



Office Hours for New Mexico Vaccine Providers

Immunization Program

March 19, 2026

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



- Andrea Romero –IP 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 News
 - NM Legislation
 - Federal Jurisprudence
- Vaccination Issues and Updates
 - RSV Vaccination Timing
- COVID-19 Vaccine Updates
- Influenza Vaccine Updates
- RSV Immunization
 - Reminders and Updates
- Measles Domestic and International Updates
- Avian Influenza A(H5) Virus Update
- VFC/Pediatric Vaccine Updates
- Adult Vaccine Updates
- Disease and Vaccine Epidemiology Updates
- Campaigns and Announcements
 - Office Hours Survey
- Questions, Comments, Dialogues, Missives and Negotiations





The Essentials
Here, There,
Everywhere



New Mexico Legislature



- House Bill 156 passed the House, as well as and Senate Health last night on a near unanimous vote (38Yes - 1No)
- Signed into law by Gov. Lujan-Grisham on March 6

2026 Regular Session - HB 156

ID

HB 156

Title

REPEAL SPECIAL SESSION VACCINATION LAWS

Sponsor

[Dayan Hochman-Vigil](#)

[Elizabeth "Liz" Thomson](#)

Current Location

Chaptered

ActionText: [2] HCPAC/HHHC-HCPAC [3] DP-HHHC [5] DP [6] fl/a- PASSED/H (51-14) [10] SHPAC-SHPAC [14] DP [17] PASSED/S (38-1) SGND BY GOV (Mar. 6) Ch. 42.

[Key to Abbreviations](#)

[Legislative Days with Corresponding Calendar Days](#)

<https://www.nmlegis.gov/Legislation/Legislation?Chamber=H&LegType=B&LegNo=156&year=26>

HB 156 Allowance – What It Is



The Bill allows NMDOH to promulgate rules for childhood vaccine requirements through consideration of guidance from NMDOH or other health organizations, e.g., the American Academy of Pediatrics (AAP).



The previous statute limited consideration of guidance to the federal U.S. Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP).



The bill maintains all religious and medical exemptions from childhood vaccine requirements.

ACOG Withdraws from CDC Advisory Committee on Immunization Practices

- The American College of Obstetricians & Gynecologists (ACOG) today announced its withdrawal as a liaison organization from CDC's Advisory Committee on Immunization Practices (ACIP), citing concerns about recent changes that undermine the committee's scientific integrity and evidence-based approach to vaccine policy
- *“ACOG has always been committed to evidence-based medicine and to the health and safety of our patients. For decades, we have proudly participated in ACIP to ensure that vaccine recommendations are grounded in rigorous scientific evidence and protect the health of pregnant women, children, and families,”* said Steven J. Fleischman, MD, MBA, FACOG, president of ACOG. *“The recent reconstitution of the committee; the removal of ACOG experts from ACIP workgroups; and HHS' unilateral changes to vaccine recommendations, which bypassed established scientific and clinical processes, represent a fundamental departure from the scientific rigor and impartiality that have been the hallmark of this committee for 60 years.”*



15 States Sue Administration Over Childhood Vaccines Schedule



- Attorneys general from 14 states led by Democrats and the governor of Pennsylvania sued the presidential administration over recent changes to the recommended childhood vaccine schedule
- Attorneys general from Arizona, California, Colorado, Connecticut, Delaware, Maine, Maryland, Michigan, Minnesota, New Jersey, **New Mexico**, Oregon, Rhode Island, and Wisconsin, as well as Pennsylvania Governor Josh Shapiro, are the plaintiffs
- Asks the courts to nullify the administration's decision to reduce the childhood vaccine schedule



Federal Judge Stalls HHS Overhaul Of Vaccine Policy



- On Monday, a Boston federal judge stalled major parts of HHS campaign to remake vaccine policy in the U.S. on Monday
 - Likely a violation of law
 - Policy changes violated the Administrative Procedure Act
- The judge reviewed the work experience of the newly added members of the committee, and determined that they don't have the needed expertise to inform federal policy on vaccinations
 - Judge also noted "lack of formality and process" with which the administration remade the committee, adding new members to the panel previously took two years and broad outreach for candidates



Federal Judge Stalls HHS Overhaul Of Vaccine Policy



- For AMERICAN ACADEMY OF PEDIATRICS, et al. v. ROBERT F. KENNEDY, JR., et al. The judge granted the following stays:
- The Court STAYS the January 2026 Memo revising the CDC's childhood immunization schedule pursuant to 5 U.S.C. § 705.
- The Court STAYS the appointments of the thirteen ACIP members appointed on June 11, 2025, September 11, 2025, and January 13, 2026.
- The Court further STAYS all votes taken by the now-stayed ACIP.
- The judge also included language in the decision on page 44 that indicates that ACIP cannot meet this week.
 - HHS confirmed the meeting is postponed

Vaccination Issues and Updates



Measles Outbreak — New Mexico, 2025

Weekly / March 12, 2026 / 75(9):111–115

[Print](#)

Emma Stanislawski, MPH¹; Andrea Romero¹; Nora Holzinger, MA, MPH¹; Ruth Healy, MPH¹; Nathaniel J. Webb, PhD¹; Kathryn Cruz¹; Marla Sievers, MPH¹; Su Aung, MD²; Samantha Swisher, DVM^{3,4}; Ruth Stefanos, MD⁵; Jennifer Yara-Zelenski, MPH⁶; Aaron D. Kofman, MD⁷; Rebecca Pierce, PhD⁷; Chisom Onyeuku, MSPH⁸; Kara McGinnis Pilote, MPH, MA⁸; Jessica Leung, MPH⁵; Chad Smelser, MD¹ ([VIEW AUTHOR AFFILIATIONS](#))

Summary

What is already known about this topic?

High 2-dose measles vaccination coverage provides the best protection against measles. A measles outbreak that began in west Texas in January 2025 spread to other jurisdictions, including New Mexico, a large, rural state where 99 outbreak-related measles cases occurred during February–August.

What is added by this report?

To increase population immunity and interrupt transmission, the New Mexico Department of Health implemented a comprehensive public messaging strategy and enhanced access to measles, mumps, and rubella (MMR) vaccines statewide. This coincided with a 55% increase in MMR vaccine doses administered during January–September 2025 compared with the same period during 2024. The outbreak ended on September 26 after two measles incubation periods with no new cases.

What are the implications for public health practice?

Coordinating public communication and improving access to MMR vaccination can support vaccine administration in large, rural areas and contribute to a measles outbreak response.

Vaccines and Dementia Prevention Webinar



- Please join NMIC, NMDOH and Comagine Health for this exciting upcoming Webinar!
- “Vaccines and Dementia Prevention: Shingles and More!”
- Dr. Meghan Brett with the University of New Mexico Hospital will be presenting on this fascinating and important topic.
- Date: Wednesday, March 25, 12-1pm MT

Vaccines and Dementia Prevention: Shingles and More!

Date & Time Mar 25, 2026 12:00 PM in [Mountain Time \(US and Canada\)](#)

https://comaginehealth.zoom.us/webinar/register/WN_k7x0MhYpTN-ygJp-i_Ftkw#/registration

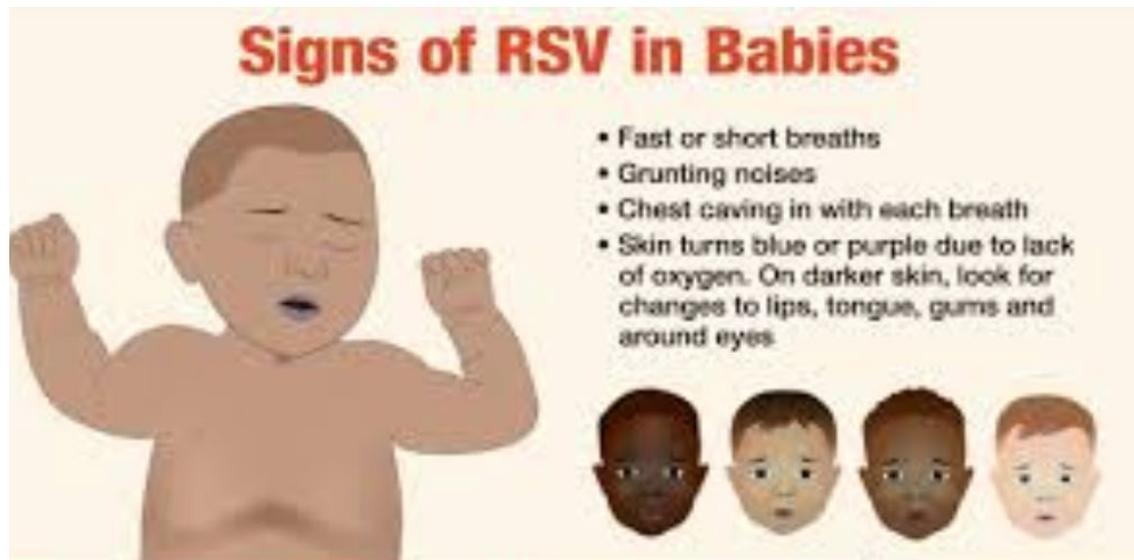
NMIC Immunization Update



Late RSV Season and Vaccine Timing Recommendations Background



- NM is experiencing a late start to the RSV season
- RSV emergency department visits for children under two years typically increase around October and November,
- This year, RSV emergency department visits for children under two began to increase in January
- Suggests a prolonged RSV season, and infants are at risk of contracting RSV beyond March
- Updated vaccination season in NM is updated for this season



Late RSV Season and Vaccine Timing Recommendations for NM Clinicians:



• For infants under two years

- NMDOH recommends for eligible infants, due to the late RSV season this year, providers should consider giving monoclonal antibodies (nirsevimab or clesrovimab) to those born in April be given through April.

• Pregnant People

- Typically, pregnant women should receive RSV vaccine at 32 through 36 weeks of pregnancy from September through January, however with the late season, providers should consider vaccinating pregnant women through March*
- Pregnant women should be given ABRYSSVO®

• Older Adults

- Adults aged 50 year + with compromising conditions and all adult 75 years+ may receive one dose of RSV vaccine at any time throughout the year

*may differ from CDC recommendation



Michelle Lujan Grisham
Governor

Gina DeBlassie
Cabinet Secretary

New Mexico Department of Health

Late RSV Season and Vaccine Timing: Ordering



- All vaccine providers, including VFC providers, can continue to order and administer doses through March for pregnant people and April for infants.
- Nirsevimab or Clesrovimab ordering is still available in NMSIIS.
- If you need doses before/after your ordering window, contact your Regional Coordinator to open an order.
 - In the clinic comments box, write in how many doses you have on hand, and how many were administered since your last order.
 - This will help the ordering team to approve your requests as quickly as possible.
- If your clinic has excess doses that won't be used, send an attempt to transfer form to your Regional Coordinator so we can assist with redistribution.

Emergency Vax Storage & Handling- Spring Season



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 should:
 - Be made by the primary or alternate vaccine coordinator, based on information from the digital data logger (DDL) and temperature monitoring log.
 - Not be done during a busy workday, or when the unit door is being opened and closed frequently. Remember that temperatures within any storage unit will vary slightly, even with normal use.



Therefore, before making any adjustments:

- Confirm that the unit is securely plugged directly into a dedicated wall outlet power source.
- Check the temperature inside the storage unit.
 - Wait 30 minutes, without opening the door, to allow the temperature to stabilize.
 - Check the temperature again to determine if the thermostat should be adjusted.
 - If you believe there could be an issue with your DDL, use your backup device to confirm the temperature.



- 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.
 - In addition, document the duration of the power outage.
 - This will provide information about the maximum temperature the vaccine was exposed to and the duration of such exposure.
- 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.
 - Continue to store the vaccines at recommended temperatures in case they are still viable.
- For vaccine supplied by the NMIP, you need to complete a Vaccine for Children (VFC) and/or Adult Vaccine Troubleshooting Report which can be found on NM Statewide Immunization Information Systems (NMSIIS) Reports page, inform the appropriate Regional Immunization Coordinator for your county

- 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.

