What’s New With The Flu?
2020-2021

November 5, 2020
Featured Speakers

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Bureau of Immunization  
New York State Department of Health

Conflict of Interest & Disclosure Statements

Joseph Domachowske, MD
- Consultant/ad hoc Advisory Board member: Sanofi Pasteur  
- Researcher, Site Investigator for Clinical Vaccine and Treatment Trials: AstraZeneca, Pfizer, GlaxoSmithKline, Merck

Sarah Hershey, RN, BSN
- Spouse has stock: Bristol Meyers Squib

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Learning Objectives

- Describe the burden of influenza illness;
- Explain the benefits of influenza vaccination; and
- Discuss the recommendations for the 2020-2021 season.

**Learning Outcome:** As a result of this activity, the learner will expand their knowledge and competence regarding the 2020-2021 influenza season.

Influenza Related Acronyms

- ILI: influenza like illness
- IIV: inactivated influenza vaccine
  - IIV3: trivalent IIV
  - IIV4: quadrivalent IIV
  - SD-IIV: standard-dose IIV
  - HD-IIV: high-dose IIV
  - ccIIV: cell culture-based IIV
  - aIIV: adjuvanted IIV
- RIV: recombinant influenza vaccine
- LAIV: live attenuated influenza vaccine (nasal spray)
  - LAIV4: quadrivalent LAIV
Influenza Disease Process

- Seasonal epidemics caused by different strains of influenza A and B viruses
- Pandemics caused only by influenza A viruses
- Transmitted by respiratory droplets

Influenza Infection

- Clinical illness ranges from mild to life-threatening
- Typical illness lasts about a week
  - Abrupt onset of fever, chills, headache and myalgias
  - Associated with cough, sore throat
- Complications may prolong convalescence for weeks to months
National Data: 2019-20 Season

Influenza Positive Tests Reported to CDC by US Public Health Labs
National Summary

Pneumonia & Influenza Mortality

National Center for Health Statistics
Mortality Surveillance System
Influenza-Associated Pediatric Deaths
By week of death, 2016-2017 – 2019-2020 Season

Positive Influenza Lab Results: NY State

Reported to NYSDOH
By Week, 2019-2020
(N=157,758)
Positive Influenza Lab Results in NYS by Season

Influenza Lab Reports, NYS

Positive Influenza Laboratory Results reported to NYSDOH, By Age Group, 2019-20 Season (N=157,758)

- 65+ Years, 14,915
- 0-4 Years, 30,134
- 50-64 Years, 17,220
- 5-17 Years, 46,482
- 18-49 Years, 48,306

* The totals by age groups exclude 701 cases for which age was not reported.

Patients Hospitalized with Laboratory-confirmed Influenza reported to NYSDOH, By Age Group, 2019-20 Season (N=22,241)

- 65+ Years, 2,329
- 0-4 Years, 1,715
- 5-17 Years, 4,979
- 18-49 Years, 4,830
- 50-64 Years, 4,830
Selected Underlying Medical Conditions in Patients Hospitalized w/Influenza, NYS

<table>
<thead>
<tr>
<th>Medical Condition</th>
<th>Pediatric (0-17 yrs) (n=194)</th>
<th>Adult (18+ yrs) (n=889)</th>
<th>Females (15-44 yrs) (n=105)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>15%</td>
<td>5%</td>
<td>0%</td>
</tr>
<tr>
<td>Cardiovascular disease</td>
<td>10%</td>
<td>5%</td>
<td>0%</td>
</tr>
<tr>
<td>Chronic lung disease</td>
<td>20%</td>
<td>15%</td>
<td>10%</td>
</tr>
<tr>
<td>Immune suppression</td>
<td>5%</td>
<td>5%</td>
<td>0%</td>
</tr>
<tr>
<td>Metabolic disorder</td>
<td>5%</td>
<td>5%</td>
<td>0%</td>
</tr>
<tr>
<td>Neurologic disease</td>
<td>10%</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Obesity</td>
<td>5%</td>
<td>5%</td>
<td>0%</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>10%</td>
<td>5%</td>
<td>0%</td>
</tr>
<tr>
<td>Renal disease</td>
<td>5%</td>
<td>5%</td>
<td>0%</td>
</tr>
<tr>
<td>Liver/Gastrointestinal disease</td>
<td>5%</td>
<td>5%</td>
<td>0%</td>
</tr>
<tr>
<td>Rheumatoid/Autoimmune disorder</td>
<td>5%</td>
<td>5%</td>
<td>0%</td>
</tr>
<tr>
<td>No known condition</td>
<td>5%</td>
<td>5%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Number of Influenza-Associated Pediatric Deaths, NYS

