



Office Hours for New Mexico Vaccine Providers

Immunization Program

July 2, 2026

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



- Andrea Romero – IP Manager
- Catherine Campbell – NM State Immunization Information System (NMSIIS) Manager
- Grace Gonzales – Finance Manager
- Kathryn Cruz – Immunization Deputy Section Compliance Manager
- Lynne Padilla-Trujillo – Vaccines for Children Program (VFC) Manager
- Scarlett Swanson – Immunization Compliance Coordinator
- Vanessa Hansel – Vaccine Operations Manager

Office Hours Agenda



- Essential National/International News
 - Ebola Updates
 - Advisory Committee on Immunization Practices Status Update
- Vaccination Issues and Updates
 - Pertussis in NM
 - NM Vaccination Coverage Dashboards In Place
 - Storage and Shipping Updates
- COVID-19 Vaccine Updates
 - 2026-27 Vaccines
 - COVID-19 Vaccine Study
- Influenza Vaccine Updates
 - Vaccine Expiries
- RSV Immunization Updates
- Measles
 - Domestic and International Updates
- Avian Influenza A(H5) Virus Update
 - Domestic and Worldwide
- Vaccines for Children/Pediatric Vaccine Updates
- Vaccines for Adults/Adult Vaccine Updates
- Disease Epidemiology Updates
- Campaigns and Announcements
 - Got Shots 2026
 - Digital Data Logger Webinar
- Questions, Comments, Dialogues, Missives and Negotiations



The Essentials- National/ International News



Ebola Virus 2026-Current Sitch

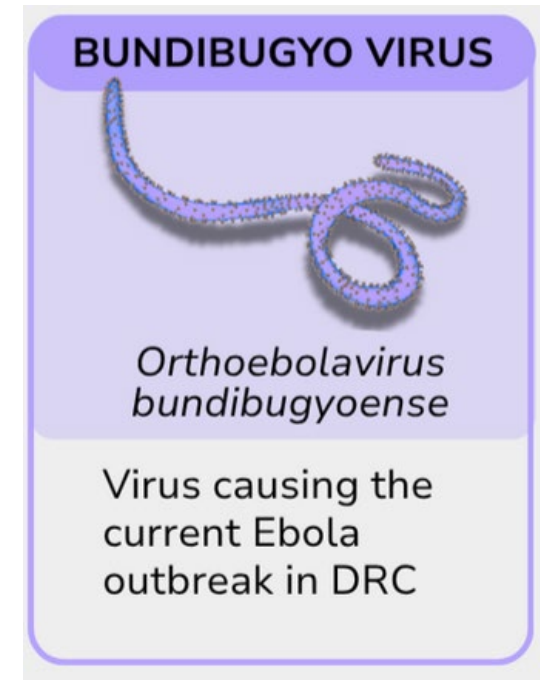


- As of July 1, there are reports of 2688 confirmed cases, 800 confirmed deaths (Democratic Republic of Congo, Uganda and France)
 - <https://www.cdc.gov/ebola/situation-summary/index.html>
- As of June 29, no Ebola cases associated with this outbreak have been reported in the United States
 - The overall risk to the American public and travelers remains low
- The virus causing the current outbreak is Bundibugyo, which has no licensed therapeutics or vaccines
- A trial, set to begin this week, will test whether MBP134 and the antiviral remdesivir can help reduce mortality in patients with Bundibugyo virus disease, alone or in combination
 - Developed by Mapp Biopharmaceutical, MBP134 is a monoclonal antibody cocktail that targets all human-pathogenic Ebola virus species.
 - It was originally isolated from an Ebola survivor
- Remdesivir is Gilead Science's antiviral that was recently used in hospitalized COVID-19 patients, and was originally developed for hepatitis C

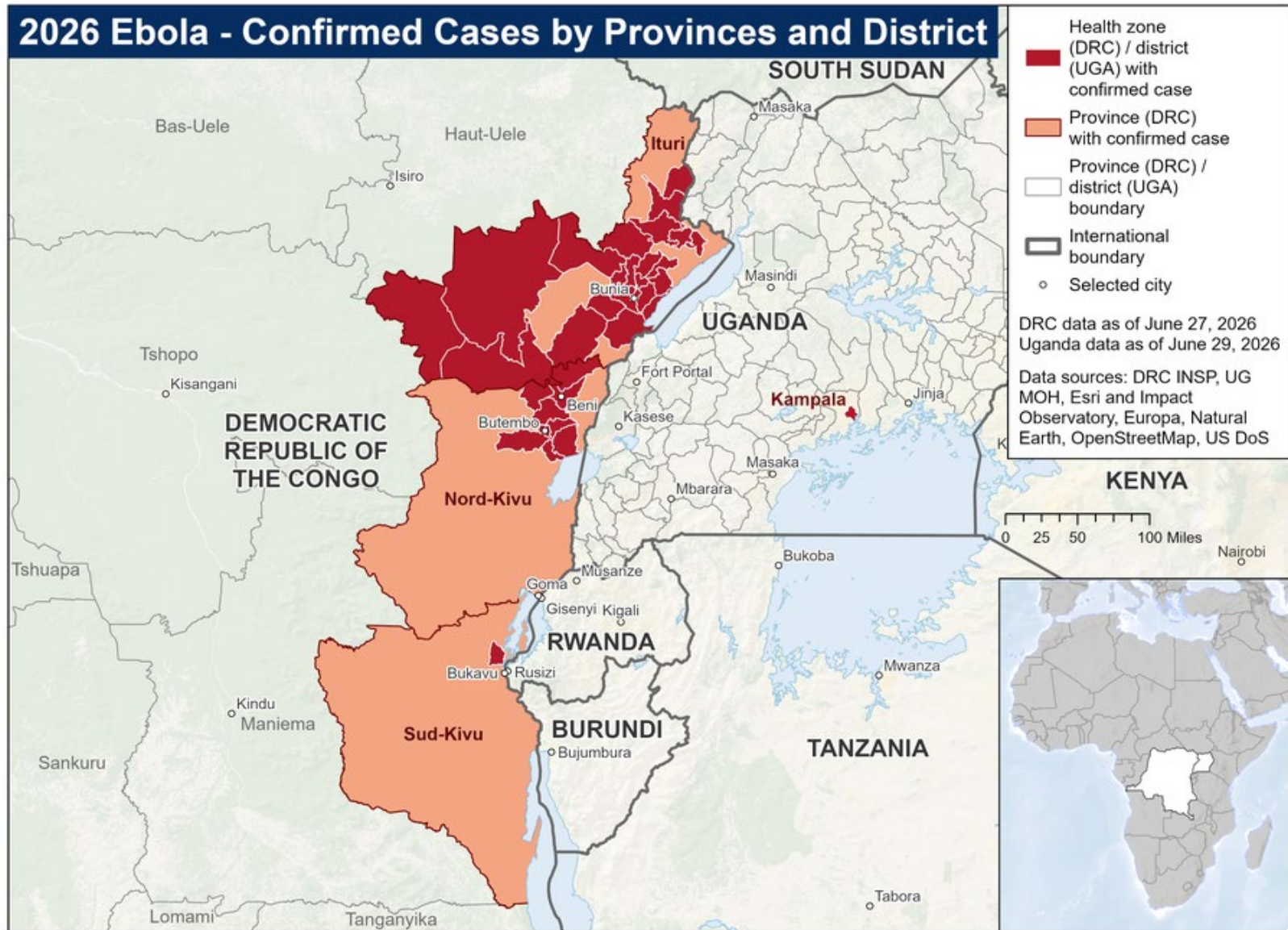
Ebola Virus 2026-Current Sitch, Cases



Reported*	Count
DRC (As of June 29, 2026)	
Confirmed cases	1333
Confirmed deaths	399
Probable cases	NA
Probable deaths	NA
Uganda (As of July 1, 2026)	
Confirmed cases	20
Confirmed deaths	2
Probable cases	1
Probable deaths	1
France (As of June 24, 2026)	
Confirmed cases	1
Confirmed deaths	0
Probable cases	0
Probable deaths	0
Totals	
Confirmed cases	1354
Confirmed deaths	401
Probable cases	1
Probable deaths	1



Ebola Virus 2026-Current Sitch, Map



Ebola Virus - Vaccines

- ERVEBO® is approved by the U.S. Food and Drug Administration (FDA) for the prevention of disease caused by Ebola virus (species Orthoebolavirus zairense) in individuals 12 months of age and older as a single dose administration.
 - ERVEBO® is manufactured by Merck.
 - Live attenuated, IM injected
- Ad26.ZEBOV and MVA-BN-Filo (marketed as Zabdeno and Mvabea) is a two-dose preventive regimen
 - Manufactured by Johnson & Johnson.
 - For individuals 1 year and older typically administered 8 weeks apart, IM injected
 - World Health Organization (WHO) recommended
 - Not approved by FDA
- CDC recommends ERVEBO® for adults 18 years and older at high risk for potential exposure to Ebola virus
- Current vaccines are not effective against the Bundibugyo virus and only available through CDC Strategic National Stockpile in US





◀ PRESIDENTIAL ACTIONS

REALIGNING UNITED STATES CORE CHILDHOOD VACCINE RECOMMENDATIONS WITH BEST PRACTICES FROM PEER, DEVELOPED COUNTRIES

Executive Orders

May 29, 2026

POTUS Vaccine Schedule



- The Presidential administration has signed off on a decision from the Department of Health and Human Services (HHS) earlier this year to cut down on the number of required vaccinations for children through an executive order
- “Protecting religious liberty and parental authority” and alignment with “scientific evidence and best practices from peer, developed countries while preserving access to vaccines currently available to Americans” were cited in the order
- CDC reduced its recommended number of vaccinations for children from 17 to 11 in late 2025 and January 2026
- New Mexico and over two dozen other states and jurisdictions are using the current American Academy of Pediatrics schedule, which includes the 17 vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) previous to 2025
 - NM is not currently bound by the executive order
- This narrower core schedule would move vaccines for influenza, rotavirus, hepatitis A, hepatitis B, certain forms of meningitis, and respiratory syncytial virus from universal recommendations to decisions made between individual parents and clinicians based on specific risk factors

Judicial Moves -ACIP and Schedule



- The administration's push for a reduced vaccine schedule follows previous efforts that were met with legal resistance from the medical community, states and the courts
- In March, a federal judge in Massachusetts issued an injunction that temporarily:
 - Blocked HHS Secretary's appointment of 13 new members to the ACIP because the appointment likely violated the Federal Advisory Committee Act
 - Blocked all votes that the newly constituted ACIP had made, including the reduced vaccination schedule
 - Prevented the current ACIP from meeting until the case is resolved or another motion removed the temporary stay
- In April, HHS appealed the federal ruling, which put these changes on hold
 - A resolution is pending



HHS Response-ACIP and Schedule



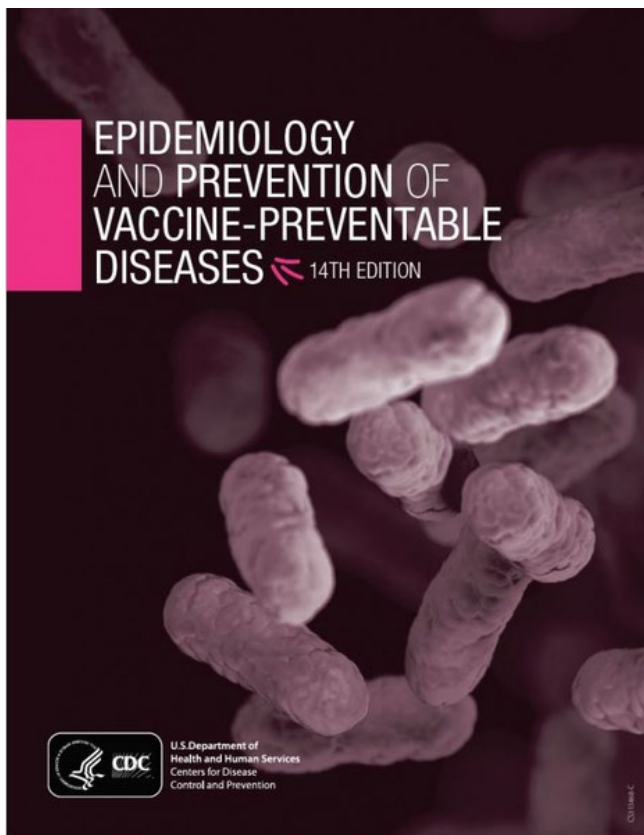
- HHS has filed a motion to expedite its appeal of a court ruling that temporarily blocked changes to vaccine recommendations for US children
- HHS Secretary Robert F. Kennedy Jr. said the appeal seeks to restore the Advisory Committee on Immunization Practices (ACIP) so that the group, which has not met since last December, can issue vaccine recommendations ahead of the fall flu season
- HHS recently issued a revised charter to re-establish the group <https://www.cdc.gov/acip/about/acip-charter.html>:
 1. Vaccine Use Recommendations
 2. Immunization Schedules
 3. Evidence Review and Recommendation Framework
 4. Vaccine Safety and Related Considerations
 5. Public Health Strategies
 6. Special Populations and Circumstances
 7. Vaccines for Children (VFC) Program Responsibilities
 8. Deliberative Process and Transparency



Vaccination Reminders and Updates



CDC Pink Book-We Hardly Knew Ye



- The Pink Book, CDC's comprehensive guide on routinely used vaccines and the diseases they prevent, is not fully gone but...
- The Web-on-Demand (WOD) courses will be retired today
- The textbook was last published in August 2021
 - There have been some updates made to vaccine recommendations since then
- CDC Health Education and Communications Branch data shows that the You Call the Shots (YCTS) modules are used much more (CE available)
- The exception is for RSV as there is no RSV YCTS module yet
 - It will be retained on the Pink Book WOD for now.

