NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Michelle Morse, MD, MPH
Acting Health Commissioner

November 25, 2025

Dear Colleague,

Pertussis, COVID-19, seasonal influenza (flu), and respiratory syncytial virus (RSV) are currently circulating in New York City.

- Nationally, cases of **pertussis** have been trending down since a peak in November 2024, but preliminary case reports remain elevated nationwide in 2025 compared to prior to the COVID-19 pandemic. Pertussis does not have a definitive seasonal pattern.
- **COVID-19**, **flu**, and **RSV** typically increase during the late fall and winter months, but timing can vary, and COVID-19 has increased at other times of the year as well.

The table below summarizes prevention, diagnosis, and treatment guidance for these common respiratory pathogens.

Immunization against pertussis, COVID-19, flu, and RSV remains the best way to protect people against severe disease. Assess all individuals for their vaccination status at every office visit using your electronic health record and the Citywide Immunization Registry. Strongly recommend vaccination and co-administer vaccines whenever possible. Co-administration is safe, effective, and convenient. If you do not offer vaccination, refer people to the NYC Health Map at nyc.gov/health/map to find a vaccination site. Continue to promote other prevention measures, such as masking, especially for those at (or people spending time with those at) increased risk for severe disease.

Diagnostic tests for pertussis, COVID-19, flu, and RSV are available to guide clinical decision-making and appropriate treatment for people with clinically compatible symptoms or a recent exposure. Diagnostic tests should be considered regardless of an individual's vaccination history. Timely assessment is critical for preventing severe outcomes, and these infections can be difficult to distinguish based on clinical symptoms alone.

Treatment can prevent progression to severe disease from pertussis, COVID-19, and flu. Treatment is especially important for people with circumstances or conditions that put them at higher risk of serious complications (such as infancy, older age, frailty, immunocompromise, pregnancy, and certain underlying medical conditions).

Thank you for being on the front lines of public health in our city.

Sincerely,

Toni Eyssallenne, MD, PhD
Deputy Chief Medical Officer
Acting Deputy Commissioner
Center for Health Equity and Community Wellness

Table: Prevention, Diagnosis, and Management of Respiratory Illnesses

	Prevention	Initial diagnostic testing	Treatment	Isolation	Post-exposure prophylaxis
Pertussis	• Routine vaccination for children and adults • See CDC MMWR: Prevention of Pertussis, Tetanus, and Diphtheria with Vaccines	Molecular assay (e.g., PCR): • Nasopharyngeal swab • In-house or commercial lab	Antibiotic treatment: Consider treating prior to test results if high suspicion or household members are at risk of severe disease. See CDC MMWR: Recommended Antimicrobial Agents for Pertussis (Table 4).	Isolation for confirmed infection: • Stay home until completed course of antibiotics	Antibiotic prophylaxis: Household contacts and other high-risk, close contacts (infants, pregnant people, immunocompromised people). See CDC MMWR: Recommended Antimicrobial Agents for Pertussis (Table 4).
COVID-19	Everyone ages 6 months and older can benefit from an updated COVID-19 vaccine. Vaccination is especially important for adults ages 65 and over; children 6 to 23 months old; people who are pregnant or postpartum; and people with an underlying condition that increases risk for severe COVID-19 See NYC Health: COVID-19: Vaccine Information for Providers Pre-exposure prophylaxis available with Pemgarda (pemivibart), a monoclonal antibody under Emergency Use Authorization, for some people with moderate or severe immunocompromise; does not replace COVID-19 vaccination	Antigen detection or molecular assay (e.g., PCR): • Nasal or nasopharyngeal swab, aspirate or wash, oropharyngeal swab, saliva (depending on test and individual's age) • May be included in respiratory virus panel • Self-test, point of care, in-house, commercial lab	Antiviral treatment: • For severe illness and those at risk for severe disease • Start as soon as possible within 5 to 7 days (depending on the medication) of symptom onset • Patient support programs are available for eligible people to receive low- or no-cost antiviral medication, though some programs may be time limited • See NYC Health: COVID-19 Outpatient Therapeutic Information for Providers	Isolation for symptoms: • Stay home for at least 24 hours until there is no fever without fever-reducing agents and other symptoms are improving • After isolation, continue other precautions for the next 5 days, including wearing a well-fitting mask • People who test positive but are asymptomatic do not need to isolate but should take precautions, including masking, to prevent spread • See NYC Health: COVID-19 - When You are Sick	None
Seasonal influenza (flu)	• Annual vaccination for everyone ages 6 months and older • See NYC Health: 2025-2026 Seasonal Flu Vaccination Letter	Same as for COVID-19	Antiviral treatment: For confirmed or suspected flu in people with severe illness or at risk for severe disease. Start as soon as possible, ideally within 2 days of symptom onset. See IDSA: Influenza Clinical Management.	Same as for COVID-19	Antiviral prophylaxis: Particularly for people at increased risk for severe disease and residents of congregate settings. See IDSA: Influenza Clinical Management.
Respiratory syncytial virus (RSV)	• One-time vaccination for all adults ages 75 and over as well as adults ages 50 to 74 with a risk factor for severe disease • To protect infants, one-time vaccination for pregnant people or monoclonal antibody for infants and high-risk young children • See NYC Health: RSV Information for Providers	Same as for COVID-19, except no self-test available	Supportive care	Same as for COVID-19	None

Abbreviations: IDSA: Infectious Diseases Society of America, PCR: polymerase chain reaction