<table>
<thead>
<tr>
<th>Year</th>
<th>2016-17</th>
<th>2017-18</th>
<th>2018-19</th>
<th>2019-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Deaths Reported (n)</td>
<td>8</td>
<td>6</td>
<td>6</td>
<td>13</td>
</tr>
</tbody>
</table>

Month and Year of Death
Severe Illness More Common Among

- Adults 65 years & older
- Pregnant women
- Children under 2 years of age
- People from certain racial & ethnic minority groups
- Those with chronic underlying illness
- Those with a BMI of 40 kg/m² or higher

Case 1
Complications of Influenza

- Bacterial superinfection of the lungs, sinuses, middle ear
- Worsening of underlying chronic condition(s)
- Dehydration
- Myositis
- Myocarditis
- Neurologic involvement
- Multiple organ dysfunction
- Death

Case 2
### Preliminary National Vaccine Effectiveness for 2019-2020 Season, Influenza A or B, US

<table>
<thead>
<tr>
<th>Age group (years)</th>
<th>Influenza positive Total</th>
<th>Influenza positive (%) Vaccinated</th>
<th>Influenza negative Total</th>
<th>Influenza negative (%) Vaccinated</th>
<th>Adjusted VE %</th>
<th>Adjusted 95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>All ages</td>
<td>2723</td>
<td>1158 (43)</td>
<td>6121</td>
<td>3414 (56)</td>
<td>39</td>
<td>(32, 45)</td>
</tr>
<tr>
<td>6 mos-8</td>
<td>645</td>
<td>271 (42)</td>
<td>1361</td>
<td>763 (56)</td>
<td>33</td>
<td>(17, 45)</td>
</tr>
<tr>
<td>9–17</td>
<td>471</td>
<td>158 (34)</td>
<td>722</td>
<td>327 (45)</td>
<td>37</td>
<td>(17, 51)</td>
</tr>
<tr>
<td>18–49</td>
<td>1057</td>
<td>395 (37)</td>
<td>2203</td>
<td>1001 (45)</td>
<td>35</td>
<td>(24, 45)</td>
</tr>
<tr>
<td>50–64</td>
<td>351</td>
<td>184 (52)</td>
<td>999</td>
<td>624 (62)</td>
<td>42</td>
<td>(24, 56)</td>
</tr>
<tr>
<td>≤65</td>
<td>199</td>
<td>150 (75)</td>
<td>836</td>
<td>699 (84)</td>
<td>37</td>
<td>(5, 58)</td>
</tr>
</tbody>
</table>

### Preliminary End of Season Vaccine Effectiveness, Influenza A(H1N1), US

<table>
<thead>
<tr>
<th>Age group (years)</th>
<th>Influenza positive Total</th>
<th>Influenza positive (%) Vaccinated</th>
<th>Influenza negative Total</th>
<th>Influenza negative (%) Vaccinated</th>
<th>Adjusted VE %</th>
<th>Adjusted 95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>All ages</td>
<td>1405</td>
<td>686 (49)</td>
<td>6121</td>
<td>3414 (56)</td>
<td>31</td>
<td>(22, 40)</td>
</tr>
<tr>
<td>6 mos-8</td>
<td>276</td>
<td>132 (48)</td>
<td>1361</td>
<td>763 (56)</td>
<td>22</td>
<td>(-4, 42)</td>
</tr>
<tr>
<td>9–17</td>
<td>132</td>
<td>53 (40)</td>
<td>722</td>
<td>327 (45)</td>
<td>29</td>
<td>(-8, 53)</td>
</tr>
<tr>
<td>18–49</td>
<td>577</td>
<td>246 (43)</td>
<td>2203</td>
<td>1001 (45)</td>
<td>28</td>
<td>(10, 41)</td>
</tr>
<tr>
<td>50–64</td>
<td>273</td>
<td>144 (53)</td>
<td>999</td>
<td>624 (62)</td>
<td>45</td>
<td>(25, 60)</td>
</tr>
<tr>
<td>≤65</td>
<td>147</td>
<td>111 (76)</td>
<td>836</td>
<td>699 (84)</td>
<td>38</td>
<td>(0, 62)</td>
</tr>
</tbody>
</table>
Preliminary End of Season Vaccine Effectiveness, Influenza B/Victoria, US

Preliminary results for 2019-20 season indicate 39% (95%CI: 32, 45) effectiveness against medically attended influenza.

