

Pediatric COVID-19 update: January 21, 2022

HOSPITAL ADMISSIONS – Key Takeaways

From the week of December 5-11, 2021 to the week of January 9-15, 2022, hospital admissions for or with COVID-19 among people aged ≤ 18 years increased approximately 6-fold statewide (e.g. more than +600%, or an 7-times relative change), while those for all age groups combined increased only 3-fold statewide. Across the state, hospital admissions for or with COVID-19 increased approximately:

- 11-fold for those ≤ 18 years and 8-fold for all age groups in NYC,
- 8-fold for those ≤ 18 years and 3-fold for all age groups in mid-Hudson and Long Island,
- 2-fold for those ≤ 18 years and 0.5-fold for all age groups in other regions of New York.

In the most recent week (January 9-15, 2022), overall admissions ≤ 18 *declined* statewide by 20%, driven by declines in NYC, mid-Hudson, and Long Island, but continued to increase in the other regions of New York. In this week, 52% of children ≤ 18 years admitted had no comorbidities and 58% were symptomatic.

During January 9-15, 2022, among the 48% of children admitted with but not primarily for COVID-19, the most common reasons for admission were acute medical conditions and mental health or substance abuse. This presents a change from prior weeks, where acute and chronic medical conditions were the most common reasons for admission not primarily for COVID-19. COVID-19 may have been an exacerbating factor contributing to the need for hospitalization, but the significance of the COVID-19 diagnosis cannot be determined from these data. Statewide, injury or trauma represented 3% of admissions with COVID-19 (only 14 out of the 482 admissions that week).

The large increases over time have been observed for children admitted both for COVID-19 and for other reasons, but with a positive COVID-19 result. In this time period, New York City saw an 8-fold increase in admissions for COVID-19 (111 vs. 12) and 13-fold increase in admissions with COVID-19, but primarily for other reasons (144 vs. 10).

Analyses suggest the relatively greater increases in hospitalizations for children may be due to reduced vaccine coverage combined with modestly reduced vaccine effectiveness against hospitalization for children 5-17 years, and the absence of vaccines for children 0-4 years.

Notably, among children admitted to the hospital for or with COVID-19 during the week of January 10-16, 2022,

- 6% of 5 to 11 year olds were vaccinated and 88% were unvaccinated
- 27% of 12 to 17 year olds were vaccinated and 64% were unvaccinated.

ACTION: These observed trends in hospital admissions for and with COVID-19 among those ≤ 18 years of age highlight the need to redouble efforts to protect the health of our youngest New Yorkers. Vaccination of children remains a critical, highly protective strategy and should be combined with other measures to reduce exposure, such as mask wearing. Children ≤ 4 years of age are not currently eligible for vaccination. Therefore, additional protective measures remain important to safeguard their health during the current winter wave, including vaccinating, boosting and masking by those around them.



HOSPITAL ADMISSIONS – Additional Details

As Table 2 shows, the highest rate of hospitalization is among persons ≥65 years. Older age is a risk-factor for severe COVID-19 and this group has been disproportionately affected by severe disease throughout the pandemic.

In contrast, despite lower absolute rates of hospitalization, the most rapid relative increases in hospitalizations were observed for children ≤ 18 years (Table 2, Figure 3).

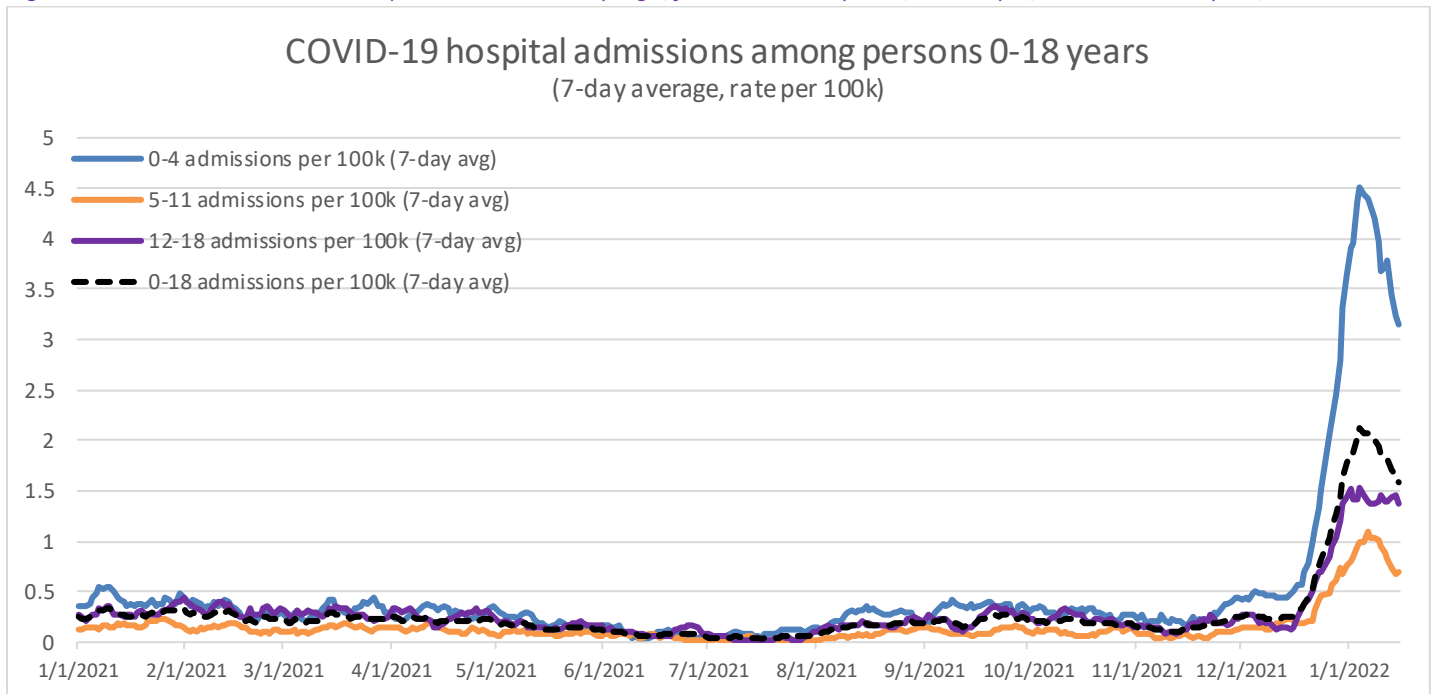
Among children, rates have risen sharply for ages 0-4 years, a group that remains ineligible for vaccination. The average hospitalization rate during January 9-15, 2022 for children 0-4 years of 3.16 per 100,000 exceeds the average rates observed for adults 19-64 through late December 2021, indicating a high burden of hospitalization for this age group.