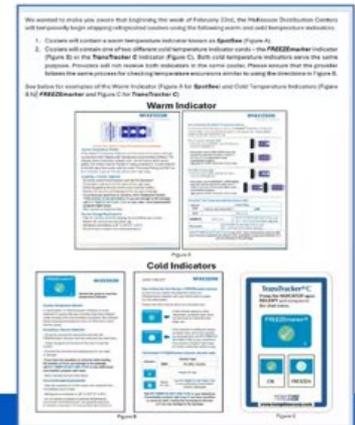


Temperature Monitor Update



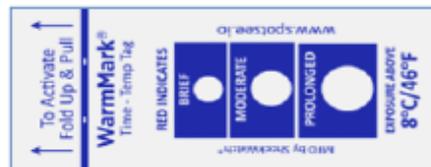
McKesson Electronic Temperature Monitors Temporary TagAlert Shortage

- Beginning Feb. 23rd, McKesson shipments will use chemical temperature monitors.
- Temporary change to address a TagAlert shortage,
- Expected resolution is mid to late April
- Instructional flyers will be included in all shipments
- McKesson will use only the EcoFlex coolers during this period
- All-awardee email will be sent this week with additional details



Warm Indicator

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.

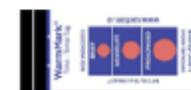
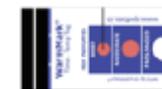
MCKESSON
Empowering Healthcare

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	
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.

Figure A

Cold Indicators




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



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>
- Vaccines.gov

Secure Connection Failed

An error occurred during a connection to vaccines.gov. PR_CONNECT_RESET_ERROR

Error code: PR_CONNECT_RESET_ERROR

- The page you are trying to view cannot be shown because the authenticity of the received data could not be verified.
- Please contact the website owners to inform them of this problem.

[Learn more...](#)

Try Again



Hmmm... can't reach this page

The connection was reset.

Try:

- Checking the connection
- [Checking the proxy and the firewall](#)

ERR_CONNECTION_RESET

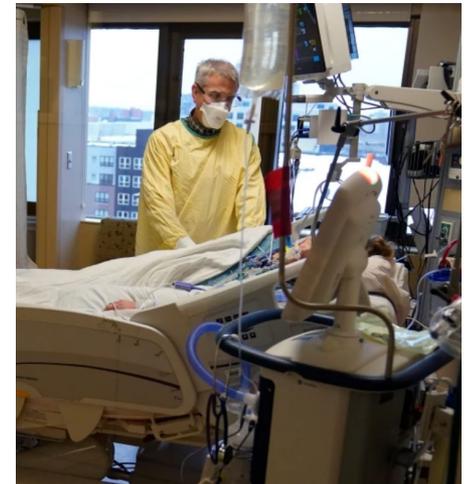
Refresh

COVID-19

Study: COVID-19 Death Rate Revised



- About 840,000 US COVID-19 deaths were reported on death certificates in 2020 and 2021, however may be more than 15% higher than previously reported
- A group of researchers* using an artificial intelligence model focused on US death certificates from March 2020 to December 2021 and predicted 155,536 (95% Uncertainty Interval: 150,062 to 161,112) unrecognized COVID-19 deaths.
- This indicates that 19% more COVID-19 deaths occurred in the US than officially reported.
- Predicted unrecognized COVID-19 deaths occurred disproportionately among the deceased with:
 - less than a high school education;
 - decedents identified as Latino, American Indian, Alaska Native, Asian, and/or Black;
 - counties with lower household incomes and compromised preexisting health conditions;
 - counties in the South.
- This study indicates that the US death investigation system that reported COVID-19 deaths in a systematically inequitable way that hid the true extent of pandemic mortality and inequities



*Funded by W.K. Kellogg Foundation and the Eunice Kennedy Shriver National Institute of Child Health and Human Development <https://www.science.org/doi/10.1126/sciadv.aef5697>

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 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: <ul style="list-style-type: none"> • 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

FDA Vaccine Advisers Propose Fall Shots Strains

- Vaccine and Related Biological Products Advisory Committee (VRBPAC) unanimously endorsed the WHO's recommendation for viral strains to include in flu shots starting this fall
- Will include a new variant that emerged in October, the A(H3N2) subclade K
- Vaccine effectiveness (VE) among adults through February was 22% to 34% for outpatient visits and 30% against flu-related hospitalization.
- Vaccination reduced the number of influenza-related outpatient visits among children by 38% to 41% and lowered their risk of hospitalization by 41%

For egg-based vaccines

- an A/Missouri/11/2025 (H1N1)pdm09-like virus
- an A/Darwin/1454/2025 (H3N2)-like virus
- a B/Tokyo/EIS13-175/2025 (B/Victoria lineage)-like virus

For cell culture-, recombinant protein-, or nucleic acid-based vaccines

- an A/Missouri/11/2025 (H1N1)pdm09-like virus
- an A/Darwin/1415/2025 (H3N2)-like virus
- a B/Pennsylvania/14/2025 (B/Victoria lineage)-like virus

Weekly US Influenza Surveillance Report Week 9, ending March 7, 2026



Viruses

Clinical Lab

15.3% (Trend ↓)
positive for influenza
this week.

Public Health Lab

The most frequently reported
influenza viruses this week were
influenza A(H3N2) and influenza B.

Illness

Outpatient Respiratory Illness

3.7% (Trend ↓)
of visits to a health care provider this
week were for respiratory illness
(above baseline).

Activity Map

11 moderate jurisdictions
16 high or very high jurisdictions

Weekly US Influenza Surveillance Report Week 9, ending March 7, 2026



FluSurv-NET

78.2 per 100,000
cumulative hospitalization rate
per 100,000 population

NHSN LTCF Respiratory Data

13.6 (Trend ↓)
weekly hospitalization rate
per 100,000 residents

NHSN Hospital Respiratory Data

9,130 (Trend ↓)
patients admitted to hospitals
with influenza this week.

NCHS Mortality

0.5% (Trend ↓)
of deaths attributed to influenza this
week.

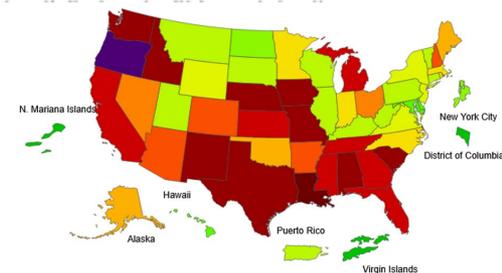
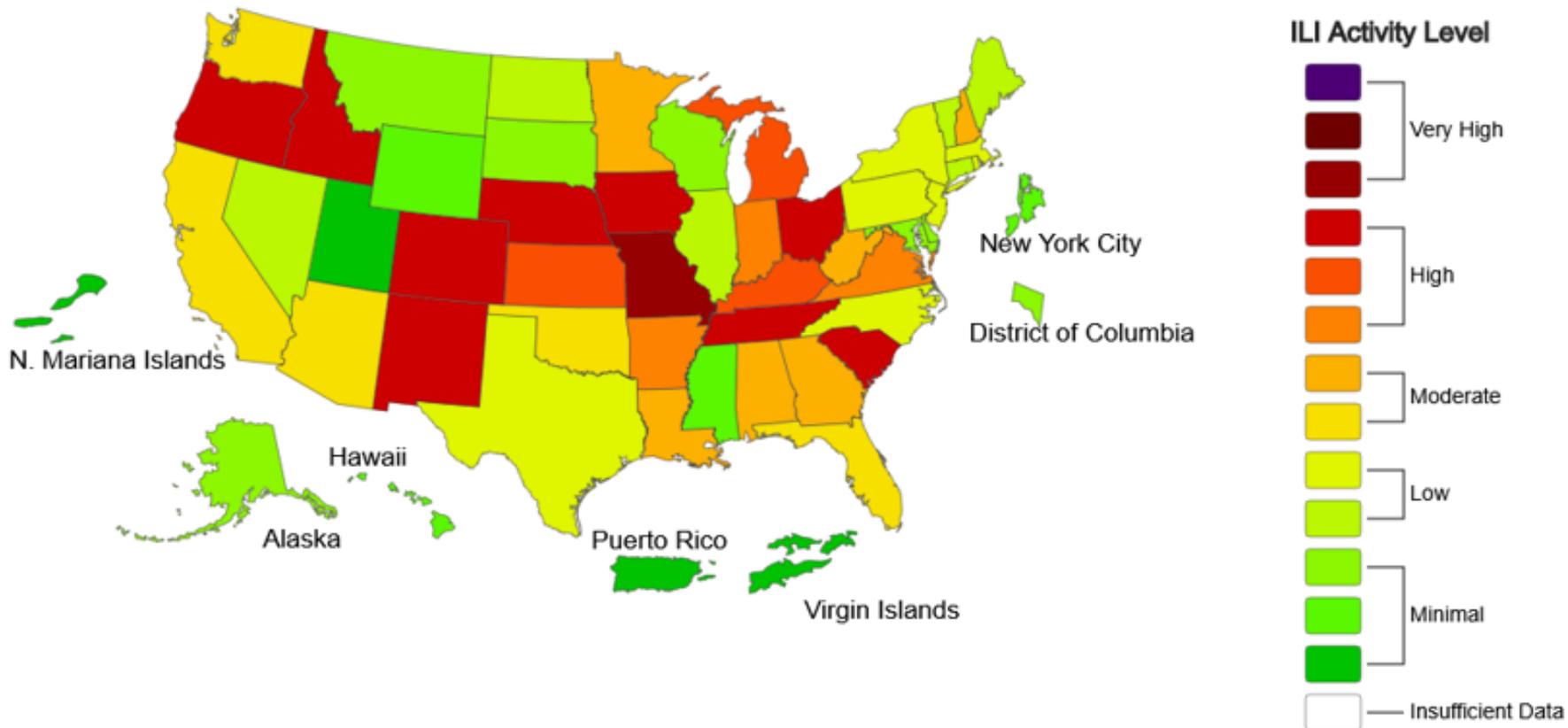
Pediatric Deaths

11 influenza-associated deaths were
reported this week for a total of
101 deaths this season.

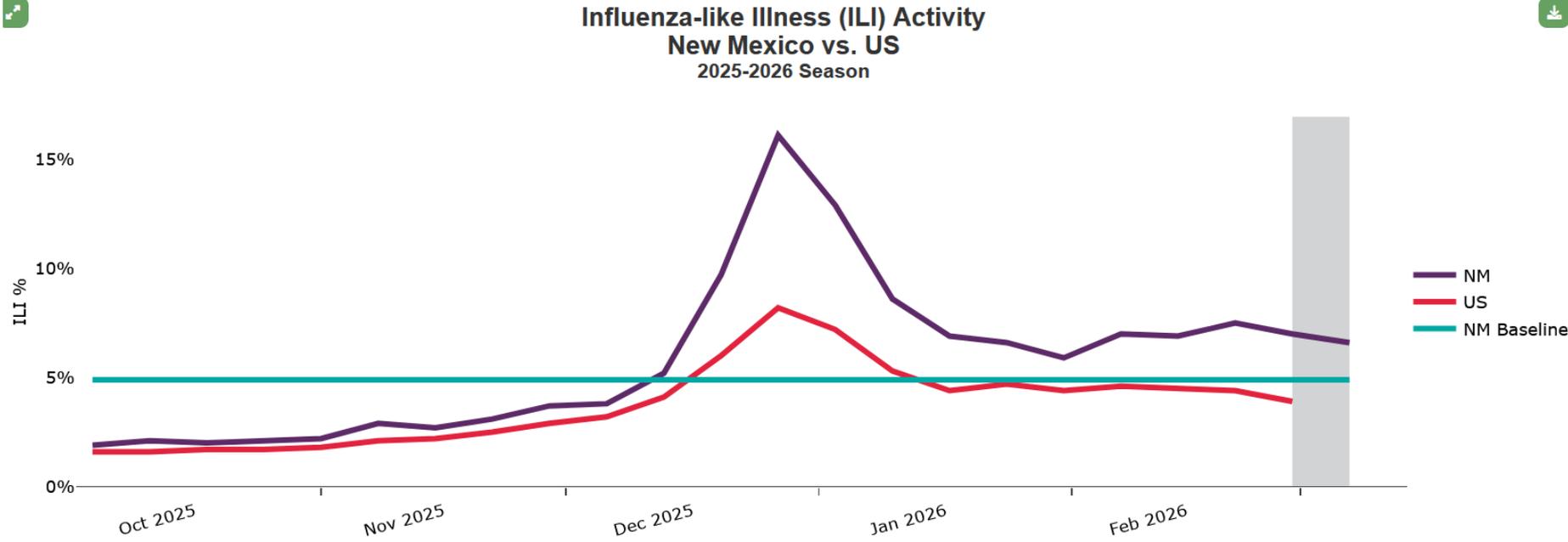
US Influenza-Like Illness Map 3/7, 2/3/26 - CDC