Important protection against influenza B virus given severity of 2019-20 season for children.

Protection against A/H1N1pmd09 virus lower than previous seasons – investigation of contributing factors ongoing.

Preliminary end of season estimates use best available information on vaccination status, estimates will be revised as data are finalized.

Three vaccine components (A/H1N1pmd09, A/H3N2 and B/Victoria) updated for 2020-21 influenza vaccines.

### Vaccine Effectiveness Summary

**Preliminary End of Season Vaccine Effectiveness for all vaccine types, against influenza B/Victoria viruses**

<table>
<thead>
<tr>
<th>Age group (years)</th>
<th>Influenza positive Total</th>
<th>Influenza positive (% Vaccinated)</th>
<th>Influenza negative Total</th>
<th>Influenza negative (% Vaccinated)</th>
<th>Adjusted VE %</th>
<th>Adjusted 95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>All ages</td>
<td>1210</td>
<td>427 (35)</td>
<td>6121</td>
<td>3414 (56)</td>
<td>44</td>
<td>(35, 51)</td>
</tr>
<tr>
<td>6 mos-8</td>
<td>348</td>
<td>132 (38)</td>
<td>1361</td>
<td>763 (56)</td>
<td>38</td>
<td>(18, 53)</td>
</tr>
<tr>
<td>9-17</td>
<td>329</td>
<td>103 (31)</td>
<td>722</td>
<td>327 (45)</td>
<td>39</td>
<td>(17, 55)</td>
</tr>
<tr>
<td>18-49</td>
<td>434</td>
<td>132 (30)</td>
<td>2203</td>
<td>1001 (45)</td>
<td>44</td>
<td>(29, 58)</td>
</tr>
<tr>
<td>50-64</td>
<td>57</td>
<td>29 (51)</td>
<td>999</td>
<td>624 (62)</td>
<td>39</td>
<td>(-8, 65)</td>
</tr>
<tr>
<td>≥65</td>
<td>42</td>
<td>31 (74)</td>
<td>836</td>
<td>699 (84)</td>
<td>42</td>
<td>(-24, 73)</td>
</tr>
</tbody>
</table>
2019-20 Influenza Season Vaccine Safety

As established at June 2020 ACIP Meeting

- No new safety concerns identified in VAERS or VSD
- Clinical Immunization Safety Assessment (CISA) Project: Safety of RIV4 versus IIV4 in Pregnant Women
  - 233 pregnant women enrolled and randomized during 2019-20 season
  - Maternal and infant safety outcomes were collected through 90 days postpartum
  - No substantial safety concerns observed
  - Study plans to continue enrollment in 2020-21 influenza season

Influenza Vaccination Coverage ≥6 months, 2019-2020

US: 51.8%
NY: 52.9%
Influenza Vaccination Coverage by Age
US & NYS 2019-2020

Influenza Vaccine Coverage by Age
US & NY 2012-2020
Influenza Viruses Cause Annual Epidemics

- As many as 4 different influenza virus types circulate each influenza season
  - Influenza B: Virus subtype from each of the two major influenza B lineages, Yamagata and Victoria may co-circulate during the same season
  - Influenza A: Circulating subtypes include influenza A H1N1 and H3N2

- Little or no heterotypic immunity occurs following influenza virus infection

Naming Influenza Virus Subtypes

<table>
<thead>
<tr>
<th>Influenza Type</th>
<th>Isolate Number</th>
<th>Geographic Source</th>
<th>Year of Isolation</th>
<th>Neuraminidase Subtype</th>
<th>Hemagglutinin Subtype</th>
</tr>
</thead>
<tbody>
<tr>
<td>A / California</td>
<td>7 / 2009</td>
<td></td>
<td></td>
<td></td>
<td>(H1 N1)</td>
</tr>
</tbody>
</table>