Table 2. COVID-19 new hospital admission rates by age, December 5, 2021 – January 15, 2022

	0-4 years		5-11 years		12-18 years		19-64 years		65+ years	
	Rate	Change since Dec. 5-11	Rate	Change since Dec. 5-11	Rate	Change since Dec. 5-11	Rate	Change since Dec. 5-11	Rate	Change since Dec. 5-11
December 5 - 11	0.44	--	0.18	--	0.13	--	1.87	--	7.62	--
December 12 - 18	0.56	+29%	0.19	+5%	0.34	+153%	2.17	+16%	7.94	+4%
December 19 - 25 (excl. 25 th)	1.43	+226%	0.42	+130%	0.60	+353%	2.78	+48%	8.70	+14%
December 26 – January 1	3.91	+791%	0.79	+335%	1.52	+1,047%	6.39	+241%	21.87	+187%
January 2 – January 8	4.21	+860%	1.03	+465%	1.38	+940%	7.19	+284%	29.78	+291%
January 9 - 15	3.16	+620%	0.69	+280%	1.36	+927%	6.22	+232%	28.58	+275%

* Rates are 7-day average admissions per 100,000

Figure 3. Trends in COVID-19 hospital admissions by age, focus on 0-18 years, January 1, 2021 – January 15, 2022



FULL REPORT

Office of Public Health
New York State Department of Health

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Summary

On December 24, 2021, the New York State Department of Health [issued a health advisory](#) regarding a rise in COVID-19-associated hospital admissions for children due to and with COVID-19. This was followed by a report on January 7, which provided a comprehensive update to the information in that advisory and a second installment on this topic on January 14. This third report represents the next installment on this topic, covering data through January 15, 2022.

Key findings include:

- Cases have proportionally risen for all age groups; however, hospitalizations increased fastest for children ≤ 18 years, particularly those 0-4 years, who remain unvaccinated.
- Between the week of December 5-11, 2021 and January 9-15, 2022, there was:
 - An 11-fold increase in hospital admissions for persons 0-18 years in NYC, an 8-fold increase for mid-Hudson/Long Island, and a 2-fold increase in other regions. This yielded a 6-fold statewide increase in hospital admissions of people aged 0-18 years. In the most recent week (January 9-15, 2022), overall admissions ≤ 18 *declined* statewide by 20%, driven by declines in NYC, mid-Hudson, and Long Island, but continued to increase in the other regions of New York.
 - During this same time period, admissions for all age groups rose approximately 8-fold for NYC and 3-fold statewide, illustrating the greater increase for children relative to the general population.
 - During January 9-15, 2022, among the 48% of children admitted with but not primarily for COVID-19, the most common reasons for admission were acute medical conditions and mental health or substance abuse. This presents a change from prior weeks, where acute and chronic medical conditions were the most common reasons for admission not primarily for COVID-19. COVID-19 may have been an exacerbating factor contributing to the need for hospitalization, but the significance of the COVID-19 diagnosis cannot be determined from these data. Statewide, injury or trauma represented 3% of admissions with COVID-19 (only 14 out of the 482 admissions that week).
 - The large increases over time have been observed for children admitted both for COVID-19 and for other reasons. In this time period, New York City saw an 8-fold increase in admissions for COVID-19 (111 vs. 12) and 13-fold increase in admissions for other reasons, but with COVID-19 (144 vs. 10).
- Across reasons for admission, COVID-19 symptoms were common, reported respectively for 64% and 58% of admissions in each of the previous 2 weeks statewide. About half of children had comorbidities.
- An analysis of breakthrough infections and vaccine effectiveness suggests that the relative increases in hospitalizations for children may be due to the combination of reduced vaccine coverage *and* modestly reduced vaccine effectiveness against hospitalization for children 5-17 years, relative to adults, and the absence of vaccine coverage for children 0-4 years.

Together these findings suggest an important pattern of increasing severe COVID-19 disease in the pediatric population. This may be explained by a combination of lower full vaccination (and booster) coverage, changes in vaccine effectiveness, or other factors. Nonetheless, these data support that to directly protect the health of our youngest New Yorkers, vaccination of children remains a critical, highly protective strategy and should be combined with other measures to reduce exposure, such as mask wearing. Children 0 to 4 years are not currently eligible for vaccination and such additional measures remain important to protecting their health during the current winter wave.



