NMHealth

Office Hours for New Mexico Vaccine Providers

Immunization Program

January 15, 2025

New Mexico (NM) Immunization Program (IP) Key Staff

- Andrea Romero –IP Manager
- Kathryn Cruz – NM Statewide Immunization Information System (NMSIIS) Manager
- Lynne Padilla-Trujillo – Vaccines for Children Program (VFC) Manager
- Scarlett Swanson - Immunization Compliance Coordinator
- Vanessa Hansel – Vaccine and Outreach Manager

Office Hours Agenda

- Health and Human Services (HHS) Childhood Immunization Schedule Update
- Vaccination Issues and Updates in NM and US
- COVID-19 Vaccine Updates
- Influenza Vaccine Updates
- RSV Immunization Reminders Updates
- Measles Domestic and International Update
- Avian Influenza A(H5) Virus Update
- Mpox Update
- VFC/Pediatric Vaccine Updates
- Adult Vaccine Updates
- Disease and Vaccine Epidemiology Updates
- Campaigns and Announcements
- Questions, Comments, Dialogues, Missives and Negotiations

Ch-ch-ch-ch Changes?

New Mexico Department of Health Recommends All AAP Childhood Vaccines

NMHealth

NMDOH will continue follow American Academy of Pediatrics (AAP) and other medical professionals' recommendation for vaccines for all age-eligible children, 0-18 years

Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger

United States 2025

Vaccines and Other Immunizing Agents in the Child and Adolescent Immunization Schedule*

Monoclonal antibody	Abbreviation(s)	Trade name(s)
Respiratory syncytial virus monoclonal antibody	RSV-mAb	Beyfortus Enflonsia
Vaccine	**Abbreviation(s)**	**Trade name(s)**
COVID-19 vaccine	1vCOV-mRNA	Comirnaty mNEXSPIKE Spikevax
	1vCOV-aPS	Nuvaxovid
Dengue vaccine	DEN4CYD	Dengvaxia
Diphtheria, tetanus, and acellular pertussis vaccine	DTaP	Daptacel Infanrix
Haemophilus influenzae type b vaccine	Hib (PRP-T)	ActHIB Hiberix
	Hib (PRP-OMP)	PedvaxHIB
Hepatitis A vaccine	HepA	Havrix Vaqta
Hepatitis B vaccine	HepB	Engerix-B Recombivax HB
Human papillomavirus vaccine	HPV	Gardasil 9
Influenza vaccine (inactivated: egg-based)	IIV3	Multiple
Influenza vaccine (inactivated: cell-culture)	ccIIV3	Flucelvax
Influenza vaccine (recombinant)	RIV3	Flublok
Influenza vaccine (live, attenuated)	LAIV3	FluMist
Measles, mumps, and rubella vaccine	MMR	M-M-R II Priorix
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-CRM	Menveo
	MenACWY-TT	MenQuadfi
Meningococcal serogroup B vaccine	MenB-4C	Bexsero
	MenB-FHbp	Trumenba
Meningococcal serogroup A, B, C, W, Y vaccine	MenACWY-TT/MenB-FHbp	Penbraya
	MenACWY-CRM/MenB-4C	Penmenvy
Mpox vaccine	Mpox	JYNNEOS
Pneumococcal conjugate vaccine	PCV15	Vaxneuvance
	PCV20	Prevnar 20
Pneumococcal polysaccharide vaccine	PPSV23	Pneumovax 23
Poliovirus vaccine (inactivated)	IPV	Ipol
Respiratory syncytial virus vaccine	RSV	Abrysvo
Rotavirus vaccine	RV1	Rotarix
	RV5	RotaTeq
Tetanus, diphtheria, and acellular pertussis vaccine	Tdap	Adacel Boostrix
Tetanus and diphtheria vaccine	Td	Tenivac Tdvax
Varicella vaccine	VAR	Varivax
Combination vaccines (use combination vaccines instead of separate injections when appropriate)		
DTaP, hepatitis B, and inactivated poliovirus vaccine	DTaP-HepB-IPV	Pediarix
DTaP, inactivated poliovirus, and *Haemophilus influenzae* type b vaccine	DTaP-IPV/Hib	Pentacel
DTaP and inactivated poliovirus vaccine	DTaP-IPV	Kinrix Quadracel
DTaP, inactivated poliovirus, *Haemophilus influenzae* type b, and hepatitis B vaccine	DTaP-IPV-Hib-HepB	Vaxelis
Measles, mumps, rubella, and varicella vaccine	MMRV	ProQuad

How to use

1 Determine recommended va by age (**Table 1**)

4 Review vaccine ty frequencies, inte considerations fo situations (**Notes**

Report

- Suspected cases c health departmer
- Clinically significa at www.vaers.hhs
- For RSV-mAb proc Event Report Prog August 11, 2025).

Questions or com

Submit a question o

Helpful informat

- **Best practices for** www.aap.org/imr
- ***Red Book*: 2024–2** www.aapRedBoo
- **Vaccine informat**

NEW MEXICO HEALTH ALERT NETWORK (HAN) ADVISORY
New Mexico Department of Health Continues to Recommend All Childhood Vaccines

1/08/2026

- On January 5, 2026, the Centers for Disease Control and Prevention (CDC) announced it was changing the recommendation for routine childhood vaccination against hepatitis A, hepatitis B, rotavirus, influenza, COVID-19, meningococcal disease, and respiratory syncytial virus (RSV) to only high-risk groups or populations, or to shared clinical decision-making
- In alignment with the American Academy of Pediatrics (AAP) and other medical professional organizations, the New Mexico Department of Health (NMDOH) continues to recommend these vaccines for all age-eligible children in New Mexico who do not have a medical contraindication.
  - These vaccines will also continue to be covered by insurance without cost-sharing
- New Mexico's childcare and school immunization requirements have not changed
- All childhood vaccines recommended by AAP will continue to be covered by the Vaccines for Children (VFC) program and health care insurers regulated by the State of New Mexico

CDC Acts on Presidential Memorandum to Update Childhood Immunization Schedule

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

- Deputy Secretary of HHS and acting Director of the CDC Jim O'Neill, issued a decision memorandum accepting recommendations from an assessment of U.S. childhood immunization practices compared to other "developed" countries, following a directive from the President
- Under the accepted recommendations, CDC has organized the childhood immunization schedule in three distinct categories, all of which require insurance companies to cover them without cost-sharing:
  - Immunizations Recommended for All Children
  - Immunizations Recommended for Certain High-Risk Groups or Populations
  - Immunizations Based on Shared Clinical Decision-Making
- The memorandum reduces the number of vaccines for preventable diseases recommended for children from 17 to 11 and cut the HPV series to one dose
- HHS did not provide evidence of new safety or efficacy data to justify changing the immunization schedule
- Memorandum bypassed the ACIP recommendation protocol

https://www.hhs.gov/childhood-immunization-schedule/index.html

CDC Acts on Presidential Memorandum to Update Childhood Immunization Schedule

IMMUNIZATIONS RECOMMENDED FOR ALL CHILDREN

Vaccine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mos	7 mos	8 mos	12 mos
Diphtheria, tetanus, acellular pertussis (DTaP < 7 yrs)			1st dose	2nd dose	3rd dose			
Tetanus, diphtheria, acellular pertussis (Tdap ≥ 7 yrs)								
Haemophilus influenzae type b (Hib)			1st dose	2nd dose	3rd dose			3rd/4t
Pneumococcal conjugate (PCV15, PCV20)			1st dose	2nd dose	3rd dose			4th d
Inactivated poliovirus (IPV < 18 yrs)			1st dose	2nd dose	3rd dose			
Measles, mumps, rubella (MMR)								1st d
Varicella (VAR)								1st d
Human papillomavirus (HPV)								

CDC Acts on Presidential Memorandum to Update Childhood Immunization Schedule

IMMUNIZATIONS RECOMMENDED FOR CERTAIN HIGH-RISK GROUPS OR POPULATIONS

Vaccine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mos	7 mos	8 mos	12 mos	15 mos	18 mos	19
Respiratory syncytial virus (RSV-mAb)[1]	1 dose										
Respiratory syncytial virus (RSV-mAb)[2]	1 dose						2nd dose				
Hepatitis B (HepB)[3]	1st dose	2nd dose			3rd dose						
Dengue[4]											
Meningococcal ACWY[5]			2, 3, or 4 doses								
Meningococcal B[6]											
Hepatitis A (HepA)[7]											

CDC Acts on Presidential Memorandum to Update Childhood Immunization Schedule

IMMUNIZATIONS BASED ON SHARED CLINICAL DECISION-MAKING

Vaccine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mos	7 mos	8 mos	12 mos
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1st dose	2nd dose	3rd dose			
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)					2 doses first year, t			
Influenza (IIV3, ccIIV3)								
OR								
Influenza (LAIV3)								
Hepatitis A (HepA)								
Hepatitis B (HepB)*			1st dose	2nd dose	3rd dose			
Meningococcal ACWY								
Meningococcal B								

At Least 19 States Have Announced That They Won't Follow New CDC Vaccine Schedule

- They include:
  - California, Colorado, Connecticut, Hawaii, Illinois, Maryland, Massachusetts, Michigan, Minnesota, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Oregon, Pennsylvania, Vermont, Washington, and Wisconsin.
- States say they plan to follow vaccine guidance from AAP which continues to recommend immunization plans approved by the CDC prior to 2026

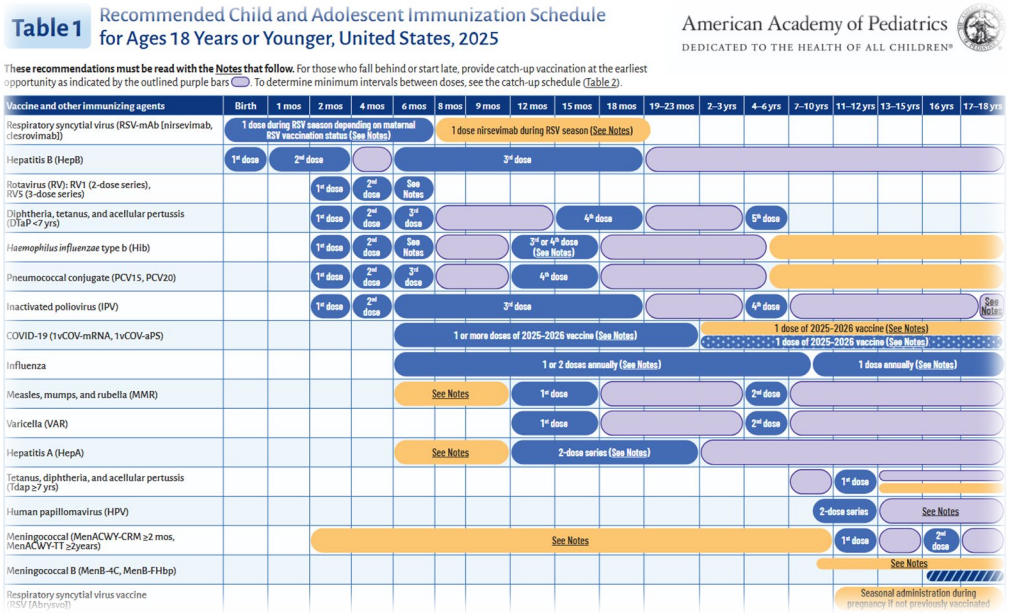


Table 1 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2025

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

These recommendations must be read with the Notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the outlined purple bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Vaccine and other immunizing agents	Birth	1 mos	2 mos	4 mos	6 mos	8 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs
Respiratory syncytial virus (RSV-mAb [nirsevimab, clesrovimab])	1 dose during RSV season depending on maternal RSV vaccination status (See Notes)					1 dose nirsevimab during RSV season (See Notes)												
Hepatitis B (HepB)	1st dose	2nd dose			3rd dose													
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1st dose	2nd dose	See Notes													
Diphtheria, tetanus, and acellular pertussis (DTaP <7 yrs)			1st dose	2nd dose	3rd dose				4th dose				5th dose					
Haemophilus influenzae type b (Hib)			1st dose	2nd dose	See Notes			3rd or 4th dose (See Notes)										
Pneumococcal conjugate (PCV15, PCV20)			1st dose	2nd dose	3rd dose			4th dose										
Inactivated poliovirus (IPV)			1st dose	2nd dose	3rd dose								4th dose					See Notes
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)					1 or more doses of 2025–2026 vaccine (See Notes)									1 dose of 2025–2026 vaccine (See Notes)	1 dose of 2025–2026 vaccine (See Notes)			
Influenza					1 or 2 doses annually (See Notes)										1 dose annually (See Notes)			
Measles, mumps, and rubella (MMR)					See Notes			1st dose					2nd dose					
Varicella (VAR)								1st dose					2nd dose					
Hepatitis A (HepA)					See Notes			2-dose series (See Notes)										
Tetanus, diphtheria, and acellular pertussis (Tdap ≥7 yrs)															1st dose			
Human papillomavirus (HPV)															2-dose series	See Notes		
Meningococcal (MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years)			See Notes												1st dose	2nd dose		
Meningococcal B (MenB-4C, MenB-FHbp)															See Notes			
Respiratory syncytial virus vaccine (RSV [Abrysvo®])															Seasonal administration during pregnancy if not previously vaccinated			

Hospitals and doctors are ignoring RFK Jr.'s new vaccine schedule and relying on pediatricians' guidance instead

- Major health systems and clinicians say they plan to ignore the new federal guidelines, placing their trust instead in guidance from the American Academy of Pediatrics, which is similar to previous U.S. policy.
- "I don't think that the vast majority of health care providers will change," José Romero, a pediatrician and vaccine expert who previously chaired the government's vaccine advisory board, said. Romero is a member of the American Academy of Pediatrics' infectious diseases committee but said he wasn't speaking on behalf of the group. "I think confusion is going to be the main thing here."
- Pediatric hospitals — Children's National in Washington, D.C., Texas Children's, Seattle Children's, Children's Hospital Los Angeles, and Children's Hospital of Philadelphia — told (medical newsletter) STAT10 they would be following the American Academy of Pediatrics' guidance, a plan mirrored by several other pediatric groups throughout the U.S.

https://www.statnews.com/2026/01/15/new-vaccine-schedule-largely-ignored-major-healthcare-providers/?utm_campaign=breaking_news&utm_medium=email&_hsenc=p2ANqtz-8Q9nG0jb9jbo3HY08M0SVLGS-Fu8mtcjOjbb4HBUqRC8x-TOPoYEtSv0aUn_Sfmv45RRIcvNVBy-s9a0jiHo67te2s5g&_hsmi=398776046&utm_content=398776046&utm_source=hs_email

Vaccination Issues and Updates

Changes for CMS Health Care Provision Child and Adult Core Sets

- Centers for Medicare and Medicaid Services (CMS) stated that it is removing four measures relating to pediatric, adult and prenatal immunization status from the 2026 Child and Adult Core Sets.
- Measures regarding childhood immunization status and immunizations for adolescents will be “removed from 2026 mandatory stratification requirements and listed as voluntarily for states to report
- Core set measures include:
  - Childhood Immunization Status
  - Prenatal Immunization Status: Age 21 and Older
  - Immunizations for Adolescents
  - Prenatal Immunization Status: Under Age 21
- Removing vaccine reporting requirements may make it more challenging to monitor vaccination trends and the impact of recent vaccine policy changes

Changes for CMS Health Care Provision Child and Adult Core Sets

NMHealth

A Recent Trump Administration Change Removed Four Immunization Measures From the Core Sets

Immunization measures included in the Child Core Set and Adult Core Set that have now been removed and changed to voluntary ultization measures

