# Impact of the COVID-19 Pandemic on Vaccination Rates in New York City

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### Background

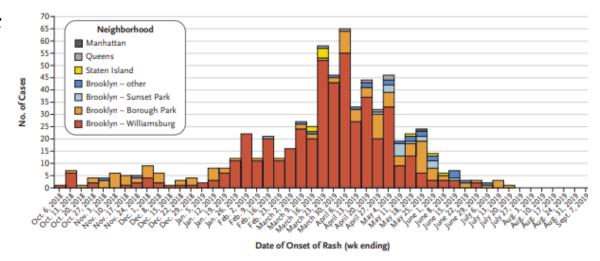
- The COVID-19 pandemic has raised concerns about decreasing vaccination rates globally and within the United States
- An estimated 23 million children worldwide missed routine vaccinations in 2020, placing millions of children at risk of lifethreatening vaccine-preventable diseases



## Background

- In New York City (NYC), declining vaccination is of concern in light of recent outbreaks of VPDs
  - In the last decade, NYC has experienced periodic outbreaks of mumps, pertussis, varicella and measles
  - Maintaining high population immunity is critically important

#### Measles Outbreak, NYC, 2018-2019



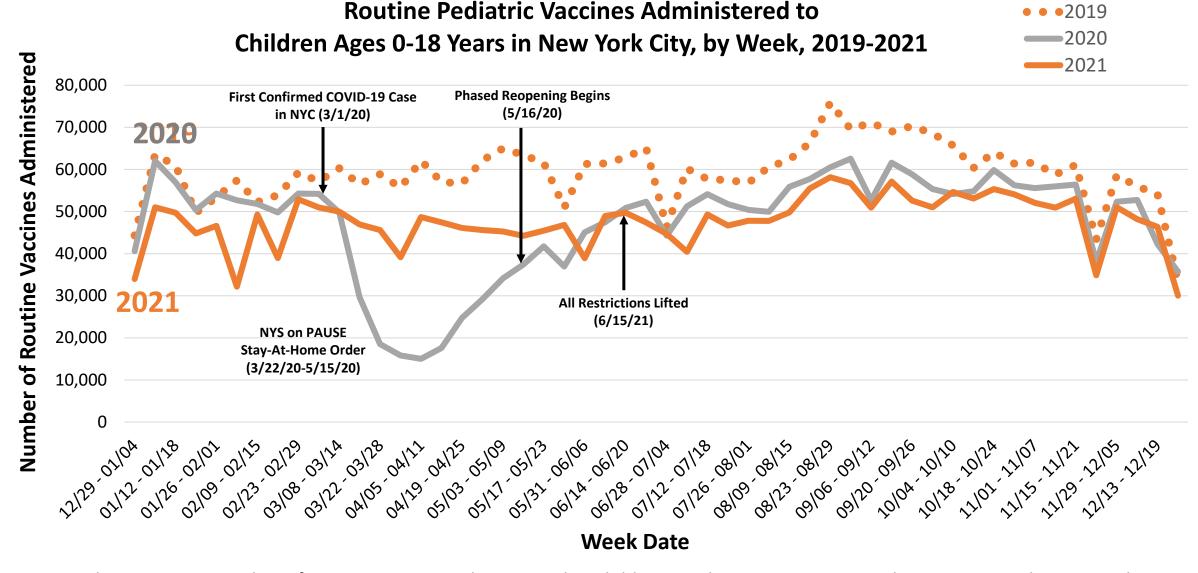
Largest measles outbreak in U.S. since 1992 (n=649 cases)



## Citywide Immunization Registry (CIR)

- NYC's Immunization Information System (IIS)
  - Implemented citywide in 1997
- Population-based
  - Birth certificates loaded into CIR twice a week
- Mandatory reporting of immunizations for children 0-18 years
  - Reporting for adults ≥ 19 years requires consent
- Contains >13.8 million patient records and >147 million immunizations
  - Timely; ~81% of immunizations reported in ≤1 day; 96% reported within 1 month of administration





In 2021, the aggregate number of routine vaccines administered to children aged 0-18 years was **16%** lower compared to 2019. There were 450,000 fewer pediatric doses administered (2.45 million in 2021 compared to 2.9 million in 2019)

