



Office Hours for New Mexico Vaccine Providers

Immunization Program

June 4, 2026

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

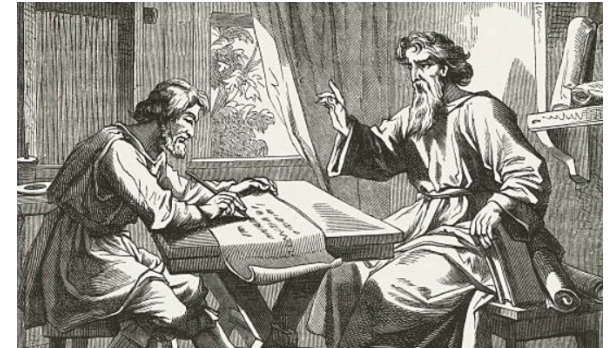


- Andrea Romero – IP Manager
- Grace Gonzales – Finance Manager
- Kathryn Cruz – Immunization Deputy Section Compliance Manager
- Lynne Padilla-Trujillo – Vaccines for Children Program (VFC) Manager
- Scarlett Swanson – Immunization Compliance Coordinator
- Vanessa Hansel – Vaccine Operations Manager

Office Hours Agenda



- Essential National/International News
 - Ebola, Hantavirus, New World Screwworm Updates
 - Presidential Order Limiting Vaccine Recommendations
- Vaccination Issues and Updates
 - NM Vaccination Coverage Dashboards In Place
- COVID-19 Vaccine Updates
 - Federal Drug Administration's (FDA) Vaccines and Related Biological Products Advisory Committee-COVID19 Recommendations
- Influenza Vaccine Updates
- 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
 - Be a Health Hero
 - Got Shots 2026
- Questions, Comments, Dialogues, Missives and Negotiations
- Negotiations



The Essentials- National/ International News



Ebola Virus 2026-On the Ground



- A hospital in northeastern Democratic Republic of the Congo (DRC) identified a cluster of severe illnesses affecting healthcare workers
- Illnesses identified as Bundibugyo virus, one of four orthoebolaviruses that causes Ebola disease in people
- As of June 2, there are reports of 359 confirmed cases, 61 confirmed deaths, and 116 suspected cases (DRC and Uganda) CDC reports
 - WHO reports 321 cases, 48 deaths
- As of May 28, no Ebola cases associated with this outbreak have been reported in the United States
- Initial signs of symptoms of Ebola disease are nonspecific and can be confused with other more common infectious diseases like malaria, typhoid fever, meningococemia, and other bacterial infections
 - Patients with Ebola disease generally have an abrupt onset of fever and symptoms 8 to 10 days after exposure.
 - After 4-5 days of illness, patients may develop gastrointestinal symptoms like severe watery diarrhea, nausea, vomiting, and abdominal pain
- A person can only spread Ebola virus to other people after they develop symptoms

Ebola Virus - History

- Ebola disease was first identified in 1976 after an outbreak in what is now the DRC.
- These viruses have emerged periodically from the unknown animal that carries them and infected people in several African countries
- The 2013–2016 epidemic of Ebola virus disease, centered in West Africa (Guinea, Liberia, Sierra Leone) was the most widespread outbreak of the disease in history
 - 28,616 people were infected; of those, 11,310 had died, for a case-fatality rate of 40%
- In 2014, two individuals in the US died from Ebola



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

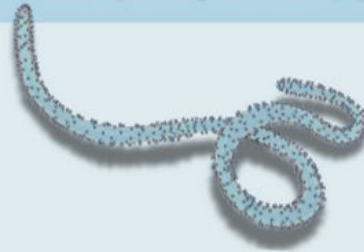


- WHO says the existing vaccine should be administered only under a research protocol
- Two Bundibugyo virus-specific vaccines are being prioritized for development

MEET THE FAMILY

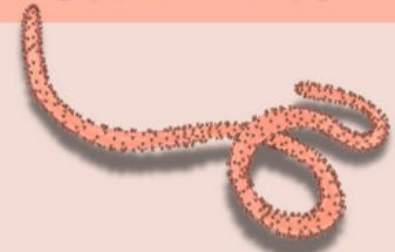
There are four different species of *Orthoebolavirus* known to cause Ebola disease in humans.

TAÏ FOREST VIRUS



*Orthoebolavirus
taiense*

SUDAN VIRUS



*Orthoebolavirus
sudanense*

EBOLA VIRUS

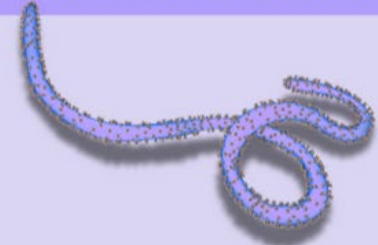


*Orthoebolavirus
zairense*

Virus that caused
the 2014-16 Ebola
outbreak in West
Africa



BUNDIBUGYO VIRUS



*Orthoebolavirus
bundibugyoense*

Virus causing the
current Ebola
outbreak in DRC

Hantavirus Outbreak



- CDC responded to a hantavirus outbreak on a Dutch cruise ship in the Atlantic Ocean, reported on May 2, 2026
 - WHO confirmed hantavirus responsible for this outbreak is the Andes virus, can lead to hantavirus pulmonary syndrome (HPS).
 - HPS is a severe and potentially deadly disease that affects the lungs
- To date, no confirmed cases of Andes virus have been reported in the United States because of this outbreak
 - The overall risk to travelers and the American public remains extremely low
 - Routine travel can continue as normal
- Andes virus is rodent-borne and human transmission is not easy
 - It is the only hantavirus that humans can transmit
 - Human spread occurs when there is close contact with someone symptomatic through direct physical contact or prolonged time spent together
- Early symptoms commonly include fatigue, fever, and muscle aches, particularly in large muscle groups such as the thighs, hips, back, and shoulders, headaches, dizziness, chills, and gastrointestinal symptoms including nausea, vomiting, diarrhea, and abdominal pain
- US Army Medical Research Institute of Infectious Diseases in Maryland working to develop a vaccine for US
- Inactivated vaccine Hantavax licensed in South Korea and China
 - Not used internationally

New World Screwworm



Cochliomyia hominivorax (actual)



Will We Be Hominivoraxed?

- New World Screwworm (NWS), is species of parasitic fly that completes part of its lifecycle by feeding on the tissue or flesh of warm-blooded animals and people
- NWS is typically found in South America and parts of the Caribbean. However, the fly has steadily moved northward from South America through every country in Central America and Mexico since 2023
- Found in Mexico within 25 miles of the U.S. border, U.S. Agriculture Secretary reported on Tuesday 6/2
- Livestock, pets, and wildlife are the primary hosts for screwworms
 - Because animals are constantly outdoors and prone to minor scrapes, branding wounds, or tick bites, they are incredibly vulnerable to having hundreds of eggs laid in their flesh
- Screwworms can affect humans, but human infections are exceptionally rare

NWS Symptoms

- **Livestock, pets, and wildlife** are the primary hosts for screwworms
 - If left untreated, the burrowing maggots can cause fatal tissue damage in 7 to 14 days, devastating entire herds
- **Symptoms can include:**
 - Feeling maggots (larvae) move or seeing maggots within a skin wound or sore, or in the ears, nose, eyes, or mouth
 - Painful skin wounds or sores that worsen within a few days
 - A foul-smelling odor from the site of the infestation.
 - Bleeding from open sores
 - Bacterial infections may also occur in wounds where NWS maggots are present, leading to symptoms like fever or chills
- **Human** symptoms include rapidly worsening lesions, significant localized pain, and a foul odor
 - Treatment requires physical extraction of the maggots by medical professionals and rigorous wound cleaning

NWS Timeline of Its Discovery and Scientific History

- **First Scientific Description:** The species was formally described and named by French entomologist Charles Coquerel in 1858.
- **Early Documented Presence:** The flies were known to be present in the southwestern United States since as early as 1842, and historically devastated livestock for over a century.
- **National Eradication:** Following highly successful Sterile Insect Technique (SIT) eradication programs, North and Central America were declared free of the pest, with a permanent biological barrier established in Panama.
- **Recent Local Appearance:** The first domestic U.S. animal case in six decades was confirmed in June 2026 by the USDA in Texas. Prior to this, the most recent local threat involved a human travel-associated case in Maryland in August 2025 following a trip to El Salvador
- **First US Human Case:** Maryland, male, August 2025
 - Travel related (El Salvador), fully recovered



An NWS Vaccine?

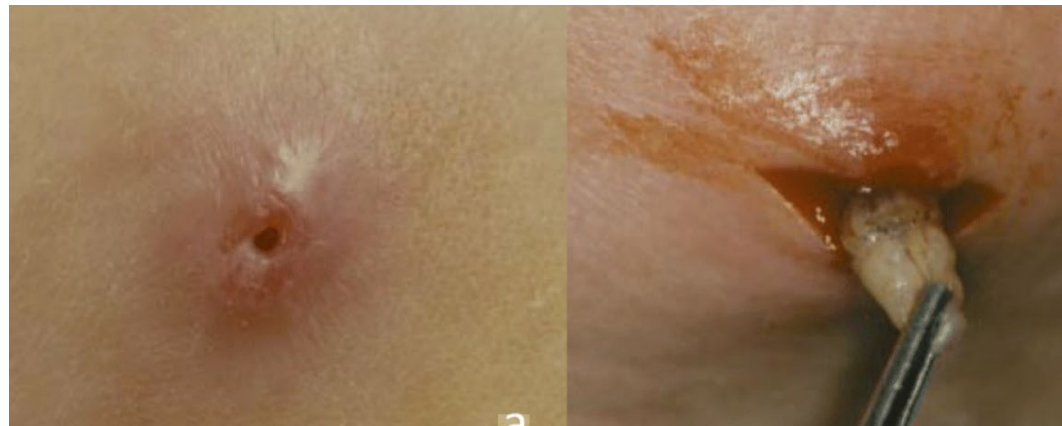
- There is no NWS vaccine - only treatment - Dectomax-CA1, FDA approved in 2025 (doramectin injection)
- Developing vaccines against parasitic diseases is difficult because eukaryotic parasites (like protozoa and helminths) have complex life cycles and sophisticated ways of evading host immune systems
- Malaria is the only parasitic disease with widely licensed and globally deployed human vaccines, RTS,S/AS01 (Mosquirix) and R21/Matrix-M
 - The malaria vaccine should be provided in a schedule of 4 doses to children from around 5 months of age. A 5th dose, given one year after dose 4, may be considered in areas of highly seasonal transmission or where malaria risk remains high during the third year of life or beyond
 - Current malaria vaccines reduce uncomplicated malaria by ~40%, severe malaria by ~30%, and all-cause mortality by 13%