Provider Letter about Direct Ship Vaccine Delivery Verification by CDC



NMIP will be sending a letter to providers on behalf of CDC:

- You are getting this letter because your office gets vaccines from the CDC.
- Most vaccines are sent from the CDC's main distributor, McKesson. But some vaccines come straight from the companies that make them, including varicella and MMR-varicella from Merck, and COVID-19 vaccines from Pfizer.
 - When vaccines are shipped directly to you, the CDC does an extra check to make sure the right vaccines were delivered
 - The CDC will contact some offices that just received these vaccines
 - They usually call within a week after the delivery to make sure the correct amount and type of vaccine arrived safely
 - If they cannot reach someone after two phone calls, they will send an email instead
 - They keep a record of these checks to follow federal rules
- Inform your staff know about this process. Make sure phone calls about vaccine deliveries are sent to the person who manages your vaccine supply.

HAN: Pertussis in Taos County



Michelle Lujan Grisham
Governor

Gina DeBlassie
Cabinet Secretary

New Mexico Department of Health

NEW MEXICO HEALTH ALERT NETWORK (HAN) ADVISORY Pertussis Increase in Taos County July 1, 2026

- As of July 1, 2026, the New Mexico Department of Health (NMDOH) has received reports of 39 cases of pertussis statewide.
 - Of those, 14 have been reported from Taos County, with cough onsets ranging from mid-April to late June
- Clinicians are strongly encouraged to consider pertussis and order confirmatory PCR testing for individuals experiencing cough accompanied by paroxysmal coughing fits, a “whoop” sound on inspiration, or post-tussive vomiting, regardless of age or vaccination history.
- Infants can present atypically, with apnea, grunting, gagging, eye-bulging, vomiting, or cyanosis; they may also have minimal or no cough.
 - Infants with pertussis can deteriorate rapidly

Pertussis Testing and Prevention



- **Confirmatory Testing:**

- Testing by PCR is strongly recommended within the first 3 to 4 weeks of cough onset
- Commercial serological testing is not recommended for diagnosis

- **Treatment and Isolation:**

- Pertussis is highly contagious. A person with suspected or confirmed pertussis should stay home until completing five days of an appropriate antimicrobial, or until 21 days have elapsed since cough onset
- Recommended antibiotics include azithromycin, clarithromycin, erythromycin, or trimethoprim-sulfamethoxazole

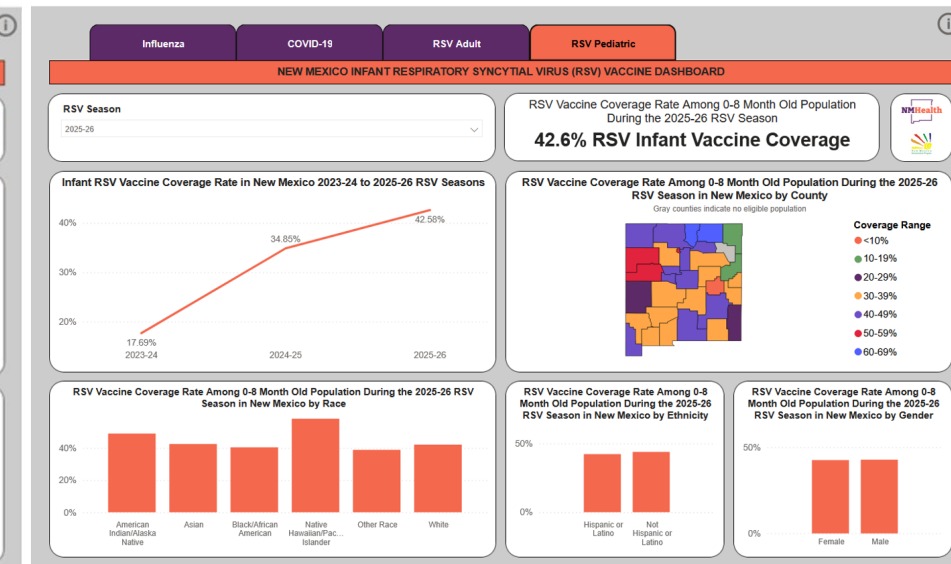
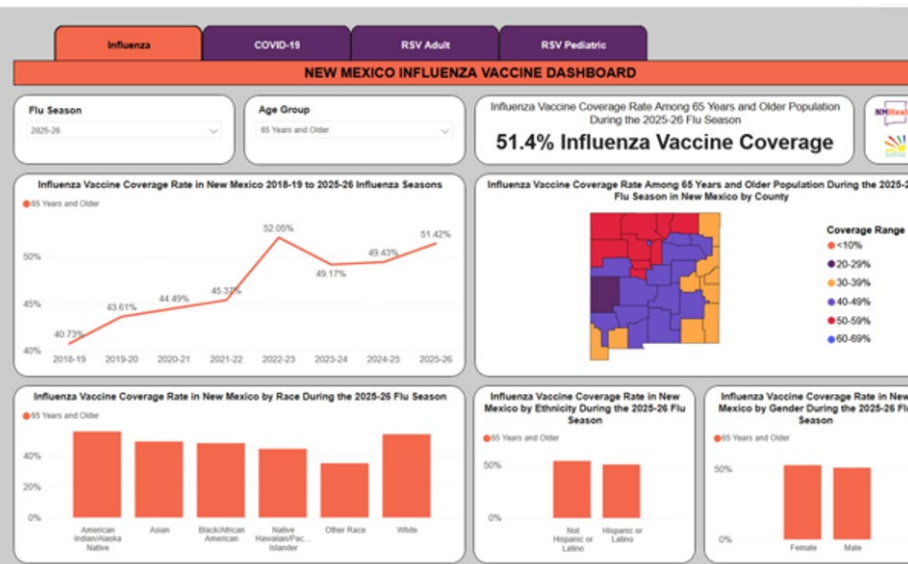
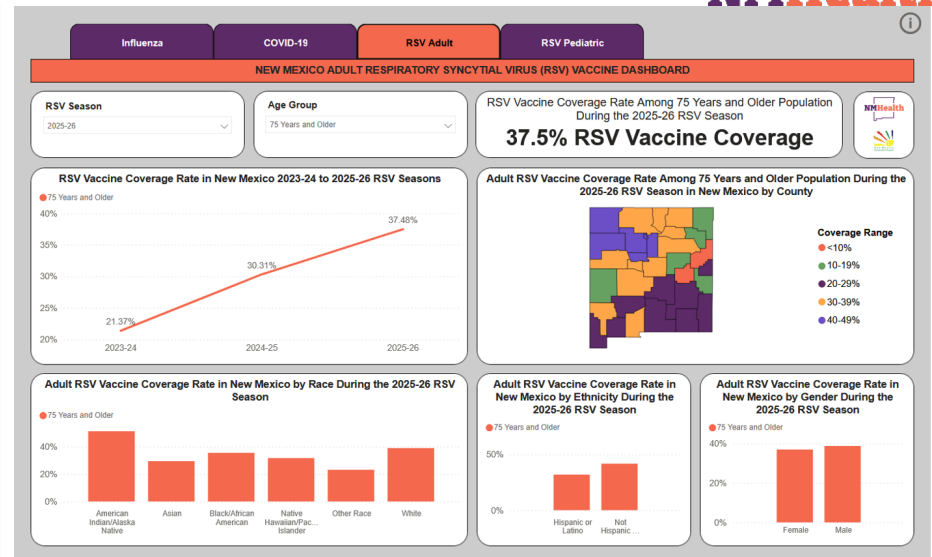
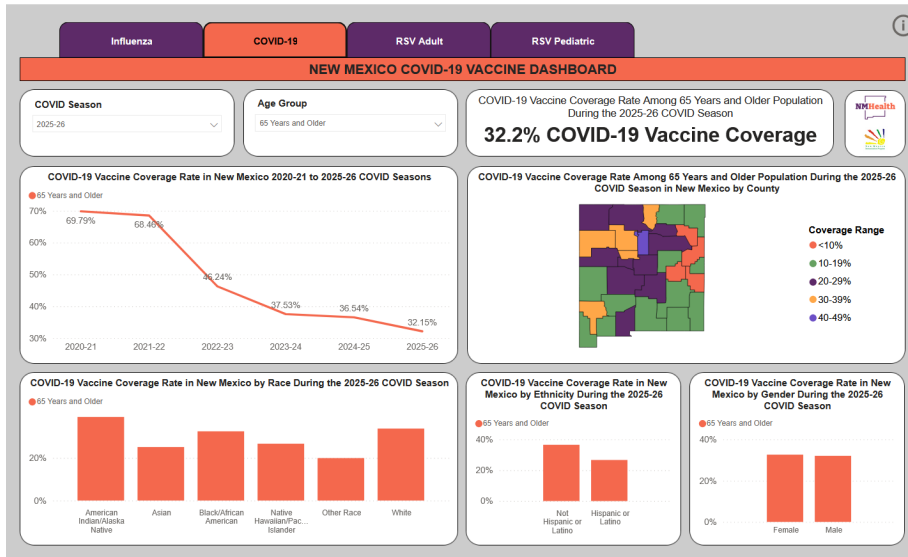
- **Vaccination:**

- A Tdap booster is recommended during each pregnancy. Tdap during pregnancy prevents about 78% of cases and 90% of hospitalizations from pertussis in infants younger than 2 months old.
- People of all ages should stay up to date on pertussis vaccination

- **Pertussis information:**

- <https://www.cdc.gov/pertussis/about/index.html>
- NMDOH Help Line at 1-833-SWNURSE (1-833-796-8773)

NM Respiratory Vaccine Coverage Rate Dashboards



Emergency Vax Storage & Handling- Summer



During the spring and summer months health care facilities may experience higher rates of temperature excursions in their vaccine storage units due to fire, high winds, extreme temperatures or other events causing power outages. Here are steps you can take to safeguard your vaccine supply:

- If your vaccine storage unit is experiencing frequent temperature excursions, the temperature MAY need to be adjusted. Temperature adjustments actions:
- Confirm that the unit is securely plugged directly into a dedicated wall outlet power source.
- Check the temperature inside the storage unit.
- If possible, continue to monitor temperatures of the storage unit, but **DO NOT OPEN THE UNITS** to do this. If this is not possible, then record the temperature as soon as possible after power is restored.
- Do not discard any vaccine.
- If the temperature went out of range during the power outage, when power has been restored, clearly mark these vaccines, and do not use them until you are able to consult with the vaccine manufacturers or NMIP.
- Complete a Vaccine for Children (VFC) and/or Adult Vaccine Troubleshooting Report found on NM Statewide Immunization Information Systems (NMSIIS) Reports page, inform the appropriate Regional Immunization Coordinator



Emergency Vax Storage & Handling- Summer



- Call the New Mexico Department of Health (NMDOH) Helpdesk at 1-833-882-6454 and inform the Immunization Program of the determination made by the vaccine manufacturers about the viability of the affected vaccine.
- Complete a Troubleshooting Report (TSR) and send it to the NMIP appropriate for the funding source email (indicated above), along with supporting documentation from the vaccine manufacturer(s).
 - Once reported, your site will receive a return label to use for your vaccine return.
- If alternate storage with a reliable power source is available (e.g., hospital with generator power), transfer to that facility can be considered.
 - If transporting vaccine, measure the temperature of the refrigerator(s) and freezer(s) when the vaccines are removed.
 - If possible, transport the vaccine following proper cold chain procedures for storage and handling or try to record the temperature the vaccine is exposed to during transport.



Inventory control is high priority to prevent vaccine wastage. Reach out to us for guidance and tips to avoid mass vaccine loss.

DISTRIBUTION UPDATES

Another reminder about cooler returns (Part 1 of 2)

- Two types of qualified coolers are currently being used:
 - **EcoFlex coolers**, used for all frozen and most medium, large and extra-large refrigerated shipments, need to be returned for recycling/re-use.
 - **KoolTemp (EPS) coolers**, used for most small refrigerated shipments, should not be returned.



DISTRIBUTION UPDATES

Another reminder about cooler returns (Part 2 of 2)

- Each cooler contains a flyer for the provider about which coolers should be returned and steps for doing so.



RETURN YOUR ECOFLEX COOLER

ECO FLEX MUST BE RETURNED
Do Not Dispose

Step 1: Open shipper and remove the top PCM gel pack(s).

Step 2: Remove the product(s) from the inner corrugated box.

Step 3: Ensure the inner corrugated box is back in the EcoFlex shipping system.

Step 4: Place the top PCM gel pack(s) back on top.

Step 5: Fold in the original outer flaps. Fold in the remaining flaps with return shipping label exposed.

Step 6: Schedule a pickup with UPS. Contact UPS either by phone or by email.

PICKUP



DO NOT RETURN EPS COOLERS

DO NOT RETURN KOOLTEMP COOLERS
Please Dispose

**Do NOT Return KoolTemp Coolers
PLEASE DISPOSE**

MCKESSON

Instructions included in your vaccine packages

MCKESSON
Empowering Healthcare



Review this guide to read this temperature indicator.

Vaccine Temperature Monitor

A WarmMark® Temperature Indicator is in this shipment to assure that your vaccines have been shipped under manufacturer-recommended conditions. The indicator shows temperature exposure only – not information about vaccine quality. This monitor must be “turned on” when you receive it. A small white tab on the left side of the monitor with the words “To Activate Fold Up and Pull” has been removed. If you see this tab, please report right away.

Accepting a Vaccine Shipment

- On arrival, remove the instruction card with the WarmMark® Temperature Indicator from the shipment box right away.
- Follow the guide on the back of this card to read the monitor.
- Examine the vaccines and shipping box for any signs of damage.
- If you have any questions or concerns when reading the monitor, if the monitor is not activated or if you see damage to the package, call 877-TEMP123 (877-836-7123) or your state / local immunization program right away.
- Store vaccines as instructed below.

Vaccine Storage Requirements

- Take the vaccines out of the shipping box immediately upon receipt.
- Remove the vaccines from the plastic bag.
- Refrigerate immediately at 35° to 46°F (2° to 8°C).
- Do not freeze or expose to freezing temperatures.

MCKESSON
Empowering Healthcare

How to Read the WarmMark® Temperature Indicator

As soon as you receive this shipment, remove the WarmMark® Temperature Indicator and check the index. Please note that all pictures below are examples only. Please read the monitor on the other side of this card.

For all vaccines excluding MMR:

- If the index color is MODERATE, store the vaccines as instructed and begin use.
- If the index color is PROLONGED, store the vaccines as instructed and call 877-TEMP123 (877-836-7123) or your state / local immunization program right away for further instruction before using.

