



NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE

Michelle Morse, MD, MPH

*Acting Commissioner*

December 9, 2024

Dear Provider:

This is an update on influenza activity, the availability and distribution of seasonal flu vaccine, respiratory syncytial virus (RSV) activity, and information on RSV immunization products.

**Influenza activity and flu vaccines**

Influenza activity is continuing to increase but remains low nationally. In New York City (NYC) it also remains low, though increasing. For the week ending November 30, 2024, 1,504 specimens taken from NYC residents and reported to the NYC Department of Health and Mental Hygiene were positive for influenza, which is a 54% increase from the previous week (which was a 58% increase from the week prior to that one). Influenza-like illness visits were 5% of all weekly visits. During that same week ending November 30, 2024, there were no influenza outbreaks reported from long-term care facilities in NYC, though season to date there have been two. There were no influenza-associated pediatric deaths reported. Flu vaccine administration should still be a high priority at your facility. If you have not yet ordered flu vaccine, you should do so immediately. As of November 2, 2024, vaccine manufacturers have distributed over 134 million doses of the 148 million doses of flu vaccine that they expect to distribute nationally for use during the 2024-2025 season.

In NYC we have been allocated almost all the flu vaccine that we pre-booked for the Vaccines for Children (VFC) program, and 63% of this vaccine has been shipped to facilities. Facilities will receive partial shipments until their orders have been completely shipped. Fluzone® (IIV3 [Sanofi]), Flulaval® (IIV3 [GSK]), and FluMist® (LAIV3 [AstraZeneca]) are in good supply; Flucelvax® (ccIIV3 [Seqirus]), which was only available through the VFC program in a limited supply, is no longer available via VFC.

As of November 22, 2024, 95% of VFC providers have ordered flu vaccine. If you need help with your VFC flu order, please call (347) 396-2489. Please do not allow your facility to run out of vaccine; if you need vaccine, please revise your order in the [Online Registry](#) before your inventory gets too low. There is a replacement program for expired/expiring FluMist® supplied by VFC; please see attached for more information and instructions.

Compared with the 2023-2024 influenza season, there has been a 2.1% increase in the number of NYC children who have received at least one flu vaccine dose since the beginning of the 2024-2025 season. There has been a 4.5% increase in the number of NYC adults 19 years and older that have received at least one flu vaccine dose (that was reported to the Citywide Immunization Registry [CIR]), compared to the same period in the 2023-2024 season. Take every opportunity to identify patients who still need their flu vaccine, using [CIR tools](#), and bring them into your office as soon as possible for vaccination. Use all evidence-based strategies to increase flu vaccine uptake in your facility; for example, have the option for vaccination-only visits, evening and weekend hours, and vaccination clinics. Strategies for increasing immunization coverage can be found on the [American Academy of Pediatrics website](#).

Influenza viruses and the virus that causes COVID-19 are both circulating. We would like to remind you that COVID-19 vaccine, including the 2024-2025 formulation, and the flu vaccine can be administered at the same visit for those eligible to receive both vaccines.

We would also like to remind you that the Centers for Disease Control and Prevention (CDC) continues to preferentially recommend the use of higher-dose, adjuvanted, or recombinant flu vaccines over standard-dose unadjuvanted flu vaccines for people 65 years and older. The preference applies to Fluzone High-Dose (HD-

IIV4 [Sanofi]), Fludac® (aIIV4 [Seqirus]), and Flublok® (RIV4 [Sanofi]) flu vaccines. If none of these formulations is available at an opportunity for vaccine administration, then any other age-appropriate flu vaccine should be administered. In addition, it is no longer recommended that persons who have had an allergic reaction to egg involving symptoms other than urticaria should be vaccinated in an inpatient or outpatient medical setting supervised by a health care provider who is able to recognize and manage severe allergic reactions; egg allergy alone, regardless of severity, necessitates no additional safety measures or specific vaccination products. All vaccines should be administered in settings in which personnel and equipment needed for rapid recognition and treatment of acute hypersensitivity reactions are available.

**RSV activity and RSV immunization products**

RSV activity is elevated and increasing in NYC. Clinical guidance on immunization products that prevent RSV infection is available [here](#). There is currently a good supply of the monoclonal antibody product (nirsevimab [Beyfortus® (Sanofi)]) for infants and young children that we distribute via the VFC program.