2025-26 Influenza Season Week 9 ending Mar 07, 2026



NM ILI Map 3/7



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

FDA Approves Use of RSV Vaccine in At-risk Younger Adults

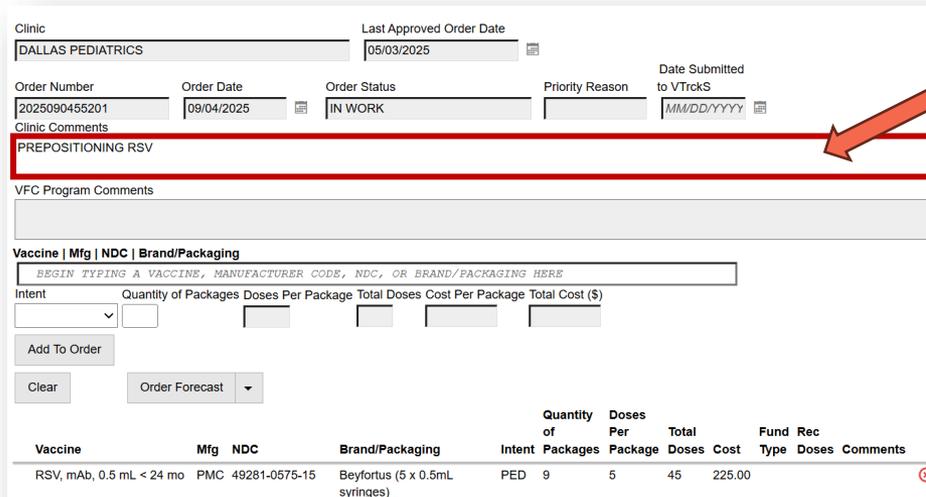


- Food and Drug Administration (FDA) has expanded the approved use of its respiratory syncytial virus (RSV) vaccine for younger adults at risk of complications from the virus
- AREXZY was approved for use in adults aged 18 to 49 who are at increased risk of lower respiratory tract disease (LRTD) caused by RSV
- The vaccine was previously approved for all adults aged 60 and over and those aged 50 to 59 at increased risk of LRTD caused by RSV
- RSV is associated with an estimated 17,000 hospitalizations, 277,000 emergency department admissions, and 1.97 million outpatient visits annually in adults aged 18 to 49
- Hospitalizations are more likely to occur in younger adults with chronic medical conditions that can be complicated by RSV, such as cardiopulmonary or kidney disease, obesity, and diabetes



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:



Clinic: DALLAS PEDIATRICS | Last Approved Order Date: 05/03/2025

Order Number: 2025090455201 | Order Date: 09/04/2025 | Order Status: IN WORK | Priority Reason: | Date Submitted to VTrckS: MM/DD/YYYY

Clinic Comments: **PREPOSITIONING RSV**

VFC Program Comments:

Vaccine | Mfg | NDC | Brand/Packaging

BEGIN TYPING A VACCINE, MANUFACTURER CODE, NDC, OR BRAND/PACKAGING HERE

Intent	Quantity of Packages	Doses Per Package	Total Doses	Cost Per Package	Total Cost (\$)

Add To Order

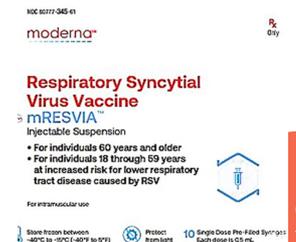
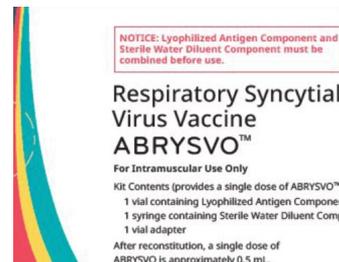
Clear | Order Forecast

Vaccine	Mfg	NDC	Brand/Packaging	Intent	Quantity of Packages	Doses Per Package	Total Doses	Cost	Fund Rec Type	Rec Doses	Comments
RSV, mAb, 0.5 mL < 24 mo	PMC	49281-0575-15	Beyfortus (5 x 0.5mL syringes)	PED	9	5	45	225.00			

- 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–March)
 - Babies/toddlers (8-19 months) via antibody treatments, protecting vulnerable populations from severe illness during the RSV season (typically October through March–April)



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 lbs.]
 - 1 mL (100 mg) - For infants aged less than 8 months weighing \geq 5 kg [\geq 11 lbs.]
 - 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)

For Providers with RSV Supply Overstock



- Providers should ensure that they are administering the new 2025-2026 supply
- Some lots of Nirsevimab in inventories expired 2/28/2026, or are expiring 3/31/2026 and 4/30/2026
 - If your clinic has doses with these expiration dates and will not be able to administer before they expire, please contact your Regional Immunization Coordinator and complete an Attempt To Transfer Form so we can find another provider that will be able to administer these doses
- Doses that don't expire until 2027 should be stored until next RSV season and can be administered between October 1st, 2026, and March 31st, 2027

ACIP RSV Immunization Seasonal Recommendations Summary*

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

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.

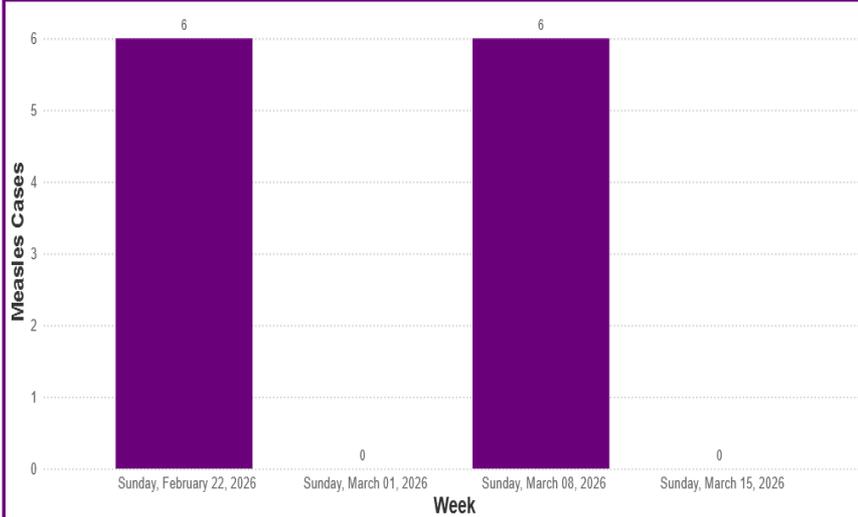
Measles in NM and Beyond

Measles Cases in NM, 2026



Measles Data - 2026

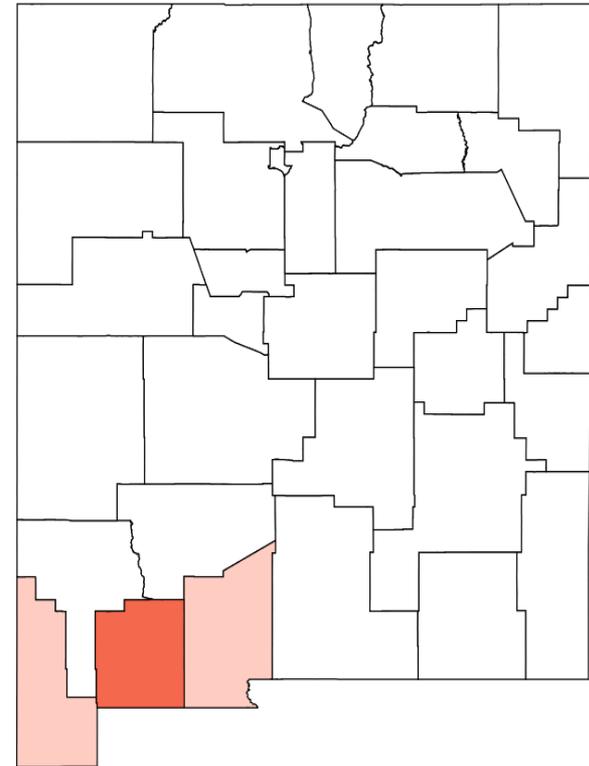
Measles Cases by Week



A 13th case has been identified in NM

Map - Cases by County

Cases Wastewater



Data Table - Cases by County

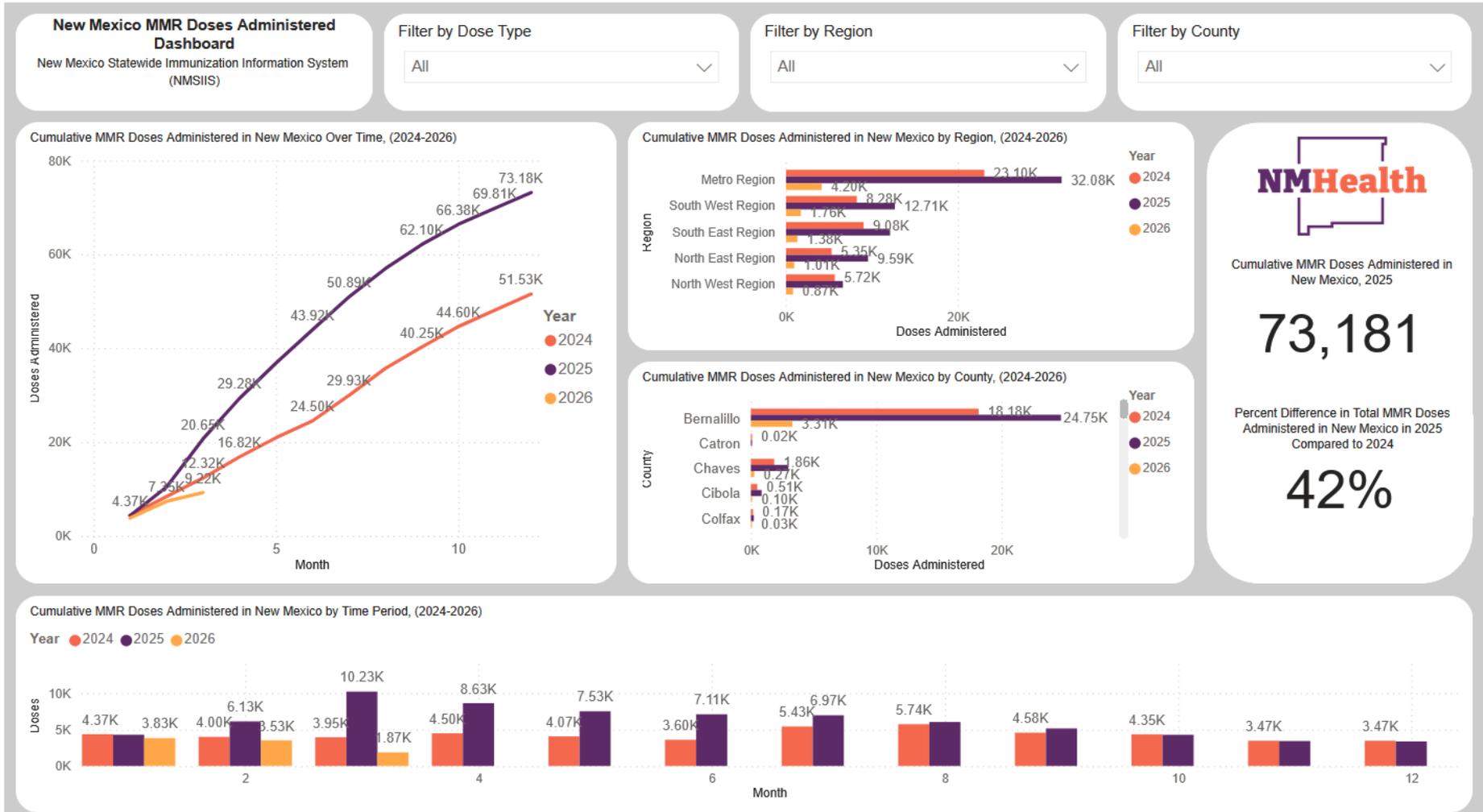
County Age Group Vaccination

County	Cases	Hospitalizations	Deaths	Last Case Detected
DONA ANA	2	0	0	Monday, February 23, 2026
HIDALGO	2	0	0	Monday, February 23, 2026
LUNA	8	0	0	Wednesday, March 11, 2026
Total	12	0	0	