For MMR vaccines only:

- If the index color is BRIEF, store the vaccines as instructed and begin use.
- If the index color is MODERATE or PROLONGED, store the vaccines as instructed and call 877-TEMP123 (877-836-7123) or your state / local immunization program right away for further instruction before using.

WarmMark® Time Temperature Indicator decision table:

Indicator Color	Vaccine Type	
	Vaccines (excluding MMR)	MMR
BRIEF	Ready for Use	Ready for Use
MODERATE	Ready for Use	Call 877-TEMP123 (877-836-7123) or your state / local immunization program right away
PROLONGED	Call 877-TEMP123 (877-836-7123) or your state / local immunization program right away	

Call 877-TEMP123 (877-836-7123) or your state / local immunization program right away if you have questions or concerns when reading the temperature indicator or if you see damage to the package.

Cold Indicators

FREEZEmarker® **MCKESSON**



Review this guide to read this temperature indicator.

Vaccine Temperature Monitor

A TransTracker® C FREEZEmarker® Indicator is in this shipment to assure that your vaccines have been shipped under manufacturer-recommended conditions. The indicator shows temperature exposure only—not information about vaccine quality.

Accepting a Vaccine Shipment

- On arrival, remove the instruction card with the FREEZEmarker Indicator from the shipment box right away.
- Follow the guide on the back of this card to read the monitor.
- Examine the vaccines and shipping box for any signs of damage.
- If you have any questions or concerns when reading the monitor, or if you see damage to the package, call 877-TEMP123 (877-836-7123) or your state/local immunization program right away.
- Store vaccines as instructed below.

Vaccine Storage Requirements

- Take the vaccines out of the cooler and cardboard box immediately upon receipt.
- Refrigerate immediately at 36° to 46°F (2° to 8°C).
- Do not freeze or expose to freezing temperatures.

TransTracker® and FREEZEmarker® are registered trademarks of TempTime Corporation, 116 American Road, Morris Plains, NJ.

Version 3 / May 2017 **MCKESSON**

How to Read the TransTracker C FREEZEmarker Indicator

As soon as you receive this shipment, press the FREEZEmarker indicator with your thumb and compare it to the chart below.

Please note that pictures below are examples only.



If the indicator shows a white checkmark, as shown here, store the vaccines as instructed and begin use.



If the indicator is white and cloudy, as shown here, store the vaccines as instructed and call 877-TEMP123 (877-836-7123) or your state/local immunization program right away for further instruction before using.

TransTracker C FREEZEmarker Indicator decision table:

Indicator	Vaccine Type	
	MMR	All other vaccine
		Ready for Use
	Ready for Use	Call 877-TEMP123 (877-836-7123) or your state/local immunization program right away

Call 877-TEMP123 (877-836-7123) or your state/local immunization program right away if you have questions or concerns when reading the temperature indicator or if you see damage to the package.

TransTracker® C

Press the INDICATOR upon RECEIPT and compare to the chart below.





OK



FROZEN

TEMPTIME
www.temptimecorp.com

Figure B

Figure C

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>

COVID-19



Vaccines and Related Biological Products Advisory Committee COVID-19 Vaccine



- Manufacturers accepted FDA advisement for the approved COVID-19 vaccines to closely match currently circulating SARS-CoV-2 viruses.
- The COVID-19 vaccines (2026-2027 Formula) for use in the United States beginning in fall 2026 is a monovalent JN.1 lineage XFG variant vaccine

COVID-19 Pediatric Vaccines 2026-27



Manufacturer	Brand Name	Unit of Sale NDC	Presentation/Pr oduct description: e.g., MDV10, MDV5, MDV3, SDV, PFS	Package size/Doses per carton: e.g., 10- pack, 5- pack, 1- pack	Does this produc t have a diluent ?	Age indicatio n	Minimum order quantity (for drop shipped vaccine only)	Shelf life at delivery (# of months)	How long is vaccine refrigerator- stable? (for frozen and ultracold vaccines
	Pediatric								
Moderna	Spikevax® [COVID-19 Vaccine, mRNA] 2026-2027	80777-0115- 80	Single Dose PFS 0.25ML	10-pack	No	6M-11Y		7	60 days
Moderna	Spikevax® [COVID-19 Vaccine, mRNA] 2026-2027	80777-0114- 96	Single Dose PFS 0.5ML	10-pack	No	12Y+		7	60 days
Moderna	mNEXSPIKE® [COVID-19 Vaccine, mRNA] 2026-2027	80777-0401- 60	Single Dose PFS 0.2ML	10-pack	No	12Y+		7	
Pfizer	Comirnaty®	00069-2609- 10	Comirnaty 10mcg/0.3mL	10-pack	No	5Y-11Y	10 doses	At least 3 months ULT	10 weeks
Pfizer	Comirnaty®	00069-2631- 10	Comirnaty 0.1mg/mL, 0.3mL PFS	10-pack	No	12Y+	10 doses	at least 12 weeks	12 months from manufacturi ng date
Sanofi	Nuvaxovid™ COVID-19 Vaccine, Adjuvanted- SARS-CoV-2 Recombinant Spike Protein Nanoparticle Vaccine [SARS- CoV-2 rS] with	49281-0026- 50	PFS	10-pack	No	12Y+		Minimum of 10- weeks remaining shelf life	

COVID-19 Adult Vaccines 2026-27



Manufacturer	Brand Name	Unit of Sale NDC	Presentation/Product description: e.g., MDV10, MDV5, MDV3, SDV, PFS	Package size/Doses per carton: e.g., 10- pack, 5- pack, 1- pack	Does this product have a diluent ?	Age indicatio n	Minimum order quantity (for drop shipped vaccine only)	Shelf life at delivery (# of months)	How long is vaccine refrigerator- stable? (for frozen and ultracold vaccines
	Adult								
Moderna	Spikevax® (COVID-19 Vaccine, mRNA) 2026-2027	80777-0114- 96	Single Dose PFS 0.5ML	10-pack	No	12Y+		7	60 days
Moderna	mNEXSPIKE® (COVID-19 Vaccine, mRNA) 2026-2027	80777-0401- 60	Single Dose PFS 0.2ML	10-pack	No	12Y+		7	NA
Pfizer	Comirnaty®	00069-2631- 10	Comirnaty 0.1mg/mL, 0.3mL PFS	10-pack	No	12Y+	10 doses	at least 12 weeks	12 months from manufacturi ng date
Sanofi	Nuvaxovid™ COVID-19 Vaccine, Adjuvanted- SARS-CoV-2 Recombinant Spike Protein Nanoparticle Vaccine (SARS- CoV-2 rS) with	49281-0026- 50	PFS	10-pack	No	12Y+		Minimum of 10- weeks remaining shelf life	

Paused COVID-19 Study Released in JAMA



- COVID-19 vaccine was found to be about 55% effective against COVID-19-associated hospitalizations, and reduced COVID-19-related trips to emergency departments and urgent care clinics by 50%
- The research originally was scheduled to be published in CDC's Morbidity and Mortality Weekly Report
 - It had been cleared by the agency's Office of Science but was flagged by acting agency Director
 - Argued the methodology relies too heavily on assumptions and could produce results that were skewed by factors such as prior infections and how different groups of patients behave
- The study approach, called "test-negative design," looks at people who were admitted to hospitals or visited emergency rooms with respiratory illnesses
 - Unsure if this approach will be used for other CDC studies going forward

Simultaneous COVID-19 and Flu Vaccines Use Not Associated With Increase In Adverse Events



- A target trial emulation found that same day coadministration of the COVID-19 and influenza vaccines was not associated with a higher risk of serious or clinically meaningful adverse events compared with receiving only an influenza vaccine
- Researchers from Washington University in St. Louis conducted a target trial emulation including data from 2.5 million patients in the U.S. Department of Veterans Affairs health care system between 1 September 2022 and 26 August 2025
 - Evaluated the 90-day risks for adverse events after coadministration of COVID-19 and influenza vaccines across the bivalent, XBB-adapted, and KP-adapted COVID-19 vaccination period
- Compared more than 700,000 people who received both vaccines with over 1.8 million who received only the influenza vaccine and examined 46 potential adverse events, grouped by severity
- Limitations: this was not an actual randomized trial, so there may be unmeasured factors that could have affected outcomes.
 - Most study participants were men

<https://www.acpjournals.org/doi/10.7326/ANNALS-26-00217-PS>

Paxlovid Dosing for High-Risk Children

- A new study could expand the use of nirmatrelvir/ritonavir, NMV/r or Paxlovid, to a younger population
- Robust reductions in SARS-CoV-2 RNA concentrations from baseline through the end of treatment were shown, and no COVID-related hospitalizations or deaths were reported among children six years and older who received the drug
- In the Pfizer-funded study:
 - Seventy-five participants received at least 1 dose.
 - Simulated exposure of dose presentations NMV/r 300/100 mg BID for Cohort 1 and 150/100 mg BID for Cohort 2 indicated more than 90% of participants achieved minimum NMV concentrations above the 90% effective concentration after dose 1 and at steady state
 - NMV/r was safe and well tolerated
 - The most frequently reported adverse events were diarrhea and headache (n = 3 [4%] participants each)
- The FDA previously granted emergency use authorization (EUA) for Paxlovid for high-risk children aged 12 years or older who weigh at least 40 kg (88 lb) in December 2021

<https://publications.aap.org/pediatrics/article/doi/10.1542/peds.2025-073999/207906/Nirmatrelvir-Ritonavir-for-the-Treatment-of-COVID?searchresult=1?autologincheck=redirected>

2025-2026 Season: COVID-19 Vaccine Dating

- Like flu vaccines, the shelf life for COVID-19 vaccines is less than that for other routine vaccines.
- The table below summarizes shelf-life information for COVID-19 vaccines during the 2025-2026 season.

Manufacturer	Dating when received by providers	Dating when distribution typically ceases	Notes
Moderna (6m-11y, 12y+)	3-6 months remaining	28-30 days remaining	
Sanofi/Novavax (12y+)	1-2 months remaining	14 days remaining	Final season expiry 5/31/2026; last day to order = 5/12/2026
Pfizer (5-11y)	3 months	3 months	When stored at ultracold temps
Pfizer (12y+)	12 weeks	12 weeks	

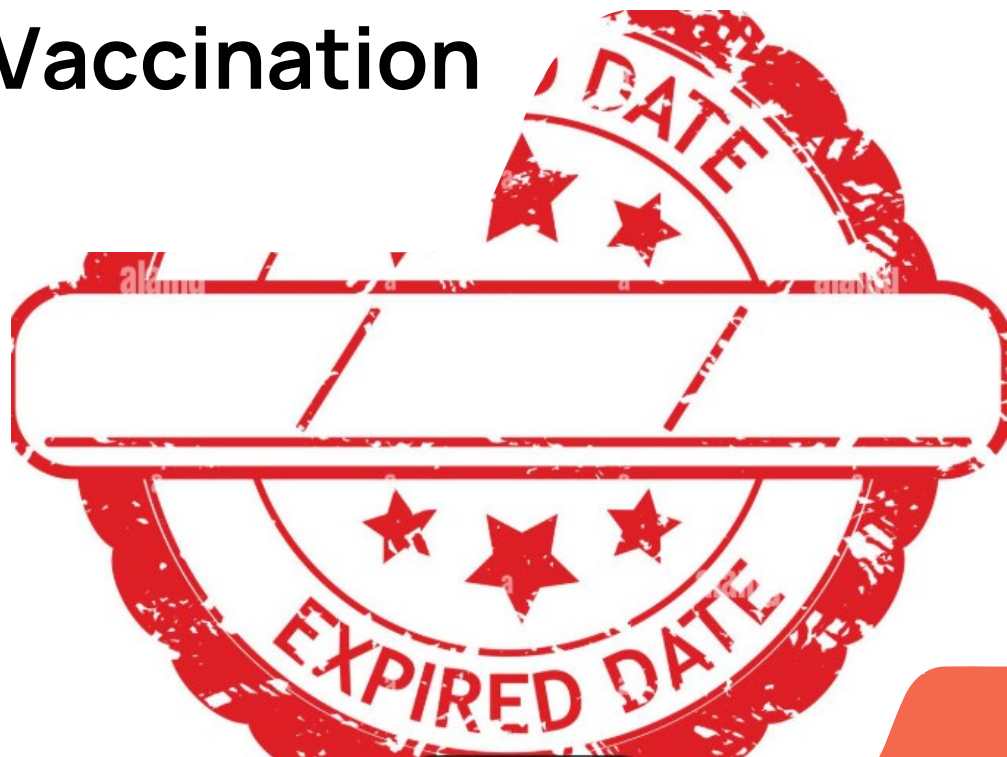
COVID-19 Vaccine Contact Information



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

**The 2025-26 Flu Vaccination
Season Is Over**



Pediatric Flu Vaccines from the 2025-2026 Flu Season

- Flulaval expired on June 2, 2026, and June 30, 2026, and Fluzone expired on June 30, 2026.
 - See presentations below
- CDC mandates that providers return expired vaccine within six months of the expiration date
- Flu vaccine returns should be submitted in NMSIIS
- Instructions for creating returns for expired vaccines can be found in NMSIIS > Reports > New Mexico Forms and Documents > VFC Returns – Expired Vaccine Instructions.

Vaccine	Brandname/ Tradename	NDC	Packaging
Influenza E (Age 6 months and older)	Fluzone® TIV	49281-0425-50	10 pack – 1 dose syringe<
Influenza E (Age 6 months and older)	FluLaval® TIV	19515-0904-52	10 pack – 1 dose syringe

Expired: 2025-2026 Adult Flu Vaccines



- Adult Flu vaccines from the 2025-2026 Flu season (see below for presentations) have **expired as of June 30, 2026**.
 - CDC mandates that providers return expired vaccine within six months of the expiration date.
 - Flu vaccine returns should be submitted in NMSIIS beginning July 1, 2026.
 - Instructions for creating returns for expired vaccines can be found in NMSIIS > Reports > New Mexico Forms and Documents > VFC Returns - Expired Vaccine Instructions 3/26.
 - Instructions are the same for Adult and VFC providers. Adult and Pediatric flu should be submitted on separate returns.
- Along with your return, please ensure all administered doses have been reported and any wastage has been accounted correctly.
- If you have any questions or need assistance with creating a return in NMSIIS, please contact your regional coordinators.