A / California / 7 / 2009 (H1 N1)
Vaccine Virus Selection for 2020-2021

Egg-based vaccines:
- A/Guangdong-Maonan/SWL1536/2019 (H1N1)pdm09-like virus
- A/Hong Kong/2671/2019 (H3N2)-like virus
- B/Washington/02/2019-like virus (B/Victoria lineage)
- B/Phuket/3073/2013-like virus (B/Yamagata/16/88 lineage) – quadrivalent only

Cell- or recombinant-based vaccines:
- A/Hawaii/70/2019 (H1N1)pdm09-like virus
- A/Hong Kong/45/2019 (H3N2)-like virus
- B/Washington/02/2019-like virus (B/Victoria lineage)
- B/Phuket/3073/2013-like virus (B/Yamagata/16/88 lineage) – quadrivalent only

ACIP Recommendations

- All persons 6 months and older without contraindications recommended to receive annual influenza vaccine
  - Two new vaccine licensures since 2019-2020 season:
    - Fluzone High-Dose Quadrivalent for patients 65 and older: replaces previously approved trivalent formulation
    - Fluad Quadrivalent attenuated vaccine for 65 years and older: both trivalent and quadrivalent formulations available for the 2020-2021 season

- Update to contraindications for LAIV4 include:
  - Anatomic & functional asplenia
  - Active communication between cerebral spinal fluid (CSF) and oropharynx, nasopharynx, nose or ear or any other cranial CSF leak
  - Cochlear implant
ACIP Recommendations

- Recommendations for persons with egg allergies updated to include
  - Mention of RIV4 & cclIV4 as egg free options
  - Additional measures for those with egg allergy only needed if a vaccine other than RIV4 or cclIV4 used

- Update to the use of antiviral medications and LAIV4 to address newer influenza antiviral agents with differing half lives

NYS Influenza Vaccine Requirements

- No Changes from 2019-2020
- Pharmacists as Vaccinators
- NYS Public Health Law (PHL) 2805-h
- NYS Article 21-A
- NYS “Flu Mask” Regulation
- NYS PHL Section 2112
Thimerosal & Vaccine Safety

- **Methylmercury** can be found in certain fish & is toxic to humans at high doses
- Thimerosal contains **ethylmercury**, which is rapidly cleared from the human body & does not build up to harmful levels
- Thimerosal was removed from all childhood vaccines aside from multidose vials of influenza vaccine in 2001
- Multiple well-conducted studies have failed to find a causative link between thimerosal-containing vaccines & autism or other safety concerns
  - Rates of autism continued to rise after thimerosal was removed from vaccines

Influenza Disease Burden
Symptomatic Influenza by Season & Age-Group, US 2010-2016

<table>
<thead>
<tr>
<th>Season</th>
<th>Predominant Virus(es)</th>
<th>Season Severity [20]</th>
<th>Incidence* %, by Age Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>0-4 y</td>
</tr>
<tr>
<td>2010-2011</td>
<td>A/H3N2, A/H1N1pdm09</td>
<td>Moderate</td>
<td>14.1</td>
</tr>
<tr>
<td>2011-2012</td>
<td>A/H3N2</td>
<td>Low</td>
<td>4.8</td>
</tr>
<tr>
<td>2012-2013</td>
<td>A/H3N2</td>
<td>Moderate</td>
<td>18.6</td>
</tr>
<tr>
<td>2013-2014</td>
<td>A/H1N1pdm09</td>
<td>Moderate</td>
<td>12.4</td>
</tr>
<tr>
<td>2014-2015</td>
<td>A/H3N2</td>
<td>High</td>
<td>15.0</td>
</tr>
<tr>
<td>2015-2016</td>
<td>A/H1N1pdm09</td>
<td>Moderate</td>
<td>11.1</td>
</tr>
<tr>
<td>Median</td>
<td></td>
<td></td>
<td>13.2</td>
</tr>
</tbody>
</table>

Median influenza incidence 9.3% for children <18 years of age, 8.9% for adults 18-64 years of age. Confidence intervals for these incidence estimates are in Table 2 and Supplementary Table 1.

*Values represent percentage of residents with influenza during the designated season estimated from hospitalization rates determined in the Influenza Hospitalization Surveillance Network (FluSurv-NET) [1] for a mix of vaccinated and unvaccinated persons (during 2010-2016, median 44% of United States residents were vaccinated [12]).