<sup>\*</sup>Excludes influenza vaccines, COVID-19 vaccines and immunizations administered in pharmacies and nurseries

### Objectives

 To better understand the effect of the COVID-19 pandemic on childhood and adolescent vaccination rates in New York City



# UTD Coverage for 19-35-Month-Olds: 4:3:1:3:3:1:4 Vaccine Series

	No. of				Timing o	of doses			
Vaccine	Doses	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	<b>12</b> mos	15 mos
Diphtheria, tetanus & acellular pertussis	4			1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>			4 <sup>th</sup>
(DTaP)	4			dose	dose	dose			dose
Inactivated poliovirus	3			1 <sup>st</sup>	2 <sup>nd</sup>		3	rd	
(IPV)	3			dose	dose		do	se	
Measles, mumps, rubella	1							1	st
(MMR)	Τ							do	se
Haemophilus influenzae type B	3 or 4*			1 <sup>st</sup>	2 <sup>nd</sup>			3	rd
(Hib)	3 01 4			dose	dose			do	se
Hepatitis B	3	1 <sup>st</sup>	2	nd			3	rd	
(Hep B)	3	dose	do	se			do	se	
Varicella	1							1	st
Valicella	Т							do	se
Pneumococcal conjugate	4			1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>		4	th
(PCV13)	4			dose	dose	dose		do	se

Source: <u>Birth-18 Years Immunization Schedule | CDC</u>



<sup>\*</sup>The Hib vaccine series can be completed with 3 or 4 doses depending on the vaccine product administered

# UTD Coverage for 13-17-Year-Olds 1:1:3 Vaccine Series

	No. of	Timing of doses			
Vaccine	Doses	11-12 yrs	13-15 yrs	16-18yrs	
Tetanus, diphtheria & acellular pertussis (Tdap)	1	1 <sup>st</sup> dose			
Meningococcal (MenACWY)	1	1 <sup>st</sup> dose		Booster	
Human papillomavirus (HPV)	2 or 3*	2 or 3-dose	series		

Source: Birth-18 Years Immunization Schedule | CDC



<sup>\*</sup>The HPV vaccine series can be completed with 2 or 3 doses depending on the age of initiation and the amount of time elapsed between the first two doses

#### Methods

- Quarterly vaccine coverage estimates from 12/31/2019 to 12/31/2021 were calculated using data from CIR and US Census population estimates
  - For 19-35-month-olds: UTD coverage with the 4:3:1:3:3:1:4 series and individual vaccines assessed
  - For 13-17-year-olds: UTD coverage with the 1:1:3 series
- <u>Numerator</u>: Children who received all valid doses of vaccine series; current address in NYC; met age criteria; MOGE\* excluded (based on CIR)



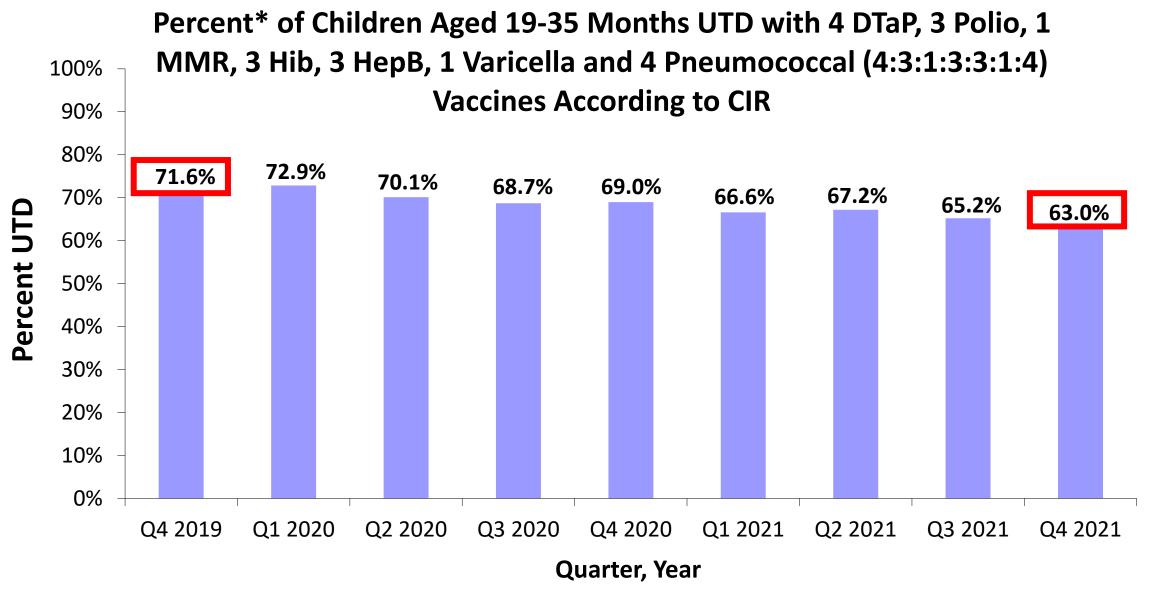
## Methods (cont.)