Measles Vaccine Dashboard, through 3/17/26



Measles Vaccines Administered and Coverage Rates



Cumulative MMR Doses Administered in New Mexico by Time Period, (2024-2026)

Month	2024	2025	2026
1	4.37K	4.37K	4.37K
2	3.83K	6.13K	3.83K
3	4.00K	10.23K	4.00K
4	3.95K	8.63K	1.87K
5	4.50K	7.53K	4.50K
6	4.07K	7.11K	4.07K
7	3.60K	5.43K	3.60K
8	5.43K	6.97K	5.43K
9	5.74K	5.74K	5.74K
10	4.58K	4.58K	4.58K
11	4.35K	4.35K	4.35K
12	3.47K	3.47K	3.47K

US Measles Cases Reported By Week 3/12/2026



- As of March 12, 2026, 1,362 confirmed* measles cases were reported in the United States in 2026. Among these, 1,353 measles cases were reported by 31 jurisdictions: Alaska, Arizona, California, Colorado, Florida, Georgia, Idaho, Illinois, Kentucky, Maine, Massachusetts, Minnesota, Missouri, Nebraska, New Mexico, New York City, New York State, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Texas, Utah, Vermont, Virginia, Washington, and Wisconsin. A total of 9 measles cases were reported among international visitors to the United States
- There have been 14 new outbreaks** reported in 2026, and 94% of confirmed cases (1,281 of 1,362) are outbreak-associated (256 from outbreaks starting in 2026 and 1,025 from outbreaks that started in 2025)

*CDC is aware of probable measles cases being reported by jurisdictions. However, the data on this page only includes confirmed cases jurisdictions have notified to CDC.

**CDC reports the cumulative number of measles outbreaks (defined as 3 or more related cases) that have occurred this year in the U.S.; states have the most up-to-date information about cases and outbreaks in their jurisdictions.

Other Measles Hotspots Updates



- **Arizona** is currently experiencing an ongoing outbreak of measles since August of 2025

Arizona Measles Surveillance 2025 - Present

 **276**
Total Cases

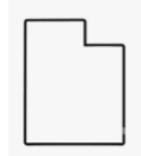
 **20**
Hospitalizations

 **97%**
Unvaccinated

 **0**
New Cases

 **0**
Deaths

 **65%**
Age Under 18 Years



- **Utah:**

- Number of Utah residents who have been diagnosed with measles in this outbreak: 443
- Number of Utah residents with measles reported to public health in the last 3 weeks: 98

- **South Carolina:**

- As of March 17, 2026, DPH is reporting 997 cases of measles centered around Spartanburg County. The majority of cases are close contacts of known cases since the outbreak began Oct 2, 2025

- **New York:**

- Three confirmed measles cases in Rockland linked to international travel

Measles Case Summary – US – 3/12/26



U.S. Cases

	2026 To date	2025 Full year
Total Cases	1362	2284
Age		
Under 5 years	303 (22%)	584 (26%)
5-19 years	737 (54%)	1014 (44%)
20+ years	314 (23%)	673 (29%)
Age unknown	8 (1%)	13 (1%)
Vaccination Status		
Unvaccinated or Unknown	92%	93%
One MMR dose	4%	3%
Two MMR doses	4%	4%



Measles Hospitalizations US 3/12/26



U.S. Hospitalizations

	2026	2025
Total Hospitalized	3% (30 of 910 cases)	11% (246 of 2280 cases)
Percent of Age Group Hospitalized		
Under 5 years	6% (13 of 227)	18% (107 of 582)
5-19 years	2% (9 of 527)	6% (57 of 1014)
20+ years	5% (7 of 136)	12% (82 of 671)
Age unknown	5% (1 of 20)	0% (0 of 13)



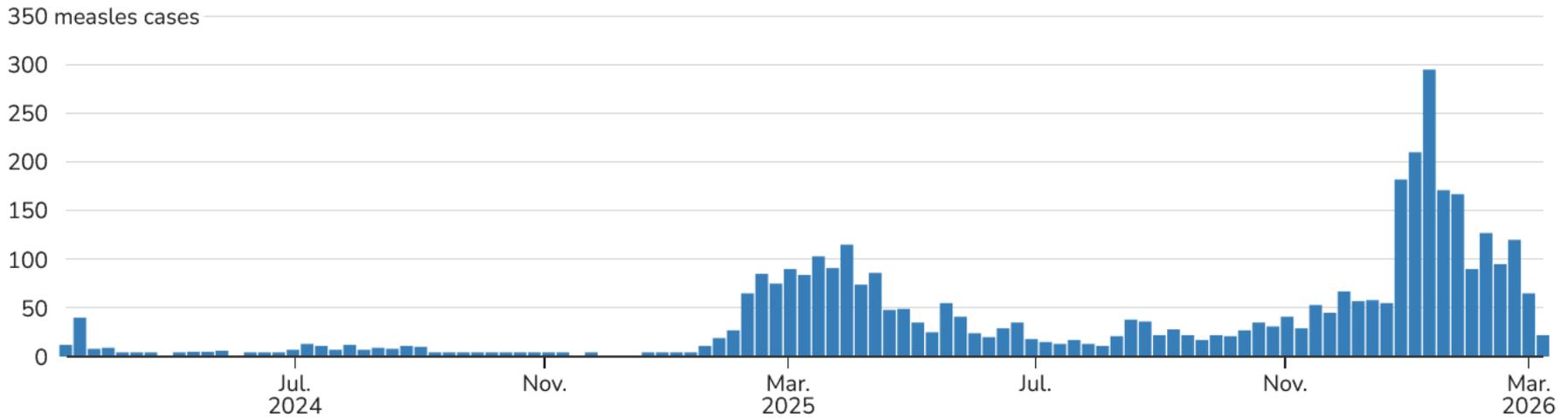
U.S. Deaths

	2026	2025
Total Deaths	0	3

US Weekly Measles Cases by Rash Onset Date



2022–2026* (as of March 12, 2026)



Measles – Worldwide (August 25-Jan 26)

Top 10 countries with measles outbreaks

Country	Number of Cases
India	12,135
Angola	11,941
Indonesia	8,892
Yemen	8,507
Pakistan	7,527
Cameroon	5,088
Mexico	4,636
Sudan	4,071
Kazakhstan	3,826
Lao People's Democratic Republic	3,565

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 SYMPTOMS TYPICALLY INCLUDE:

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

Measles can be serious

Measles can lead to complications such as pneumonia, ear infections, and encephalitis. In rare cases, it can be fatal.

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-mumps-rubella (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 TIPICAMENTE INCLUYEN:

- Fiebre alta (hasta de 40°C)
- Tos
- Nariz que corre y ojos rojos
- Sarpullido que aparece 3 a 5 días después de que empiezan los síntomas

El sarampión puede ser grave

El sarampión puede causar complicaciones como neumonía, infecciones de oído y encefalitis. En casos raros, puede ser fatal.

Usted tiene el poder de proteger a su hijo. Dete a su hijo una protección segura y duradera contra el sarampión al asegurarse de que reciba la vacuna contra el sarampión, la rubéola y el m 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 is a highly contagious disease that can lead to serious complications and even death. The good news is that you can protect your family by getting the MMR vaccine.

Measles symptoms typically include:

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

Measles can be serious. Measles can lead to complications such as pneumonia, ear infections, and encephalitis. In rare cases, it can be fatal.

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-mumps-rubella (MMR) vaccine according to CDC's recommended immunization schedule.

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

MMR Vaccines Infographic - English

PROTECCIÓN
Usted tiene el poder de proteger a su familia.

El sarampión es una enfermedad altamente contagiosa que puede causar complicaciones graves e incluso la muerte. La buena noticia es que usted puede proteger a su familia al recibir la vacuna contra el sarampión, la rubéola y el m rubéola (MMR).

Los síntomas del sarampión típicamente incluyen:

- Fiebre alta (hasta de 40°C)
- Tos
- Nariz que corre y ojos rojos
- Sarpullido que aparece 3 a 5 días después de que empiezan los síntomas

El sarampión puede ser grave. El sarampión puede causar complicaciones como neumonía, infecciones de oído y encefalitis. En casos raros, puede ser fatal.

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

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

Infografía sobre las vacunas MMR - Español

Measles
WHAT YOU CAN DO TO PREPARE

Measles is a highly contagious disease that can lead to serious complications and even death. The good news is that you can protect your family by getting the MMR vaccine.

Measles symptoms typically include:

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

Measles can be serious. Measles can lead to complications such as pneumonia, ear infections, and encephalitis. In rare cases, it can be fatal.

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-mumps-rubella (MMR) vaccine according to CDC's recommended immunization schedule.

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

Measles: What You Can Do to Be Prepared

SARAMPIÓN
LO QUE PUEDE HACER PARA PREPARARSE

El sarampión es una enfermedad altamente contagiosa que puede causar complicaciones graves e incluso la muerte. La buena noticia es que usted puede proteger a su familia al recibir la vacuna contra el sarampión, la rubéola y el m rubéola (MMR).

Los síntomas del sarampión típicamente incluyen:

- Fiebre alta (hasta de 40°C)
- Tos
- Nariz que corre y ojos rojos
- Sarpullido que aparece 3 a 5 días después de que empiezan los síntomas

El sarampión puede ser grave. El sarampión puede causar complicaciones como neumonía, infecciones de oído y encefalitis. En casos raros, puede ser fatal.

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

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

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) – 3/6/26



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

VFC

Emergency & Routine Vaccine Management Plans & Trainings



Many providers' Routine and Emergency Vaccine Management Plans are coming due in the next month. Ensure these steps are followed:

- Review your plans and update them if the form certification is over one year old and/or as needed to reflect clinic or staff changes.
- Digitally sign plans by the Provider Signing the Agreement, Primary Coordinator and Back Up Coordinator
 - Any digital signature software is acceptable.



Once your plans are complete and signed, send to your Regional Coordinator for review and approval.

- Annual training is required for the PSA, Primary and Back Up Coordinators.
 - Please login to NMSIIS, click onto the Clinic Tools module > Clinic Information + > Staff and click on the VIEW button to the right of your name to open the CLINIC STAFF window.
 - The Training Section will show the Completion Date of your annual trainings.
 - Annual training is a requirement of the VFC program. Once you have completed your trainings, upload your new training certificates to NMSIIS. The attached document VFC-2026 Provider Educational Requirements has links to the trainings.
- ✓ Please be advised that if your Emergency and Routine Vaccine Management Plans have lapsed or are incomplete and/or your trainings are expired, your vaccine orders may be delayed.
 - It is a CDC requirement

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*



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	

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			

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					

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

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

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		

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](#).



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: _____ Site Primary/Back-up Coordinator: _____
 Pin #: _____ Direct Phone Number: _____
 Site Name: _____ 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 HAVRX [®]				317	MPDX JYNNEOS [™]				ASP
Hepatitis A Adult HAVRX [®]				ASP	PCV20 PREVNAR 20 [™]				317
Hep A/B Adult TWINRX [®]				317	PCV20 PREVNAR 20 [™]				ASP
Hep A/B Adult TWINRX [®]				ASP	RSV ABRYOVO [™]				317
Hepatitis B Adult HEPLISAV-B [™]				317	RSV ABRYOVO [™]				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

Early Indicators

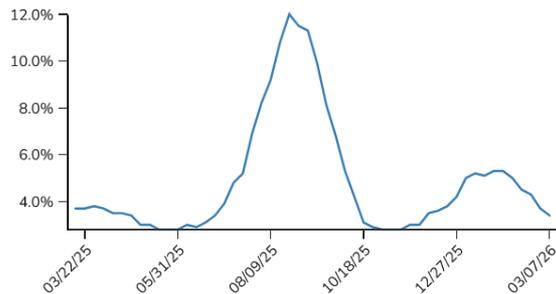
Test positivity (the percentage of total reported tests that are positive) and the percentage of total emergency department visits due to COVID-19 are key metrics to assess the impact of COVID-19 on communities. For public health professionals, these metrics act as early indicators of potential increases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

% Test Positivity

3.4%

Week ending 2026-03-07

Previous Week 3.7%

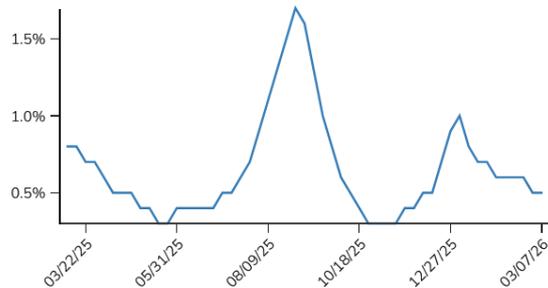


% ED visits diagnosed as COVID-19

0.5%

Week ending 2026-03-07

Previous Week 0.5%



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.

