

NYCVACSCENE

The New York City Department of Health and Mental Hygiene

Spring 2005 • Volume 4, Number 1

NYCVACSCENE

NYCVACSCENE is published
by the Bureau of Immunization
New York City Department of Health
and Mental Hygiene

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April 12, 2005 was the
50th anniversary of the first
effective polio vaccine.
Vaccines remain
among the best public health
strategies to prevent disease.

THE RECOMMENDED CHILDHOOD AND ADOLESCENT IMMUNIZATION SCHEDULE

The Recommended Childhood and Adolescent Immunization Schedule for 2005 has been released. This schedule (Table 1), approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP), is unchanged from that released mid-year 2004. The catch-up immunization schedule for children and adolescents who start their immunizations late or are >1 month behind (Figure 2) is also unchanged.¹

A new conjugate quadrivalent meningococcal vaccine, MCV4, has been licensed for use in persons 11-55 years of age. A new preparation of tetanus-diphtheria-acellular pertussis vaccine, Tdap, for use in persons 10-18 years of age, was recently approved for licensure by the Food and Drug Administration (FDA). A second Tdap vaccine for persons 11-64 years of age is currently being considered by the FDA. Detailed recommendations about the use of these new vaccines will be forthcoming by the ACIP.

The Recommended Childhood and Adolescent Schedule comprises the standard of care for immunizations. All children who are immunized in accordance with this schedule will meet all New York school immunization requirements.

Vaccine information statements

The National Childhood Vaccine Injury Act requires that all health care providers give parents/guardians or patients copies of Vaccine Information Statements (VISs) prior to the administration of each dose of the vaccines listed in the schedule. VISs and information about their use are available at www.nyc.gov/html/doh/html/imm/immpinfo.shtml and www.cdc.gov/nip/publications/vis. VISs are available in multiple languages and in other formats at www.immunize.org/vis/index.htm

References:

1. Centers for Disease Control and Prevention. Recommended childhood and adolescent immunization schedule - United States, 2005. *MMWR*. 2005;53(51&52):Q1-Q3.

REPORTING REQUIREMENTS

Suspected cases of vaccine-preventable disease

Report all suspected cases of vaccine-preventable disease to the Bureau of Immunization at 212-676-2284/2288; do not wait for laboratory confirmation before reporting. After hours, weekends and holidays, please call 212-POISONS. All suspected cases of diphtheria*, tetanus, pertussis, measles*, mumps, rubella (including congenital rubella), poliomyelitis*, hepatitis B, and adverse events associated with smallpox vaccine* (vaccinia disease) must be reported within 24 hours.

* these diseases require immediate notification while the patient is in the office

Vaccine Adverse Event Reporting System (VAERS)

Report all clinically significant post-vaccination reactions to the Vaccine Adverse Event Reporting System (VAERS). VAERS, a national vaccine safety surveillance program, was established in 1990 under the joint administration of the Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA) to accept reports of suspected adverse events after administration of any vaccine licensed in the United States. VAERS collects, investigates and analyzes information from reports of adverse events following immunization. By monitoring reports of adverse events, which may range from mild to severe, VAERS helps to identify important new safety concerns and assists in ensuring that the benefits of vaccines continue to far outweigh any risks.

Anyone can report to VAERS. Many different types of events occur after vaccination; these may or may not have been caused by an immunization. Any significant reaction following vaccination should be reported to VAERS regardless of whether or not one can be certain the vaccine caused the reaction. Reports of adverse events can be submitted by health care providers, vaccine manufacturers, vaccine recipients or their parents/guardians at www.vaers.org or 800-822-7967.

Citywide Immunization Registry

Report all immunizations given to children < 8 years of age to the Citywide Immunization Registry (CIR) within 14 days of administration (NYC Health Code Section 11.04). Immunizations given to children ages 8-18 may be reported with written consent from the parent/guardian documented in the medical record. Report on paper forms, electronically from your data system, or via the Internet using the Online Registry at www.nyc.gov/health/cir. Call the CIR at 212-676-2323 for information, assistance, or for your patients' immunization and lead test results.