Measure Name	Core Set	Description of Measure
Childhood Immunization Status (CIS-CH)	Child	Percentage of children age 2 who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (Hep B), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and three combination rates.
Immunizations for Adolescents (IMA-CH)	Child	Percentage of adolescents age 13 who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates.
Prenatal Immunization Status: Under Age 21 (PRS-CH)	Child	The percentage of deliveries in the measurement period in which beneficiaries had received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.
Prenatal Immunization Status: Age 21 and Older (PRS-AD)	Adult	The percentage of deliveries in the measurement period in which beneficiaries had received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.

https://www.kff.org/medicaid/trump-administration-drops-medicaid-vaccine-reporting-requirements/

Members of Childhood Vaccine Injury Advisor Panel Dismissed

- At least half of the eight members of the Advisory Commission on Childhood Vaccines (ACCV) have been removed
- The commission reviews issues relating to the Vaccine Injury Compensation Program (VICP) and makes recommendations to the HHS secretary
- The VICP was created in 1986 in order to give payouts to families who can prove a child was injured from a vaccine.
  - It has distributed about $5 billion since 1988
- No reason was given for the removals other than stating "the administration may make changes to committee membership to align with evolving priorities, statutory considerations or administrative needs"
- The HHS chief in the past has been discouraged with the program and said he wants to speed up the resolutions and expand the conditions that are eligible
  - He also stated that the VICP removes any incentive for drug companies to make safe shots

CDC Awards $1.6 Million For Hepatitis B Vaccine Study in Guinea-Bissau

- CDC has awarded an unsolicited, sole source $1.6 million grant for vaccine research to Danish researchers.
- The University of Southern Denmark will conduct a single-blind clinical trial of the hepatitis B vaccine Guinea-Bissau newborns
  - The West African country has exceptionally high rates of maternal and infant mortality
  - Nearly one in five people are infected with the hepatitis B virus
- The study aims to assess the optimal timing and delivery of hepatitis B vaccinations
  - Study may be basis for a change depending on results
- Investigators will divide 14,000 newborns into two groups
  - One group will receive the hepatitis B vaccine at birth, as recommended by the WHO, the other group won't receive the vaccine until 6 weeks of age
  - Investigators will know who received the vaccine and when, parents will not
- Guinea-Bissau had 65,072 births in 2025
- CDC recommends all infants with HBsAG+ or unknown status a with birth dose in US

https://www.cidrap.umn.edu/childhood-vaccines/cdc-awards-16-million-hepatitis-b-vaccine-study-controversial-danish-researchers
https://pauloffit.substack.com/p/rfk-jrs-tuskegee-experiment

Cooler returns

- **Two types of qualified coolers are currently being used:**
  - EcoFlex coolers, used for all frozen and most medium, large and extra-large refrigerated shipments
  - KoolTemp coolers, used for most small refrigerated shipments
- **Each cooler contains a flyer for the provider about whether and how to return the cooler for recycling or re-use**
- **Awardees must ensure providers understand and comply with the cooler return process (coolers not returned will result in a cost impact for the routine program)**

EcoFlex Cooler Must be returned (label on inner flap of the box)	KoolTemp Cooler Discard

Note: If a provider receives an EcoFlex cooler that needs to be returned but doesn't include a pre-paid return label, contact NMIP so we can contact McKesson Customer Service. Please note that the KoolTemp coolers are not returnable and therefore will not include a pre-paid return label.

Vaccine Finders

- NMDOH
  - https://vaccinereg.doh.nm.gov/
- Pfizer
  - https://www.vaxassist.com/schedule/results
- Novavax
  - https://www.novavaxcovidvaccine.com/
- Moderna
  - https://products.modernatx.com/finder
- Vaccines.gov (Almost, maybe soon)

COVID-19

COVID-19 Vaccine For Children Reduced ED, Urgent Care Visits

- The CDC Morbidity and Mortality Weekly Report showed 2024-25 COVID-19 vaccine was 76% effective in preventing emergency department or urgent care visits for children ages 9 months to 4 years.
- It was 56% effective for those ages 5-17 years old.
  - "These findings suggest that vaccination with a 2024–2025 COVID-19 vaccine dose provided children with additional protection against COVID-19–associated ED/UC encounters compared with no 2024–2025 dose
- In a population with some persons having preexisting levels of protection from previous vaccination, previous infection, or both, 2024–2025 COVID-19 vaccination provided children with additional protection against COVID-19–associated ED/UC encounters compared with no 2024–2025 vaccination.
- Report released on December 11

https://www.cdc.gov/mmwr/volumes/74/wr/mm7440a1.htm

FDA Official Claims Covid Vaccines Caused Children's Deaths

- The Food and Drug Administration's top vaccine regulator asserted in a memo to staff in November 2025 that the Covid-19 vaccine caused at least 10 deaths in children and called for changes to the way the agency regulates vaccines
- The memo does not contain any information on plans to release more detailed information on the deaths or to publish the result in a medical journal
- The FDA director of the FDA's Center for Biologics Evaluation and Research said he asked the FDA's Office of Biostatistics and Pharmacovigilance to look at 96 deaths between 2021 and 2024 that were reported to VAERS.
  - Of these, he wrote, "no fewer than 10 are related" to receipt of Covid shots
  - VAERS is an early warning system that tracks reports from physicians and members of the public of what might be vaccine side effects, but it is used cautiously by experts because such reports can be unreliable
- Outside experts said they would need much more evidence to understand whether it had been established that the Covid vaccine caused deaths in children

https://www.statnews.com/2025/11/29/covid-vaccine-deaths-fda-memo-vinay-prasad/

COVID-19 Products Distributed through IZ Program

2025-2026 COVID-19 vaccines are still available for ordering through NMSIIS for Vaccines for Children and Vaccines for Adults. Moderna and Pfizer formulations are available for order:

Manufacturer	NDC	Age Indication	Distribution
Moderna	80777-0112-96	12y+	Central
Moderna	80777-0113-80	6m–11y	Central
Pfizer	00069-2528-10	12y+	Direct Ship
Pfizer	00069-2501-10	5y–11y	Direct Ship

- Please place COVID orders separately from your routine vaccine orders
- Order as many doses as will be administered in a 2-month period to avoid overcrowding in your storage units, and excess loss or waste in the event of a storage unit malfunction

COVID-19 Vaccine Contact Information

Contact Information	
Pfizer Customer Service	1-800-666-7248, Option 8 cvgovernment@pfizer.com
Storage and handling, administration, FAQs, Clinical Considerations, EUAs, etc.	Pfizer-BioNTech COVID-19 Vaccines | CDC
Expiration Date Look Up	lotexpiry.cvdvaccine.com
Medical Information and temperature excursions	Pfizer US Medical Information 1-800-438-1985
Moderna Customer Service	1-866-MOD-ERNA or 1-866-663-3762 excursions@modernatx.com
Storage and handling, administration, FAQs, Clinical Considerations, EUAs, etc.	Moderna COVID-19 Vaccine | CDC
Expiration Date Lookup	Vial Expiration Date Lookup | Moderna COVID-19 Vaccine (EUA) (modernatx.com)
Novavax Customer Service	1-855-239-9174 novavax.com/contact https://www.novavaxcovidvaccine.com/
Storage and handling, administration, FAQs, Clinical Considerations, EUAs, etc.	Novavax COVID-19 Vaccine | CDC
Expiration Date Lookup	COVID-19 Vaccine Information for the US Healthcare Professionals | Novavax COVID-19 Vaccine (novavaxcovidvaccine.com)
Shipping	
Pfizer vaccine shipment has a problem (including temperature excursions during shipping)	Customer Service 1-800-666-7248, Option 8 cvgovernment@pfizer.com
Moderna/Novavax shipment has a problem (including temperature excursions during shipping)	Vaccine Viability Shipment Concerns: Awardees/Providers - Phone 1-877-TEMP123 (1-877-836-7123) Mon-Fri, 8:00 a.m.-8:00 p.m. ET, leave voicemail after hours Awardees Only - email cdccustomerservice@mckesson.com
Data Systems and Monitoring	
General IIS Inquiries	IIS Support IISInfo@cdc.gov
Controlant Communications, including: • Notice at time of vaccine shipment with tracking information. • Exceptions for either shipment delay or cancellation • Delivery Quality Report	Pfizer.logistics@controlant.com
Controlant 24/7 Hotline and Support	support@controlant.com 1-855-442-CONTROL or 1-855-442-6687 1-701-540-4039 (to leave a message)
Vaccines.gov/Vaccine Finder Support	Monday to Friday, 8:00 a.m.-8:00 p.m. ET CARS_HelpDesk@cdc.gov 1-833-748-1979

Influenza

Weekly US Influenza Surveillance Report
Week 53, ending January 3, 2026

Summary

Viruses

Clinical Lab	Public Health Lab
24.7% (Trend ↓) positive for influenza this week.	The most frequently reported influenza viruses this week were influenza A(H3N2).

Illness

Outpatient Respiratory Illness	Activity Map
7.2% (Trend ↓) of visits to a health care provider this week were for respiratory illness (above baseline).	5 moderate jurisdictions 44 high or very high jurisdictions

Weekly US Influenza Surveillance Report Week 53, ending January 3, 2026

FluSurv-NET

40.6
cumulative hospitalization rate
per 100,000 population

NHSN LTCF Respiratory Data

54.1 (Trend ↑)
weekly hospitalization rate
per 100,000 residents

NHSN Hospital Respiratory Data

39,945 (Trend ↑)
patients admitted to hospitals
with influenza this week.

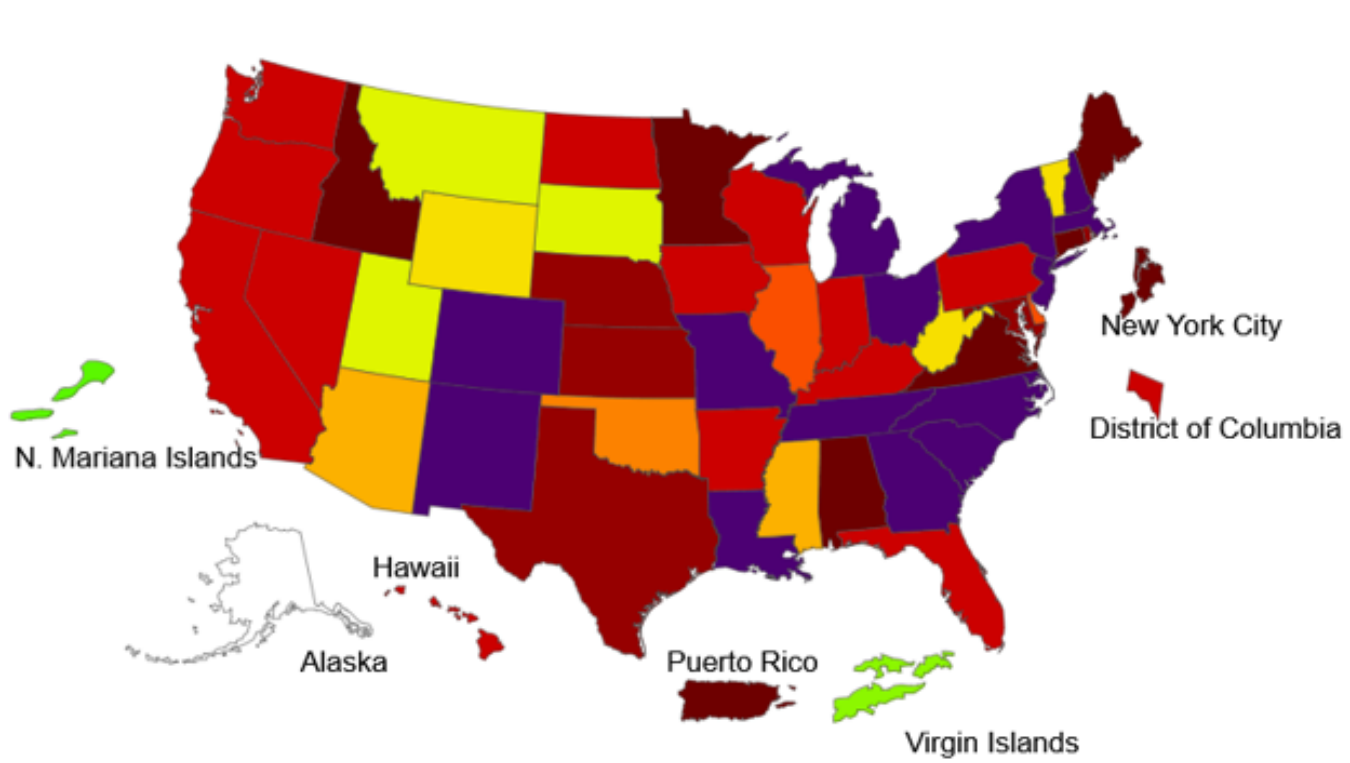
NCHS Mortality

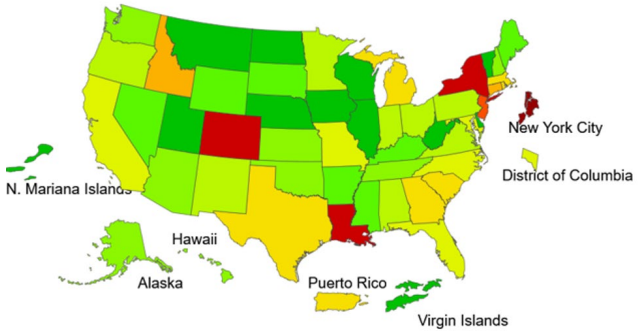
1.9% (Trend ↑)
of deaths attributed to influenza this week.

Pediatric Deaths

8 influenza-associated deaths were reported this week for a total of 17 deaths this season.