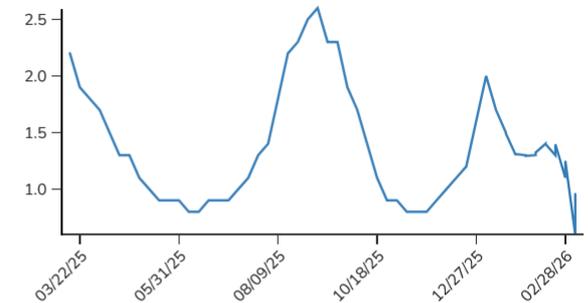
Hospitalization rate per 100,000 population

0.6

Week ending 2026-03-07

Previous week

0.9558203691334264

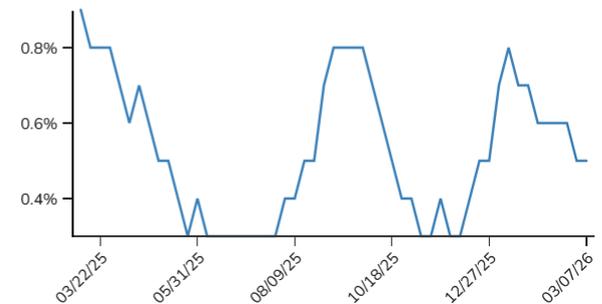


% of All Deaths in U.S. Due to COVID-19

0.5%

Week ending 2026-03-07

Previous Week 0.5%



COVID-19 Death Rates

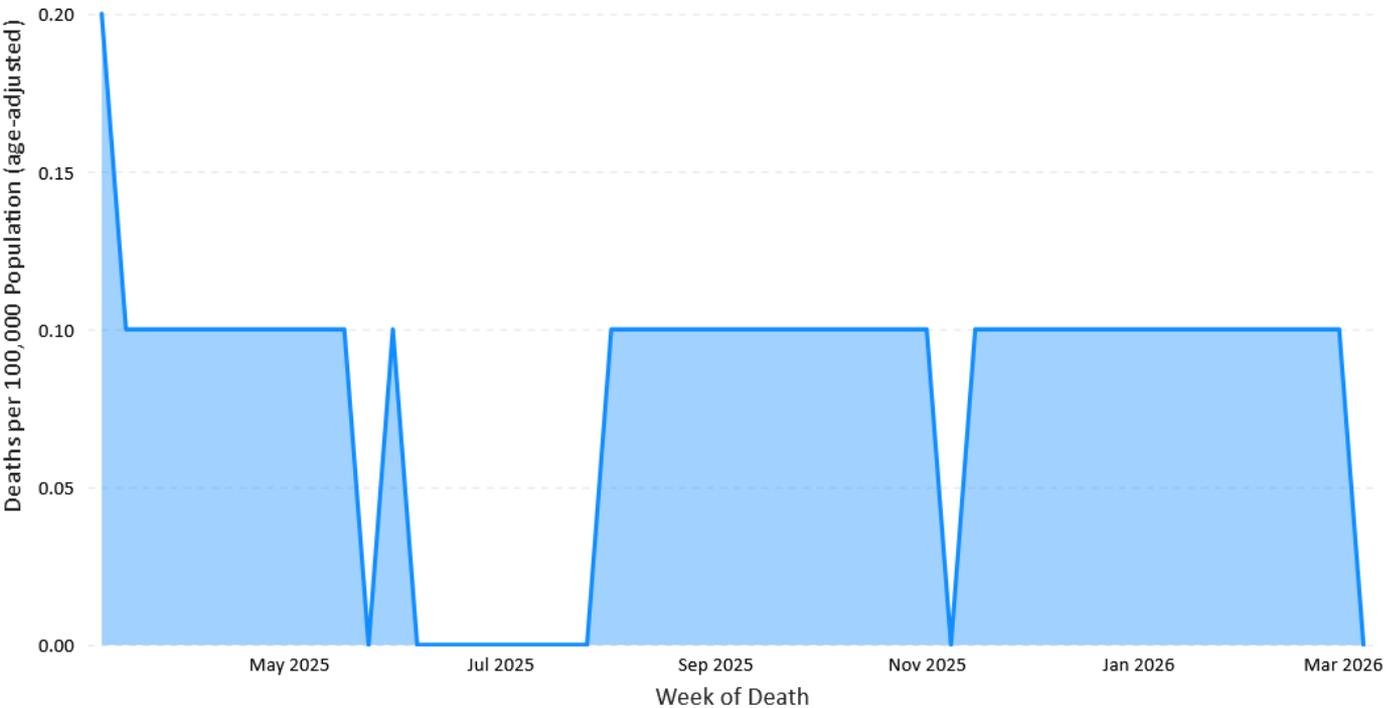
Provisional Weekly COVID-19 Deaths per 100,000 Population (Age-Adjusted), United States
March 08, 2025 - March 07, 2026



Jurisdiction
United States

Start date
3/6/2025 3/7/2026

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)



WHAT TO KNOW

- As of March 13, 2026, the amount of acute respiratory illness causing people to seek health care is low.
- RSV activity has started later than expected in most regions of the United States, though severity is not higher compared with recent seasons. This atypical season indicates that higher levels of RSV activity may continue into April in many regions. Emergency department visits and hospitalizations for RSV are highest among infants and children less than 4 years old.
- COVID-19 activity is decreasing nationally but remains elevated in some areas of the country.
- Seasonal influenza activity remains elevated nationally. Influenza A activity is decreasing in most areas of the country while trends in influenza B activity vary by region.