- Denominator: 2021 Vintage population estimates for 2019-2020
  - Intercensal estimates produced by the U.S. Census Bureau and adjusted by the NYC Department of City Planning and NYC DOHMH to account for neighborhood-level population changes
  - Updated each year
  - Used by NYC DOHMH as population denominators to calculate rates
- Data were analyzed by race/ethnicity and NYC ZIP code of residence



### Results





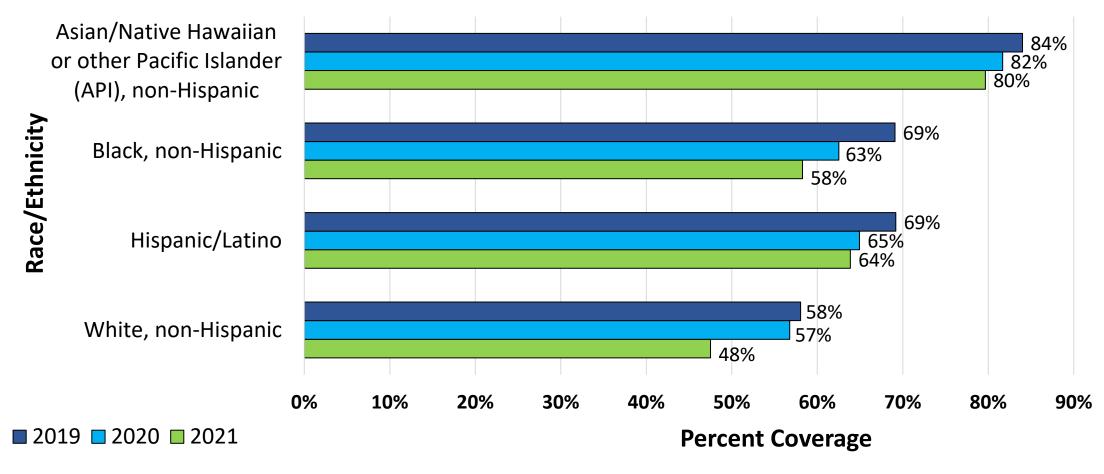
<u>Numerator</u>: Number of children aged 19-35 months with last known address in NYC who completed 4:3:1:3:3:1:4 series; <u>Denominator</u>: Number of children aged 19-35 months according to DOHMH neighborhood population estimates, modified from US Census (2019-2020)

# UTD Coverage Rates among 19-35-Month-Olds, by Vaccine

Vaccine	Pre-Pandemic Coverage (as of 12/31/2019)	Current Coverage (as of 12/31/2021)	Percentage Point Difference	Percent Change
4:3:1:3:3:1:4 Series	71.6%	63.0%	-8.6	-12%
DTaP (4 doses)	77.6%	68.5%	-9.0	-12%
Polio (3 doses)	90.5%	84.1%	-6.4	-7%
MMR (1 dose)	90.9%	80.8%	-10.1	-11%
Hib (3-4 doses)	86.0%	77.1%	-8.9	-10%
Hep B (3 doses)	88.4%	81.8%	-6.6	-7%
Varicella (1 dose)	88.7%	80.5%	-8.2	-9%
Pneumococcal (4 doses)	83.4%	74.9%	-8.5	-10%



