2024 Annual Immunization Program Statewide Training
This training is not mandatory and does not take the place of NMSIIS or CHIL-e training. Participation today does not account for any credits or CEU’s.

Thank you for your attendance.
### Contact Information

#### Immunization Program
- **Manager**
  - Andrea Romero
  
  [Andrea.Romero@doh.nm.gov](mailto:Andrea.Romero@doh.nm.gov)

<table>
<thead>
<tr>
<th>Program</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NMSIIS Program</strong></td>
<td>• Katie Cruz</td>
</tr>
<tr>
<td></td>
<td>NMSIIS Program Manager, <a href="mailto:Kathryn.Cruz@doh.nm.gov">Kathryn.Cruz@doh.nm.gov</a></td>
</tr>
<tr>
<td></td>
<td>• Lyndsey Cordova</td>
</tr>
<tr>
<td></td>
<td>NMSIIS Training Coordinator, <a href="mailto:Lyndsey.Cordova@doh.nm.gov">Lyndsey.Cordova@doh.nm.gov</a></td>
</tr>
<tr>
<td></td>
<td>• Felicia Martinez</td>
</tr>
<tr>
<td></td>
<td>NMSIIS Data Quality Analyst, <a href="mailto:Felicia.Martinez2@doh.nm.gov">Felicia.Martinez2@doh.nm.gov</a></td>
</tr>
<tr>
<td></td>
<td>• Marissa Valenzuela</td>
</tr>
<tr>
<td></td>
<td>NMSIIS Management Analyst, <a href="mailto:Marissa.Valenzuela@doh.nm.gov">Marissa.Valenzuela@doh.nm.gov</a></td>
</tr>
<tr>
<td></td>
<td>• Marlene Pena</td>
</tr>
<tr>
<td></td>
<td>NMSIIS Data Exchange Coordinator, <a href="mailto:Marlene.Pena@doh.nm.gov">Marlene.Pena@doh.nm.gov</a></td>
</tr>
<tr>
<td><strong>VFC Program</strong></td>
<td>• Lynne Padilla</td>
</tr>
<tr>
<td></td>
<td>VFC Program Manager, <a href="mailto:Lynne.Padilla-Truji@doh.nm.gov">Lynne.Padilla-Truji@doh.nm.gov</a></td>
</tr>
<tr>
<td></td>
<td>• Samantha Sanchez</td>
</tr>
<tr>
<td></td>
<td>VFC Health Educator, <a href="mailto:Samantha.Sanchez@doh.nm.gov">Samantha.Sanchez@doh.nm.gov</a></td>
</tr>
<tr>
<td></td>
<td>• Carl Shoepke</td>
</tr>
<tr>
<td></td>
<td>VFC Clerk, <a href="mailto:Carl.Shoepke@doh.nm.gov">Carl.Shoepke@doh.nm.gov</a></td>
</tr>
<tr>
<td><strong>TransactRx</strong></td>
<td>Grace Gonzales</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Grace.Gonzales@doh.nm.gov">Grace.Gonzales@doh.nm.gov</a></td>
</tr>
<tr>
<td></td>
<td>Kiana Vigil</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Kiana.Vigil@doh.nm.gov">Kiana.Vigil@doh.nm.gov</a></td>
</tr>
<tr>
<td><strong>Adult Vaccine Program</strong></td>
<td><strong>Vanessa Hansel</strong></td>
</tr>
<tr>
<td></td>
<td>Adult Vaccine Manager, <a href="mailto:Vanessa.Hansel@doh.nm.gov">Vanessa.Hansel@doh.nm.gov</a></td>
</tr>
<tr>
<td></td>
<td>• Brandy Jones</td>
</tr>
<tr>
<td></td>
<td>Perinatal Hep B/Adolescent Vaccine Coordinator, <a href="mailto:Brandy.Jones@doh.nm.gov">Brandy.Jones@doh.nm.gov</a></td>
</tr>
<tr>
<td></td>
<td>• Veronica Rosales</td>
</tr>
<tr>
<td></td>
<td>Quality Improvement/Accuracy Epidemiologist, <a href="mailto:Veronica.Rosales@doh.nm.gov">Veronica.Rosales@doh.nm.gov</a></td>
</tr>
<tr>
<td><strong>Compliance Coordinator</strong></td>
<td><strong>Scarlett Swanson</strong></td>
</tr>
<tr>
<td></td>
<td>Compliance Coordinator, <a href="mailto:ScarlettC.Swanson@doh.nm.gov">ScarlettC.Swanson@doh.nm.gov</a></td>
</tr>
</tbody>
</table>

**NMDOH**

Investing for tomorrow, delivering today.

1190 S. St. Francis Drive • Santa Fe, NM 87505 • Phone: 505-827-2613 • Fax: 505-827-2530 • nmhealth.org
NMSIIS

Kathryn Cruz
Lyndsey Cordova
NMSIIS Overview

- New Mexico Statewide immunization Information System
- ~3.3 million patient records
- ~42 million vaccines
- 1500+ providers in NM
- 24k+ active users
- Mandatory reporting (Senate Bill 58)

Benefits of an IIS:
1. Centralized records
2. Inventory management
3. Reporting
4. Outbreak response
5. Reminder/recall
VaxViewNM
NMSIIS Public Portal
www.VaxViewNM.org
(New Mexico Statewide Immunization Information System)
VaxViewNM

The New Mexico Statewide Immunization Information System
VaxViewNM enables individuals, parents, and guardians to access, save and/or print, official immunization records. Eliminating the need to carry multiple or aged documents.
Security

The security and protection of patient records is our highest priority.

- The web-based application is mobile friendly.
- An exact 1:1 match to data fields is required.
- The two-factor authentication utilizes text messaging or email to validate patient, parent, or guardian access.
Required Information

Due to the security protocols in place, it is highly recommended that providers verify all patient information is accurate, current and up to date, ensuring there is either a phone number, email or both in the patient record.
Homepage

- Page may be viewed in English or Spanish
- User must select if they are the patient or if they will be searching for an immunization record for their dependent
- The process is outlined with visuals
Patient Search

Patient information must match NMSIIS exactly

- Name entered should be legal name
  - Use spaces rather than hyphens for multiple last names
- Contact information (phone or email) must be listed for that patient in NMSIIS demographics
Completed Form

Once all the fields have been completed, the user must select Get Access Code.
Successful Verification

Provided that a record in NMSIIS matches the information entered by the user, the VaxViewNM application will prompt the user to enter the code that they received, either via email or text message.

Note: If email verification was selected and the verification code is not received, it is recommended that the user check their spam/junk folders.
Unsuccessful Verification

- Double check the information entered and try again
- Update the NMSIIS Demographic Screen (If you are a provider with access to edit demographics)
- Contact the NMSIIS Help Desk (833) 822-6454
- Email the NMSIIS staff NMSIIS.Access@doh.nm.gov

We were unable to find a record matching the search criteria supplied. An exact match is required for all of the data provided, so please make sure the data you entered is typed correctly and is a likely match for the data in our system. (For example, the phone number or email being used must match what is listed in the record. Also, try using the patient's legal name).