Estimated Disease Burden Over 10 Seasons
2019-20 U.S. Influenza Disease Burden

- 39-56 million symptomatic infections
- 18-26 million medical visits
- 24,000-62,000 influenza-related deaths
  - 7% of all deaths in the USA
  - Influenza & pneumonia: Eighth leading cause of death
- 410,000-740,000 influenza-related hospitalizations

Benefits of Flu Vaccination

- Reduces risk of getting flu
- Reduces risk of spreading flu, including to those at increased risk of serious flu-related complications (infants, elderly, etc.)
- Reduces time lost from work or school
- Reduces severity of disease - Illness likely to be milder
  - 2014 study: Reduced risk of flu-related pediatric ICU admission by 74%
  - 2017 study: Reduced risk of flu-related death in children with underlying medical conditions by 51% and in healthy children by 65%
  - Associated with a lower risk of major adverse cardiac events in adults and reduced hospitalizations among people with diabetes and chronic lung disease
Benefits of Flu Vaccination

- Reduces the risk of hospitalization in those ≥ 50 years by 56.8%
- 2017 study looked at effect of flu vaccination on disease severity in adults (≥ 18 years) hospitalized with flu
  - Overall risk of in-hospital death reduced 52-79%
  - ICU admission reduced 37% (18 – 49, ≥ 65)
  - Shortened ICU length of stay (≥ 50)
- 2018 study looked at effect of flu vaccination on disease severity in adults
  - Risk of hospital admission with flu reduced 37%
  - Risk of ICU admission with flu reduced 82%
  - Risk of transfer to ICU if hospitalized with flu reduced 59%
  - Length of stay in hospital for ICU patients reduced by 4 days

Flu Vaccination & Pregnancy

- Pregnant women and their infants are at increased risk for severe influenza-related illness
- ACIP recommends all women who are or may become pregnant during the influenza season receive influenza vaccine
- Influenza vaccination during pregnancy:
  - Reduced the risk of flu-associated acute respiratory infection in pregnant women by up to one-half
  - 41 - 63% effective in preventing influenza infection and 39 - 91.5% effective in preventing hospitalization during the first 6 months of life (transplacental transfer of antibodies)
  - Decreased all-cause acute lower respiratory infection hospitalization during the first 3 months of life
Flu Vaccination & Pregnancy

- Children born to mothers who received 2009 pandemic H1N1 vaccination observed for adverse health outcomes
  - Children followed for 5 years
  - Weak association for increased asthma risk and decreased GI infection
  - No association found for: upper respiratory infection, otitis media, any infectious diseases, neoplasm, sensory disorders, urgent or inpatient health service use, pediatric complex chronic conditions, or mortality

- Effects of maternal immunization during pregnancy on infant vaccine responses
  - Tdap & flu vaccine administration during pregnancy were investigated
  - Tdap maternal vaccination showed effects on infant vaccine response to diphtheria, pertussis, polio and pneumococcal vaccines
  - First study to evaluate the effect of maternal influenza vaccination on infant antibody response
  - No consistent effect of maternal influenza vaccination on infant antibody response to vaccines
To Reduce Burden of Flu…
Get A Flu Vaccine!

- Flu vaccination is the best way to protect against influenza and influenza-related complications
- Make a strong recommendation to all your patients to get an influenza vaccine this year
  - Children with a provider recommendation for influenza vaccination were twice as likely to be vaccinated than those without
  - Younger children are more likely to get a provider recommendation for influenza vaccine than older children
- Make it easy for patients to get influenza vaccine this year

Select Resources
Links Available in Handouts

- New York State Department of Health - Influenza and COVID-19 webpages
- Centers for Disease Control and Prevention - Guidances on Vaccination During a Pandemic, and Vaccination Clinics Held at Satellite, Temporary, or Off-site Locations; FAQ On Influenza; and Recommendations in The MMWR
- VaccinateNY.org - Influenza Update 2020-2021: Avoiding the Twindemic Webinar; and Vaccine Communication Toolkit
- Immunization Action Coalition Repository of Resources for Maintaining Immunizations During the Pandemic; and Mass Vaccination Resources
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Additional Slides on NYS Influenza Vaccine Requirements
NYS Influenza Vaccine Requirements

