



Testimony

of

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before the

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Committee on Health

and

Committee on Hospitals

on

COVID-19 Vaccines

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Good morning Chairs Levine and Rivera, and members of the committees. I am Dr. Dave Chokshi, Commissioner of the New York City Department of Health and Mental Hygiene. Thank you for the opportunity to testify today and provide an update on the City's plan for distribution of COVID-19 vaccine to New Yorkers. I am joined today by my Health Department colleague, Dr. Jane Zucker, Assistant Commissioner for the Bureau of Immunization, Dr. Andrew Wallach, Ambulatory Care Chief Medical Officer at NYC Health + Hospitals and Chief Medical Officer of NYC Test and Trace Corps, and Dr. Lee D. Fiebert, Senior Assistant Vice President Business Operations at NYC Health + Hospitals.

Local health departments play a critical role in vaccinating the public against communicable diseases, and the New York City Health Department has long held expertise in vaccination efforts. In 1947, we led the first citywide vaccination campaign – the effort to eradicate smallpox – and established the foundational infrastructure needed for mass vaccination that still exists today. Over the years, our agency has adapted our vaccination efforts for everything from seasonal influenza to the routine immunization of children and adults against diseases such as hepatitis A and B, measles, mumps, rubella, HPV and chicken pox to emerging threats like H1N1 and now COVID-19. The Department's expert immunization team works year-round to increase New Yorkers' access to vaccination services, with a focus on equity and reducing disparities. It is an everyday miracle that New Yorkers regularly receive vaccinations and are protected against disease and public health threats that, some time ago, were simply not preventable.

It is with this foundational expertise that the Health Department has approached the unprecedented vaccination planning effort for both seasonal influenza and COVID-19 this year. We began planning for both this spring. Knowing that the COVID-19 virus would still be spreading during influenza season, it was more critical than ever to increase our seasonal influenza vaccination numbers. To achieve these historic vaccination rates, the Health Department launched a citywide campaign to encourage New Yorkers to get their flu shot and has worked with partners to expand vaccine activities across the city. As our media campaign says, this year's flu vaccine could be the most important one you ever get. And New Yorkers have answered our call. To date, we have seen a remarkable increase in flu vaccination coverage among New Yorkers – from July through the end of November, there was a 35% increase in the number of adults who received the vaccine compared to the same period last year, and a 7% increase for children. We are working with NYC Health + Hospitals, community health centers, community-based organizations, urgent care centers, and are offering flu vaccine at several COVID-19 testing sites. The Health Department also launched a new program this year to deploy teams of community vaccinators throughout the city to meet New Yorkers where they are – including at popup vaccination events, pharmacies, and houses of worship. This work will continue throughout the coming months as we reach peak influenza season – it's never too late to get your flu shot.

Simultaneously, the Health Department has been hyper-focused on preparing for a COVID-19 vaccine, and we have been working with our State and Federal partners to prepare for phased and equitable distribution. Once available widely, vaccines can be one of our most critical tools in preventing the spread of COVID-19. Preliminary information from the vaccine manufacturers suggests that at least two vaccines will likely be available in the United States soon, both will require two doses, and preliminary studies have indicated that they are safe. I will be up front – these are new vaccines for a new disease, and there is still a lot that we do not know – such as when there will be authorization by the Food and Drug Administration, how long protection lasts, and how often people will need to get vaccinated – but we remain optimistic that a vaccine may be authorized and become available as soon as mid-December.

After a vaccine is authorized, it will be distributed in phases to groups of people based on their risk of COVID-19 exposure and severity of illness if exposed. While these phase designations are still being determined by federal and state governments, the first category of people to receive the vaccine will likely be high-risk health care workers as well as staff and residents of long-term care facilities such as nursing homes. High-risk health care workers include those who are taking care of COVID-19 patients, such as emergency department and intensive care unit clinicians, or non-clinical staff working in areas of a facility where there are COVID-19 patients. Distributing to these individuals first will help reduce the burden of transmission and mortality and will ensure the protection of our critical health care workforce as they continue to treat patients infected with the virus. We expect initial allocation of vaccine to be made available as early as December 15th, and to be distributed initially to hospitals throughout the City who have capacity for ultracold storage, which is required for the Pfizer vaccine. High risk hospital staff will receive vaccines from this initial distribution. The Health Department is prepared to stand up and operate temporary sites exclusively for vaccination of emergency medical services (EMS) personnel, who will also be included in the first few weeks of vaccination. Additionally, the Centers for Disease Control is operating a program in partnership with pharmacies to bring vaccination to long-term care facilities throughout the country. Through this program, providers from CVS and Walgreens will bring vaccine and needed supplies to long-term care facilities in order to vaccinate both residents and staff. We are working with New York State to align on a start date for this program, which also depends on vaccine allocation for New York City.