Detail

Data sources

This report contains information from 3 statewide New York State databases, which have been used for ongoing public reporting and analyses since the outset of the COVID-19 pandemic:

- **Electronic Clinical Laboratory Reporting System (ECLRS).** This New York State Department of Health (NYS DOH) system collects all reportable COVID-19 test results (nucleic acid amplification test [NAAT] or antigen) in New York State.^{1,2}
- **Health Electronic Response Data System (HERDS).** This NYSDOH program includes a statewide, daily electronic survey of all inpatient facilities in New York. Data on new admissions and current hospitalizations with a laboratory-confirmed COVID-19 diagnosis are entered into HERDS daily by trained hospital staff members. Note, no information was reported to HERDS on December 25, 2021. Data for this day were reported on December 26.
- **New York State Immunization Information System (NYSIIS) and the Citywide Immunization Registry (CIR).** These two systems are respectively used by NYS DOH and NYC Department of Health and Mental Hygiene to collect and store all COVID-19 provider vaccination data for persons residing in New York State, outside of New York, and in New York City (excluding selected settings reporting only to the federal government).²⁻⁴

Laboratory-confirmed COVID-19 (e.g. positive test results, cases)

Key findings

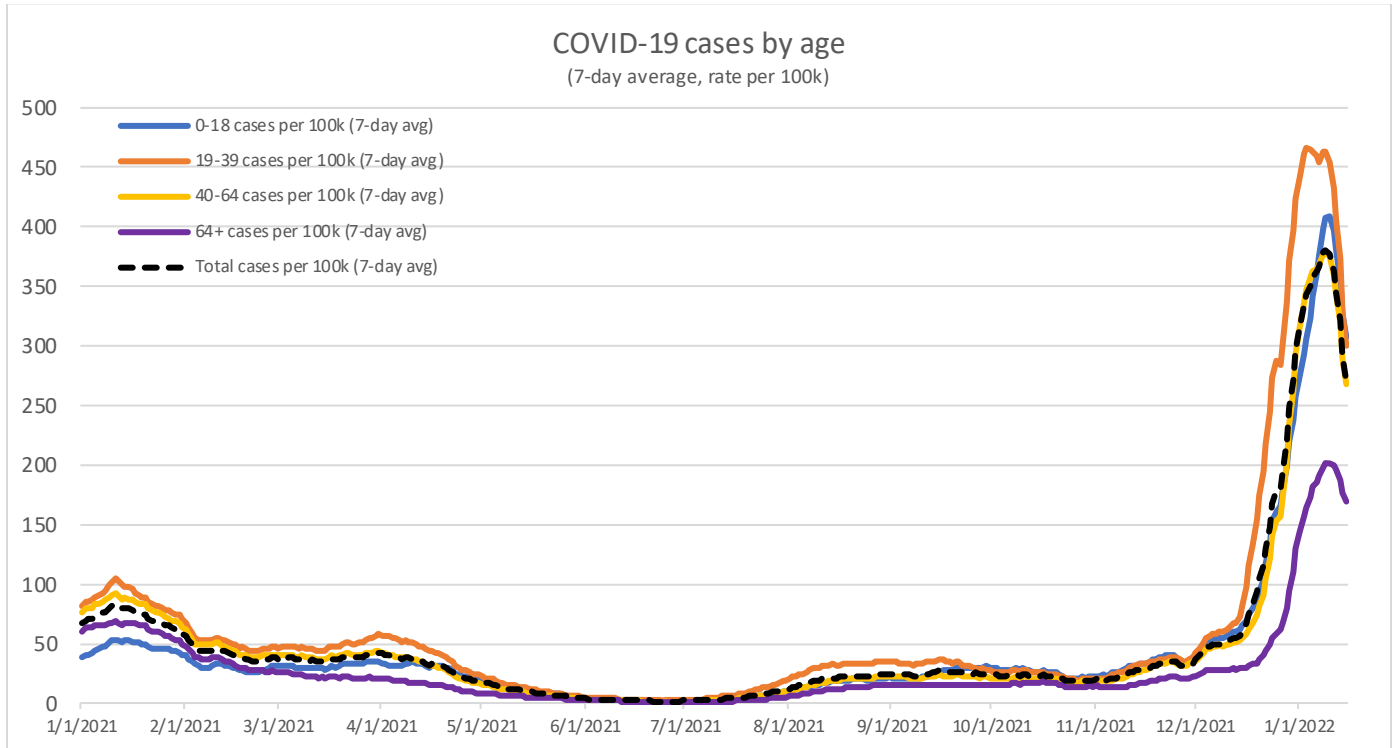
Trends in laboratory-confirmed COVID-19 are shown in Table 1 and Figures 1-2. Over the previous month, during the current winter wave, the numbers of reported cases and rates have reached all-time high levels in New York State. Before this wave, the largest single-day reported number of cases was 19,942 on January 14, 2021 (rate: 102/100,000 persons). Although rates are high for all groups, the highest rates are among those < 65 years, particularly those 12-17 years (329 per 100,000), 5-11 years (339 per 100,000), and 18-64 years (283 per 100,000). Case rates continued to decline in the previous week, with a statewide decline in the 7-day average of 29%, compared to the previous week. Note these results include results reported to ECLRS only and do not include home tests that may not have been reported, nor undiagnosed infections.

