

CITY COUNCIL  
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

of the

SUBCOMMITTEE ON COVID & INFECTIOUS DISEASES JOINTLY WITH THE  
COMMITTEE ON HEALTH

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Thursday, February 29, 2024  
Start: 1:11 P. M.  
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HELD AT: 250 Broadway - Hearing Room, 16th  
Floor

B E F O R E: Hon. Francisco Moya, Co-Chair  
Hon. Lynn Schulman, Co-Chair  
Hon. Carmen N. De La Rosa-Acting  
Co-Chair

COUNCIL MEMBERS:

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SUBCOMMITTEE ON COVID & INFECTIOUS DISEASES JOINTLY WITH THE  
COMMITTEE ON HEALTH

A P P E A R A N C E S

Celia Quinn, MD, MPH  
Deputy Commissioner of Disease Control,  
New York City Department of Health and Mental  
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Christopher Leon Johnson, self

Molly Senack, Education and Employment Community  
Organizer at Center for Independence of the  
Disabled

SUBCOMMITTEE ON COVID & INFECTIOUS DISEASES JOINTLY WITH THE  
COMMITTEE ON HEALTH

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2 SERGEANT PAYTUVI: This is a microphone check for  
3 the Committee on Subcommittee on COVID & Infectious  
4 Diseases jointly with the Committee on Health;  
5 recorded on February 29, 2024, located on the 16th  
6 floor, recorded by Nazly Paytuvi.

7 SERGEANT AT ARMS: Good afternoon welcome to the  
8 Committee on Subcommittee on COVID & Infectious  
9 Diseases jointly with the Committee on Health. At  
10 this time we ask that you to please place all  
11 electronic devices to vibrate or silent mode.

12 Chairs, we are ready to begin.

13 CHAIRPERSON MOYA: Thank you. Good afternoon,  
14 everyone, I'm Francisco Moya; I'm Chair of the  
15 Subcommittee on Covid and Infectious Diseases. I am  
16 joined by Council Member Lynn Shulman, who is the  
17 Chair of The Committee Health, to discuss the very  
18 important issues that affect the health and well-  
19 being of our children and our communities.

20 Before we begin, I'd like to recognize my  
21 colleagues who are here today: Council Member Mealy,  
22 Council Member De La Rosa, and Council Member  
23 Marmorato. Welcome, everyone.

24 Since the beginning of the COVID-19 pandemic, the  
25 share of kindergarten children up-to-date on their

1  
2 routine vaccinations has ticked down. According to  
3 the CDC, for the third year in a row, the national  
4 MMR, DTaP, and chickenpox vaccination rates among  
5 kindergarten students fell below the healthy people  
6 2030 target of 95% - which is the level needed to  
7 prevent community transmission of measles.

8 As of 2023, the rate of coverage for such state  
9 required vaccinations is 93%. While this may seem  
10 like a small decline, this is actually the lowest  
11 reported rate of coverage in almost a decade - and  
12 leaves about 250,000 school children unvaccinated and  
13 unprotected against measles, one of the world's most  
14 contagious viruses. Measles were declared eliminated  
15 in the United States in 2000, thanks to the  
16 widespread use of the MMR vaccine, which protects  
17 against measles, mumps, and rubella. However, in  
18 recent years, we have seen a resurgence of measles  
19 outbreaks across the country and around the world,  
20 fueled by misinformation, fear, and the lack of  
21 access to vaccines.

22 According to the CDC, more than 1,200 cases of  
23 measles were reported in the United States in 2019,  
24 the highest number since 1992. Most of these cases  
25 occurred amongst unvaccinated people, especially

1 children. New York City was one of the epicenters of  
2 the measles outbreak, with more than 600 cases  
3 reported in 2019 - mostly in Brooklyn and Queens. The  
4 outbreak was declared over in September 2019, after a  
5 massive public health response that involved  
6 vaccinating thousands of people, issuing fines, and  
7 closing schools.  
8

9 The measles outbreak, as well as the COVID-19  
10 pandemic, have been a wakeup call, they have shown us  
11 that we cannot take our health and safety for  
12 granted. These outbreaks showed us that we need to  
13 protect ourselves and our children from preventable  
14 diseases by following the best scientific evidence,  
15 the recommendations of the CDC, and the Advisory  
16 Committee on Immunization Practices. These are the  
17 experts who decide which vaccines are safe and  
18 effective for the general US public based on rigorous  
19 research and data. However, not all children have  
20 access to vaccines, some children face barriers such  
21 as poverty, language, transportation, or immigration  
22 status. Some children come from countries where  
23 vaccines are not readily available or where they have  
24 experienced war, violence, or persecution. These  
25

1 children are especially vulnerable to diseases and  
2 need our support and compassion.  
3

4 In New York City, students who are refugees or  
5 asylum seekers have the right to attend school full-  
6 time as long as they meet the agency residency  
7 requirements, but these students and their families  
8 face additional barriers to receiving the state  
9 required vaccine for school attendance, such as lack  
10 of documentation and access, as well as various  
11 administrative barriers.

12 Childhood vaccinations are not only a matter of  
13 personal choice, they are a matter of public health  
14 and social justice; they are a matter of protecting  
15 our most precious resource, which is our children.  
16 They are a matter of fulfilling our moral obligation  
17 to care for one another, especially the most  
18 vulnerable among us.

19 I look forward to hearing from the Administration  
20 on this issue, and I want to conclude by thanking  
21 Chair Schulman and my fellow council members for  
22 being here.

23 I would also like to thank the committee staff  
24 for their work on this hearing.  
25

Now I would like to turn the mic over to Council Member De La Rosa to read an opening statement for Chair Schulman.

COUNCIL MEMBER DE LA ROSA: Thank you so much, Council Member Moya. I am here reading Chair Schulman's opening statement for the Committee on Health.

Thank you Chair Moya, good afternoon. I am not Lynn Schulman, but I am standing in for her right now, Chair of the Council's Committee on Health. I want to thank Chair Moya and the Subcommittee on COVID and Infectious Diseases for joining us in today's important hearing to address the decline of childhood vaccination rates in New York City.

According to a 2024 Preliminary Mayor's Management Report, in New York City the percentage of children ages 19 to 35-months with up-to-date immunizations remains far below the 75% target and has not returned to pre-pandemic levels.