If you feel that you've received this message in error, please contact your healthcare provider's office or go into a Public Health Office to verify your contact information (name, DOB, email and phone number).

You may also contact the NMDOH Immunization Help Desk. 1-833-882-6454 or email NMSIIS.Access@doh.nm.gov

Note: Email is preferred as our call volumes have increased substantially and wait times are high.

Remember... Three unsuccessful attempts from the same IP address will result in the user being locked out for 30 minutes!
QR Code on Digital COVID-19 Vaccine Card

The corresponding app, SMART Health Card Verify, is needed to scan and verify the QR codes generated on VaxViewNM.org

**NM DOH SMART Health Card (QR Code) FAQ**

Located on the Immunization website: [www.nmhealth.org](http://www.nmhealth.org)
Public Consumer Portal (VaxViewNM)

• Efforts to improve data include:
  • On-going provider training
  • Lexis Nexis project
  • NMSIIS Help Desk

• Recent enhancements (2023):
  • Platform upgrade
  • Bilingual (English and Spanish)
Public Consumer Portal (VaxViewNM)

VaxViewNM Consumer Portal Success Rate Tracking

<table>
<thead>
<tr>
<th>Year</th>
<th>Success</th>
<th>Total Attempts</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>3116</td>
<td>24766</td>
</tr>
<tr>
<td>2020</td>
<td>10550</td>
<td>53291</td>
</tr>
<tr>
<td>2021</td>
<td>89102</td>
<td>281694</td>
</tr>
<tr>
<td>2022</td>
<td>101886</td>
<td>291485</td>
</tr>
<tr>
<td>2023</td>
<td>95458</td>
<td>211476</td>
</tr>
<tr>
<td>Projected 2024</td>
<td>120819</td>
<td>173445</td>
</tr>
</tbody>
</table>

Success

Total Attempts
Public Consumer Portal (VaxViewNM)

VaxViewNM Consumer Portal Success Rate Tracking Percentage, 2019-2024

Year

Success Rate

2019 12.58%
2020 19.80%
2021 31.63%
2022 34.95%
2023 45.14%
Projected 2024 69.66%
Data Quality
Reporting to NMSIIS

- Required reporting for all provider types that administer vaccines, regardless of vaccine type or patient age, per Senate Bill 58
- Exception for federal entities, such as VHA or IHS

Options for NMSIIS Reporting

<table>
<thead>
<tr>
<th>Manual Entry</th>
<th>Automated Data Exchange</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data is entered directly into NMSIIS by clinic staff for patient demographic and vaccination information</td>
<td>Data is entered into provider Electronic Health Record (EHR) System and crosses via automated data exchange to NMSIIS</td>
</tr>
</tbody>
</table>

- Barriers: lack of resources, lack of education and/or reporting under alternate pin numbers
Incentives for Clean Data

- State mandate – Senate Bill 58
- Federal mandate for COVID-19 vaccines
- Coverage Rates
- Continued vaccine provided by VFC program
- Public Requests

Healthier New Mexico!
Efforts to Improve NMSIIS Data

• Ongoing Data Quality Efforts
• Identifying Potential DQ Issues – Notify Us!
• Capturing all information at time of service
• Provider education on reporting requirements
• Analyze data at rest in IIS
• Transition providers to Automated Data Reporting
Data Quality Components

**COMPLETE:**
- Patient Name
- Patient Address
- Race/Ethnicity
- Gender
- Phone Number or Email Address
- Vaccination Data

**TIMELY:**
- Routine (including COVID-19): 10 Days
- Mass Events: 30 Days

**VALID:**
- 1900 or 1901 DOB
- Baby names
- Vaccine Date after Expiration Date
- Vaccine Date before DOB
- Incorrect Vaccine Type for Age Group
Data Quality Measures and Tools

- CDC Data Quality Blueprint
- Functional Standards (FS) and Functional Standards Resources
- Requirements Traceability Matrix (RTM)
  - Reviews in 2023 to determine where NMSIIS can improve
- CDC Core Data Elements
- CDC Data Quality (DQ) Reports
- Immunization Information System Annual Report (IISAR)
Automated Data Quality Efforts

- Case Progress
- Patient Matching Improvement and Duplicate Management Project
- Bulk Vaccine Delete
- Vital Records
- Smarty
- Enterprise Master Patient Index (EMPI)

<table>
<thead>
<tr>
<th>Case Number</th>
<th>Number of Duplicate Records Returned</th>
<th>Duplicate Records Remaining to be Resolved</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case 0</td>
<td>varied</td>
<td>0</td>
<td>Case is run daily, returns &lt;100</td>
</tr>
<tr>
<td>Case 1</td>
<td>varied</td>
<td>0</td>
<td>Case is run daily, returns &lt;100</td>
</tr>
<tr>
<td>Case 2</td>
<td>varied</td>
<td>0</td>
<td>Case is run daily, returns &lt;100</td>
</tr>
<tr>
<td>Case 2B</td>
<td>varied</td>
<td>0</td>
<td>Case is run daily, returns &lt;100</td>
</tr>
<tr>
<td>Case 3</td>
<td>varied</td>
<td>0</td>
<td>Case is run daily, returns &lt;100</td>
</tr>
<tr>
<td>Case 4</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Case 5</td>
<td>4468</td>
<td>0</td>
<td>Completed 9/17/2022</td>
</tr>
<tr>
<td>Case 6</td>
<td>692</td>
<td>0</td>
<td>Completed 9/19/2022</td>
</tr>
<tr>
<td>Case 7</td>
<td>19806</td>
<td>0</td>
<td>Completed 1/20/2023</td>
</tr>
<tr>
<td>Case 8</td>
<td>1030</td>
<td>0</td>
<td>Completed on 1/23/2023</td>
</tr>
<tr>
<td>Case 9</td>
<td>17620</td>
<td>0</td>
<td>Completed 4/10/2023</td>
</tr>
<tr>
<td>Case 10-39</td>
<td>18763</td>
<td>0</td>
<td>Completed 9/17/2023</td>
</tr>
</tbody>
</table>
Data at Rest Project

• GOAL: Analyze existing data in NMSIIS and provide feedback to providers on areas for improving data reporting and data quality
• Looks at three (3) areas of data reporting
• Round 1 completed 2022
• Round 2 completed 2023
• Will re-run every 6 months

<table>
<thead>
<tr>
<th>Measure</th>
<th>Measure Title</th>
<th>Meets</th>
<th>Does Not Meet</th>
<th>Data Unavailable</th>
<th>No Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Completeness Indicators</td>
<td>16</td>
<td>8</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>Validity Indicators</td>
<td>19</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Timeliness Indicators</td>
<td>2</td>
<td>6</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
National Immunization Survey Integration Project (IIS-NIS)

- GOAL: Compare the data quality and completeness of Immunization Information System (IIS) data to data collected in the National Immunization Survey.