Table 1. COVID-19 Cases by age, 1/15/22 and change from previous week

Age group	# new cases	Rate per 100,000		
	1/15/22	1/15/22	7-day average	Change vs. prior 7 days
0-4	2678	234.8	247.0	(-19.8%)
5-11	5693	364.0	338.9	(-19.5%)
12-17	4294	314.9	328.9	(-27.1%)
18-64	32430	264.5	283.3	(-32.3%)
65+	6168	191.9	175.0	(-15.1%)
Total	51,264	262.3	271.0	(-28.6%)

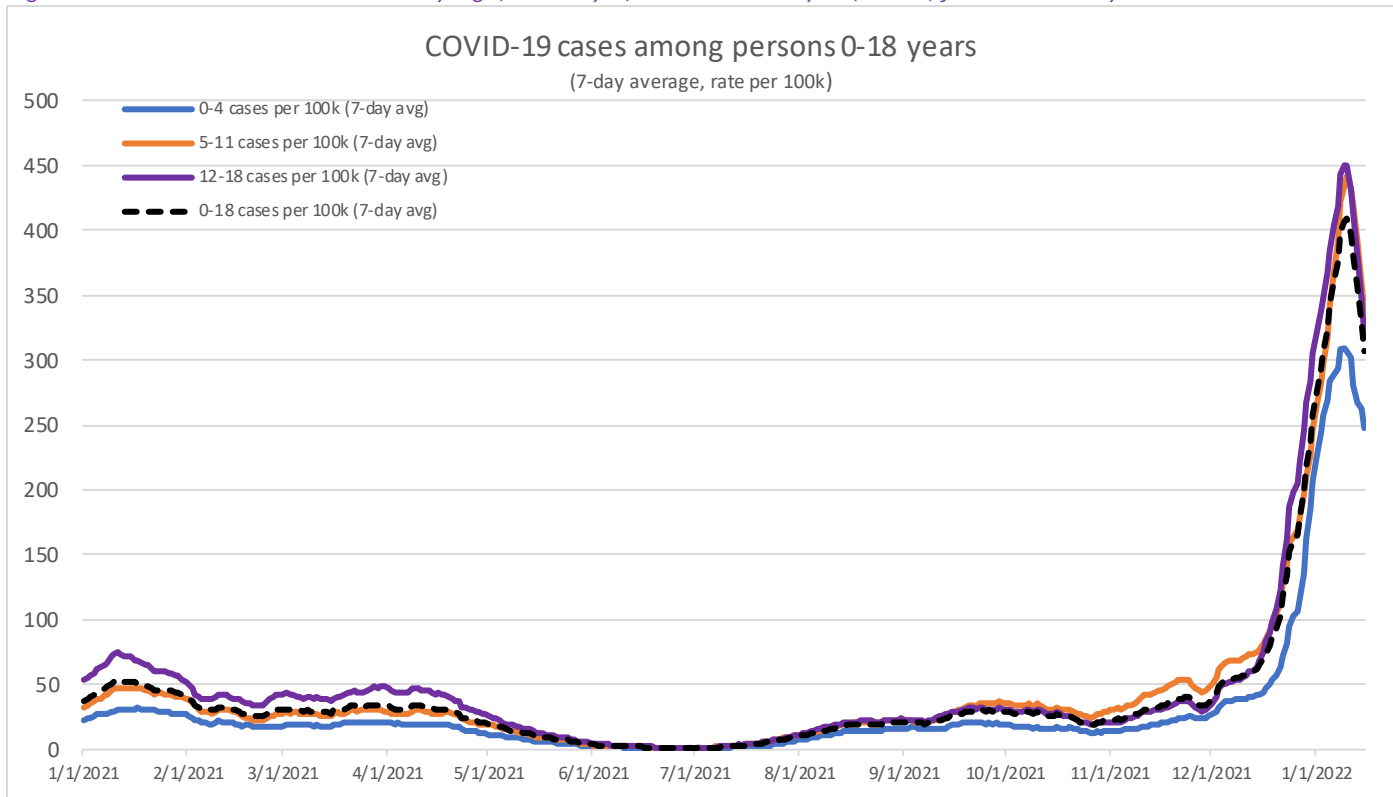
Source: ECLRS

Figure 1. Trends in COVID-19 Cases by age, all age groups, January 1, 2021 – January 15, 2022



Source: ECLRS

Figure 2. Trends in COVID-19 Cases by age, January 1, 2021 – January 15, 2022, focus on 0-18 years



Source: ECLRS

New hospital admissions and current hospitalizations

Overall trends by age

Key findings

- New admissions represent persons newly hospitalized with laboratory-confirmed COVID-19. Persons seen in an emergency department for illness or injuries, but not admitted to the hospital, are not included in these data. In comparison to positive test data above, which represent asymptomatic and symptomatic cases confirmed with a reported result, these data represent severe disease associated with COVID-19.
- Per Table 2, the highest rates of new admissions are seen among persons ≥ 65 years. Older age is a risk-factor for severe COVID-19 and this group has been proportionally most affected by severe disease throughout the pandemic.
- In contrast, despite lower absolute rates of hospitalization, the most rapid relative rises in hospitalizations have been observed for children ≤ 18 years (Table 2, Figure 3).
- Per Figure 3, among children, rates have grown sharply for ages 0-4 years, a group that remains unvaccinated. The current 7-day average hospitalization rate for children 0-4 years of 3.16 per 100,000 exceeds the average rates observed for adults 19-64 through late December 2021, indicating a high admissions burden for this age group in particular.
- The next sections of this report describe this greater hospitalization risk for children in greater detail.

Table 2. COVID-19 new hospital admission rates by age, December 5, 2021 – January 15, 2022

	0-4 years		5-11 years		12-18 years		19-64 years		65+ years	
	Rate	Change since Dec. 5-11	Rate	Change since Dec. 5-11	Rate	Change since Dec. 5-11	Rate	Change since Dec. 5-11	Rate	Change since Dec. 5-11
December 5 - 11	0.44	--	0.18	--	0.13	--	1.87	--	7.62	--
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* Rates are 7-day average admissions per 100,000

Source: HERDS

Figure 3. Monthly trends in COVID-19 hospital admissions by age, focus on 0-18 years, January 1, 2021 – January 15, 2022