The COVID-19 pandemic negatively impacted routine pediatric vaccinations - in part, because healthcare providers' offices were closed and young children were not attending childcare programs. DOHMH states that these decreases in coverage may also be





1 asylum seekers are vaccinated, and that such  
2 vaccinations are documented for continuity of care.  
3

4 We know that clusters of under vaccinated and  
5 unvaccinated children can lead to outbreaks of  
6 preventable diseases - as was the case in 2019 when  
7 the City recorded 649 cases of measles.

8 While education is key, the City must also ensure  
9 that vaccines are easily accessible and must respond  
10 to the disparities and inequities in vaccine coverage  
11 rates, particularly among Black and Hispanic children  
12 and children with Medicaid coverage or no health  
13 insurance. These inequities predated the pandemic and  
14 arise out of a wide variety of reasons, including not  
15 being able to get vaccinated from a trusted place,  
16 fear of paying out-of-pocket costs, having difficulty  
17 traveling to a vaccination site, or needing to take  
18 time off work to get an appointment. We must make it  
19 as clear and as easy as possible to learn about the  
20 benefits of vaccinations, and to connect families to  
21 in-community providers who provide these vaccinations  
22 for children, the City's public health depends on it.

23 In closing, I would like to thank DOHMH for their  
24 partnership on this important topic and for  
25 testifying today. I also want to thank my staff,



1 My name is Dr. Celia Quinn, and I am the Deputy  
2 Commissioner for Disease Control at the New York City  
3 Department of Health and Mental Hygiene. I am very  
4 pleased to be here to discuss the important topic of  
5 childhood vaccination.  
6

7 As a pediatrician and also a parent of school-age  
8 children myself, I have special appreciation for the  
9 critical role of vaccination to childhood, family,  
10 and community health.

11 Today we will be discussing a number of vaccines,  
12 all of which are safe and effective. In the United  
13 States, vaccine recommendations are driven by the  
14 Advisory Committee on Immunization Practices, which I  
15 will refer to ACIP. This is a committee of medical  
16 and public health experts who are charged with  
17 providing guidance on vaccination for the country.

18 There are more than ten different types of vaccines  
19 recommended for children in their first two years of  
20 life, most of which require a series of two or more  
21 doses, spread out across various time periods, in  
22 order to provide complete protection. This includes  
23 vaccinations that protect against hepatitis B,  
24 rotavirus, diphtheria, tetanus, pertussis, polio,  
25 measles, mumps, rubella, Haemophilus influenzae type

1 b, varicella, and pneumococcal infection. It is  
2 important for children to get these vaccines  
3 according to the ACIP-recommended schedule, so they  
4 start building protection when they are young and  
5 most vulnerable to these infectious diseases.  
6

7 As kids grow older, additional vaccines are  
8 recommended, including vaccinations that protect  
9 against meningococcal infection and human  
10 papillomavirus or HPV. In addition, all children 6-  
11 months or older should get their annual flu shot and  
12 any updated COVID-19 vaccine recommended by ACIP.

13 The Health Department has robust vaccination  
14 programming to help children in New York City get the  
15 vaccinations they need to stay healthy and prevent or  
16 limit the spread of infectious diseases in our  
17 communities. Our work focuses in four areas:  
18 reporting and surveillance, education and outreach,  
19 vaccine access, and compliance with school and child  
20 care vaccination requirements.

21 Reporting and surveillance allow us to identify  
22 populations at higher risk for vaccine-preventable  
23 disease and guide our education, outreach, and  
24 vaccine access programming. Required disease  
25 reporting by laboratories and health care providers

1 enables us to quickly identify and respond to cases  
2 or outbreaks of vaccine-preventable disease and  
3 reduce the risk of further spread. We use  
4 surveillance data in a variety of programming,  
5 including our perinatal hepatitis B program, which  
6 provides case management for pregnant and post-partum  
7 people with hepatitis B to ensure that their exposed  
8 newborns get appropriate vaccinations and other  
9 follow-up care.  
10

11 Providers in New York City are required to report  
12 all vaccines administered to children 18 years of age  
13 and younger to the Health Department's Citywide  
14 Immunization Registry, which we call CIR. With their  
15 consent, immunizations administered to adults may be  
16 reported as well. The CIR is central to almost all of  
17 our vaccination programming. Reporting enables us to  
18 estimate vaccination coverage within different  
19 groups; we use characteristics such as age, race and  
20 ethnicity, and neighborhood of residence to identify  
21 coverage gaps and address inequities through targeted  
22 outreach and improving vaccine access.

23 The CIR also provides real-time clinical decision  
24 support to providers, so they know when a child is  
25 due for a vaccine, which is important given the

1 complexity of the childhood vaccination schedule.

2 Providers can also pull vaccination coverage reports  
3 for their practice, and use CIR tools to send text  
4 messages to patients. The CIR further serves as a  
5 platform for providers who participate in our vaccine  
6 access programs to order vaccines and monitor their  
7 stock. Finally, the CIR enables people to access  
8 their and their minor children's vaccination records  
9 through the City's My Vaccine Records website.  
10

11 The Health Department works hard to educate New  
12 Yorkers on the importance of vaccinations. For  
13 example, we run an annual Back to School multi-media  
14 campaign, highlighting the safety of vaccines and  
15 reminding parents of school vaccination requirements.  
16 The Fall 2023 campaign "I Vax, We Vax, Get Vaxxed"  
17 urged all New Yorkers, including children, to get  
18 their updated COVID-19 and flu vaccines by sharing  
19 reasons why these vaccines are so important. This  
20 campaign ran on television, radio, digital channels,  
21 newspapers, subway digital live boards, and the  
22 Staten Island Ferry. We also work with NYC public  
23 schools on letters to parents about vaccination  
24 recommendations and requirements. To quickly reach a  
25 large number of New Yorkers, we send text message

1 blasts, such as when COVID-19 vaccines became  
2 available to children and to remind people when they  
3 or their child may be due for another dose.

4 While these efforts are important, we recognize  
5 that health care providers are the best and most  
6 trusted vaccine messengers. A provider recommendation  
7 is the single most important factor in vaccination  
8 decisions. For this reason, we have extensive  
9 provider education programming, including webinars,  
10 monthly provider office hours, dear colleague  
11 letters, and guidance documents. The topics we cover  
12 are diverse, from vaccine ordering and administration  
13 to building vaccine confidence. Since the fall of  
14 2023, we also have been working hard to ensure  
15 providers are aware of the new RSV vaccine for  
16 pregnant people and a new monoclonal antibody, both  
17 of which protect infants against RSV.