- NM has participated in IIS-NIS Integration Project for five (5) years

- Quarterly Data Submissions

- Originally set up as a manually process but is now automated

- Participation is reviewed annually
# NIS-IIS Data Results

<table>
<thead>
<tr>
<th>Pediatric Data</th>
<th>Adolescent Data</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(19-35 Months Old)</strong></td>
<td><strong>(13-17 Years Old)</strong></td>
</tr>
<tr>
<td>Participation rate</td>
<td>Participation rate</td>
</tr>
<tr>
<td>86.4%</td>
<td>89.5%</td>
</tr>
<tr>
<td>Enrollment Rate</td>
<td>Enrollment Rate</td>
</tr>
<tr>
<td>89.4%</td>
<td>90.3%</td>
</tr>
<tr>
<td>Conditional Participation</td>
<td>Conditional Participation</td>
</tr>
<tr>
<td>96.6%</td>
<td>99.1%</td>
</tr>
<tr>
<td>IIS Dose Completeness</td>
<td>IIS Dose Completeness</td>
</tr>
<tr>
<td>78.0%</td>
<td>82.8%</td>
</tr>
</tbody>
</table>

*Data Pulled from 2017 Report*
IZ Gateway

- GOAL: Interjurisdictional data exchange
- NM has nine (9) current IIS-IIS connections
- Connected with VHA in fall of 2022
- NM can query other systems and other systems can query NMSIIS data

Next steps:
- Colorado
- Arizona
- Federal IHS

Current IIS→IIS

<table>
<thead>
<tr>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utah</td>
</tr>
<tr>
<td>Delaware</td>
</tr>
<tr>
<td>Kansas</td>
</tr>
<tr>
<td>Kentucky</td>
</tr>
<tr>
<td>Connecticut</td>
</tr>
<tr>
<td>Arkansas</td>
</tr>
<tr>
<td>Missouri</td>
</tr>
<tr>
<td>Nevada</td>
</tr>
<tr>
<td>Oklahoma</td>
</tr>
</tbody>
</table>
Existing Resources for Data Quality

• NMSIIS Data Quality Manual
• Data at Rest Resource Page
• HL7 Specification Guide
• CDC Data Quality Measures
• NMSIIS Help Desk (833) 882-6454

https://www.nmhealth.org/about/phd/idb/imp/siis/
LexisNexis Project

GOAL: Improve patient data completeness in the IIS by using external databases to obtain demographic data

2021
- Initial Discussion
- SOW Development

2022
- Procurement Process

2023
- Development and Testing

2024
- Execution

1.5 Million Adult Patients

- Address (Mailing and Physical)
- Phone Number (3)
- Email Address (1)
- Deceased Status
LexisNexis Data Results

Deceased Patients Found: 1.39%
LexisNexis Next Steps

• Evaluate accuracy
• Rerun data annually
• Share results of pilot project with other jurisdictions and interested entities (CDC, AIRA, etc.)
  • Patients that age into Age 18+
  • Patients with no address, phone number(s), or email address
NMSIIS Access
NMSIIS Access FAQs

1) Who can access NMSIIS?
   - Healthcare providers and staff
   - Schools (nurses, administrators)
   - Managed Care Organizations (MCOs)
   - Additional Public Health Entities

2) What are the types of NMSIIS access?
   - Read Only (view patient records/demographics, run reports)
   - Basic User (edit access, report vaccines, run reports)
     - Inventory Control (order, maintain and reconcile vaccines)

3) Where can I ask questions about accessing NMSIIS?
   NMSIIS.Access@doh.nm.gov
Access to NMSIIS

NM TRAIN

https://www.train.org

- Read Only
- Basic User

User Agreement

Send the completed training certificate and completed User Agreement to: NMSIIS.Access@doh.nm.gov
NMSIIS User Agreement Form

NMSIIS User Security and Confidentiality Agreement

The undersigned Authorized Organization Representative has read, understands, and agrees on behalf of the Organization to abide by this NMSIIS Organization Security and Confidentiality Agreement.

*Please Provide All Requested Information

*NMSIIS Clinic ID # ________________________
(list all required locations that will be accessed)

*Organization Name: ________________________________

*Clinic Name: ________________________________
(may be the same as organization name)

Store or Location # (if applicable): ________________________________

*Printed Name of User: ________________________________

*Primary Email Address: ________________________________

Alternate Email Address: ________________________________

*Phone Number: ________________________________
NMSIIS User Agreement Form

*Please choose the level of access needed.

If it is a data exchange location, access may be limited. Data Entry is required via EMR/EHR

☐ Basic/Standard User (edit access, report vaccines, run reports, view inventory)
☐ Inventory Control (basic/standard user access, maintain and manage inventory, clinic tools)
☐ Reports Only (view patient records and demographics, run limited reports)

*Have you previously had NMSIIS access?

☐ No    ☐ Yes  Previous Username: ______________________

*Please select the method in which you received NMSIIS training.

☐ Online Training  Training Completion Date: ________________
☐ In Person Training  Trained By: ______________________

*User Signature: ___________________________  *Date: ___________________________
(electronic or printed)

Send the completed copy of the User Agreement and NMSIIS Certification of Training Completion to:
NMDOH/NMSIIS Immunization Program
NMSIIS_Access@doh.nm.gov

Last Updated 01/2024
NMSIIS Agreements

Organization Agreement – required for newly onboarded locations, clinics or providers to NMSIIS or name/address changes of existing locations or clinics

User Agreement – required for all users of the NMSIIS registry, regardless of their access level

Must be current year  Must be complete  Must be legible  Must be signed
Vaccine Exemptions
Vaccine Exemption Types

- **Medical** (NMAC 7.5.3.8 A.1)
  
  A certificate from a licensed physician, a physician assistant, or a certified nurse practitioner stating that the physical condition of the child is such that immunization would seriously endanger the life or health of the child.

- **Religious** (NMAC 7.5.3.8 A.2)
  
  Affidavit or written affirmation from an officer of a recognized religious denomination that such child’s parents or guardians are bona fide members of a denomination whose religious teaching requires reliance upon prater or spiritual means alone for healing.