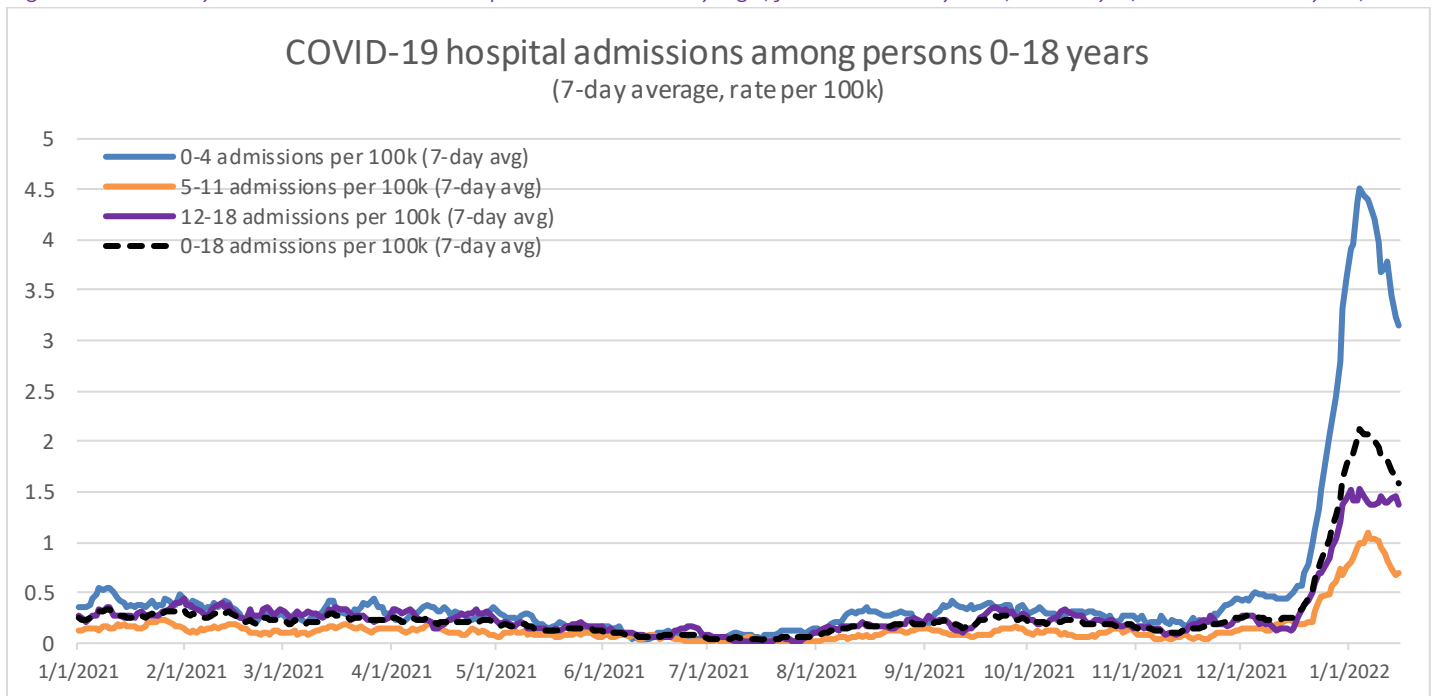
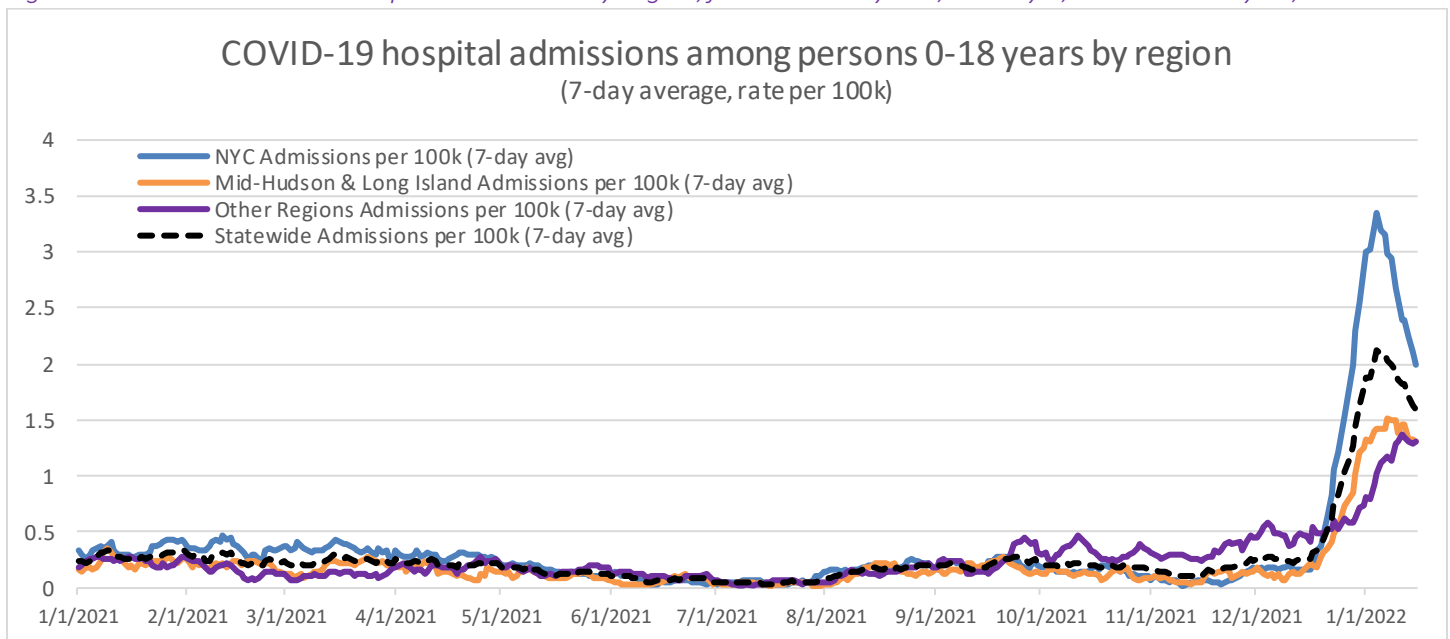