18 Another area of focus for us is HPV. We are proud  
19 of our HPV provider toolkit, launched in 2017 and  
20 updated just last year. The toolkit includes online  
21 education and webinar trainings, information on how  
22 to talk to parents about the HPV vaccine, and patient  
23 handouts. We also visit individual provider practices  
24 to develop customized strategies that address gaps in  
25



1 their HPV vaccination coverage. I want to take this  
2 opportunity to remind New Yorkers that the HPV  
3 vaccine is life- saving and every child should get  
4 all recommended doses of the vaccine, which has been  
5 shown to be highly effective at protecting against  
6 cancers caused by HPV, including cervical cancer.  
7 Unfortunately, HPV immunization rates have plateaued,  
8 and more than half of New York City adolescents are  
9 not fully protected against HPV by the age of 13, as  
10 recommended by ACIP. Council Members, I would like to  
11 enlist your support in driving up our HPV vaccination  
12 coverage rates so that we can eliminate HPV-causing  
13 cancers as a public health threat.

14  
15 The Health Department works to ensure that  
16 everyone in our city has access to vaccines. For  
17 children in particular, the best place to get  
18 vaccinated is with their primary care provider.  
19 Having regular check-ups with a pediatrician in the  
20 first few years of life is vital for children's  
21 overall health and wellbeing. For this reason, the  
22 Vaccines for Children program is central to our  
23 childhood vaccination efforts. The Health Department  
24 administers this federally-funded program, which  
25 provides vaccines to pediatric and family practices

1 at no cost for eligible children. The approximately  
2 1,300 participating providers across the New York  
3 City administer millions of free vaccines to children  
4 every year. Vaccines are also available at the City's  
5 school-based health centers, NYC Health + Hospitals  
6 sites, and at the Health Department's Immunization  
7 Clinic in Brooklyn, regardless of immigration status  
8 or ability to pay. People needing help finding a  
9 vaccination site for their child can call 311 and,  
10 for COVID-19 and flu, visit the city's Vaccine Finder  
11 website.  
12

13 Finally, the Health Department works with  
14 parents, providers, and New York City schools on  
15 compliance with child care and school immunization  
16 requirements. This includes conducting audits of  
17 immunization records at a sample of schools,  
18 encouraging schools to complete the New York State  
19 immunization compliance survey, providing guidance to  
20 school staff on requirements, and tracking compliance  
21 and sharing data. Health Department physicians also  
22 review every immunization medical exemption request.  
23 Religious exemptions are not allowed in New York  
24 State. Currently, 95% of students attending public  
25 and charter schools in grades Pre-K through 12 are in

1 compliance with immunization requirements. We are  
2 working closely with New York City public schools,  
3 providers, and parents to bring up that number to  
4 ensure our students and schools remain safe.  
5

6 Despite all of this work, we have still not  
7 returned to pre-pandemic levels of vaccination  
8 coverage in children in New York City. Vaccination  
9 rates declined during the pandemic as people put off  
10 routine and preventative health care visits, students  
11 were disconnected from school-based health centers,  
12 and schools switched to remote learning. Vaccine  
13 hesitance, vaccine fatigue, and misinformation about  
14 vaccines have also been associated with the pandemic.  
15 These declines in vaccination rates have been  
16 observed throughout the United States. While  
17 vaccination rates have mostly recovered from that  
18 initial drop, we still see the effects of the  
19 pandemic today. Vaccination rates are down  
20 approximately 2 to 16 percentage points compared with  
21 2019 depending on vaccine and age group that we are  
22 looking at. We continue to see concerning delays in  
23 vaccination, with parents waiting until children  
24 enter day care, school, or camp to get their children  
25 vaccinated. While we are concerned by these

1  
2 decreases, we are confident the city can return to  
3 high levels of vaccine coverage through our extensive  
4 vaccination programming and with the support of City  
5 Council and other community leaders. We urge parents  
6 to check in with their child's health care provider  
7 to make sure kids are up to date on their vaccines to  
8 protect their and their family's health and the  
9 health of their community.

10 Thank you for the opportunity to discuss the  
11 important topic of childhood vaccination. I look  
12 forward to answering your questions.

13 CHAIRPERSON MOYA: Thank you, Doctor. I just want  
14 to say we have been joined by Council Member Yeger,  
15 and that we also wish Chair Schulman a speedy  
16 recovery, I know that she is out sick today, but we  
17 wish her well, and that's why she couldn't be here  
18 today.

19 Thank you, Dr. Quinn, for the testimony. I just  
20 wanted to ask a couple of questions before I turn it  
21 over to some of my colleagues as well.

22 In New York City, and you touched on this a  
23 little bit in your testimony, what vaccinations are  
24 children required to receive prior to enrolling in  
25 Pre-K? And, also, as of June 13, 2019, New York

1 State, as you said, no longer allows religious  
2 exemptions for mandated vaccinations for school  
3 attendance; however, if a child has a specific health  
4 condition in which the vaccine may be harmful, the  
5 child's doctor may fill out a medical exemption form.  
6 Can you give examples of what types of medical  
7 conditions may qualify for an exception?  
8

9 DEPUTY COMMISSIONER QUINN: Thanks so much for the  
10 question. I am also hoping Chair Schulman is feeling  
11 better soon.

12 In New York City, vaccines required for day care,  
13 Pre-K, and school attendance are DTaP or Tdap, so  
14 that's a vaccine that covers diphtheria, tetanus, and  
15 pertussis; MMR, which covers for measles, mumps, and  
16 rubella, hepatitis B, polio and varicella. And, then,  
17 additionally, for children that are in day care and  
18 Pre-K, Haemophilus influenza type b or Hib is  
19 required, and pneumococcal vaccine or PCV is also  
20 required.

