NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Dr. Michelle Morse, MD, MPH
Acting Commissioner

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Gotham Center
42-09 28th St.
Long Island City, NY 11101

November 13, 2024

Dear Colleague,

Pertussis (whooping cough), COVID-19, seasonal influenza (flu), and respiratory syncytial virus (RSV) are currently circulating in New York City.

- Nationally, there have been more than five times as many **pertussis** cases in 2024 compared with the same period in 2023, which includes increases across New York City.
- **COVID-19**, **flu**, and **RSV** typically increase during the late fall and winter months, but timing can vary.
- Pertussis does not have a definitive seasonal pattern.

The table below summarizes diagnosis, treatment, and prevention guidance for these common respiratory pathogens.

Timely assessment is critical to prevent severe outcomes from pertussis, COVID-19, flu, and RSV. Infections with these respiratory viruses can be difficult to distinguish based on clinical symptoms alone. **Diagnostic tests are available to guide clinical decision-making and appropriate treatment** for people with clinically compatible symptoms or a recent exposure. Diagnostic tests should be considered regardless of an individual's vaccination history.

Treatment can prevent progression to severe disease from pertussis, COVID-19, and flu. Treatment is especially important for people with circumstances or conditions that put them at higher risk of serious complications (eg, infancy, older age, frailty, immuno-compromise, pregnancy, and chronic medical conditions).

Immunization against pertussis, COVID-19, flu, and RSV remains the best way to protect people against severe disease. Assess all individuals for their vaccination status at every office visit using your electronic health record and the Citywide Immunization Registry. Strongly recommend vaccination and co-administer vaccines whenever possible.

Thank you for being on the front lines of public health in our city.

Sincerely,

Celia Quinn, MD, MPH
Deputy Commissioner
Division of Disease Control

Toni Eyssallenne, MD, PhD
Deputy Chief Medical Officer
Acting Deputy Commissioner
Center for Health Equity and Community Wellness

Table: Diagnosis and Management of Respiratory Illnesses

	Initial diagnostic testing	Treatment	Isolation	Post-exposure prophylaxis	Prevention
Pertussis (whooping cough)	Molecular assay (eg, PCR): • NP swab • In-house or commercial lab	Antibiotic treatment: • Consider treating prior to test results if high suspicion or the presence of household members at risk of severe disease • CDC: MMWR: Recommended Antimicrobial Agents for Treatment and Postexposure Prophylaxis of Pertussis (see Table 4)	Isolation for confirmed infection: • Stay home until completed course of antibiotics	Antibiotic prophylaxis: • Household contacts • Other high-risk, close contacts, including infants, pregnant people, immuno-compromised people • CDC: MMWR: Recommended Antimicrobial Agents for Treatment and Postexposure Prophylaxis of Pertussis (see Table 4)	• Routine vaccination for children and adults • CDC: Pertussis Vaccination Recommendations
COVID-19	Antigen detection or molecular assay (eg, PCR): • Nasal or NP swab, aspirate or wash, oropharyngeal swab (depending on test and individual's age) • May be included in respiratory virus panel • Self-test, point of care, in-house or commercial lab	Antiviral treatment: • For severe illness and those at risk for severe disease and complications, start treatment as soon as possible within 5 to 7 days (depending on the medication) of symptom onset • Patient assistance programs for eligible people are available for low- or no-cost antiviral medications	Isolation for symptoms or confirmed infection: • Stay home until, for at least 24 hours, there is no fever without fever-reducing agents and other symptoms are resolving; after isolation, continue other precautions, including wearing a well-fitting mask, for the next 5 days • People who test positive	None	• Vaccination with a 2024-2025 COVID-19 vaccine for everyone ages 6 months and older; additional doses recommended for some groups • CDC: Interim Clinical Considerations for Use of COVID-19 Vaccines • Pre-exposure prophylaxis with Pemgarda (pemivibart), a monoclonal antibody under Emergency Use Authorization, for some people who are moderately or severely immuno-compromised; does not replace vaccination against COVID-19

		• CDC: Clinical Guidance for Hospitalized and Non-Hospitalized Patients When SARS-CoV-2 and Influenza Viruses are Co-Circulating • CDC: COVID-19 Treatment for Outpatients • NYC Health Department: COVID-19 Outpatient Therapeutic Information for Providers	but are asymptom-atic do not need to isolate but should take precautions, including masking, to prevent spread • CDC: Preventing Spread of Respiratory Viruses		
Seasonal influenza (flu)	Antigen detection or molecular assay (eg, PCR): • Nasal or NP swab, aspirate or wash, oropharyn-geal swab (depending on test and individual's age) • May be included in respiratory virus panel • Self-test, point of care, in-house or commercial lab	Antiviral treatment: • For severe illness and those at risk for severe disease and complications, start treatment as soon as possible within 2 days of symptom onset to be most effective • Initiate empiric treatment for suspected cases in the above priority groups • CDC: Clinical Guidance for Hospitalized and Non-Hospitalized Patients When SARS-CoV-2 and Influenza Viruses are Co-Circulating • CDC: Influenza	Same as for COVID-19	Antiviral prophylaxis: • Particularly for people at increased risk for severe illness and residents of congregate settings	• Annual vaccination for everyone ages 6 months and older • CDC: ACIP Recommendations Summary, Influenza

		Antiviral Medications: Summary for Clinicians			
Respiratory syncytial virus (RSV)	Antigen detection or molecular assay (eg, PCR): • Nasal or NP swab, aspirate or wash, oropharyn-geal swab (depending on test and individual's age) • May be included in respiratory virus panel • Point of care or in-house or commercial lab	Supportive care	Same as for COVID-19	None	• One-time vaccination for all adults ages 75 and older and for adults ages 60 to 74 with risk factors • To protect infants, one-time vaccination for pregnant persons during pregnancy or monoclonal antibody for infants and high-risk young children • CDC: Clinical Guidance for RSV Immunizations and Vaccines

Abbreviations: ACIP, Advisory Committee on Immunization Practices; NP, nasopharyngeal; PCR, polymerase chain reaction