



Nassau County  
Department of Human Services

Laura Curran  
County Executive

Dr. Carolyn McCummings  
Commissioner

***THE HUMAN TOUCH***

Volume 3

Issue 14

IN THIS ISSUE



## COVID Questions and Concerns...

*Are there different strains of COVID?*

### Human Coronavirus Types

Coronaviruses are named for the crown-like spikes on their surface. There are four main sub-groupings of coronaviruses, known as alpha, beta, gamma, and delta.

Human coronaviruses were first identified in the mid-1960s. The seven coronaviruses that can infect people are Common human coronaviruses:

- 229E (alpha coronavirus)
- NL63 (alpha coronavirus)
- OC43 (beta coronavirus)
- HKU1 (beta coronavirus)

Other human coronaviruses:

- MERS-CoV (the beta coronavirus that causes Middle East Respiratory Syndrome, or MERS)
- SARS-CoV (the beta coronavirus that causes severe acute respiratory syndrome, or SARS)
- SARS-CoV-2 (the novel coronavirus that causes coronavirus disease 2019, or COVID-19)

People around the world commonly get infected with human coronaviruses 229E, NL63, OC43, and HKU1. Sometimes coronaviruses that infect animals can evolve and make people sick and become a new human coronavirus. Three recent examples of this are 2019-nCoV, SARS-CoV, and MERS-CoV. (CDC)

### *What strain of the virus does the vaccine cover?*

#### Types of Vaccines

Currently, there are three main types of COVID-19 vaccines that are or soon will be undergoing large-scale (Phase 3) clinical trials in the United States. Below is a description of how each type of vaccine prompts our bodies to recognize and protect us from the virus that causes COVID-19. None of these vaccines can give you COVID-19.

mRNA vaccines contain material from the virus that causes COVID-19 that gives our cells instructions for how to make a harmless protein that is unique to the virus. After our cells make copies of the protein, they destroy the genetic material from the vaccine. Our bodies recognize that the protein should not be there and build T-lymphocytes and B-lymphocytes that will remember how to fight the virus that causes COVID-19 if we are infected in the future.

Protein subunit vaccines include harmless pieces (proteins) of the virus that cause COVID-19 instead of the entire germ. Once vaccinated, our immune system recognizes that the proteins don't belong in the body and begins making T-lymphocytes and antibodies. If we are ever infected in the future, memory cells will recognize and fight the virus.

Vector vaccines contain a weakened version of a live virus—a different virus than the one that causes COVID-19—that has genetic material from the virus that causes COVID-19 inserted in it (this is called a viral vector). Once the viral vector is inside our cells, the genetic material gives cells instructions to make a protein that is unique to the virus that causes COVID-19. Using these instructions, our cells make copies of the protein. This prompts our bodies to build T-lymphocytes and B-lymphocytes that will remember how to fight that virus if we are infected in the future. Most COVID-19 Vaccines Require More Than One Shot. All but one of the COVID-19 vaccines that are currently in Phase 3 clinical trials in the United States use two shots. The first shot starts building protection. A second shot a few weeks later is needed to get the most protection the vaccine has to offer. One vaccine in Phase 3 clinical trials only needs one shot. (CDC)

### *Is the CDC recommended 7-day quarantine or 14?*

CDC currently recommends a quarantine period of 14 days. However, based on local circumstances and resources, the following options to shorten quarantine are acceptable alternatives.

- Quarantine can end after Day 10 without testing and if no symptoms have been reported during daily monitoring.
  - With this strategy, residual post-quarantine transmission risk is estimated to be about 1% with an upper limit of about 10%.
- When diagnostic testing resources are sufficient and available (see bullet 3, below), then quarantine can end after Day 7 if a diagnostic specimen tests negative and if no symptoms were reported during daily monitoring. The specimen may be collected and tested within 48 hours before the time of planned quarantine discontinuation (e.g., in anticipation of testing delays), but quarantine cannot be discontinued earlier than after Day 7.
  - With this strategy, the residual post-quarantine transmission risk is estimated to be about 5% with an upper limit of about 12%.