- **Religious** (NMAC 7.5.3.8 A.3)
  
  Affidavit or written affirmation from the child’s parents or legal guardian that the religious beliefs, held either individually or jointly with others, do not permit the administration of vaccine or other immunization agent.
Vaccine Exemption Questions

Who can get a vaccine exemption from the NMDOH?
• Students aged 0-18 years or enrolled in grades ranging from daycare to 12th

Where to find the current form?
• NM DOH Website
  https://nmhealth.org/about/phd/idb/imp/siis/

How is the form submitted?
• Mailed to address on front of form
• Dropped off in the box by security in Harold Runnels Building
## Vaccine Exemption Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>How long does it take for processing?</td>
<td>• By law, we have 60 days to process. Realistically, between 1-3 days</td>
</tr>
<tr>
<td>Do homeschooled children need a form?</td>
<td>• Yes. All students attending public, or private school, homeschool, daycare or childcare facilities</td>
</tr>
<tr>
<td>Does NM allow exemptions for philosophical reasons?</td>
<td>• No. Only religious or medical</td>
</tr>
<tr>
<td>Which vaccines can a patient exempt from?</td>
<td>Only the School Required vaccines. Influenza, HPV and COVID-19 are NOT school required vaccines.</td>
</tr>
</tbody>
</table>
How to Fill out the Form?

• Form should be filled out and submitted by the parent or guardian on behalf of the child
• Should be filled in completely
• Legible
• Notarized (signed same date as parent)
• Religious affidavit completed or attached
• Medical affidavit attached
Form Review (front)

![Certificate of Exemption Form](image)

<table>
<thead>
<tr>
<th>Parent/Guardian Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Full Name</strong></td>
</tr>
<tr>
<td><strong>Mailing Address</strong></td>
</tr>
<tr>
<td><strong>City</strong></td>
</tr>
<tr>
<td><strong>State</strong></td>
</tr>
<tr>
<td><strong>Zip Code</strong></td>
</tr>
<tr>
<td><strong>Phone</strong></td>
</tr>
<tr>
<td><strong>Email</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child and School Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child Name</strong></td>
</tr>
<tr>
<td><strong>School Name</strong></td>
</tr>
<tr>
<td><strong>School District</strong></td>
</tr>
<tr>
<td><strong>School Address</strong></td>
</tr>
<tr>
<td><strong>State</strong></td>
</tr>
<tr>
<td><strong>Zip</strong></td>
</tr>
<tr>
<td><strong>School City</strong></td>
</tr>
<tr>
<td><strong>Child Date of Birth</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race</th>
<th>Ethnicity</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>Hispanic</td>
<td>Male</td>
</tr>
<tr>
<td>Asian</td>
<td>Non-Hispanic</td>
<td>Female</td>
</tr>
</tbody>
</table>

I object to my child receiving the following:

- ALL REQUIRED VACCINES
- Mumps
- Measles
- Rubella
- Hepatitis A
- Hepatitis B
- Polio
- Diphtheria
- Tetanus
- Pertussis
- Meningococcal
- Varicella (Chicken Pox)
- Pneumococcal
- Hib - Haemophilus influenza type B

Mail Original Form to:
NM Immunization Program
1190 St. Francis Drive, Suite-1250
PO Box 26110
Santa Fe, NM 87502-6110

REQUEST THAT THE ONE YEAR (12 MONTH) PERIOD THIS EXEMPTION FORM IS VALID BEGINS ON:

---

**Investing for tomorrow, delivering today.**

1190 S. St. Francis Drive • Santa Fe, NM 87505 • Phone: 505-827-2613 • Fax: 505-827-2530 • nmhealth.org
Form Review (front)

Directions

Please complete this form. Check the box that corresponds to your request for exemption and include the required information. Then in the presence of a Notary Public, please sign and date this certificate and have it notarized. IT IS THE PARENT/GUARDIAN’S RESPONSIBILITY TO ENSURE AN APPROVED COPY OF THIS EXEMPTION CERTIFICATE IS FILED WITH THE CHILD’S SCHOOL.

I request exemption from immunization requirements in accordance with:

Circle the section you are requesting an exemption from:

- NMAC 7.5.3.8 A.1, and I am attaching an affidavit or certificate from a licensed physician, physician assistant, or certified nurse practitioner attesting that any of the required immunizations would seriously endanger the life or health of my child.
- NMAC 7.5.3.8 A.2, and I am attaching an affidavit or written affirmation from an officer of my denomination stating we are bona fide members of a recognized religious denomination which requires reliance on prayer or spiritual means alone for healing.
- NMAC 7.5.3.8 A.3, and I hereby certify through the written affirmation below, or attached affidavit, that my religious beliefs, held either individually or jointly with others, do not permit the administration of vaccine or other immunizing agents.

______________________________________________________________

______________________________________________________________
Form Review (front)

I UNDERSTAND THIS REQUEST IS SUBJECT TO THE APPROVAL OF THE NEW MEXICO DEPARTMENT OF HEALTH. I HAVE READ THE ‘COMPULSORY IMMUNIZATION REGULATIONS’ AND UNDERSTAND THE RISK OF NON-IMMUNIZATION FOR MY CHILD. I UNDERSTAND THAT THIS CERTIFICATE, IF APPROVED, IS VALID FOR A PERIOD NOT TO EXCEED TWELVE MONTHS AND WILL EXPIRE THEREAFTER. IF I WISH TO REQUEST ANOTHER EXEMPTION AFTER THE TWELVE MONTH PERIOD, I MUST COMPLETE ANOTHER CERTIFICATE OF EXEMPTION AND SEEK APPROVAL.
I ALSO UNDERSTAND THAT WHERE ANY CASE OF COMMUNICABLE DISEASE OCCURS OR IS LIKELY TO OCCUR IN MY CHILD’S SCHOOL, THE DEPARTMENT OF HEALTH MAY REQUIRE THE EXCLUSION OF INFECTED PERSONS AND NON-IMMUNIZED PERSONS (7.4.3.9 NMAC - Rp, 7 NMAC 4.3.9, 8/15/2003).

I swear that all the foregoing statements are true to the best of my information, knowledge and belief.

Parent/guardian’s name (print clearly) __________________________
Parent/guardian’s signature: __________________________ Date: __________________________

NOTARY
Subscribed and sworn before me this ______________ day of ______________, 20__

______________________________ My Commission expires: __________________________

Notary’s Signature

DOH Use Only: □ DISAPPROVED □ APPROVED

REvised 2023

Authorized Signature

BEGINNS ON Date m m d d y y y y

EXPIRES ON Date m m d d y y y y
Certificate of Exemption Form Instructions

Who may use the Exemption from Immunization Form:

- Students requesting a religious or medical exemption to immunization may use this form. (Must be either 0-18 years of age OR a student between daycare to 12th grade)
- This form may be used for all children with an exemption going into any public, private or parochial preschool, kindergarten, elementary, secondary school, or home school and for children attending daycare or childcare facilities.
- This form may not be used for exemption from immunization for personal or philosophical reasons. New Mexico law does not allow for such exemption. (Please see New Mexico Law 24-5-3 at page bottom.)