Figure 4. Trends in COVID-19 hospital admissions by region, focus on 0-18 years, January 1, 2021 – January 15, 2022



Source: HERDS



Focus on new admissions among children 0-18 years

Key findings:

- Pediatric hospitalizations increased fastest in NYC and mid-Hudson/Long Island regions, but have begun to decline in the most recent week (January 9-15, 2022, Table 3). Conversely, hospitalizations outside of the metropolitan area continue to increase. Together, this yielded a 20% statewide decline in pediatric admissions. Overall, between the week of December 5-11, 2021 and January 9-15, 2022:
 - There was a 10.6-fold increase in hospital admissions for persons 0-18 years in NYC (e.g., about +1,100%, or a 10.6-times relative change), a 8.1-fold increase for mid-Hudson/Long Island, and a 2.3-fold increase in other regions. This yielded a statewide 5.9-fold increase in hospital admissions of people aged 0-18.
 - Admissions for all age groups rose approximately 8-fold for NYC and 3-fold statewide, illustrating the greater increase for children relative to the general population.
 - Statewide, 2,145 persons 0-18 years were hospitalized, of which 1,242 were in New York City.
- Fifty-two percent of hospitalizations were in children 0-4 years, who comprise 26% of the 0-18 population and remain unvaccinated.
- Patients with reasons other than COVID-19 indicated may have had COVID-19 as a contributing cause for hospitalization and often have symptoms of COVID-19.⁵ The causal role of COVID-19 in hospital admissions is challenging to ascertain in real time, and often requires in-depth medical chart review after discharge. Because of this, all admissions “with COVID-19” are used to describe the total burden of hospitalizations associated with COVID-19. Details on the indicated reasons for admission are presented in Tables 4-7:
 - Per Tables 4-5, the most recent reporting week, January 9-15, 2022, continues to show a slight decline in admissions with the reason “for COVID-19” indicated over the prior reporting week (48% vs. 53%). For context, the year prior, this was 53% during the December 20-26, 2020 week and 51% during the December 27, 2020-January 2, 2021 week.
 - Between the weeks of January 2-8, 2022 and January 9-15, 2022, pediatric admissions for COVID-19 and for other reasons started to decline, however they remain notably higher than early December 2021 (Table 4). For example, New York City still has a 8.3-fold increase in admissions for COVID-19 (111 vs. 12) and 13.4-fold increase in admissions for other reasons, but with COVID-19 (144 vs. 10).
 - Between January 9-15, 2022, among children not primarily admitted for COVID-19, but with a COVID-19 diagnosis, the most common reasons for admission were acute medical conditions and mental health/substance abuse (Table 6). This presents a change from prior weeks, where acute and chronic medical conditions were the most common reasons for admission not primarily for COVID-19. COVID-19 may have been an exacerbating factor contributing to the need for hospitalization and cannot be determined from these data. Injury or trauma represented 3% of admissions with COVID-19.
- Across reasons for admission, COVID-19 symptoms were common, reported respectively for 66% and 60% of admissions in the previous 2 weeks in New York City, and 64% and 58% statewide.
- In the previous 2 weeks, comorbidities were present in a little under one-half of COVID-19 admissions. This indicates both the degree to which the most vulnerable children are being impacted by severe COVID-19 outcomes and to which other children without pre-existing conditions are also being impacted.



Table 3. New admissions with laboratory-confirmed COVID-19, ages 0-18 years, by region and week

Week	New York City				Mid-Hudson & Long Island				Other Regions				Statewide
	0-4y	5-11y	12-18y	Total	0-4y	5-11y	12-18y	Total	0-4y	5-11y	12-18y	Total	Total
November 28– December 4	11	3	9	23	2	2	5	9	25	11	17	53	85
December 5 - 11	8	8	6	22	6	4	2	12	21	8	7	36	70
December 12 - 18	20	11	12	43	6	5	5	16	19	5	21	45	104
December 19 - 25 (excl. 25 th)	74	32	31	137	21	6	18	45	19	8	19	46	228
December 26– January 1	224	60	101	385	54	16	42	112	34	11	29	74	571
January 2 - 8	206	82	89	377	79	15	31	125	51	16	36	103	605
January 9 - 15	148	40	67	255	51	15	43	109	53	21	44	118	482
Total	691	236	315	1,242	219	63	146	428	222	80	173	475	2,145

Source: HERDS

Table 4. Indicated reason for admission, among new admissions with COVID-19, previous 7 reporting weeks

Week	New York City			Statewide		
	Reason for admission indicated as for COVID-19	Admission indicated for other reason, but with positive COVID-19 results	Total with COVID-19	Reason for admission indicated as for COVID-19	Admission indicated for other reason, but with positive COVID-19 results	Total with COVID-19
November 28– December 4	14	9	23	49	36	85
December 5 - 11	12	10	22	44	26	70
December 12 - 18	26	17	43	58	46	104
December 19 - 25 (excl. 25 th)	88	49	137	137	91	228
December 26– January 1	227	158	385	339	232	571
January 2 - 8	191	186	377	318	287	605
January 9 - 15	111	144	255	229	253	482
Total	669	573	1,242	1,174	971	2,145

Source: HERDS

Table 5. Indicated reason for admission, among new admissions with COVID-19, previous 2 reporting weeks*