New Mexico Response and Resources **NMHealth**



- **Livestock Reporting:** If you suspect a screwworm infestation in your animals, contact the New Mexico Livestock Board immediately. (505) 841-6161
- **Wildlife Reporting:** Report suspected cases in wildlife (such as deer or elk) to the [New Mexico Department of Game & Fish](#). (505) 690-3208
- **Human Reporting:** For suspected human myiasis (screwworm infestation), contact the [New Mexico Department of Health](#) immediately. 1-833-SWNURSE (1-833-796-8773)





◀ PRESIDENTIAL ACTIONS

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

Executive Orders

May 29, 2026

POTUS Vaccine Schedule-Bringing that Old Thing Back

- 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 previous to 2025
 - NM is not 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



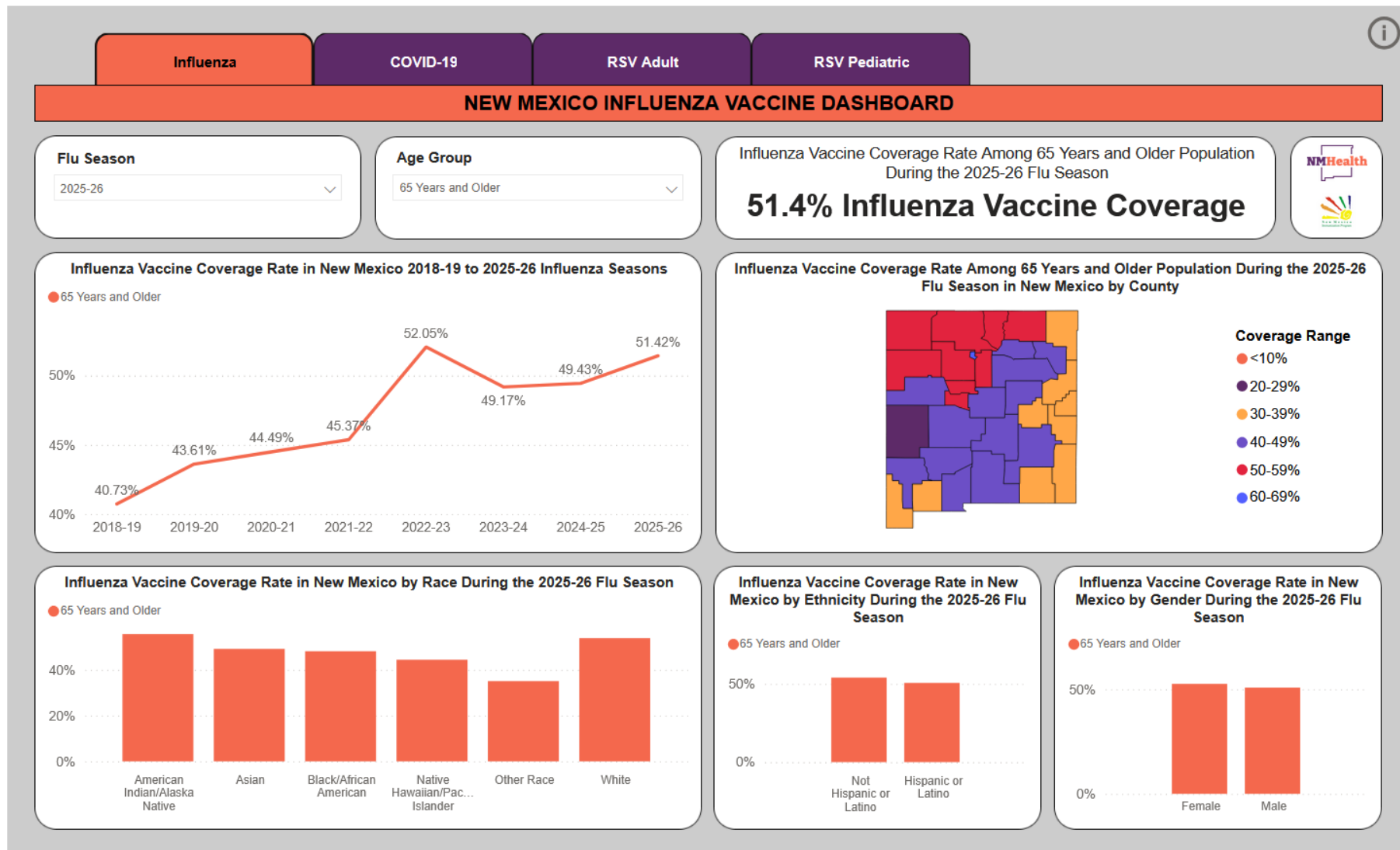
- The administration's push for a reduced vaccine schedule follows previous efforts that were met with legal resistance from the medical community, states and the courts
- In March, a federal judge in Massachusetts issued an injunction that temporarily:
 - Blocked HHS Secretary's appointment of 13 new 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





Vaccination Reminders and Updates

NM Vaccine Coverage Rate Dashboards-Flu



NM Vaccine Coverage Rate Dashboards-COVID



Influenza
COVID-19
RSV Adult
RSV Pediatric

NEW MEXICO COVID-19 VACCINE DASHBOARD

COVID Season


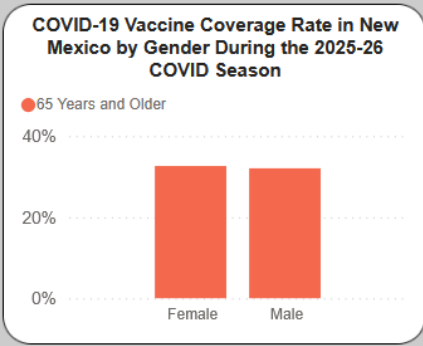
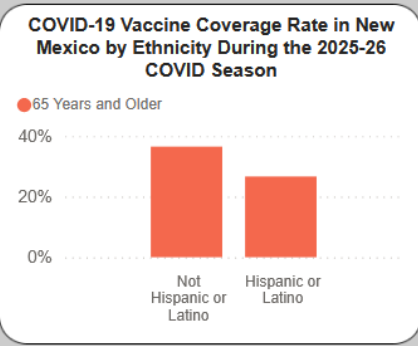
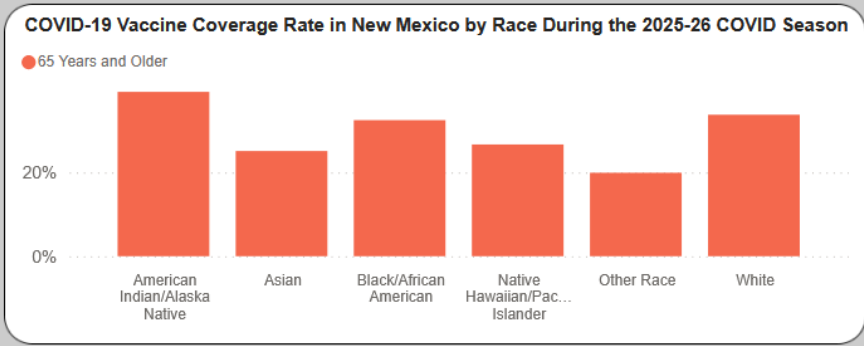
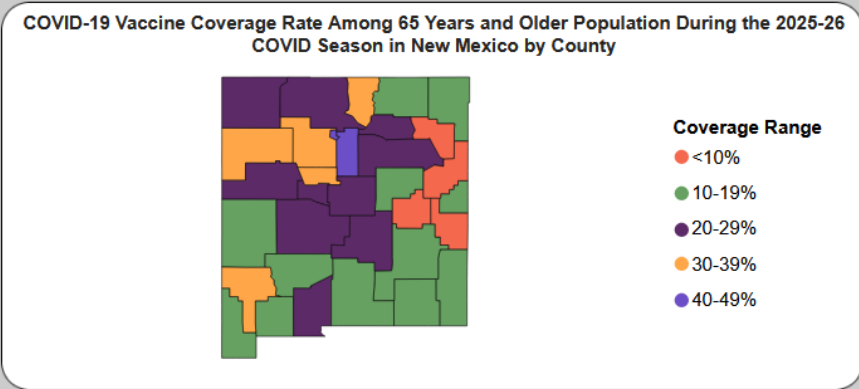
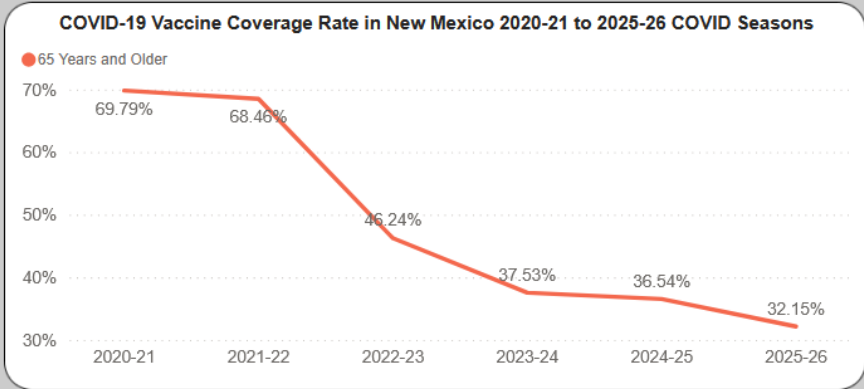
2025-26

Age Group

65 Years and Older

COVID-19 Vaccine Coverage Rate Among 65 Years and Older Population During the 2025-26 COVID Season