In both cases, additional criteria (e.g., continued symptom monitoring and masking through Day 14) must be met and are outlined in the full text. (CDC)

### *The cases are high, hospital admittance is high – but how sick are the patients requiring ventilation?*

Most patients with COVID-19 who are mechanically ventilated appear to have acute respiratory distress syndrome (ARDS). Accurate data on duration of ventilation are limited but suggest prolonged mechanical ventilation for two weeks or more. Not all patients with COVID-19 require hospital admission. Patients whose clinical presentation warrants in-patient clinical management for supportive medical care should be admitted to the hospital under appropriate isolation precautions. (CDC)

### *Do all the hospitals have the ability to offer the "cocktail" treatment like the president got?*

President Trump received a single dose of an antibody cocktail made by the biotech company Regeneron. The US Food and Drug Administration (FDA) has granted emergency-use authorization for Regeneron Pharmaceuticals Inc's COVID-19 antibody therapy, an experimental treatment given to President Donald Trump that he said helped cure him of the disease. The FDA said on Saturday that the monoclonal antibodies, casirivimab and imdevimab, should be administered together for the treatment of mild to moderate COVID-19 in adults and pediatric patients who are likely to develop a severe form of COVID-19. (NYTimes)

### *How can tell what's real and what's manufactured as far as the info goes?*

In the United States, there is not yet an authorized or approved vaccine to prevent coronavirus disease 2019 (COVID-19). With the possibility of a limited supply of one or more COVID-19 vaccines becoming available before the end of 2020, accurate vaccine information is critical. (CDC)

### *How about vitamin c or anything other supplement offering better resistance?*

It's important to know that nothing has been proven to prevent or cure COVID-19, says infectious disease specialist Kristin Englund, MD. That includes supplements and natural health products. While some vitamins and supplements may make claims about supporting immune health, none have been shown to be effective in fighting COVID-19. Clinical trials are exploring whether vitamin C, in combination with other treatments, could help COVID-19 patients, but no studies have been completed yet. (ClevelandClinic)

### *Does the blood type of an individual play a part in contracting covid?*

A study conducted in the earlier days of the SARS-CoV-2 pandemic by Zhao et al. (2020) evaluated 2,173 patients and found the ABO blood group to be a biomarker for COVID-19 susceptibility. Their research showed blood group A individuals had a higher risk for COVID-19 and blood group O was associated with a lower risk for the infection compared with non-O blood groups. This study had several limitations in that the sample size was small and the control population lacked information on subject age, sex and chronic medical conditions, preventing a proper analysis to adjust for these factors. (LippincottNursingcenter)

*We want to thank **Kathe O'Rourke** and **Rita Anderson** for submitting these COVID related questions. Hopefully this information will provide some answers to your questions. Please refer to the CDC website for all updated COVID related information. Please feel free to submit any questions or concerns, and we will try to get them answered as quickly as possible*



## For some COVID survivors, Mental Health Problems Persist. 'It's a nightmare'

By Aidin Vaziri



Charlotte Juarez spent two weeks in the intensive care unit this summer battling COVID-19. She suffered double pneumonia, excruciating pain and intubation. She recalled her doctor saying that her body was shutting down. "He said, 'Call your kids and say goodbye.'" Juarez, 57, survived COVID-19. But she has experienced a host of physical difficulties since returning to her home in Burlingame more than four months ago, including chronic fatigue, heart palpitations and hair loss. She said the shape of her eyes even changed, requiring her to get new contact lenses. But what she is most concerned about is the lingering psychiatric issues. "Total forgetfulness," Juarez said. "I don't remember what we just ate. I don't remember how to make things. I had to learn to drive again." She said the "big-time brain fog" is just one of the aftereffects of COVID-19. She has difficulty sleeping and is also experiencing heightened anxiety. Juarez said the affliction is so bad she has not been able to return to work at Nordstrom, where she worked as a sales clerk before the pandemic. Worst of all is the depression. "Out

