NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Alister F. Martin, MD, MPP
Commissioner

March 19, 2026

Dear Provider:

This update provides key information about respiratory syncytial virus (RSV), influenza, and COVID-19 activity and immunization coverage in New York City (NYC) and summarizes immunization guidance. As a reminder, co-administration of RSV, flu, and COVID-19 vaccines for those eligible to receive all three is safe, effective, and convenient.

Vaccines for Children (VFC) supply for RSV, flu, and COVID-19 immunization products is currently adequate to meet demand.

NYC respiratory illness data on cases, emergency department visits, and deaths, including demographic breakdowns, are available here.

RSV

RSV activity in NYC is elevated, though laboratory-reported cases and emergency department visits that had RSV diagnoses have started to show a slightly downward trend over the past few weeks.

- **This year's increase in NYC started later than the past two years,** aligning with trends seen in other localities in the U.S., and activity may remain elevated through April.
- **The NYC Health Department recommends continuing monoclonal antibody (mAb) administration beyond the typical end date of March 31 to protect infants from the ongoing risk of illness.**
- **Ordering through the VFC program will be available beyond March 31.**
- We will notify you when VFC ordering of mAb is no longer available and mAb administration is no longer recommended for the season.

If you provide care to infants in the outpatient setting during RSV season, determine if:

- The infant received nirsevimab (Beyfortus, Sanofi) or clesrovimab (Enflonsia, Merck); or
- Their parent received Abrysvo (RSVpreF, Pfizer) during pregnancy between 32 and 36 weeks' gestation and the infant was born at least 14 days after administration.

If you cannot find evidence of nirsevimab or clesrovimab administration in the infant's electronic health record, check the CIR for evidence of RSV immunization in both the infant's and the pregnant parent's records. Administer nirsevimab or clesrovimab if needed.

Eligible older adults (those 75 years of age and older and those 50 through 74 years of age with a risk factor for severe disease) can get an RSV vaccine at any time. Older adults should receive a single, lifetime dose.

RSV immunization guidance for NYC providers is available here.

Influenza

Influenza activity peaked in mid-December and is now near baseline:

- **It is still too early to know if influenza activity will remain low or peak again this winter/spring.**
- Seven influenza-associated pediatric deaths in NYC have been reported this season.

Flu vaccination coverage for children 6 months to 18 years has decreased by 6.4% compared with the 2024-2025 season at this time, according to data from the Citywide Immunization Registry (CIR).

The number of doses of flu vaccine administered to adults ≥19 years and reported to the CIR is 3.4% higher this season, compared with the 2024-2025 season at this time.

- The number of doses administered to individuals ≥65 years is 6.3% higher this season.

Flu vaccine administration should still be a high priority at your facility:

- Identify patients who still need their flu vaccine and offer an appointment as soon as possible; CIR tools are available to assist.

For adults ≥65 years of age, higher-dose, adjuvanted, or recombinant flu vaccines are preferred over standard-dose unadjuvanted flu vaccines. Products preferred for this age group include Fluzone High-Dose (HD-IIV3, Sanofi), Fluad (aIIV3, Seqirus), and Flublok (RIV3, Sanofi). If none of these formulations are available, administer any other age-appropriate flu vaccine. Do not miss an opportunity to vaccinate.

COVID-19

COVID-19 continues to circulate in NYC, though emergency department visits have been stable over the past few weeks.

- Children under 5 years of age account for the largest share of emergency department visits for COVID-19
- COVID-19 typically has bimodal increases during late fall/winter and summer.
- Individuals ≥65 years should get their second 2025-2026 COVID-19 vaccine dose six months after their first dose, with a minimum interval of two months between doses (or three months if first dose was mNexspike).
- Currently sequenced SARS-CoV-2 viruses have still been descendants of JN.1, and the 2025-2026 COVID-19 vaccines are JN.1 lineage-based.

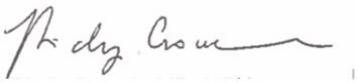
COVID-19 vaccine coverage for children, as well as the number of COVID-19 vaccine doses administered to adults, are lower this year compared with the same time last year:

- Coverage for children 6 months to 18 years has decreased by 38.2%.
- The number of doses administered to adults ≥19 years and reported to the CIR has decreased by 25.9%.
- Data are based on the CIR.

COVID-19 vaccine guidance for NYC providers is available here.

For questions, email nycimmunize@health.nyc.gov or call 347-396-2400. Thank you for your continuing efforts to protect New Yorkers from RSV, influenza, and COVID-19.

Sincerely,



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