

Committee on Health

and

Committee on Hospitals

on

New York City's Response to 2019 Novel Coronavirus

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Good afternoon Speaker Johnson, Chairs Levine and Rivera, and members of the committees. I am Dr. Oxiris Barbot, Commissioner of the New York City Department of Health and Mental Hygiene. I am joined by colleagues from New York City Emergency Management, NYC Health + Hospitals, Department of Education, and Department for the Aging. I will testify today on the City's response to the 2019 Novel Coronavirus, or COVID-19.

As you know, the situation is rapidly changing, as is our understanding of COVID-19. But let me start with the basics. Coronaviruses are a large family of viruses that cause illness ranging from the common cold to more severe diseases like pneumonia. A novel Coronavirus is a type of Coronavirus that has not been previously found in humans. The 2019 Novel Coronavirus began as an outbreak of respiratory disease centered in Wuhan, Hubei province, China, and was first identified in December 2019. Reported illnesses have ranged from asymptomatic to mild to severely ill, and symptoms can include fever, cough and shortness of breath. The virus spreads between people who are in close, regular contact with one another, and through respiratory droplets produced when an infected person coughs or sneezes. While 80 percent of cases have been classified as mild, the virus can be severe and even fatal. Currently, those at greatest risk of infection are persons who have had prolonged and unprotected close contact with a patient with confirmed COVID-19 who is symptomatic, and those with recent travel to affected geographic regions with widespread or sustained community transmission or contact with anyone with confirmed COVID-19 within 14 days. At present, the affected geographic region includes mainland China, Japan, South Korea, Italy and Iran. However, there is person-to-person transmission globally, and in New York City, so this situation is changing rapidly. Scientists are studying this closely, and the details are unfolding in real time.

International update

On January 21, the World Health Organization (WHO) declared COVID-19 a Public Health Emergency of International Concern, and on January 31, the United States (U.S.) Department of Health and Human Services declared the outbreak a U.S. public health emergency. Flights from China have been restricted to only 11 U.S. airports, including JFK and Newark, and many airlines have suspended all flights to and from China. As of today, there are more than 95,000 cases worldwide, including 129 cases in the United States. In New York City, 33 individuals have been tested for COVID-19; 3 individuals have tested positive and 6 test results are pending. These include both travel-acquired and community-acquired cases.

U.S. Response

The U.S. State Department and Centers for Disease Control and Prevention (CDC) have issued clinical and travel guidance that have guided the national response to COVID-19. Foreign nationals, except for lawful permanent residents and immediate family of U.S. citizens and lawful permanent residents, who have visited China or Iran in the past 14 days are prohibited from entering the U.S. American citizens, lawful permanent residents, and their families who have been in China in the past 14 days will be allowed to enter the United States,

but will be redirected to one of 11 airports, including JFK, to undergo health screening. Depending on their health and travel history, they will have some level of restrictions on their movements for 14 days from the time they left China. This week, that same 14-day quarantine was extended to travelers from Italy, Iran, Japan and South Korea.

CDC has also issued clinical criteria regarding the evaluation of persons under investigation for COVID-19, including under what combinations of clinical features and epidemiological risk criteria testing is warranted. This week, the CDC also expanded the guidance for health care providers, so anyone can be tested for COVID-19, regardless of symptoms, exposure or travel history, at the discretion of the clinical provider. Viruses don't respect borders and this broader definition will help us cast a wider net to detect the virus. As the mayor indicated this morning, we are urgently seeking the CDC provide New York City with further testing kits so we can meet the growing demand for testing and quickly diagnose patients. Identifying individuals with COVID-19 early is critical to our ability to appropriately isolate them, identify close contacts and ultimately halt further transmission. We cannot let the supply of testing kits become a limiting factor in our response.

I want to be very clear: We expect the number of cases under investigation to grow. We're entering a period where we'll see new cases daily, and false scares that raise New Yorkers' anxieties. We're going to confront this with transparency, full information and science-based strategies that help us protect people. I do want to emphasize: the risk to New Yorkers of contracting COVID-19 remains low.