of nowhere, it comes and it's overwhelming," she said. We already know about the physical toll of COVID-19, presented in concise, sobering daily tallies of deaths and hospitalizations. But for many people like Juarez, who survive a physical bout with the disease, there follows a host of mental health issues that are harder to understand. About 20% of those infected with the coronavirus experience a psychiatric disorder within 90 days of their diagnosis, according to a large study by researchers at Oxford University. On Thursday and Friday, the federal government held its first workshop dedicated to long-term effects of COVID-19, with the nation's top public health officials outlining the urgent need to deal with the lingering symptoms of the coronavirus. "This is a phenomenon that is really quite real and quite extensive," Dr. Anthony Fauci, the nation's top infectious disease expert, said at the conference on Thursday. COVID-19 survivors are at a higher risk of developing mental illnesses, such as anxiety and depression, based on the findings of the



report published in the *Lancet Psychiatry* journal in November. They are also at increased risk of developing dementia. With people forced to stay home, cut off from families and friends, and facing financial troubles, the coronavirus pandemic is causing psychological distress for millions of people in obvious ways. More than 40% of American adults experienced depression, anxiety and substance abuse issues associated with the COVID-19 outbreak, according to a report published by the Centers for Disease Control and Prevention. But for “long haulers,” a blanket label for people who experience ongoing health issues after having COVID, the psychiatric disruptions can be compounded with physical pain and the trauma of going through a near-death experience. “Maybe 20 to 25% of those people have an unexplainable symptom complex without any laboratory data to indicate why they may be feeling that way,” said Fauci in a forum discussion with Facebook CEO Mark Zuckerberg this week. “They have difficulty concentrating and focusing. That could last from weeks to months.” Fauci has suggested that some long haulers’ symptoms like brain fog and fatigue are “highly suggestive” of encephalopathy, a disabling illness that alters mental function and causes people to struggle with everyday tasks. One study found that 32% of hospitalized COVID patients suffered from the condition. Many survivors report being unusually forgetful, confused or unable to concentrate even enough to watch TV, according to a report from researchers at UC Davis. They said the “brain fog” effect can wear off after a few weeks and then return. “It’s scary and crazy at the same time,” Juarez said. What all experts agree on is that more clinical research is needed to determine why long haulers continue to experience symptoms in their minds even after the virus has left their bodies. “Only nine months into the pandemic, the long-term effects of COVID-19 on the nervous system remain uncertain,” according to a study published by American Neurological Association in November. Until more definitive answers emerge, people like Juarez are finding support in online groups like Survivor Corps. “It’s a nightmare,” she said.

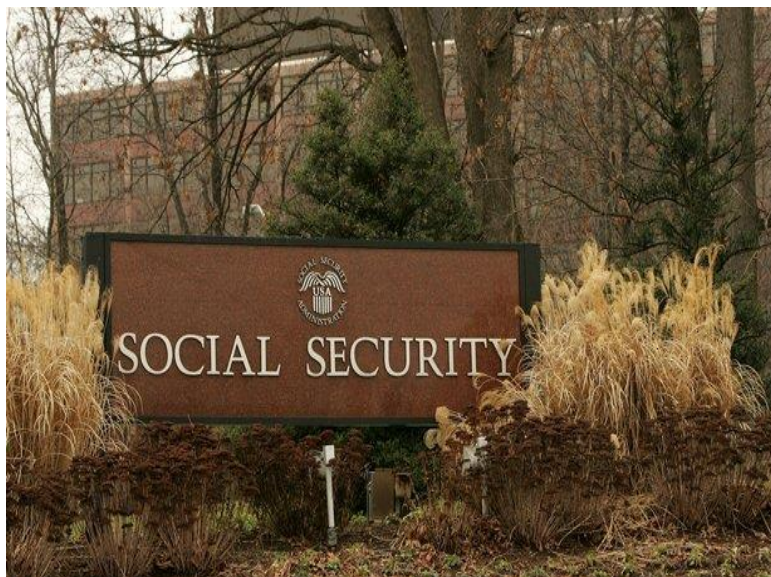


## Social Security Advocates Push for 3% COLA in 2021

An emergency measure to increase the 2021 COLA from 1.3% could be included in a spending bill that must pass this month.