32.2% COVID-19 Vaccine Coverage

NM Vaccine Coverage Rate Dashboards- RSV Adult



- Influenza
- COVID-19
- RSV Adult**
- RSV Pediatric

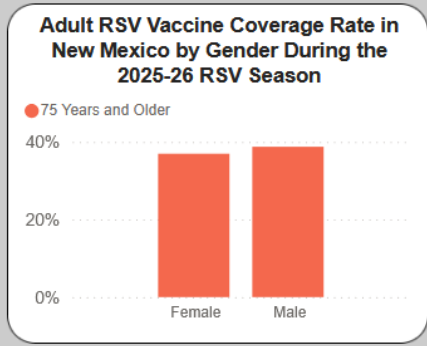
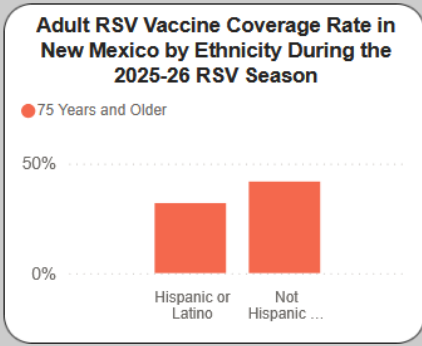
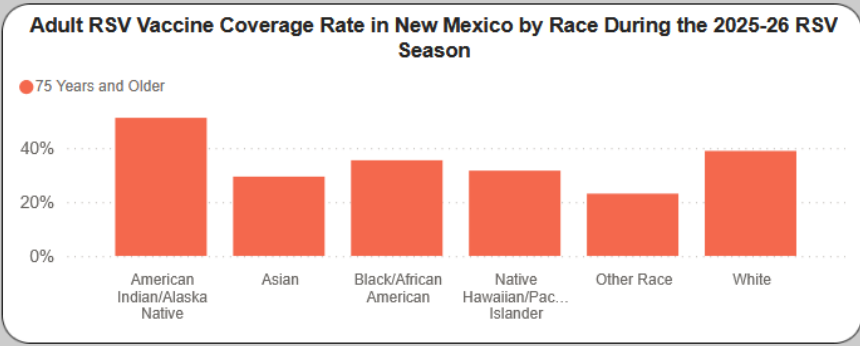
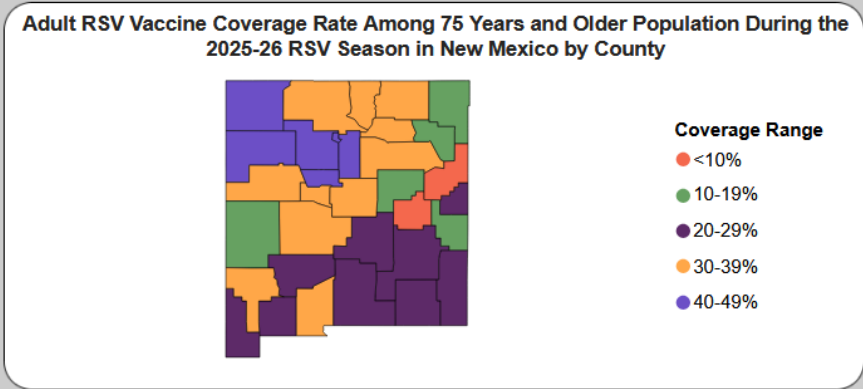
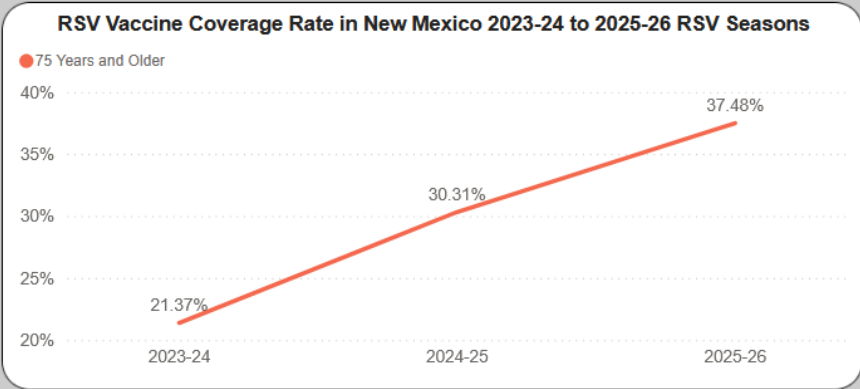
NEW MEXICO ADULT RESPIRATORY SYNCYTIAL VIRUS (RSV) VACCINE DASHBOARD

RSV Season
2025-26

Age Group
75 Years and Older

RSV Vaccine Coverage Rate Among 75 Years and Older Population During the 2025-26 RSV Season

37.5% RSV Vaccine Coverage



NM Vaccine Coverage Rate Dashboards- RSV Child



Influenza

COVID-19

RSV Adult

RSV Pediatric

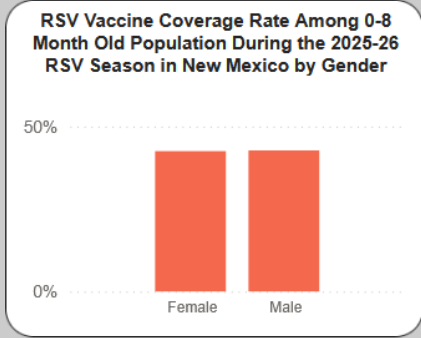
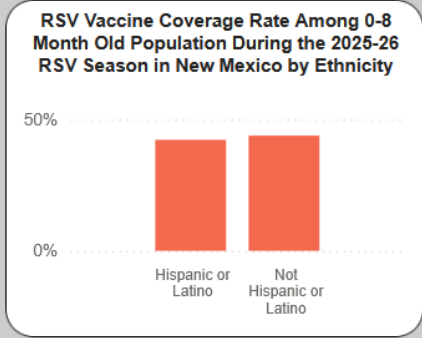
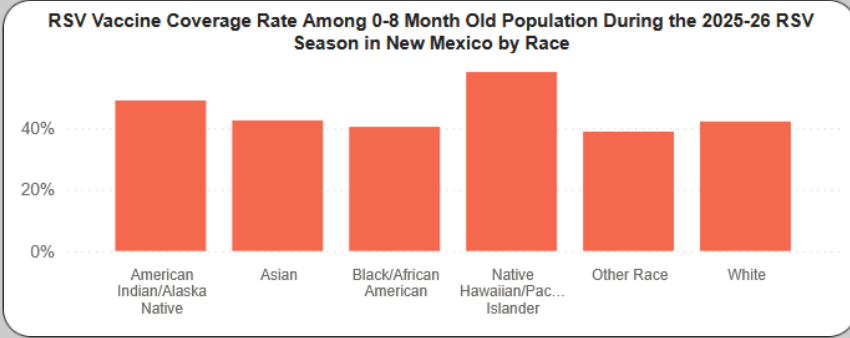
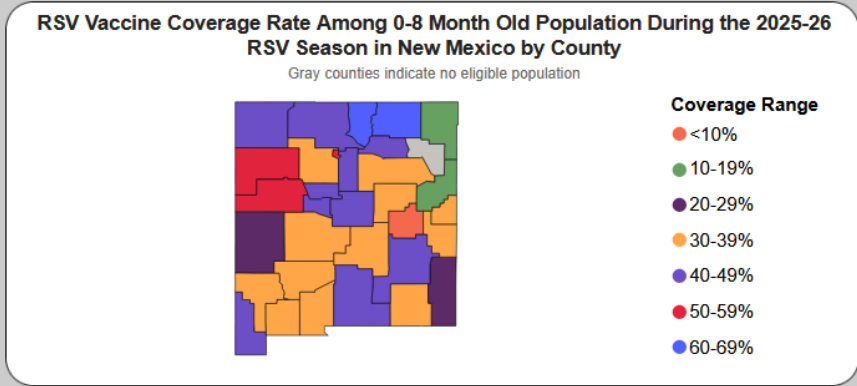
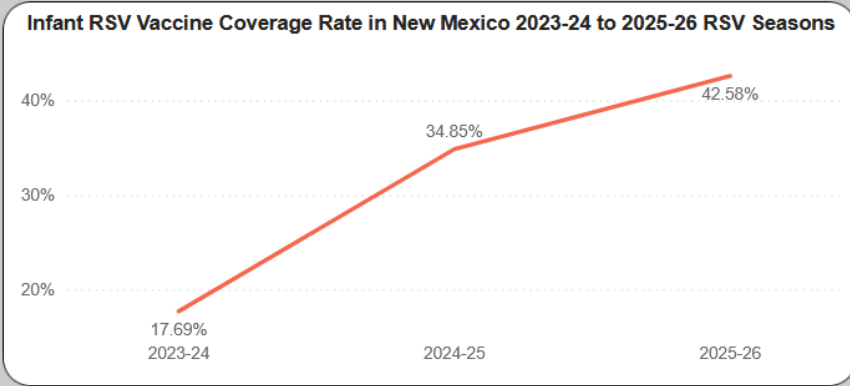
NEW MEXICO INFANT RESPIRATORY SYNCYTIAL VIRUS (RSV) VACCINE DASHBOARD

RSV Season

2025-26

RSV Vaccine Coverage Rate Among 0-8 Month Old Population During the 2025-26 RSV Season

42.6% RSV Infant Vaccine Coverage



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:
 - 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- Spring Season



- 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

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.

ECOFLEX MUST BE RETURNED
Do Not Dispose

DO NOT RETURN EPS COOLERS

Do NOT Return KoolTemp Coolers
PLEASE DISPOSE

DO NOT RETURN KOOLTEMP COOLERS
Please Dispose

MCKESSON

Warm Indicator

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

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.

MCKESSON

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>

COVID-19



Vaccines and Related Biological Products Advisory Committee COVID-19 Vaccine



- FDA's VRBPAC met last month to discuss and make recommendations on the selection of the 2026-2027 Formula for COVID-19
- The committee recommended that the composition of the COVID-19 vaccines (2026-2027 Formula) include the JN.1-lineage XFG as the preferred SARS CoV-2 virus variant for an updated monovalent vaccine
- FDA has advised the manufacturers of the approved COVID-19 vaccines that to more 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 should be a monovalent JN.1 lineage XFG variant vaccine

COVID-19 'Cicada' Variant Update



- The BA.3.2 or “Cicada” variant has been quietly circulating for years but is now being detected more often in the United States and around the world
- BA.3.2 has been found in more than 20 countries.
 - In some places, it makes up as much as 30 percent of cases
- The variant was first identified in a traveler coming to the United States in June 2025.
 - The first U.S. case was reported in January
- Globally, the first known case was in South Africa in November 2024.
 - The uptick began in September 2025.
- BA.3.2 contains about 70 to 75 mutations, making it different from previous strains
- Symptoms: runny or stuffy nose, headache, fatigue, sneezing, sore throat (razor blade), coughing, changes in taste or smell
- The variant does not appear to be more severe and COVID19 2026-27 vaccine is expected to protect



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

New Mexico Department of Health Marks the End of the 2025-2026 Respiratory Disease Season

April 23, 2026

Background:

The New Mexico Department of Health (NMDOH) is seeing low respiratory disease activity statewide, according to the metrics used to track the respiratory season, and considers the respiratory season to be over. Sporadic COVID-19, influenza, and/or RSV activity will continue to occur outside of the season and it is possible to see outbreaks of these diseases in the warmer months. COVID-19 activity remains unpredictable, and we may see higher levels of community transmission before the fall.