# 4:3:1:3:3:1:4 Series UTD Coverage, by Race/Ethnicity



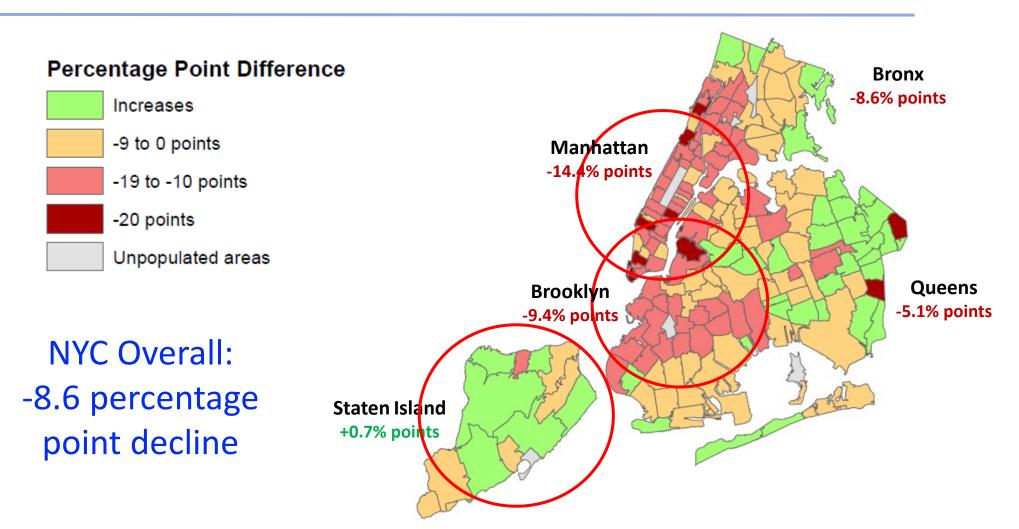
Source: NYC Citywide Immunization Registry (numerators); 2021 Vintage population estimates for 2019-2020 (denominators)

Note: Vaccination rates for children with unknown race/ethnicity or who identify as other categories, including two or more races, are not available. The Hispanic/Latino category includes children of any race. Race/ethnicity information was missing in 6-7% of CIR records for each year.

Health

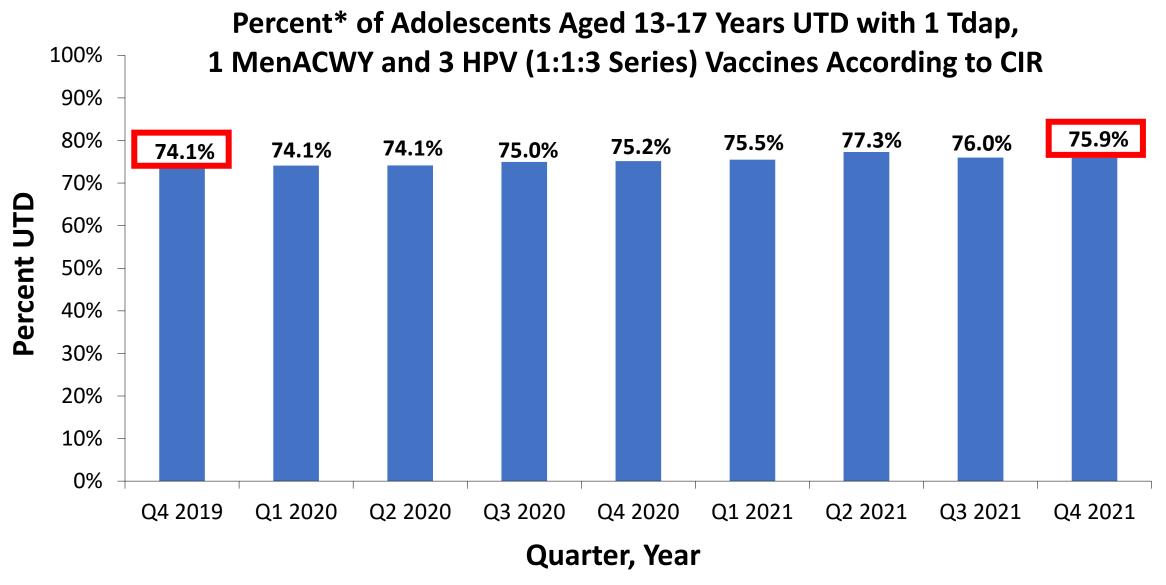


# Percentage Point Change in UTD Coverage for 19-35-Month-Olds, by NYC ZIP Code, Q4 2021 vs Q4 2019





Source: NYC Citywide Immunization Registry (numerators); Vintage 2021 Population Estimates for 2019-2020 (denominator) †Data restricted to children with a current address in a valid NYC ZIP code; MOGE excluded.



