

## Haredi Health Coalition 5.11.20

### Part 1: Antibody Testing - Joel Ackelsberg, MD - NYC DOHMH

#### Where We Are:

We are moving from *widespread community transmission* of COVID-19 to one of *limited community transmission*, which means close to entering the “suppression phase.” Four public health milestones are being tracked to gauge when NYC is ready to reopen:

1. Number of people admitted to NYC hospitals for COVID-like illnesses must decrease for 10 consecutive days
2. Goal percentage of NYC PCR COVID-tests that are positive
3. Goal number of critical care patients that are currently hospitalized across the health and hospitals network

In the *suppression phase*, the goal is to identify cases via testing, isolate them, and trace their contacts so they can isolate too. This will prevent moving back to the community transmission phase. Community commitment to these procedures is necessary to prevent further spread. Efficient and accessible testing is imperative, and is being developed.

*Pediatric multisystem inflammatory syndrome* is presenting and is being studied on the state, city, and CDC level. Parents are asked to contact pediatricians if their children have persistent fever so they can be evaluated and treated ASAP if necessary.

#### Types of Testing:

- *PCR Testing:* This test can be done from nasal swabs or saliva samples, but can give false positives. More PCR testing stations are being established, with at least one in each borough, to handle 1,000s of tests a day. After a positive test, people are directed to isolate for 10 days.
  - Some people have been testing positive after convalescence. We need to know whether they are infectious and need to be isolated again. There is no evidence that viable viruses can be found in the nasal passages after day 9.
- *Antigen Testing:* The Sophia 2 system by the Quidel corporation is a very specific point-of-care antigen testing system. It is less sensitive than the PCR test. A negative test does not necessarily mean that a patient does not have COVID-19, and a PCR test can be used for confirmation.
- *Serological Testing:* Community commended for responsibility on this issue. There are many unverified tests on the market. Choose an assay that has an FDA authorization for emergency use. These assays are reliable three weeks post-infection for population-level testing. Do not use them as a diagnostic test or to determine personal immunity. Positive results could be caused by cross reactivity with other respiratory coronaviruses while negative results can occur if testing is done too early in infection.

#### Question & Answer:

- Specificity and sensitivity of tests is being continuously evaluated.
- PCR tests can remain positive for weeks after an infection, and do not necessarily indicate the presence of a viable virus. People who are severely immunocompromised

can have persistent positives which should be tracked, as they can shed virus for weeks. Otherwise, people with positive PCR results should not necessarily be treated as though they are infected.

- We are not sure whether people are immune after having the illness, therefore positive IGG results *do not* indicate a person should be “allowed out.”
- *Tracing procedure:* Providers will be asked to test people who present COVID-19 symptoms at the point of care, and will be responsible to contact the Health Department to report the diagnosis. Then, the Health Department will conduct contact tracing by interviewing the patient, household members, and other contacts to determine who needs to be tested and quarantined. The baseline expected to hover if we can maintain suppression phase is 100 or 200 cases a day. Without tracing, testing, and quarantine, we will revert to worse community transmission.
- PCR testing is as of now unreliable in determining whether patients can be released from isolation. This is being studied.
- A number of hotels are being used to help hospitals discharge patients who need to be isolated. This should be an option for those diagnosed in outpatient clinics as well.

## **Part 2: Vaccination during COVID-19 - Dr. Jane Zucker**

### **Where We Are:**

*Immunizations remain imperative* to prevent outbreaks of preventable diseases like measles. Current barriers to vaccination include parental concern about exposure to COVID-19 in healthcare facilities and temporary closure of medical practices. Since March 1st, when the first COVID-19 case was confirmed in NYS, the vaccination administration rate decreased dramatically. This decrease was less significant with younger children. Neighborhoods with higher rates of COVID-19 experienced greater drops in vaccination rates. As of the first half of May, the vaccination rates have started to rise.

### **Going Forward:**

- Prioritize youngest children who need the primary series of vaccines
- Providers should strategize how to organize well and sick visits to make parents more comfortable bringing their healthy children into the practice -- ideas include morning vs afternoon or different days for healthy and sick patients
- Use tools in city-wide registry to identify who is missing vaccines and contact parents via text-messaging service or export to a list to make phone calls
- Have PAs and nurses perform vaccines
- Healthy adults can postpone vaccinations, but those who are sick or are already going to the doctor should get vaccinations.
- If a parent's job loss results in the family losing health insurance, children can be eligible for Medicaid and can get vaccinations through that coverage.
- School immunization requirements will not change.
- Infants born to Hep B surface antigen positive women need to get appropriate vaccines or risk being chronically infected.
- The Early Intervention Program is an essential service and referrals should continue.

**Question & Answer:**

- Providers are limiting capacity but should be trying to increase as are able to safely to serve more children and families.
- Providers should prioritize using vaccines that are closer to their expiration date.
- *Provider input is requested* regarding practice capacity so that public service announcements and other communication can be released when providers are ready to provide more vaccinations.