Emergency department visits in the United States

COVID-19

Very Low
Decreasing ↘

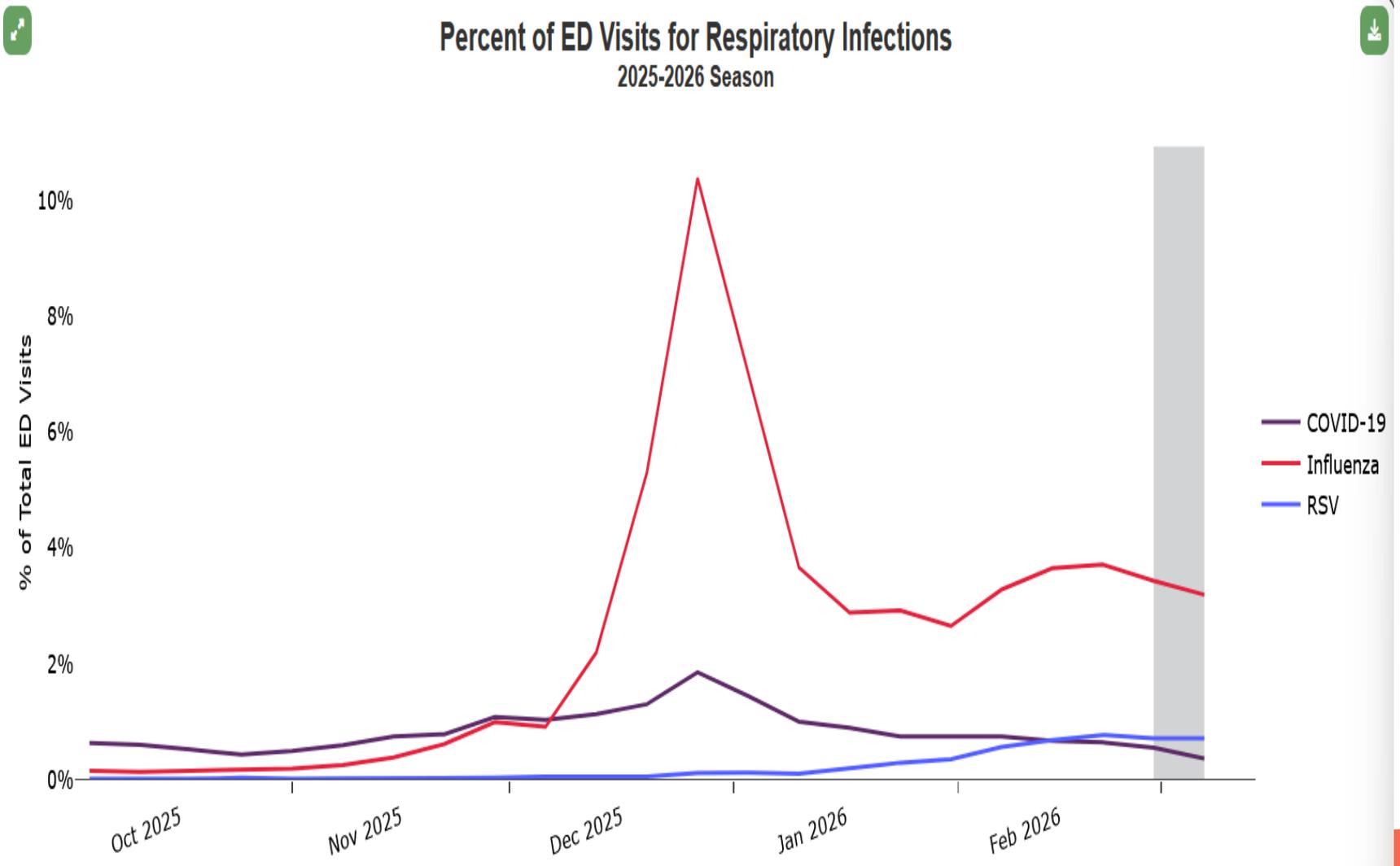
Flu

Moderate
Decreasing ↘

RSV

Moderate
Increasing ↗

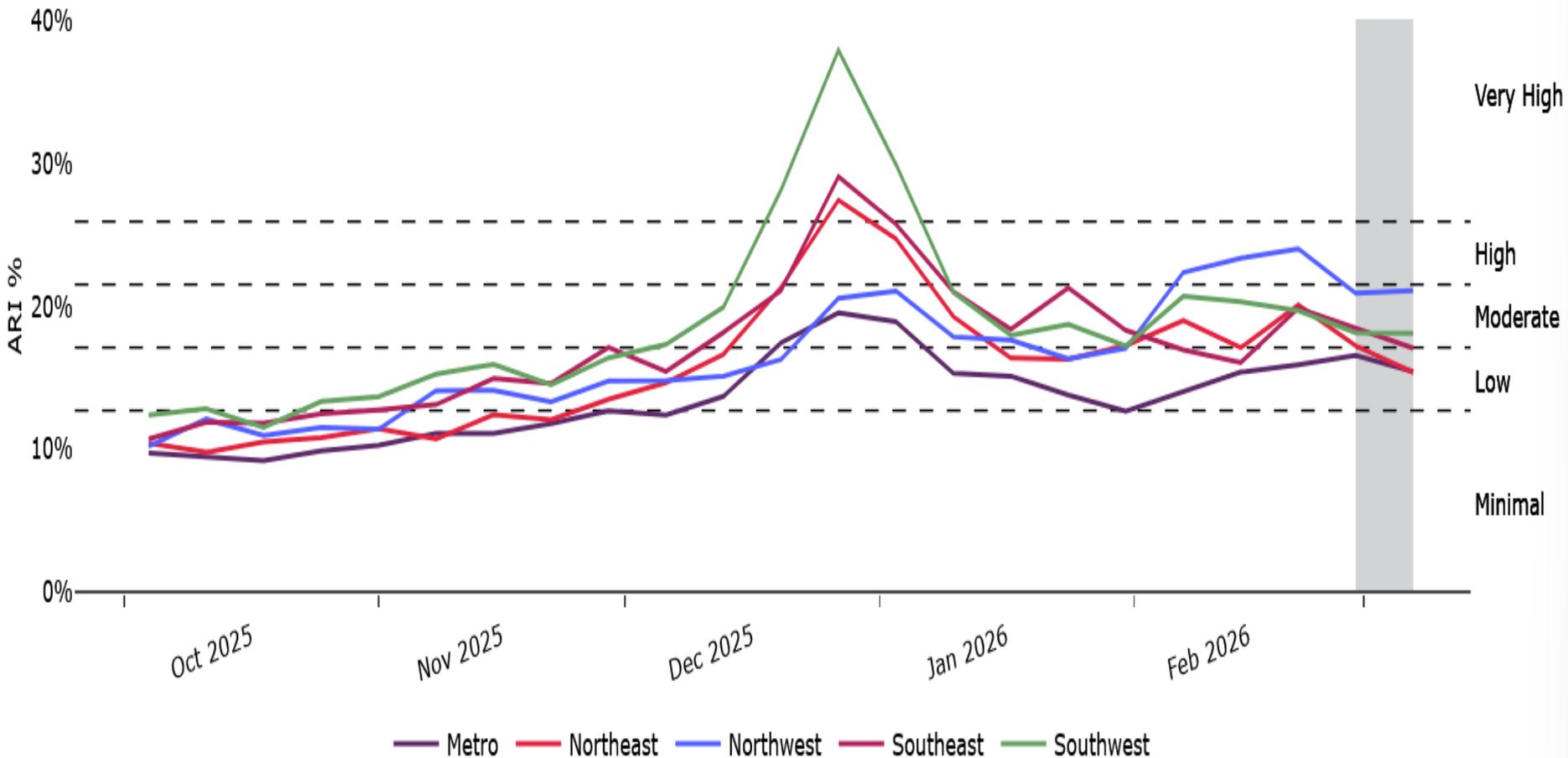
NM Respiratory VPD Epi Ending 3/10



NM Respiratory Epi Ending 3/10



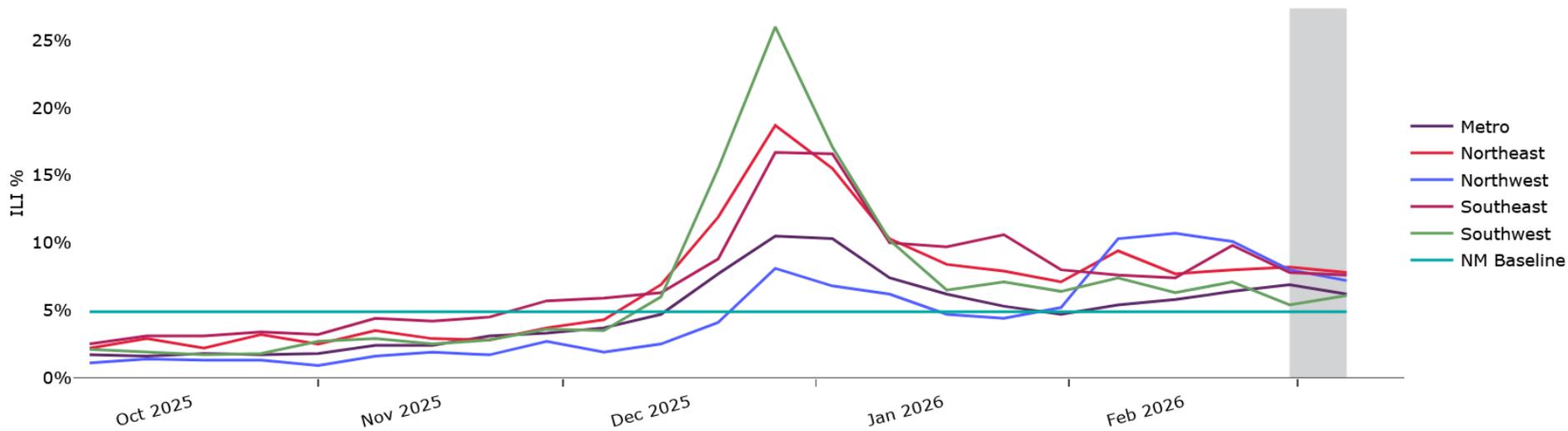
Acute Respiratory Illness (ARI) Activity By New Mexico Regions 2025-2026 Season



NM Respiratory Epi Ending 3/10



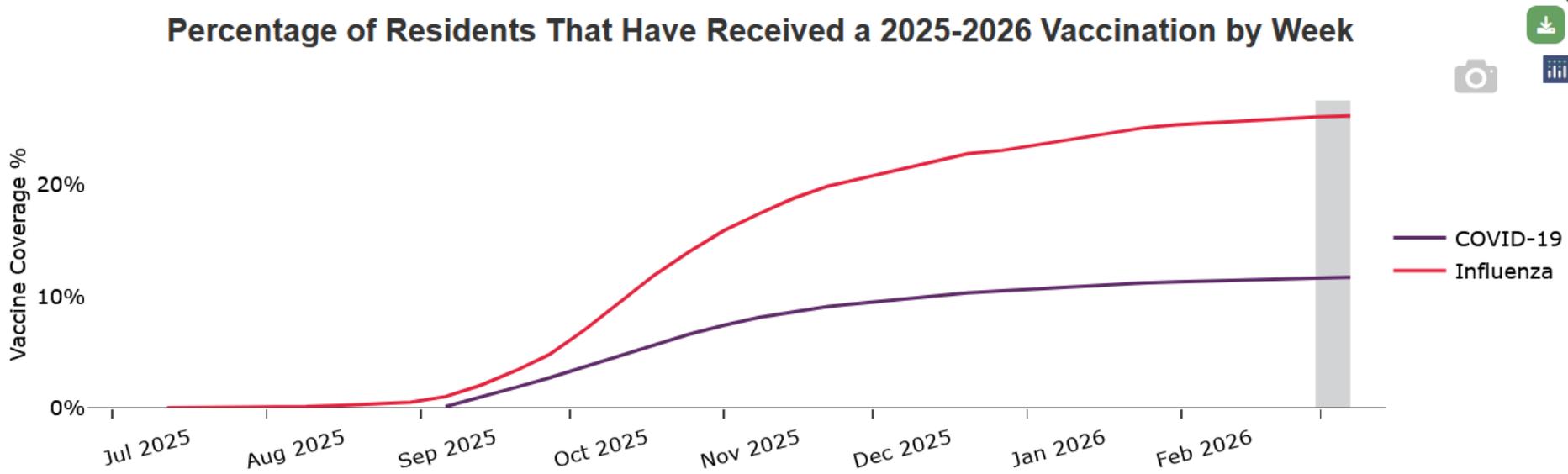
**Influenza-like Illness (ILI) Activity
By New Mexico Regions
2025-2026 Season**



NM Vaccination 3/10



Percentage of Residents That Have Received a 2025-2026 Vaccination by Week



Percent of Population That Has Received a Vaccination

Vaccine	2025-2026
COVID-19	11.7%
Influenza	26.2%

NM Respiratory Epi Ending 3/10



Season	Adult COVID-19 Deaths	Pediatric COVID-19 Deaths	Total COVID-19 Deaths
2025-2026	25	0	25
2024-2025	149	0	149
2023-2024	317	1	318

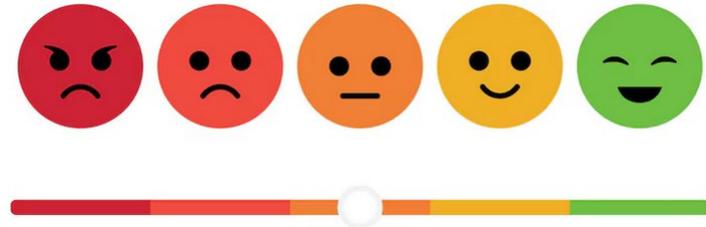
Season	Pneumonia Deaths	Adult Influenza Deaths	Pediatric Influenza Deaths	Total Pneumonia & Influenza Deaths
2025-2026	94	32	0	126
2024-2025	257	98	3	358
2023-2024	356	74	4	434

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

New Mexico Vaccine Provider Office Hours Survey



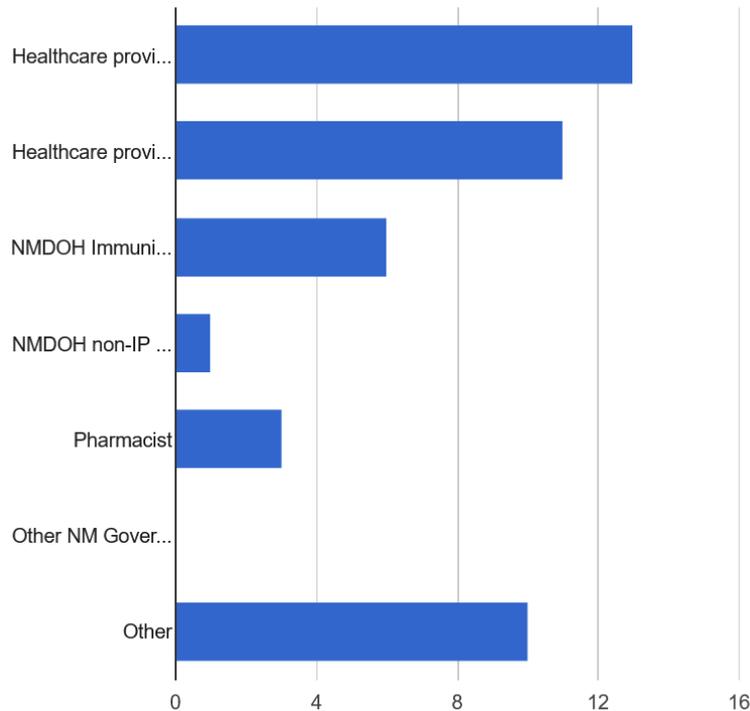
Survey Results



- Survey posted and held February 20 through March 12, 2026
- 44 providers participated
- 42 surveys completed, 2 partially completed
- Survey preamble:

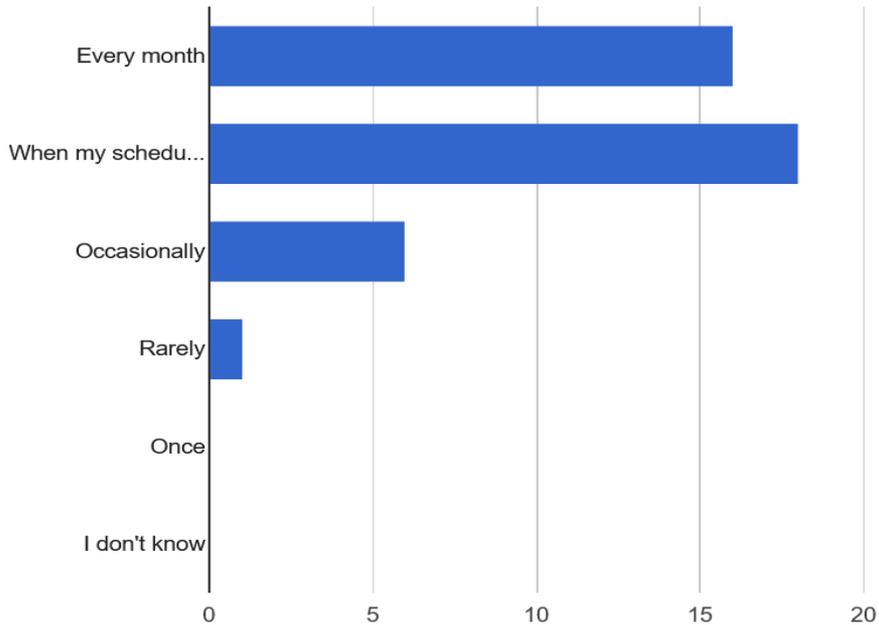
The New Mexico (NM) Department of Health (DOH) Immunization Program (IP) will continue to hold monthly NM Vaccine Provider Office Hours calls through 2026. To help us better accommodate you with the information and data you need to serve and educate your patients, we have developed some questions to gauge what interests you most. Please complete this brief survey to help us provide you with what will assist you. Please answer all questions to the best of your knowledge.