How to Complete the Exemption from Immunization Form:

- Form must be completed and submitted by the parent or guardian on behalf of the child
- Fill out all blank lines and check boxes, including the check boxes for the religious or medical options.
- For medical exemptions, attach the letter from your licensed physician, a physician assistant, or a certified nurse practitioner to this form.
- For religious exemptions using an affidavit, please attach the affidavit to this form.
- For religious exemptions using a written affirmation, please use the space provided on the form
- The form must be signed and dated by the parent/guardian in front of a notary public, and must also be signed and dated by the notary public on the same date.
- Mail the form to the New Mexico Department of Health at 1190 St. Francis Drive, Suite-1250/PO Box 26110, Santa Fe, NM 87502-6110. You may also submit your form in a drop box at the Department of Health in Santa Fe, NM (Harold Runnels Building).
Form Review (back)

Department of Health Exemption from Immunization Form Processing:

- The Department of Health has 60 days from receipt of the Certificate of Exemption Form to either approve or not approve the request (see NMAC 7.5.3 below). Make sure that the Department of Health receives the form at least 60 days prior to the day your child starts school.
- Upon approval, the Department of Health will mail you one copy of the approved form. The Parent/Guardian must take one copy of the approved form to your child’s pre-school, school, daycare, or childcare facility.
- If your request is not approved, you will get a letter from the Department of Health with the reasoning for the disapproval. You may then resubmit your request with the necessary changes.

New Mexico Immunization Exemption Law (24-5-3):
Any minor child through his parent or guardian may file with the health authority charged with the duty of enforcing the immunization laws:

(1) A certificate from a licensed physician, a physician assistant, or a certified nurse practitioner stating that the physical condition of the child is such that immunization would seriously endanger the life or health of the child;

(2) Affidavits or written affirmation from an officer of a recognized religious denomination that such child’s parents or guardians are bona fide members of a denomination whose religious teaching requires reliance upon prayer or spiritual means alone for healing;

(3) Affidavits or written affirmation from his parent or legal guardian that his religious beliefs, held either individually or jointly with others, do not permit the administration of vaccine or other immunizing agent.

NMAC 7.5.3: “Within sixty (60) days of receipt of a request for exemption from immunization, the director of the public health division or the designee shall review the request to determine whether the certificate has been duly completed.”

For any questions on how to complete the form, please contact, (833) 882-6454
Exemptions Process

• Mailed is checked and processed daily except for state holidays
• Forms are reviewed and approved/disapproved
• Copies are made
• Approved forms are entered into NMSIIS and a copy is mailed to the parent/guardian; originals are filed
• Disapproved forms are documented in a tracking spreadsheet and filed
• Exemption forms are retained by the IZ Program for 3 years, per law
Exemptions

• Recent Revisions in 2023 – Senate Bill 81
  • Expanding approval of medical exemptions from only MDs and DOs to licensed physicians, physician’s assistants or certified nurse practitioner
  • Changed from 9-month approval to 1-year approval

Impact:
- Data Revision
- Easier to Obtain
- Lower Coverage Rates
Exemption Status Check

• Call or Email

• Check NMSIIS
  • “NMSIIS Guide for Viewing Certificates of Exemption” quick reference guide in the NMSIIS Reports Module

• “In Process”
  • If a parent/guardian has submitted a form for a student that is begin reviewed
  • If a parent/guardian has scheduled an appointment for the student to be vaccinated
Two dose Hepatitis A requirement now rolled up to K-2nd grade

School Requirements

2nd Men (ACWY) Booster Dose now required for 11th grade

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Minimum # of vaccine doses by childcare and pre-school age levels</th>
<th>Vaccine doses by school grade level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria/Tetanus/</td>
<td>1 2 3 3 4 5 4 (4)</td>
<td></td>
</tr>
<tr>
<td>Pertussis (DTPa/DT)</td>
<td>1 2 3 3 4 5 4 (4)</td>
<td></td>
</tr>
<tr>
<td>Polio (IPV)</td>
<td>1 2 2 3 3 (5) 3 (5)</td>
<td>1 One dose required on/after 4th birthday. Four doses are sufficient. If last dose given on/after 4th birthday, with at least 6 months between the last two doses. Five doses are preferred for optimal protection.</td>
</tr>
<tr>
<td>Mumps/Measles/Rubella</td>
<td>1 1 1 2 2</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>1 2 2 2 2 2 2 2 2 2 2 2 2</td>
<td></td>
</tr>
<tr>
<td>Pneumococcal (PCV7)</td>
<td>2 2 3 3 6/2/2</td>
<td></td>
</tr>
<tr>
<td>Varicella (VAR)</td>
<td>1 1 2 2 2 2 2 2</td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>1 1 2 2 2 2 2 2</td>
<td></td>
</tr>
<tr>
<td>Meningococcal Men A C W Y</td>
<td>1 1 1 2</td>
<td></td>
</tr>
</tbody>
</table>

Recommended vaccines: These vaccines are recommended but not required for school entry at this time.

- Influenza (flu): Age-appropriate vaccination is recommended every year.
- HPV: HPV vaccine is strongly recommended at age 11-12, and can be given as early as age 9
- COVID-19: Age-appropriate vaccinations for 6 months through 12 years are recommended. Refer to the NM Dept. of Health COVID-19 website for the latest guidance: https://cv.nmhealth.org/covid-vaccine/
New Mexico Childcare/Pre-School/School Entry Immunization Requirements

2023-24 school year

Additional guidance for: Intervals, catch-up schedule, proof of immunity

**Diphtheria/Tetanus/Perussis:** If child (4 months-6 years) is behind schedule, follow the CDC’s catch-up schedule.

**Tetanus/Diphtheria/Perussis:** 7-12th graders require proof of 1 dose of Tdap regardless of when the last Td-containing vaccine was given. Catch-up Children 7-18 years who are not fully immunized with the childhood DTaP series should be vaccinated according to the CDC’s catch-up schedule, with Tdap as the 1st dose followed by Td if needed. A 3-dose series is sufficient if initiated after age 7, in which one dose must be Tdap, followed by 2 doses of Td. Children age 70 who receive 1 dose Tdap as part of the catch-up series require 1 additional dose at 11-12 for 11th grade entry.

**Polio:** A minimum of 4 weeks between doses required with 6 months between last two doses. OPV: Only trivalent OPV counts as valid. Monovalent or bivalent OPV are not valid. All OPV doses given after 4/1/15 are assumed to be mono or bivalent.

**MMR:** Required 2nd dose should be given on or after 4th birthday. However, dose 2 may be given earlier with at least 4 weeks between dose 1 and 2.

**Hib:** If febrile <12 months of age, 3 doses required with at least 1 dose on or after 1st birthday. Two doses required if dose 1 received at 12-14 months. One dose of Hib vaccine administered between 15-19 months is sufficient. Not recommended 12 months of age.

**Hep B:** Dose 2, a minimum of 4 weeks after dose 1; dose 3 at least 16 weeks after dose 1 and at least 8 weeks after dose 2. Infants currently receiving primary series, final dose should be administered no earlier than age 24 weeks.