Adult Presentation

Manufacturer	Brand	Description	NDC
Sanofi	FLUARIX® TIV	0.5mL single dose syringe, 10 pack	58160-0912-52

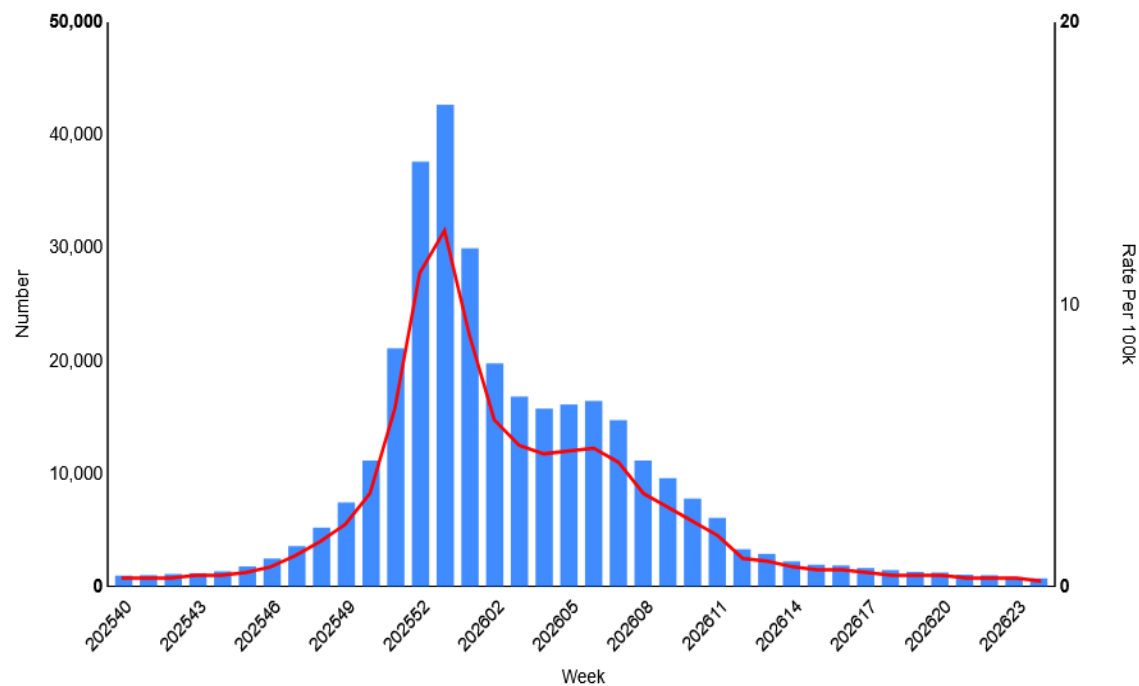
National Healthcare Safety Network (NHSN) Hospital Respiratory Data



Display by: ☒ Overall ☐ Age Group

Season: 2025-26 ▼

National Healthcare Safety Network (NHSN) Hospital Respiratory Data
Number of Hospital Admissions and Rates by Week
National Level



☐ All Measures

☒ Influenza Hospital Admissions

☐ Average patients with influenza in ICU

National Center for Health Statistics (NCHS) Mortality Surveillance

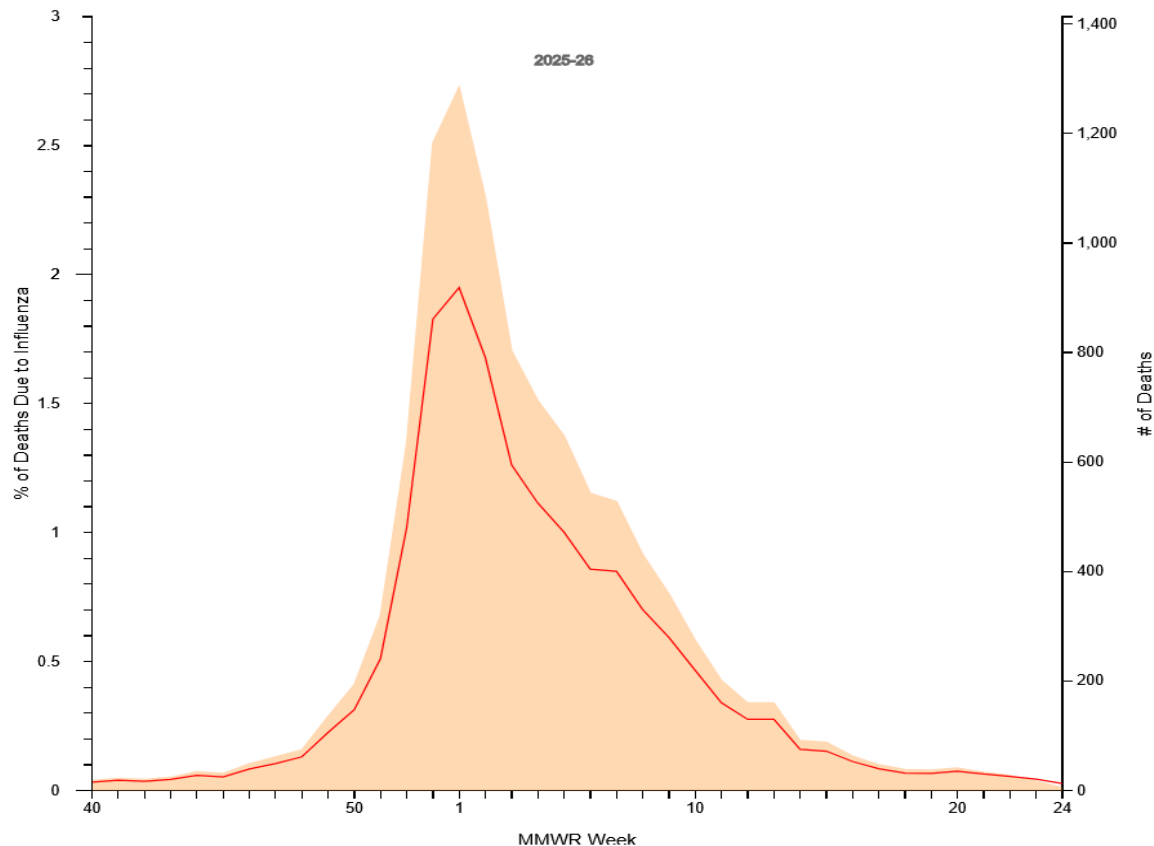


Season: 2025-26 Surveillance Area: National Age: All

**Pneumonia and Influenza Mortality from
the National Center for Health Statistics Mortality Surveillance System**

National Summary data through the week ending June 20, 2026

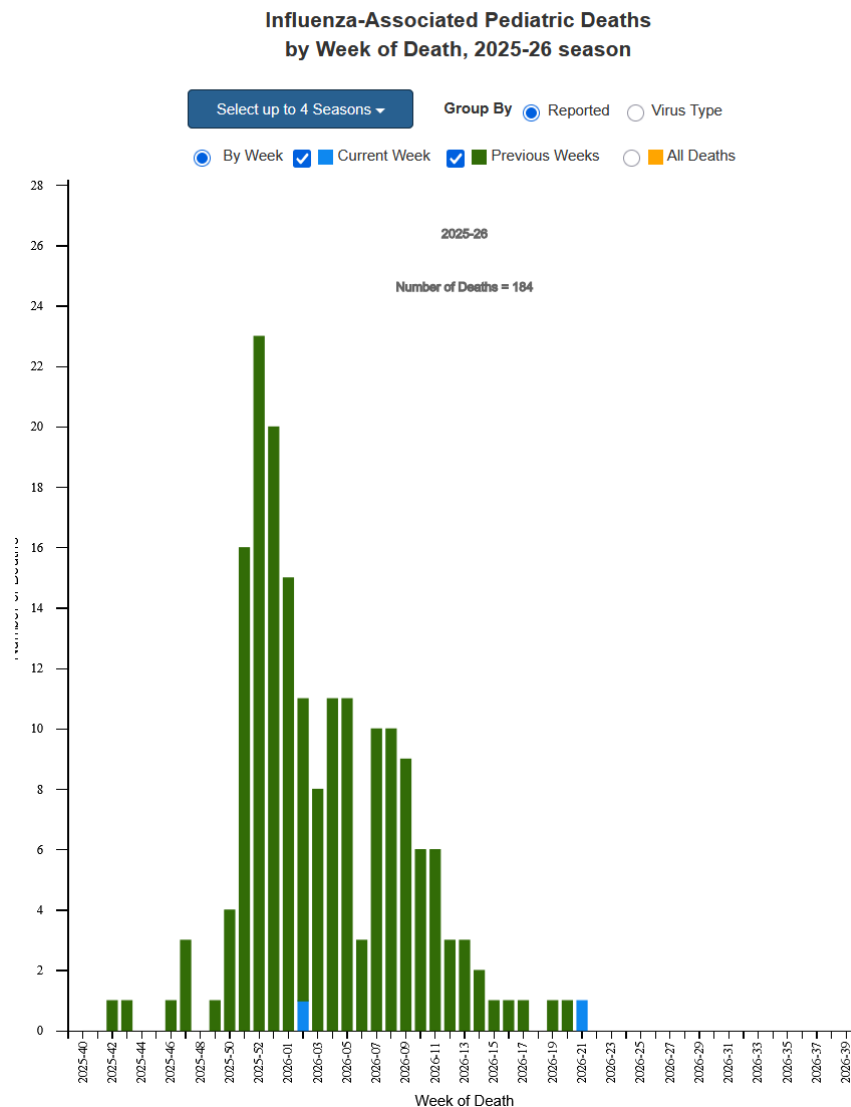
2025-26 ☒ Show Number of Influenza Deaths



10,471 Deaths
Week 24

Influenza-Associated Pediatric Mortality

- Two influenza-associated pediatric deaths occurring during the 2025-2026 season were reported to CDC during Week 24. The deaths occurred during weeks 2 and 21 (the weeks ending January 17, 2026, and May 30, 2026)
- A total of 184 influenza-associated pediatric deaths occurring during the 2025-2026 season have been reported to CDC

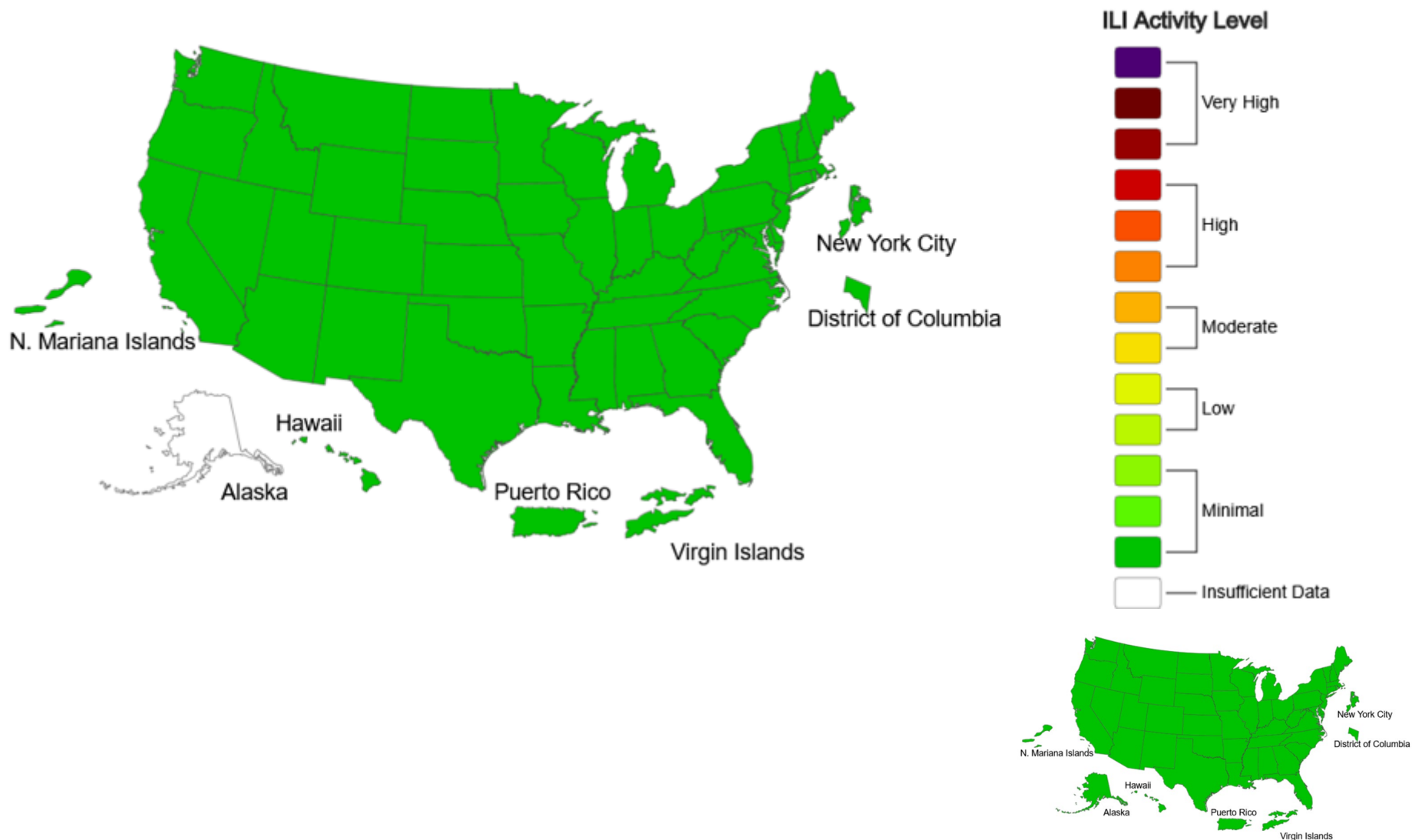


https://www.cdc.gov/fluview/surveillance/2026-week-24.html#cdc_data_surveillance_section_6-mortality-surveillance