Outbreaks should be reported to the on-call epidemiologist 24/7/365 at 1-833-796-8773 (1-833-SWNURSE). During periods of low influenza activity, an influenza outbreak is defined as one confirmed case of influenza by PCR test and any other cases of ILI in the same geographic location. ILI is defined as fever of greater than 100° F and cough and/or sore throat. Any rapid positive influenza results should be confirmed by PCR before declaring an outbreak during low influenza activity. COVID-19 outbreaks are defined as two or more probable or confirmed COVID-19 cases in a long-term care facility and should also be reported to NMDOH. Facilities should also report COVID-19 or influenza outbreaks to the New Mexico Health Care Authority Division of Health Improvement (DHI).

Weekly US Influenza Surveillance Report Week 20, ending May 23



Viruses

Clinical Lab

1.7% (Trend →)
positive for influenza
this week.

Public Health Lab

The most frequently reported
viruses this week were influenza B.

Illness

Outpatient Respiratory Illness

1.6% (Trend →)
of visits to a health care provider this
week were for respiratory illness
(below baseline).

Activity Map

0 moderate jurisdictions
0 high jurisdictions

Weekly US Influenza Surveillance Report

Week 20, May 23



FluSurv-NET

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

NHSN LTCF Respiratory Data

2.0 per 100,000 (Trend)
weekly hospitalization rate
per 100,000 residents

NHSN Hospital Respiratory Data

1,180 (Trend →)
patients admitted to hospitals
with influenza this week.

NCHS Mortality

0.1% (Trend →)
of deaths attributed to influenza this
week.

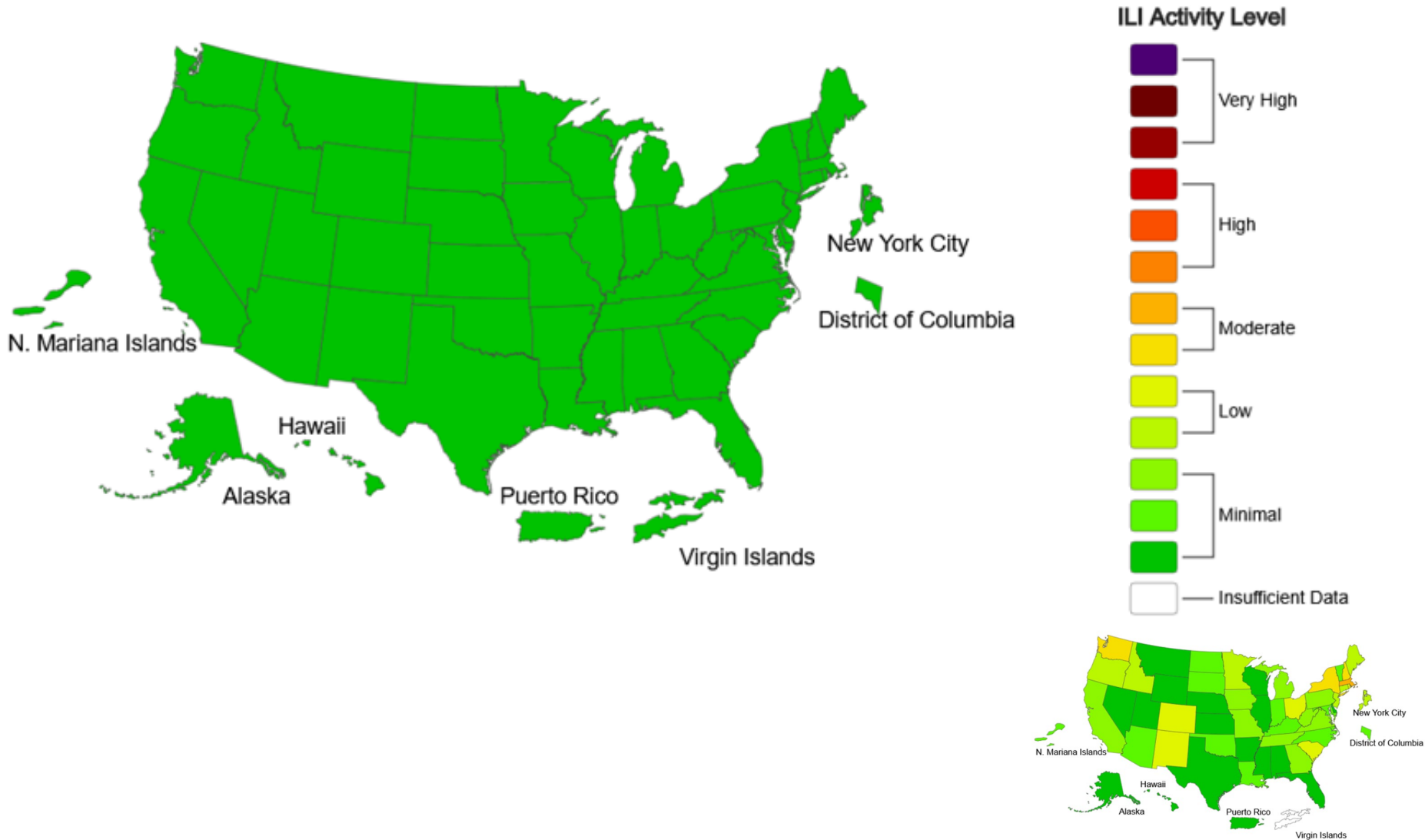
Pediatric Deaths

2 influenza-associated deaths were
reported this week for
a total of 174 deaths this season.

US Influenza-Like Illness Map 5/23 - 4/4 2026

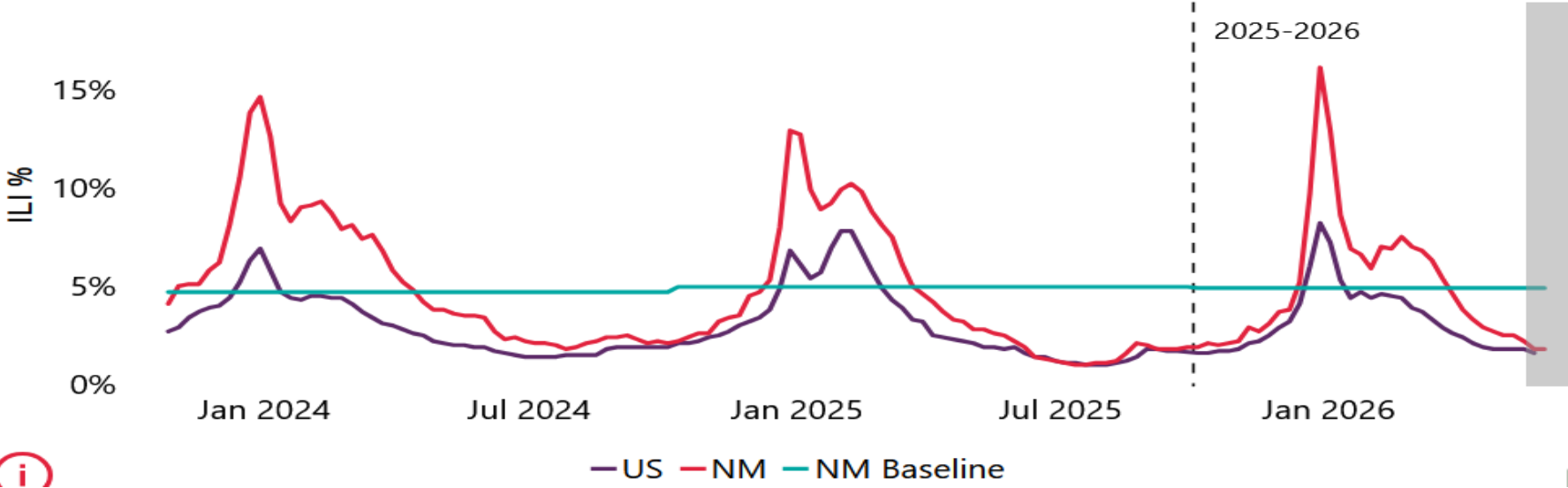


2025-26 Influenza Season Week 20 ending May 23, 2026



NM ILI 5/24

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 low 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 will officially be 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

Arthritis Drug Shows Promise Treating RSV

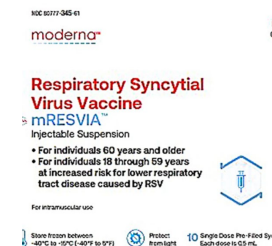
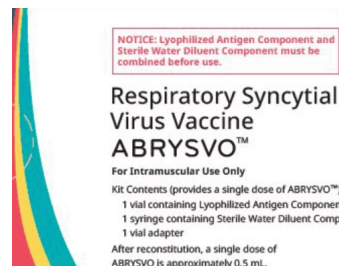


- May 2026, in the journal Virus Research, researchers found that the anti-inflammatory drug indomethacin interferes with a key protein that RSV needs to invade human cells and spread
- It is an inexpensive cheap, widely available painkiller used to treat conditions like arthritis
- Laboratory and clinical studies had previously shown that indomethacin has antiviral effects against a number of viruses, including herpesvirus, rotavirus and the coronaviruses behind SARS and COVID-19
- The researchers found that indomethacin worked only when given after the virus had already entered cells
- RSV is the number one reason infants end up in the hospital in the U.S., with babies under 6 months old facing the highest risk of severe disease and death from RSV.
- It's also a serious health risk for adults over 65



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**)