21 To your question about medical exemptions, you  
22 know, it's pretty rare that medical exemptions are  
23 required, but some of the ones that we see are a  
24 severe allergic reaction to a previous dose of that  
25 vaccine, or for certain vaccines, a child that is





CHAIRPERSON MOYA: So, I am going to go into now locally here. So, it leads right into that question where, in New York City, all children are required to receive certain vaccinations before attending Pre-K and kindergarten. And according to the 2024 Preliminary Mayor's Management Report, the percentage of children ages 19 to 35-months with up-to-date immunization, decreased by 0.5% percentage points to 61.5% of children with immunizations during the first quarter of Fiscal 2024 - compared with the first quarter of fiscal 2023. However, this remains far below that 75% target that has not returned to pre-COVID-19 pandemic levels.

Why is it important for all young school children in New York to receive the MMR vaccine to prevent community transmission within the city, and what is the significance of 75% target?

DEPUTY COMMISSIONER QUINN: Sure, so both the target and also the indicator - that is on the MMR that you were referring to, is talking about the proportion of two-year-olds who were up-to-date on the entire seven vaccine series - so not just MMR. Again, we're talking about the children between six-months and 35-months, so that's up to almost 3 years







1 Health Department, and not all of them,  
2  
3 unfortunately, are vaccine preventable. But, that  
4 full list is available within the New York City  
5 Health Code.

6 I can talk a little bit about what happens after  
7 diseases are reported. We use our surveillance  
8 information to track, control, and prevent disease in  
9 the city as well... so, looking at trends of  
10 diseases, but we can also use our surveillance data  
11 to take immediate action responding to either cases  
12 or outbreaks.

13 CHAIRPERSON MOYA: Got it. Based on the current  
14 data and the trends, does DOHMH anticipate declining  
15 vaccination rates to stabilize or increase in the  
16 future?

17 DEPUTY COMMISSIONER QUINN: Yes. So, you know, we  
18 saw an increase after the pandemic getting back  
19 closer to where we were before the pandemic in 2019.  
20 So, we've made progress towards where we were prior  
21 to the pandemic, as you pointed out earlier, we are  
22 not meeting our goals and targets that we've set for  
23 ourself to make sure that we have the highest level  
24 of protection for especially our youngest New  
25 Yorkers. So, this is why we are working so hard on



1 Department of Education, with the Mayor's Office,  
2 with Health + Hospitals, with DHS and other city  
3 agencies that are involved in sheltering. And we're  
4 adding our expertise about health, including vaccine  
5 preventable diseases.  
6

7 So, at the sites where families with children are  
8 staying, city agencies and our partners are working  
9 to help families identify your nearby clinics where  
10 they can receive care, such as federally qualified  
11 health centers or H+H sites - so that children can  
12 receive not just vaccinations, but also comprehensive  
13 care that the children and families might need, as  
14 well as making sure that they are getting their  
15 vaccinations documented, so that they can be able to  
16 attend school.

17 In terms of your question about how quickly  
18 people are accessing the MMR vaccine, if families  
19 with children are staying at certain shelter sites,  
20 like a HERC, they might be able to receive  
21 vaccinations on site, but Health + Hospitals will be  
22 able to speak more specifically to the details of  
23 that operation.

24 It is also important to know that our citywide  
25 immunization registry does not collect information

1 about immigration status. So, it's hard to answer the  
2 question specifically about new arrivals and when, in  
3 relation to their arrival, they received specific  
4 vaccines.  
5

6 CHAIRPERSON MOYA: Thank you. What are the  
7 current rules for school attendance for children that  
8 may not have received the full series required  
9 vaccinations?

10 DEPUTY COMMISSIONER QUINN: So, ultimately  
11 children that attend school in New York City have to  
12 receive the required vaccines. Children don't need to  
13 be excluded from school once they start, if they have  
14 started their process of getting the whole vaccine  
15 series. So, like I mentioned, the vaccines might  
16 require months to get caught up on the catch-up  
17 schedule; once that process is started, the child is  
18 no longer excludable from school. It's also important  
19 to note that children who arrive in New York City  
20 from out of state, anywhere out of state, or are in  
21 temporary shelter, they have to have started on that  
22 vaccine series within the 90 days of enrollment.

23 CHAIRPERSON MOYA: Got it. And how are the  
24 vaccination schedules for children tracked,  
25 especially in light of the fact that many are being

1 routinely moved around the city to different  
2 locations and school districts? Do the records travel  
3 with them? What follow up does the agency conduct  
4 with families to ensure that the children are fully  
5 vaccinated prior to attending school?  
6

7 DEPUTY COMMISSIONER QUINN: Sure, so DOE tracks  
8 the compliance with the school requirements within  
9 their system. Luckily, we have a really robust  
10 citywide immunization registry - which I spoke a  
11 little bit about earlier - it is really, truly an  
12 incredible tool that we're very lucky to have.

13 You know, any vaccine that's administered within  
14 New York City is going into the citywide immunization  
15 registry. The DOE's system is able to query the  
16 citywide immunization registry to see if that child  
17 has received a vaccine administered within New York  
18 City. We also work with providers and encourage them  
19 to take documentation of vaccines that were  
20 administered outside of New York City and manually  
21 enter them into CIR so that those records can be  
22 there.

23 And, like I mentioned in my testimony, once the  
24 vaccines are in CIR, it's now available to any  
25 provider in New York City who has access to CIR to

1 see if the child has had the vaccine. And more  
2 importantly, anybody can go onto My Vaccine Record  
3 and get their own record or that of their young  
4 child. I really encourage people to check out this  
5 feature, because It's surprisingly easy.  
6

7 CHAIRPERSON MOYA: Great. Last question, and then  
8 I will turn it over to my colleagues here.

9 There have been reports on the ground that some  
10 asylum seekers and their children are at risk of  
11 duplicate vaccinations, either due to the fact that  
12 they are unable to obtain health records from where  
13 they were vaccinated, or are unsure whether the  
14 children received vaccinations. Is there way to test  
15 either via a blood test or any other medical  
16 screening to confirm whether a child has been  
17 vaccinated for a disease such as the measles?