New York City response

New York City has rapidly mobilized to respond to this outbreak, working in close concert with our state and federal partners. Within the City, Health Department is in the constant communication with our sister agencies at New York City Emergency Management (NYCEM), NYC Health + Hospitals (H+H) and the Department of Education (DOE), the Fire Department and EMS and every other agency that has congregate spaces or frontline interaction with New Yorkers. We maintain situational awareness to better understand the virus and inform our preparedness and response activities. We monitor the evolving worldwide situation daily, including the latest data on transmissions, new cases and guidance. The Health Department activated our Incident Command System to respond to COVID-19 on January 31. Our on-the-ground response plan includes three major components: identifying people who may have been exposed to the virus; investigating and monitoring potential cases; and informing and engaging health care providers, community partners and the public about the virus and prevention and response efforts.

I'm thrilled that the city's Public Health Laboratory can now test for COVID-19. The test kits initially sent to us by the CDC had demonstrated performance issues and could not be relied upon to provide an accurate result. After asking the CDC for weeks, they have finally sent us new kits that will allow us to run the CDC's test locally. And on February 29, the FDA approved our application to develop our own test for COVID-19. This means that our Public Health Laboratory can currently test specimens upon receipt, and get results back in a matter of hours, not days. Quick detection is vital to stopping the spread of the virus, and this development will help the experts do their job to protect New Yorkers. This week, we lowered the threshold for people who get tested in

order to detect person-to-person transmission. We also began implementing an early detection system at three health systems – NYC Health + Hospitals (H+H), NYU and New York Presbyterian – to obtain high-quality data and information about COVID-19, its prevalence and transmission in the community. We lowered the threshold for testing to test individuals that may have been missed by previous CDC testing guidance. Since implementing this change, we have detected local transmission in NYC. Currently, NYC has a maximum capacity of 120 tests per day. This could easily be increased if the FDA expedites approval of devices at 3 medical equipment companies – which we are calling on them to do today.

The health care system is ready to test and accept patients. There are nearly 20,000 hospital beds in the city, of these, over 1,200 are at the highest level of isolation. H+H is well prepared in the event that a patient with flu-like symptoms presents at or is transported to one of its emergency departments. The H+H Emergency Operations Center is activated to virtually monitor the ongoing outbreak and provide support to all sites as needed, and system leadership is in constant communication with local, state, and federal public health partners. H+H is also rehearsing high usage scenarios to prepare. Every H+H facility will run through a high demand practice scenario to ensure operations, clinical, communications and other staff teams are well prepared to respond to a potential surge of patients, and a system-level “tabletop exercise” is planned. Additionally, all sites have surge management plans in place, which include utilizing traditional and non-traditional spaces to treat patients, including over 300 negative pressure rooms, working with the Medical Reserve Corps to bolster staffing and expanding the systemwide ambulance contract to increase transportation capacity of patient transfers. Frontline H+H staff have up-to-date public health clinical information on the COVID-19 virus, including infection prevention and control, personal protective equipment usage and practices, instructions on specimen collection, and in-service trainings on using personal protective gear. Finally, H+H has embedded travel screening into the electronic health record system to ensure that any patient walking into one of its facility is promptly identified and isolated.

The City is also implementing the federal mandatory quarantine order mentioned previously for certain travelers arriving at JFK airport, and facilitating at-home self-monitoring for those who meet that criteria. For individuals under quarantine, there is a secure, safe and comfortable site, staffed 24/7 by clinical and mental health staff. We are working to make their time with us as comfortable as possible, including providing basic services, such as laundry and food. The Health Department has also developed quarantine guidance materials including home isolation cards, which have been translated into multiple languages. We recognize these necessary procedures pose a significant disruption in people’s lives and aim to minimize the stress and discomfort that quarantine and at-home self-monitoring may cause.