**PCV13:** Administer a dose of PCV13 vaccine at ages 2, 4, 6 months with a booster at age 12-15 months. Catch-up: Administer one dose of PCV13 to all healthy children 12-23 months who are not completely vaccinated for their age; children >60 months, no doses required.

**Varicella:** For children ages 12 months to 12 years, the minimum interval between the two doses is 3 months. However, if dose 2 was administered ≥12 days after dose 1, dose 2 is considered valid and need not be repeated. For children ≥13 years, the recommended minimum interval is 4-8 weeks. Required for proof of varicella immunity:
- For Kindergarten students: Receipt of vaccine; titer or laboratory confirmed diagnosis is required as proof of prior disease.
- For 9-12th graders: Receipt of vaccine, written proof of immunity by a physician/health care provider or laboratory titer is required.
- For any newly diagnosed varicella cases: Lab confirmation of disease is required.

**Hep A:** One dose required by 15 years; 2 doses required at 48 mos. with at least 5 months between doses.

**MenACWY:** Adolescents should receive a dose of MenACWY at ages 11-12, 16, 18 (booster) dose is required for grade 11 (at age 16). Students who are not yet 16 upon entering 11th grade, should wait until age 16 for dose 2. Booster dose given before age 16 is not considered valid. Adolescents who receive the 3rd dose at age 13-15 should receive a booster dose at age 16. The minimum interval between MenACWY doses is 8 weeks. Adolescents who receive the 1st dose after their 16th birthday do not need a booster dose. Doses of MenACWY given to children age 5 or younger do not count for the school requirements and must be repeated at age 11-12 and boosted at age 16.

**4-Day Grace Period:** Any vaccine administered 54 days prior to minimum interval or age is valid; however the 4-day “grace period” should not be applied to the 23-day interval between live parenteral vaccines not administered at the same visit (MMR and Varicella).

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**Resources**

CDC Immunization Schedule has detailed footnotes and catch-up schedule: [https://www.cdc.gov/vaccines/schedules/hcp/live-child-adolescent.html](https://www.cdc.gov/vaccines/schedules/hcp/live-child-adolescent.html)


NMDHIS: [https://nmhealth.state.nm.us](https://nmhealth.state.nm.us)

NM School Health Manual: [https://www.nmhealth.org/about/phil/occh/occh_smm/](https://www.nmhealth.org/about/phil/occh/occh_smm/)

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School Requirements

(Back)
Exemption Data

NM Student Vaccine Exemption Trend, Age ≤18, 2012-2022

- Religious
- Medical

Exemption Count

Year


2357 2625 2927 3699 3971 4900 4697 4770 3650 4462 4684

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# Exemption Data

## FY 2022-2023 School Year Data

(Self reported school survey data)

<table>
<thead>
<tr>
<th>Category</th>
<th>Up to Date (n=22276)</th>
<th>Valid Medical Exemptions (n=22)</th>
<th>Valid Medical Exemptions (n=242)</th>
<th>In Process (n=400)</th>
<th>Non-Compliant (n=1245)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kindergarten</td>
<td>93.87%</td>
<td>0.13%</td>
<td>1.38%</td>
<td>2.05%</td>
<td>2.57%</td>
</tr>
<tr>
<td>7th Grade</td>
<td>92.16%</td>
<td>0.09%</td>
<td>0.99%</td>
<td>1.64%</td>
<td>5.12%</td>
</tr>
</tbody>
</table>

## Exemption Data by Region

<table>
<thead>
<tr>
<th>Region</th>
<th>Medical</th>
<th>Religious</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metro</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Southwest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Southeast</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northwest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northeast</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Counties with Highest Approved Exemption Rates

- **Taos** 2.6%
- **Santa Fe** 2.1%
- **De Baca** 1.6%
- **Roosevelt** 1.6%
- **Colfax** 1.5%
Vaccine Coverage Rates

NM PEDIATRIC VACCINATION RATES, 2018-2022, 4.3.1.3.3.1.4 SCHOOL REQUIRED VACCINE SERIES

YEAR
2018
2019
2020
2021
2022

UPT PERCENTAGE
68.76%
66.49%
64.57%
67.38%
73.70%
Recent NMSIIS Changes

- Resources
  - HL7 Resources
  - Website Data and Statistics (2023)
  - 2024 Data Quality Improvement Manual

- Data Quality
  - Bulk Delete
  - Projects (Data at Rest, LexisNexis)

- End User Improvements
  - Order Forecaster
  - Region Assignments
  - Submit to VFC Button
Upcoming NMSIIS Changes

• Upcoming Projects or Enhancements:
  • User Clean Up
  • Non-Compliance Notification Process
  • Automated Provider Onboarding
  • Provider Report Cards
  • Region Assignment
  • Security Policy

• Considerations:
  • DDL Compatibility
  • Auto Decrementing for Data Exchange Providers
Contact Us

NMSIIS Help Desk   (833) 882-6454

Kathryn Cruz   Kathryn.Cruz@doh.nm.gov
NMSIIS Manager

NMSIIS Email   NMSIIS.Access@doh.nm.gov

NMSIIS/Immunization Program Website
https://www.nmhealth.org/about/phd/idb/imp/siis/
Welcome to the 2024 New Mexico Vaccine For Children’s Program Statewide Training
VFC Contact Changes
Requirements

- There must be a Z3, Z4, and Z5 for each VFC location
  - There can be multiple Z5s, but no more than one Z3 and Z4

- Z4s and Z5s must complete and upload CHIL-e training (annually)
  - ‘You Call the Shots’ training may also be required (dependent upon region)

- Z4s and Z5s must complete NMSIIS training
  - NMSIIS Training Certificates of Completion and User Agreements must be sent to NMSIIS.access@doh.nm.gov

- Z3s, Z4s, and Z5s must have a different email from one another
  - Emails must be 40 characters or less
Viewing Listed VFC Contacts

- To view who is listed as a VFC contact for your location, login to your NMSIIS account. From the NMSIIS home page menu, select ‘Clinic Tools’ > ‘Clinic Information’ > ‘Staff’
On the ‘Clinic Staff Change Request’ screen, your location will have a Z3, Z4, and Z5 contact listed. These are entered by the VFC Team during the onboarding process. **NOTE:** Each location must have a Z3, Z4, and Z5 contact.
Adding a New Contact

- Be sure you select the correct contact type
- The only contact types which should be selected are:
  - PHYSICIAN SIGNING AGREEMENT (Z3 - VFC/VTRCKS)
  - NON-PHYSICIAN CONTACT (PRIMARY) (Z4 - VFC/VTRCKS)
  - NON-PHYSICIAN CONTACT (BACK-UP) (Z5 - VFC/VTRCKS)

