



## Department of Health

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August 2020

Dear Colleagues:

New York State has gone from having the highest COVID-19 transmission rate in the United States to the lowest. That is a statistic I enjoy sharing. But I also know the fragility of this status given how easily new outbreaks could develop from imported infections or from letting down our guard. If a second wave of coronavirus hits this fall when the flu season is underway, it could create an enormous strain on our hospitals.

That is why it is important for all eligible New Yorkers to get their influenza vaccinations this fall. Moreover, routine vaccination of children, adolescents, and adults (including pregnant women) are critical to preventing outbreaks of vaccine-preventable diseases and protecting both vulnerable patients and the healthcare system. In this month's letter, I discuss the importance of both flu vaccination promotion and the currency of children's vaccinations as school districts meeting regional criteria are able to reopen this fall.

**Flu Shot Promotion.** Influenza is one of the leading causes of morbidity and mortality in the United States. During the 2018-2019 season, influenza [was estimated](#) to cause 34,200 deaths and 490,600 hospitalizations across the country. In New York State, more than 22,000 New Yorkers were hospitalized with laboratory-confirmed influenza during the last flu season.

Now more than ever, it is imperative that all New Yorkers age 6 months and older receive an annual influenza vaccine, unless they have a contraindication to the vaccine. According to the Centers for Disease Control and Prevention (CDC), 2018-2019 saw the highest U.S. vaccination rates on record, yet only 45.3 percent of adults and 62.6 percent of children received influenza vaccine. I have directed our public health partners in local health departments to develop and implement robust influenza vaccination plans to increase vaccination rates in communities throughout the State. The CDC recommends that while it takes two weeks for a flu vaccine to have full effect, people should not get vaccinated during the summer because that may reduce protection against flu infection later in the season, particularly among older adults. September and October are the ideal months to administer influenza vaccine to provide protection through peak activity.

While influenza vaccine does not protect against COVID-19, it may keep your patients out of healthcare facilities, where they could be at increased risk of infection. Flu vaccine reduces unnecessary healthcare visits and hospitalizations and protects vulnerable populations at high risk of influenza complications. This includes children under 5 years of age, adults age 65 years and older, residents of nursing homes, and individuals with underlying conditions such as asthma, lung disease, heart disease, diabetes, or who are immunocompromised.

A segment of the Department's [July 2 healthcare provider webinar](#), "Routine and Catchup Vaccination during COVID-19," offers guidelines such as separating well patients from sick patients, following infection control protocols, ensuring vaccine supplies, and minimizing barriers to access. If you do not administer vaccines, please refer your unvaccinated patients to

a clinic or pharmacy that can vaccinate them and follow up with your patients to confirm their vaccination status. At the beginning of 2018—during a deadly flu season—Governor Cuomo signed an executive order to allow pharmacists to administer flu vaccines to children ages 2 to 18 years of age. So New Yorkers have already come to view our pharmacies as safe and convenient places for vaccinations.

Finally, because influenza season can last beyond the winter, it is important to keep urging your unvaccinated patients to get vaccinated throughout the spring and to continue administering influenza vaccine as long as you have unexpired vaccine in stock. Although our attention to flu prevention fades after a long winter, the risk of infection does not, and we must remain vigilant.

**Ensuring Childhood Vaccinations.** Despite widespread stay-at-home orders during the COVID-19 lockdown this spring and summer, the CDC encouraged parents to bring their young children to appropriate health care setting to receive necessary vaccinations. That is because a decline in rates of routine childhood vaccinations could become a threat to children's health much more dangerous than COVID-19. Still, many parents declined. In May, the CDC reported a drastic [fall in vaccination rates](#) between January and April 2020.

In June 2019, Governor Cuomo signed groundbreaking legislation eliminating all nonmedical exemptions for childhood vaccinations required for public, private, and parochial school attendance. At this time last year, the Department of Health was coming off a yearlong struggle to control an historic measles outbreak in the Lower Hudson and we were avidly promoting the effectiveness of the measles, mumps, and rubella (MMR) vaccine.

MMR is just one of [seven critical vaccinations](#) children normally receive during the school age years. Students also need the tetanus, diphtheria, and whooping cough (Tdap) and meningitis vaccines. Anyone living in crowded quarters—such as college dormitories or military barracks—should especially consider receiving a meningitis vaccination. Students need immunization against the human papillomavirus (HPV). Only about 60 percent of female and 50 percent of male adolescents in New York State complete the recommended two-dose vaccine series to protect them against certain cancers.

On August 7, Governor Cuomo announced that, based on each region's infection rate, schools across New York State are permitted to reopen this fall. Each school district in the state was required to develop and submit a reopening plan that addresses Department of Health guidance and follows strict procedures to protect against viral transmission. For instance, screenings to detect possible COVID-19 infections will be mandatory and include temperature checks and questions about known exposures, COVID tests, COVID symptoms, and recent travel. Anyone with a temperature greater than 100.0 F will not be allowed in the school.

With regard to vaccinations, we need to ensure that each school in the state has high enough vaccination rates to meet the threshold for herd immunity. COVID-19 is highly contagious thanks to aerosol transmission, but it is nowhere as contagious as measles, which can linger for up to two hours in the air of an enclosed space where an infected person has been. If you carry the measles virus, 90 percent of those near you who have not been vaccinated will also become infected.

Schools have historically helped to identify under-vaccinated students and their siblings. This coming school year, the Department and New York's local public health authorities will be highly focused on maintaining our normally high statewide vaccination rates without the

customary “backstop” role of schools. We must ensure that students enrolled in remote learning and those being home-schooled receive required vaccinations in a timely manner.

**One last thing:** The Reimagine New York team is interested in your feedback on how New York can continue to, in the words of Governor Cuomo, “build back better”. The COVID-19 crisis is an opportunity to learn from the experiences of this crisis to be prepared for future public health emergencies. The State wants to identify ways technology can be used to help New York build back better for everyone. From ensuring access to high-speed internet, creating better-paying jobs, and building career pathways, we are committed to ensuring that our most vulnerable residents are able to overcome root causes of inequity, and to access the digital economy. We'd love to hear from you—please take a moment to fill out [this survey](#) and let us know how we can Reimagine New York and build back better.

Your tireless work to stop the spread of disease and infection is essential to public health in New York State. Thank you again for everything you do to monitor and protect all aspects of our residents' health.

Sincerely,

A handwritten signature in blue ink that reads "Howard".

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