August 20, 2021

Dear Colleague,

The New York City (NYC) Department of Health and Mental Hygiene (Health Department) would like to inform you that the initial distribution of seasonal flu vaccine for the 2021-2022 season has begun. As influenza and COVID-19—especially its variants—are expected to cocirculate this year, you should use every opportunity to administer flu vaccine to all your patients to reduce the burden of respiratory illnesses and protect populations at increased risk for severe illness.

The Advisory Committee on Immunization Practices (ACIP) continues to recommend that all people 6 months of age and older receive an annual flu vaccine. Please vaccinate all your patients and staff, especially those at high risk for severe disease and complications from influenza, including children less than 5 years of age, people with underlying chronic medical conditions, pregnant patients, and people age 65 and older. During this year’s flu vaccination campaign, providers should also strongly recommend COVID-19 vaccination to all patients 12 years of age and older. Providers offering both vaccines should co-administer flu and COVID-19 vaccines. Providers not offering vaccination should provide information on where their patients can get vaccinated.

The Centers for Disease Control and Prevention (CDC) recommends starting flu vaccination in September for adults, particularly older adults; vaccination during July and August should be avoided unless there is concern that later vaccination might not be possible. Vaccination in August may be considered for people who are in their third trimester of pregnancy, as vaccination has been shown to reduce the risk of influenza in their infants during the first months of life (a period during which they are too young to receive influenza vaccine). Children who require two doses of flu vaccine should receive their first dose as soon as possible to allow the second dose to be received no later than the end of October. Children who require only one dose may be vaccinated as soon as vaccine is available, as there is less evidence to suggest that early vaccination is associated with waning immunity among children as compared with adults. Continue to offer vaccination for as long as influenza viruses are circulating, through spring 2022 or later; NYC has had second influenza outbreaks as late as May.

**Vaccines for Children (VFC) Program**
The Health Department is now accepting Vaccines for Children (VFC) flu vaccine orders; all VFC orders must be placed electronically, using the Citywide Immunization Registry (CIR), at nyc.gov/health/cir. After logging into the CIR, click on the Vaccine Inventory Management (VIM) icon and select the Order Influenza tab. **Please submit an order for all the flu vaccine you will need for the entire 2021-2022 season.**

Fluzone® (Sanofi Pasteur), Flulaval® (GSK), Fluarix® (GSK) are all licensed for use in patients 6 months and older. The following presentations can be used for all children 6 months of age or older: 0.5 mL single-dose pre-filled syringes and 0.5 mL single-dose vials of Fluzone, 0.5 mL single-dose pre-filled...
syringes of Flulaval, and 0.5 mL single-dose pre-filled syringes of Fluarix. When placing your VFC order, indicate the total amount of inactivated flu vaccine needed to vaccinate your 6 months through 18-year-old patient population. Your facility may receive any of the above products, depending on availability, and they are to be considered equivalent. FluMist® (live-attenuated influenza vaccine quadrivalent [LAIV4] [AstraZeneca]) is one of the recommended flu vaccines and can be used in children 2 through 18 years of age. The ordering screens will have a separate line to indicate the total number of FluMist vaccine doses you want to receive for the 2021-2022 season.

The VFC ordering tool is designed to help ensure that all your VFC-eligible population is properly immunized against influenza. The recommended order quantity column is an estimate of the **minimum** number of flu vaccine doses your site needs for the 2021-2022 influenza season. Please use these recommendations as a guide when ordering your flu vaccine. It is not required that you order the recommended amount — you can order more or less. You also can adjust your order in the Online Registry during the season, as needed. Flu vaccine is not included in your practice’s doses administered report (DAR) calculation, so you will not be penalized for any unused vaccine. We expect to be able to supply you with enough flu vaccine to immunize all your VFC-eligible patients; however, as in the past, you will receive partial shipments until your order is filled. The amount of and timing when vaccine will be shipped will depend on flu vaccine availability to the NYC VFC program. You will be able to track your flu vaccine shipments in the Online Registry. Please order more vaccine if you see that you are about to run out.

If you need assistance with submitting your order or have questions, email nycimmunize@health.nyc.gov or call the VFC program at 347-396-2489. We expect demand to be high this year due to the possible cocirculation of COVID-19 and increased vaccine promotion campaigns. The Health Department has secured additional VFC flu vaccine in anticipation of high demand and because more children may be eligible for the VFC program now. We expect to have sufficient vaccine to meet this demand due to the supplemental vaccine we will be receiving.