What position most closely describes your job? (Choose all that apply)



- Healthcare provider (Public Health Office) (13, 29.5%)
- Healthcare provider (Private, FQHC, Rural Health) (11, 25.0%),
- NMDOH Immunization Program (IP) employee (6, 13.6%)
- NMDOH non-IP employee (1, 2.3%)
- Pharmacist (3, 6.8%)
- Other NM Government employee (0, 0.0%)
- Other (10, 22.7%)

How often do you attend Office Hours meetings?



- Every month (16, 39.0%)
- When my schedule allows (18, 43.9%)
- Occasionally (6, 14.6%)
- Rarely (1, 2.4%)
- Once (0, 0.0%)
- I don't know (0, 0.0%)

Is the information provided during Office Hours meetings useful?

Sometimes useful (*sometimes_useful*) [Refresh Plot](#) | [View as Bar Chart](#) ▾

Total Count (N)	Missing*	Unique
3	41 (93.2%)	1

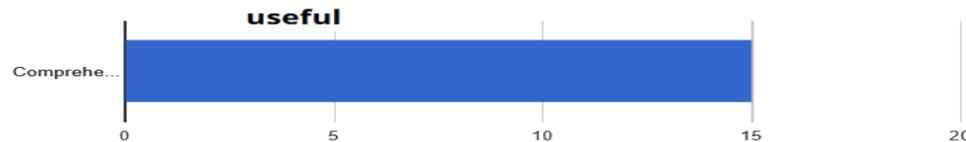
Counts/frequency: **Comprehension** (3, 100.0%)



Often useful (*usually_useful*) [Refresh Plot](#) | [View as Bar Chart](#) ▾

Total Count (N)	Missing*	Unique
15	29 (65.9%)	1

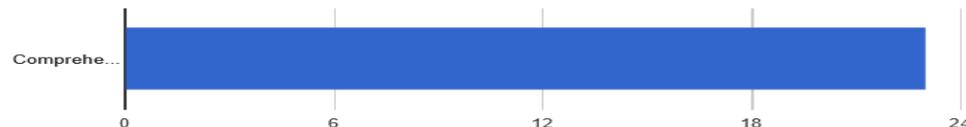
Counts/frequency: **Comprehension** (15, 100.0%)



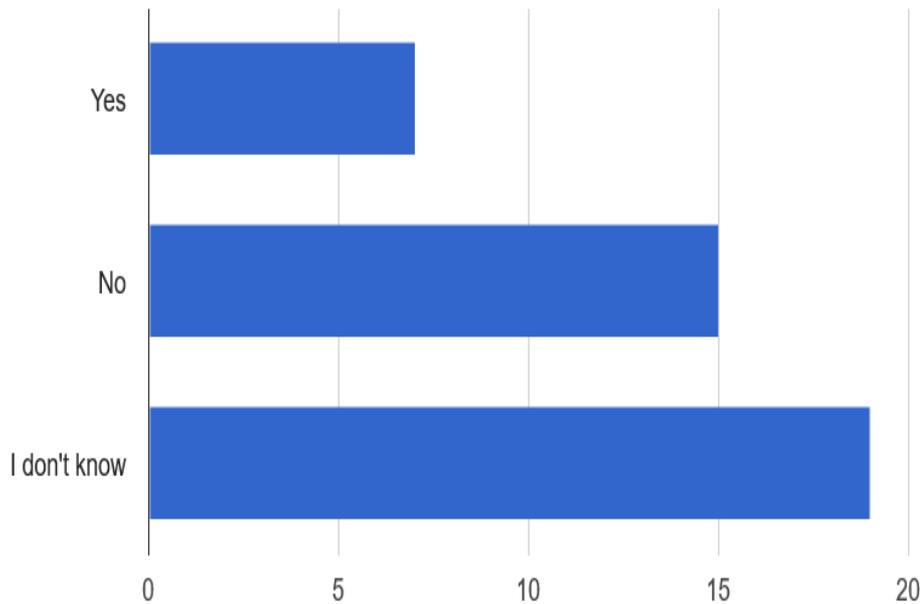
Always useful (*always_useful*) [Refresh Plot](#) | [View as Bar Chart](#) ▾

Total Count (N)	Missing*	Unique
23	21 (47.7%)	1

Counts/frequency: **Comprehension** (23, 100.0%)

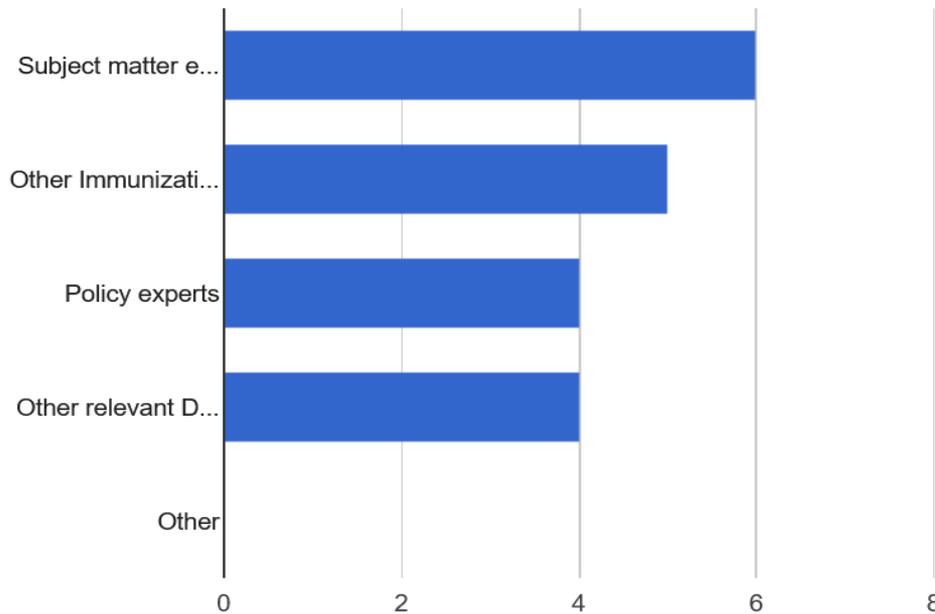


Would the Office Hours call benefit by having more than one presenter?



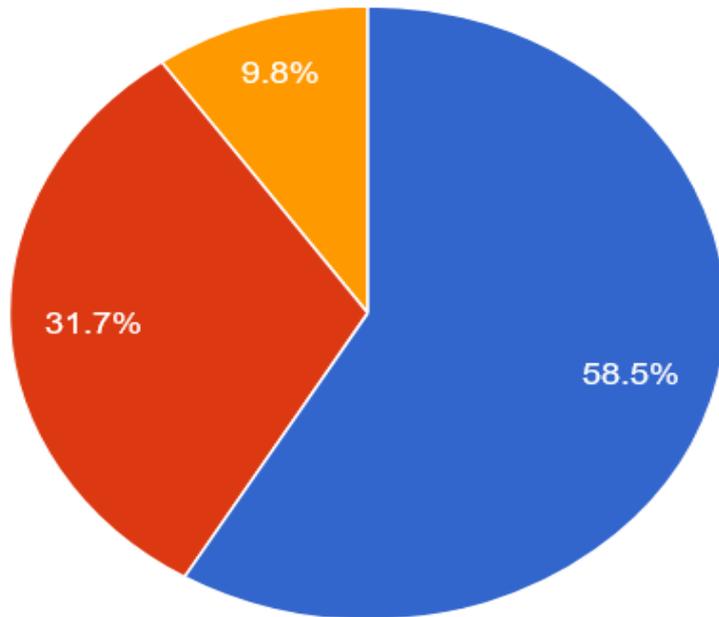
- Yes (7, 17.1%)
- No (15, 36.6%)
- I don't know (19, 46.3%)

If yes, what other presenters would you like to hear from? Choose all that apply



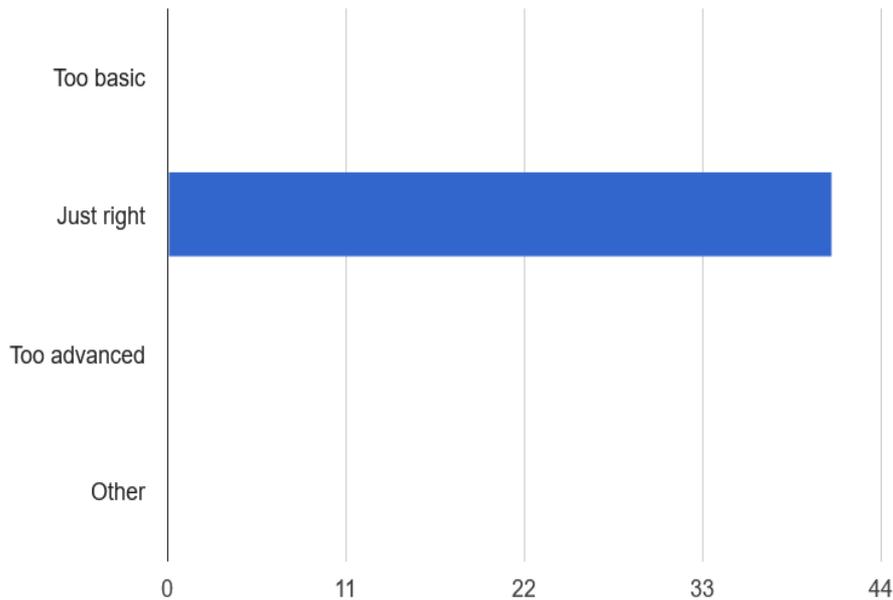
- Subject matter experts on current topics (6, 85.7%)
- Other Immunization Program staff (e.g., VFC Program, NMSIIS, Compliance, Financial, Management, other) (5, 71.4%)
- Policy experts (4, 57.1%)
- Other relevant DOH programs (4, 57.1%)
- Other (0, 0.0%)

Are the topics covered during Office Hours relevant to you and your work?



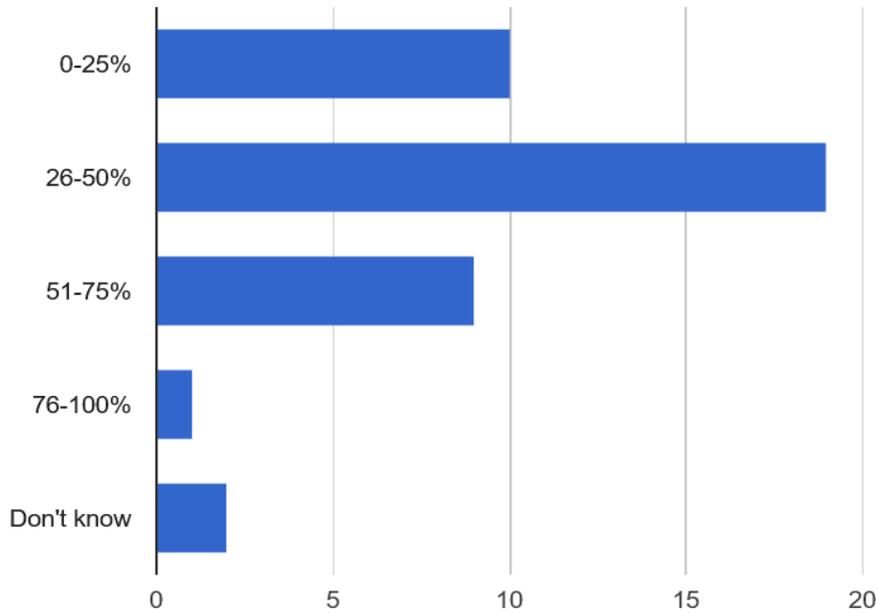
- Always (24, 58.5%)
- Usually (13, 31.7%)
- Sometimes (4, 9.8%)
- Rarely (0, 0.0%)
- Never (0, 0.0%)

Is the topic content level usually:



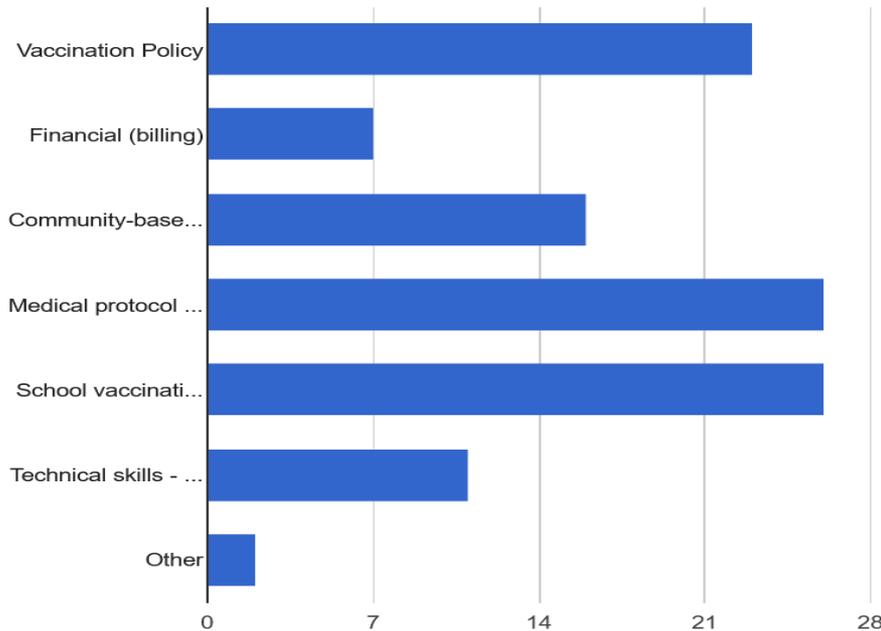
- Too basic (0, 0.0%)
- Just right (41, 100.0%)
- Too advanced (0, 0.0%)
- Other (0, 0.0%)

What percentage of the information is new to you during the call?



