



Department of Health

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Dear Colleagues:

As you are already aware, this year's influenza is the worst in recent history. As of February 17th, more than 87,000 laboratory-confirmed cases of influenza have been reported, and more than 16,000 people have been hospitalized with influenza in New York State this season. As we redouble our efforts to vaccinate our patients for the flu, I would like to highlight updates to the recommended immunization schedules for all vaccines and promote good hand hygiene practices. I will also share an update on window tinting guidelines and exceptions for medical conditions.

It is now time to update your immunization schedules. On February 6, 2018, the Centers for Disease Control and Prevention (CDC) published the 2018 Advisory Committee on Immunization Practices (ACIP)-recommended immunization schedules for children and adolescents (located online at <https://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html>) and for adults (located online at <https://www.cdc.gov/vaccines/schedules/hcp/adult.html>). The ACIP immunization schedules represent the standard of care for immunization practice in the United States and are approved by the CDC, the American Academy of Pediatrics, the American Academy of Family Physicians, the American College of Physicians, the American College of Obstetricians and Gynecologists, and the American College of Nurse-Midwives.

Highlights of changes in the 2018 immunization schedules include: updated information regarding vaccination of infants weighing less than 2000 grams born to hepatitis B surface antigen (HBsAg)-negative mothers; updated guidance for persons who received oral poliovirus vaccine; updated references to 2017-18 influenza vaccine recommendations; guidance regarding the use of a third dose of mumps virus-containing vaccine during a mumps outbreak; new ACIP recommendations for the use of recombinant zoster vaccine (RZV; brand name Shingrix) for adults aged 50 years or older for the prevention of herpes zoster and its complications; and clarified footnote language.

Many healthcare providers are aware of the risks of delaying recommended doses of vaccines: patients will not be fully protected against vaccine-preventable diseases, and will be at risk if they are exposed to those diseases before they complete the recommended immunization schedule. However, there are also risks to administering vaccines before the minimum recommended ages or before the minimum interval between doses. Vaccine doses administered too closely together or at too young an age can lead to a suboptimal immune response and may not fully protect your patients. In addition, tetanus toxoid-containing vaccines and pneumococcal polysaccharide vaccine may produce increased local or systemic reactions if given sooner than the minimum intervals. For that reason, the ACIP identifies minimum ages for vaccine doses to be administered, and minimum intervals between doses, in addition to the recommended ages for vaccination. Minimum ages and intervals are discussed in the footnotes of both immunization schedules, and summarized in the ACIP Catch-Up Immunization Schedule

for Persons Aged 4 Months Through 18 Years, located online at <https://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html>.

ACIP recommends that vaccine doses administered no more than four days before the minimum interval or age are considered valid. This four-day period is known as the “grace period”. Because of the unique schedule for rabies vaccine, the four-day “grace period” does not apply to rabies vaccine. However, doses of any vaccine administered five or more days earlier than the minimum interval or age should not be counted as valid and should be repeated in accordance with the minimum intervals and ages. These recommendations are in place to ensure that patients receive the full protection from vaccination and to minimize rates of vaccine adverse events.

Finally, New York State (NYS) school immunization requirements require that the number of doses of vaccines on student’s immunization records and the minimum intervals between these doses be in accordance with the ACIP immunization schedule to be accepted for school entry and attendance. Children who received doses of vaccines before the minimum ages or intervals are often required to receive repeat doses in order to attend school. Sometimes we hear of schools that misinterpret the age requirements and require students to obtain additional doses off schedule. Please always feel free to contact the Department if you encounter schools that you believe may be misinterpreting the required schedule.

Careful record keeping, maintenance of patient histories, usage of immunization information systems, and staff education can reduce the incidence of doses administered before the recommended ages or intervals. Both the NYS Immunization Information System (NYSIIS) and the Citywide Immunization Registry (CIR) take into account the minimum, recommended, and maximum ages for each recommended dose of vaccine, in accordance with the ACIP schedule. In addition, both NYSIIS and CIR will indicate doses given before the minimum ages or minimum intervals as invalid. I strongly recommend that you review the 2018 immunization schedules and take steps to make sure that all your patients are vaccinated accordingly.

I also would like to update you on recent changes to Department of Health regulations that specify additional medical conditions that may qualify an individual for an exemption from the limits on how much tinting can be used on motor vehicle windows. Physicians, physician assistants, and nurse practitioners play an important role in certifying that a patient’s medical condition meets the criteria for a tinted window exemption.

In NYS, Vehicle and Traffic Law, section 375(12-a)(b), limits the level of tinting on motor vehicle windows. The law provides an exemption for persons who, for medical reasons, must be shielded from direct sunlight. Per the updated Department of Health regulations, the following medical conditions may qualify an individual for an exemption, provided that personal protective measures (e.g., sun protective clothing, sunscreen, eye protective devices or clear UV-protective window films) do not offer adequate protection: albinism, chronic actinic dermatitis/actinic reticuloid, dermatomyositis, lupus erythematosus, porphyria, xeroderma pigmentosum, severe drug photosensitivity (provided that the course of treatment causing the photosensitivity is expected to be of prolonged duration), photophobia associated with an ophthalmic or neurological disorder, and any other condition or disorder causing severe photosensitivity, in which the individual is required for medical reasons to be shielded from the direct rays of the sun.

Individuals with these medical conditions may request an exemption from the law using the [Application for Tinted Window Exemption](#) (MV-80W). A physician, physician assistant or

nurse practitioner must complete page two of the application and certify that the patient's medical condition meets the criteria for a tinted window exemption.

Law enforcement officers are assisted by the ability to see through car windows during routine traffic stops; the limits on window tinting is intended to protect them. Limits on window tinting also helps other roadway users, including pedestrians, by assuring that eye contact can be made with drivers when they are crossing the street.

We appreciate your partnership in ensuring that a patient's request for an exemption is medically justified. For more information about the tinted window law and regulation, please visit: <https://dmv.ny.gov/registration/tinted-windows>.

Finally, I'd like to remind you about our Commissioner's Grand Rounds series, in which you can participate on-site, via the live webcast, or archived webinar after the event. Look for more details on the Department [website](#).

Sincerely,

Howard A. Zucker, M.D., J.D.