18 DEPUTY COMMISSIONER QUINN: That is an important  
19 question.

20 So, there are blood tests or serologic test that  
21 can test whether a child has immunity to these  
22 vaccines. And those are acceptable as evidence of  
23 immunity just like a vaccine administration record  
24 would be. That said, when documentation of having  
25 received a vaccine is not available, it may take a



1 while for the serologic test to come back, and  
2 especially in a population of people who are moving  
3 around quite a bit, it is actually standard practice  
4 and safe to administer vaccines instead of trying to  
5 get serologic tests and find out the results many  
6 days later.  
7

8 CHAIRPERSON MOYA: Thank you, I am now going to  
9 turn it over to Council Member Mealy for some  
10 questions.

11 COUNCIL MEMBER MEALY: Yes, thank you for this  
12 important hearing, since I'm one of the first in  
13 Brooklyn, which has just gotten hit with the  
14 legionnaires disease, so I know that this is  
15 important

16 I only have two questions, and it was about...  
17 you said DTaP, that's with the whooping cough? So,  
18 now it permanently affects children too young to have  
19 completed the full vaccination course, as well as  
20 teenagers and adults whose immunity has faded. Should  
21 teenagers and adults receive the DTaP vaccine even  
22 after receiving it in childhood? If so, when?

23 DEPUTY COMMISSIONER QUINN: Yes, so, uh, thank you  
24 for that question.

1           The p is for pertussis, also known as whooping  
2 cough, which used to be a very common disease in  
3 childhood - and very disruptive and serious condition  
4 for a lot of people. Now, we do still see cases of  
5 pertussis, like you mentioned, usually in people who  
6 have not received the full course - and in people who  
7 it's been a while since they had that DTaP or Tdap -  
8 depending on the age.

9           So, there are boosters that are required, but it  
10 is best for people to consult their pediatrician or  
11 their other primary care provider for specific  
12 guidance, since the length of time between boosters  
13 may vary depending on the person.

14           COUNCIL MEMBER MEALY: So, who is tracking if  
15 someone hasn't had it in a while, which, uhm, will  
16 the city?

17           DEPUTY COMMISSIONER QUINN: Yeah. I really  
18 appreciate that question.

19           So, like I mentioned, vaccines that are  
20 administered to people 18 and under have to be  
21 reported to the CIR. But, in order for vaccines given  
22 to people older than 18 to be reported, the patient  
23 has to provide consent to the provider, and there's  
24 no requirement for those vaccines for adults to be  
25

1 reported into CIR. Some are... again, an interesting  
2 experiment would be for people to go to My Vaccine  
3 Record and see if you have anything in CIR. (LAUGHTER)  
4 If you have given consent and your provider is (TIMER  
5 CHIMES) reporting to CIR your adult doses, then now  
6 you can track your own vaccine record through your  
7 whole life, which would be really helpful for you.  
8

9 So, that is a limitation in terms of CIR and our  
10 ability track adult doses. But, that would have to  
11 happen at the provider level for them to identify and  
12 recall patients where they don't have a record of  
13 them receiving it... (CROSS-TALK)

14 COUNCIL MEMBER MEALY: Who will recall?

15 DEPUTY COMMISSIONER QUINN: The provider...

16 COUNCIL MEMBER MEALY: Oh, the provider?

17 DEPUTY COMMISSIONER QUINN: Yes.

18 COUNCIL MEMBER MEALY: Okay, thank you.

19 CHAIRPERSON MOYA: Thank you.

20 COUNCIL MEMBER MEALY: I have...

21 CHAIRPERSON MOYA: We'll make you come back in one  
22 second. We have, uh, now Council Member Ariola?

23 COUNCIL MEMBER ARIOLA: Thank you, Chairs.  
24  
25

3 In the beginning of the testimony you said you  
4 had 649 cases of measles, what do you attribute that  
5 rate of measles to? That uptick in measles.

6 DEPUTY COMMISSIONER QUINN: So, that 649 cases  
7 refers to the 2019 outbreak that happened... It  
8 happened in in 2019, and it was over by September  
9 2019 is when that outbreak ended.

10 So, there were a few things that contributed to  
11 that outbreak. First, was delayed vaccination of very  
12 young children combined with a lot of contact among  
13 children in that age group in certain neighborhoods  
14 and communities. And another thing is travel and  
15 introducing new cases of measles into communities  
16 where there's not a high level of measles coverage.  
17 So, that specific number that you're talking about  
18 was from the 2019 outbreak.

19 COUNCIL MEMBER ARIOLA: Okay, so, in spring of  
20 2022, we had a large influx of migrants in our city.  
21 How many migrant children who are currently in school  
22 are fully vaccinated?

23 DEPUTY COMMISSIONER QUINN: So, I think I  
24 mentioned earlier, we are not able to ask about  
25 immigration status for people that are receiving  
services from us - or it is not included in CIR.

1 So, I can't specifically answer that question. We do  
2 know about what the overall compliance with school  
3 requirements is... Hold on, let me just make sure I  
4 get the right... (CROSS-TALK)

5  
6 COUNCIL MEMBER ARIOLA: So, then, how... What...  
7 Okay, so now I'll rephrase it, for the overall school  
8 compliance, how many schools have compliance of 100%?

9 DEPUTY COMMISSIONER QUINN: So, I can tell you for  
10 all of New York City, 95.3% of students currently  
11 attending public and charter schools, in grades pre-K  
12 through 12, are in compliance - this was as of  
13 earlier this week.

14 So, this is similar to the compliance that was  
15 around the end of last year. But, compliance prior to  
16 the COVID pandemic was 98.5%, so (TIMER CHIMES) we  
17 are below the level of compliance that we were prior  
18 to the pandemic. And some of the reasons for that are  
19 the kinds of things that we've been discussing during  
20 this hearing.

21 COUNCIL MEMBER ARIOLA: So, what we've been  
22 hearing... that you're discussing is that there is  
23 insurance, and then there's no access, what insurance  
24 are the asylum seekers and migrants receiving once  
25 they... they come into our system?

3 DEPUTY COMMISSIONER QUINN: So, depending on  
4 people's immigration status, they may be eligible for  
5 a variety of different programs. Specially in terms  
6 of childhood vaccinations, our most important access  
7 program is the federal Vaccines for Children Program.  
8 That is a federally funded program, and it enables us  
9 to provide free vaccinations to children who are  
10 eligible for Medicaid, uninsured or under insured,  
11 Native American or Alaskan Native, or enrolled in the  
12 Child Health +B. So, baseline, 75% of children in New  
13 York City are eligible for Vaccines for Children, and  
14 they are receiving those vaccines through a lot of  
15 providers in New York City who enrolled in our VFC  
16 program. We have about 1,300 participating providers.