US ILI Map 1/3/26, 12/6 - CDC





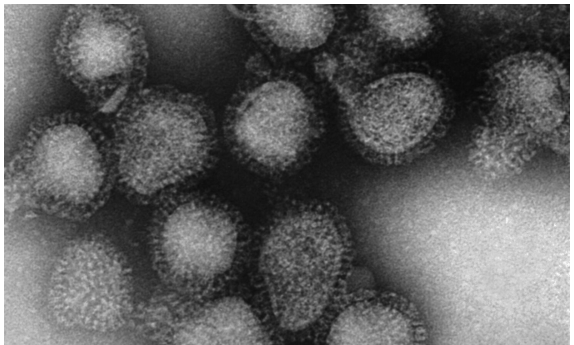
Concern Over Flu Strain Drift

- A new flu strain that has been dominating overseas and is increasing in the US
- The mutated drift strain, known as subclade K, originates from the influenza A most common variation, H3N2
- The strain was not including in the 2025-26 vaccine manufactured for the US this year, however early estimates suggest that this year's vaccine reduces the risk of flu that's severe enough to require medical attention by around 32-39% in adults, and by around 72-75% in children and adolescents.
- Subclade K had been spreading quickly in Europe, the UK, Japan and several East Asian countries (over 34) early this flu season, before being detected in the United States and Canada.
- Health officials in these countries have not reported a significant change in the severity of flu cases as of December, but early transmission than usual is occurring

https://www.gavi.org/vaccineswork/superflu-or-same-old-flu-how-subclade-k-influenza-playing-out-worldwide

But a Superflu? Slow Down, Y'all

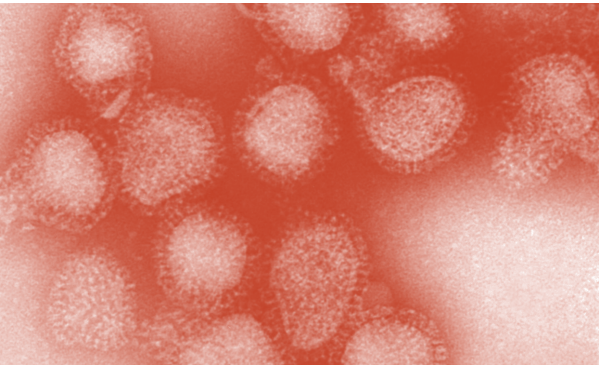
- Subclade K is a variant of the H3N2 family of viruses, which can trigger more severe seasons and which seem to be harder on older people, who are among the most vulnerable to flu.
- H3N2 is causing almost all of the illness so far this flu season, and almost all the H3N2 viruses circulating right now are from subclade K.
- Subclade K has a clutch of mutations that makes it very adept causing illness.
  - As a result, it's been able to infect a lot of people.
  - Most of the country is engulfed right now in flu activity.
- There is no evidence to suggest that influenza A(H3N2) subclade K is associated with more severe illness," the according to a CDC statement.
  - It's regular flu
- Subclade K viruses haven't developed resistance to antiviral drugs, such as Tamiflu; the flu drug arsenal remains effective against subclade K
- Healthcare providers should consider antivirals for those who are at high risk of influenza infection

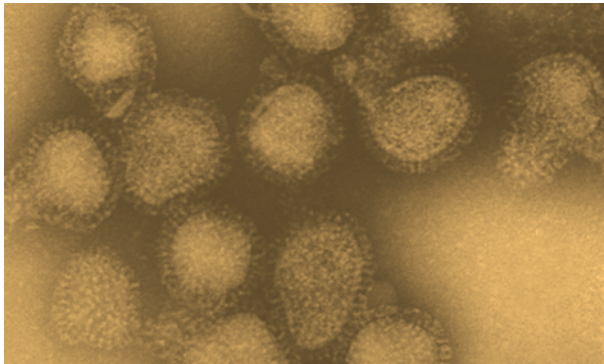


Actual H3N2 subclade K sighting

And a Superflu Vaccine? Y'all Need to Stop

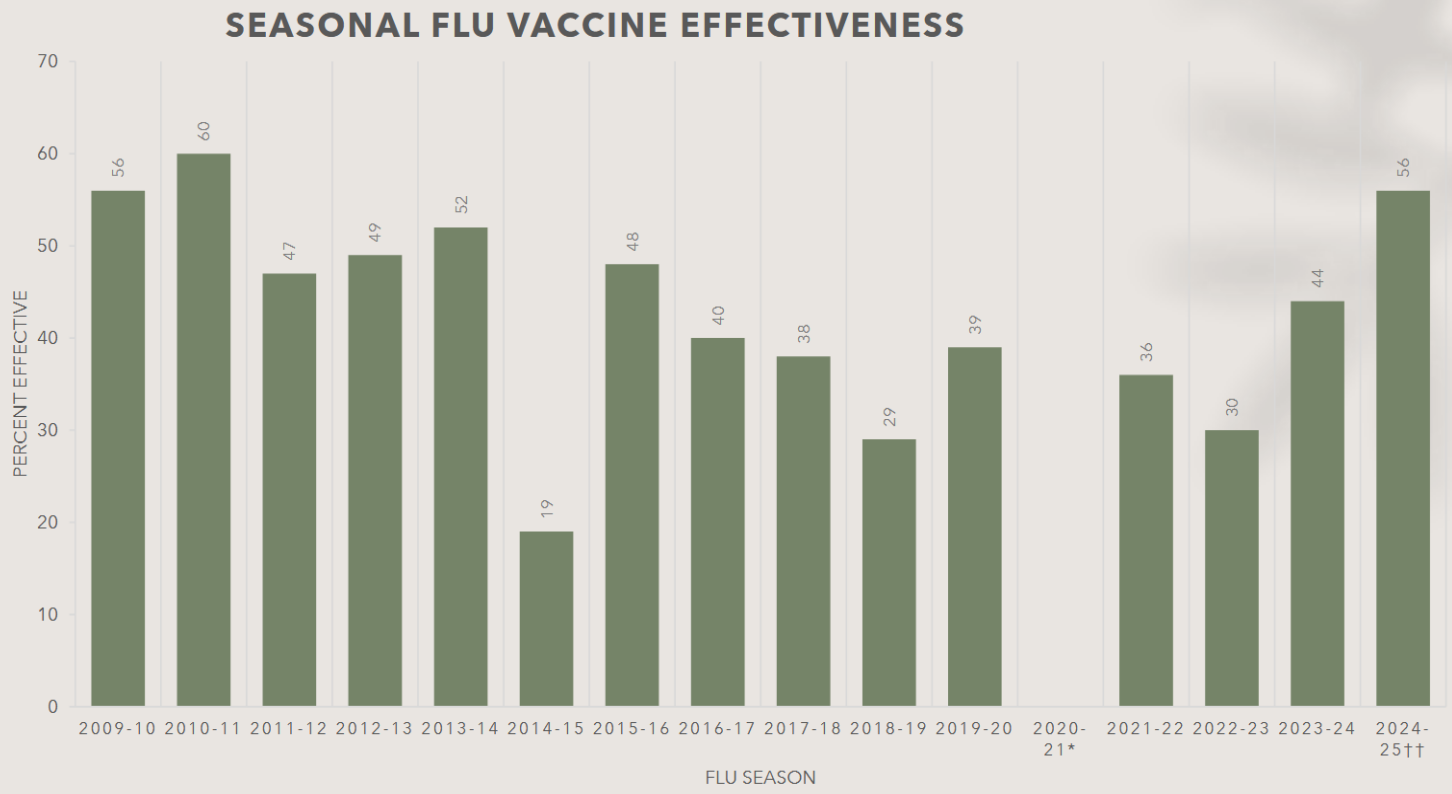
- There is no new superflu vaccine
  - Flu vaccine take several months to produce.
  - Choosing flu vaccine formulation by hemisphere involves the World Health Organization (WHO) recommending different viral strains for the Northern and Southern Hemispheres due to their opposite flu seasons (April-Sept in SH, Oct-May in NH), with the goal of matching the vaccine to currently circulating viruses in each region, often swapping components like H1N1, H3N2, and B strains between hemispheres' recommendations, and tropical countries use surveillance to pick the best fit
- The 2025-26 formulations are the only products available and may offer some cross protection for K
- Low vaccination rates with the existing vaccines are a greater concern
- Continue to encourage vaccination for patients who have not gotten their dose yet. We may be in for a long season





CDC Finds 19-60% Effective Flu Vaccine Over Last 2 Decades

Effectiveness of Seasonal Flu Vaccines from the 2005 – 2024 Flu Seasons



Source: https://www.cdc.gov/flu/professionals/vaccination/effectiveness-studies.htm

*2020-21 flu vaccine effectiveness was not estimated due to low flu virus circulation during the 2020-2021 flu season.
†† VE estimates for 2022-2023 flu season are preliminary.

Influenza Vaccine Recommendations, CDC

- Everyone 6 months and older in the United States, with rare exception, should get an influenza (flu) vaccine every season
- For most people who need only one dose of influenza vaccine for the season, September and October are generally good times to be vaccinated against influenza.
- Most adults, especially those 65 years and older, and pregnant people in the first or second trimester should generally not get vaccinated early (in July or August) because protection may decrease over time.
  - However, early vaccination can be considered for any person who is unable to return at a later time to be vaccinated
- Some children need two doses of influenza vaccine. For those children it is recommended to get the first dose as soon as vaccine is available, because the second dose needs to be given at least four weeks after the first
  - Vaccination during July and August also can be considered for children who need only one dose
- Vaccination during July and August also can be considered for people who are in the third trimester of pregnancy during those months, because this can help protect their infants for the first few months after birth (when they are too young to be vaccinated)

RSV

Universal Nirsevimab Slashes RSV Infant Hospitalizations, Primera Parte

- RSV is the leading cause of hospitalization among infants in the United States. As many as 80,000 children aged 5 years or younger with RSV are admitted to a hospital each year
- Led by researchers at the Instituto de Investigacion Sanitaria de Santiago de Compostela in Spain, the population-based analysis followed 12,492 infants eligible for nirsevimab during the 2023–24 RSV season through the end of the following season.
  - Over 94% of eligible infants received the antibody
- Compared with hospitalizations in RSV seasons before the introduction of widespread nirsevimab immunization (2016–2023, excluding 2020–21 and 2021–22 {COVID}), RSV-related lower respiratory tract infection (LRTI) hospitalizations fell nearly 86% in 2023–24 and 55% in 2024–25.

Universal Nirsevimab Slashes RSV Infant Hospitalizations, Seconda Parte

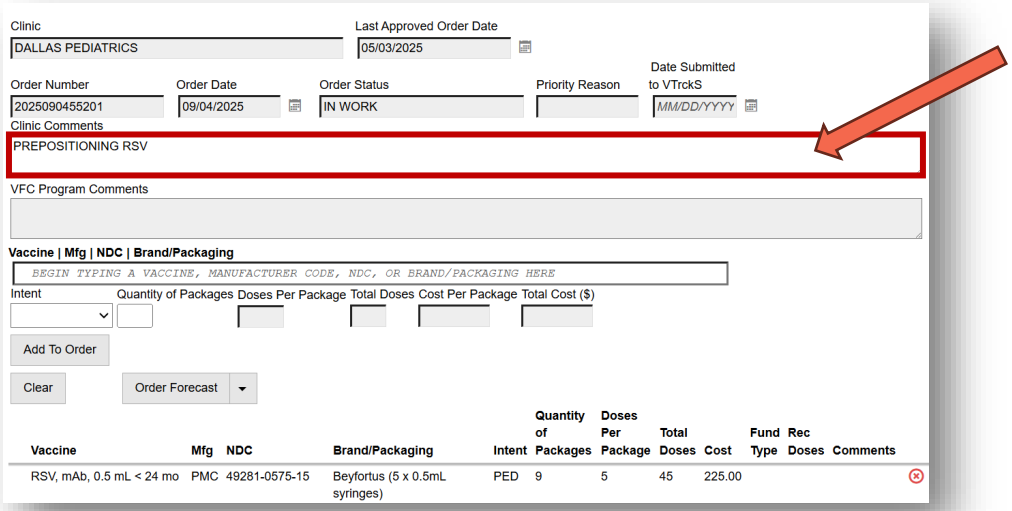
- The study, led by researchers at the University of Milan in Milan, Italy, assessed the outcome of a universal RSV immunization campaign in the Lombardy region during the 2024–25 respiratory virus season.
- The administration of nirsevimab to 79% of eligible infants was associated with significant reductions in emergency department (ED) visits and hospitalizations among children under 12 months.
- Comparing the 2024–25 respiratory virus season with previous seasons, the researchers estimated a 42.7% reduction in ED visits and a 46.5% reduction in hospitalizations for LRTI in infants.
- Children aged 1 to 5 years, who were ineligible for nirsevimab, did not experience similar declines

Premature Babies Make Up 1 in 5 RSV Hospitalizations

- Preterm children accounted for one in five hospitalizations among those 2 years or younger who were hospitalized with RSV in the United States from 2016 to 2023
- The study, led by researchers from the CDC, analyzed data from nearly 6,000 children.
- Data also suggest that preterm children under age 2 years are at greater risk for prolonged hospitalization, intensive care unit admission, and assisted ventilation than full-term children.
- Among 5844 children, 4626 (79.2%) were term and 1218 (20.8%) were premature, including 1138 (93.4%) without BPD and 80 (6.6%) with BPD. Compared with term children, all premature children had greater risks for prolonged hospitalization at all ages through 23 months
- RSV prevention products, including maternal RSV vaccine, nirsevimab, and clesrovimab, offer effective options for protecting premature infants

https://www.cidrap.umn.edu/respiratory-syncytial-virus-rsv/universal-nirsevimab-slashes-rsv-infant-hospitalizations-study
https://publications.aap.org/pediatrics/article/doi/10.1542/peds.2025-072578/206065/Hospitalization-Outcomes-of-Full-Term-and?autologincheck=redirected

2025-2026 RSV Infant-Ordering

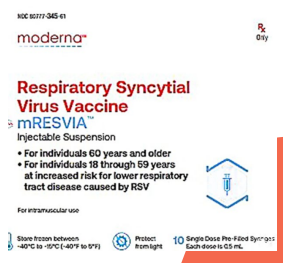


VFC providers that are able to store and utilize more than 30 doses on-hand for the start of the 2025-2026 RSV season, may order outside of their normal ordering timeframe:

- Utilize the Clinic Comments box in NMSIIS to communicate need/demand of doses (e.g., "*prepositioning RSV*")
- If placing an order outside of the normal ordering time frame, contact your Regional Coordinator or Vaccine.Orders@doh.nm.gov to request an order opened

Respiratory Syncytial Virus (RSV) Vaccine Considerations

- RSV vaccination is recommended for:
  - Adults 75+, at-risk adults 50-74 (chronic conditions, immunocompromised, nursing home residents)
  - Pregnant people (32-36 weeks) for infant protection using seasonal administration (meaning from September–January)
  - Babies/toddlers (8-19 months) via antibody treatments, protecting vulnerable populations from severe illness during the RSV season (typically October through March)



RSV Vaccine - Pregnancy

- **Only Pfizer RSVpreF (Abrysvo)** may be administered to pregnant persons; Arexvy (GSK) and mRESVIA (Moderna) vaccines should **not** be administered during pregnancy
- **Vaccination for pregnant people should end on January 31**

RSV Infant Presentations Available for Ordering

- Nirsevimab (Beyfortus)
  - Two presentations available (5-dose packages):
    - 0.5 mL (50 mg) - For infants aged less than 8 months weighing <5 kg [<11 lb]
    - 1 mL (100 mg) - For infants aged less than 8 months weighing ≥ 5 kg [≥ 11 lb]
    - Two 100 mg injections (200 mg) for children aged 8 through 19 months

Clesrovimab (Enflonsia)

- Dosage: 105 mg (0.7 mL) for all eligible infants [regardless of weight]
  - 1 pack – single-dose prefilled syringe (NDC 00006-5073-01)
  - 10 pack – single-dose prefilled syringes (NDC 00006-5073-02)

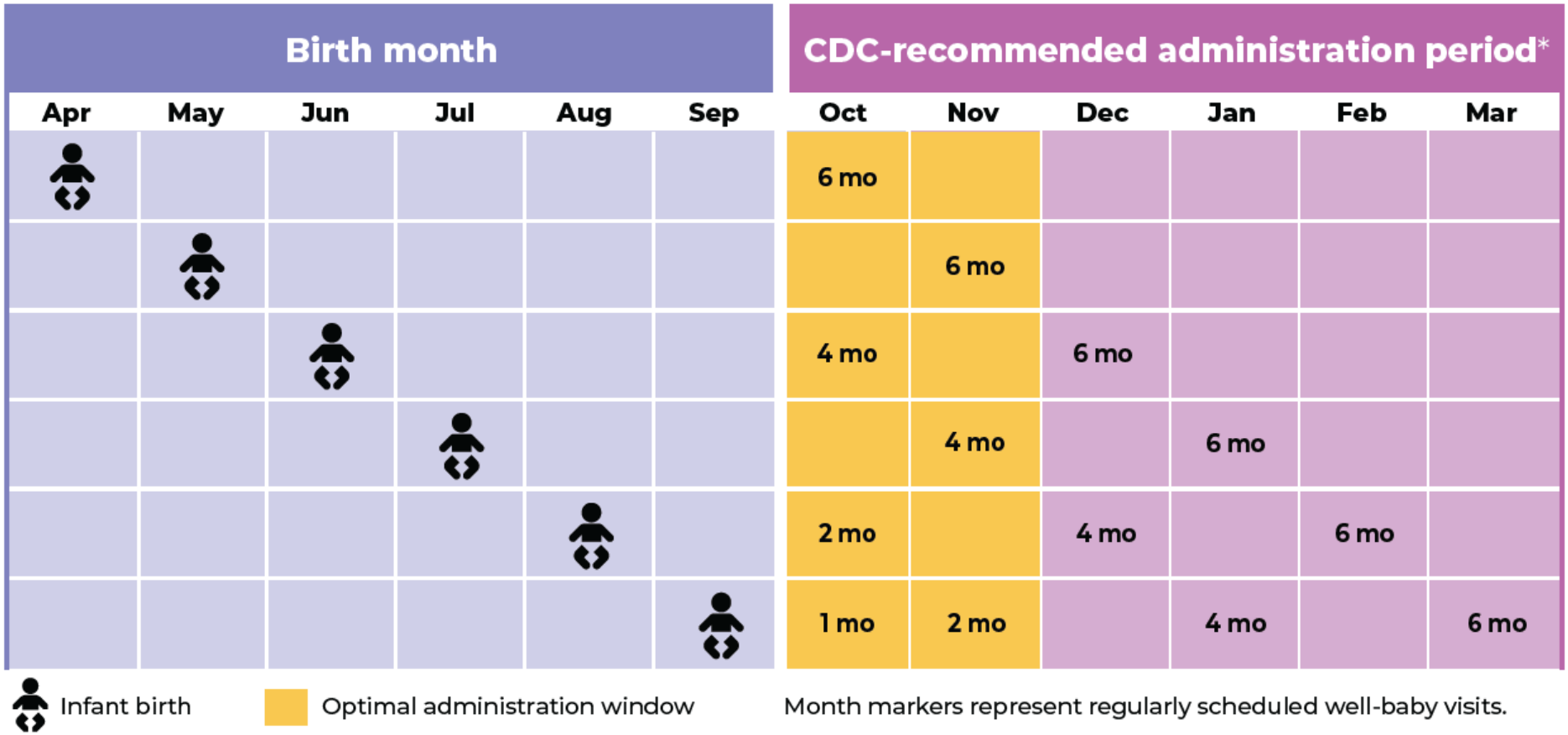
Co-administration of Respiratory Virus Response Vaccines

- COVID-19 vaccines may be administered without regard to timing of other vaccines.
- Flu vaccine and RSV products can be administered at the same time as COVID-19 vaccines.