The City’s Situation Room at NYC Emergency Management has been activated, and multiple interagency crisis planning workgroups have been established to focus on containing the spread of coronavirus. These workgroups are responsible for reviewing current plans, identifying gaps that could arise if there were a significant increase in COVID-19 activity in the City and planning to address those gaps. NYCEM and the Health Department

are also working closely with our private sector partners. We have engaged close to 800 organizations that are the City's "Partners in Preparedness" that focus on supporting organizations in preparing their employees, services and facilities for emergencies and conducted multiple calls with our private sector partners which encompasses building owners and managers, real estate industry, university and independent schools, and airlines, to address concerns about the potential impacts of COVID-19 to their operations. NYCEM continues to work through potential escalations and different scenarios by executing practice plans and have recently hosted two tabletop exercises that brought together our leading health experts and officials from dozens of City agencies to rehearse City wide coordinated responses. NYCEM is also closely monitoring the supply chain and working with the Department of Citywide and Administrative Services to plan for mitigating the effects of any disruptions to Agency resource needs. In addition, NYC Emergency Management is working with City, State and federal partners to prioritize and coordinate resource requests for any personal protective equipment.

In recent weeks, we have accelerated our efforts to disseminate critical information to health care providers, community organizations and other partners, and the public. NYC Emergency Management, along with multiple city agency partners, opened the Joint Information Center on Tuesday. The Health Department has issued guidance and FAQ documents for health care professionals across NYC to provide up to date information on COVID-19, including the latest information on the prevalence of the virus, guidelines for testing and treatment, recent national and international guidance, and instructions to reach out to public health authorities with new information. We have established a provider call center to make sure that health care workers can resolve questions and access the latest information. We are cohosting weekly provider conference calls with the State Health Department and have hosted teleconferences with the Greater New York Hospital Association and the Chinese American Medical Society. We are also working closely with DOE regarding potential impact to school communities and are communicating updated guidance to principals and families. DOE has provided guidance to custodial engineers regarding daily cleaning with special attention to horizontal surfaces in school building's common areas, classrooms and bathrooms, as well as frequently contacted items, and they will be conducting Systems Quality Controls to ensure that new cleaning protocols are being implemented. They also increased deep cleanings to two times per week, including disinfecting surface areas, and have ensured all 1,800 schools have adequate hygiene and cleaning materials. Their top focus is the safety and health of students and school communities, and they are working on guidance for schools on how to address health-related absences on attendance records. The most important message we can communicate to parents, is that if your child is sick, they should stay home from school.

The Health Department and our sister agencies have also been working to create and distribute educational messaging in multiple languages, to provide critical information for the public about COVID-19, including information on protective measures, common symptoms, criteria for testing, and what to do if they feel unwell. Yesterday, we announced a subway, digital and multi-media ad campaign encouraging hygiene and seeking care when symptomatic. We are working with community-based organizations (CBOs) to reach their constituencies

with these facts and learn what they are hearing from people in the community. Some of this outreach is targeted specifically to the Chinese community and other relevant immigrant communities, and we've been working with healthcare providers, CBOs and elected officials who serve these communities to distribute information to their networks and refer anyone seeking additional information to our website. If you or your constituents are looking for information regarding COVID-19, please visit the Health Department website or call 311.

As this situation evolves, we may call for greater cooperation from the public. Any additional measures put in place will depend on the number of people affected and the severity of illness we experience in our city. We recognize that this could cause a disruption in people's lives, and we will continue to communicate openly with New Yorkers about other steps they should take to remain vigilant and stay healthy. In the meantime, New Yorkers should take the same precautions that you would during cold and flu season – get a flu shot, frequently wash your hands with soap and water or alcohol-based hand sanitizer is not available, avoid touching your face, cover your mouth if you cough or sneeze and stay home if you are sick with cold-like symptoms. If you have fever, cough and/or shortness of breath, and recently traveled to an area with ongoing spread of coronavirus or have been in close contact with someone who has recently traveled to any of those areas, go to your doctor. If you have these symptoms, but no relevant travel history, stay home and call your doctor. If you need connection to a health care provider, call 311.

As we confront this emerging outbreak, we need to separate facts from fear, and guard against stigma. I want to be clear, this is about a virus, not a group of people. There is no excuse for anyone to discriminate or stigmatize anyone. I am here today to urge all New Yorkers to continue to live their lives as usual, practice good hygiene and stay alert for updates.

Thank you to Speaker Johnson, Chairs Levine and Rivera, and the City Council for their partnership in this work. I am happy to answer any questions.