CHANGES TO SCHOOL REQUIREMENTS FOR 2005-2006

New York State Public Health Law §2164, which defines requirements for immunizations for school attendance, was amended in 2004. For the 2005-2006 school year changes to this law, effective January 1, 2005, are:

Varicella:

- All children born on or after January 1, 2000 and who are at least 12 months old are required to be immunized against varicella to attend any child care, day care, preschool, nursery, or pre-kindergarten program.
- All children born on or after January 1, 1998 are required to be immunized against varicella to attend kindergarten, 1st or 2nd grade. Vaccine will also be required for those children born on or after this date who are in 3rd grade.
- Students born on or after January 1, 1994, and who enroll in the 6th grade beginning in the 2005-2006 school year must be immunized against varicella.

Note: Those students born on or after January 1, 1994 and who transfer to a school in New York from another state or country after January 1, 2005 must be immunized at the time of entry into school in New York State.

A reliable history of varicella disease as documented by a health care provider is acceptable in lieu of immunization. Parental recall of the disease alone is not sufficient and will not be accepted as proof of immunity.

Serologic proof of immunity to varicella is also acceptable. The serologic test is reliable for determining the immune status in most individuals after a natural infection but, due to the limits of sensitivity of the commonly available test, serology may not be reliable after vaccination. It is not recommended to obtain serology after vaccination.

Hepatitis B

For the 2005-2006 school year, all students between the ages of 2 months and 18 years enrolled in any school program, including child care, day care, preschool, nursery, pre-kindergarten, elementary, middle, intermediate, junior, or high school, are required to have documentation of a complete, age-appropriate series of hepatitis B vaccine.

Serologic proof of immunity is also acceptable.

Tetanus and pertussis vaccination

New York State law previously only required that children be vaccinated against diphtheria. Diphtheria vaccine has been available only as a combination with tetanus or tetanus and pertussis. The law has been expanded such that all children born on or after January 1, 2005 are now required to specifically be immunized against tetanus and pertussis along with diphtheria for entry into any public, private, or parochial child care, day care,

preschool, nursery, pre-kindergarten, elementary, middle, intermediate, or secondary school. This rewording of the law will not affect most children as they are already receiving DTaP vaccine.

Varicella vaccine:

Varicella vaccine was licensed in 1995 and added to the Recommended Childhood Immunization Schedule in 1996. Varicella vaccine is recommended for any individual who is at least one year old who does not have a history of chickenpox.

The varicella vaccine has strict storage and handling requirements: it is shipped from the manufacturer on dry ice; it must be stored at temperatures of -15° C or +5° F or colder; it needs to be protected from heat and light; once reconstituted it needs to be administered within 30 minutes.

- Children < 13 years of age should receive 1 dose of varicella vaccine.
- Persons ≥ 13 years of age should receive 2 doses of varicella vaccine at least 4 weeks apart.

For additional information, precautions and contraindications regarding varicella vaccine, please see:

www.cdc.gov/mmwr/PDF/rr/rr4511.pdf

www.cdc.gov/mmwr/PDF/rr/rr4806.pdf and

www.cdc.gov/nip/publications/pink/varicella.pdf

Preservative-free Td

Sanofi pasteur (formerly known as Aventis Pasteur) has ceased production and sales of multidose vials of tetanus-diphtheria (Td) for use in persons 7 years of age and older and has introduced a new product, DECAVAC™, a preservative-free tetanus and diphtheria (Td) vaccine. This vaccine is supplied in a single-dose, prefilled syringe. There is a new CPT code for use for this vaccine.

Meningococcal conjugate vaccine

The Food and Drug Administration has recently licensed a new conjugate quadrivalent meningococcal vaccine, Menactra™, manufactured by sanofi pasteur, for protection against meningococcal disease in adolescents and adults aged 11-55 years.