- No alternate contacts types needed for VFC contact changes
  - NOTE: COVID Contact changes should be submitted separate from VFC Contact changes

- Be sure the new contact has completed NMSIIS training, the NMSIIS user agreement, and CHIL-e training
  - NOTE: User may also need to complete ‘You Call the Shots’ training
How to Add a New Contact

- From the NMSIIS home page menu, select ‘Clinic Tools’ > ‘Clinic Information’ > ‘Staff’
- Select ‘Add New Contact’ from the top right corner of the ‘Clinic Staff Change Request’ page
Required Information for PSA Z3 Contacts

- **Contact Type**
  - Must be a Z3

- **First and Last Name**

- **Email**
  - NOTE: Must be 40 characters or less and **cannot** be the same as another contact

- **Phone Number**
  - Include an ext. if it applies

- **License Number**
  - NOTE: PSA must be an MD, DO, or CNP
Required Information for Z4 and Z5 Contacts

- **Contact Type**
  - Must be a Z4 or Z5
- **First and Last Name**
- **Email**
  - NOTE: Must be 40 characters or less and cannot be the same as another contact
- **Phone Number**
  - Include an ext. if it applies
- **Training**
  - CHIL-e training must be attached to requests for new Z4 and Z5 contacts
Adding Training

• Required training(s) must be attached to contact change requests
• CHIL-e training must be renewed annually and submitted into NMSIIS after completion
• Once you select ‘Add Training’, there will be a pop-up. You will need to select ‘Course Name’, enter ‘Completion Date’, and attach the training certificate of completion ‘Choose File’
• Upon clicking on the ‘Choose File’ button, your computer’s files will open. Locate the training certificate, click on it to attach, then press ‘Open’.
• Once all required fields are filled and required training(s) are attached, select ‘Create’ from the top right corner. Your request will then show as pending under ‘Change Request History’
Removing a Contact

To remove a contact, select the ‘Edit’ dropdown by the contact. You will then select ‘Remove’. A popup will show to confirm your request to remove the staff member. Press ‘OK’. The request will show as ‘Pending’ under ‘Change Request History’.
When submitting a request to change a contact, you must submit a request to remove the listed contact **AND** a request to add the new contact.

You will have 2 Pending requests listed under ‘Change Request History’. One for the removal, and one for the new contact.
Editing Contacts

• To edit existing contacts, select the ‘Edit’ button to the right of the contact. Edit information which needs to be updated, then select ‘Update’.
  • NOTE: Any field can be updated; Contact Type should not be updated.

• The request will be ‘Pending’ under ‘Change Request History’
Status of Contact Change Requests

The status of your contact change request will be listed under ‘Change Request History’. ‘Denied’ requests will have notes under ‘Comments’ stating why the request was rejected. Completed requests will show under ‘Change Request History’ as ‘Complete’. To view comments, select the ‘Comments’ option under Action.

Comments

PHONE NUMBER IS A REQUIRED FIELD. BG

OK
The status of your contact change request will be listed under ‘Change Request History’. When the request is denied, you can resubmit the request by updating information. Select the ‘Resubmit’ button under Action to open the submitted request. Once the information is updated, select ‘Resubmit’ on the top right.
Reminders

• Any changes to staff information (email, phone #, training renewals, etc.) should be submitted in NMSIIS
  • NOTE: A copy of CHIL-e training certificates should also be sent to your regional coordinators
• Step by step instructions can be found under the NMSIIS ‘Reports’ tab
  • VFC Provider Staff Change of Contact and Training Documents 8/22
• When a request is submitted, please be sure to check on the status
New Contact Change Updates

• Providers- New staff will be contacted by the regional staff for VFC New Employee Training.

• Regional Staff- Email will be sent when staff changes are approved and updated in NMSIIS. You will then contact the new staff to conduct the VFC New Employee Training.
# Request For Temporary Vaccine Transfer & Storage Or Office Closures

This form is to be used for a Temporary Closure for your site.

- **The 1st option** is the Temporary Vaccine Transfer and storage ranging 4-13 days. Vaccines must be transferred physically and in NMSIIS.
- **The 2nd option** is Office Closures ranging 14 or more days. For Example, this option should be used for the school locations during summer break. Vaccines must be transferred physically and in NMSIIS.

This form must be received and Approved by the VFC program prior to transporting the vaccine.

### Table: Request For Temporary Vaccine Transfer & Storage Or Office Closures

<table>
<thead>
<tr>
<th>Office/Clinic Name</th>
<th>VFC Pin #</th>
<th>Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip</td>
<td>Phone Number</td>
<td>Physician Signing</td>
<td>Phone Number</td>
</tr>
<tr>
<td>Primary Vaccine Coordinator</td>
<td>Phone Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Backup Vaccine Coordinator</td>
<td>Phone Number</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Checklist: Temporary Vaccine Transfer and Storage - 4 to 13 days
- Complete and record inventory 1-3 days prior to closure
- Complete Temporary Vaccine Transfer and storage Monitoring Plan form
- Complete and submit Vaccine Transfer form
- Complete the Transfer in NMSIIS of all vaccines
- Transport vaccine in accordance with CDC storage and handling guidelines
- Complete return closure monitoring Plan form
- When returning vaccine back to the facility, complete the Vaccine Transfer form
- Complete the Transfer in NMSIIS of all vaccines back to the facility

### Checklist: Office Closures - 14 days or more
- Complete and record Vaccine inventory 1-3 days Prior to closure
- Complete Office closure Plan form
- Complete and submit vaccine transfer form
- Complete the Transfer in NMSIIS of all vaccines
- Transport vaccine in accordance with CDC storage and handling guidelines
- Complete return closure monitoring Plan form
- When returning vaccine back to the facility, complete the Vaccine Transfer form
- Complete the Transfer in NMSIIS of all vaccines back to the facility

### Persons responsible for implementation of this plan and all vaccine transport, handling, and documentation:

- **Primary Coordinator Signature**: Date:
- **Backup Coordinator Signature**: Date:
- **VFC Regional Coordinator Signature**: Date:
- **VFC Health Educator Signature**: Approved: Date: Denied: Date:
After receiving Approval of Request for a Temporary Vaccine Transfer and Storage from the VFC program, the Temporary Vaccine Transfer and Storage Monitoring Plan will need to be completed, which again is for facilities closing 4-13 consecutive days.

Notes: Any holiday office closures that have 4 consecutive business days, not to include weekends, do not need to transfer VFC vaccines.

Once all data is completed this form must be sent to your Regional Coordinator for signatures of completion.
Office Closure Monitoring Plan

Once the Request for Office Closure has been approved, the facility will then need to complete an Office Closure Monitoring Plan Form, which must be completed for closures ranging 14 consecutive days or more.

Examples of these closures include, school closures for summer break, Natural Disasters, Office Remodels, and Holiday breaks.