17 CHAIRPERSON MOYA: (INAUDIBLE)...

18 COUNCIL MEMBER ARIOLA: Thirteen-hundred  
19 participating providers... (CROSS-TALK)

20 CHAIRPERSON MOYA: Please, one... I will get you  
21 back on the second round...

22 COUNCIL MEMBER ARIOLA: Okay, I just... one...  
23 Just want to whip it out... (CROSS-TALK)

24 CHAIRPERSON MOYA: I know, but we just... We  
25 just...

COUNCIL MEMBER ARIOLA: That's it...

3 CHAIRPERSON MOYA: If you just wait, because I  
4 had... I told Council Member Mealy the same thing.  
5 So, we will come right back to you.

6 We have Council Member Marmorato?

7 COUNCIL MEMBER MARMORATO: Hi, thank you for  
8 coming to testify today. I have two quick questions,  
9 if children are at low risk from hepatitis B, and if  
10 a mother does not test positive for hepatitis B, why  
11 are we giving the vaccine to newborns within the  
12 first few days of life? Why is that a concern? Was  
13 there hepatitis B outbreak that I'm, like, not aware  
14 of an increase in rates...

15 DEPUTY COMMISSIONER QUINN: This has been a  
16 longstanding recommendation by ACIP to ensure that  
17 children who maybe there's an unknown diagnosis -  
18 make sure that people are able to be protected from  
19 hepatitis B throughout life. This is a long-standing  
20 ACIP recommendation.

21 COUNCIL MEMBER MARMORATO: Okay, do they test  
22 mothers in the hospital for hepatitis B? Do they do a  
23 full panel once they're there to give birth?

24 DEPUTY COMMISSIONER QUINN: So, now, that's not  
25 part of the... (CROSS-TALK)

COUNCIL MEMBER MARMORATO: Okay.

3 DEPUTY COMMISSIONER QUINN: vaccine

4 recommendation. That... Some of those recommendations  
5 are going to be dependent on the provider, the  
6 person's risk factor, but, again, from a population  
7 perspective, our goal is to eliminate neonatal  
8 transmission of hepatitis B, and that is why the ACIP  
9 has made that recommendation.

10 COUNCIL MEMBER MARMORATO: Okay. And, also, if,  
11 uhm, children under 18 are really, it's like, legal  
12 (sic) to have... for them to have, uhm, intercourse  
13 and sex, why are we pushing the recommendation of the  
14 HPV vaccine at age 13?

15 DEPUTY COMMISSIONER QUINN: Yeah, so, uh, the  
16 recommendation is that children complete the HPV  
17 vaccine series by age 13, and it can actually start  
18 to be administered as young as nine. The ideal thing  
19 is to make sure that people have full coverage  
20 against HPV long before they ever would be exposed.

21 COUNCIL MEMBER MARMORATO: Thank you.

22 CHAIRPERSON MOYA: Thank you. Next we have Council  
23 Member Menin.

24 COUNCIL MEMBER MENIN: Thank you so much, Chair.  
25 So, the American Academy of Pediatrics recommends a  
reminder or recall system, such as a letter or a



1 phone call, to remind parents about immunizations. Is  
2 DOHMH using that?  
3

4 DEPUTY COMMISSIONER QUINN: So, sometimes we do  
5 reminders through our CIR, but we are mostly  
6 encouraging providers to use the tools that we have  
7 put into our citywide immunization registry to recall  
8 their own patients. Again, the recommendation coming  
9 from the person's provider is the most valuable  
10 recommendation to get people to get vaccinated,  
11 rather than it coming directly from the Health  
12 Department.

13 COUNCIL MEMBER MENIN: But, given the immunization  
14 numbers are down, as you testified, why wouldn't  
15 DOHMH use every tool its resource, such as having the  
16 agency reach out directly on top of the provider  
17 doing so?

18 DEPUTY COMMISSIONER QUINN: Right, so sometimes we  
19 do that. We are using CIR tools to reach out directly  
20 to people, but also having providers use those tools  
21 themselves.

22 COUNCIL MEMBER MENIN: Okay, I mean, it just seems  
23 that since the numbers are still down, something has  
24 to change. So, it... I think it will (INAUDIBLE) to  
25 the City's benefit to think outside of the box and



2 CHAIRPERSON MOYA: So, now I am going to turn it  
3 back over to Council Member Mealy.

4 COUNCIL MEMBER MEALY: Thank you. I just have one  
5 question, with the decline in vaccination rates, do  
6 you feel nationally that the parents are an  
7 opposition of getting their children vaccinated to  
8 non-medical exemptions (sic), because of the barriers  
9 of vaccination, or is it out of their convenience of  
10 not getting a children vaccinated?

11 DEPUTY COMMISSIONER QUINN: I think all of these  
12 issues are contributing to what we are observing. So,  
13 certainly we have seen a lot of vaccine  
14 misinformation and disinformation and that  
15 accelerated during the pandemic. I also think that  
16 certainly there are definite access issues and  
17 various barriers to people prioritizing getting all  
18 of the vaccines on the recommended schedule. And, so  
19 it's hard for me to speak to the entire national  
20 perspective; I am very focused on what's happening  
21 here in New York City. And locally there are no  
22 religious exemptions allowed. So, we are only... and  
23 all medical exemptions are reviewed by the Health  
24 Department, so it's a minuscule part of the...

2 COUNCIL MEMBER MEALY: Do you know what percentage  
3 are religiously...

4 DEPUTY COMMISSIONER QUINN: So, there are no  
5 religious exemptions allowed in New York State.

6 COUNCIL MEMBER MEALY: But, if they are allergic  
7 to...

8 DEPUTY COMMISSIONER QUINN: Oh, sorry, the medical  
9 exemption rate is .01%.

10 COUNCIL MEMBER MEALY: What is DOHMH's opinion for  
11 the reason that vaccination rates have not fully  
12 recovered following the high rate of the pandemic? I  
13 know someone had asked that, maybe I didn't hear why.