This vaccine provides protection against four serogroups of *Neisseria meningitidis* (A, C, Y, W-135). There is a new CPT code for this vaccine.

The Advisory Committee on Immunization Practices (ACIP) has voted on new recommendations for the use of meningococcal vaccines, including the recently licensed meningococcal conjugate vaccine (MCV4). Full ACIP recommendations will be released in the near future.

MCV4 will be routinely recommended for:

- Children at the pre-adolescent visit (11-12 years of age)
- Adolescents at high school entry (15 years of age)
- All college freshmen living in dormitories

Other populations at increased risk for meningococcal disease for which routine vaccination is recommended have not changed.

Use of MCV4 is preferred in persons aged 11-55 years. Use of meningococcal polysaccharide vaccine (MPSV4) is recommended in persons at high risk for meningococcal disease who are 2-10 years or older than 55 years. MPSV4 may continue to be used for persons 11-55 years of age.

See www.nyc.gov/html/doh/downloads/pdf/imm/imm-alert-20050425.pdf

CODING FOR VACCINES

There have been significant changes to the coding for immunization administration for children under 8 years of age that should result in increased reimbursement for physician services. These new CPT codes were posted on the American Medical Association web site on January 1, 2005 and will become effective on July 1, 2005. The following is provided as information only. Please check with payors regarding use of these codes in your practice. Additional information is available at www.ama-assn.org/ama/pub/category/3113.html

New administration codes:

90465 Immunization administration to children under 8 years of age (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) when the physician counsels the patient/family; first injection (single or combination vaccine/toxoid), per day

90466 Immunization administration to children under 8 years of age (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) when the physician counsels the patient/family; each additional injection (single or combination vaccine/toxoid), per day

90467 Immunization administration to children under 8 years of age (includes intranasal or oral routes of administration) when the physician counsels the patient/family; first administration (single or combination vaccine/toxoid), per day

90468 Immunization administration to children under 8 years of age (includes intranasal or oral routes of administration) when the physician counsels the patient/family; each additional administration (single or combination vaccine/toxoid), per day

Existing administration codes:

90471 Immunization administration (includes percutaneous, intradermal, subcutaneous, and intramuscular); one vaccine (single or combination vaccine/toxoid)

90472 Immunization administration (includes percutaneous, intradermal, subcutaneous, and intramuscular); each additional vaccine (single or combination vaccine/toxoid)

90473 Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid)

90474 Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid)

The CPT descriptors for the new codes 90465-90648 specifically require "physician (vaccine) counseling of the patient/family" and only apply to children under 8 years of age. In addition to the required charting of the vaccine product, manufacturer, lot number, site of administration, method of administration, VIS date, and the signature or initials of the individual administering the vaccine (which are all usually recorded on the immunization flow sheet), the physician should document that she/he personally performed face-to-face vaccine counseling for the listed vaccines.

New vaccine product codes

90714 Tetanus and diphtheria toxoids (Td) adsorbed, preservative-free, for use in individuals seven years of age or older, for intramuscular use

90734 Meningococcal conjugate vaccine, serogroups A, C, Y, W-135 (tetravalent), MCV4, for intramuscular use

©American Medical Association. Current Procedural Terminology, 2004.