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

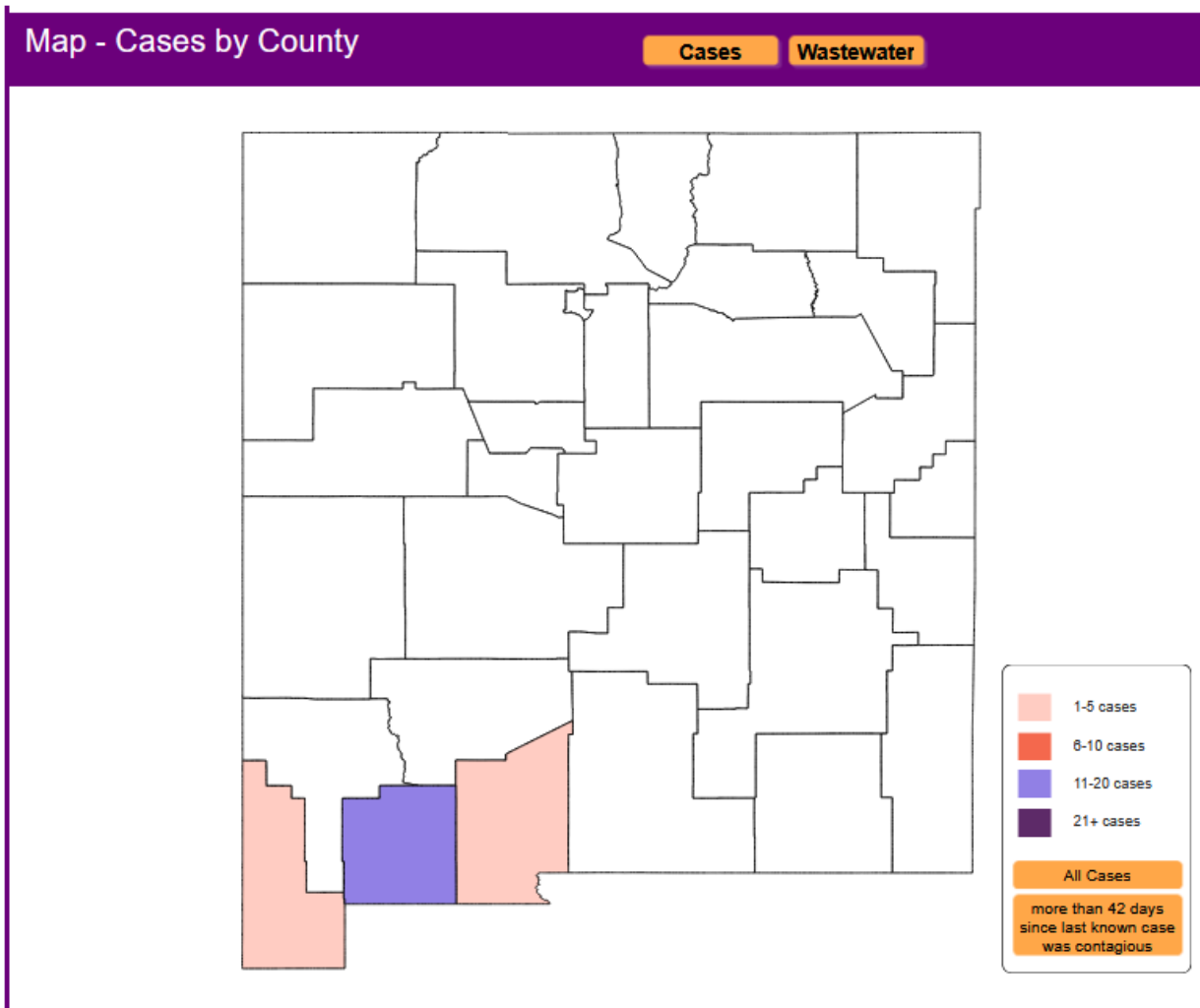


Measles Case Reported In New Mexico Detention Center



- A federal inmate tested positive for measles in the Luna County Detention Center on May 27
- This is the sixteenth case in New Mexico this year-all have been federally incarcerated individuals housed in three different facilities
 - Ten in Luna County Detention Center, three in the Doña Ana County Detention Center and two in the Hidalgo County Detention Center
- Vaccination and education efforts to contain the spread of measles have been enacted for by the Health Department and court administrative staff for those who may have been affected
- A HAN on the issue was released on June 1

Measles Cases in NM, 2026



Data Table - Cases by County

County	Cases	Hospitalizations	Deaths	Last Case Detected
DONA ANA	3	0	0	Thursday, March 12, 2026
HIDALGO	2	0	0	Monday, February 23, 2026
LUNA	11	0	0	Tuesday, March 24, 2026
Total	16	0	0	

Measles Vaccine Dashboard, through May 2026

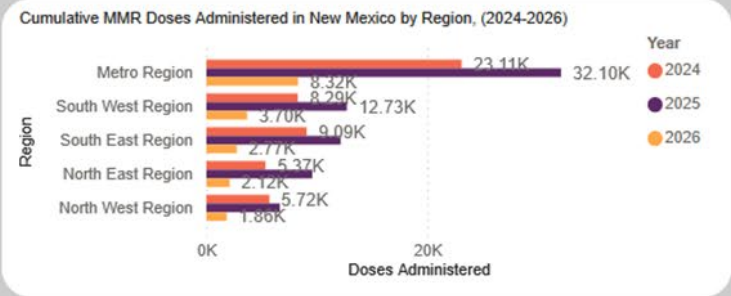
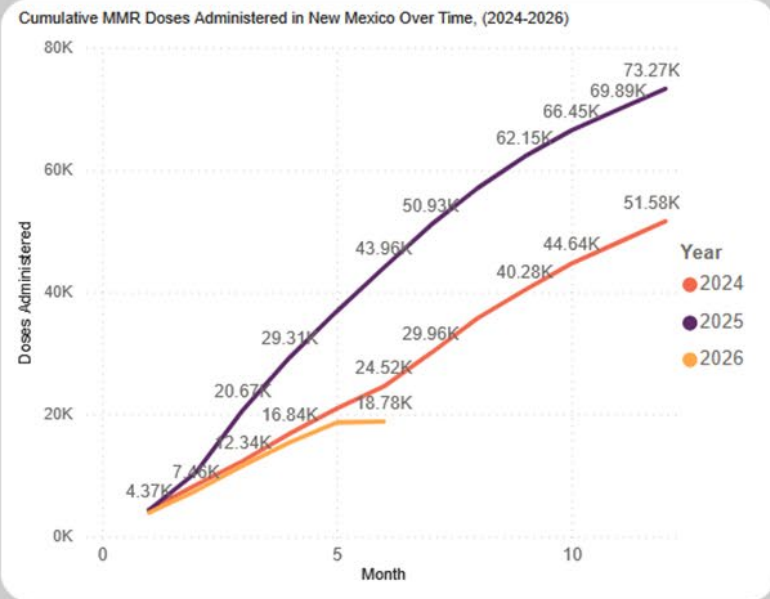


New Mexico MMR Doses Administered Dashboard
New Mexico Statewide Immunization Information System (NMSIIS)

Filter by Dose Type
All

Filter by Region
All

Filter by County
All

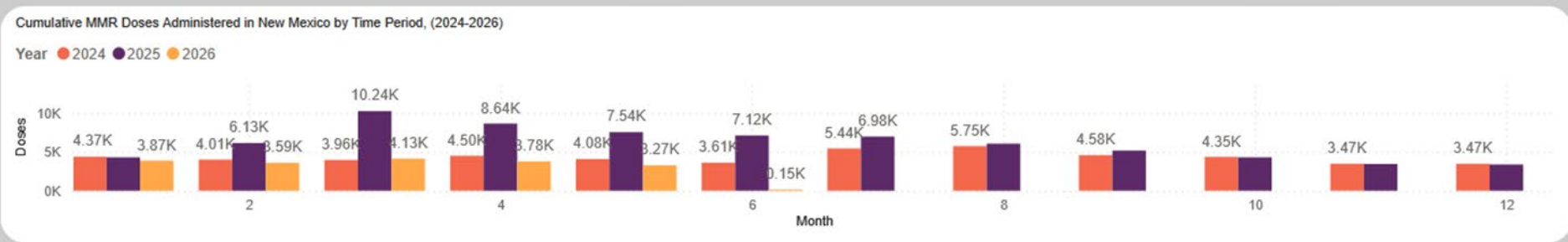
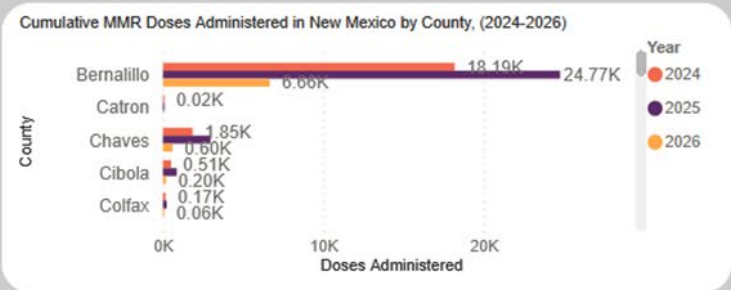


Cumulative MMR Doses Administered in New Mexico, 2025

73,267

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

42%



US Measles Cases Reported By Week 5/28/2026



- As of May 28, 2026, 1,983 confirmed* measles cases were reported in the United States in 2026. Among these, 1,974 measles cases were reported by 40 jurisdictions: Alaska, Arizona, California, Colorado, 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 9 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 (1,847 of 1,983) are outbreak-associated (517 from outbreaks starting in 2026 and 1,330 from outbreaks that started in 2025).