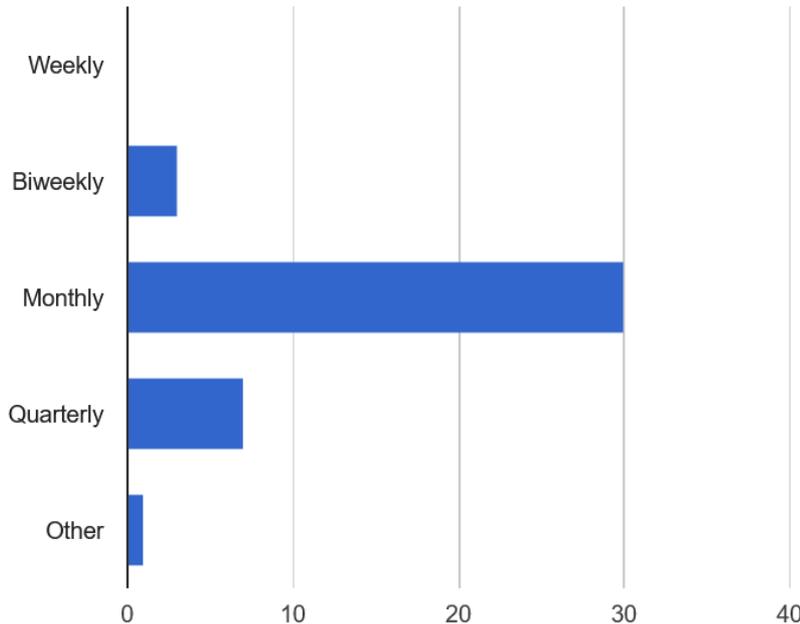
- 0-25% (10, 24.4%)
- 26-50% (19, 46.3%)
- 51-75% (9, 22.0%)
- 76-100% (1, 2.4%)
- Don't know (2, 4.9%)

What topic/s is/are not covered that would make calls more useful to you? Check all that apply.



- Vaccination Policy (23, 57.5%)
- Financial (billing) (7, 17.5%)
- Community-based (non-medical) partners (16, 40.0%)
- Medical protocol updates (26, 65.0%)
- School vaccination issues (26, 65.0%)
- Technical skills - medical practices (11, 27.5%)
- Other (2, 5.0%)
 - No responses

How often should Office Hours meetings take place?



- Weekly (0, 0.0%)
- Biweekly (3, 7.3%)
- Monthly (30, 73.2%)
- Quarterly (7, 17.1%)
- Other* (1, 2.4%)

*As new information becomes available. Mark new or refresher meeting for new VFC people to choose to attend



Campaigns and Announcements

2026 Annual Statewide Immunization Program Training



Thursday, March 26th, 2026
Virtual Only!
8:30am-4:15pm

Agenda topics will include Immunization Program Updates, Inventory Management, School Survey, and MORE!

If you **did not** receive a calendar invite and Teams link for the training, please email Samantha Sanchez (Samantha.Sanchez@doh.nm.gov) to be added to the distribution list or check the NMSIIS News Feed for the link



Save the Date!

Celebrating 20 Years of the HPV Vaccine:

A Western Regional Summit on Prevention and Progress

Dear Colleagues,

We are excited to announce an upcoming virtual event, “*Celebrating 20 Years of the HPV Vaccine: A Western Regional Summit on Prevention and Progress.*” Please save the date and join us as we bring together public health professionals, healthcare providers, researchers, pharmacists, health plans, universities, and associations to reflect on two decades of progress and discuss the future of HPV prevention. Participating states include: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.

- **Date: Wednesday, May 20, 2026**
- **Time: 12:00–2:00 PM MT (11:00 AM-1:00 PM PT)**

This virtual summit will feature expert speakers, Q&A, and networking opportunities with regional leaders in HPV prevention and care. [Further details and registration information will be shared soon.](#) For now, please mark your calendar for this important event! If you have any questions, feel free to reply to this email.

NMIC Immunization Update





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.

English (United States) ▾

NMHealth 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) *

Organization *

Phone Number *

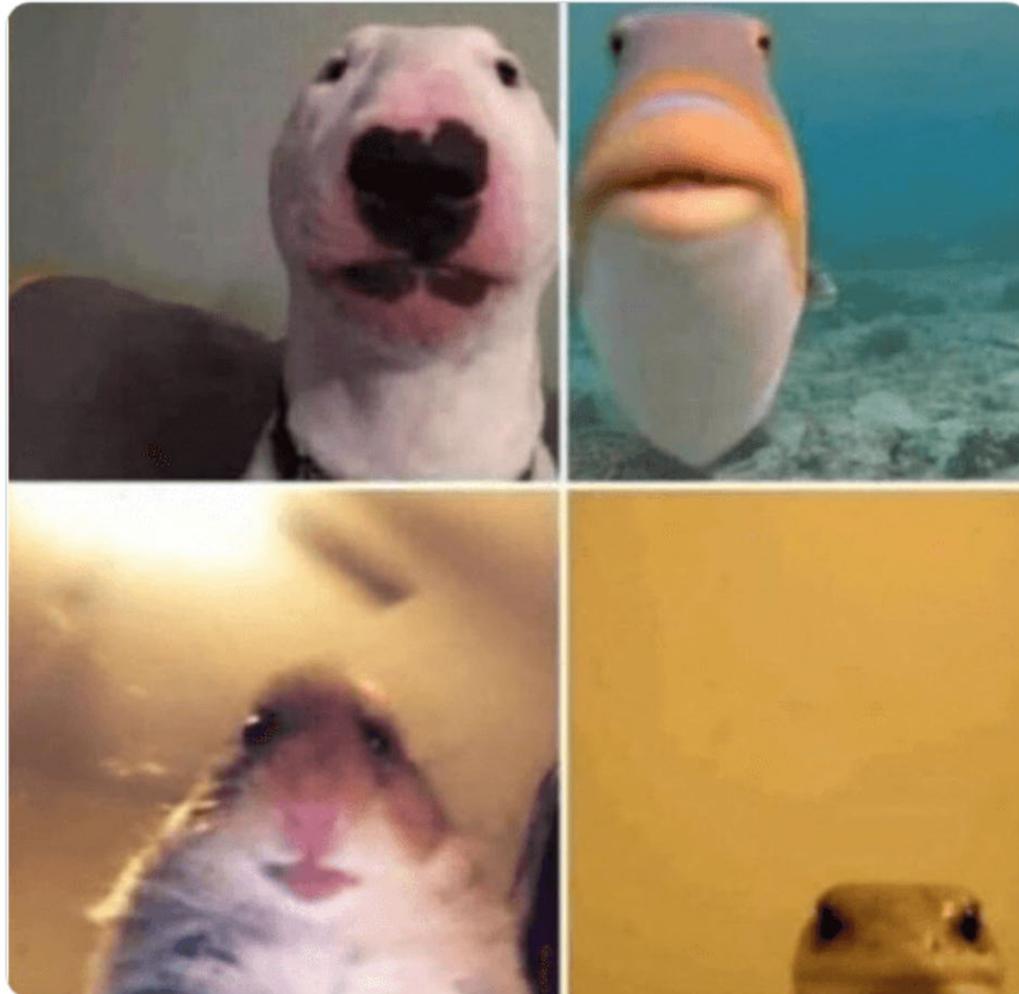
NMDOH Mobile Vaccine Unit Request Form



Next Providers' Office Hours Call

3rd Thursdays

Next Office Hours Call: April 16, Noon



Where to Find the Monthly OH Slides

The IP webpage is at <https://www.nmhealth.org/about/phd/idb/imp/>

MENU

Immunization

Influenza Vaccinations

School Requirements

Immunization Schedules

Vaccine Purchase Act

Adult Immunizations

Vaccines for Children

- [New Mexico Vaccine Exemption Rates \(Epidemiology Report\)](#)

Publications

Featured

- [Office Hours for New Mexico Vaccine Providers- February 2026 \(General\)](#)

Latest

Immunization Program

The New Mexico Department of Health is committed to protecting an



The goal of the program is to ensure
for all your vaccination information

New Mexico Vaccines for Children (VFC) Program Staff

VFC Program Manager Lynne Padilla Phone: 505-827-2147 Email: Lynne.Padilla-truji@doh.nm.gov	 <p>STATE OFFICE AT THE RUNNELS BUILDING SANTA FE</p>	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**

<p>Vaccine and Outreach Manager <i>Vanessa Hansel</i> Phone: (505) 827-0219 Email: Vanessa.Hansel@doh.nm.gov</p>	 NMSIIS Help Desk 833-882-6454 Adult.Vaccines@doh.nm.gov	<p>Immunization Compliance Coordinator <i>Scarlett Swanson</i> Phone: (505) 827-2898 Email: ScarlettC.Swanson@doh.nm.gov</p>
<p>Adult Vaccine Coordinator <i>Bianca D. Gonzales</i> Phone: (505) 827-0555 Email: BiancaD.Gonzales@doh.nm.gov</p>	<p>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</p>	<p>Vaccine Coordinator <i>Zahin Hossain, MPH</i> Phone: (505) 827-0196 Email: Zahin.Hossain@doh.nm.gov</p>

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
<p>Immunization Coordinators</p> <p>Erica Flores, RN (505) 709-7866 Erica.Flores@doh.nm.gov</p> <p>Crystal Trujillo, RN (505) 709-7811 Crystal.Trujillo@doh.nm.gov</p> <p>Melissa Padilla (505) 670-0153 Melissa.Padilla@doh.nm.gov</p>	<p>Health Educator</p> <p>Angelica Torres (505) 534-0865 Angelica.Torres@doh.nm.gov</p>	<p>Immunization Coordinator</p> <p>Brittany Baca, RN (505) 476-2643 Brittany.Baca@doh.nm.gov</p> <p>Health Educator</p> <p>Debra Wagner (505) 476-2619 Debra.Wagner@doh.nm.gov</p> <p>Immunization Clerk</p> <p>Renee Encinas (505) 476-2622 Renee.Encinas@doh.nm.gov</p>	<p>Immunization Coordinators</p> <p>Kelly Bassett, RN (575) 288-9618 Kelly.Bassett@doh.nm.gov</p> <p>Zach Washington, RN (505) 222-9011 Zachariah.Washington@doh.nm.gov</p> <p>Immunization Clerk</p> <p>Theresa Rubio (575) 288-9463 Theresa.Rubio@doh.nm.gov</p>	<p>Immunization Coordinators</p> <p>Kimberly Orozco, RN (575) 528-5186 Kimberly.Orozco@doh.nm.gov</p> <p>Catalina Hood, RN (575) 528-5150 Catalina.Hood@doh.nm.gov</p> <p>Immunization Clerk</p> <p>Erica Nieto (575) 528-5113 Erica.Nieto@doh.nm.gov</p>

Questions, Comments, Dialogues, Missives and Negotiations