RECOMMENDED CHILDHOOD AND ADOLESCENT IMMUNIZATION SCHEDULE – UNITED STATES, 2005

Age ► Vaccine ▼	Range of recommended ages					Catch-up vaccination			Preadolescent assessment			
	Birth	1 mo	2 mo	4 mo	6 mo	12 mo	15 mo	18 mo	24 mo	4-6 y	11-12 y	12-18 y
Hepatitis B ¹	Hep B #1 only if mother HBsAg(-)	Hep B #2		Hep B #3			Hep B series					
Diphtheria, Tetanus, Pertussis ²		DTaP	DTaP	DTaP		DTaP			DTaP	Td	Td	
<i>Haemophilus influenzae</i> type b ³		Hib	Hib	Hib ³	Hib							
Inactivated Polio		IPV	IPV	IPV				IPV				
Measles, Mumps, Rubella ⁴					MMR #1				MMR #2	MMR #2		
Varicella ⁵					Varicella			Varicella				
Pneumococcal ⁶		PCV	PCV	PCV	PCV			PCV	PPV			
Influenza ⁷				Influenza (yearly)				Influenza (yearly)				
Hepatitis A ⁸	Vaccines below this line are for selected populations								Hepatitis A series			

Indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of January 1, 2005, for children through age 18 years. Any dose not given at the recommended age should be given at any subsequent visit when indicated and feasible. ■ Indicates age groups that warrant special effort to administer those vaccines not given previously. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and the vaccine's other components are not contraindicated. Providers should consult the ACIP statements for detailed recommendations. Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting Systems (VAERS). Guidance about how to obtain and complete a VAERS form is available at www.vaers.org or by telephone at 800-822-7967.

- Hepatitis B vaccine (HepB).** All infants should receive the first dose of hepatitis B vaccine soon after birth and before hospital discharge; the first dose may also be given by age 2 months if the infant's mother is HBsAg-negative. Only monovalent hepatitis B vaccine can be used for the birth dose. Monovalent or combination vaccine containing HepB may be used to complete the series; four doses of vaccine may be administered if a birth dose is given. The second dose should be given at least 4 weeks after the first dose, except for combination vaccines which cannot be administered before age 6 weeks. The third dose should be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the vaccination series (third or fourth dose) should not be administered before age 24 weeks. Infants born to HBsAg-positive mothers should receive HepB vaccine and 0.5mL hepatitis B immune globulin (HBIG) within 12 hours of birth at separate sites. The second dose of HepB vaccine is recommended at age 1-2 months. The last dose in the vaccination series should not be administered before age 24 weeks. These infants should be tested for HBsAg and anti-HBs at age 9 months. Infants born to mothers whose HBsAg status is unknown should receive the first dose of the HepB vaccine series within 12 hours of birth. Maternal blood should be drawn as soon as possible to determine the mother's HBsAg status; if the HBsAg test is positive, the infant should receive HBIG as soon as possible (no later than age 1 week). The second dose of vaccine is recommended at age 1-2 months. The last dose in the vaccination series should not be administered before age 24 weeks.

Children and adolescents who have not been vaccinated against hepatitis B in infancy may begin the series during any childhood visit. The 2nd dose should be administered at least 4 weeks after the 1st dose and the third dose should be administered at least 16 weeks after the 1st dose and at least 8 weeks after the 2nd dose. This vaccine is required for day care, preschool and school attendance in New York State.

- Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).** The fourth dose of DTaP may be administered as early as age 12 months provided that 6 months have elapsed since the third dose and the child is unlikely to return at age 15-18 months. The final dose in the series should be given at age ≥4 years. **Tetanus and diphtheria toxoids (Td)** is recommended at age 11-12 years if at least 5 years have elapsed since the last dose of tetanus and diphtheria toxoid-containing vaccine. Subsequent routine Td boosters are recommended every 10 years.
- Haemophilus influenzae* type b (Hib) conjugate vaccine.** Three Hib conjugate vaccines are licensed for infant use. If PRP-OMP (PedvaxHIB® or ComVax® [Merck]) is administered at ages 2 and 4 months, a dose at age 6 months is not required. DTaP/Hib combination products should not be used for primary vaccination but can be used as a booster after

any Hib vaccine. The final dose in the series should be given at age ≥12 months.