For Providers with RSV Supply Overstock

- Providers should ensure that they are administering the 2024-2025 supply of Beyfortus before administering the new 2025-2026 supply to avoid vaccine loss due to expiry
- Providers with too much soon-to-expire supply on-hand should contact their regional coordinators to complete the Attempt to Transfer form, three months prior to expiration when possible
- Dosage supplies will be transferred to a provider location that can utilize the supply and prevent wastage on this important supply during the season
- Expiration dates are commencing as soon as March 2026

Timing Chart for Administering Nirsevimab Starting In October To Infants Born Before the Typical RSV Season



*Timing of administration for RSV immunization may differ in certain areas.[1]

ACIP RSV Immunization Seasonal Recommendations Summary*

<table>
<tr><th></th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th></tr>
<tr><td>Infants and children
(nirsevimab)</td><td></td><td colspan="6">Administer during October–March in most of the continental U.S.</td><td colspan="4">Providers can adjust administration schedules based on local epidemiology.†</td></tr>
<tr><td>Pregnant people
(Pfizer, Abrysvo)</td><td colspan="5">Administer during September–January in most of the continental U.S.</td><td colspan="7">ONLY jurisdictions whose seasonality differs from most of the continental US may administer outside of September–January.†</td></tr>
<tr><td>Adults 50+
(Pfizer, Abrysvo; GSK, Arexvy)</td><td colspan="12">Offer as early as vaccine is available using shared clinical decision making; continue to offer vaccination to eligible adults who remain unvaccinated.</td></tr>
</table>

Recommended timing for immunization	Timing NOT recommended for immunization, except **in limited situations** (as indicated in chart)

*The current slide reflects only the seasonal timing of vaccination for each population. For full RSV vaccine recommendations, please see: https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/rsv.html

†In jurisdictions with RSV seasonality that differs from most of the continental United States, including Alaska, southern Florida, Guam, Hawaii, Puerto Rico, U.S.-affiliated Pacific Islands, and U.S. Virgin Islands, providers should follow state, local, or territorial guidance.

Measles in NM and Beyond

Vaccine Dashboard Data, through 1/12/26

Measles Vaccines Administered and Coverage Rates

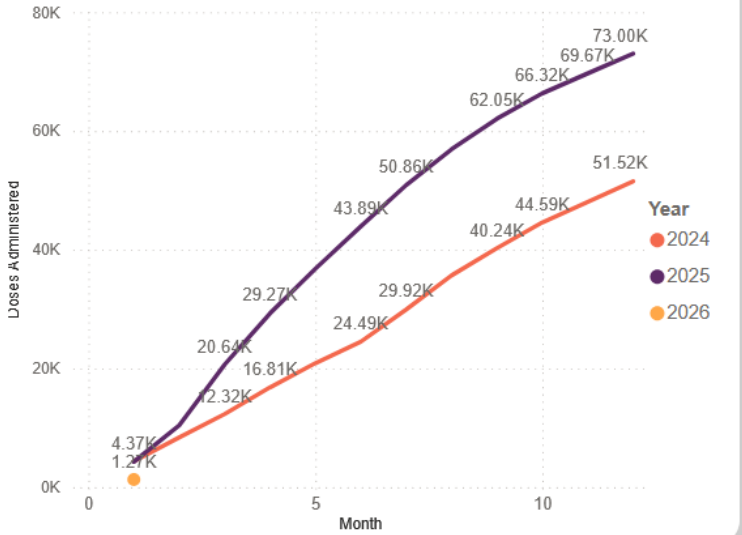
New Mexico MMR Doses Administered Dashboard

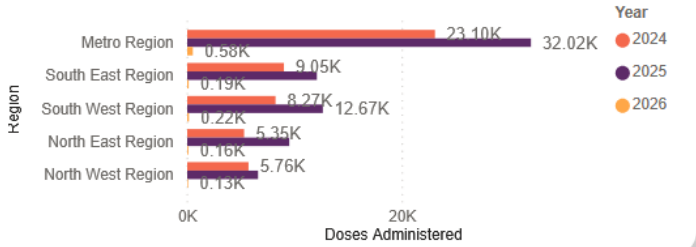
New Mexico Statewide Immunization Information System (NMSIIS)

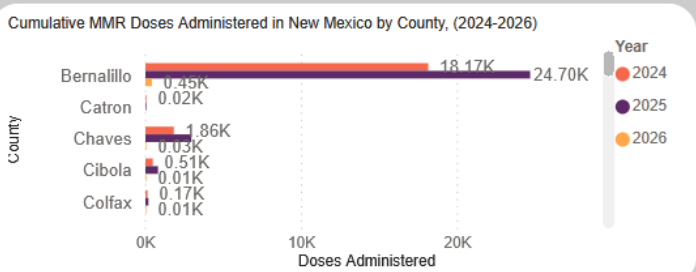
Filter by Dose Type: All

Filter by Region: All

Filter by County: All







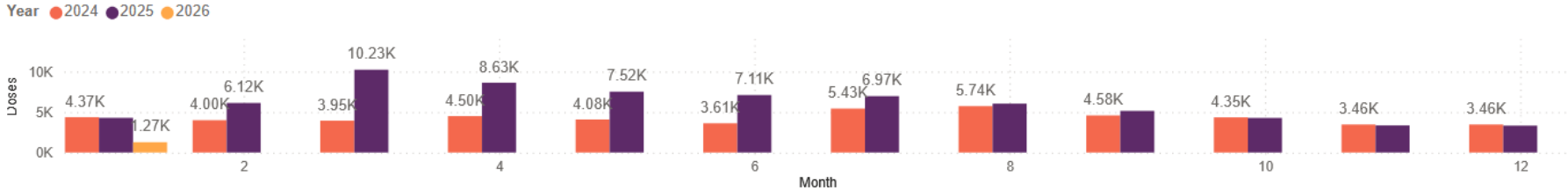
NMHealth

Cumulative MMR Doses Administered in New Mexico, 2025

72,999

Percent Difference in Total MMR Doses Administered in New Mexico in 2025 Compared to 2024

42%



US Measles Cases Reported By Week 1/14/2026

- As of January 13, 2026, 171 confirmed* measles cases were reported in the United States in 2026. Among these, 171 measles cases were reported by 9 jurisdictions: Arizona, Florida, Georgia, North Carolina, Ohio, Oregon, South Carolina, Utah, and Virginia. A total of 0 measles cases were reported among international visitors to the United States.
- There have been 0 new outbreaks** reported in 2026, and 96% of confirmed cases (165 of 171) are outbreak-associated (0 from outbreaks in 2026 and 165 from outbreaks that started in 2025).
- For the full year of 2025, a total of 2,242 confirmed* measles cases were reported in the United States. Among these, 2,217 measles cases were reported by 45 jurisdictions: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, New York City, New York State, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, Wisconsin, and Wyoming. A total of 25 measles cases were reported among international visitors to the United States.
- There have been 49 outbreaks** reported in 2025, and 89% of confirmed cases (1,994 of 2,242) are outbreak-associated. For comparison, 16 outbreaks were reported during 2024 and 69% of cases (198 of 285) were outbreak-associated.

Other Measles Updates

- Significant US outbreaks occurring in Arizona/Utah and South Carolina continue
  - Since August. Mohave County, AZ, Southwest UT Public Health Department has logged 337 cases as of Jan 6
  - Between Friday and Tuesday, SC health officials confirmed 124 new measles cases since 1/9 in an outbreak around northwestern Spartanburg County. 434 total.
  - Rockland County: no new cases in 2026
- The US measles-elimination status
  - Studies of outbreak and transmission, identifying unknown sourced disease, genome sequencing, other measures still under review
- Canada, Vietnam, Russia and Israel are top international exporters of disease
- Measles spread risk is low but communities with low coverage are at more vulnerable

Measles Case Summary – US – 1/14/26

U.S. Cases

	2026 To date	2025 Full year
Total Cases	**171**	**2242**
Age		
Under 5 years	42 (25%)	575 (26%)
5-19 years	103 (60%)	983 (44%)
20+ years	17 (10%)	669 (30%)
Age unknown	9 (5%)	15 (1%)
Vaccination Status		
Unvaccinated or Unknown	95%	93%
One MMR dose	2%	3%
Two MMR doses	2%	4%

Measles Hospitalizations US 1/14/26

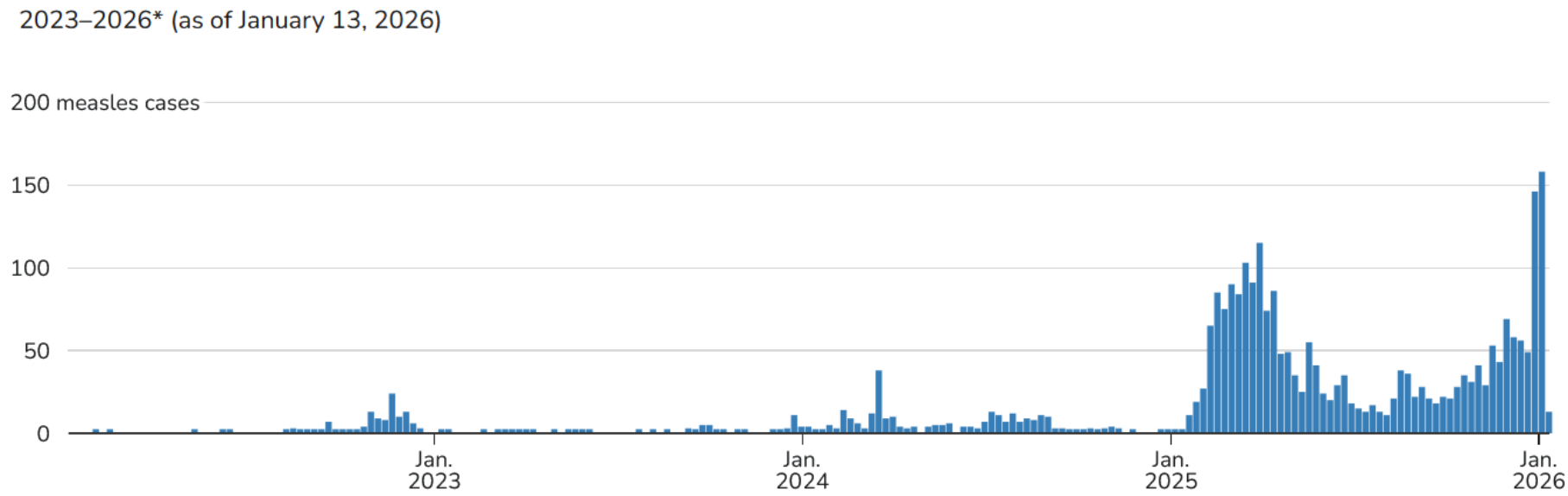
U.S. Hospitalizations

	2026	2025
Total Hospitalized	**1%** (2 of 171 cases)	**11%** (245 of 2242 cases)
Percent of Age Group Hospitalized		
Under 5 years	2% (1 of 42)	18% (106 of 575)
5-19 years	1% (1 of 103)	6% (58 of 983)
20+ years	0% (0 of 17)	12% (81 of 669)
Age unknown	0% (0 of 9)	0% (0 of 15)

U.S. Deaths

	2026	2025
Total Deaths	**0**	**3**

US Weekly Measles Cases by Rash Onset Date



Measles – Worldwide (June-Nov 2025)

Country	Number of Cases
Indonesia	14,406
Yemen	9,277
Mongolia	8,483
Pakistan	8,310
India	8,184
Angola	5,823
Nigeria	4,676
Mexico	3,164
Russian Federation	2,939
Lao People's Democratic Republic	2,859

Procedure for Notifications for Measles Cases in NM

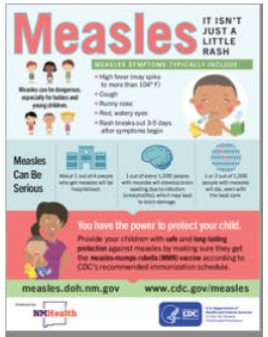
- Investigation initiated within 15 minutes – this requires immediate reporting to central Epi.
- What is the timeframe for these next steps and who is responsible?
  - Provider Interview - Central
  - Case Interview - Regions
  - Contact Investigation –Regional Nurse Epidemiologists, Epi and Response Division
  - Contact Prophylaxis- Immunization Program
  - Case management – Public health nurses (PHNs), regional nurse epidemiologists, regional epidemiologists and others as needed

Consultation with an epidemiologist in the Epidemiology and Response Division is available 24 hours per day/7 days per week/365 days per year by calling 1-833-SWNURSE (1-833-796-8773)

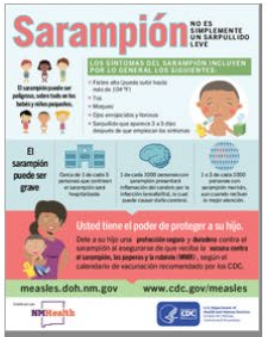
Complete protocol: https://www.nmhealth.org/publication/view/general/5153/

NM Measles Infographics

Infographics



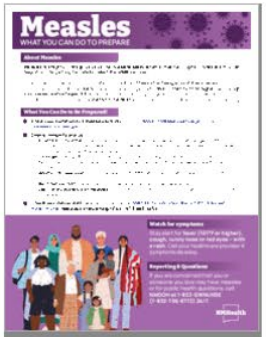
Measles Infographic – English



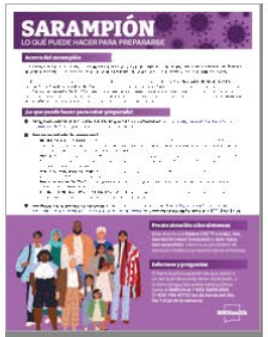
Infografía de Sarampión – Español

MMR Vaccines Infographic – English

Infografía sobre las vacunas MMR - Español



Measles: What You Can Do to Be Prepared



Sarampión: lo qué puede hacer para prepararse

Signage

Measles- Call Before Entering/Fillable 8.5x11

Measles- Call Before Entering/Fillable 11x17

Measles- Call Before Entering/Fillable 18x24

Avian Flu (H5)

Influenza A (H5) Situation (CDC)– 1/9/26

NMHealth

National Total Cases: 71

Cases	Exposure Source
41	Dairy Herds (Cattle)*
24	Poultry Farms and Culling Operations*
3	Other Animal Exposure†
3	Exposure Source Unknown‡

No New Mexico cases reported to date

Person-to-person spread

NONE

There is no known person-to-person spread at this time.