By Melanie Waddell

Social Security advocates are pressing lawmakers to pass the one-time emergency 3% Social Security cost-of-living adjustment (COLA) bill that was introduced in mid-October by Rep. Peter DeFazio, D-Ore. Replacing the announced 1.3% COLA with a 3% increase in 2021 “is a way to provide a more fair and adequate inflation adjustment to beneficiaries,” said Mary Johnson, Social Security and Medicare policy analyst for The Senior Citizens League, in a statement on Tuesday. A one-time 3% boost would increase a \$1,523 Social Security benefit by about \$398 per year on average, over the course of a 25-year retirement period, according to new analysis from The Senior Citizens League. “Due to the COVID-19 pandemic, seniors are facing additional financial burdens in order to stay safe,” DeFazio said in a statement in mid-October addressing the 1.3% COLA. “This absolutely anemic COLA won’t even come close to helping them afford even their everyday expenses, let alone those exacerbated by COVID-19.” DeFazio’s bill could be attached to an omnibus spending bill.



Greg Valliere, chief U.S. strategist for AGF Investments, said in his Tuesday morning email briefing that Congress “will need at least another week to agree on a massive budget bill and a Covid stimulus package.” The new deadline is 12:01 a.m. on Dec. 18, Valliere said, “as an expanding group of bipartisan lawmakers shuttle back and forth with new proposals.” Johnson noted that “because retirees tend to use their Social Security benefits to pay for essentials such as housing and healthcare, it would be a way to help stimulate the economy and to put younger adults back to work, which in turn, means stronger funding for Social Security and Medicare as well.” As it stands now, the annual inflation adjustment does not accurately reflect the spending patterns of retirees. A key issue is that the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W), “does not measure the spending patterns of retired adults age 62 and older,” Johnson said. The CPI-W assumes that younger working adults tend to spend about 40% of their income on housing and only 7.5% of their income on medical care, she explained. However, Johnson states that her research indicates that retirees tend to spend 47% of their income on housing and 14% on medical care, both of which have increased faster than the overall rates of inflation in recent years. In addition, the CPI-W doesn’t reflect Medicare Part B premiums, which have grown roughly three times faster than COLAs from 2010 to 2021, according to Johnson. “The Federal Reserve doesn’t expect that inflation will be much more than 1.37% for much of the next decade,” she said.



# COVID-19 Vaccine Should Go to Those with Developmental Disabilities First, Advocates Say

By Michelle Diament



People with developmental disabilities are not being adequately prioritized in plans to distribute COVID-19 vaccines, advocates say, even though they're more likely to die from the virus. Centers for Disease Control and Prevention Director Robert Redfield approved a recommendation from the agency's Advisory Committee on Immunization Practices earlier this month on how initial doses of forthcoming vaccines should be distributed. The shots are expected to be in short supply, so access will be limited. Under the recommendations, vaccines will first go to health care workers as well as residents of long-term care facilities. The committee will meet again to determine who should be part of the next phases of the rollout. While states are not required to follow the CDC guide for distributing COVID-19 vaccines, most are expected to. And that has disability advocates worried. Research shows that people with developmental disabilities who contract COVID-19 face a two to 10 times greater risk of dying as compared to others. Given that, Shannon McCracken, vice

president for government relations at the American Network of Community Options and Resources, or ANCOR, said people with developmental disabilities should be "explicitly included in the top priority tier." "We would certainly expect the message of increased mortality in people with IDD, especially those living in group settings, would resonate with public health officials at the local, state and federal level," said McCracken whose group represents disability service providers across the nation. Under the current CDC recommendations, some people with developmental disabilities could qualify for the first phase of vaccine distribution if they live in a long-term care facility. That's likely to include residents of institutions. "But, we are concerned because that would likely not include people with disabilities living in group homes, supported living or in their own homes receiving services," said Nicole Jorwic, senior director of public policy at The Arc.

"This is a big gap. What's more, Jorwic flagged the lack of priority for direct support professionals assisting people with disabilities who receive home- and community-based services. These workers are low paid and often work in multiple homes, amplifying their potential to spread the virus, she said. Now, advocates are turning their attention to states, which will have the final say in how vaccines are allocated. "Advocates at the state level need to see the federal recommendations as a starting point and push for more coverage for all people with disabilities and the workforce in any setting to have higher priority for access to the vaccine," Jorwic indicated. McCracken said ANCOR has written to each of the nation's governors, calling on them to classify people with intellectual and developmental disabilities living in any type of congregate setting — including institutions and group homes — as residing in a long-term care facility for the purpose of COVID-19 vaccine distribution. In addition, the group wants direct support professionals to be considered health care workers.