- Measles, mumps, and rubella vaccine (MMR).** The second dose of MMR is recommended routinely at age 4-6 years but may be administered during any visit, provided at least 4 weeks have elapsed since the first dose and both doses are administered after age 12 months. New York State Regulation requires the second dose of MMR on or after 15 months of age to meet requirements for school attendance.
- Varicella vaccine (VAR).** Varicella vaccine is recommended at any visit at or after age 12 months for susceptible children (i.e., those who lack a reliable history of chickenpox). Susceptible persons aged ≥13 years should receive 2 doses given at least 4 weeks apart. This vaccine is required in New York State for day care, preschool and school attendance.
- Pneumococcal vaccine.** The heptavalent pneumococcal conjugate vaccine (PCV) is recommended for all children age 2-23 months and for certain children aged 24-59 months. The final dose in the series should be given at age ≥12 months. **Pneumococcal polysaccharide vaccine (PPV)** is recommended in addition to PCV for certain high-risk groups. See *MMWR* 2000;49(RR-9):1-35.
- Influenza vaccine.** Influenza vaccine is recommended annually for children aged ≥6 months with certain risk factors (including but not limited to asthma, cardiac disease, sickle cell disease, HIV, and diabetes), health care workers, and other persons (including household members) in close contact with persons in groups at high risk (see *MMWR* 2004;53;[RR-6]:1-40) and can be administered to all others wishing to obtain immunity. All healthy children aged 6-23 months and close contacts of all children aged 0-23 months are recommended to receive influenza vaccine because children in this age group are at substantially increased risk for influenza-related hospitalizations. For healthy persons aged 5-49 years, the intranasally administered live attenuated influenza vaccine (LAIV) is an acceptable alternative to the intramuscular trivalent inactivated influenza vaccine (TIV). See *MMWR* 2004;53;[RR-6]:1-40. Children receiving TIV should be administered a dosage appropriate for their age (0.25mL if 6-35 months or 0.5mL if ≥3 years). Children aged ≤8 years who are receiving influenza vaccine for the first time should receive 2 doses (separated by at least 4 weeks for TIV and at least 6 weeks for LAIV).
- Hepatitis A vaccine.** Hepatitis A vaccine is recommended for children and adolescents in selected states and regions and for certain high-risk groups. See *MMWR* 1999;48(RR-12):1-37. Children and adolescents in these states, regions, and high-risk groups who have not been immunized against hepatitis A can begin the hepatitis A vaccination series during any visit. The 2 doses in the series should be administered at least 6 months apart.

CATCH-UP IMMUNIZATION SCHEDULE FOR CHILDREN AND ADOLESCENTS WHO START LATE OR WHO ARE >1 MONTH BEHIND

The tables below give catch-up schedules and minimum intervals between doses for children who have delayed immunizations. There is no need to restart a vaccine series regardless of the time that has elapsed between doses. Use the chart appropriate for the child's age.

Catch-up schedule for children aged 4 months – 6 years

Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
DTaP ¹	6 wks	4 weeks	4 weeks	6 months	6 months ¹
IPV ²	6 wks	4 weeks	4 weeks	4 weeks ²	
HepB ³	birth	4 weeks	8 weeks (and 16 weeks after first dose)	—	—
MMR ⁴	12 mo	4 weeks ⁴	—	—	—
Varicella	12 mo	—	—	—	—
Hib ⁵	6 wks	4 weeks if first dose given at age < 12 months 8 weeks (as final dose) if first dose given at age 12–14 months No further doses needed if first dose given at age ≥ 15 months	4 weeks ⁶ if current age < 12 months 8 weeks (as final dose) ⁶ if current age ≥ 12 months and second dose given at age < 15 months No further doses needed if previous dose given at age ≥ 15 mo	8 weeks (as final dose) this dose only necessary for children aged 12 months–5 years who received 3 doses before age 12 months	—
PCV ⁷	6 wks	4 weeks if first dose given at age < 12 months and current age < 24 months 8 weeks (as final dose) if first dose given at age ≥ 12 months or current age 24–59 months No further doses needed for healthy children if first dose given at age ≥ 24 months	4 weeks if current age < 12 months 8 weeks (as final dose) if current age ≥ 12 months No further doses needed for healthy children if previous dose given at age ≥ 24 months	8 weeks (as final dose) this dose only necessary for children aged 12 months–5 years who received 3 doses before age 12 months	—

