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Guidance for The New York State COVID-19 Vaccination Program

Effective March 1, 2021

Purpose and Background:

Limited amounts of COVID-19 vaccine are available for New York's COVID-19 Vaccination Program. The amount of vaccine the state receives is based upon the allocation made to New York by the federal government. The New York State Department of Health (NYSDOH) then determines state allocations to providers and entities who have enrolled to administer vaccine. [Executive Order 202.91, as extended](#), also sets forth mandatory prioritization for vaccination by provider type.

Hospitals must continue to prioritize unvaccinated healthcare workers. Hospitals were allocated vaccine until the end of Week 9 (February 14, 2021) to vaccinate ALL eligible hospital employees who currently desire vaccination, after which time any allocation to the hospital is open to all populations eligible for vaccination at hospitals, prioritizing all Phase 1A individuals who are not employed at the hospital, and OPWDD congregate care populations, then individuals age 65 and older. Eligible hospital employees who were not vaccinated by the end of Week 9 (e.g., new eligible employees, employees who changed their mind) may still be vaccinated out of such allocation.

Retail pharmacies or physician network or practice groups, after vaccinating their own patient-facing staff, should only vaccinate persons aged 65 years or older.

Local Health Departments must continue to prioritize the essential worker population in phase 1B and residents and staff of congregate settings operated or certified by the Office for People With Developmental Disabilities (OPWDD). Individuals with comorbidities and underlying conditions are eligible for vaccination at State-operated mass vaccination sites (MVS), and other locations as designated by the local health department (LHD). LHDs can work with health care providers in their counties to determine where individuals with comorbidities and underlying conditions can be vaccinated. A list of eligible comorbidities and underlying conditions is included in Appendix A. LHDs may also receive a week-to-week supplemental allocation to vaccinate the 65+ population.

Beginning in Week 12, public-facing hotel workers are now eligible at state mass vaccination sites, and may be eligible for vaccination at Local Health Departments, if the county opts to vaccinate such population.

New York is mandating social equity and fair distribution among the priority groups now eligible to ensure fair treatment and proportionate allocations both by eligibility group and by region.

All vaccine providers in New York State, including those located in the City of New York and those participating in federal programs, must follow New York State Department of Health (NYSDOH) guidance regarding vaccine prioritization, as well as any other relevant directives.

Eligible individuals:

Appendix A summarizes populations eligible to be vaccinated.

Vaccine Provider Responsibilities:

- COVID-19 vaccine must be given according to the prioritization plan established by the NYSDOH. The vaccine cannot be used for any other populations or groups other than those listed as eligible in NYSDOH guidance.
- All facilities, entities, and practices receiving vaccine doses have an obligation to quickly utilize all doses, per New York’s “Use it or Lose it” policy and [Executive Order 202.88](#). If any vaccine is not administered within seven days of receipt, remaining doses may be removed, and entities may not be allocated future vaccine doses.
- Any provider or entity not on track to administer all received doses to eligible populations within the week of receipt, must notify the state no later than the fifth day after receipt, at CovidVaccineNotUsed@health.ny.gov, pursuant to [Executive Order 202.88](#).
- Vaccine cannot be redistributed to another facility, provider, practice, or department without prior approval and consent of the NYSDOH. Facilities needing to redistribute vaccine must submit a [completed redistribution form](#) to COVIDVaccineRedistribution@health.ny.gov and must not redistribute until NYSDOH approval.
- A provider may transport vaccine to another location for the purpose of holding a limited duration vaccination clinic without prior approval from the NYSDOH; if the provider is administering the doses and reporting doses administered against their own inventory in NYSIIS, all unused vaccine must be transported back to the original location at the conclusion of the clinic that day. The provider must retain possession and control of the vaccine for the duration of the transport and administration.
- Those who are administering the vaccine should be prioritized to receive vaccine as soon as doses are available.
- All providers must keep a daily list of “standby” eligible individuals to be notified of open appointments for vaccine administration on short notice. As soon as providers are aware that there are more doses than people to be vaccinated, “standby” eligible individuals should be called, or other steps must be taken to bring additional eligible recipients to the facility or clinic before the acceptable use period expires. Standby lists must include eligible individuals for first and second doses. (See page 3 for further guidance.)
- Providers should not prefill more syringes than they can use within one hour. Prefilled syringes must be used within 6 hours of filling. Excess prefilling can lead to waste if a clinic must end early or an excessive number of recipients fail medical screening or do not show up for their appointment. Please see [Guidance on Use of COVID-19 Vaccine Doses Remaining at End of Day or Clinic for Providers Participating in the New York State COVID-19 Vaccination Program](#) for more information.
- All facilities or practices are required to track vaccine uptake among their staff and must furnish uptake data to the NYSDOH via HERDS survey, or as part of the NYS Vaccine Tracker.