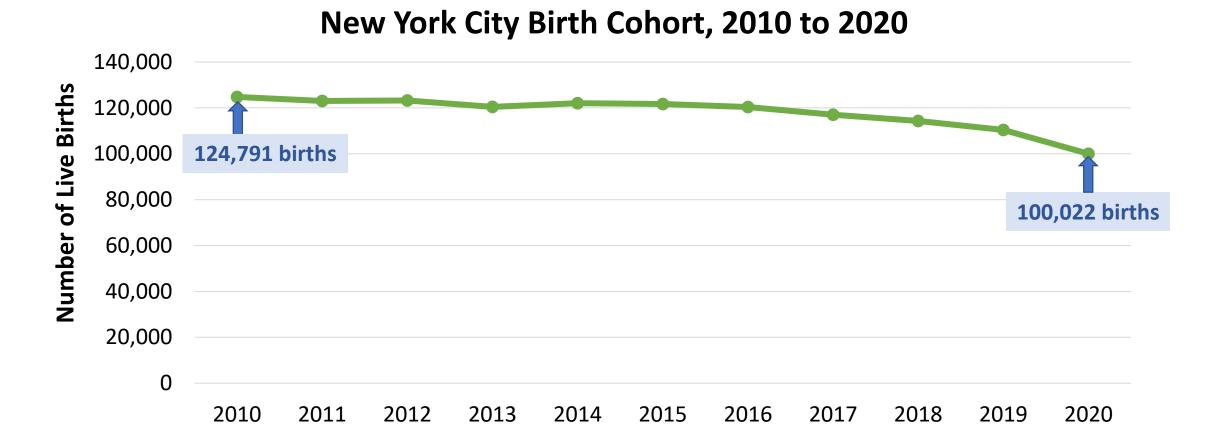
<u>Numerator</u>: Number of adolescents aged 13-17 years with last known address in NYC who completed 1:1:3 series <u>Denominator</u>: Number of adolescents aged 13-17 years according to DOHMH neighborhood population estimates, modified from US Census (2019-2020)

# Reasons for the Decline Among Younger Children:

- Decreased in-person well-care visits during the COVID-19 pandemic
  - Clinic closures
  - Reduced operating hours
  - Increased use of telemedicine
- Fear of exposure to COVID-19
- Remote learning; school immunization requirements in place during pandemic, but exclusions not enforced for remote-only students
- Increase in vaccine hesitancy due to COVID-19 vaccine hesitancy?



#### Reasons for the Decline: Data Artifact?



Year



# Reasons for the Decline: Data Artifact? Out-Migration From NYC

- In November 2021, the NYC Comptroller's Office released an analysis on the pandemic's impact on monthly migration patterns in NYC
- Based on data published by the United States Postal Service (USPS)
- → change of address forms
  - Compared monthly number of change of address request forms filed in NYC compared to pre-pandemic period