**Influenza Updates for the 2021-22 Season**

For the 2021-2022 season, flu vaccines are available only in the quadrivalent formulation. Inactivated influenza vaccine (IIV4) and LAIV4 egg-based vaccine contain A/Victoria/2570/2019 (H1N1)pdm09-like virus (**updated**); A/Cambodia/e0826360/2020 (H3N2)-like virus (**updated**); B/Washington/02/2019 (Victoria lineage)-like virus; and B/Phuket/3073/2013 (Yamagata lineage)-like virus.

Cell culture-based influenza vaccine (ccIIV4) and recombinant influenza vaccine (RIV4) contain A/Wisconsin/588/2019 (H1N1)pdm09-like virus (**updated**); A/Cambodia/e0826360/2020 (H3N2)-like virus (**updated**); B/Washington/02/2019 (Victoria lineage)-like virus; and B/Phuket/3073/2013 (Yamagata lineage)-like virus.

In all flu vaccines (IIV4, LAIV4, ccIV4, RIV4), the A/H1N1 and A/H3N2 strains were updated from last season’s formulations to better match circulating strains. Administer any licensed, age-appropriate influenza vaccine (IIV4, ccIV4, RIV4, or LAIV4).

There is a new age indication for ccIV4 (Flucelvax® [Seqiris]): it can now be used for ages 2 years and older.
For the 2021-2022 influenza season, ACIP and CDC supports the use of any age-appropriate, licensed influenza vaccine; there is no preference for one vaccine over another, except for age recommendations and as noted in the paragraph below regarding FluMist).

ACIP guidance states that FluMist should not be used in patients with cochlear implants, active cerebrospinal fluid leaks, and anatomical or functional asplenia. In addition, due to newer antivirals having longer half-lives, insufficient data are available on the use of FluMist in the setting of antiviral use, other than Tamiflu.

As was the case during the last few influenza seasons, all children 6 months through 59 months of age enrolled in NYC Article 47 and 43 regulated child care, Head Start, nursery and prekindergarten programs must receive one dose of flu vaccine between July 1 and December 31 of each year. Although some children may need a second dose in order to comply with ACIP recommendations, that second dose will not be required for program attendance.

Flu Vaccination During the COVID-19 Pandemic

During the 2020-2021 influenza season, which occurred concurrently with the COVID-19 pandemic, rates of influenza were extremely low. There were no reported influenza-related deaths among children in NYC, and only one in the United States. Precautions taken during the pandemic, such as physical distancing and mask wearing, likely limited the spread of influenza. Relaxed mitigation measures could result in an increase in influenza activity during the 2021-2022 season as COVID-19 and influenza co-circulate.

CDC advises that providers use every opportunity to administer flu vaccines to all eligible persons, including:

- Essential workers: Health care personnel, including nursing home, long-term care facility, and pharmacy staff, and other critical infrastructure workforce.
- Persons at increased risk for severe illness from COVID-19: Including adults age 65 years and older, residents in a nursing home or long-term care facility, and people of all ages with certain underlying medical conditions. Severe illness from COVID-19 has disproportionately affected members of certain racial and ethnic groups. In NYC, Black and Hispanic New Yorkers have disproportionately carried the burden of severe illness from COVID-19.
- People at high risk for influenza complications: Including infants and young children, children with neurologic conditions, people who are pregnant, adults age 65 years and older, and other people with certain underlying medical conditions.

Flu vaccination should be deferred for people with suspected or confirmed COVID-19, regardless of the presence of symptoms to avoid exposing health care personnel and others. Providers should minimize the potential of COVID-19 transmission during all patient visits, including flu vaccination visits, and should wear gloves when giving FluMist because of the increased likelihood of coming into contact with a patient’s mucous membranes and body fluid. Use of an N95 or higher-lever respirator is not recommended since administration of FluMist is not considered an aerosol-generating procedure.
Providers should remove their gloves and wash their hands after administering FluMist or inactivated flu vaccine if the provider chooses to use gloves during the injection.

Per CDC guidance, COVID-19 vaccine may be administered at the same time as other vaccines, or any time before or after. No data are currently available concerning coadministration of the currently authorized COVID-19 vaccines and flu vaccines. Providers should be aware of the potential for increased reactogenicity with coadministration and should consult the CDC website for updated guidance as more information becomes available. If co-administered, COVID-19 vaccines and vaccines that might be more likely to cause a local reaction (e.g., adjuvanted inactivated [aIIV4] or high-dose inactivated [HD-IIV4]) should be administered in different limbs, if possible.