Each facility that receives vaccine:

- **MUST ensure that for each individual they vaccinate:**
 - The individual displays evidence of completed [NYS COVID-19 Vaccine Form](#) and attestation,

- The individual displays proof of eligibility, and
- The provider reports all relevant information in the NYS Vaccine Tracker and NYSIIS/CIR, as applicable.
- Will be notified about how much vaccine will be received.
- Must use all vaccine doses in the week received by rapidly deploying it to the eligible populations.
- Must prioritize which of their own staff receives vaccination first (if you are a new provider).
- Must prioritize vaccinating those who are administering the vaccine (if you are a new provider).
- May be required to schedule and accommodate other priority populations for vaccination within the facility.
- All vaccine administered must be reported, using the New York State Immunization Information System (NYSIIS) or the Citywide Immunization Registry (CIR) in New York City, within 24 hours of administration.
- Vaccine Administrators **must also report additional information on all those vaccinated on a daily basis** using the [COVID-19 Vaccine Tracker](#).

Vaccinating individuals from outside your facility or practice:

The NYSDOH will clearly communicate to all facilities or practices as to the allocation of vaccine (e.g. if a certain vaccine allocation is for the purpose of vaccinating individuals outside of the facility or practice). If you are unsure as to the intended priority population for any vaccine allocation, you should email the NYSDOH at COVID19Vaccine@health.ny.gov. All providers must ensure that all individuals they are vaccinating are eligible to receive the vaccine as required by [Executive Order 202.86](#) and this guidance.

The Second COVID-19 Vaccine Dose:

The second dose must be administered 21 days (Pfizer-BioNTech vaccine) or 28 days (Moderna vaccine) after the first dose. To facilitate this, all providers **must** schedule the second dose appointment for recipients **at the time the first dose is administered**. Those who receive the vaccine must return to the same location to receive the second dose, unless NYSDOH approves an alternative due to extenuating circumstances. Individuals must receive two doses of the same vaccine (e.g., you must receive two doses of the Pfizer-BioNTech vaccine or two doses of the Moderna vaccine). They are **not** interchangeable. Please see [Guidance for Administration of the Second Dose of COVID-19 Vaccine](#) for additional information regarding administration of the second dose.

Do not reserve first dose vaccine for the second dose. A second dose allocation will be shipped to your facility in time for administration of the second dose at the required interval. **The vaccine included in the second shipment must be reserved for second doses.** Facilities will be notified of the timing and quantity of the second dose shipment so that it can be separated from first doses in your inventory.

New York State has adopted the Centers for Disease Control's (CDC's) Vaccine Inventory Management Guidance (<https://www.cdc.gov/vaccines/covid-19/vaccine-inventory-management.html>). This guidance requires providers, on a weekly basis, to review all missed appointments, as well as any other reason for a second dose to be unused after 42 days, and to repurpose any remaining doses as first doses.

Frozen second doses that are not beyond the 42-day window for scheduled administration must NOT be used as first doses. The only second doses that may be administered as first doses are those doses that are approaching their expiration or beyond use date, and providers must follow the process outlined in the Second Dose Guidance.

Any frozen second doses that are currently beyond the 42-day window should immediately be used as first doses. The State is encouraging that individuals 65 plus be prioritized, however, these doses can be administered to any eligible individual in accordance with NYS Vaccine Program Guidance. If an individual requests a second dose after missing the 42-day window, they should still be administered such a second dose. There is no need to restart the series, pursuant to CDC guidance. Providers who have insufficient vaccine to administer a second dose that was delayed beyond the 42 DAY window should work with their Lead Hub Hospital, which maintains a second dose waiting list.

Extra Doses of Pfizer-BioNTech and Moderna:

Vials of both Pfizer-BioNTech and Moderna may contain extra doses of vaccine. Vaccine administrators may use any extra vaccine that can be easily drawn up in a syringe to meet the dose requirements. Extra vaccine fluid from more than one vial **CANNOT** be combined to produce extra doses. This is particularly important because the vaccination doesn't contain preservatives. Enter all vaccines given into NYSIIS/CIR, including any additional vaccines given, however do not modify inventory in anticipation of extra doses. For additional information please see [Pfizer-BioNTech](#) guidance and [Moderna](#) guidance for extra doses.