"We would hope (long-term care facilities) would apply to (Intermediate Care Facilities for Individuals with Intellectual Disability) and HCBS programs, because social distancing is virtually impossible when supporting someone in their home," McCracken said. "No matter what the recommendations are, the states and territories do still have the authority to prioritize critical populations as they see fit."



# STUDY: Young adults experiencing lingering COVID-19 symptoms

By India Duke

A recent study shows that young adults are not exempt from experiencing prolonged COVID-19 symptoms that those in older age groups have been reporting.

Research compiled using University of Dayton students showed that those that have been diagnosed with coronavirus and no longer suffer from the acute illness are still feeling prolonged symptoms of the virus including, chest pains, breathing difficulty, headaches, loss of smell and taste, and body aches.

"I didn't think I'd find this and to be honest because of the general perception of people who experience these lingering effects of COVID are older or at least middle aged and older, I was shocked to see that these young adults predominantly 18-21 are experiencing really serious symptoms like chest pain," said Julie Walsh-Messinger assistant professor of psychology at the University of Dayton. For a little over a month, Messinger and a team of other researchers surveyed 43 students that had COVID, 51% of them being "long haulers" or having post-COVID syndrome, with symptoms that continued over 28 days and 30% had symptoms for 50 days or longer. Most long haulers had a mild to moderate case of the virus and weren't sick enough to be hospitalized. They are no longer contagious but still live with the sometimes crippling leftover symptoms of the virus. An additional 58 students without COVID-19 were surveyed to serve as a control for research to further prove that the symptoms were indeed coronavirus related. "They served as a control group but helped us look to see which of these prolonged symptoms of the ones who did have COVID were experiencing to differentiate the ones that are more likely to be COVID related versus just general stress.



Stress of being a college student, academic stress, and of course, like we are all experiencing, stress associated with this pandemic," she said. Although the findings could prove to be helpful, it wasn't the initial focus of the study. "The research question we were asking was about the long term effects of olfactory loss on mental health and on social function and engagement. As part of that we were interested in COVID symptoms particularly smell loss associated with COVID, but when we started to look at the data it became clear that we had a large proportion, over half of our sample, got COVID who were experiencing these prolonged symptoms. It was then we decided to look at that more deeply or more closely," she said. Messinger said that the main takeaways from this study is that there is still a lot to learn about the virus and that children and young adults are not immune. "Young adults are not immune or just getting COVID for a week or two and bouncing back to their normal lives, they are also at risk for these lingering effects, and we still don't know what those will be five years from now, 10 years from now."

Those that are long haulers can find support groups through social media and the Pulmonary Wellness Foundation offers free resources and support for people experiencing lingering COVID-19 symptoms as well as remote and in-person consultations and rehabilitation.





# Gov. Cuomo December 7th update for NYS

Governor Andrew M. Cuomo today updated New Yorkers on the state's progress during the ongoing COVID-19 pandemic  
 Excerpt from Monday, December 7, 2020



Governor Andrew M. Cuomo today updated New Yorkers on the state's progress during the ongoing COVID-19 pandemic.

"Here in New York, we have followed the data and the science. We do more testing than any state in the United States by far, have more data points by far, and we rely on the data. It's not anecdotal, it's not political, it's not an opinion. Right now, the data is showing us that the highest percent of hospitalization is actually upstate - Finger Lakes, that's Monroe, Rochester area. Buffalo, Western New York, Central New York. You come down to New York City, Long Island, we actually have a lower rate hospitalized than upstate, which is an exact flip of where we were in the spring. In the spring, we had a largely downstate situation and upstate the situation was much better," Governor Cuomo said. "We've done a couple of things that are different than other states. In New York, the state sets all the policies and keeps numbers that are determinative of the policies. Now, we close down if you hit critical hospital capacity. We're implementing the surge and flex. We're going to add 25 percent additional

hospital beds. We'll renew the registration for nurses and doctors to get us a backup staff pool, continue to caution on the small spread and at the same time, we are gearing up to have the most efficient, most effective, most fair vaccination program in the country, reaching out to the black community, Latinos, undocumented, to make sure that it's fair. The good news is New York still has one of the lowest positivity rates in the nation. Only Maine, Vermont, Hawaii are lower than we are and Maine, Vermont, Hawaii — beautiful states — but different than New York. They don't have the cities, they don't have the density, so, for us to be down that low, is really good news."

