COVID-19 in NYC

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Virtual Reunion Latina
WHERE WE ARE NOW

• Over three months have passed since the first confirmed case of COVID-19 in New York City (NYC)

• NYC has had over 200,000 confirmed cases and over 52,000 hospitalizations

• With 21,547 deaths (confirmed + probable), NYC has the seventh highest number of deaths as compared to any country in the world

• But there has been a sustained decline in case counts, hospitalizations, and deaths, showing that mitigation measures, including physical distancing, are working

• These measures must be maintained as we transition to the suppression phase of our response
NYC Health Department Response

- **Enhanced surveillance** to track disease spread
- **Educate the public** through webinars, virtual town halls, social media, guidance documents, and media campaigns
- **Provide guidance** to doctors, hospitals, nursing homes, and other healthcare facilities
- **Laboratory testing** at NYC Health Department Public Health Laboratory
- **Meeting increased healthcare needs**
  - Distribution of medical equipment and supplies
  - Assist in building volunteer and paid healthcare workforce
- **Targeted diagnostic testing and serology surveys**
- **Planning for future phases of the pandemic**
• Coordinated response between NYC public and private hospital systems
• Distributed tens of millions of gloves, facemasks, gowns, and other PPE
• Rapidly built auxiliary medical sites with New York State (NYS) and federal assistance (e.g., Javits Center, Arthur Ash stadium)
• Reinvented traditional community outreach through Zoom, Facebook live, and other platforms
• Multilingual response, with many materials translated into over 20 languages
• Harnessing data from new and existing sources to better understand and predict transmission patterns, disease burden, mortality, and disease risks
Flattening the curve! Our messaging worked – New Yorkers stayed home

- Peaked ~2 weeks earlier than most models
- While pressed to the limits, ultimately, our healthcare systems was able to withstand the surge
NYC COVID-19 Cases, March 1-May 29, 2020 (by Diagnosis Date)

NYC Peak ~3/30-4/8

NYS PAUSE 3/22, 8PM

NYC Schools Close 3/16
CHALLENGES:

READINESS

• Systematic de-funding and underfunding of public health, including:
  • Over the last several years, federal funding for many NYC disease prevention and control programs has been reduced or flat-funded (flat-funding + inflation = budget cut)
  • NYS cut NYC’s Article 6 funding in the FY2020 budget (~59 million loss to NYC Health Department per FY)
  • Elimination of $200 million PREDICT pandemic early warning program by Trump administration

• This leads to public health playing catch-up:
  • Insufficient staffing
  • Archaic reporting and surveillance systems
  • Depleted emergency stockpiles
RESPONSE CHALLENGES: READINESS

- It’s a new virus: our understanding of prevention, transmission, symptoms, care, and medical complications is continuously evolving:
  - Breadth of symptoms (early focus on fever, cough, shortness of breath only)
  - Likely significant role of asymptomatic transmission
  - Many things still unknown, including whether someone who had COVID-19 can get it again

- Late start to response:
  - Travel restrictions and screening were limited to China
  - Following CDC testing guidance, early testing was based on travel history to China only
  - Delays in CDC diagnostic tests and authorizing non-CDC tests

- Inadequate tests, testing supplies, PPE, and medical equipment
  - Causes decisions based on resources, not best public health practice
RESPONSE CHALLENGES: SIZE, SCOPE & STRUCTURAL ISSUES

- Largest emergency response in NYC’s history, involving numerous city agencies with competing priorities, processes, and stakeholders
- NYS and NYC response at times lacked coordination
  - Conflicting mandates and guidance
  - Little to no advanced knowledge of policy changes
- Regular stream of misleading and false information
  - Federal position on extent of threat (e.g., “It’s going to disappear. One day it’s like a miracle—it will disappear.”)
  - Federal claims re: benefits of unproven therapies (hydrochloroquine, ingesting disinfectant, UV light)
- Stigma, racism, history of medical abuses, and immigration climate create government mistrust
As with other infectious diseases, people of color, of low income, and living in higher poverty neighborhoods account for a disproportionate share of COVID-19 cases, hospitalizations, and deaths.

Disparities likely relate to:

- Higher rates of pre-existing conditions
- Difficulties in practicing physical distancing (smaller or more crowded apartments, need to take public transport, frontline jobs)
- Healthcare access issues
- Structural racism
- Other social determinants of health
COVID-19 CASES AND HOSPITALIZATIONS BY RACE/ETHNICITY

Race and ethnicity information is most complete for people who are hospitalized or have died. There are much less demographic data currently available for non-hospitalized cases.

### COVID-19 Confirmed and Probable Deaths by Race/Ethnicity

Race and ethnicity information is most complete for people who are hospitalized or have died. There are much less demographic data currently available for non-hospitalized cases.

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Confirmed</th>
<th>Probable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic/Latino</td>
<td>5,146</td>
<td>1,218</td>
</tr>
<tr>
<td>Black/African-American</td>
<td>4,698</td>
<td>1,421</td>
</tr>
<tr>
<td>White</td>
<td>4,259</td>
<td>1,144</td>
</tr>
<tr>
<td>Asian/Pacific-Islander</td>
<td>1,314</td>
<td>402</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>1,475</td>
<td>374</td>
</tr>
<tr>
<td>Data pending</td>
<td>0</td>
<td>198</td>
</tr>
</tbody>
</table>

ZIP Code: 10012
Neighborhood: Greenwich Village/Soho, Manhattan
Case Count: 160
Rate per 100,000: 667.19
Percent of people tested who tested positive: 13.5
Deaths: 8
Death rate per 100,000: 33.36

ZIP Code: 10469
Neighborhood: Allen, Baychester, Pelham Gardens, Williamsbridge Bronx
Case Count: 2955
Rate per 100,000: 4132.39
Percent of people tested who tested positive: 33.57
Deaths: 320
Death rate per 100,000: 447.5
COVID-19 has drawn attention to inherent weaknesses in the U.S. that lead to disease transmission
  • Lack of paid sick leave
  • Cost of healthcare, high un- and under-insurance rates
  • Public charge and other anti-immigration rules and sentiment

It has also shone a spotlight on the importance of sustained public health funding to rapidly detect and respond to disease outbreaks

We can rebuild better/smarter, including by harnessing technology
  • Invest in bi-directional, electronic case reporting systems
  • Harness cost-effective information-sharing technology (e.g., apps)
  • Continue the use of telehealth as a sustainable, cost-effective alternative to many in-person healthcare encounters

And we must take into account structural racism in **everything** we do
THANKS!