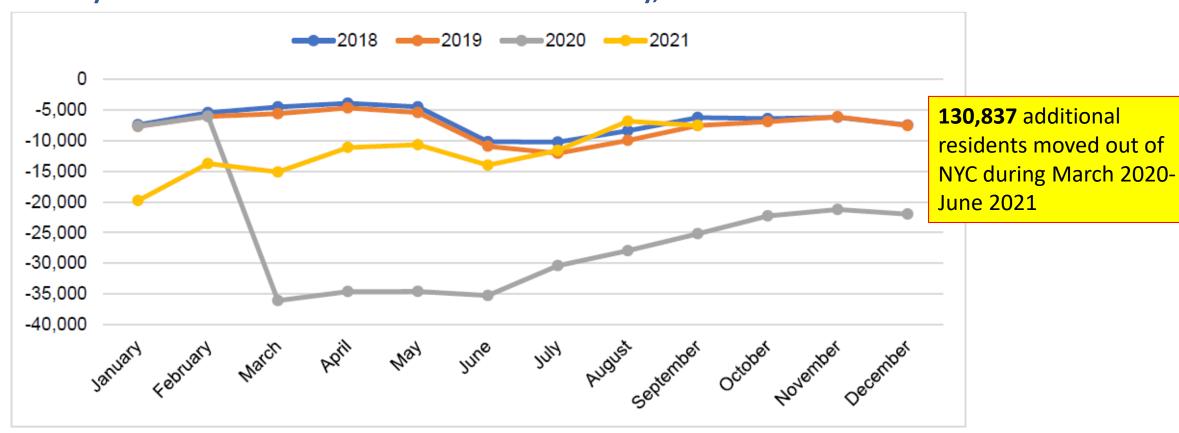


Summary	1
The Pandemic Migration	3
Data and Methodology	4
A Temporary Exodus?	5
Escape from (Parts of) New York	6
The Role of Wealth and Density	9
Where Did People Go?	13
A Return to the City	15
The Road Ahead	16

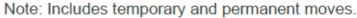


# Reasons for the Decline: Data Artifact? Out-Migration From NYC

#### Monthly Net Residential Moves to and from New York City, 2018-2021

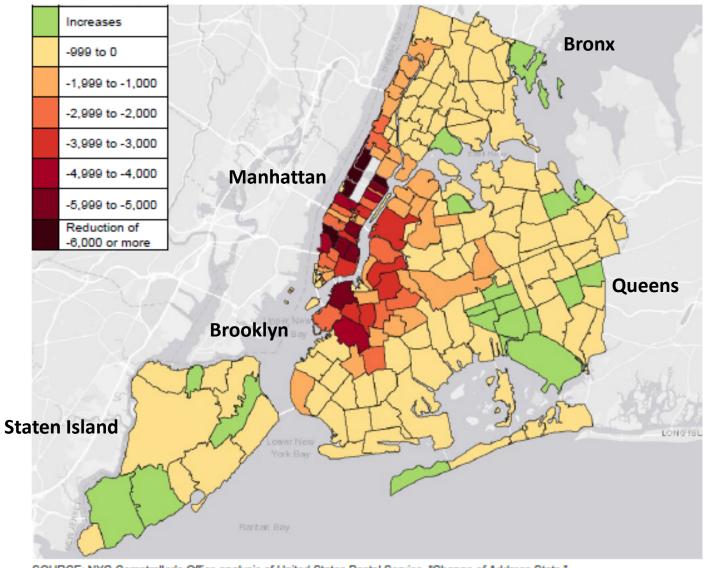


SOURCE: NYC Comptroller's Office analysis of United States Postal Service, "Change of Address Stats," <a href="https://about.usps.com/who/legal/foia/library.htm">https://about.usps.com/who/legal/foia/library.htm</a>.





#### Change in Net Residential Moves from Pre-Pandemic Trend in 2020 by ZIP Code (Change in Net Residential Moves in 2020, as Compared to 2019)



SOURCE: NYC Comptroller's Office analysis of United States Postal Service, "Change of Address Stats," https://about.usps.com/who/legal/foia/library.htm.

Note: Includes temporary and permanent moves. Data is not adjusted for population.



#### Conclusion

- Routine vaccination rates among younger children in NYC have been severely impacted by the COVID-19 pandemic, while rates for adolescents are relatively unchanged
- Many pandemic-related factors contributed to the decline
- Decrease may also be attributed to a data artifact caused by outmigration from NYC during the pandemic and the declining birth cohort
- Catching up children on routine vaccinations is critically important to prevent future outbreaks of VPDs



### Next Steps

- Updating vaccine coverage estimates once the 2020 U.S. Census estimates are released
- Preparing for COVID-19 vaccine availability for children aged <5 years,</li>
   with an emphasis on engaging pediatricians
  - Recommending co-administration of COVID vaccines and routine vaccinations
- Preparing for 'back-to-school' rush later this summer
  - Working closely with schools and daycares to increase compliance with school immunization requirements
- Media and promotion to catch up children on routine vaccinations missed during the pandemic

## Thank you!

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  - NYC Department Of Health and Mental Hygiene
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