- No Changes from 2019-2020

- Pharmacists as Vaccinators
  - New York State Education Law amended - authorizes pharmacists to administer influenza vaccine to children aged 2 through 18 years
  - Amendment will expire July 1, 2022 unless renewed prior to this date

NYS Public Health Law (PHL) Section 2112

- Prohibits administration of vaccines containing more than:
  - 1.25 μg of mercury per 0.5 mL to women who know they are pregnant
  - 0.625 μg of mercury per 0.25 mL to children < 3 years old

- All single-dose vials and prefilled syringes of influenza vaccine in the US comply with PHL 2112

- Multidose vials of influenza vaccine contain levels of thimerosal in excess of the levels established in PHL 2112
### NYS PHL Section 2112

- **NYSDOH Influenza Vaccine Supply Declaration**: appears there will be **adequate supply** of vaccine that complies with PHL 2112 for the 2020-2021 season

- Therefore, **healthcare providers vaccinating pregnant women & children < 3 years must seek out & administer vaccine that complies with PHL 2112** – i.e., single-dose vials or prefilled syringes of influenza vaccine

### NYS PHL Section 2112

**Exceptions in PHL Section 2112 (4) and (5):**

- If the Commissioner determines that use of influenza vaccine containing higher levels of mercury is necessary to prevent or respond to an outbreak of disease and there are insufficient amounts of vaccine that comply with PHL 2112; **OR**

- If the Commissioner determines that influenza vaccine that complies with PHL 2112 is not available for distribution in NYS

In **unlikely event** of either scenario, the provider should **document** good faith attempts to obtain vaccine that complies with PHL 2112 and obtain **informed consent** from the pregnant woman or parent prior to administering vaccine that contains higher levels of mercury
Thimerosal & Vaccine Safety

- **Methylmercury** can be found in certain fish and is toxic to humans at high doses
- Thimerosal contains **ethylmercury**, which is rapidly cleared from the human body and does not build up to harmful levels
- Thimerosal was removed from all childhood vaccines aside from multidose vials of influenza vaccine in 2001
- Multiple well-conducted studies have failed to find a causative link between thimerosal-containing vaccines and autism or other safety concerns
  - Rates of autism continued to rise after thimerosal was removed from vaccines

NYS PHL Section 2805-h

- Requires all hospitals to offer:
  - Influenza vaccine to each admitted patient aged 65 years or older, annually between September 1st and April 1st
  - Pneumococcal vaccine to each admitted person aged 65 years or older, who has not already received it or is due for a booster
  - Polio, diphtheria, measles, mumps, and rubella vaccine(s) where needed for patients who are under age 18 years
- Requires all hospitals with NICUs to offer influenza vaccine to every parent or person in parental relation to newborns being treated in the NICU, annually between September 1st and April 1st
- Requires all hospitals with newborn nurseries or providing obstetric services to offer Tdap vaccine to every parent or person in parental relation to newborns
NYS Article 21-A

Requires nursing homes, adult homes, enriched housing programs and adult day health care programs to:

- Document influenza and pneumococcal vaccination status of all residents by November 30th of each year
- Document influenza and pneumococcal vaccination status of all employees by November 30th each year
- Annually provide or arrange for influenza vaccine for all residents and employees found to be lacking documentation of vaccination

NYS Article 21-A (cont)

- Provide or arrange for pneumococcal vaccine for all residents and employees for whom it is recommended, and who are lacking documentation
- No resident or employee shall be required to receive either influenza or pneumococcal vaccine if it is medically contraindicated, against his or her religious beliefs, or if they refuse such vaccine after being fully informed of the health risk of such action
NYS “Flu Mask” Regulation

Requires healthcare facilities, agencies and hospices licensed under Article 28, 36 or 40 to:

- Annually document the influenza vaccination status for all personnel employed by or affiliated with the facility or agency, whether paid or unpaid, who engage in activities such that if they were infected with influenza, they could potentially expose patients or residents to the disease.

- During the influenza season*, ensure that all personnel not vaccinated against influenza for the current season wear a surgical or procedure mask while in areas where patients or residents may be present.

- The NYSDOH annually sends out notifications when influenza is prevalent and posts them at www.health.ny.gov/flumaskreg

*Influenza season defined as the period of time during which influenza is determined to be prevalent by the NYS Commissioner of Health.