Current public health risk

LOW

The current public health risk is Low.

Cases in the U.S.

71 cases

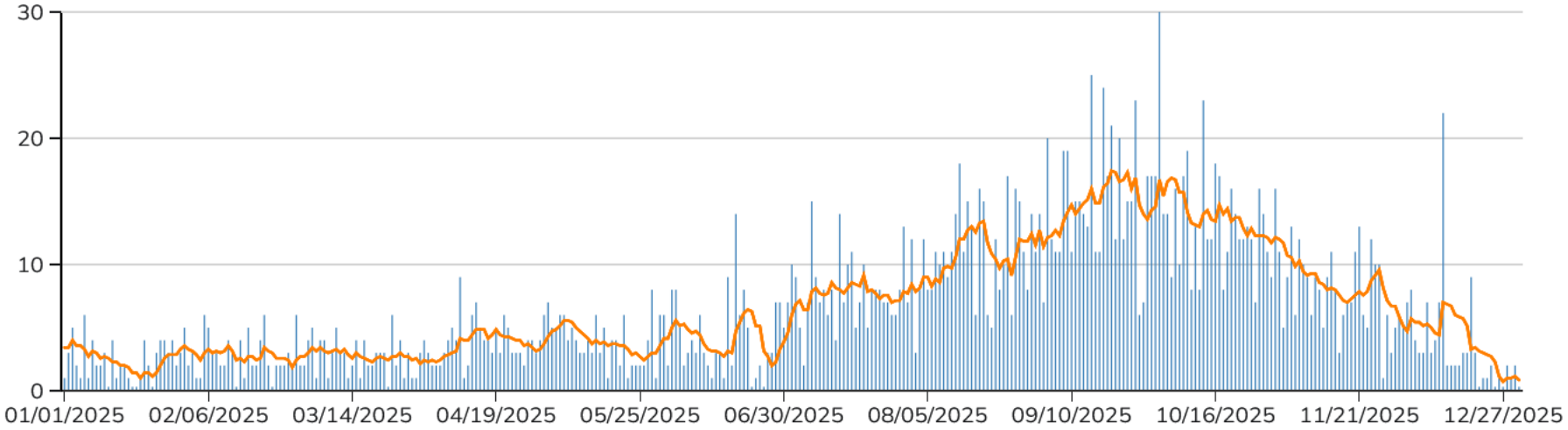
Deaths in U.S.

2 deaths

Mpox

Mpox Clade II Cases, US 1/6/2026

One case in 2026



Mpox Symptoms

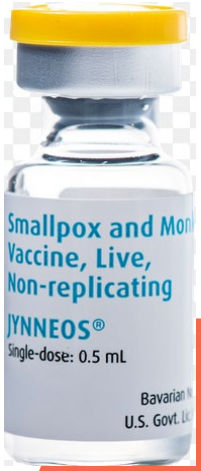
- The rash will go through several stages, including scabs, before healing.
- The rash can initially look like pimples or blisters and may be painful or itchy.
- Fever
- Chills
- Swollen lymph nodes
- Exhaustion
- Muscle aches and backache
- Headache
- Respiratory symptoms (e.g., sore throat, nasal congestion, or cough)





Mpox Information for Health Care Providers

- In New Mexico, it is essential to report any suspect, probable or confirmed cases. Call the NMDOH Helpline at 1-833-796-8773 for questions about:
- Clinicians should consider mpox when lesions consistent with mpox are observed in a patient, even if an alternate etiology (e.g., herpes simplex virus, syphilis) is considered more likely. Report any confirmed case to the New Mexico Department of Health (DOH) Helpline at 1-833-SWNURSE (1-833-796-8773)
- Remember to evaluate patients presenting with genital or perianal ulcers for STIs. However, co-infections with MPOX and STIs have been reported and the presence of an STI does not rule out MPOX.
- Testing for mpox is available commercial labs and the state scientific laboratory (SLD Specimens must be appropriately collected, stored, and submitted by the healthcare provider)
- Consult NMDOH for access to mpox therapeutics when appropriate.
- JYNNEOS is available for ordering for NMDOH PHOs and the NMDOH Mobile Vaccine Unit in NMSIIS. This is ASP funded vaccine.



Mpox Prevention Measures

- Avoid contact
- High risk people should receive vaccine
  - Travelers to affected countries who anticipate sex with a new partner, at a commercial venue, or festivals and events
  - MSM, transgender or non-binary people who in the last 6 months have had more than one sex partner, an STI, sex at a commercial venue, festival or other event
  - Sex partners of people with the risks described above
  - People who anticipate any experiencing of the above
- JYNNEOS vaccine, 2 dose series administered 28 days apart. Commercially available since 2024 and covered by insurance.

https://www.cdc.gov/monkeypox/hcp/clinical-overview/index.html

Flu Vaccine Is Still Available

Attention Providers!

Influenza cases are surging across the country. Flu activity is high or very high in 48 states, and this flu season so far is described as moderately severe. At least 11 million illnesses have been reported, 120,000 have been hospitalized, and 5,000 deaths from flu have been reported with 8 of those being children. Very high flu activity is being reported in New Mexico.

The New Mexico Immunization Program still urges everyone six months and older to get their annual flu shot. Last season was classified by the CDC as one of the worst with the highest hospitalization rate since 2010. The flu is a serious and potentially life-threatening respiratory disease that is highly contagious. Anybody can catch the flu, but the most vulnerable among us are at risk for developing severe complications or death from infection. Getting your flu shot is the best protection we have against severe illness, hospitalization and even death from the flu. Make vaccination a priority this season. It's not too late to get protected against respiratory diseases.

We still have plenty of flu and RSV vaccines available through the Vaccines For Children Program. As always, we appreciate your partnership to protect our community this respiratory season.

VFC Flu vaccine is still available for ordering.

To request doses from your remaining allocation or extra doses, please send an email to vaccine.orders@doh.nm.gov.

Please include:

- VFC Pin#
- Clinic/Facility Name
- Number of flu doses requested from your remaining allocation or extra doses
  - Injectables (6mo-18yrs)_____

Amount the facility can hold _____

Adult Flu vaccine is still available for ordering.

When you are needing additional Adult Flu doses, please send an email to adult.vaccines@doh.nm.gov with the following:

- ***Pin #***
- ***Clinic/Facility Name***
- ***Number of flu doses requested from your remaining allocation or extra doses***
- ***Amount your facility can hold***

COVID-19 Vaccine Availability

ATTENTION PROVIDERS - 2025-2026 COVID-19 VACCINE

2025-2026 COVID-19 vaccines are now available for ordering through NMSIIS for Vaccines for Children and Adult Vaccines.

Manufacturer	NDC	Age Indication	Distribution
Moderna	80777-0112-96	12y+	Central
Moderna	80777-0113-80	6m-11y	Central
Pfizer	00069-2528-10	12y+	Direct Ship
Pfizer	00069-2501-10	5y-11y	Direct Ship

As a reminder, vaccines ordered for children can only be used on children 18 years of age and younger. If you are a provider that stocks both pediatric and adult COVID-19 vaccine, please label your doses to avoid unintentional administration to an ineligible population.

You may start placing orders through NMSIIS. Please place COVID orders separately from your routine vaccine orders.

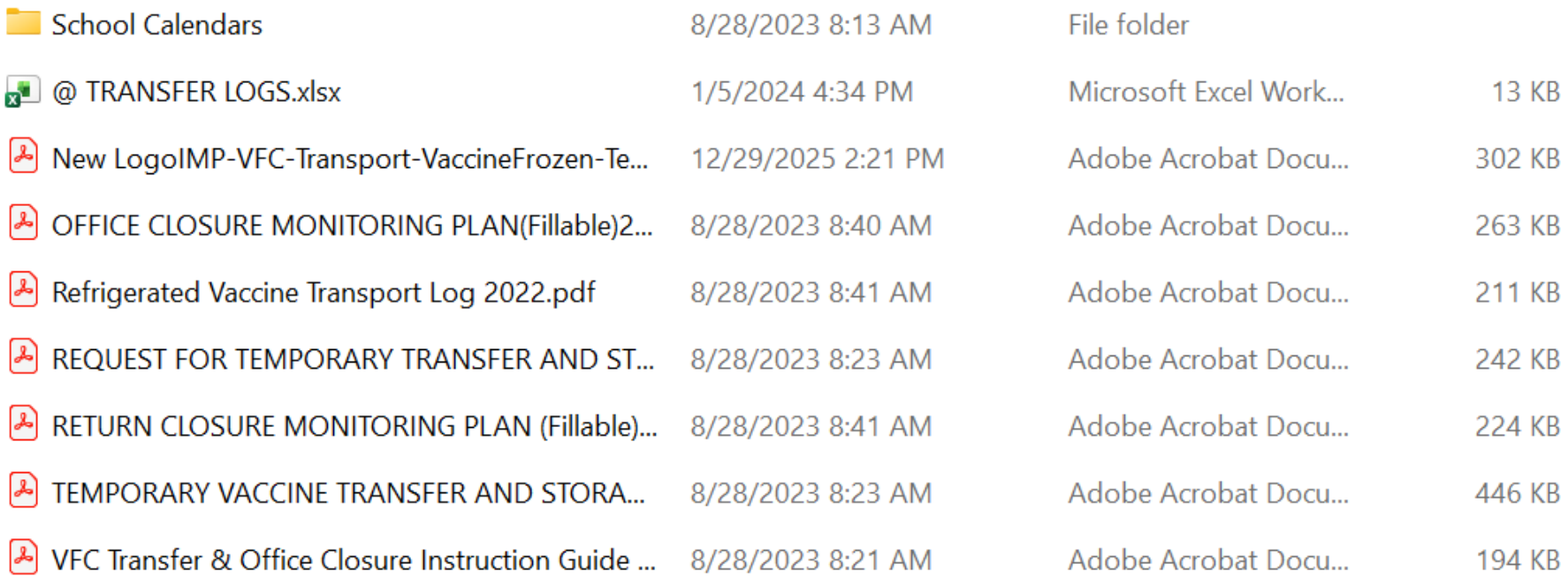
If you are outside your ordering timeframe you DO NOT need to reconcile and can request an order, be overrode by your Regional Coordinator.

As always only order as many doses as will be administered in a 2-month period – this is to avoid overcrowding in your storage units, and excessive loss and waste in the event of a temperature excursion or equipment failure.

VFC

VFC Updated Forms

- The VFC program has updated forms
- VFC Program Staff Listing and 2026 VFC Calendars. All are located on NMSIIS/Reports.
- The updated Frozen Transport is located in the Statewide Drive/ VFC All Regions TRANSFER LOGS and School Calendars



School Calendars	8/28/2023 8:13 AM	File folder	
@ TRANSFER LOGS.xlsx	1/5/2024 4:34 PM	Microsoft Excel Work...	13 KB
New LogoIMP-VFC-Transport-VaccineFrozen-Te...	12/29/2025 2:21 PM	Adobe Acrobat Docu...	302 KB
OFFICE CLOSURE MONITORING PLAN(Fillable)2...	8/28/2023 8:40 AM	Adobe Acrobat Docu...	263 KB
Refrigerated Vaccine Transport Log 2022.pdf	8/28/2023 8:41 AM	Adobe Acrobat Docu...	211 KB
REQUEST FOR TEMPORARY TRANSFER AND ST...	8/28/2023 8:23 AM	Adobe Acrobat Docu...	242 KB
RETURN CLOSURE MONITORING PLAN (Fillable)...	8/28/2023 8:41 AM	Adobe Acrobat Docu...	224 KB
TEMPORARY VACCINE TRANSFER AND STORA...	8/28/2023 8:23 AM	Adobe Acrobat Docu...	446 KB
VFC Transfer & Office Closure Instruction Guide ...	8/28/2023 8:21 AM	Adobe Acrobat Docu...	194 KB

2026 VFC Calendar

Temp logs due by end of business
Holiday
PIN 1-399 ordering window
PIN 400+ ordering window

Note: Vaccine is delivered Tuesday - Thursday; deliveries are **not** scheduled on Mondays, Fridays, weekends, or Holidays

Yearly Provider Population

Routine and Emergency Plans due yearly by Form Certification date.

January

S	M	T	W	TH	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

February

S	M	T	W	TH	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

March

S	M	T	W	TH	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April

S	M	T	W	TH	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May

S	M	T	W	TH	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24/31	25	26	27	28	29	30

June

S	M	T	W	TH	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

July to December 2026 VFC Calendar

Temp logs due by end of business
Holiday
PIN 1-399 ordering window
PIN 400+ ordering window

Note: Vaccine is delivered Tuesday - Thursday; deliveries are **not** scheduled on Mondays, Fridays, weekends, or Holidays

Routine and Emergency Plans: due yearly by Form Certification date.

July

S	M	T	W	TH	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

August

S	M	T	W	TH	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23/30	24/31	25	26	27	28	29

September

S	M	T	W	TH	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

October

S	M	T	W	TH	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November

S	M	T	W	TH	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December

S	M	T	W	TH	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

NM Vaccines for Children (VFC) Program

Frozen Vaccine Transport Log

Complete this log when transporting vaccines to an alternate or back-up freezer

Vaccine Transfer					
Date:					
Provider name:		Pin:		Transfer Form completed? (Y/N)	
Transferred to:		Pin:		Transfer Form completed? (Y/N)	

Vaccine transferred due to (circle one):					
Power outage	Excess supply	Short dated	Unit malfunction	Building maintenance	Other:

Vaccine Inventory Information

Vaccine (ProQuad, Varicella)	Lot Number	Number of doses	Expiration Date

Temperature Monitoring Information

	Temperature	Time
Temperature of vaccine in freezer prior to transfer:		
Temperature of vaccine in cooler before departure:		
Temperature of vaccine in cooler upon arrival:		
Temperature of back-up/transfer freezer:		
Total Transport Time:		

If temperatures during transport exceed recommended ranges, contact the VFC program:			
Metro & Northwest: 505-383-0153 505-383-0154 505-841-5890	**Northeast:** 505-476-2622 505-476-2643	**Southeast (a):** 575-347-2409 ext. 6222 **Southeast (b):** 575-397-2463 ext. 6516	**Southwest:** 575-523-7991 ext. 110 or 101

Provider 2025-2026 VFC/317 & Direct Ship Vaccine Holiday Shipping Calendar

~ January 2026 ~						
Sun	**Mon**	**Tue**	**Wed**	**Thu**	**Fri**	**Sat**
				1 New Years Day - Federal Holiday No Delivery	2 No Delivery	3
4	5 Regular delivery	6 Regular delivery	7 Regular delivery	8 Regular delivery	9 Regular delivery	10
11	12 Regular delivery	13 Regular delivery	14 Regular delivery	15 Regular delivery	16 Regular delivery	17
18	19 Martin Luther King - Federal Holiday No Delivery	20 Regular delivery	21 Regular delivery	22 Regular delivery	23 Regular delivery	24
25	26 Regular delivery	27 Regular delivery	28 Regular delivery	29 Regular delivery	30 Regular delivery	31

Regular Delivery = Normal deliveries expected for routine orders for McKesson, Merck Direct Ship and Pfizer COVID Direct Ship.
Limited Delivery = McKesson priority orders only. No delivery for Merck Direct Ship & Pfizer COVID Direct Ship.
No Delivery = No deliveries expected.

