NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

July 2021

Dear Colleague:

Thank you for your continued partnership and dedication to bringing New York through this important phase of the COVID-19 pandemic. Although Governor Cuomo declared an end to the state disaster emergency on June 24, our work to vaccinate all eligible New Yorkers and address variants of concern continues. As we look towards the rest of this year, the Department is focused on continuing our COVID-19 response as well as addressing other threats to health – including gun violence. The new Office of Gun Violence Prevention, which will be housed within the Department of Health, will work across government and with community partners to address the threat of gun violence throughout the state.

Recently, the Governor announced the New York State Public Health Corps Fellowship Program, preparing New York to respond to future health emergencies. This fellowship program provides up to 1,000 full-time positions at the Department, local health departments and other public health system partners throughout New York State, in order to enhance our public health workforce capacity. Public Health Corps fellows will serve at least a one-year term. More information about this exciting fellowship program can be found here.

Despite the declining rates of new COVID-19 cases, hospitalizations, and fatalities that we saw over the past several months as well as our vaccination efforts, we are seeing increases in cases and hospitalizations once again. Our statewide positivity rate, once under one percent for several weeks earlier this summer, has now jumped to two percent. The Department continues to closely watch the spread of variants of concern, especially the Delta variant (B.1.617.2), which now accounts for 82.2 percent of cases in the United States, according to the CDC.

Due to new evidence about the rapidly spreading Delta variant, the CDC released new recommendations on the use of face coverings for both vaccinated and unvaccinated individuals. We are reviewing these recommendations closely, working with our federal partners as well as international health experts.

Still, vaccination remains the greatest weapon we have against this virus, and our path to putting this pandemic behind us. A recent report from the Commonwealth Fund estimated that vaccination programs in the U.S. have thus far prevented approximately 279,000 additional deaths and up to 1.25 million additional COVID-19 hospitalizations, as of the end of June. It is more important than ever to encourage your patients, your friends, and your family to be vaccinated. I am grateful to New York State health care providers for being such essential partners in these efforts.

Healthcare settings pose increased challenges and urgency for controlling the spread of this disease because of the vulnerable patient and resident populations that they serve.

Unvaccinated healthcare workers have an unacceptably higher risk of acquiring COVID-19, possibly leading to transmission to colleagues or vulnerable individuals cared for at the facility. That is why Governor Cuomo announced this week all patient-facing health care workers at state-run hospitals, and veterans' homes will be required to get vaccinated for COVID-19 by Labor Day. Additionally, all New York State workers will be required to get vaccinated or be subject to weekly COVID-19 testing.

While we are concerned about what the increasing incidence of COVID-19 may mean for hospitalizations and fatalities, COVID-19 remains a threat far past the acute phase of the illness. This month, I would like to discuss what we know so far about long COVID or post-COVID conditions, which are poised to be one of the many consequences of this pandemic that we must grapple with in the years to come. The CDC estimates that more than 114 million Americans were infected with COVID-19 through March 2021, meaning that post-COVID conditions are likely to affect tens of millions of Americans.

Among individuals who have had COVID-19, reports of the prevalence of subsequent long COVID symptoms vary. A report from UK's Office of National Statistics found that 13.7 percent of 20,000 study participants who tested positive for COVID-19 between April 2020 and March 2021 experienced symptoms for at least 12 weeks. A smaller study from the University of Washington earlier this year found that out of 150 enrolled participants with mild COVID-19, 49 of them (32.7 percent) reported at least one persistent symptom between three and nine months after illness onset. Common symptoms associated with long COVID can vary widely, from cardiovascular symptoms like heart palpitations to difficulty breathing and excessive fatigue, and can include difficulty concentrating or other psychological symptoms.

Long COVID symptoms can occur even if the initial COVID illness is not severe and can last for months or even over a year. One recent study enrolling individuals who experienced mild COVID-19 found that 26 percent of enrolled participants reported at least one moderate to severe symptom for at least two months after the initial infection. Additionally, fifteen percent reported at least one moderate to severe symptom that lasted for at least eight months. Another study of 96 patients treated for either outpatient or inpatient COVID-19 found that symptoms like fatigue and difficulty exercising, dyspnea, and problems concentrating and sleeping could persist for 12 months after illness onset.

The resemblance of some post-acute COVID-19 symptoms to Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) has also been noted. The National Academy of Medicine estimated in a 2015 report that between 836,000 and 2.5 million Americans are affected by ME/CFS, and an estimated 75 percent were triggered by viral or bacterial infections. Symptoms can often be so severe that patients are unable to work or perform household tasks. In May of 2017, I issued my monthly letter on ME/CFS, whose hallmark symptoms include profound fatigue and post-exertional malaise. The diagnostic criteria for ME/CFS can be found here. Learning more about long COVID may lead to important insights into how to treat individuals living with ME/CFS due to other viral illnesses.

In addition to cardiorespiratory manifestations of post-COVID conditions, significant psychological sequelae can also occur. A retrospective cohort study of 236,379 COVID-19 patients found that in the six months following their diagnosis, 33.6 percent received a neurological or psychiatric diagnosis, with 12.84 percent of patients receiving their first. The most common diagnosis was anxiety disorder (17.39 percent), however other diagnoses noted included ischemic stroke, dementia, and intracranial hemorrhage, among others. Risk was greatest in those with severe COVID-19.

As noted in my letter last month, due to the effects of structural racism and discrimination, Black, indigenous, and other people of color have experienced disproportionately high rates of COVID-19. We are concerned that these populations will also have higher rates of post-COVID conditions, even if they have not received a previous COVID-positive test result. Diagnosing and caring for these conditions may be particularly challenging among uninsured essential workers and among people in congregate living settings, particularly shelters and among those incarcerated.

Physicians are encouraged to consider post-COVID conditions, even if the patient does not have a clear history of a COVID-19 diagnosis; clinical history can be key. As more individuals recovering from COVID-19 report these conditions, and as more information from studies becomes available, insights into treatments and management of long COVID are quickly emerging. Last month, the CDC published Interim Guidance for Evaluating and Caring for Patients with Post-COVID Conditions with clinical considerations for treating those with long-COVID, which may be of help in evaluating and caring for patients experiencing these symptoms. Multi-specialty clinics are being established to evaluate and treat individual patient symptoms to help patients return to their pre-morbid state. Support groups are also emerging to help patients experiencing long COVID symptoms.

Resources for supporting patients experiencing post-COVID conditions can be found here. Additionally, this fall, we are excited to host an upcoming session of the Commissioner's Medical Grand Rounds focused on how physicians can support patients living with post-COVID conditions. The event will feature physicians of multiple specialties and backgrounds and will highlight tools that providers from across the state can use to support long-COVID patients in their recovery.

Thank you for your attention to this emerging issue, and for your commitment to health care in New York State. I hope that this summer is bringing you and your colleagues some much-needed time to rest, recharge, and spend time with family and friends.

Sincerely,

Howard A. Zucker, M.D., J.D.
Commissioner of Health