## Patient Hospitalization - 3,532 (+160)

- Patient Hospitalization - 4,602 (+160)
- Patients Newly Admitted - 530
- Hospital Counties - 55
- Number ICU - 872 (+22)
- Number ICU with Intubation - 477 (+13)
- Total Discharges - 88,263 (+314)
- Deaths - 80
- Total Deaths - 27,232

Of the 713,129 total individuals who tested positive for the virus, the geographic breakdown (Nassau, Suffolk, NYC) is as follows:

<u>County</u>	<u>Total Positive</u>	<u>New Positive</u>
Nassau	65,632	534
Suffolk	67,860	748
NYC	333,771	2,765



**LAURA CURRAN**  
NASSAU COUNTY EXECUTIVE



**DR. LAWRENCE EISENSTEIN**  
COMMISSIONER  
DEPARTMENT OF HEALTH

# NASSAU COUNTY EMPLOYEE FLU CLINIC



*Free Flu Shots for Employees and their Families.*



*Roll up your  
sleeve to  
fight the flu!*

**Saturday, December 12, 2020**  
**9:00am – 4:00pm**

**Lecture Hall • 510 Grumman Road West • Bethpage**

**REGISTRATION REQUIRED:**

<https://apps.health.ny.gov/doh2/applinks/cdmspr/2/counties?dateid=961>



Public Health Emergency Preparedness  
**PREVENT. PROMOTE. PROTECT**







FCA protects and strengthens Long Island's most vulnerable children, seniors, families and communities.

## Here for Long Island. Here for You.

FCA believes in the potential of Long Island - a place where no child, senior, family or community is left to struggle alone with barriers to health care, education, employment or economic prosperity. Long Island continues to be a great place to live, work and raise a family; FCA exists to ensure that this may be the case for all.

### Addiction Prevention, Treatment & Recovery

Our services strengthen the fight against addiction and the opioid epidemic on Long Island by preventing young people and families from engaging in substance use, treating individuals and families struggling with substance use disorders and providing support and guidance through their recovery.

### Prevention & Family Support

We ensure that individuals and families are not alone as they face life's challenges. Our programs focus on life-skill building and developing long-term strategies for resilience, safety and success.

### Children's Mental Health & Wellness

We provide unwavering support for individuals with mental and/or behavioral health issues and their family. Our programs promote resiliency through support groups, individualized action plans, home visits, respite services, community resources and referrals.

### Senior & Adult Services

We protect and strengthen seniors and adults through services that ensure safety while maximizing independence, respecting the right to self-determination and improving overall quality of life.

### Residential Care

Our residences are a safe haven for young people and adults who are homeless or living with serious mental health challenges. Our professional and caring employees are invested in the growth of each and every one of our clients.





**LAURA CURRAN**  
 NASSAU COUNTY EXECUTIVE

# SATURDAY COVID-19 TESTING

COVID-19 Testing available at  
 Elmont, Freeport, Hempstead, Roosevelt, & Westbury  
 If you think you or someone in your family has COVID-19,  
 CALL (516) 396-7500\*

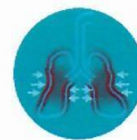
Testing for COVID-19 Virus is available to **ALL NEW YORKERS.**  
**(With or Without Symptoms)**  
 Please call to make an appointment, especially if you have any  
 of the following symptoms:



**FEVER**



**COUGH**



**SHORTNESS  
 OF BREATH**

**Starting August 8th, 2020, testing will be available by appointment  
 ONLY at the following locations:**

**1st & 3rd SATURDAYS OF THE MONTH AT:**

Elmont Health Center  
 161 Hempstead Turnpike  
 Elmont, NY 11003  
 (Across from the Belmont Racetrack)