Remaining COVID-19 Vaccine Doses:

All vaccine providers must plan accordingly to ensure every dose of vaccine is administered. Proper planning to avoid waste includes confirming the exact number of recipients from a priority population available to be vaccinated before drawing the first dose from a new vial.

All providers must keep a daily list of "stand by" eligible individuals to be notified for vaccine administration on short notice. As soon as providers are aware that there are more doses than people to be vaccinated, "standby" eligible individuals should be called, or other steps must be taken to bring additional eligible recipients to the facility or clinic before the acceptable use period expires. However, there may be times due to inclement weather, cancellations, or extra doses in vial, that there are doses of vaccine that remain at the close of business or the end of a vaccine clinic and no one from the priority population can come in before the doses expire. ("Stand by" lists must include individuals eligible for first and second doses.)

At these times and **only** under these circumstances, providers are authorized by the NYSDOH to administer vaccine first to other eligible individuals, and if no eligible individuals are able to be vaccinated, vaccinate any consenting adult. Providers must report any vaccine administered pursuant to this authority to NYS DOH. As an example, commercial pharmacists in this situation who had already vaccinated eligible populations, everyone public facing in the pharmacy department and the "stand by" list they can then move on to vaccinate any other eligible individual, rather than letting doses expire. This exception is **ONLY** for the purpose of ensuring vaccine is not wasted and must be reported to NYSDOH.

As the NYS COVID-19 Vaccination Program opens to more populations, the need for this exception should greatly diminish. If this exception is utilized, providers must:

- Require anyone receiving the COVID-19 vaccine to complete the [New York State COVID-19 Vaccine Form](#) pursuant to [Executive Order 202.86](#), as extended.
- Record any vaccine dose administered in NYSIIS/CIR within 24 hours of administration.
- Maintain a separate tracking sheet so that the amount of vaccine used for different groups is clearly documented, as well as to whom it was administered.
- Schedule a second dose at the time of administration.

Under all circumstances, providers must contact the local Department of Health to determine if any eligible individuals can be contacted to receive the vaccine before discarding any vaccine.

Mandatory Vaccine Form:

All individuals receiving the COVID-19 vaccine **must** complete the [New York State COVID-19 Vaccine Form](#) for the first dose, and attest that they are eligible to be vaccinated. Pursuant to [Executive Order 202.86](#), as extended, practices, providers, and entities must confirm adherence to this requirement at the time of vaccine administration.

Proof of Occupation or Eligibility:

Individuals being vaccinated **must** provide proof of eligibility.

If an individual is eligible due to their work or employment status, they must prove they work or are employed in the State of New York, regardless of where they reside. Additionally, if an individual resides in New York but is employed or works in another state, such individual must show proof of residence in New York and proof of work or employment, regardless of where such work or employment occurs.

Proof of work or employment may include:

- an employee ID card or badge,
- a letter from an employer or affiliated organization,
- a pay stub, depending on the specific priority status, or
- display proof of work via an application (e.g., Uber, Lyft, DoorDash, etc.).

If an individual is eligible due to their age, they must produce proof of age and proof of residence in New York.

To prove New York residence, an individual must show:

- One of the following: State or government-issued ID; consulate ID (if New York address is displayed); Statement from landlord; Current rent receipt or lease; Mortgage records; or
- Two of the following: Statement from another person; Current mail; School records.
- For age, such proof may include:
 - Driver's license or non-driver ID;
 - Birth certificate issued by a state or local government;
 - Consulate ID;
 - Current U.S passport or valid foreign passport;
 - Permanent resident card;
 - Certificate of Naturalization or Citizenship;
 - Life insurance policy with birthdate; or
 - Marriage certificate with birthdate.

Alternatively, employers or organizations can provide a list of staff who meet the eligibility criteria for vaccination. Do not vaccinate any person who does not have proof of their occupation, age, or priority status, as applicable, as well as proof of residence or employment. [Executive Order 202.86](#) imposes monetary penalties for any provider vaccinating an individual who has not certified eligibility or for whom the provider otherwise has knowledge the individual is not a member of a priority group.

Public-facing hotel workers are eligible beginning on March 1, 2021.