The vaccine will likely next be available to essential workers who interact with the public and are not able to physically distance, followed by people at high risk of complications from COVID-19 because of their age or underlying medical conditions. Once there are enough vaccine doses available for widespread distribution, doses will be made available to all New Yorkers, though this will likely not be until mid-2021 depending on supply and availability. The Health Department has been working closely with healthcare providers in New York City to prepare for a forthcoming vaccine distribution. This has included sharing information on what we know about vaccine trials, timelines and anticipated logistics for a campaign. We

are also enrolling healthcare providers in the Citywide Immunization Registry, which allows the Health Department to track doses and vaccinations across healthcare providers within the City. We are additionally prepared to launch sites across the City in coordination with our emergency response partner agencies to offer vaccinations, ensuring access and availability citywide.

The COVID-19 vaccination effort will be the largest in the City's history. As we receive more information from the federal government, the Health Department continues to plan for vaccine distribution, building on the Department's existing infrastructure; and incorporating lessons learned from H1N1, last year's measles outbreak, and annual flu vaccination programs. The staff working on this effort bring a range of expertise to the team, including vaccine distribution, allocation and accountability, health care provider and public communications, community partner engagement, congregate setting support, health care system support, and field operations. We are also coordinating across the Administration, working closely with our sister agencies and the Mayor's Office to leverage all of the city's resources. As is the case across our work, our COVID-19 vaccination planning is rooted in evidence and equity and informed by individuals and advocates from the many communities we serve.

Behind the scenes, we have been working steadily over the past several months to enhance, innovate, and reinforce the robust infrastructure for vaccine distribution in New York City in order to ensure that it is ready to safely serve all New Yorkers. This includes working with health care providers and pharmacies to enroll them in the Citywide Immunization Registry, making sure they have completed the federally required CDC Provider Agreement, and providing technical assistance for storage and handling capacity across hospitals. We will deploy the vaccine through these channels, so it is vital that providers and other partners have both the resources and information they need and have a trusted relationship with the Health Department. In addition to gathering vital information needed to prepare logistics for distribution, we recently conducted a successful end-to-end delivery test in partnership with the CDC and BronxCare. We are also actively assessing New Yorkers' willingness to receive a COVID-19 vaccine, reasons for wanting or not wanting to be vaccinated, and preferred places for vaccination. These insights inform our distribution planning with providers and facilities and will help shape our outreach and messaging related to the vaccine.

It is more important now than ever that government be transparent, equitable, and ensure reach of information and resources to all communities. We have learned this lesson through decades of public health experience, but the past 10 months has further transformed how government must communicate with the public. To put it plainly, we need New Yorkers to trust us. Trust is an essential ingredient of turning a vaccine into a vaccination – and this begins with ensuring we are worthy of the public's trust. In some communities – specifically the Black community – this trust will be hard won due to decades of systemic racism. It will be challenging and we will need the support of community partners in order to be successful.

Listening to community input and welcoming collaboration will be central to our understanding of where New Yorkers believe vaccination should occur, whom New Yorkers trust to share vaccine information, and how vaccines should be distributed. We plan to leverage our existing mechanisms for community collaboration, such as our Health Opinion Polls, Community Advisory Boards, and New York Academy of Medicine public deliberation, and are establishing additional partnerships with community-based leaders and organizations in neighborhoods that experience greater barriers to vaccination. Within our agency, we have developed a Vaccine Equity Plan, focused on addressing equitable access, uptake and outcomes, to guide our work in the coming months.

Furthermore, the Health Department is committed to reaching New Yorkers in multiple languages and in ways that will most effectively deliver a trustworthy and relevant message about the safety and value of this vaccine. We recently launched our COVID-19 vaccine webpage, which we will keep updated with the latest information about vaccine approvals and distribution. This will include transparent and credible communication about the phased distribution of vaccines, where and when vaccinations will be available to New Yorkers, and which New Yorkers will be eligible to receive vaccinations during each phase. And in the coming weeks and months, we will launch citywide media campaigns across multiple platforms to deliver these messages. We will adjust our communication strategies based on feedback from our partners and the public and as new information becomes available.

New Yorkers have become more familiar with key public health terms this year – percent positivity, epidemiological curves, incidence rates – so I will take this moment to explain yet another core public health concept: the difference between individual and population impact with regard to vaccine. When vaccination begins for these priority groups of people, it will have an *individual benefit*, meaning the vaccine will reduce the risk of those individuals becoming infected if exposed. Only in later months of broader distribution – if sufficient numbers of people get vaccinated – will we likely begin to see the *population-level benefits* of the vaccine, such as significant reductions in community transmission and protection of those who cannot get vaccinated due to a medical condition. While the vaccine is a light at the end of the tunnel, it will be important for New Yorkers to continue to follow prevention strategies to stop the spread of COVID-19 even once a vaccine becomes available and even after they have been vaccinated.

I implore all New Yorkers to remain vigilant and continue using the prevention tools that we all have on hand – staying home if sick or exposed to someone with COVID-19, practicing hand hygiene, wearing a face covering, and keeping physical distance from others. These simple strategies – in combination with testing and contact tracing – enable us to control transmission of COVID-19 in our communities, flatten the curve, and protect ourselves and our loved ones.

I want to thank Chairs Rivera and Levine for holding this hearing today and for being committed partners in the effort to stop the spread of COVID-19. I am happy to answer any questions.