US Influenza-Like Illness Map 6/20 – 5/2026

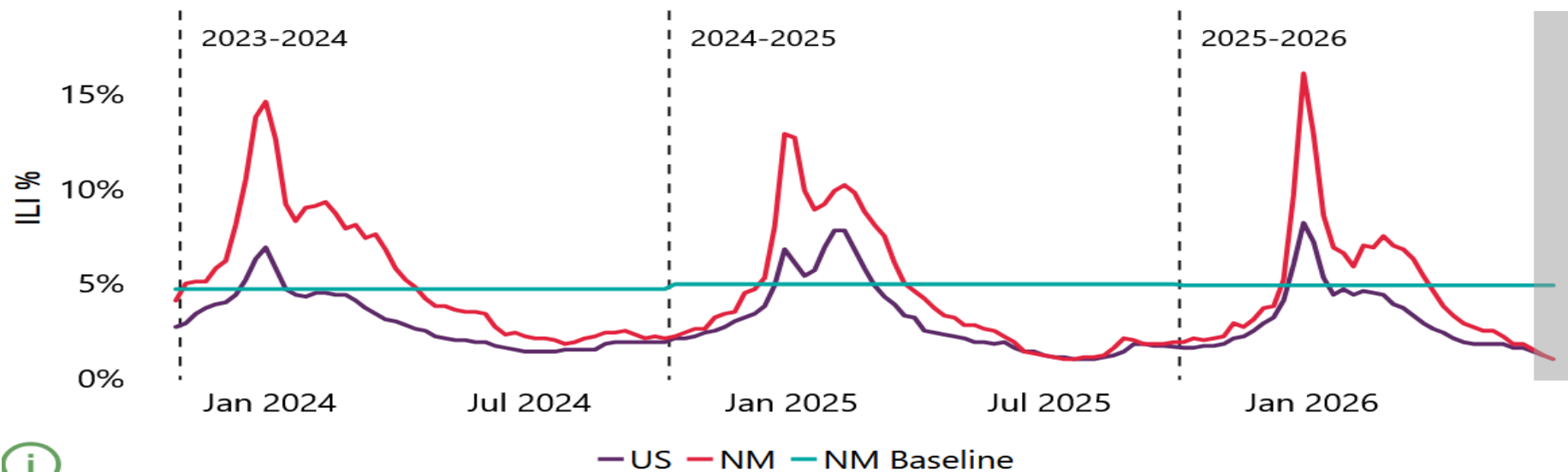


2025-26 Influenza Season Week 24 ending Jun 20, 2026



NM ILI 6/14

Influenza-like Illness (ILI) Activity
New Mexico vs. US



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 later 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



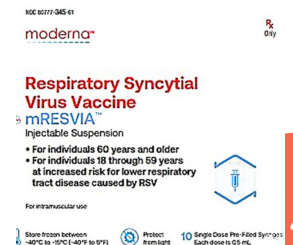
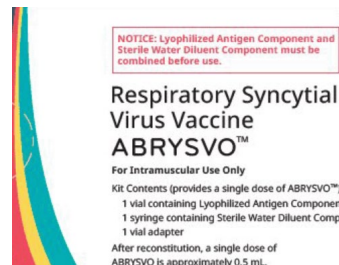
All Things Must End – RSV Infant Immunization Season, 2025-26 – We Hardly Knew Ye



- New Mexico is seeing next to no respiratory disease activity statewide, including RSV, and the New Mexico Department of Health considers the respiratory season to be over
 - Administrations of Beyfortus and Enflonsia were officially stopped April 30, 2026
- If providers still have doses of these vaccines remaining in stock, please store them until expiration or until next respiratory season begins in October 2026
- Providers should monitor respiratory season viral infections using the DOHMH respiratory virus dashboard
- Reach out to your Regional Coordinator with any RSV-related questions on vaccine/immunization use and storage

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)



Immunizations to Protect Against Severe RSV

	Who Does It Protect?	Type of Product	Who Is It Recommended For?	When Is It Available?
	Adults 50 and over	RSV vaccine	Adults ages 50-74 who are at increased risk of severe RSV AND Everyone ages 75 and older	Available any time, but best time to get vaccinated is late summer and early fall
	Babies	RSV antibody given to baby	All infants whose mother did not receive RSV vaccine during pregnancy, and some children ages 8-19 months who are at increased risk for severe RSV	October through March*
	Babies	RSV vaccine (Pfizer's ABRYSVO) given to mother during pregnancy	All pregnant women during weeks 32-36 of their pregnancy	September through January

www.cdc.gov/rsv

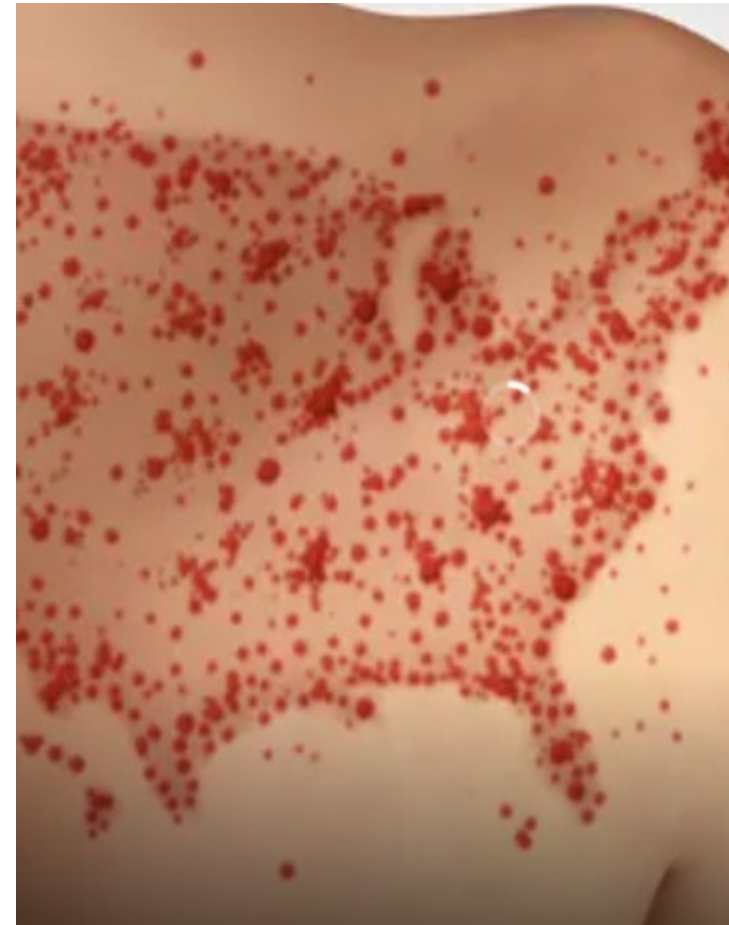
*Recommended timing of administration in most of the continental United States. Recommended timing of administration may differ in some areas, based on state, local, or territorial guidance.



Measles in NM and Beyond

US May Be Losing to Measles

- The United States is at risk of losing its measles elimination status, which it has held since 2000
 - Eighty-six cases reported that year
- The United Kingdom, several European countries, and Canada have all recently lost their measles-free statuses
- Large outbreak in South Carolina declared over
 - Rising cases in Utah have positioned the state to be the new center of the U.S. outbreak
- In 2025, the US recorded a 33-year high in measles cases, with the CDC confirming 2,242 cases
 - Highest level of U.S. measles cases since 1992
- A 2025 study published in JAMA Network- MMR vaccination rates remained below the 95% herd immunity threshold
- Experts say the upward trend may continue in 2026 due to vaccination hesitancy and conflicting messaging from health officials



Measles Deep in the Heart of Texas



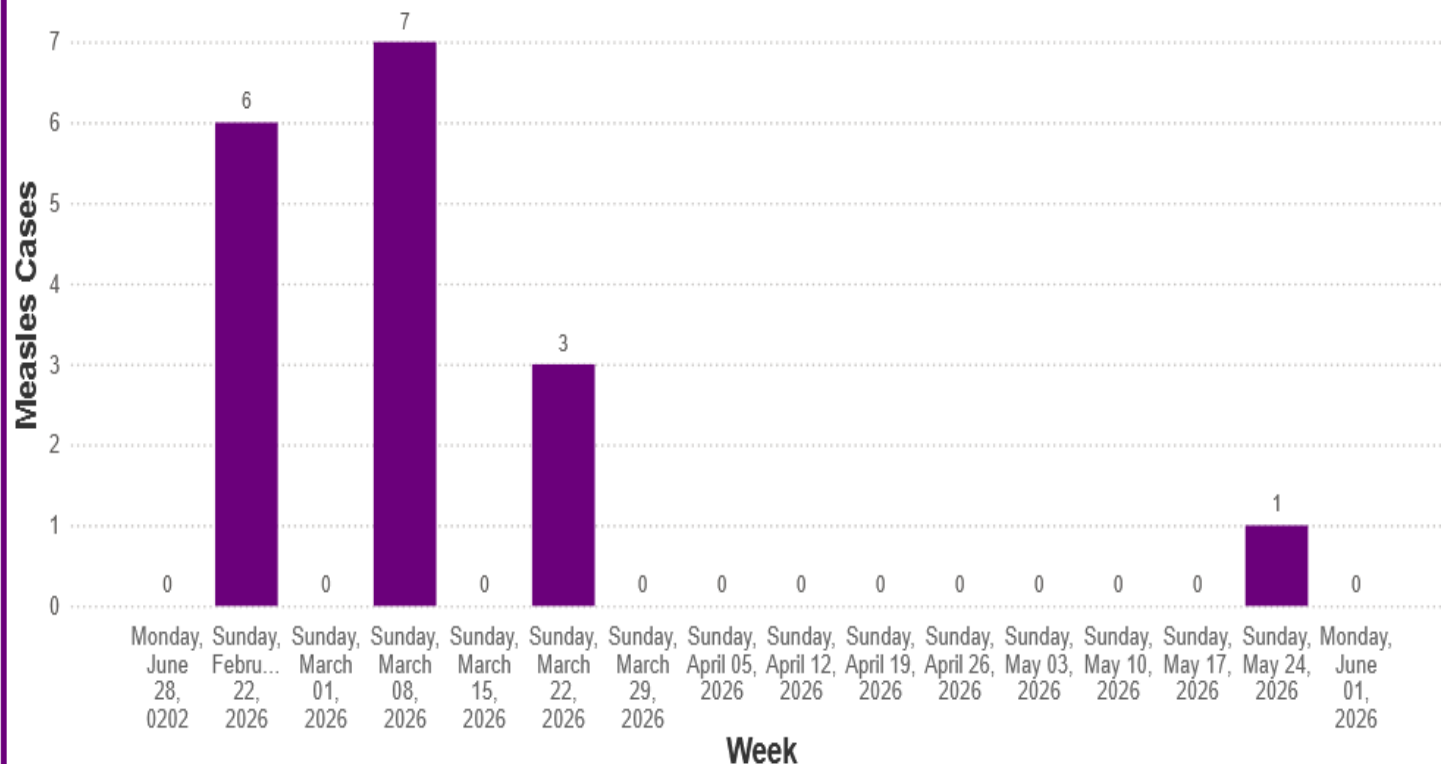
Characteristics of Patients Hospitalized with Measles During an Outbreak – West Texas

- During the 2025 Texas measles outbreak (Jan-March 2025) 18.5% (54) of patients, most younger than 18 years old, required hospitalization
 - Similar to previous outbreak reports, according to study findings in Morbidity and Mortality Weekly Report
- The measles outbreak occurred in Gaines County and began in late January 2025 and included 762 cases by August 2025
 - Most (63%) hospitalized patients were girls/women and 90.7% were younger than 18 years old
 - Underlying medical conditions, such as asthma, diabetes, cancer, genetic disorders, and significant congenital anomalies, were present in 11.1% of patients
 - All patients had fever and rash, with most (94.4%) also presenting with cough, coryza (77.8%), conjunctivitis (59.3%), dyspnea (55.6%), or malaise/fatigue (55.6%)
 - No patient had documented use of the MMR vaccine
 - One patient died (1.9%)
- Most (72.2%) patients developed pneumonia, with dehydration and diarrhea also common (46.3% and 38.9%, respectively)
 - Nearly one-third (31.5%) of patients had coinfections, most commonly with respiratory viruses