Region	Reason for admission*	Jan 2 – 8		Jan 9 – 15	
		n	%	n	%
New York City	COVID-19	191	51%	111	44%
	Other reason, but with COVID-19	186	49%	144	56%
Mid-Hudson & Long Island	COVID-19	69	55%	49	45%
	Other reason, but with COVID-19	56	45%	60	55%
Other Regions	COVID-19	58	56%	69	58%
	Other reason, but with COVID-19	45	44%	49	42%
Statewide	COVID-19	318	53%	229	48%
	Other reason, but with COVID-19	287	47%	253	52%

Source: HERDS

* Patients with reasons other than COVID-19 indicated may have had COVID-19 as a contributing cause for hospitalization and often have indicated symptoms for COVID-19

Table 6. Indicated reason for admission, most recent week of January 9-15, 2022*

Reason for Admission	New York City	Mid-Hudson & Long Island	Other Regions	Statewide
COVID-19	111	49	69	229
Acute Medical Condition	85	21	20	126
Chronic Medical Condition	17	3	3	23
Gynecology / Obstetrics	2	5	1	8
Injury / Trauma	6	4	4	14
Mental Health / Substance Abuse	16	17	17	50
Newborn Care	12	3	4	19
Surgical / Procedures	3	3	0	6
Other	3	4	0	7

Source: HERDS

* Patients with reasons other than COVID-19 indicated may have had COVID-19 as a contributing cause for hospitalization and often have indicated symptoms for COVID-19

Table 7. COVID-19 symptoms among new COVID-19 admissions, previous 2 reporting weeks

Region	Symptomatic for COVID-19	Jan 2 – 8		Jan 9 – 15	
		n	%	n	%
New York City	No	130	34%	101	40%
	Yes	247	66%	154	60%
Mid-Hudson & Long Island	No	50	40%	60	55%
	Yes	75	60%	49	45%
Other Regions	No	39	38%	40	34%
	Yes	64	62%	78	66%
Statewide	No	219	36%	201	42%
	Yes	386	64%	281	58%

Source: HERDS

Table 8. Comorbidities indicated*, among new admissions with COVID-19, previous 2 reporting weeks

Region	Comorbidities	Jan 2 – 8		Jan 9 – 15	
		n	%	n	%
New York City	No	191	51%	136	53%
	Yes	186	49%	119	47%
Mid-Hudson & Long Island	No	84	67%	50	46%
	Yes	41	33%	59	54%
Other Regions	No	54	52%	66	56%
	Yes	49	48%	52	44%
Statewide	No	329	54%	252	52%
	Yes	276	46%	230	48%

Source: HERDS

* Only presence/absence of comorbidities, not details, available in HERDS reporting



Current hospitalizations among children 0-18 years

Key findings

- Current hospitalizations provide a different perspective from new admissions, describing the current burden in the hospitals, rather than the occurrence of new severe disease.
- The pediatric bed census on the days in Table 9 appears to have leveled off, with 282 children hospitalized on January 15, 2022, following the above declines in new admissions. Although length of stay data are not currently available, the lower levels of currently hospitalized patients, relative to new admissions, suggests average lengths of stay < 1 week.

Table 9. Patients currently hospitalized with laboratory-confirmed COVID-19, end of reporting weeks

Week end date	New York City	Mid-Hudson & Long Island	Other Regions	Statewide
Dec 4	11	3	25	39
Dec 11	16	6	13	35
Dec 18	35	4	19	58
Dec 24*	85	28	29	142
Jan 1	166	54	29	249
Jan 8	183	61	45	289
Jan 15	148	72	62	282

Source: HERDS

* No data were reported on December 25, the end date for this week.

Vaccination: coverage, breakthrough infections and hospitalizations, and vaccine effectiveness

Tables 10 and 11 provide data from analyses of linked immunization (NYSIIS/CIR), testing (ECLRS), and hospital admissions databases (HERDS). The methods utilized have been extensively described in our previous studies and online NYS DOH dashboard. Analyses of the pediatric population were not presented separately in those works and are now displayed below, in-depth. Estimates are provisional and subject to change as new data are reported, particularly in more recent weeks.

Key Findings

- By the week of January 10-16, 2022, the percent fully-vaccinated (series completion + 14 days) was low for children 12-17 years (62.2%) and particularly those 5-11 (21.1%), per Table 10. Children 0-4 years remain unvaccinated, and thus unprotected by vaccines, and are excluded from these tables. Full vaccination is necessary to have the most protection from COVID-19 and insufficient coverage is likely a significant driver of increased COVID-19 risk for children.
- Examining new laboratory-confirmed infections (cases), per Table 10:
 - For children 5-11 years, in the week of January 10-16, case rates were 1.8-fold higher for those unvaccinated relative to vaccinated, yielding an estimated vaccine-effectiveness (VE) of 46%. In conjunction with low (21.1%) coverage, this yields 14% of cases occurring among vaccinated children.
 - For children 12-17 years
 - Daily case rates were high for both unvaccinated (331/100,000 persons) and vaccinated children (162/100,000 persons), in the week of January 10-16. The 2-fold higher rates for unvaccinated children yields an estimated vaccine-effectiveness of 51% against becoming a case.