14 DEPUTY COMMISSIONER QUINN: Well, I think it is a  
15 combination of a lot of different reasons. The  
16 biggest gap that we're still seeing is in the four to  
17 six-year-olds. So, that's the cohort of children who  
18 are infants to age three during the peak of the  
19 pandemic. So, we know that there were a lot of  
20 barriers to access during that period of time that  
21 have somewhat resolved, because now our zero to two-  
22 year-olds are catching back up to where we were  
23 coverage wise before 2019. But, (TIMER CHIMES) there  
24 are still barriers for those four to six-year-olds to  
25 get the entire catch-up schedule. As they get into

2 pre-K and K, where those vaccines will be required, I  
3 anticipate that will help to get us back towards  
4 where we were before.

5 CHAIRPERSON MOYA: Thank you.

6 And now Council Member Ariola?

7 COUNCIL MEMBER ARIOLA: Thank you, Chair Moya. So,  
8 what's the protocol for DOHMH and the DOE actually  
9 for families who refuse to vaccinate their school-age  
10 children?

11 DEPUTY COMMISSIONER QUINN: So, children that are  
12 not in compliance with the school requirements can be  
13 required to leave school. The way that's handled is  
14 through the Department of Education, so I can't speak  
15 to their procedure.

16 In terms of to your earlier questions, the work  
17 we've been doing to help new arrivals to New York  
18 City get access to care, we're really doing a lot of  
19 work to educate families about these requirements,  
20 help them identify federally qualified health centers  
21 and other community providers that can help them  
22 catch up, and making sure that they're getting the  
23 documentation that they need to stay in school.

24 COUNCIL MEMBER ARIOLA: What happened to the  
25 busses that were coming to the different migrant base



1 one vaccine clinic that we have in Fort Greene,  
2 Brooklyn will see people regardless of immigration  
3 (TIMER CHIMES) status or ability to pay for age four  
4 and older. For the families with children, many  
5 children will be eligible for Vaccines for Children,  
6 so - for children especially, I just want to make  
7 sure people are aware that it is really important  
8 that those vaccines be administered in the context of  
9 an entire pediatric visit, so that there other  
10 medical developmental social needs can be addressed  
11 as part of taking care of the whole child. So, that  
12 is really where we have put our effort towards  
13 helping to link people to care within the New York  
14 City context.

15  
16 COUNCIL MEMBER ARIOLA: Thank you.

17 CHAIRPERSON MOYA: Thank you.

18 Doctor, I just want to go back to asking you just  
19 two more questions, and then I will end it there.  
20 But, it on the vaccination trends. Can you provide an  
21 overview of the current vaccination rates in New York  
22 City that's broken down by demographic factors, such  
23 as race, socio-economic status, religion, and  
24 borough? And, which borough has the lowest  
25

1 vaccination rate of MMR DTaP, polio, and various...  
2  
3 the chickenpox... thank you.

4 DEPUTY COMMISSIONER QUINN: Sure. We the way that  
5 we tend to look at vaccine coverage, first of all  
6 this is data that is coming out of the citywide  
7 immunization registry in terms of people who have had  
8 that vaccine administered. And, then the coverage  
9 part is looking at it out of the number of people  
10 that we estimate to be in that age cohort based on  
11 the census. So, I think in your opening remarks, you  
12 also mentioned that we have some difficulty  
13 estimating that denominator, especially for the  
14 youngest cohort of children, because they weren't  
15 born yet when this census occurred. So, I just want  
16 people understand what I'm saying when I'm using  
17 these rates and coverage... talking about coverage  
18 rates. We also use that metric of up-to-date by age  
19 35-months with the seven vaccine series. Again, each  
20 of those vaccines have multiple doses required. So,  
21 for that two year-old measure, I can just read out  
22 what the coverage rates were by borough: Bronx with  
23 69%; Brooklyn 51%; Manhattan 71%; Queens 64%; and  
24 Staten Island 50%.



3 We also have that same metric broken out by race  
4 and ethnicity.

5 So, do you just read all them? So, for Black, not  
6 Hispanic 54%; Hispanic Latino 66%; white not  
7 Hispanic 45%; American Indian non-Hispanic 34%;  
8 Native Hawaiian Pacific Islander 74%; and two or more  
9 races not Hispanic 16%. So, there's a pretty wide  
10 range that's the kind of take away.

11 I also have the same coverage numbers for just  
12 the MMR for... that's for the ages four to six.

13 CHAIRPERSON MOYA: Yes, if you don't mind.

14 DEPUTY COMMISSIONER QUINN: I don't...

15 CHAIRPERSON MOYA: I think it's just helpful to  
16 get those...

17 DEPUTY COMMISSIONER QUINN: No, I think it's a  
18 really important question, because we do have a lot  
19 of variation in these outcomes, and it really points  
20 to important issues about access, uptake, vaccine  
21 confidence, et cetera. So, I do appreciate you asking  
22 that question.

23 We can send the numbers to council afterwards,  
24 too.

25 CHAIRPERSON MOYA: That would be great.

1  
2 DEPUTY COMMISSIONER QUINN: So, this is for MMR,  
3 which is measles, mumps, rubella completing the  
4 entire two-dose series, in the age four to six. So,  
5 overall 85% coverage. For borough 87... Bronx was  
6 87%; Brooklyn 84%; Manhattan 88%; Queens 89%; Staten  
7 Island 76%. And, then, for race/ethnicity Black non-  
8 Hispanic 79%; Hispanic Latino 82%; white 76%;  
9 American Indian non-Hispanic 40%; Native Hawaiian  
10 Pacific Islander non- Hispanic 73%; and two or more  
11 races non-Hispanic 19%.

12 So, you can just look at those borough numbers -  
13 just want to point out that because MMR is one of the  
14 required vaccines for school, and many four and five-  
15 year-olds are in school already, we have much better  
16 coverage for that one - compared to the younger age  
17 group, and that is one of the key things that we have  
18 been talking about today.

19 CHAIRPERSON MOYA: I'm sorry, did you say Queens  
20 was 89%?

21 DEPUTY COMMISSIONER QUINN: Yes.

22 CHAIRPERSON MOYA: Okay, great, thank you.

23 So, the... What trend is DOHMH observing in the  
24 declining vaccination rates, and specifically, which  
25

3 vaccines have seen a decrease, which have remained  
4 stable, and which have seen an increase?

5 DEPUTY COMMISSIONER QUINN: So, going back to  
6 these two indicators that we've been talking about,  
7 that proportion of two-year-olds who are up-to-date  
8 with the combined seven vaccine series, overall New  
9 York Citywide 60% of two-year-olds as of December 31,  
10 2023 were up-to-date. Prior to the pandemic in 2019,  
11 that rate was 62%. So, it has nearly recovered to the  
12 point where it was prior to the pandemic.