Roosevelt Health Center  
 380 Nassau Road  
 Roosevelt, NY 11575  
 (Across from Bethpage Financial Credit Union)

**2nd & 4th SATURDAYS OF THE MONTH AT:**

Hempstead Health Center  
 135 Main Street  
 Hempstead, NY 11550  
 (Across from the Bus Terminal)

South Ocean Care Health Center  
 101 South Bergen Place  
 Freeport NY 11520  
 (Next to Freeport Library)

Westbury Health Center  
 682 Union Avenue  
 Westbury, NY 11590  
 (Corner of Union & Prospect Avenue)

\*Starting August 17th, 2020, the new hours of operation for the COVID Hotline will be Tuesdays, Wednesdays, & Thursdays from 8:00 AM to 4:00 PM. Please call during these hours to schedule an appointment for testing.

All are welcome to call, regardless of insurance or immigration status. You must have appointment.  
 Thank you and please stay healthy.



*This service is provided by a partnership of Nassau County and Long Island FQHC, Inc. For More Information on LIFQHC: Visit LIFQHC.org*







**LAURA CURRAN**  
NASSAU COUNTY EXECUTIVE

# SÁBADOS PRUEBA DEL COVID-19

Pruebas del COVID-19 están disponibles en  
Elmont, Freeport, Hempstead, Roosevelt, y Westbury  
Si piensa que usted o alguien en su familia tiene COVID-19,  
LLAME al (516) 396-7500

Las pruebas para detectar el virus del COVID-19 están disponibles  
para **TODOS NEOYORQUINOS**.

**(Con o Sin Síntomas)**

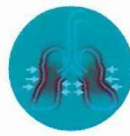
Por favor llame para hacer una cita, especialmente si tiene alguna de  
los siguientes síntomas:



FIEBRE



TOS



DIFICULTAD PARA  
RESPIRAR

**A partir del 8 de agosto del 2020, las pruebas estarán disponibles con  
cita únicamente. SOLO en las siguientes ubicaciones:**

**1er y 3er SÁBADO DEL MES EN:**

Elmont Health Center  
161 Hempstead Turnpike  
Elmont, NY 11003  
(Enfrente del hipodromo del Belmont)

Roosevelt Health Center  
380 Nassau Road  
Roosevelt, NY 11575  
(Enfrente del banco Bethpage Financial Credit Union)

**2do y 4to SÁBADO DEL MES EN:**

Hempstead Health Center  
135 Main Street  
Hempstead, NY 11550  
(Enfrente de la terminal de  
autobuses)

South Ocean Care Health Center  
101 South Bergen Place  
Freeport NY 11520  
(Al lado de biblioteca de Freeport)

Westbury Health Center  
682 Union Avenue  
Westbury, NY 11590  
(En la esquina de las avenidas  
Union & Prospect)

A partir del 17 de agosto del 2020, las nuevas horas de operación de la línea directa del COVID  
serán los Martes, Miércoles y Jueves de 8:00 a.m. a 4:00 p.m. Llame durante estas  
horas para programar una cita para esta prueba.

Todos son bienvenidos a llamar sin importar su estatus migratorio o si cuenta o no con  
seguro médico.  
Gracias y por favor manténgase saludable.



Este servicio es prestado por la alianza entre  
Nassau County y Long Island FQHC, INC.  
Para más información sobre LIFQHC:  
Visite [LIFQHC.org](http://LIFQHC.org)







**LAURA CURRAN**  
NASSAU COUNTY EXECUTIVE

## SAMDI TÈS POU COVID-19

Tès pou COVID-19 disponib nan  
Elmont, Freeport, Hempstead, Roosevelt, & Westbury  
Si w panse ou menm oswa yon moun nan fanmi w gen COVID-19,  
RELE NAN (516) 396-7500

Tès pou viris COVID-19 disponib pou **TOUT NOUYOKE** yo.