For individuals with certain comorbidities or underlying conditions, at state-operated mass vaccination sites, any of the following proof is acceptable to prove eligibility:

- Doctor's Letter, or
- Medical Information Evidencing Comorbidity, or
- Signed Certification.

Local health departments are authorized to determine what forms, or combination thereof, of the proof options listed above, are required in their jurisdiction for this population. Providers must be aware of the LHD policy for proof of comorbidity and must require individuals being vaccinated to show proof consistent with such policy.

The Department of Health will audit local compliance with the above to ensure ALL providers are complying with the proof requirements in the jurisdiction.

The mandatory [New York State COVID-19 Vaccine Form](#) includes a self-attestation regarding eligibility for vaccination and New York residence or employment in New York, which must be completed prior to vaccination.

Vaccine Safety:

Post-vaccination monitoring is an essential part of the COVID-19 vaccination program. The Centers for Disease Control and Prevention (CDC) is promoting and encouraging all those being vaccinated to participate in V-Safe, a smart-phone based application that will allow those vaccinated to enter their symptoms in the days after vaccination using text messaging. V-Safe also provides reminders for the second dose and telephone follow up for anyone who reports medically significant adverse events. V-Safe materials can be found at <http://www.cdc.gov/vsafe>, including a V-Safe information sheet. Please print out the information sheet and hand to each person vaccinated. You must report any adverse events that occur after vaccination to the Vaccine Adverse Events Reporting System (VAERS) at info@VAERS.org or by calling 1-800-822-7967.

Equity:

All workers who meet the eligibility criteria must be included, regardless of job title, location, or other status. For example, in a hospital, frontline workers include doctors, registered nurses, licensed practical nurses, certified nursing assistants, personal care assistants, environmental workers, ward clerks, dietary workers, and others who work on the same floor, ward, clinic or office and who have direct contact with COVID-19 patients must all be eligible for vaccination at the same time.

Effort must be made to do outreach to persons 65 years of age and older in all communities and settings. Persons in areas that have a high social vulnerability index are particularly vulnerable to COVID-19 and should be notified about how they can receive vaccine.

Communicating the Plan:

Please be sure to clearly communicate prioritization to all staff.

This guidance is in effect from the date of issuance until it is updated, or additional guidance is issued by NYSDOH. For questions, please contact the New York State Department of Health, Bureau of Immunization at COVID19vaccine@health.ny.gov.

New York State Vaccination Program Guidance
Appendix A
Priority Groups Eligible to be Vaccinated

New Eligible Priority Groups for Week 12 (beginning Monday, March 1, 2021)

Beginning March 1, public-facing hotel workers are eligible to receive COVID-19 vaccine.

Individuals with one of the below comorbidities or underlying conditions are eligible to receive COVID-19 vaccine. The list is subject to change as additional scientific evidence is published and as New York State obtains and analyzes additional state-specific data. Adults over the age of 16 with the following conditions due to increased risk of moderate or severe illness or death from the virus that causes COVID-19 are eligible:

- Cancer (current or in remission, including 9/11-related cancers);
- Chronic kidney disease;
- Pulmonary Disease, including but not limited to, COPD (chronic obstructive pulmonary disease), asthma (moderate-to-severe), pulmonary fibrosis, cystic fibrosis, and 9/11 related pulmonary diseases;
- Intellectual and Developmental Disabilities including Down Syndrome;
- Heart conditions, including but not limited to heart failure, coronary artery disease, cardiomyopathies, or hypertension (high blood pressure);
- Immunocompromised state (weakened immune system) including but not limited to solid organ transplant or from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, use of other immune weakening medicines, or other causes;
- Severe Obesity (BMI 40 kg/m²), Obesity (body mass index [BMI] of 30 kg/m² or higher but < 40 kg/m²);
- Pregnancy;
- Sickle cell disease or Thalassemia;
- Type 1 or 2 diabetes mellitus;
- Cerebrovascular disease (affects blood vessels and blood supply to the brain);
- Neurologic conditions, including but not limited to Alzheimer's Disease or dementia; and
- Liver disease.

