



**NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE**

Oxiris Barbot, MD
Commissioner

April 27, 2020

Dear Colleagues:

The coronavirus diseases 2019 (COVID-19) pandemic continues to have an impact on clinical preventive services, including immunization. Based on data from the Citywide Immunization Registry (CIR), vaccine doses administered to children have decreased dramatically since the second half of March.

Health care providers should maintain access to clinical services in environments that are safe for all. Our March 20 letter, available at <https://www1.nyc.gov/assets/doh/downloads/pdf/imm/vaccines-covid-19-032020.pdf>, details guidance for addressing well-child and sick visits while maintaining immunization services, and also addresses maintaining proper storage and handling of Vaccines for Children (VFC) vaccines. This current letter gives additional guidance.

For both children and adults, some strategies used by facilities to slow the spread of disease include postponing or cancelling nonurgent elective procedures and using telemedicine instead of face-to-face encounters when possible for routine medical encounters.

For clinics working with children, specific strategies include scheduling well visits in the morning and sick visits in the afternoon or on different days, or at least separating patients spatially if you see well and sick patients at the same time. Some providers may not be able to provide well visits to all patients in their practices. If that is the case, we encourage you to prioritize newborn care and vaccination of infants and young children (through 24 months of age) when feasible.

For facilities not able to provide immunization services to all or a portion of their patient population, make plans for how you will identify and bring patients in for missed immunizations once you are able to open and expand your services. There are several approaches and tools to help. One way is for facilities to keep track of cancelled appointments, or ones conducted via telemedicine, where vaccines were due, and set up new appointments once you are seeing patients in your office again or are very close to reopening. Another method, which can also be used in combination with rescheduling missed appointments, is for facilities to use Online Registry tools (go to nyc.gov/health/cir, then click on "Tools" at the top of the page) to create lists of patients missing immunizations. These lists can be customized by age and/or specific immunizations that are needed. After these lists are created, you can follow up with text messages and telephone calls. Consider immunization-only visits for patients who are overdue for vaccination, the use of physician assistants if authorized to immunize by the supervising physician, or non-patient-specific standing orders to allow nurses to administer vaccines without an order from a physician or nurse practitioner.

For clinics working with adults, we suggest postponing visits for immunizations unless an in-person visit must be scheduled for some other purpose and the immunization can be delivered during that visit, or if the patient and their clinician believe that the potential benefit of that immunization outweighs the risk of exposure to the virus that causes COVID-19.

The Centers for Disease Control and Prevention (CDC) is monitoring the situation and will continue to provide guidance at [cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html) for pediatric recommendations and [cdc.gov/coronavirus/2019-ncov/hcp/preparedness-checklists.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/preparedness-checklists.html) for adult recommendations.

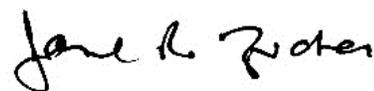
Every effort should be made to ensure that infants born to hepatitis B surface antigen (HBsAg)-positive women complete the hepatitis B three-dose vaccine series following the Advisory Committee on Immunization Practices (ACIP) recommendations. If the pregnant woman's HBsAg status is unknown when she presents for delivery, a test to determine her status should be performed immediately, and the results reviewed as soon as they are available. Please go to [cdc.gov/vaccines/schedules/hcp/schedule-changes.html](https://www.cdc.gov/vaccines/schedules/hcp/schedule-changes.html) and click on "Interim guidance to prevent mother-to-child transmission of hepatitis B virus during COVID-19-related disruptions in routine preventive services" for further information from CDC to prevent mother-to-child transmission of hepatitis B virus. This guidance includes administering single-antigen hepatitis B vaccine, as well as hepatitis B immune globulin, to the infant within 12 hours of birth. In addition, as a reminder, low birthweight infants (<2,000 grams) need three doses of hepatitis B vaccine after the birth dose, so they need a total of four doses. DTaP-HepB-IPV vaccine (Pediarix) can be given for those doses after the birth dose, as can any formulation that contains hepatitis B antigen.

Finally, we want you to be aware that the New York City (NYC) Early Intervention Program is an essential service, and continues to serve NYC children and families. To refer a child to the program, please call the Regional Office in the child's borough:

- Bronx: 718-838-6887
- Brooklyn: 718-722-3310
- Manhattan: 212-436-0900
- Queens: 718-553-3954
- Staten Island: 718-568-2300

Please email us at nycimmunize@health.nyc.gov or call 347-396-2400 should you have questions or need assistance. We thank you for your efforts to protect New York City residents against vaccine-preventable diseases.

Sincerely,



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