NEW YORK STATE OF OPPORTUNITY. Department of Health

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Dear Colleagues:

Fall is an especially busy time of year for clinicians, and as the fight against COVID-19 rages on, this fall is certainly no exception. This fall brought several changes for New Yorkers as children headed back to school, in many cases in-person for the first time since the pandemic began, and a growing number of workplaces and social settings have reopened for indoor business. As we do every year, we anticipate and are preparing for increases in rates of illnesses that typically peak during fall and winter months.

This month, I would like to discuss the common respiratory illnesses of concern during the fall, particularly for our children – including but not limited to COVID-19. These include perhaps most notably influenza, as well as rhinovirus, pertussis, respiratory syncytial virus (RSV) and others.

This past year, many respiratory viruses that typically affect New Yorkers during the fall and winter months did not spread as widely as in previous years, thanks in large part to the use of face masks, social distancing, telecommuting, and other non-pharmacologic interventions (NPI). For example, over the three influenza seasons prior to the COVID-19 pandemic, New York State (NYS) saw an average of nearly 59,000 confirmed pediatric influenza cases per year, over 3,000 pediatric hospitalizations, and nine pediatric influenza-associated deaths per year. In 2020, however, we saw fewer than 5,000 confirmed influenza cases, 29 pediatric hospitalizations, and zero pediatric influenza-associated deaths during the 2020-2021 flu season.[i] The same can be said for other respiratory illnesses affecting children – while there were 609 pediatric cases of pertussis reported in NYS during 2019, only 103 were reported during 2020. Similarly, 60 cases of pneumococcal disease were reported in 2019, and only 27 in 2020.[ii]*

However, as social distancing and other NPIs are relaxed, we may see unseasonable spread of some respiratory illnesses. One prominent example today is RSV, which leads to approximately 2.1 million outpatient visits and 58,000 hospitalizations among children under 5 years of age in the US every year, according to the CDC.[iii] While RSV is typically most prominent during fall and winter, we saw an unusual surge in the spring and summer months this year and are monitoring clusters of disease currently.

The Department's Emerging Infections Program conducts pediatric surveillance for RSV-associated hospitalizations and found that while the rate of RSV hospitalization among patients under 18 years of age was 0.0 per 100,000 between October 1, 2020 and April 30, 2021, the rate grew to 32.9 pediatric RSV hospitalizations per 100,000 for May to August 2021.[iv]** Especially notable, as the COVID-19 pandemic continues and staffing shortages challenge our hospitals, we are concerned that surges in RSV and other respiratory viruses could further strain hospital and ICU capacity.

Therefore, I ask clinicians across New York State to be vigilant and take action to detect all respiratory illnesses, especially in infants, children, pregnant people, and families. Flu

vaccines, now all quadrivalent, continue to be recommended for all children without medical contraindications, beginning at six months of age. Although young children in particular are at increased risk of influenza-related hospitalization, school-aged children bear an outsized burden of illness due to their level of exposure – an important factor largely missing last year.[v] As a reminder, children ages six months through eight years receiving the influenza vaccine for the first time, or who have only received one dose ever before July 1, 2021, should receive two doses four weeks apart, and should be offered vaccine as early as possible.[vi] For RSV, the CDC issued a Health Advisory in June about the increased RSV activity during spring and summer months, and the American Academy of Pediatrics (AAP) recommends palivizumab for infants at high risk for contracting severe RSV during RSV season.[vii,viii] Eligibility recommendations can be found here.

As we continue to recover from this pandemic, catching our patients up on routine care they may have missed over the past 18 months – including immunizations against influenza, pertussis, and pneumococcal disease – will be critical to avoid potential outbreaks of preventable illnesses. Earlier this summer, the federal government updated their recommendations to allow COVID-19 vaccines to be administered at the same time as other vaccines.[ix] Moreover, the influenza recommendations from AAP allow for co-administration with COVID-19 vaccines. Meanwhile, adolescents continue to represent the age group with the lowest vaccination rate against COVID-19 among eligible age groups. As you vaccinate patients for the flu this year, we ask you to also encourage and provide COVID-19 vaccines for all patients who are eligible.

I would like to close with a call to action for all of you. We have made incredible gains in vaccinating New Yorkers against COVID-19, however as the rapid spread of the Delta variant continues, we need your help to keep our progress going. To healthcare providers in New York not yet enrolled in the COVID-19 vaccination program, I urge you to do so – either through the Health Commerce System (outside New York City) or the Citywide Immunization Registry (in New York City). And secondly, we need all enrolled providers to place orders for vaccine and vaccinate your communities.

COVID-19 will unfortunately continue to spread – and it will take sustained efforts to ensure the virus is under control. Vaccination against COVID-19 must become a routine part of healthcare for the foreseeable future if we are to keep this virus at bay and protect ourselves and our loved ones.

Sincerely,

Howard

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

Additional Resources:

- Immunization Action Committee
- CDC: Communication Resources for COVID-19 Vaccines
- CDC: COVID-19 Vaccination Toolkits

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[i] NYS Health Connector: Flu Tracker

[ii] Probable and confirmed pediatric pertussis and pneumococcal disease cases reported to NYSDOH, 2019 vs. 2020; *Counts of pertussis and pneumococcal disease are for NYS outside NYC, for whom NYC DOHMH manages case counts.

[iii] CDC: Respiratory Syncytial Virus Infection (RSV) Trends and Surveillance

[iv] NYSDOH Emerging Infections Program; ** New York is one of 14 sites conducting RSV-associated hospitalization surveillance in pediatrics and adults during the typical 10/1 – 4/30 season. Rates are based on a nine-county catchment area.

[v] Committee on Infectious Diseases. Recommendations for Prevention and Control of Influenza in Children, 2021-2022. *Pediatrics.* 2021;148(4):e2021053744

[vi] Additional information on vaccination during the 2021-2022 influenza season from the CDC's Advisory Committee on Immunization Practices can be found here.

[vii] CDC: Increased Interseasonal Respiratory Syncytial Virus (RSV) Activity in Parts of the Southern United States (June 10, 2021)

[viii] AAP: Interim Guidance for Use of Palivizumab Prophylaxis to Prevent Hospitalization From Severe Respiratory Syncytial Virus Infection During the Current Atypical Interseasonal RSV Spread

[ix] CDC: Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States; Coadministration of COVID-19 vaccines with other vaccines