



NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE

Michelle Morse, MD, MPH

*Acting Commissioner*

February 12, 2025

Dear Provider:

Influenza, the respiratory syncytial virus (RSV), and the virus that causes COVID-19 continue to circulate. This is an update on influenza activity, the availability and distribution of seasonal flu vaccine, RSV activity, and information on RSV immunization products.

### **Influenza activity and flu vaccines**

Influenza activity remains elevated and continues to increase across the country. In New York City (NYC) it is also elevated and increasing. For the week ending February 1, 2025, 22,254 specimens taken from NYC residents and reported to the NYC Department of Health and Mental Hygiene were positive for influenza, which is a 4% increase from the previous week (which was a 4% decrease from the week prior to that one). Influenza-like illness visits were 13% of all weekly visits. During that same week ending February 1, 2025, there were 11 influenza outbreaks reported from long-term care facilities in NYC; season to date there have been 82 outbreaks. There were two influenza-associated pediatric deaths reported during that week; season to date, there have been three influenza-associated pediatric deaths in NYC.

CDC performs genetic and antigenic characterization of U.S. influenza viruses submitted from state and local public health laboratories. The A(H1N1)pdm09, A(H3N2), and B/Victoria-lineage influenza viruses characterized were well-recognized by ferret antisera to the respective components in this season's cell and recombinant-based flu vaccines.

In NYC we have been allocated all the flu vaccine that we pre-booked for the Vaccines for Children (VFC) program, and 70% of this vaccine has been shipped to facilities. Fluzone® (IIV3 [Sanofi]) and Flulaval® (IIV3 [GSK]) are in good supply; Flucelvax® (ccIIV3 [Seqirus]) and FluMist® (LAIV3 [AstraZeneca]) are no longer available.

As of February 7, 2025, almost all 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.

Compared with the 2023-2024 influenza season, there has been a 0.4% decrease 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 3.6% 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](#).

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]), Fluad® (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, 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**

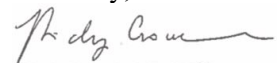
RSV activity is decreasing in NYC. Clinical guidance on immunization products that prevent RSV infection is available [here](#). The recommendation for nirsevimab administration to infants and young children is through March 31 each year. Administration of RSVpreF (Abrysvo™) vaccine to pregnant women in order to prevent RSV in infants is no longer recommended this season (the recommendation is for administration only from September through the end of January each year).

Ordering for nirsevimab distributed via the VFC program will end for the current RSV season on February 28, 2025. Unexpired product that you have in your VFC or private supply can be used during the next RSV season which, for purposes of infant and young children immunization, will start on October 1, 2025.

If you provide care to infants in the outpatient setting through March 31, be sure to determine if that infant received nirsevimab—or if their mother received Abrysvo 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 mother's records, to see if either Abrysvo or nirsevimab was given. If you do not find evidence of RSV immunization, or if Abrysvo was administered fewer than 14 days before the infant was born, administer nirsevimab to the infant.

For questions on flu vaccine or on RSV immunization products, other than those pertaining to your VFC order, 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