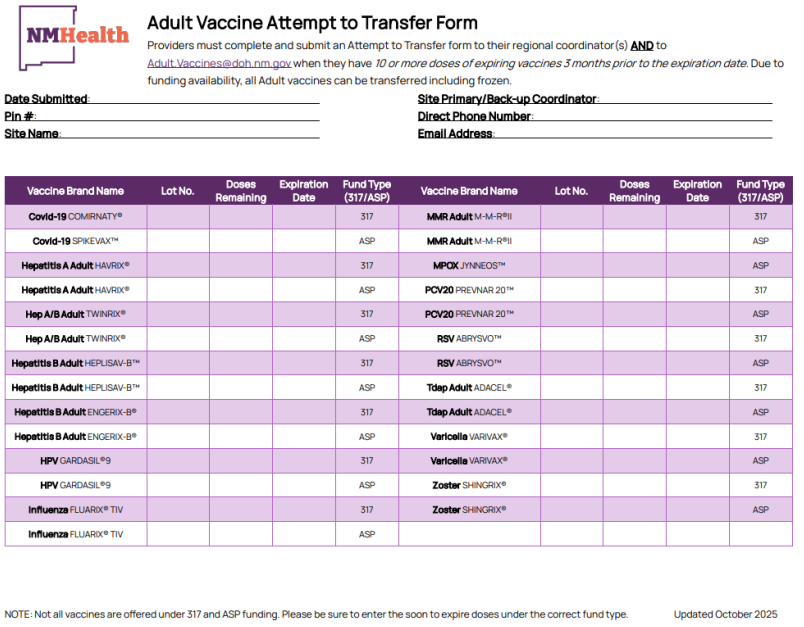
Adult Vaccines

2025-2026 Adult Flu Vaccine Ordering

- Adult Flu doses are still available for ordering!
  - When you are needing additional Adult Flu doses, please send an email to adult.vaccines@doh.nm.gov with the following:
    - Pin #
    - Clinic/Facility Name
    - Number of flu doses requested from your remaining allocation or extra doses
    - Amount your facility can hold
- For any Adult Flu dose transfers (must be approved by regional coordinator(s) or adult.vaccines@doh.nm.gov prior to transfer), please be sure you are sending the completed Adult Vaccine Transfer Form to your regional coordinator(s) as well as adult.vaccines@doh.nm.gov.

Attempt to Transfer Forms

- An attempt to transfer form must be submitted for doses that are within **90 days of expiration** to the **Regional Coordinator(s)** and to Adult.Vaccines@doh.nm.gov
- There are several soon to expire doses in inventories statewide. Please review your inventory for soon-to-expire doses and ensure you have completed and sent an adult attempt to transfer form.
- The Adult Attempt to Transfer Form can be found in NMSIIS › Reports › New Mexico Forms and Documents › Adult Vaccine Attempt to Transfer Form.



NMHealth

Adult Vaccine Attempt to Transfer Form

Providers must complete and submit an Attempt to Transfer form to their regional coordinator(s) **AND** to Adult.Vaccines@doh.nm.gov when they have *10 or more doses of expiring vaccines 3 months prior to the expiration date.* Due to funding availability, all Adult vaccines can be transferred including frozen.

Date Submitted: _____
Pin #: _____
Site Name: _____
Site Primary/Back-up Coordinator: _____
Direct Phone Number: _____
Email Address: _____

Vaccine Brand Name	Lot No.	Doses Remaining	Expiration Date	Fund Type (317/ASP)	Vaccine Brand Name	Lot No.	Doses Remaining	Expiration Date	Fund Type (317/ASP)
Covid-19 COMIRNATY®				317	**MMR Adult** M-M-R®II				317
Covid-19 SPIKEVAX™				ASP	**MMR Adult** M-M-R®II				ASP
Hepatitis A Adult HAVRIX®				317	**MPOX** JYNNEOS™				ASP
Hepatitis A Adult HAVRIX®				ASP	**PCV20** PREVNAR 20™				317
Hep A/B Adult TWINRIX®				317	**PCV20** PREVNAR 20™				ASP
Hep A/B Adult TWINRIX®				ASP	**RSV** ABRYSVO™				317
Hepatitis B Adult HEPLISAV-B™				317	**RSV** ABRYSVO™				ASP
Hepatitis B Adult HEPLISAV-B™				ASP	**Tdap Adult** ADACEL®				317
Hepatitis B Adult ENGERIX-B®				317	**Tdap Adult** ADACEL®				ASP
Hepatitis B Adult ENGERIX-B®				ASP	**Varicella** VARIVAX®				317
HPV GARDASIL®9				317	**Varicella** VARIVAX®				ASP
HPV GARDASIL®9				ASP	**Zoster** SHINGRIX®				317
Influenza FLUARIX® TIV				317	**Zoster** SHINGRIX®				ASP
Influenza FLUARIX® TIV				ASP					

NOTE: Not all vaccines are offered under 317 and ASP funding. Please be sure to enter the soon to expire doses under the correct fund type. Updated October 2025

Some Epi

CDC COVID Surveillance and Data Analytics, 1/3/26

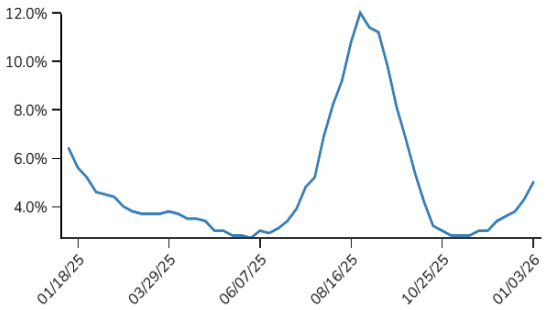
Early Indicators

Test positivity (the percentage of total reported tests that are positive) and the percentage of total emergency department visits due to COVID-19 are key metrics to assess the impact of COVID-19 on communities. For public health professionals, these metrics act as early indicators of potential increases in COVID-19 activity.

% Test Positivity

5.0%

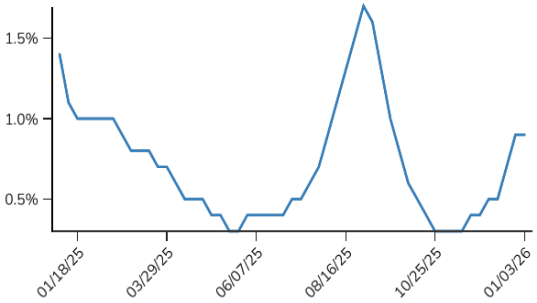
Week ending 2026-01-03
Previous Week 4.3%



% ED visits diagnosed as COVID-19

0.9%

Week ending 2026-01-03
Previous Week 0.9%



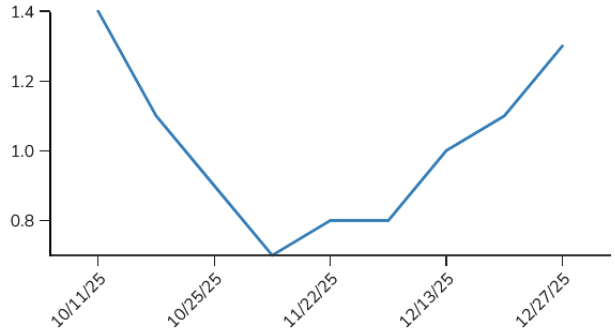
Severity Indicators

Hospitalizations and deaths are key metrics for assessing the severity and disease burden of COVID-19, including which groups are at the increased risk of severe COVID-19.

Hospitalization rate per 100,000 population

1.3

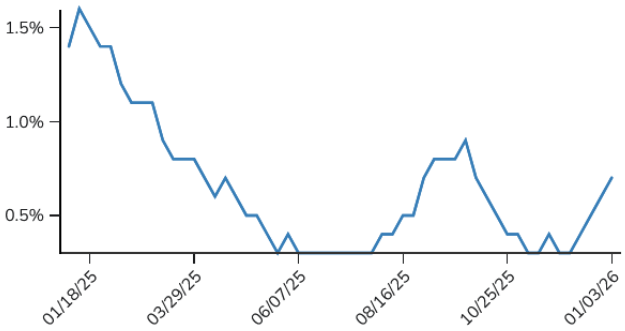
Week ending 2025-12-27
Previous week 1.1



% of All Deaths in U.S. Due to COVID-19

0.7%

Week ending 2026-01-03
Previous Week 0.6%



CDC COVID Surveillance and Data Analytics, 1/3/26

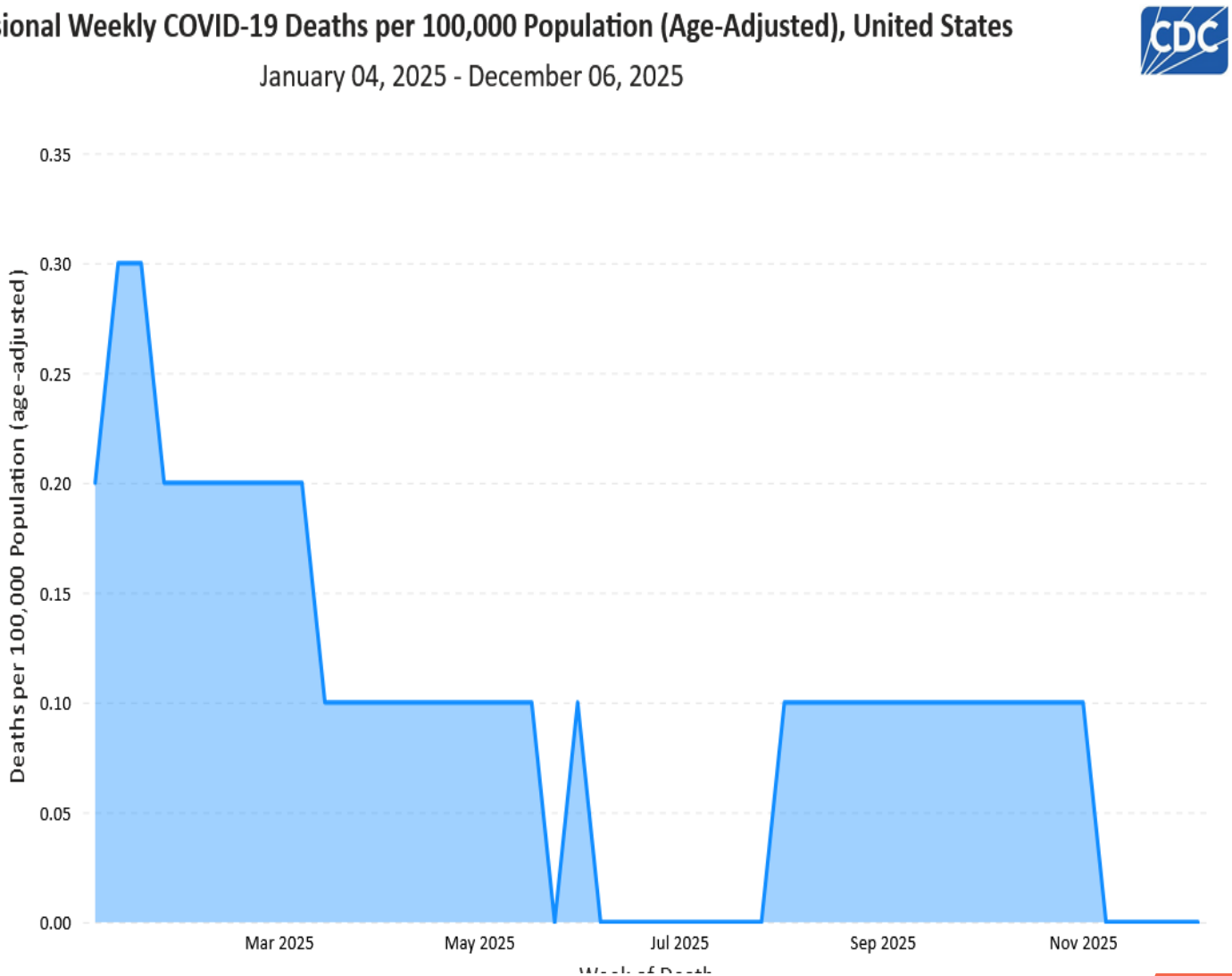
Jurisdiction

United States

1/1/2025 12/6/2025

Deaths

- Weekly Death Counts
- Weekly Death Rates (crude)
- **Weekly Death Rates (age-adjusted)**
- Cumulative Death Counts
- Cumulative Death Rates (crude)
- Cumulative Death Rates (age-adjusted)
- Monthly Death Rates by Age (crude)
- Monthly Death Rates by Sex (crude)
- Monthly Death Rates by Race & Ethnicity (crude)



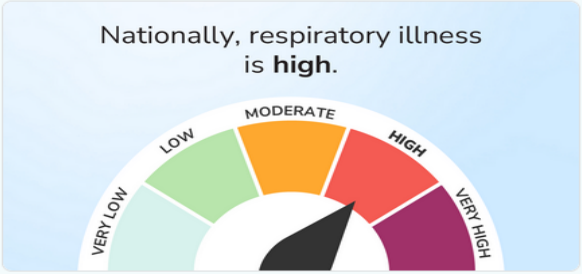
Respiratory Illnesses Data Channel-CDC 1/9

NMHealth

For Everyone
JAN. 9, 2026

WHAT TO KNOW

- As of January 9, 2026, the amount of acute respiratory illness causing people to seek health care is high.
- Seasonal influenza activity remains elevated across the country.
- RSV activity is elevated in many areas of the country, with emergency department visits and hospitalizations increasing among children 0-4 years old.
- COVID-19 activity is low but increasing nationally.