- Over the 7 weeks shown, the rates of breakthrough infection rapidly rose and faster than those for unvaccinated children, yielding a decline in VE from 86% to 51% in recent weeks (more than [for adults](#)). This may be due to the increasing [prevalence of the Omicron variant](#) in New York State (to estimated 99.8% by January 15, 2022 per CDC’s program for HHS Region 2 including New York), which has been associated with a reduced vaccine effectiveness, particularly for populations that have not received a booster dose.⁷ On January 5, 2021, [CDC recommended](#) that all children 12-17 receive a booster dose 5 months after their primary series.
 - In conjunction with 62.2% full-vaccination coverage, these declines in VE yield an increase of cases among vaccinated children (breakthrough infection) from 20% to 48% in recent weeks. Nonetheless, vaccinated children in New York remained less likely to become COVID-19 cases during the weeks analyzed, demonstrating the continued protection from vaccines.
- Examining new hospital admissions with laboratory-confirmed COVID-19, per Table 11:
 - For children 5-11 years, in the week of January 10-16, the hospitalization rates were 5.3-fold higher for those unvaccinated compare to vaccinated, yielding an estimated vaccine-effectiveness of 81% against hospitalization.
 - Hospitalization rates were higher in unvaccinated (2.7/100,000 persons) versus vaccinated children 12-17 years (0.54/100,000 persons), in the week of January 10-16. The 5-fold higher rates for unvaccinated children yields an estimated vaccine-effectiveness of 80% against hospitalization.
 - Similar to cases, the rate of hospitalizations among fully-vaccinated children increased more rapidly than the rate among unvaccinated children during December 13, 2021 - January 16, 2022. This pattern yielded a general decline in vaccine effectiveness VE for hospitalization, from 94% to 80% for children 12-17 years, in the weeks studied. This may be likewise a result of increasing Omicron variant prevalence, as described above.
 - Together with increasing vaccine coverage, this has shifted the share of hospitalized 12-17 years old children from 9% to 27% in the observed weeks. Because of the small numbers, caution should be used in interpreting these and all estimates related to new admissions and vaccination.
 - Despite these changes, vaccines strongly protected children from hospital admission, with 80% protection in the most recent week.
- **These data suggest that the relative increases in hospitalizations for children may be due to: reduced vaccine coverage *and* modestly-reduced vaccine effectiveness against hospitalization for children 5-17 years, relative to adults, and the absence of vaccine coverage for children 0-4 years.**



Table 10. COVID-19 Cases among children 5-17 years, by vaccine status

Week*	Distribution of new cases by vaccine status						Rates and vaccine effectiveness			Full-vaccine Coverage
	Vaccinated		Partially-vaccinated		Unvaccinated		Vaccinated	Unvaccinated	VE	%
	Cases	% of cases	Cases	% of cases	Cases	% of cases	rate per 100k	rate per 100k		
5-11 years**										
Dec. 13-19	204	2%	1,356	12%	10,099	87%	39	147	73%	5.4%
Dec. 20-26	1,048	5%	2,683	13%	16,948	82%	91	258	65%	12.1%
Dec. 27-Jan. 2	2,901	8%	4,373	12%	28,541	80%	184	451	59%	16.5%
Jan. 3-9	4,540	10%	5,669	12%	36,119	78%	252	590	57%	18.9%
Jan. 10-16	3,197	14%	2,968	13%	17,451	74%	159	293	46%	21.1%
12-17 years										
Nov. 29-Dec. 5	850	20%	118	3%	3,356	78%	15	105	86%	59.3%
Dec. 6-12	1,304	23%	145	3%	4,267	75%	23	136	83%	59.7%
Dec. 13-19	4,153	37%	380	3%	6,748	60%	72	219	67%	60.2%
Dec. 20-26	10,166	43%	903	4%	12,787	54%	175	424	59%	60.8%
Dec. 27-Jan. 2	15,949	44%	1,312	4%	18,899	52%	273	640	57%	61.3%
Jan. 3-9	19,270	46%	1,737	4%	21,201	50%	327	732	55%	61.7%
Jan. 10-16	9,599	48%	821	4%	9,401	47%	162	331	51%	62.2%

Source: ECLRS, NYSIIS/CIR

* Data are still accruing in most recent weeks. In particularly those from the previous 3 weeks are subject to the largest amount of uncertainty; estimates are likely an undercount and are subject to most change.

** < 1% of this age group fully-vaccinated in previous weeks

Table 11. New COVID-19 hospital admissions among children 5-17 years, by vaccine status

Week*	Distribution of new hospitalizations by vaccine status						Rates and vaccine effectiveness			Full-vaccine Coverage
	Vaccinated		Partially-vaccinated		Unvaccinated		Vaccinated	Unvaccinated	VE	%
	Hosp	% of hosp	Hosp	% of hosp	Hosp	% of hosp	rate per 100k	rate per 100k		
5-11 years**										
Dec. 13-19	0	0%	2	10%	18	90%	0	0.26	100%	5.4%
Dec. 20-26	2	4%	3	6%	49	91%	0.17	0.75	77%	12.1%
Dec. 27-Jan. 2	3	3%	13	14%	77	83%	0.19	1.22	84%	16.5%
Jan. 3-9	4	4%	7	6%	100	90%	0.22	1.63	86%	18.9%
Jan. 10-16	4	6%	5	7%	63	88%	0.20	1.06	81%	21.1%
12-17 years										
Nov. 29-Dec. 5	2	9%	0	0%	20	91%	0.04	0.62	94%	59.3%
Dec. 6-12	1	8%	1	8%	11	85%	0.02	0.35	95%	59.7%
Dec. 13-19	7	23%	1	3%	22	73%	0.12	0.71	83%	60.2%
Dec. 20-26	18	26%	6	9%	45	65%	0.31	1.49	79%	60.8%
Dec. 27-Jan. 2	36	30%	4	3%	79	66%	0.62	2.67	77%	61.3%
Jan. 3-9	40	31%	10	8%	77	61%	0.68	2.66	75%	61.7%
Jan. 10-16	32	27%	11	9%	77	64%	0.54	2.70	80%	62.2%

Source: HERDS, NYSIIS/CIR

* Data are still accruing in most recent weeks. In particularly those from the previous 3 weeks are subject to the largest amount of uncertainty; estimates are likely an undercount and are subject to most change.

** < 1% of this age group fully-vaccinated in previous weeks

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