Other Measles Hotspots Updates - US



- **Arizona**

- 317 measles cases since August of 2025

- **Michigan**

- 14 cases, 11 outbreak related as of May 28

- **Utah:**

- Number of Utah residents who have been diagnosed with measles in current outbreak: 675

- **Virginia**

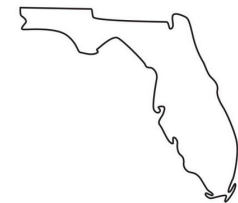
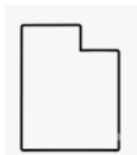
- 77 cases, 9% hospitalized as of June 2

- **Texas**

- As of mid-April, Texas has reported at least 182 measles cases, 136 in Hudspeth County

- **Florida**

- Reported 154 measles cases in 2026 through May 23



Measles Case Summary – US – 5/28



U.S. Cases

	2026 To date	2025 Full year
Total Cases	1,983	2,288
Age		
Under 5 years	417 (21%)	584 (26%)
5-19 years	1,006 (51%)	1,016 (44%)
20+ years	554 (28%)	675 (30%)
Age unknown	6 (0%)	13 (1%)
Vaccination Status		
Unvaccinated or Unknown	92%	93%
One MMR dose	4%	3%
Two MMR doses	4%	4%



Measles Hospitalizations US 5/28



U.S. Hospitalizations

	2026	2025
Total Hospitalized	6% (124 of 1,983 cases)	11% (243 of 2,288 cases)
Percent of Age Group Hospitalized		
Under 5 years	10% (42 of 417)	18% (106 of 584)
5-19 years	3% (33 of 1,006)	6% (58 of 1,016)
20+ years	9% (49 of 554)	12% (79 of 675)
Age unknown	0% (0 of 6)	0% (0 of 13)



U.S. Deaths

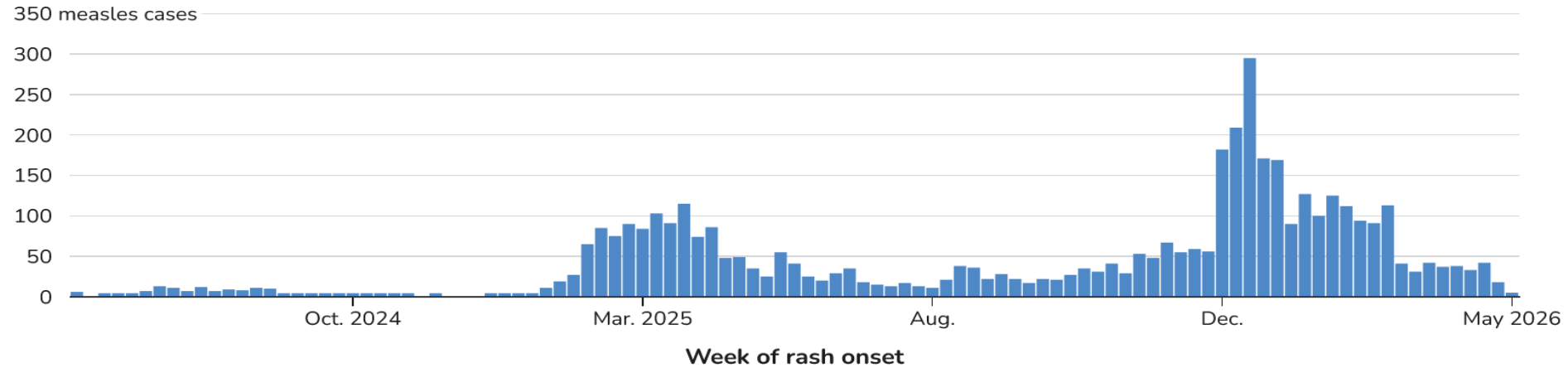
	2026	2025
Total Deaths	0	3

US Weekly Measles Cases by Rash Onset Date



Weekly measles cases by rash onset date

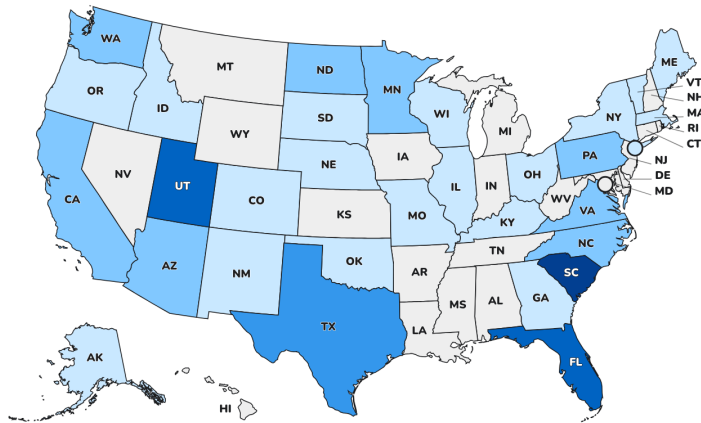
2022–2026* (as of May 28, 2026)



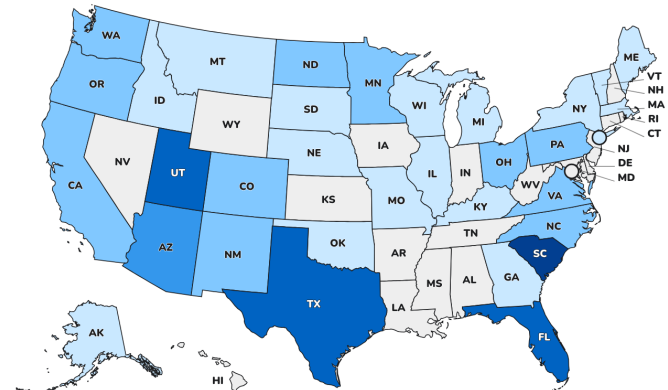
Measles Last Three Months - US



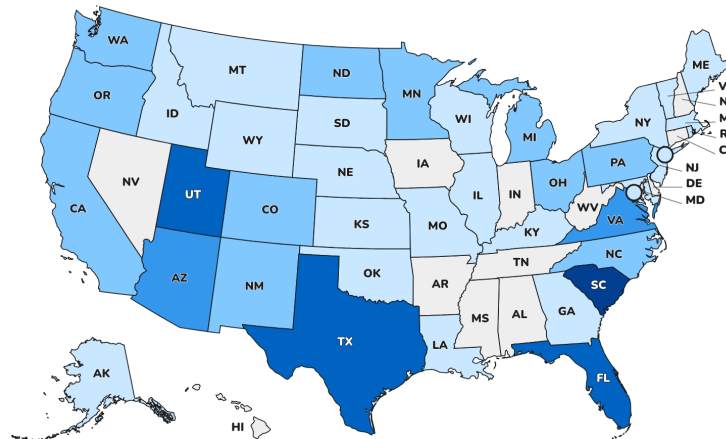
March 2026



April 2026



May 2026



Measles – Worldwide (October 25- March 26)



Top 10 countries with measles outbreaks

Country	Number of Cases
India	19,705
Yemen	11,354
Mexico	10,678
Pakistan	9,671
Angola	6,958
Kazakhstan	6,856
Cameroon	6,751
Sudan	4,880
Guatemala	4,802
Bangladesh	3,276

Source: World Health Organization

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 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, las paperas 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 is a highly contagious virus that can cause serious complications and even death. The good news is that you can protect your family by getting the MMR vaccine.

Check for symptoms: High fever, cough, runny nose, red eyes, and a rash.

Reporting & Quarantine: If you suspect your child has measles, call your doctor or the health department. They may need to isolate your child.

MMR Vaccines Infographic - English

PROTECCIÓN
Usted tiene el poder de proteger a su familia.

El sarampión es un virus altamente contagioso que puede causar complicaciones graves e incluso la muerte. La buena noticia es que puede proteger a su familia al recibir la vacuna MMR.

Busque los síntomas: Fiebre alta, tos, nariz que corre y ojos rojos, y un sarpullido.

Reporte y cuarentena: Si sospecha que su hijo tiene sarampión, llame a su médico o al departamento de salud. Pueden necesitar aislar a su hijo.

Infografía sobre las vacunas MMR - Español

Measles WHAT YOU CAN DO TO PREPARE

Know the symptoms: High fever, cough, runny nose, red eyes, and a rash.

Check for symptoms: High fever, cough, runny nose, red eyes, and a rash.

Reporting & Quarantine: If you suspect your child has measles, call your doctor or the health department. They may need to isolate your child.

Measles: What You Can Do to Be Prepared

SARAMPIÓN LO QUE PUEDE HACER PARA PREPARARSE

Conozca los síntomas: Fiebre alta, tos, nariz que corre y ojos rojos, y un sarpullido.

Busque los síntomas: Fiebre alta, tos, nariz que corre y ojos rojos, y un sarpullido.

Reporte y cuarentena: Si sospecha que su hijo tiene sarampión, llame a su médico o al departamento de salud. Pueden necesitar aislar a su hijo.

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.

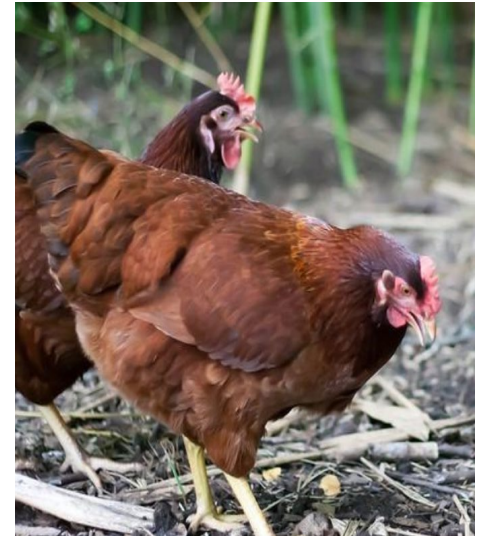
71 cases

Deaths in U.S.

2 deaths

H5N6 Avian Flu Case Globally

- The World Health Organization (WHO) has noted a fatal H5N6 infection in Chongqing Municipality, China. The patient, a 55-year-old woman, died after suffering severe pneumonia on May 3.



VFC Program/Pediatric

Pediatric Flu vaccines from the 2025-2026 Flu season

- Flulaval are set to expire on June 2, 2026 and June 30, 2026 and Fluzone is set to expire 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

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.

Adult Vaccines

ASP Varicella Doses - End of Fiscal Year Ordering (NMDOH PHOs ONLY)



- NMDOH Public Health Offices (PHOs): If you would like to request ASP varicella doses, please submit a new order in NMSIIS separate from all other vaccine orders with a note stating, “ASP Varicella Order”.
- Due to the end of the fiscal year, **all orders must be submitted no later than June 15, 2026**, to allow for sufficient delivery time. Providers may order outside their ordering timeframe until June 15, 2026.
 - If an override is needed, please contact your Regional Coordinators.
- Additionally, **approved doses must be received, entered into inventory, and properly stored by June 30, 2026**.

Soon to Expire: 2025-2026 Adult Flu Vaccines

NMHealth



- Adult Flu vaccines from the 2025-2026 Flu season (see below for presentations) are set to expire on 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.**
- If you have any questions or need assistance with creating a return in NMSIIS, please contact your regional coordinators.