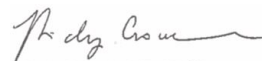
If you provide care to infants in the outpatient setting during RSV season, be sure to determine if that infant received nirsevimab—or if their pregnant parent received Abrysvo® (RSVpreF [Pfizer]) between 32 and 36 weeks' gestation and the infant was born at least 14 days after Abrysvo administration—and to administer nirsevimab if needed. If you cannot find evidence of nirsevimab administration in the infant's electronic health record (EHR), look in the CIR, in both the infant's and the pregnant parent's records to see if either Abrysvo or nirsevimab was given.

If you provide prenatal care, please remember to report to the CIR all doses of Abrysvo administered to pregnant persons so that those health care providers taking care of newborns can determine the need for immunization of the infant. Immunization of persons  $\geq 19$  years of age may be reported to the CIR with oral or written consent from the patient.

Abrysvo administration to pregnant people should continue to January 31; nirsevimab administration to infants and young children should continue until March 31.

For questions on flu vaccine, other than those pertaining to your VFC order, and on RSV immunization products, please call (347) 396-2400 or email [nycimmunize@health.nyc.gov](mailto:nycimmunize@health.nyc.gov). We thank you for your continuing efforts in protecting NYC residents from influenza and RSV.

Sincerely,



Bindy Crouch, MD, MPH  
Assistant Commissioner  
Bureau of Immunization

**FluMist® Replacement Program for CDC 2024-25  
Season**

**How the FluMist® Replacement Program for CDC works:**

1. Contact the FluMist® Replacement Program for CDC by e-mail ([flumistreplacement@mckesson.com](mailto:flumistreplacement@mckesson.com)) or phone (1-877-633-7375) and provide the number of doses you need replaced, how many boxes you will need shipped, and your Provider Identification Number (PIN).
2. Follow all instructions as provided by McKesson Specialty Health (“MSH”) to send the expiring doses to the MSH Distribution Center.
3. Pack the expired/expiring doses as instructed by MSH and have them ready to ship or be picked up by the carrier the following business day. Expired doses of FluMist® do not have to be returned cold.
4. Doses will be replaced in increments of 10. Therefore, the minimum number of doses that can be replaced is 10 doses. Doses from multiple eligible lot #'s can be used to achieve a multiple of 10.
  - a. Doses received that are less than a multiple of 10 will be rounded down to the nearest 10.
5. Once the doses arrive at the MSH distribution center they will be validated against your initial request.
  - a. If the doses received match the request, replacement doses will ship within 72 business hours.
6. If the doses received are in excess of the request, only replacements doses that were initially requested will be shipped within 72 business hours.
  - i. Additional doses received in excess of the request will not be replaced.
7. If the doses received are less than requested, only the doses received (rounded down to the nearest multiple of 10) will be replaced.
8. Requests for replacement of expiring doses may be made no more than 15 days prior to the expiration date stamped on the sprayer.
9. Requests can be made starting at 7am CST on Monday, December 2, 2024, through Friday, January 31, 2025 at 7:00pm CST.
10. All expired/expiring doses must be received by McKesson by Saturday, February 15, 2025. Replacement product will not be shipped until expired/expiring doses are received.
  - a. Any doses received after February 15, 2025 will not be replaced.

**Eligibility Guidelines:**

- Doses must have been purchased on the CDC contract. Private doses are not eligible for the FluMist® Replacement Program for CDC.
- Product expiration date must be on or before February 2, 2025.
- **AstraZeneca will replace expired doses of FluMist® while supplies last.**

**Important Dates to Remember:**

Important Dates to Remember	
Monday, December 2, 2024	First day to make replacement requests
No more than 15 days prior to the expiration date	Requests to replace expiring doses can be made
Friday, January 31, 2025	Last day to make replacement requests
Thursday, February 15, 2024	All expired doses must be received at MSH Distribution Center for replacement

**Contact Information:**

FluMist® Replacement Program for CDC	1-877-633-7375 flumistreplacement@mckesson.com
Hours of Operation	7 am-7 pm CST Mon-Fri