Emergency department visits in the United States

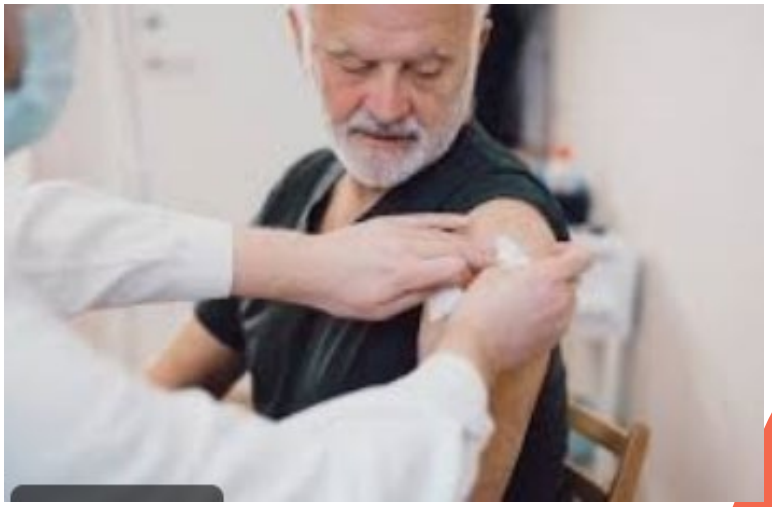
COVID-19	Flu	RSV
Low Increasing	High Increasing	Moderate Increasing

Community viral activity level in the United States

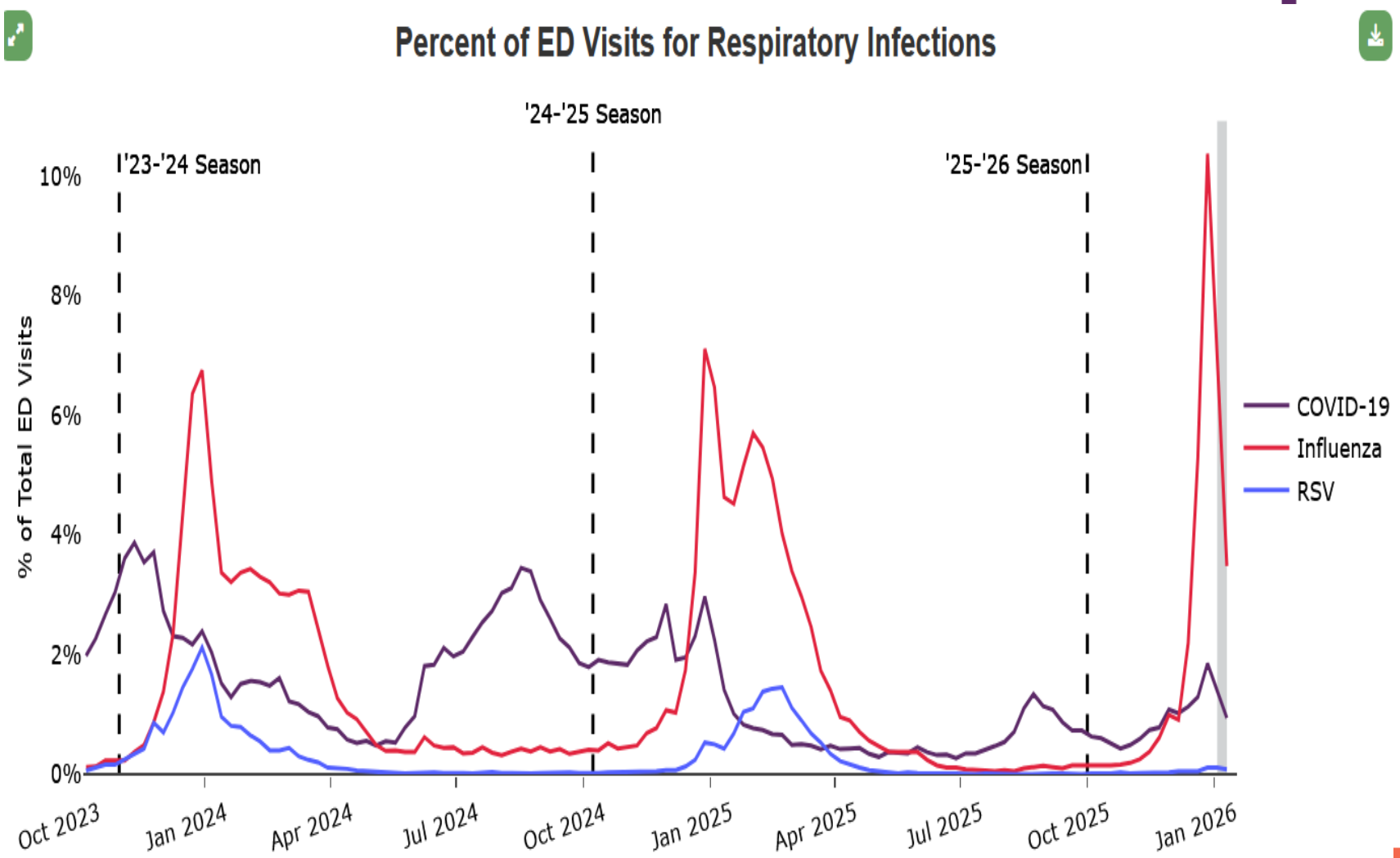
COVID-19	Flu	RSV
High	Moderate	Very Low

Vaccination message - CDC

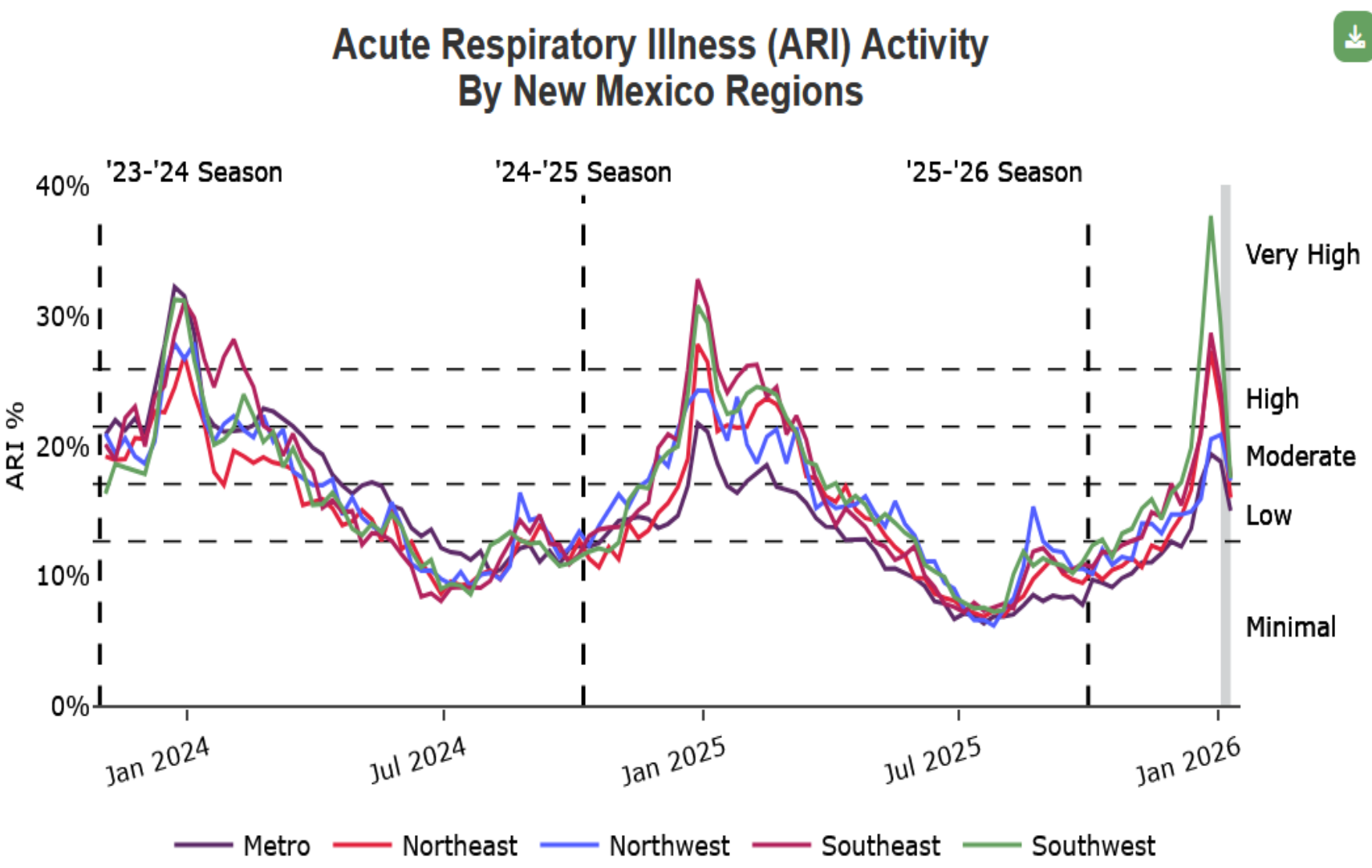
National vaccination coverage for COVID-19, influenza, and RSV vaccines remains suboptimal for children and adults. COVID-19, influenza, and RSV vaccines can provide protection against severe disease this season. Talk to your doctor or trusted healthcare provider about what vaccines are recommended for you and your family.



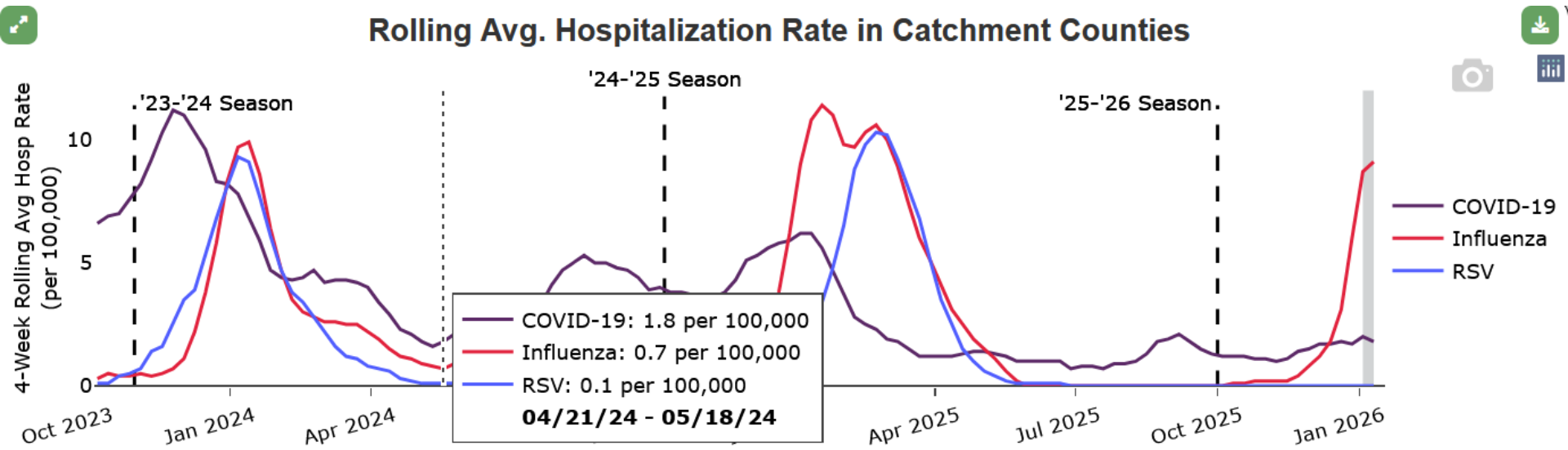
NM Respiratory VPD Epi Ending 1/10/26



NM Respiratory Epi Ending 1/10



NM Respiratory RVS Epi Ending 1/10



Cumulative Hosp. Rate (per 100,000)

Pathogen	2023-2024	2024-2025	2025-2026
COVID-19	234	122	21
Influenza	96	152	45
RSV	88	101	0

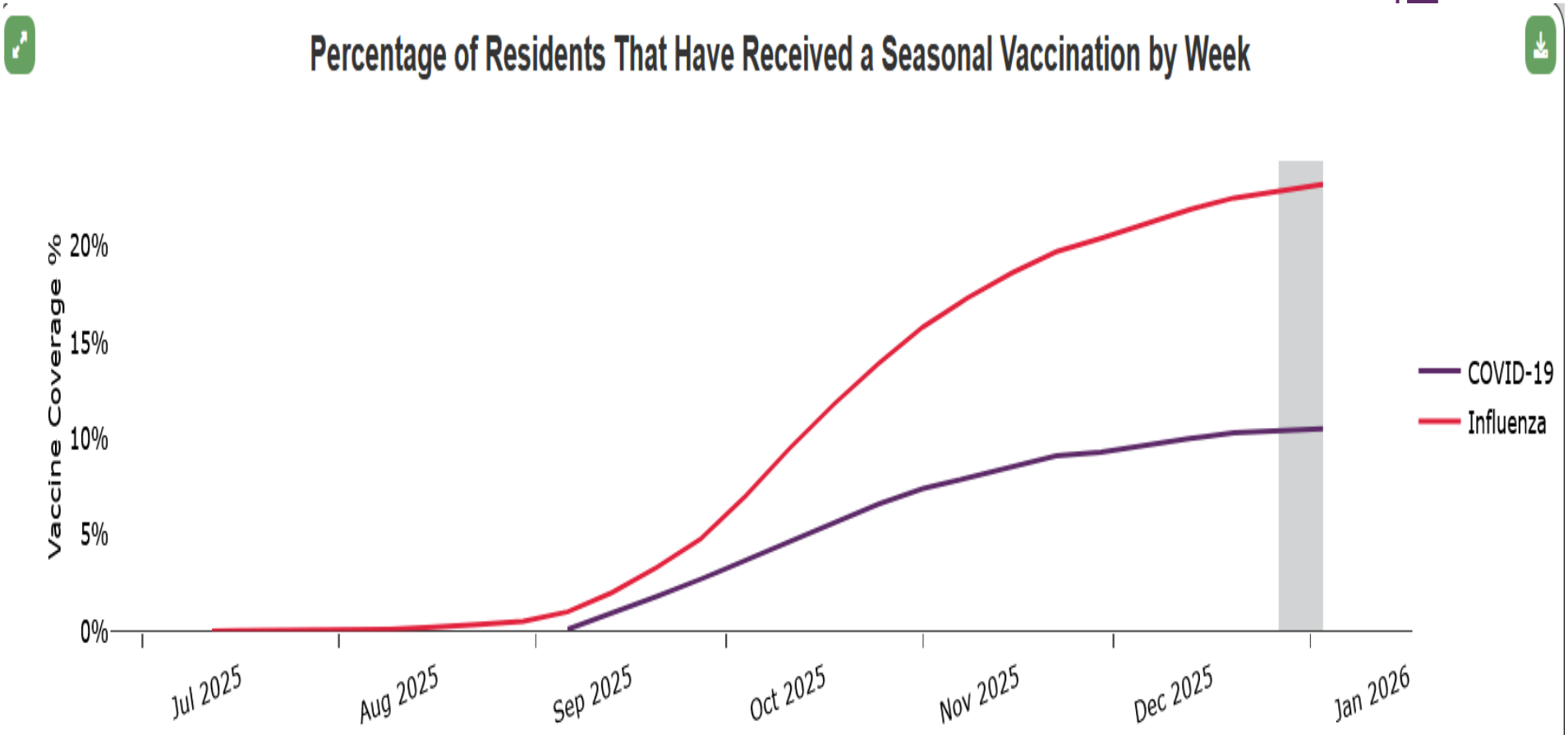
NM Respiratory Epi Ending 1/10

Season	Adult COVID-19 Deaths	Pediatric COVID-19 Deaths	Total COVID-19 Deaths
2025-2026	11	0	11
2024-2025	149	0	149
2023-2024	317	1	318

Season	Pneumonia Deaths	Adult Influenza Deaths	Pediatric Influenza Deaths	Total Pneumonia & Influenza Deaths
2025-2026	48	7	0	55
2024-2025	257	98	3	358
2023-2024	356	74	4	434

Season	Adult RSV Deaths	Pediatric RSV Deaths	Total RSV Deaths
2025-2026	0	0	0
2024-2025	1	0	1
2023-2024	3	0	3

NM Vaccination Ending 1/10



Percent of Population That Has Received a Vaccination

Vaccine	2023-2024	2024-2025	2025-2026
COVID-19	16.6%	15.7%	10.5%
Influenza	27.9%	27.1%	23.2%