EXPIRING SOON

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 is not able to 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

Some Epi

CDC COVID Surveillance and Data Analytics, 5/23



Early Indicators

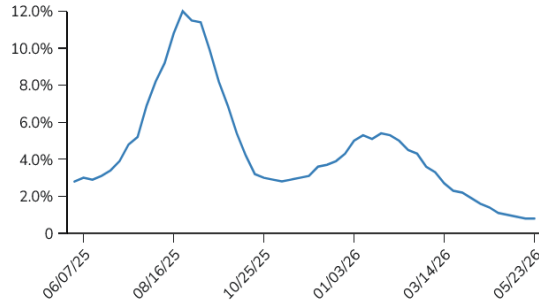
Test positivity (the percentage of total reported tests that are positive) and the percentage of total emergency department visits due to COVID-19 are key metrics to assess the impact of COVID-19 on communities. For public health professionals, these metrics act as early indicators of potential increases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

% Test Positivity

0.8%

Week ending 2026-05-23

Previous Week 0.8%

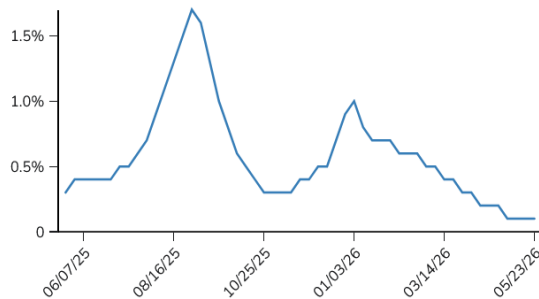


% ED visits diagnosed as COVID-19

0.1%

Week ending 2026-05-23

Previous Week 0.1%



Severity Indicators

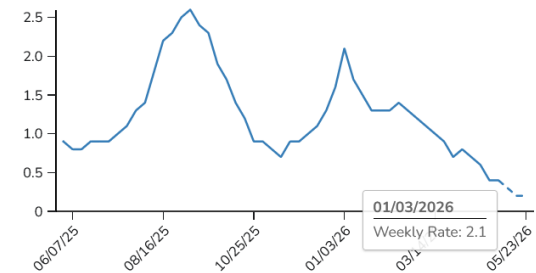
Hospitalizations and deaths are key metrics for assessing the severity and disease burden of COVID-19, including which groups are at the increased risk of severe COVID-19.

Hospitalization rate per 100,000 population

0.2

Week ending 2026-05-23

Previous week 0.2



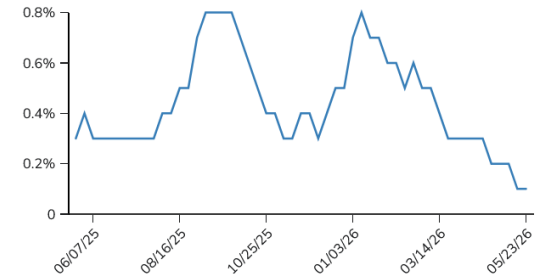
*
Because reporting may be delayed, models estimate what rates would be if all data were complete. Modeled median estimates are shown with dashed lines.

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

0.1%

Week ending 2026-05-23

Previous Week 0.1%



CDC COVID Surveillance and Data Analytics

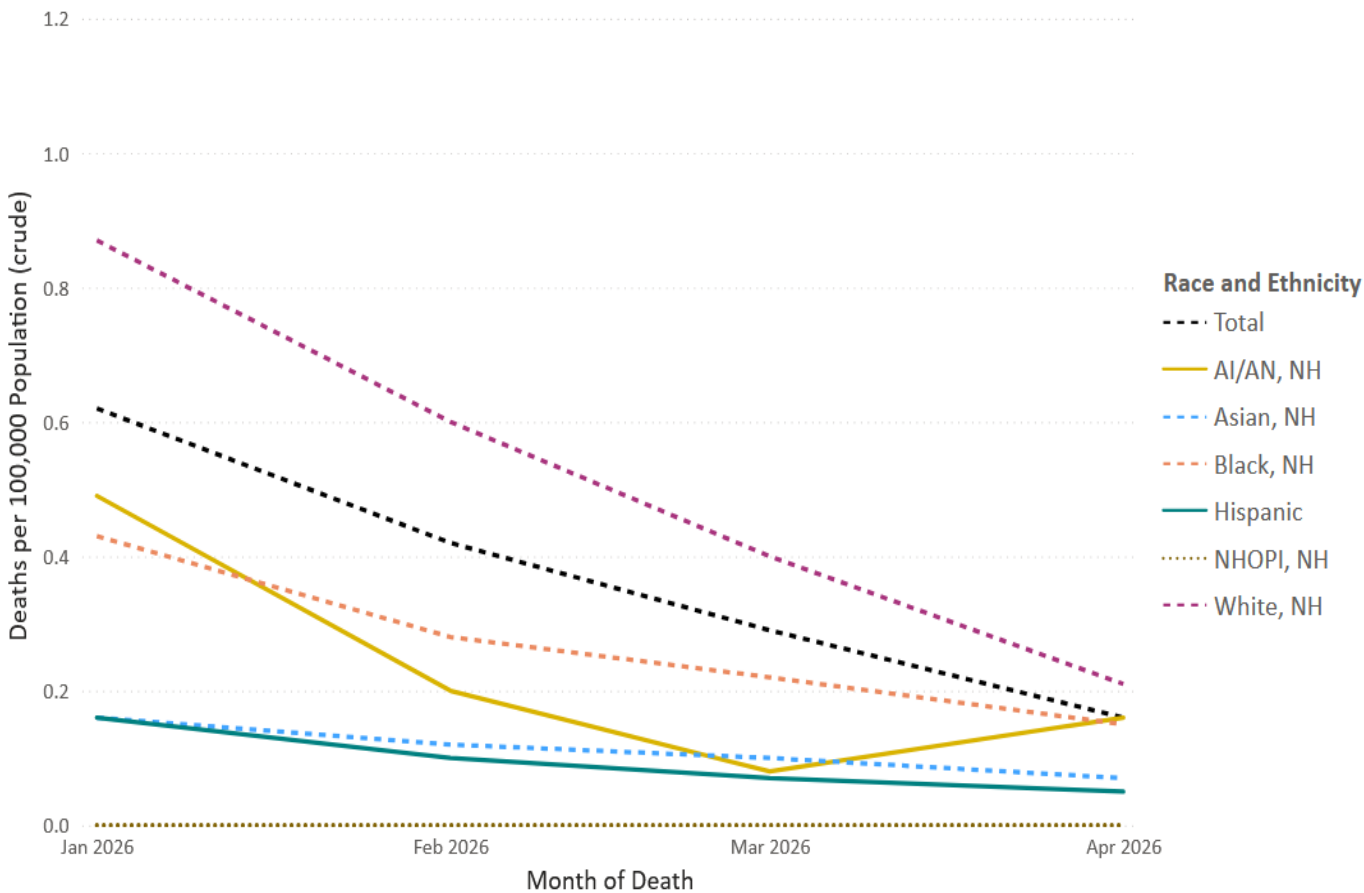
Provisional Monthly COVID-19 Deaths per 100,000 Population by Race & Ethnicity (Crude), United States January 01, 2026 - April 30, 2026



Jurisdiction
United States

1/1/2026 4/30/2026

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)



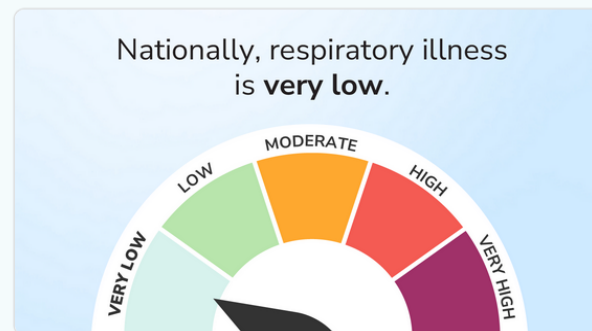
Month of death shows the calendar month in which the death occurred.

Source: Provisional Deaths from the CDC's National Center for Health Statistics (NCHS) National Vital Statistics System (NVSS); Visualization: NCIRD/CORVD and ORR/DEO Situational Awareness Public Health Science Team

Respiratory Illnesses Data Channel-CDC

WHAT TO KNOW

- As of May 29, 2026, the amount of acute respiratory illness causing people to seek health care is very low.
- RSV activity started later than usual in most parts of the United States, but illnesses are not more severe than recent years. Activity has peaked in most regions of the country.
- COVID-19 activity is low in most areas of the country.
- Seasonal influenza activity is low.