**Flu Vaccine Coverage**
The Healthy People 2030 goal for flu vaccine is 70% for all ages. In the 2020-2021 influenza season in NYC, flu vaccine coverage with at least one dose of flu vaccine for children age 6 through 59 months was 67% (as of June 30, 2021), compared to 77% in the 2019-2020 season; this 10 percentage point drop is likely due in large part to fewer children attending in-person day care during the pandemic with, subsequently, fewer children falling under the child care flu vaccine mandate. For children 5 through 8 years, the rate for the 2020-2021 season was 55%; for children 9 through 18 years the rate was 47% (data from the CIR).

Among people 18 years of age and older, 50% reported in the 2020 Community Health Survey that they received a flu vaccine; 70% of persons 65 years of age and older reported that they did. Non-Latino Black individuals reported significantly lower coverage, at 44%, than non-Latino White individuals (51%), Latinos (52%), and Asian/Pacific Islanders (57%).

**Vaccine Ordering for Non-VFC Eligible Children and Adults**
Most providers and facilities placed their flu vaccine orders back in February through April. If you need to order vaccine for non-VFC eligible children and adults, you should contact the vaccine manufacturers or distributors. For a list of vaccine manufacturers and distributors, visit izsummitpartners.org/ivats, which will soon be updated to reflect flu vaccines available this coming season. You will need to confirm product availability directly with vaccine manufacturers and distributors. Please note that New York State Public Health Law §2112, prohibits the administration of vaccines containing more than trace amounts of thimerosal to children younger than 3 years of age and to patients who know they are pregnant (pregnancy testing is not required prior to vaccination). Be sure to order enough of the preservative-free, single-dose presentations of flu vaccine to immunize all of these patients in your practice. In addition to the pediatric formulations listed above, the other non-VFC flu vaccine options for children 6 to 35 months of age is the 0.5 mL single-dose pre-filled syringes of Afluria (Sequiris).

**Vaccinating Children 6 Months Through 8 Years of Age**
In the 2021-22 season, the recommendation for flu vaccination of children 6 months through 8 years of age is unchanged: children in this age group who have not received two doses of flu vaccine prior to July 1, 2021, will require two doses, administered at least four weeks apart. The two previous doses do not need to have been given during the same season or consecutive seasons. If a child under 9 years of age has previously received two doses of flu vaccine, the child will need only one dose this season.
Using the CIR for Flu Vaccination Quality Improvement
You can run your own childhood flu vaccination report in the Online Registry so that you can track your coverage and identify patients who have not yet received their flu vaccine. The CIR also offers tools to send patients reminder-recall text messages for vaccines that are due. Reminder-recall, in combination with other evidence-based best practices, such as using standing orders, self-screening tools, and following the National Vaccine Advisory Committee Standards for Adult Immunization Practice, can help to ensure that your patients’ vaccinations are up-to-date.

To create reports, once you log onto the CIR, click on “Tools” in the top row, then “Standard or Flu Coverage Report.” In the middle of the page, you will see “Influenza Coverage Report.” Indicate which age groups you would like to run coverage for (you may choose all), then click “Continue” and your reports will run. The screen will direct you to where your reports are stored. When you find your report, click on “Done” in the last column of the row that contains your report. You will then be given the option to “Create Recall List,” which will create lists, labels and letters for you. If you wish to text message your patients due for flu or any other vaccine, click on “Recall” in the top row, then choose the combination “Recall,” “Custom,” “Text Message” and “One Time” or “Recurrent,” then click on “Continue.” You will be directed to the custom recall screen and given directions on completing your text-messaging job. We encourage you to implement quality improvement activities and strive to increase coverage over last year.

You are required to report all vaccine doses administered to children 18 years of age and younger. For your adult patients, we strongly encourage you to report vaccine doses administered to the CIR with your patients’ verbal or written consent. COVID-19 vaccination must be reported for all age groups; consent is not required. Report complete race and ethnicity data to enable monitoring of equity coverage goals. You can also check the CIR to see if your adult patients received flu vaccine at another location. The CIR consolidates immunizations across providers and, using all reported immunizations and provides decision support in determining which immunizations are due and when they should be administered.

Please make every effort to vaccinate all your patients, using evidence-based strategies to increase coverage rates. For current information about influenza, visit nyc.gov/flu. For questions on flu vaccine, other than those pertaining to your VFC order, call 347-396-2400 or email nycimmunize@health.nyc.gov. As always, we will send out updates throughout the season to keep you informed. We thank you for helping to protect NYC residents from influenza.

Sincerely,

Jane R. Zucker, MD, MSc
Assistant Commissioner
Bureau of Immunization
New York City Department of Health and Mental Hygiene