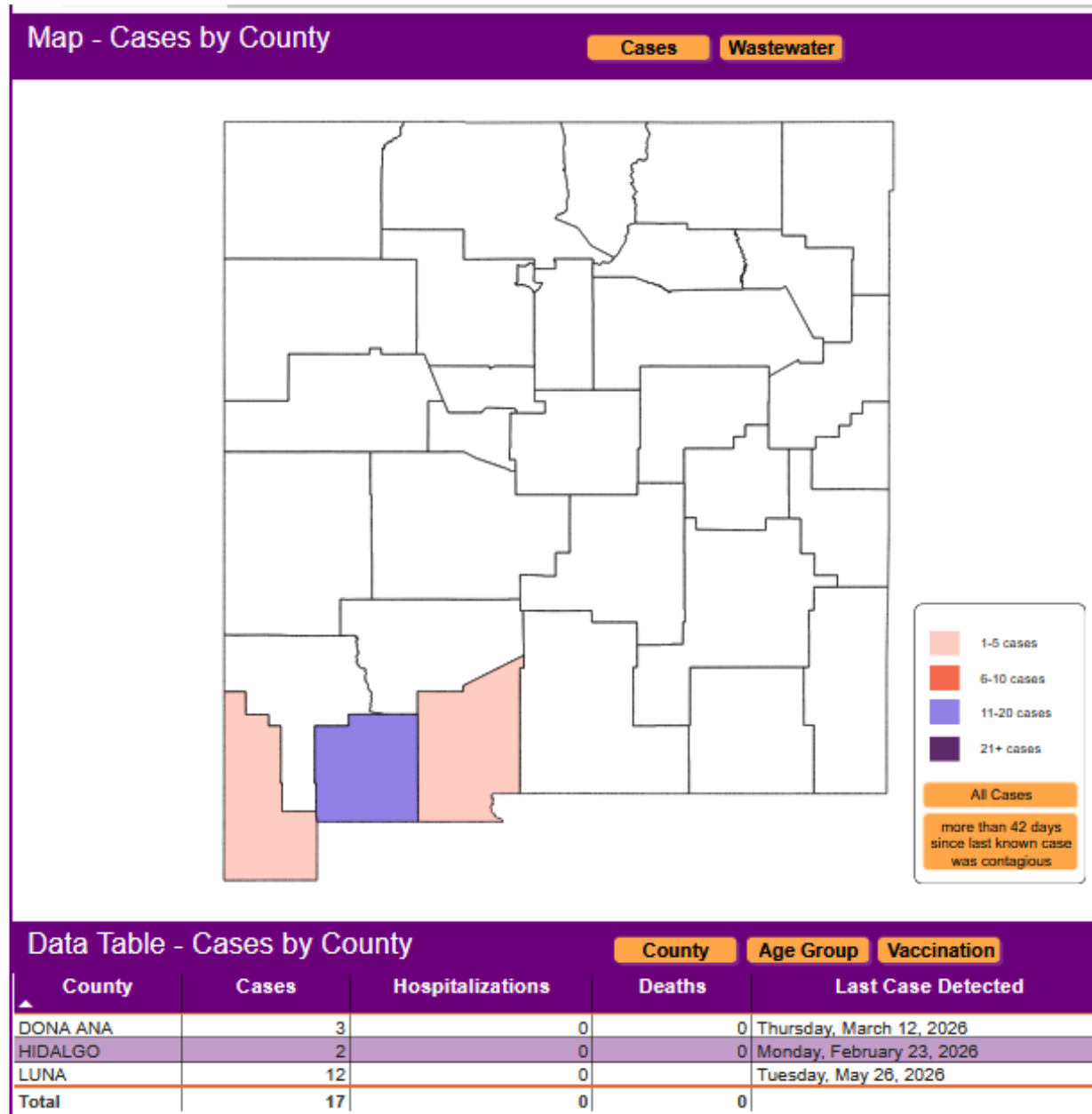
Measles Cases in NM, 2026

Measles Data - 2026

Measles Cases by Week



Measles Cases in NM, 2026



Measles Vaccine Dashboard, through June 2026



US Measles Cases Reported By Week 6/26/2026



- As of June 25, 2026, 2,134 confirmed* measles cases were reported in the United States in 2026. Among these, 2,122 measles cases were reported by 41 jurisdictions: Alaska, Arizona, California, Colorado, Connecticut, District of Columbia, Florida, Georgia, Idaho, Illinois, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, New Jersey, New Mexico, New York City, New York State, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, Virginia, Washington, Wisconsin, and Wyoming. A total of 12 measles cases were reported among international visitors to the United States.
- There have been 30 new outbreaks reported in 2026, and 93% of confirmed cases (1,982 of 2,134) are outbreak-associated (629 from outbreaks starting in 2026 and 1,353 from outbreaks that started in 2025).

Other Measles Hotspot Updates - US



- **Arizona**

- 319 measles cases since August of 2025

- **Pennsylvania**

- 87 cases as of 6/29

- **Utah:**

- Number of Utah residents who have been diagnosed with measles in current outbreak: 699

- **Virginia**

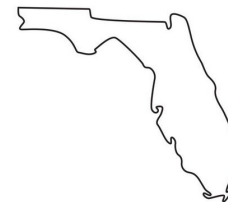
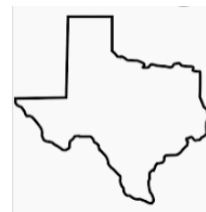
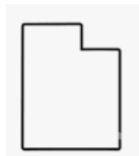
- 141 cases, 9% hospitalized as of June 30

- **Texas**

- As of 6/24, Texas has reported at least 182 measles cases, 136 in Hudspeth County

- **Florida**

- Reported 155 measles cases in 2026



Measles Case Summary – US – 6/26



U.S. Cases

	2026 To date	2025 Full year
Total Cases	2,134	2,288
Age		
Under 5 years	438 (21%)	584 (26%)
5-19 years	1,083 (51%)	1,016 (44%)
20+ years	607 (28%)	675 (30%)
Age unknown	6 (less than 1%)	13 (1%)
Vaccination Status		
Unvaccinated or Unknown	93%	93%
One MMR dose	4%	3%
Two MMR doses	4%	4%



Measles Hospitalizations US 6/26



U.S. Hospitalizations

	2026	2025
Total Hospitalized	6% (136 of 2,134 cases)	11% (243 of 2,288 cases)
Percent of Age Group Hospitalized		
Under 5 years	10% (43 of 438)	18% (106 of 584)
5-19 years	3% (35 of 1,083)	6% (58 of 1,016)
20+ years	10% (58 of 607)	12% (79 of 675)
Age unknown	0% (0 of 6)	0% (0 of 13)



U.S. Deaths

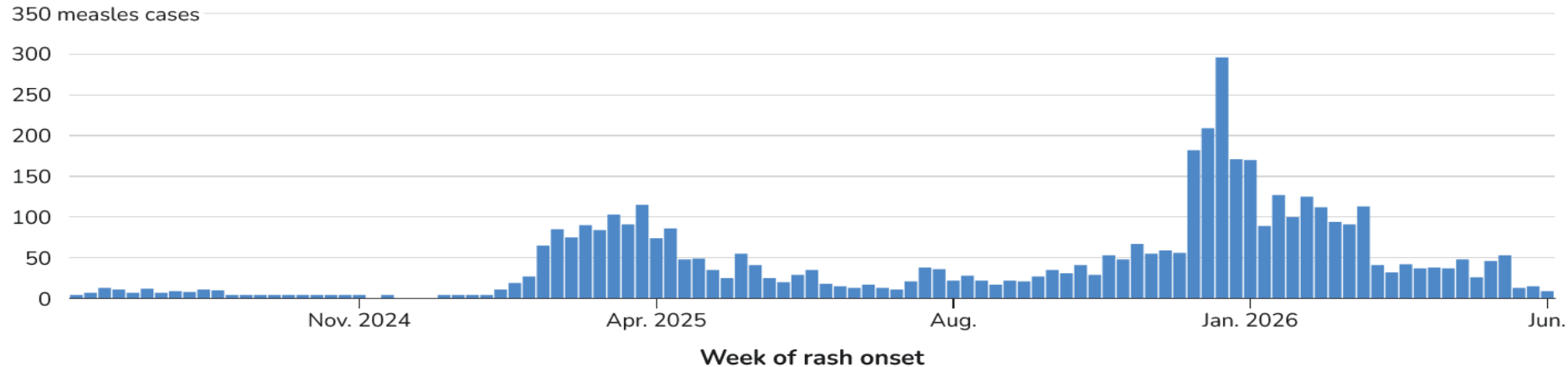
	2026	2025
Total Deaths	0	3

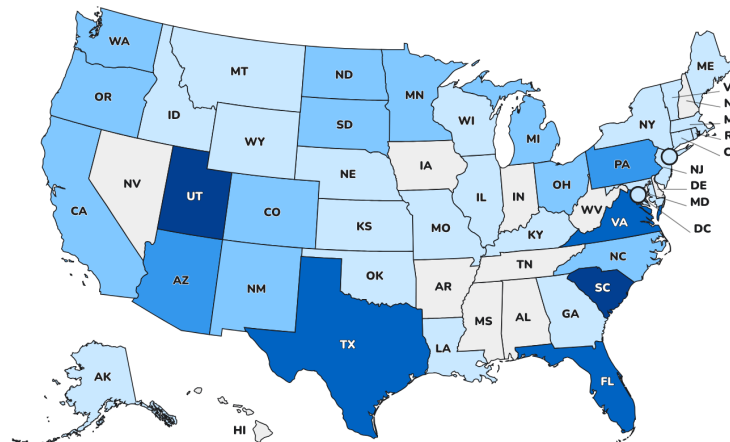
US Weekly Measles Cases by Rash Onset Date



Weekly measles cases by rash onset date

2022–2026* (as of June 25, 2026)





Measles – Worldwide (November 25- April 26)



Top 10 countries with measles outbreaks

Country	Number of Cases
India	23,361
Bangladesh	14,704
Yemen	12,708
Mexico	11,889
Pakistan	10,626
Cameroon	9,037
Kazakhstan	7,597
Angola	7,038
Madagascar	5,844
Sudan	4,158

Source: World Health Organization

<https://www.cdc.gov/global-measles-vaccination/data-research/global-measles-outbreaks/index.html>

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

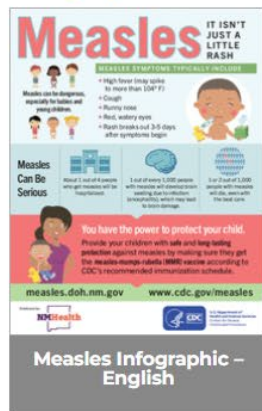
Consultation with an epidemiologist in the Epidemiology and Response Division is available 24 hours per day/7 days per week/365 days per year by calling 1-833-SWNURSE (1-833-796-8773)



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

NM Measles Infographics

Infographics



Measles IT ISN'T JUST A LITTLE RASH

Measles can be dangerous, especially for babies and young children.

MEASLES SYMPTOMS TYPICALLY INCLUDE:

- High fever (may spike to more than 104°F)
- Cough
- Runny nose
- Red, watery eyes
- Rash breaks out 3-5 days after symptoms begin

Measles can be serious

Measles is a viral infection that spreads through the air. It is highly contagious and can lead to complications, especially in young children. Symptoms typically include a high fever, cough, runny nose, and red, watery eyes. A rash usually appears 3-5 days after symptoms begin.

You have the power to protect your child. Provide your children with safe and long-lasting protection against measles by making sure they get the **measles-rubella-parotitis (MMR)** vaccine according to CDC's recommended immunization schedule.

measles.doh.nm.gov www.cdc.gov/measles

Measles Infographic - English



Sarampión NO ES SIMPLEMENTE UN SARPULLIDO LEVE

Los síntomas del sarampión incluyen:

- Fiebre alta (puede subir hasta más de 104°F)
- Tos
- Nariz que corre y gotea
- Ojos rojos, irritados y llorosos
- Sarpullido que aparece 3 a 5 días después de que empiezan los síntomas

El sarampión puede ser grave

El sarampión es una infección viral que se transmite por el aire. Es altamente contagiosa y puede causar complicaciones, especialmente en niños pequeños. Los síntomas típicos incluyen fiebre alta, tos, nariz que corre y gotea, y ojos rojos, irritados y llorosos. Una erupción suele aparecer 3-5 días después de que comienzan los síntomas.

Usted tiene el poder de proteger a su hijo. Darle a su hijo una **protección segura y duradera** contra el sarampión al asegurarse de que reciba la **vacuna contra el sarampión, la papera y la rubéola (MMR)** según el calendario de vacunación recomendado por los CDC.

measles.doh.nm.gov www.cdc.gov/measles

Infografía de Sarampión - Español



PROTECTION You have the power to protect your family.

Measles, mumps, and rubella (MMR) vaccines help protect your family from these diseases.

MMR Vaccines

Measles, mumps, and rubella (MMR) vaccines help protect your family from these diseases. The MMR vaccine is safe and effective. It is given in two doses: the first dose is given at 12-15 months of age, and the second dose is given at 4-6 years of age. The MMR vaccine is also given to children who are 11-12 years old and have not had the first dose.

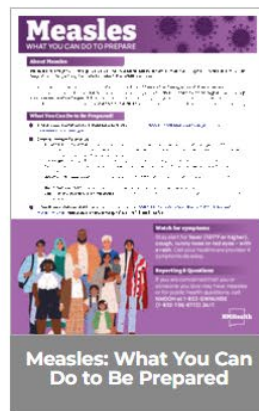
MMR Vaccines Infographic - English



PROTECCIÓN Usted tiene el poder de proteger a su familia.

Las vacunas contra el sarampión, la papera y la rubéola (MMR) ayudan a proteger a su familia de estas enfermedades.

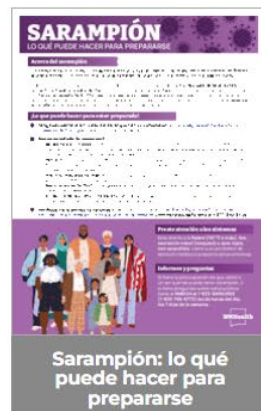
Infografía sobre las vacunas MMR - Español



Measles WHAT YOU CAN DO TO BE PREPARED

Measles is a highly contagious virus that can lead to serious complications. You can protect your family by getting the MMR vaccine.

Measles: What You Can Do to Be Prepared



SARAMPIÓN LO QUE PUEDE HACER PARA PREPARARSE

El sarampión es un virus altamente contagioso que puede causar complicaciones graves. Puede proteger a su familia vacunándose con la vacuna MMR.

Sarampión: lo que puede hacer para prepararse

Signage



MEASLES ALERT
ALERTA DE SARAMPIÓN

Call First  **Llame Primero**

with rash + fever
con sarpullido + fiebre

Call for instructions before entering the facility
Llame para instrucciones antes de entrar al edificio

Thank you for helping us prevent the spread of measles!
(¡Gracias por ayudarnos a prevenir la transmisión de sarampión!)

Measles- Call Before Entering/Fillable 8.5x11



MEASLES ALERT
ALERTA DE SARAMPIÓN

Call First  **Llame Primero**

with rash + fever
con sarpullido + fiebre

Call for instructions before entering the facility
Llame para instrucciones antes de entrar al edificio

Thank you for helping us prevent the spread of measles!
(¡Gracias por ayudarnos a prevenir la transmisión de sarampión!)

Measles- Call Before Entering/Fillable 11x17



MEASLES ALERT
ALERTA DE SARAMPIÓN

Call First  **Llame Primero**

with rash + fever
con sarpullido + fiebre

Call for instructions before entering the facility
Llame para instrucciones antes de entrar al edificio

Thank you for helping us prevent the spread of measles!
(¡Gracias por ayudarnos a prevenir la transmisión de sarampión!)