Emergency department visits in the United States

COVID-19

Very Low
Decreasing ↘

Flu

Very Low
Decreasing ↘

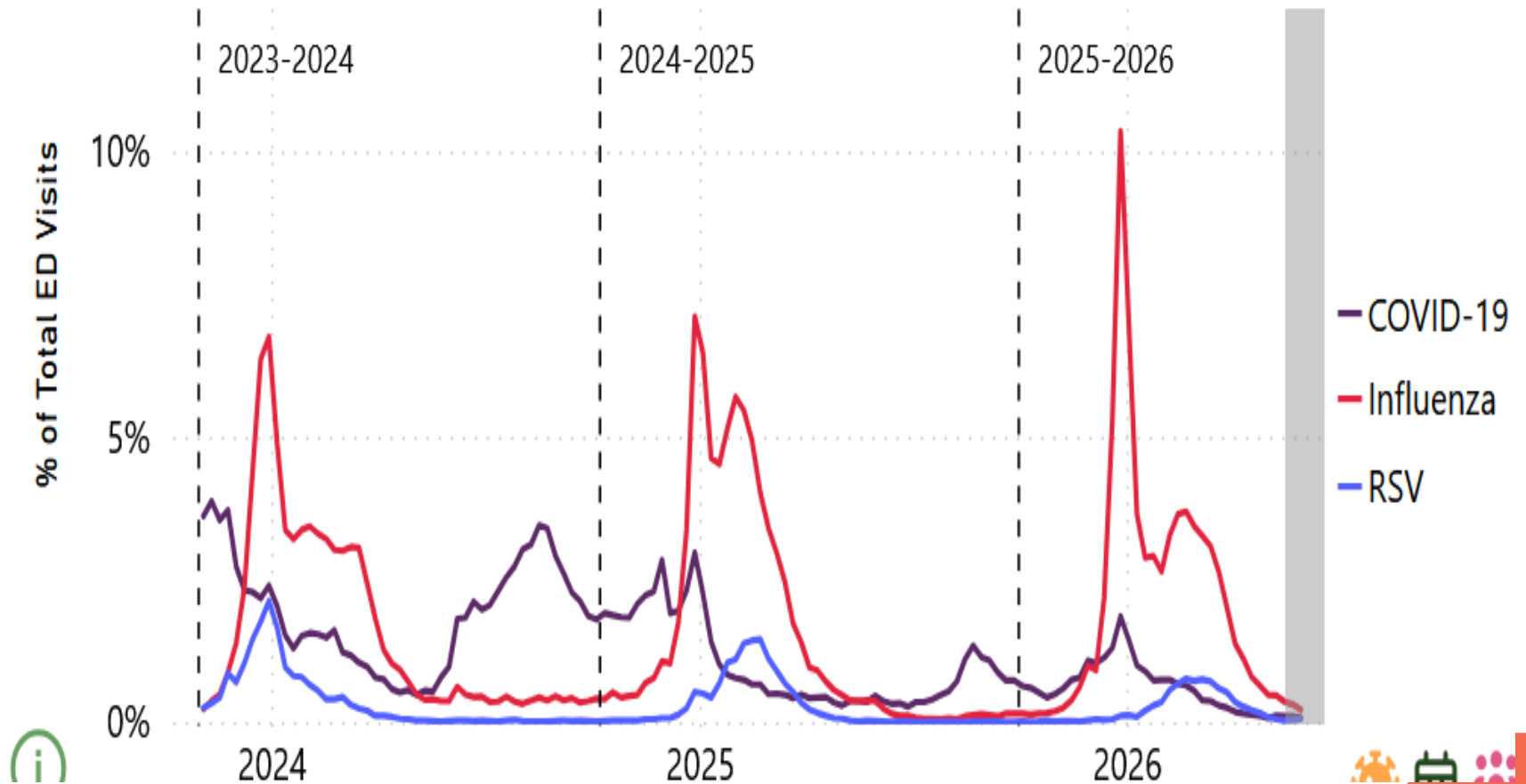
RSV

Very Low
Decreasing ↘

NM Respiratory VPD Epi Ending 5/24



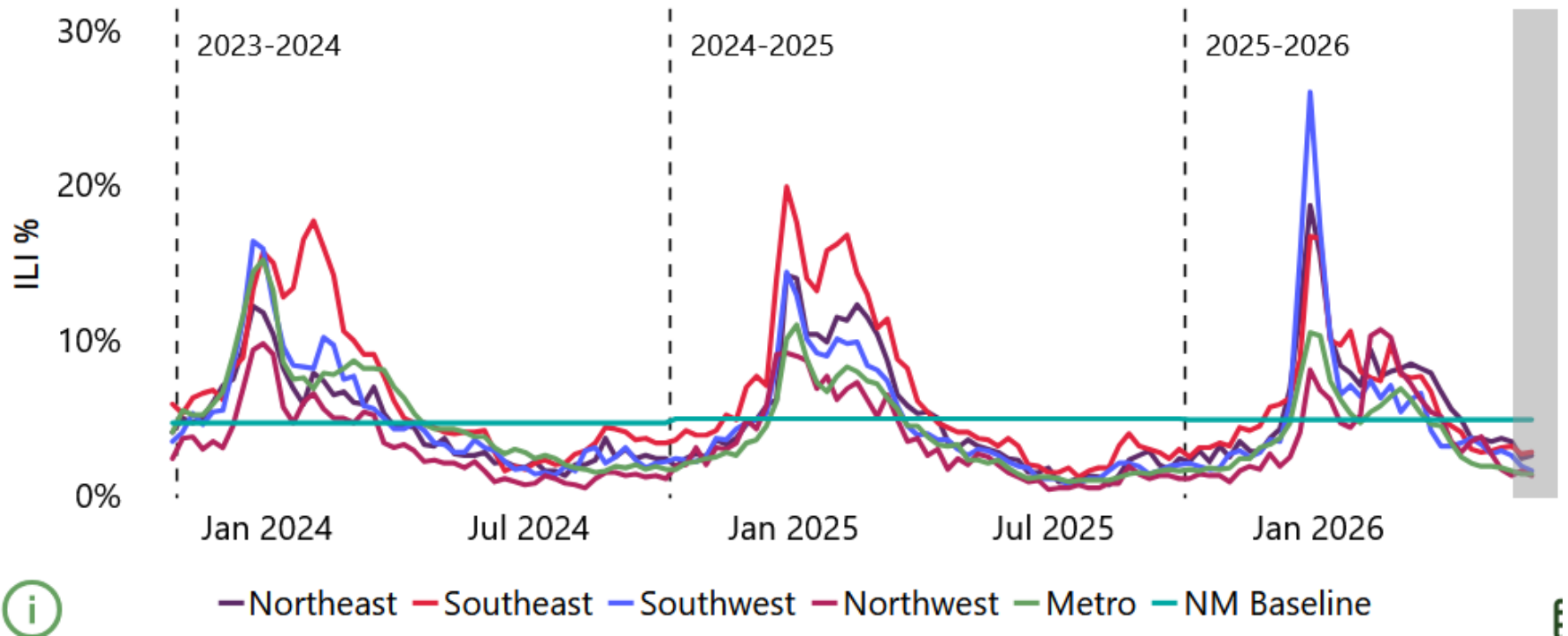
Percent of ED Visits for Respiratory Infections All Pathogens



NM Respiratory Epi Ending 5/24



Influenza-like Illness (ILI) Activity By New Mexico Regions



NM Respiratory Epi Ending 5/24 - 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	38	0	113	151
2024-2025	98	3	257	358
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

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.

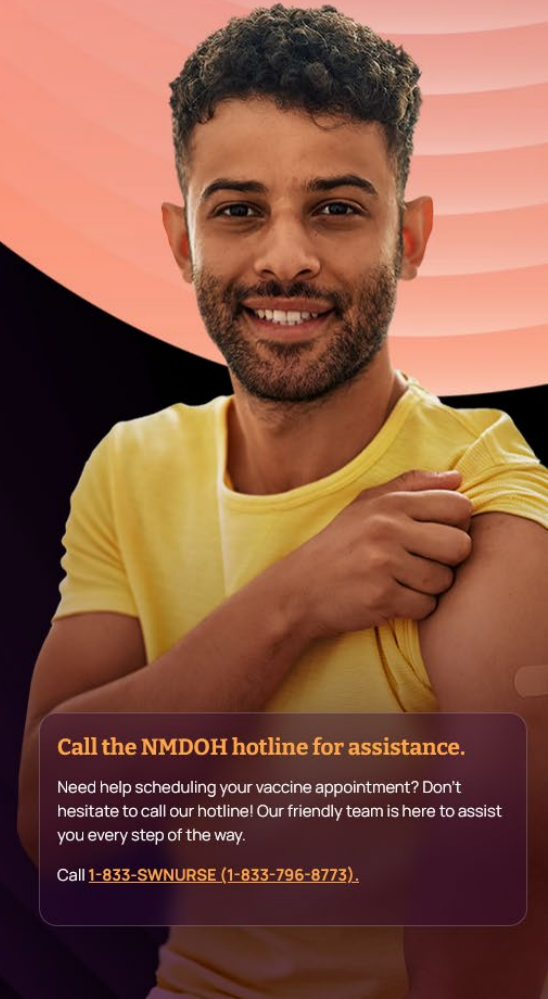
Contact your local public health office today to schedule a vaccine appointment for your child. The process is quick and easy, with flexible scheduling options to fit your busy life. Visit your [community's public health office website](#) and give them a call now to schedule an appointment.

[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 \(1-833-796-8773\)](tel:1-833-SWNURSE).



Got Shots-June 13-August 29, 2026



- 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 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.

<https://hsc.unm.edu/about/administrative-departments/community-health/programs/nmic/got-shots.html>

Got Shots?

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

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



NM DOH Immunization Program SnapSHOT Monthly



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 effort 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/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



Vaccine Providers' Office Hours Call

1st Thursdays

Next Office Hours Call: July 2, Noon






**Thank You for the
Years of Service to
New Mexico's
Vaccination Efforts**

**The NMIC Dynamic Duo,
Anna Pentler and Maggie
June, will be retiring after 20
years with us. We wish you
all good tidings!**

New Mexico Vaccines for Children (VFC) Program Staff


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

REGIONAL OFFICES

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

NEW MEXICO DEPARTMENT OF HEALTH IMMUNIZATION PROGRAM

ADULT AND ADOLESCENT VACCINE PROGRAM STAFF

<p>Vaccine Operations Manager <i>Vanessa Hansel</i> Phone: (505) 827-0219 Email: Vanessa.Hansel@doh.nm.gov</p>	<p>Vaccine and Outreach Manager VACANT Phone: Email:</p>	 <p>NMSIIS Help Desk 833-882-6454 Adult.Vaccines@doh.nm.gov</p>	<p>Immunization Deputy Section Compliance Manager <i>Kathryn "Katie" Cruz</i> Phone: (505) 476-1720 Email: Kathryn.Cruz@doh.nm.gov</p>	<p>Immunization Compliance Coordinator <i>Scarlett Swanson</i> Phone: (505) 827-2898 Email: ScarlettC.Swanson@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>Adult Vaccine Coordinator <i>Bianca D. Gonzales</i> Phone: (505) 827-0555 Email: BiancaD.Gonzales@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
Immunization Coordinators	Health Educator	Immunization Coordinator	Immunization Coordinators	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	Angelica Torres (505) 534-0865 Angelica.Torres@doh.nm.gov	VACANT Health Educator Debra Wagner (505) 476-2619 Debra.Wagner@doh.nm.gov Immunization Clerk Renee Encinas (505) 476-2622 Renee.Encinias@doh.nm.gov	Kelly Bassett, RN (575) 288-9618 Kelly.Bassett@doh.nm.gov Zach Washington, RN (505) 222-9011 Zachariah.Washington@doh.nm.gov Immunization Clerk Theresa Rubio (575) 288-9463 Theresa.Rubio@doh.nm.gov	Kimberly Orozco, RN (575) 528-5186 Kimberly.Orozco@doh.nm.gov Catalina Hood, RN (575) 528-5150 Catalina.Hood@doh.nm.gov Immunization Clerk Erica Nieto (575) 528-5113 Erica.Nieto@doh.nm.gov

Questions, Comments, Dialogues, Missives and Negotiations

