



Department of Health

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May 2020

Dear Colleagues:

The first day of spring this year coincided with the start of New York's rapt attention to "the curve"—the trajectory of a pandemic outbreak that has claimed the lives of at least 23,000 New Yorkers. Two months on, as we emerge from our COVID-19 battle positions and transition into a new normal, I want to discuss remaining challenges and important strategies for keeping residents safe and protected into the future.

Multisystem Inflammatory Syndrome in Children (MIS-C). New York State was first alerted to a dangerous coronavirus-related condition in children by an April 27 [health advisory](#) from the United Kingdom. The condition has features similar to those of Kawasaki disease and toxic shock syndrome; described signs and symptoms include fever, rash, red eyes and lips, a swollen or "strawberry" tongue, and gastrointestinal manifestations. Inflammatory markers may be elevated, and myocarditis and other cardiovascular changes may be seen.

Early this month, the Department identified suspected cases of this serious inflammatory syndrome in children in New York State. Many of the children have either tested positive for COVID-19 or for the antibodies, suggesting a prior infection. The Department issued a [May 6 advisory](#) to inform healthcare providers about this syndrome and provide guidance for testing and reporting, followed by a second health [advisory on May 13](#) that included a New York State Interim Case Definition for Multisystem Inflammatory Syndrome in Children. We worked with the Centers for Disease Control & Prevention (CDC) to inform and advise other states via a May 11 conference call and two webinars (May 14 and 21). Our COVID-19 website contains detailed [information for providers](#). The CDC is now calling this emerging disease *multisystem inflammatory syndrome in children* (or MIS-C).

As of this writing, hospitals statewide have reported 179 cases under investigation, and the illness has tragically taken the lives of three young New Yorkers. Although most children who contract COVID-19 experience only mild symptoms, the threat of MIS-C is not respiratory but marked by inflammation of end organs, including myocarditis and other cardiovascular symptoms. Early recognition by pediatric providers and referral to a specialist—including to critical care—is essential. Molecular and serological testing for COVID-19 must be obtained in children exhibiting the cited symptoms. Healthcare providers, including hospitals, are required to report to the Department of Health all cases of MIS-C potentially associated with COVID-19 in those under 21 years of age.

COVID-19 as "Multisystem Disease." As the number of coronavirus cases continues to decline, I want to stress our need to remain vigilant about other syndromes that may be related to COVID-19 when a patient still has the virus or has recovered. We are fairly certain that COVID-19 can affect any organ beyond the respiratory system:

- It attacks the heart, causing myocarditis, cardiomyopathy, and arrhythmias.
- The immune system's exaggerated response to the virus can create a storm of cytokines that attack the body's own cells, causing lung damage and unusual hypercoagulability.

- It causes microvascular dysfunction and varying sized thrombi throughout the body that break loose and result in significant morbidity and mortality via strokes and pulmonary emboli.
- It can damage kidneys and lead to kidney failure.
- It causes a range of neurological symptoms, from headache to confusion, delirium, and coma.

Additionally, some recovered patients report continued shortness of breath, fatigue, and myalgias months after first becoming infected.

The Department is working with the State's research institutions to collect patient data to help us understand the breadth and duration of COVID-19's long-term effects, especially because this virus may become a seasonal affliction. That is why it's important for all healthcare providers to continue to be vigilant for conditions that may be out of the ordinary and to have a low-threshold for obtaining molecular and serological testing for COVID-19 to detect possible associated illnesses. Please visit the Department's website to view the [Weekly Healthcare Provider Update Compilation](#) for the most current information.

A New Normal for Hospitals. At the start of this outbreak, New York did not have an integrated "Public Health System"; we had a system of 23 public and 200 private hospitals. We had to scramble to integrate this de facto system during the crisis, creating the **Surge-Flex Management System** for the sharing of patients, information, and supplies between public and private hospitals.

The Department has been working to build a sustainable pandemic plan going forward, ensuring that we are ready for the next round of COVID-19 or whatever public health threat next comes our way.

- We are requiring all New York State hospitals to build a **90-day supply of PPE** to prepare for a possible second wave of coronavirus hospitalizations in the fall. Every hospital has to have all the PPE it could need for 90 days at the rate of usage we saw with the COVID-19 outbreak.
- We have also formed a consortium with New Jersey, Connecticut, Pennsylvania, Delaware, Rhode Island, and Massachusetts to develop a **regional supply chain for PPE** and other medical equipment and testing.

While New York State suspended elective surgeries and procedures in March to better meet the needs of COVID-19 patients, the Department carefully assessed risk level throughout this outbreak period to determine the earliest date at which hospitals could safely resume procedures entailing low risk at patient admission. On April 29, we issued a directive that hospitals could resume outpatient elective surgeries and procedures if the hospital capacity was over 30% for inpatient and ICU beds at the county and individual hospital level, and if there have been fewer than 10 new COVID-19 hospitalizations over a 10-day lookback period. The Governor's office has been announcing which hospitals and ambulatory care providers in eligible counties have met criteria to resume elective surgeries and procedures. As of this writing, the majority of counties have been approved to resume these procedures.

Finally, the Department is collaborating with the Greater New York Hospital Association and the Healthcare Association of New York State to implement a two-week hospital visitation

pilot program in 21 hospitals across the State to allow increased visitations for family members and loved ones. As part of the pilot program, visits will be time limited and visitors will be provided with and must wear PPE and are subject to symptom and temperature checks.

As we come “down from the mountain” of the outbreak curve and pause to catch our breath, we need to ensure that our frontline care providers are getting the physical and mental health support they need to sustain them. But we must nonetheless keep up our defenses; we cannot allow the phenomenal work that all of you have accomplished for the people of New York to be undone by complacency and the desire to treat COVID-19 like any other seasonal virus. Before COVID-19, only six coronaviruses were known to infect humans—four that cause colds that spread easily each winter, along with SARS and MERS. COVID-19 is anything but our “lucky seven.” It is a new and unique threat that will be a defining feature of everyone’s daily life into the foreseeable future.

I want to stress my gratitude to each and every healthcare professional in this state for your contribution to our communal defense against an unprecedented public health threat. The Empire State has held the line because of you. Thank you for your continued good work.

Sincerely,

A handwritten signature in blue ink that reads "Howard". The signature is written in a cursive, slightly slanted style.

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