(Avèk oswa San Sentòm)

Tanpri rele pou pran yon randevou, espesyalman si ou gen nenpòt ki  
nan sentòm sa yo:



**TOUS**



**LAFYEV**



**SOUF KOUT**

**Kòmanse 8 out, 2020, tès yo ap disponib sou randevou SÈLMAN nan  
kote sa yo:**

### 1ye ak 3yèm SAMDI NAN MWA A NAN:

Elmont Health Center  
161 Hempstead Turnpike  
Elmont, NY 11001  
(Anfas Belmont Racetrack)

Roosevelt Health Center  
380 Nassau Road  
Roosevelt, NY 11575  
(Anfas from Bethpage Financial Credit Union)

### 2yèm & 4yèm SAMDI NAN MWA A NAN:

Hempstead Health Center  
135 Main Street  
Hempstead, NY 11550  
(Bòkote Tèminal Otobis la)

South Ocean Care Health Center  
101 South Bergen Place  
Freeport, NY 11520  
(Bòkote Bibliyotèk Freeport)

Westbury Health Center  
682 Union Avenue  
Westbury, NY 11590  
(Nan Kwen of Union & Prospect  
Avenue)

\* Kòmanse 17 out, 2020, nouvo èdtan pou liy COVID pral madi, mèkredi, ak jedi a 8:00  
AM a 4:00 PM. Tanpri rele pandan lè sa yo pou pran yon randevou pou fè tès la.

Tout moun kapab rele, kit ou gen asirans imigrasyon kit ou pa gen asirans oswa kelkeswa estati  
imigrasyon ou.  
Mèsi epi tanpri souple rete ansante.

**Family Health Centers**  
LONG ISLAND FQHC, INC.

Sevis sa a disponib gras ak yo patnechip avek  
Konte Nassau ak Long Island, FQHC INC.  
Pou plis enfomasyon sou LIFQHC:  
Visit LIFQHC.org





**LAURA CURRAN**  
NASSAU COUNTY EXECUTIVE

# CORONAVIRUS/COVID-19 “KNOW YOUR RIGHTS”

**DISCRIMINATION/HATE CRIMES**

- County Executive Curran established an Anti-Hate Task Force, prior to COVID-19, to help protect our residents from discriminatory and hateful activities.
- Protections against discrimination under Nassau County and New York State law remain in effect during this crisis and extend to places of employment, in housing, and in “public accommodation” (such as restaurants, grocery stores, medical facilities).
- Acts of harassment and intimidation of our residents based on their ethnic backgrounds and or fears and stigma associated with COVID-19 will not be tolerated.

**HOUSING/TENANT RIGHTS:**

- The County Executive’s moratorium on evictions was adopted by Governor Cuomo and protects tenants from eviction for non-payment of rent through June 20, 2020.
- Landlords cannot discriminate against renters who have contracted the Coronavirus or live with someone who has, or because the landlord thinks a person may have had it.

- Landlords cannot treat you unfairly or differently because you are from or look like you are from a country where there has been a serious COVID-19 outbreak.

**EMPLOYMENT AND PUBLIC ACCOMMODATION:**

- Employers must be sure their policies and practices, including work from home policies, do not discriminate against or treat workers less well based on their protected status, such as race, national origin, citizenship, immigration status, and disability.
- It is illegal for staff at restaurants and other such establishments to kick someone out, refuse to serve, or otherwise treat any customer less well because of fears or stigma around COVID-19, including harassment or discrimination because of race, national origin or disability.

**IMMIGRANT SERVICES:**

- Residents can seek and receive medical care regardless of immigrant status or lack of health insurance.
- During the COVID-19 crisis the Federal Government has stopped immigration enforcement at or near health care facilities, including hospitals, clinics, urgent care, and doctors’ offices.

**TO REPORT POSSIBLE CASES OF DISCRIMINATION/HARASSMENT**

If you are threatened with physical harm, **please call 911 immediately.**

New York State Bias and Discrimination Hotline ..... 1-888-392-3644  
 Nassau County Human Rights Commission ..... 516-571-3662

**ADDITIONAL RESOURCES:**

Nassau County Bar Association ..... covidhelp@nassaubar.org or visit www.nassaubar.org  
 Nassau County Office of Minority Affairs ..... 516-572-2240  
 Nassau County Office of Asian American Affairs ..... 516-572-2245  
 Nassau County Office of Hispanic Affairs ..... 516-572-0750



For any information, please contact:  
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