Catch-up schedule for children aged 7 – 18 years

Vaccine	Minimum Interval Between Doses		
	Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Booster Dose
Td ⁸	4 wks	6 months	6 months ⁸ if first dose given at age < 12 mos and current age < 11 yrs 5 years ⁸ if first dose given at age ≥ 12 mos and third dose given at age < 7 yrs and current age ≥ 11 yrs 10 years ⁸ if third dose given at age ≥ 7 yrs
IPV ⁹	4 wks	4 weeks	IPV ^{2,9}
HepB	4 wks	8 weeks (and 16 weeks after first dose)	—
MMR	4 wks ⁴	—	—
Varicella ¹⁰	4 wks	—	—

- Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP):** The fifth dose is not necessary if the fourth dose was given after the fourth birthday.
- Inactivated polio vaccine (IPV):** For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if third dose was given at age ≥4 years. If both OPV and IPV were given as part of a series, a total of 4 doses should be given, regardless of the child's current age.
- Hepatitis B vaccine (HepB):** All children and adolescents who have not been vaccinated against hepatitis B should begin the hepatitis B vaccination series during any visit.
- Measles, mumps, and rubella vaccine (MMR):** The second dose of MMR is recommended routinely at age 4-6 years, but may be given earlier if desired. New York State Regulation requires the second dose of MMR on or after 15 months of age to meet requirements for school attendance.

- Haemophilus influenzae type b (Hib) conjugate vaccine:** Vaccine generally is not recommended for children aged ≥5 years.
- Hib:** If current age is <12 months and the first 2 doses were PRP-OMP (PedvaxHIB® or ComVax® [Merck]), the third (and final) dose should be given at age 12-15 months and at least 8 weeks after the second dose.
- Pneumococcal conjugate vaccine (PCV):** Vaccine generally is not recommended for children aged ≥5 years.
- Tetanus and diphtheria toxoids (Td):** For children aged 7-10 years, the interval between the third and booster dose is determined by the age when the first dose was given. For adolescents aged 11-18 years, the interval is determined by the age when the third dose was given.
- IPV:** Vaccine generally is not recommended for persons aged ≥18 years.
- Varicella vaccine (VAR):** Give 2-dose series to all susceptible adolescents aged ≥13 years.

Reporting Adverse Reactions

Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Events Reporting System (VAERS) at www.vaers.org or 800-822-7967 or call the NYC DOHMH at 212-676-2284/88.

Disease Reporting

Report suspected cases of vaccine-preventable disease to the NYC DOHMH Surveillance Unit at 212-676-2284/88; after hours call 212-POISONS.

**NYC DEPARTMENT OF HEALTH AND
MENTAL HYGIENE BUREAU OF IMMUNIZATION**

Citywide Immunization Registry (CIR) 212-676-2323
or www.nyc.gov/health/cir

Vaccines for Children Program (VFC) 212-447-8175

Immunization Disease (Case) Reporting 212-676-2284/88
after hours 212-POISONS

Vaccine Adverse Event Reporting 212-676-2284/88
or 1-800-822-7967
or www.vaers.org

Immunization Medical Consultation 212-676-2259

Perinatal Hepatitis B Program 718-520-8245

Adult Immunization Initiatives 212-676-2283

Public Health Education and Training 212-368-9600

Bureau of Immunization Hotline 212-676-2273

Bureau of Immunization – all other inquiries 212-676-2259

Immunization Home Page
www.nyc.gov/html/doh/html/imm/immprog.shtml

For all other DOHMH inquiries:
Providers should call 866-NYC-DOH1

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