Priority Groups Continuing to Be Eligible:

- Healthcare Workers
 - High-risk hospital and FQHC staff, including OMH psychiatric centers.
 - Health care or other high-risk essential staff who come into contact with residents/patients working in LTCFs and long-term, congregate settings overseen by OPWDD, OMH, OCFS and OASAS, and residents in congregate living situations, run by the OPWDD, OMH, OCFS and OASAS.
 - Staff of urgent care provider.
 - Staff who administer COVID-19 vaccine.
 - All Outpatient/Ambulatory front-line, high-risk health care workers of any age who provide direct in-person patient care, or other staff in a position in which they have direct contact with patients (i.e., intake staff),
 - This includes, but is not limited to, individuals who work in private medical practices; hospital-affiliated medical practices; public health clinics; specialty medical practices of

all types; dental practices of all types; dialysis workers; diagnostic and treatment centers; occupational therapists; physical therapists; speech therapists; phlebotomists and blood workers; behavioral health workers; midwives and doulas; and student health workers.

- All front-line, high-risk public health workers who have direct contact with patients, including those conducting COVID-19 tests, handling COVID-19 specimens and COVID-19 vaccinations.
- Certified NYS EMS provider, including but not limited to Certified First Responder, Emergency Medical Technician, Advanced Emergency Medical Technician, Emergency Medical Technician – Critical Care, Paramedic, Ambulance Emergency Vehicle Operator, or Non-Certified Ambulance Assistant.
- County Coroner or Medical Examiner, or employer or contractor thereof who is exposed to infectious material or bodily fluids.
- Licensed funeral director, or owner, operator, employee, or contractor of a funeral firm licensed and registered in New York State, who is exposed to infectious material or bodily fluids.
- Home care workers and aides, hospice workers, personal care aides, and consumer-directed personal care workers.
- Staff and residents of nursing homes, skilled nursing facilities, and adult care facilities.

New York residents age 65 and older¹

- First Responder or Support Staff for First Responder Agency
 - Fire
 - State Fire Service, including firefighters and investigators (professional and volunteer)
 - Local Fire Service, including firefighters and investigators (professional and volunteer)
 - Police and Investigations
 - State Police, including Troopers
 - State Park Police, DEC Police, Forest Rangers
 - SUNY Police
 - Sheriffs' Offices
 - County Police Departments and Police Districts
 - City, Town, and Village Police Departments
 - Transit of other Public Authority Police Departments
 - State Field Investigations, including DMV, SCOC, Justice Center, DFS, IG, Tax, OCFS, SLA
 - Public Safety Communications
 - Emergency Communication and PSAP Personnel, including dispatchers and technicians
 - Other Sworn and Civilian Personnel
 - Court Officer
 - Other Police or Peace Officer
 - Support or Civilian Staff for Any of the Above Services, Agencies, or Facilities
- Corrections
 - State DOCCS Personnel, including correction and parole officers
 - Local Correctional Facilities, including correction officers
 - Local Probation Departments, including probation officers
 - State Juvenile Detention and Rehabilitation Facilities
 - Local Juvenile Detention and Rehabilitation Facilities

¹ Pharmacies are vaccinating only individuals from this population.

- P-12 Schools
 - P-12 school (public or non-public) or school district faculty or staff (includes all teachers, substitute teachers, student teachers, school administrators, paraprofessional staff, and support staff including bus drivers)
 - Contractor working in a P-12 school (public or non-public) or school district (including contracted bus drivers)
 - Licensed, registered, approved or legally exempt group childcare
- In-Person College Faculty and Instructors
- Employees or Support Staff of Licensed, Registered, Approved or Legally Exempt Group Childcare Settings
- Licensed, Registered, approved or legally exempt group Childcare Provider
- Public Transit
 - Airline and airport employee
 - Passenger railroad employee
 - Subway and mass transit employee (i.e., MTA, LIRR, Metro North, NYC Transit, Upstate transit)
 - Ferry employee
 - Port Authority employee
 - Public bus employee
- Public Facing Grocery Store Workers, including convenience stores, bodegas, regional food banks, food pantries, and permitted home-delivered meal programs,
- Incarcerated individuals age 65+ or those with comorbidities or underlying conditions.
- Individual living in a homeless shelter where sleeping, bathing or eating accommodations must be shared with individuals and families who are not part of your household.
- Individual working (paid or unpaid) in a homeless shelter where sleeping, bathing or eating accommodations must be shared by individuals and families who are not part of the same household, in a position where there is potential for interaction with shelter residents.
- Restaurant employees, including workers in permitted soup kitchen and congregate meal programs,
- Restaurant delivery workers,
- Public facing hotel workers, and
- For-hire vehicle drivers, including taxi, livery, black car, and transportation network company drivers