Measles- Call Before Entering/Fillable 18x24

Avian Flu (H5)

Influenza A (H5) Situation (CDC)



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

H5N1 Avian Flu Global Case Update



- Twelve human infections with H5N1 bird flu have been reported across three countries outside the United States between August 2025 and June 2026, with three resulting in death
- Cases were reported in Bangladesh, Cambodia and India. The three deaths occurred in Bangladesh and Cambodia.
 - No person-to-person transmission was identified in any of the cases
- The CDC said the cases do not change its assessment of the risk to the US public, which remains low.
- CDC noted that sporadic human infections are not unexpected given widespread H5N1 detections in wild birds and ongoing poultry outbreaks globally
 - Cases underscore the importance of continued surveillance



VFC Program/Pediatric

Reminder: Important Ordering Notice-Frozen VFC Vaccines

- If you are needing to order more than 75 doses of each presentation (ProQuad and Varicella), split into multiple separate orders to prevent the error of exceeding the threshold of maximum doses ordered

Example:

Vaccine	Mfg	NDC	Brand/Packaging	Intent	Quantity of Packages	Doses Per Package	Total Doses	Cost	Fund Rec Type	Doses	Comments
DTaP	SKB	58160-0810-52	Infanrix (0.5 mL x 10 syr)	PED	2	10	20	323.40			⊗
MMRV	MSD	00006-4171-00	Proquad	PED	10	10	100	17835.00			⊗
Varicella	MSD	00006-4827-00	Varivax (0.5 mL x 10 vials)	PED	7	10	70	10098.90			⊗

- If you exceed the amount of 75 doses, the error message below will pop up. Split them into multiple separate orders. We are seeing an increase in capacity due to outbreak and back-to-school clinics; this is a work around to avoid any delays.

ERROR

This Order contains one or more errors, as follows:

This Order exceeds the maximum cost threshold allowed for Direct Ship vaccines in a single order. Please reduce the amount of Direct Ship vaccine included in the order or contact the VFC Program for assistance.

Please correct prior to submitting to the VFC program.

OK

Adult Vaccines



Vaccines for Adults Program (VFA) Funding

Section 317b



- Orders for 317b vaccine can be placed in NMSIIS at any time (orders will be approved based on funding availability and to ensure statewide distribution)
 - If an order override is needed, please contact your Regional Coordinators
- We will continue to fill 317b orders as we are able and will provide updates if additional funding through redistribution funds is obtained prior to the end of the federal fiscal year in September
- **Patient Screening Eligibility** – Please ensure patient eligibility screening is completed prior to vaccination. Screening criteria and provider guidelines can be found in [NMSIIS > Reports > New Mexico Forms and Documents](#). If you need assistance with determination, please contact us at Adult.Vaccines@doh.nm.gov

VFA Funding ~ Adult Special Purpose (ASP)

- ASP Vaccine is available for ordering **only to NMDOH PHOs and the NMDOH Vaccine Mobile Team**
- Orders must be placed in NMSIIS, and a note should be added to the 'Clinic Comments' stating the requested fund type to differentiate between 317 and ASP
 - '317' or 'ASP'
- **Patient Screening Eligibility** – Please ensure patient eligibility screening is completed prior to vaccination. Screening criteria and provider guidelines can be found in NMSIIS > Reports > New Mexico Forms and Documents. If you need assistance with determination, please contact us at Adult.Vaccines@doh.nm.gov

Reducing Wastage of Adult Vaccines



- If your site cannot utilize all 317B or ASP funded vaccine, submit an adult 'Attempt to Transfer' form to your regional coordinators and Adult.Vaccines@doh.nm.gov at least 3 months prior to the expiration date of the vaccine
- The requirement is for 10 or more doses, however due to the limitations of 317b and ASP funding, an attempt to transfer can be sent for any number of doses so we can utilize all adult doses you will not use
- The Adult Attempt to Transfer Form can be found in [NMSIIS > Reports > New Mexico Forms and Documents > Adult Vaccine Attempt to Transfer Form](#)
- Storage and handling guidelines should also continue to be followed to reduce wastage due to improper storage and handling of vaccines

Adult Provider Manual



- The Vaccines for Adults (VFA) Program is currently working on an Adult Vaccine Provider Manual. We'd love your feedback on some of the information that would be most useful for you! Please email your feedback and suggestions to Adult.Vaccines@doh.nm.gov.



Some Epi

CDC COVID Surveillance and Data Analytics, 6/30



Early Indicators

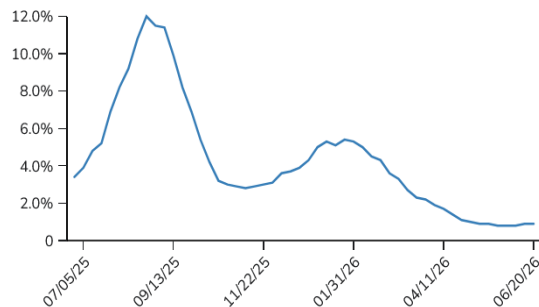
Test positivity (the percentage of total reported tests that are positive) and the percentage of total emergency department visits due to COVID-19 are key metrics to assess the impact of COVID-19 on communities. For public health professionals, these metrics act as early indicators of potential increases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

% Test Positivity

0.9%

Week ending 2026-06-20

Previous Week 0.9%

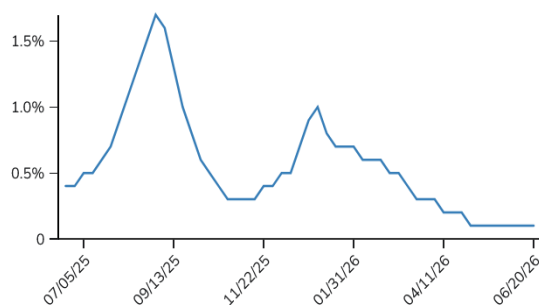


% ED visits diagnosed as COVID-19

0.1%

Week ending 2026-06-20

Previous Week 0.1%



Severity Indicators

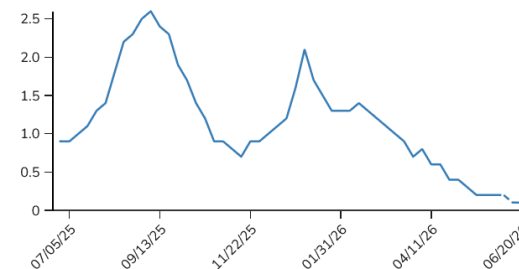
Hospitalizations and deaths are key metrics for assessing the severity and disease burden of COVID-19, including which groups are at the increased risk of severe COVID-19.

Hospitalization rate per 100,000 population

0.1

Week ending 2026-06-20

Previous week 0.1



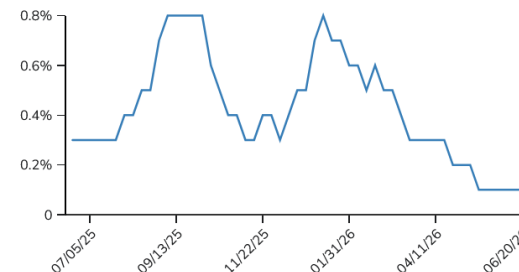
* Because reporting may be delayed, models estimate what rates would be if all data were complete. Modeled median estimates are shown with dashed lines.

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

0.1%

Week ending 2026-06-20

Previous Week 0.1%



CDC COVID Surveillance and Data Analytics



Provisional Weekly COVID-19 Deaths, United States
January 03, 2026 - June 20, 2026

Jurisdiction

United States

1/1/2026

6/20/2026

Deaths

Weekly Death Counts

Weekly Death Rates (crude)

Weekly Death Rates (age-adjusted)

Cumulative Death Counts

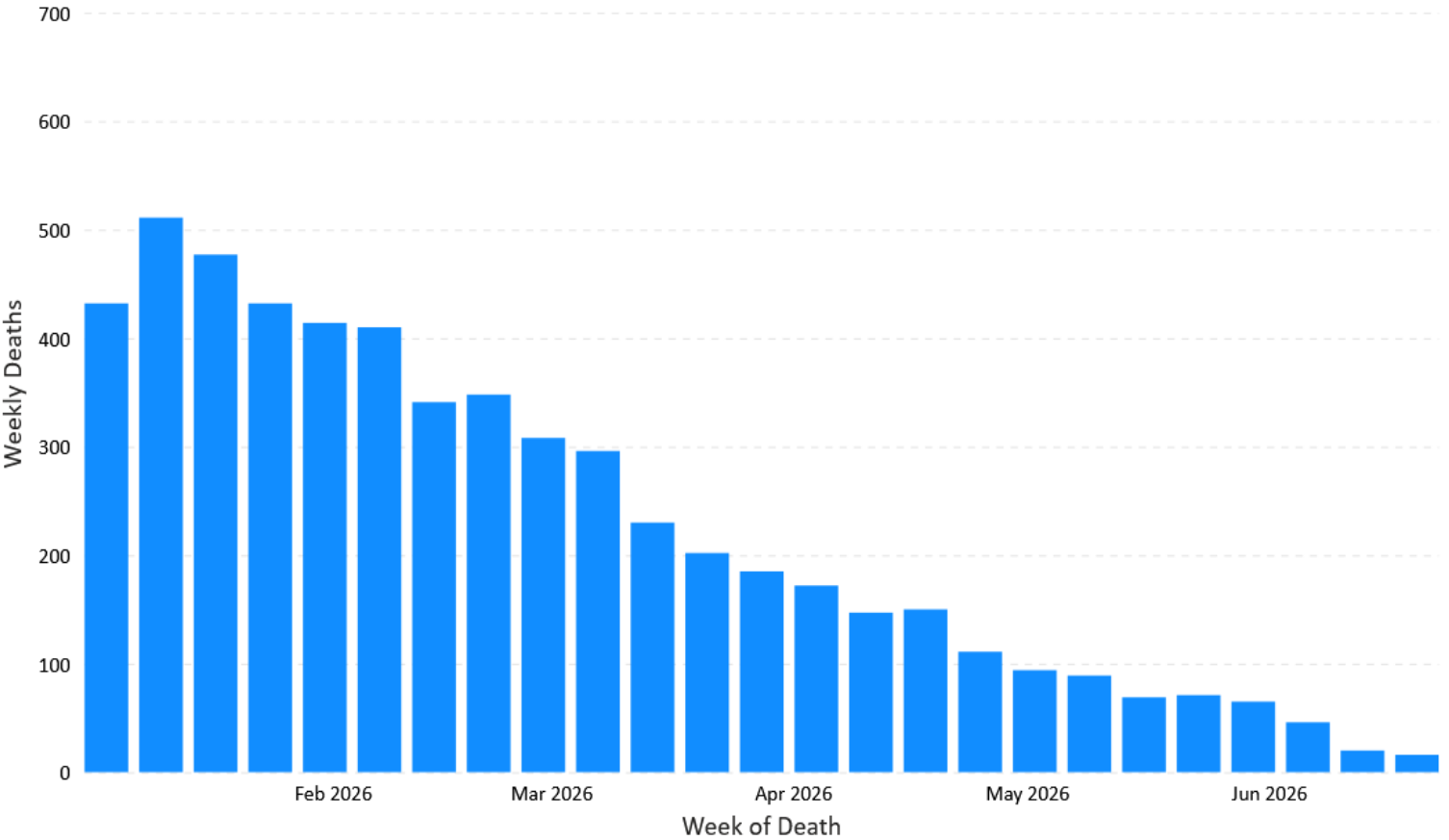
Cumulative Death Rates (crude)

Cumulative Death Rates (age-adjusted)

Monthly Death Rates by Age (crude)

Monthly Death Rates by Sex (crude)

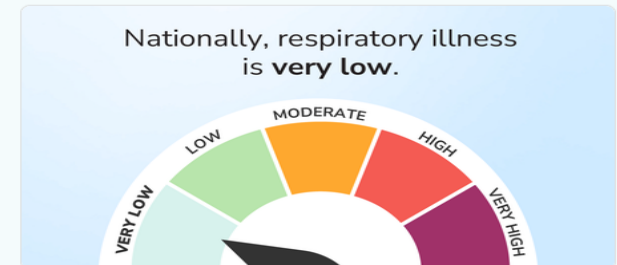
Monthly Death Rates by Race & Ethnicity (crude)



Respiratory Illnesses Data Channel-CDC

WHAT TO KNOW

- As of June 26, 2026, the amount of acute respiratory illness causing people to seek health care is very low.
- RSV activity is low in most areas of the country. Emergency department visits and hospitalizations for RSV are low but remain highest among infants and children younger than 4 years old.
- COVID-19 activity is low in most areas of the country.
- Seasonal influenza activity is low.
- Parainfluenza (PIV), a respiratory virus that can cause illnesses such as croup, is elevated nationally. Human metapneumovirus (HMPV) and rhinovirus/enterovirus (RV/EV), which often cause cold-like respiratory illness, are also elevated nationally but declining. Whooping cough is still circulating.