NM Vaccination Ending 1/10

RSV Immunization Coverage

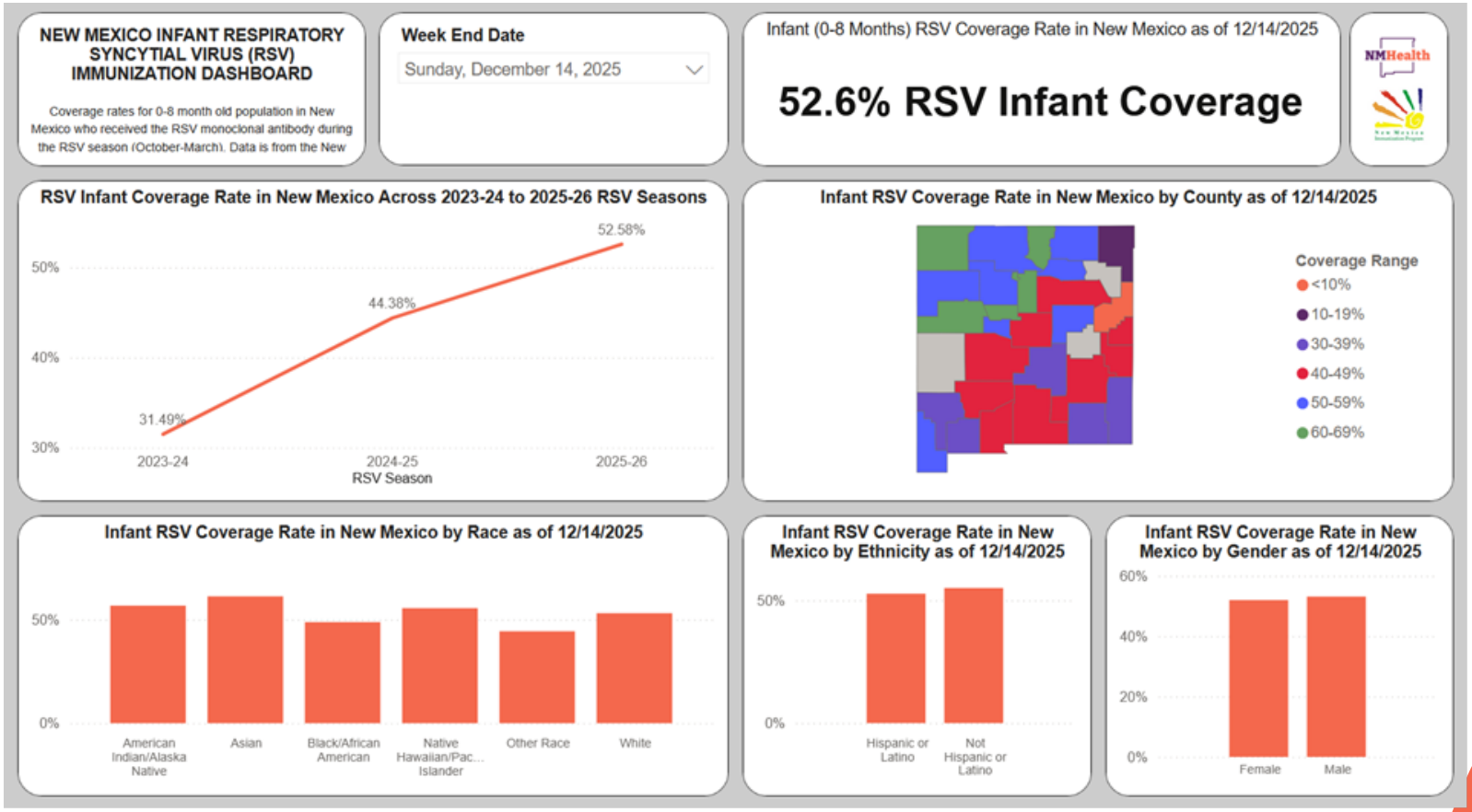
Pediatric RSV Immunization Coverage 2025-2026

Age Group	Percent Immunized
0-7 months prior to Season (Oct 1) and immunized by injection	46.6%
Born during Season (Oct 1 – Mar 31) and immunized by injection	24.1%
Born during Season and immunized by either injection or maternal vaccination	60.4%
8-19 Months during Season	2.8%

Older Adults RSV Vaccination Coverage

Age Group	Percent Immunized
75+ Years	40.7%
50-74 Years	14.7%

Pediatric Vaccination Rates Dashboard Preview



Respiratory Vaccine Distributed by NMDOH 1/14

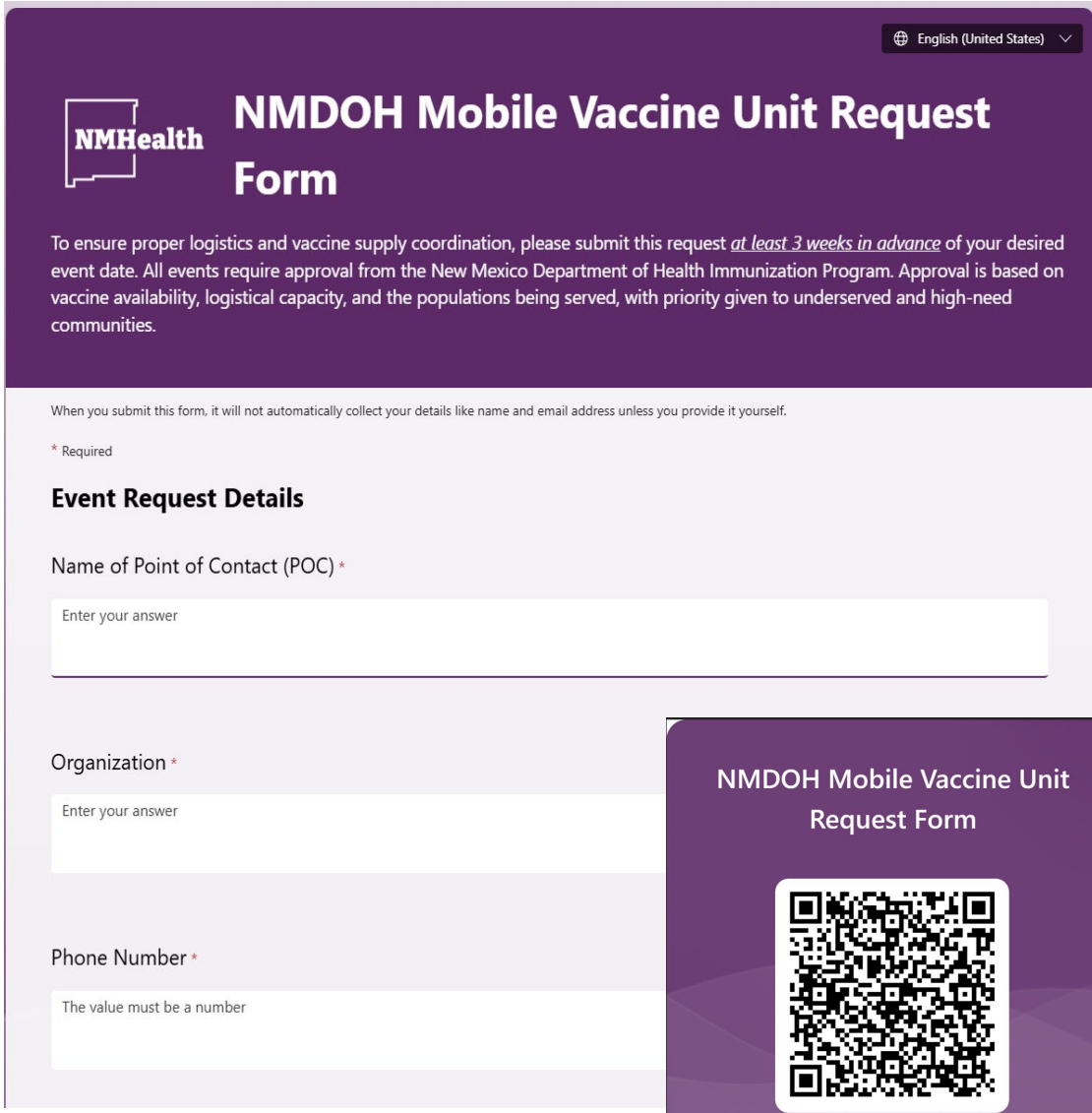
- Flu:
  - Injectable: **73,140 (Pediatric)**
  - Flumist: **4,920**
  - Fluarix: **11,270 (Adult)**
- COVID-19:
  - Moderna (12+) **2140** doses ordered
  - Moderna (6 mos-11yrs) **6120** doses ordered
  - Pfizer (12+) **810** doses ordered
  - Pfizer (5 yr- 11yr) **440** dosed ordered
- RSV
  - Beyfortus (nirsevimab) 50mg: **3925**
  - Beyfortus (nirsevimab) 100mg: **5300**
  - Enflonsia (clesrovimab) 1-pk: **18**
  - Enflonsia (clesrovimab) 10-pk: **660**

Campaigns and Announcements

Vaccines To Go- NMDOH Mobile Unit

Use the Request Form https://forms.office.com/g/FvV63M6B7M or QR code (which will take requesters to the form). If you have any inquiries about mobile vaccine requests, please direct them to complete the form. If there are any questions, contact the email address dohmobile.vaccines@doh.nm.gov or the NMSIIS Help Desk 833-882-6454. Make request at least 3 weeks in advance. **Note**: This form is not valid for correctional facilities; they must contact NMIP directly.

Population focus-Underserved and high need communities for vaccine access.



2026
Annual Immunization Program Statewide Training

March 11th and 26th, 2026

(Same Training, Repeat Sessions)

Virtual Only

Agenda and link are Coming Soon!

RSV Challenges and Successes Survey

An email sent 12/16 invites you to participate in a short survey about the previous and ongoing RSV vaccination experience.

Nirsevimab Challenges and Successes in New Mexico

https://redcap.nmhealth.org/surveys/?s=9NKEWXMPMK4NJE9J

We appreciate your time and effort in providing us with your valuable feedback. Here are our doses administered so far to pediatric patients:

RSV Doses Administered in New Mexico to Patients Under 5 Years Old, 2023-24 to 2025-26 RSV Season (10/01-03/31)	
RSV Season	Doses Administered
2023-24 Season	4,736
2024-25 Season	9,044
2025-26 Season*	8,192
*As of 12/16/2025	

NM Vaccine Providers' Office Hours Call and VFC Surveys

We will be sending out surveys to gauge your satisfaction with the NM VFC program and the Office Hours call.

Your feedback will help us delivery a well-functioning VFC program and valuable OH call for providers

Surveys coming for VFC (as soon as today) and the OH call later this month

Next Providers' Office Hours Call

3rd Thursdays

Next Office Hours Call: February 19, Noon

New Mexico Vaccines for Children (VFC) Program Staff

VFC Program Manager ***Lynne Padilla*** Phone: 505-827-2147 Email: Lynne.Padilla-truji@doh.nm.gov	STATE OFFICE AT THE **RUNNELS BUILDING** SANTA FE	**Vaccines for Children Clerk-A** ***Rachel King*** Phone: 505-827-1781 Email: Rachel.King@doh.nm.gov
Immunization Compliance Coordinator ***Scarlett Swanson*** Phone: 505-827-2898 Email: ScarlettC.Swanson@doh.nm.gov	**Vaccines for Children Health Educator** ***Vacant*** Phone: 505-827-2415 Email:	**Vaccines for Children Clerk-O** ***Carl Schoepke, JR.*** Phone: 505-827-2731 Email: Carl.Schoepke@doh.nm.gov

REGIONAL OFFICES

Metro	Northwest	Northeast	Southeast (a) (b)	Southwest
Bernalillo, Sandoval, Valencia, Torrance	Cibola, McKinley, San Juan	Colfax, Guadalupe, Los Alamos, Mora, Rio Arriba, San Miguel, Santa Fe, Taos, Union, Harding	A-Eddy, Lea, Lincoln, Chaves, B-Quay, Roosevelt, Curry, De Baca	Catron, Doña Ana, Grant, Hidalgo, Luna Otero, Sierra, Socorro
Immunization Coordinators: Erica Flores, RN **505-709-7866** Erica.Flores@doh.nm.gov Crystal Trujillo, RN **505-709-7811** Crystal.Trujillo@doh.nm.gov Melissa Padilla **505-670-0153** Melissa.Padilla@doh.nm.gov	**Health Educator:** Angelica Torres **505-534-0865** Angelica.Torres@doh.nm.gov	**Immunization Coordinator:** Brittany Baca, RN **505-476-2643** Brittany.Baca@doh.nm.gov **Health Educator:** Debra Wagner **505-476-2619** Debra.Wagner@doh.nm.gov **Immunization Clerk:** Renee Encinias **505-476-2622** Renee.Encinias@doh.nm.gov	**Immunization Coordinator:** Kelly Bassett, RN **575-288-9618** Kelly.Bassett@doh.nm.gov **Immunization Coordinator:** Zach Washington, RN **505-222-9011** Zachariah.Washington@doh.nm.gov **Immunization Clerk:** Theresa Rubio **575-288-9463** Theresa.Rubio@doh.nm.gov	**Immunization Coordinators:** Catalina Hood, RN **575-528-5150** catalina.hood@doh.nm.gov Kimberly Orozco, RN **575-528-5186** Kimberly.Orozco@doh.nm.gov **Immunization Clerk:** Erica Nieto **575-528-5113** Erica.Nieto@doh.nm.gov

NEW MEXICO DEPARTMENT OF HEALTH IMMUNIZATION PROGRAM
ADULT AND ADOLESCENT VACCINE PROGRAM STAFF

Vaccine and Outreach Manager ***Vanessa Hansel*** Phone: (505) 827-0219 Email: Vanessa.Hansel@doh.nm.gov	**NMSIIS Help Desk** 833-882-6454 Adult.Vaccines@doh.nm.gov	**Immunization Compliance Coordinator** ***Scarlett Swanson*** Phone: (505) 827-2898 Email: ScarlettC.Swanson@doh.nm.gov
Adult Vaccine Coordinator ***Bianca D. Gonzales*** Phone: (505) 827-0555 Email: BiancaD.Gonzales@doh.nm.gov	**Perinatal Hepatitis B and Adolescent Vaccine Coordinator** ***Brandy Jones, MBA-HM, BSN, RNC*** Phone: (505) 476-3626 Email: Brandy.Jones@doh.nm.gov	**Vaccine Coordinator** ***Zahin Hossain, MPH*** Phone: (505) 827-0196 Email: Zahin.Hossain@doh.nm.gov

REGIONAL OFFICES

Metro	Northwest	Northeast	Southeast (a) (b)	Southwest
Bernalillo, Sandoval, Valencia, Torrance	Cibola, McKinley, San Juan	Colfax, Guadalupe, Los Alamos, Mora, Rio Arriba, San Miguel, Santa Fe, Taos, Union, Harding	A: Eddy, Lea, Lincoln, Chaves B: Quay, Roosevelt, Curry, De Baca	Catron, Doña Ana, Grant, Hidalgo, Luna, Otero, Sierra, Socorro
Immunization Coordinators Erica Flores, RN (505) 709-7866 Erica.Flores@doh.nm.gov Crystal Trujillo, RN (505) 709-7811 Crystal.Trujillo@doh.nm.gov Melissa Padilla (505) 670-0153 Melissa.Padilla@doh.nm.gov	**Health Educator** Angelica Torres (505) 534-0865 Angelica.Torres@doh.nm.gov	**Immunization Coordinator** Brittany Baca, RN (505) 476-2643 Brittany.Baca@doh.nm.gov **Health Educator** Debra Wagner (505) 476-2619 Debra.Wagner@doh.nm.gov **Immunization Clerk** Renee Encinas (505) 476-2622 Renee.Encinias@doh.nm.gov	**Immunization Coordinators** Kelly Bassett, RN (575) 288-9618 Kelly.Bassett@doh.nm.gov Zach Washington, RN (505) 222-9011 Zachariah.Washington@doh.nm.gov **Immunization Clerk** Theresa Rubio (575) 288-9463 Theresa.Rubio@doh.nm.gov	**Immunization Coordinators** Kimberly Orozco, RN (575) 528-5186 Kimberly.Orozco@doh.nm.gov Catalina Hood, RN (575) 528-5150 Catalina.Hood@doh.nm.gov **Immunization Clerk** Erica Nieto (575) 528-5113 Erica.Nieto@doh.nm.gov

Questions, Comments, Dialogues, Missives and Negotiations