13 Now, for the MMR that we were just talking about  
14 - very different scenario. The overall New York City  
15 coverage for four to six-year-olds having received  
16 both MMR doses is 85% also as of December 31, 2023.  
17 But, that is 16 percentage points lower compared to  
18 pre-pandemic when it was 99%. So, that is a real  
19 concern. And , like I said, those children who are  
20 four to six as of December 31, 2023 were the ones who  
21 are zero to two during 2020 and 2021.

22 CHAIRPERSON MOYA: Right, so how does the agency  
23 to address these disparities in the vaccination rates  
24 across the different demographic groups, which we  
25 talked about in the City? And are there targeted  
26 outreach in campaigns for particular populations,



1 we're doing. I mean, I think it's definitely like a  
2 lot of... everyone is invited to the champion vaccine  
3 party.  
4

5 CHAIRPERSON MOYA: Well, and I will end it with  
6 this, how specifically can we, the City Council,  
7 support the efforts of the agency to address the  
8 decline in the vaccination rates?

9 DEPUTY COMMISSIONER QUINN: Yes, certainly. We are  
10 very thankful for your support and also just for this  
11 hearing. It's such an important topic, one that I'm  
12 passionate about.

13 You know your communities better than we do, and  
14 you are a trusted messenger. So, really just helping  
15 to amplify the message, pointing people towards  
16 reputable sources for vaccine information - like the  
17 Health Department, but also CDC, other accurate  
18 sources of information about vaccines. Uh, and if you  
19 know of particular community groups that we should  
20 meet with our partner with, we're happy to learn more  
21 about that and ask that you reach out to our  
22 community affairs to set that up for us.

23 CHAIRPERSON MOYA: Great. Doctor, thank you so  
24 much for your testimony today, and thank you for the  
25

3 great work that you're doing. We appreciate you,  
4 thank you.

5 DEPUTY COMMISSIONER QUINN: Thank you.

6 COMMITTEE COUNSEL: Thank you, and thank you very  
7 much, members of the Administration. We will now move  
8 to public testimony.

9 So, we will now hear testimony from the public.  
10 I will call up individuals and panels. All testimony  
11 will be limited to two minutes. I would like to note  
12 that written testimony, which will be reviewed in  
13 full by committee staff, may be submitted to the  
14 record up to 72 hours after the close of this hearing  
15 by emailing it to [testimony@council.nyc.gov](mailto:testimony@council.nyc.gov).

16 I will now call up our first panelist,  
17 Christopher Leon Johnson.

18 CHRISTOPHER LEON JOHNSON: Hey, what's up? Ready?  
19 Ready? Hey, good afternoon, Chair Moya, Council De La  
20 Rosa, Mealy, and Marmorato.

21 So, I want to make this clear, you know, there's  
22 a reason that these rates for COVID shots and  
23 vaccinations are being lower, because the schools are  
24 not being compliant. The Health Department, they're  
25 not pushing for more funding for education to get  
these kids vaccinated. And in state compliance with







3 My name is Molly Senack, and I am testifying on  
4 behalf of the Center for Independence of the  
5 Disabled, New York.

6 So, we talked a little bit about herd immunity,  
7 and the lack of herd immunity creates a dual problem  
8 specifically regarding disability and the student  
9 body. Students who have a disability that prevents  
10 them from being vaccinated, as you guys heard  
11 earlier, such as a compromised immune system, have  
12 diminished protection against diseases that can cause  
13 them irreversible harm, and also the reason  
14 vaccinating against certain diseases became the  
15 standard was because those diseases have the  
16 potential to cause permanent disability - such as  
17 polio, which we just saw cases of again.

18 New York actually has some of the most stringent  
19 vaccine requirements needed for school enrollment in  
20 the country. However, those enrollment requirements  
21 are only effective if barriers to fulfilling them  
22 don't become significant enough to supersede their  
23 importance.

24 So, to lower this risk, New York City should be  
25 taking initiatives to remove as many of these  
barriers to the vaccine accessibility as possible.

3 Students of immigrant families, from low income  
4 families, and who live in temporary housing all faced  
5 additional barriers in navigating the process of  
6 fulfilling vaccine requirements.

7 New York City can help remove these barriers  
8 through vaccine reimbursement programs, through  
9 better access to information - in multiple languages  
10 - and stronger partnerships with community  
11 organizations that might be able to provide  
12 additional aid. Partnerships with community  
13 organizations were effective during the 2019 measles  
14 outbreak, but New York City is currently cutting  
15 funding for community schools that provide these  
16 connections.

17 New York City is also currently cutting funding  
18 for school nurses, whereas increasing this funding  
19 rather than just simply cutting it, could mean more  
20 access to vaccinations - removing barriers for those  
21 who have difficulties receiving them elsewhere.

22 So, emphasis really needs to be placed on  
23 preventative measures to make sure vaccines don't  
24 become inaccessible - otherwise collectively risking  
25 the health of our students, both those who are  
currently disabled and those who could become so by

3 contracting a disease known to be preventable (TIMER  
4 CHIMES) Thank you for your time.

5 COMMITTEE COUNSEL: Thank you so much, Molly.

6 If there is anyone present in the room or on  
7 Zoom, who hasn't had the opportunity to testify?  
8 Please raise your hand. Seeing no one else, I would  
9 like to note that written testimony, which will be  
10 reviewed in full by committee staff, may be submitted  
11 to the record up to 72 hours after the close of this  
12 hearing by emailing it to [testimony@council.nyc.gov](mailto:testimony@council.nyc.gov).

13 Chair Moya, we have concluded public testimony  
14 for this hearing.

15 CHAIRPERSON MOYA: Thank you. That will conclude  
16 our hearing on the Subcommittee of Covid and  
17 Infectious Diseases, along with the Committee on  
18 Health.

19 I want to take this opportunity Sarah and  
20 Mahnoor, the subcommittee counsel and policy  
21 analyst, and also to Meghan Tadio and to Chantal Alba  
22 from my office, who are here today, and to my  
23 colleagues for attending this hearing today. Thank  
24 you.

25 (GAVEL SOUND) (GAVELING OUT)

C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.



Date March 15, 2024