Emergency department visits in the United States

COVID-19

Very Low
Decreasing ↘

Flu

Very Low
Decreasing ↘

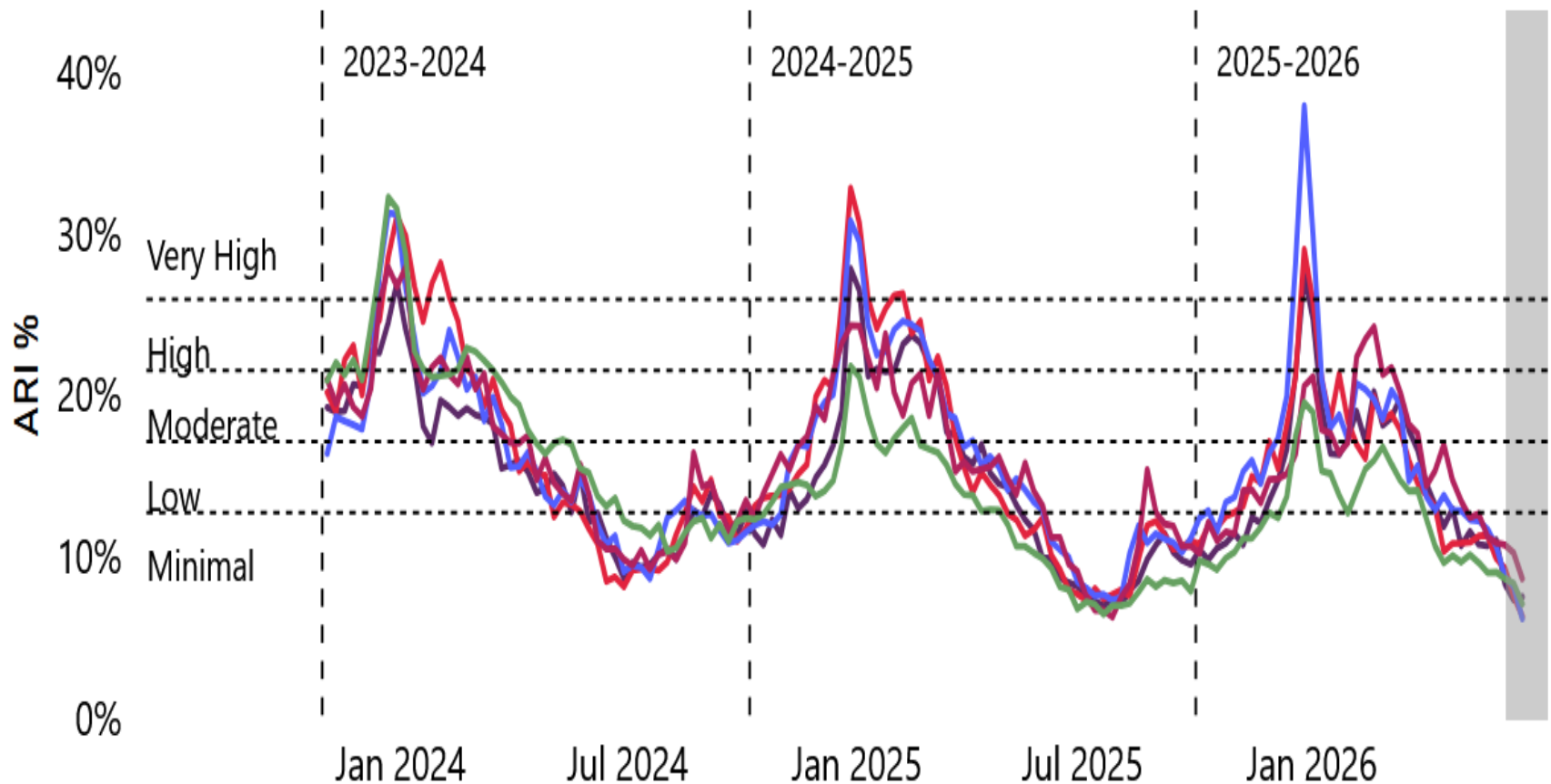
RSV

Very Low
Decreasing ↘

NM Respiratory VPD Epi Ending 6/20



Acute Respiratory Illness (ARI) Activity By New Mexico Regions



NM Respiratory Epi Ending 6/20- Deaths

Season	Adult COVID-19 Deaths	Pediatric COVID-19 Deaths	Total COVID-19 Deaths
▼			
2025-2026	29	1	30
2024-2025	149	0	149
2023-2024	317	1	318

Season	Adult Influenza Deaths	Pediatric Influenza Deaths	Pneumonia Deaths	Total Pneumonia & Influenza Deaths
▼				
2025-2026	47	2	200	249
2024-2025	98	3	259	360
2023-2024	74	4	356	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

Campaigns and Announcements

Got Shots-June 13-August 29, 2026



Got Shots efforts being held June 13 - August 29, 2026. These vaccine clinics provide opportunities for children to stay up to date on their immunizations, as providers open their doors for any child who presents for immunizations, regardless of whether they are a patient or whether they have insurance. **Got Shots started in 2007** and has been going strong with great partnership.



- Bernalillo
- Catron
- Chaves
- Cibola
- Colfax
- Curry
- De Baca
- Doña Ana
- Eddy
- Grant
- Guadalupe
- Harding
- Hidalgo
- Lea
- Lincoln
- Los Alamos
- Luna
- McKinley
- Mora
- Otero
- Quay
- Rio Arriba
- Roosevelt
- Sandoval
- San Juan
- San Miguel
- Santa Fe
- Sierra
- Socorro
- Taos
- Torrance
- Union
- Valencia

Got Shots?

This summer's "Got Shots?" events 2026.

Providers, to register: [Provider online signup](#),

Find A Got Shots Event!

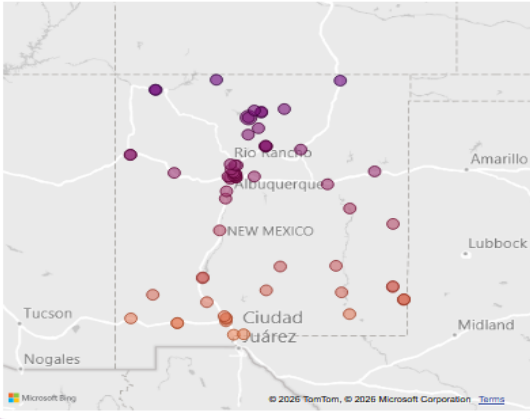
"Got Shots?" provides opportunities for children to stay up-to-date on their immunizations. During "Got Shots?" participating providers open their doors for any child who presents for immunizations, regardless of whether they are a patient or whether they have insurance.

If you require assistance, please call [1-833-SWNURSE](tel:1-833-SWNURSE)

If you are a medical or healthcare provider and would like to participate in the Got Shots events, please register using the button below.

[BECOME A GOT SHOTS PROVIDER](#)

Got Shots Provider Location



Microsoft Bing © 2026 TomTom, © 2026 Microsoft Corporation Terms

Additional Information

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
June		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				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							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					

Highlighted dates indicate when Got Shot's event is held.

Clinic Name

- Anthony Public Health Office
- Artesia Public Health Office
- Belen Public Health Office
- Ben Archer Health Center
- Ben Archer Health Center- Hatch
- Ben Archer Health Center SBC Turth or Consequences
- Ben Archer Health Center School Base
- Carlsbad Public Health Office
- CHAPARRAL PUBLIC HEALTH OFFICE
- Christus St. Vincent Pediatrics
- Cibola County Public Health Office
- Clinica La Esperanza
- De Baca Family Practice Clinic
- El Pueblo Health Services
- First Choice Community Healthcare Edgewood, NM location
- First Nations Community HealthSource (Central Ave.)
- First Nations Community HealthSource (Zuni Rd.)
- Gallup Community Health
- Hart and Mind Pediatrics
- Hobbs Medical Clinic
- Hobbs Public Health Office
- Jicarilla Service Unit (JSU)
- La Clinica De Familia, INC Pediatrics
- Las Clinicas Del Norte (Abiquiu)
- Las Clinicas Del Norte (El Rito)
- Las Clinicas Del Norte (Ojo Caliente)
- Las Clinicas Del Norte (Ojo Calinete 2)
- Las Cruces Public Health Office
- LCDN-Pojoaque School Based Health Clinic



GOT SHOTS 2026 Provider Registration Form

June 13th - August 29th

Thank you for participating in this year's "Got Shots" back to school event. This year, Got Shots is being extended to 11 weeks—**Saturday, 6/13 through Saturday, 8/29**. All providers are invited to participate. To be eligible for incentives, please complete this online form no later than **Friday May 29th**.

Please note, we cannot guarantee that we will be able to deliver incentives bags to all areas of the state. We will do our best! During this event, we ask providers to open their doors to vaccinate all children at no cost to the parent, regardless of the child's insurance status or if the child is a current patient of the clinic. Working together we can ensure that no child will suffer from a vaccine-preventable disease because they did not receive vaccinations.

If you have any questions, please contact NMDOH at dohmobile.vaccines@doh.nm.gov, Christie McAuley at CMcAuley@salud.unm.edu or Elise Clemens at the NM PrimaryCare Association, 505-515-5341.

If you would like assistance with providing on-site MOSAA (Medicaid On Site Application Assistance) contact *Claudia Vigil* at least 2 weeks before your event, 505-880-8882 or cvigil@nmpca.org

https://forms.office.com/pages/responsepage.aspx?id=9GuqBDbUb0K_pAS3pw5g_8WFpqsQCrJJrZrttXUIBqNUQzFaVVFKRUVZN1k0QVZLNERSQ1YxUVBFTS4u&route=shorturl

Join us for an informative training designed to help you confidently select, use, and manage digital data loggers (DDLs) to keep vaccines safe and records accurate!

(Training will be recorded, posted and available as a resource)



Digital Data Logger (DDL) Training

 **JULY 30TH | 10:00 AM MST**



Join us for an informative training designed to help you confidently select, use, and manage digital data loggers to keep vaccines safe and your records accurate.



Microsoft Teams meeting

Join: <https://teams.microsoft.com/meet/260140657585486?p=klN4fZvuJWPRetCI8y>

Meeting ID: 260 140 657 585 486; Passcode: mE7BW6ZA

Dial in by phone [+1 505-312-4308](tel:+15053124308), [387742270#](tel:+1387742270) United States, Albuquerque; Phone conference ID: 387 742 270#

Be a Health Hero Campaign



NMIP's NMHealth web page has been updated <https://vaccine.doh.nm.gov/>

Be a **HEALTH HERO**

Are you up-to-date on your vaccines?

Vaccines are safe and effective at preventing common diseases, and help you stay healthy.

SCHEDULE YOUR VACCINE TODAY!

Schedule your vaccine appointment today!

You will find a number of options below to help you schedule a vaccination appointment.

VIEW RECOMMENDED AND REQUIRED IMMUNIZATION SCHEDULES

Schedule with your primary care provider or local pharmacy.

Vaccinations are safe, effective, and vital for preventing illness. Call your primary care provider or local pharmacy to keep them healthy and happy!

FIND A VACCINE

Contact a Public Health Office in your community.

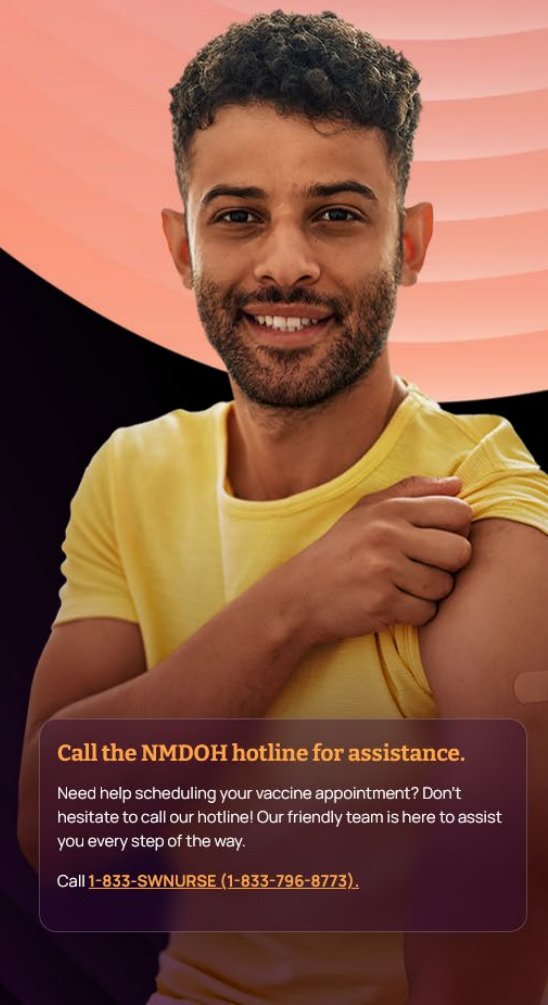
Contact your local public health office today to schedule a vaccine appointment for your child. The process is quick and easy, with flexible scheduling options to fit your busy life. Visit your [community's public health office website](#) and give them a call now to schedule an appointment.

FIND A VACCINE

Call the NMDOH hotline for assistance.

Need help scheduling your vaccine appointment? Don't hesitate to call our hotline! Our friendly team is here to assist you every step of the way.

Call **1-833-SWNURSE (1-833-796-8773)**.





Immunization Program SnapSHOT



JUNE 2026

As part of enhancing our communication efforts please be on the lookout for our new monthly SnapSHOT email that has updates consisting of:

- Tips and Reminders
- Ordering updates
- Trainings
- Save the dates
- Vaccine Coverage Data
- Celebrations and accomplishments

If you would like to share any planned vaccine clinics, accomplishments, and staff recognition happening in your community, please share and we can add to the SnapSHOT

This is a great opportunity to stay connected with each other Contact NMIP if you are not receiving the newsletter





Vaccines To Go- NMDOH Mobile Unit

Use the Request Form

[https://forms.office.com/g/FvV63](https://forms.office.com/g/FvV63M6B7M)

[M6B7M](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.

English (United States)



NMDOH Mobile Vaccine Unit Request Form

To ensure proper logistics and vaccine supply coordination, please submit this request *at least 3 weeks in advance* of your desired event date. All events require approval from the New Mexico Department of Health Immunization Program. Approval is based on vaccine availability, logistical capacity, and the populations being served, with priority given to underserved and high-need communities.

When you submit this form, it will not automatically collect your details like name and email address unless you provide it yourself.

* Required

Event Request Details

Name of Point of Contact (POC) *

Enter your answer

Organization *

Enter your answer

Phone Number *

The value must be a number

NMDOH Mobile Vaccine Unit Request Form



Vaccine Providers' Office Hours Call

1st Thursdays

Next Office Hours Call: August 6, Noon



Tip: Look at your webcam, not your monitor during Zoom calls and livestreams if you don't want to appear shady

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 Kanakadurga Peddibh Phone: 505-827-2415 Email: kanakadurga.peddibh@doh.nm.gov	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

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Perinatal Hepatitis B and Adolescent Vaccine Coordinator <i>Brandy Jones, MBA-HM, BSN, RNC</i> Phone: (505) 476-3626 Email: Brandy.Jones@doh.nm.gov	Adult Vaccine Coordinator <i>Bianca D. Gonzales</i> Phone: (505) 827-0555 Email: BiancaD.Gonzales@doh.nm.gov	Vaccine Coordinator <i>Zahin Hossain, MPH</i> 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
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Questions, Comments, Dialogues, Missives and Negotiations