- Once all data is completed this form must be sent to your Regional Coordinator for Signatures of Completion.
Refrigerated Vaccine Transport Log

### Vaccine for Children (VFC) Program
Refrigerated Vaccine Transport Log
Complete this log when transferring vaccines to an alternate or back-up refrigerator, or when transporting to another provider/location.

Data Logger must accompany vaccines.
Temperature log must be downloaded and saved when transfer is complete.

<table>
<thead>
<tr>
<th>Transfer Information</th>
<th>VFC PIN:</th>
<th>Transfer in NMSIS sent?</th>
<th>Yes</th>
<th>No</th>
<th>n/a*</th>
</tr>
</thead>
<tbody>
<tr>
<td>FROM Provider Name:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TO Provider Name:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transfer Reason</th>
<th>Circle and add notes if necessary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Power Outage</td>
<td></td>
</tr>
<tr>
<td>Excess Supply</td>
<td></td>
</tr>
<tr>
<td>Short-dated</td>
<td></td>
</tr>
<tr>
<td>Storage unit malfunction</td>
<td></td>
</tr>
<tr>
<td>Building maintenance</td>
<td></td>
</tr>
<tr>
<td>Other/Notes:</td>
<td></td>
</tr>
</tbody>
</table>

### Vaccine Inventory and Temperature Monitoring Information
Print and attach your on-hand inventory from NMSIS and the date, time, and initials of the staff member who verified the vaccine count prior to transport; also, mark any vaccine doses that have been previously transported.

Transport Log and Notes: Please include specific dates and times of vaccine packing, transport, unpacking, etc.

<table>
<thead>
<tr>
<th>Date:</th>
<th>Names of individuals performing transport tasks below (print):</th>
<th>Serial number of data logger used:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccine counted</td>
<td>Begin time and temp</td>
<td>End time and temp</td>
</tr>
<tr>
<td>Vaccine packed per guidelines</td>
<td>Begin time and temp</td>
<td>End time and temp</td>
</tr>
<tr>
<td>Vaccine transport</td>
<td>Begin time and temp</td>
<td>End time and temp</td>
</tr>
<tr>
<td>Vaccine unpacked and stored</td>
<td>Begin time and temp</td>
<td>End time and temp</td>
</tr>
<tr>
<td>Total Transport Time: Notes:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If transport temperatures exceed recommended ranges, immediately notify your Regional contact/s at the VFC program:

- **Metro Region**
  - 505-709-7866
  - 505-709-7811
  - 505-670-0153

- **Northeast Region**
  - 505-547-2643
  - 505-547-2622

- **Northwest Region**
  - 505-841-8949

- **Southeast (a)**
  - Kelly Bassett
  - 575-765-6819 ext. 6818

- **Southeast (b)**
  - 575-397-2463 ext. 6816

Updated December 2022

---

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Transferring Vaccines in NMSIIS

1. Go to your On-Hand in NMSIIS

2. Locate the vaccine being transferred and click on Action Drop down, Next click on transfer

3. Completely fill out the Vaccine Inventory Transfer section. Then click on create on the top right corner
COMING SOON Updated Online CHIL-e Training!!
Digital Signatures

1. Click on the *red arrow under the appropriate title of which you are signing.*
• The “Sign with a Digital ID” box will appear, click on **Configure New Digital ID**

• The “Configure a Digital ID for signing” box will appear, click on **Create a new Digital ID and Continue**
• The “select the destination of the new Digital ID” box will appear, click on Save to File and Continue.

• The “Create a self-signed digital ID” box will appear. Enter Name and Email Address then click Continue.
• The “Save the self-signed Digital ID to a file” box will appear, click on the **Browse**.

• A file path box will appear, file your Digital ID in your files and click **Save**.
• This will take you back to the “Save the self-signed Digital ID to a file” box. Enter a **password to protect the Digital ID**, **Confirm the password** then click **Save**.

• The “Sign with a Digital ID” box will appear with the **Digital ID File**, click on **Continue**.
• The Sign as “person’s name” box will appear, Enter the Digital ID password that was created above, the Save button will appear, click on **Sign**.

• The file path box will appear. Locate the Digital ID from your files to the **file name** and click **Save**.
• The Digital signature will appear in the signature box along with the date of signature
# Shipping Dates

## Vaccine Shipping Days

Why it is important to have accurate information for Clinic Delivery Hours in NMSIIS.

McKesson shipments may arrive on any day of the week. Your site’s business hours as you entered them into NMSIIS, are uploaded onto VTrckS and shared directly with the shipper. Below is the vaccine shipping schedule. Note: Orders may ship out more quickly than the “Order Shipped By” day shown in this table.

<table>
<thead>
<tr>
<th>Orders Received* On (Date Submitted to VTrckS)</th>
<th>Orders Shipped By** (On truck delivery next Day)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Thursday</td>
</tr>
<tr>
<td>Tuesday</td>
<td>Monday</td>
</tr>
<tr>
<td>Wednesday</td>
<td>Monday</td>
</tr>
<tr>
<td>Thursday</td>
<td>Tuesday</td>
</tr>
<tr>
<td>Friday</td>
<td>Wednesday</td>
</tr>
</tbody>
</table>

*Ship day ends at 12:00 noon Local Distribution Center Time- New Mexico Distributor is in Aurora CO and on MST.

## Vaccine Orders

![Vaccine Orders Screenshot](image)

**“Orders shipped by” applies to providers with normal business hours only. (Monday-Friday 8:00am-5:00pm) Providers with hours other than normal business hours should note that orders may ship out later than the “Orders Shipped By” date shown in this table.
Step 1: find the date Submitted to VTrcks for your order.

Step 2: Hover over the green question mark to locate the time the order was Submitted to VTrcks.

- *Ship day ends at 12:00 noon Local Distribution Center Time- New Mexico Distributor is in Aurora CO and on MST.
- Our local Distributor is in Aurora Colorado, the ship day ends at 12:00 noon Mountain Standard Time.
- The upload for orders must be submitted to VTrcks by 10:00 am MST. which is 12:00 noon EST. to follow the Vaccine Shipping Days Schedule.
- If the upload for orders is submitted after 10:00 am MST. then the schedule should be followed using the next day under the “Orders Received On” on the Vaccine Shipping Days.
Entering Frozen Vaccine Inventory Into NMSIIS

• Frozen vaccines are shipped from 2 separate accounts and depending on which funding source they are from, the entry of the vaccines in to your on-hand inventory will be different.
Entering Frozen Vaccine Inventory Into NMSIIS

• Frozen shipments that are received with the packing slip stating “Sold To- CDC IMMUNIZATION DVI FMO-CDC” can be accepted into inventory using the usual blue hyperlink.
Entering Frozen Vaccine Inventory Into NMSIIS

- Frozen shipment that are received with the packing slip stating “Sold To- NM DEPT OF HEALTH IMMUN STATE FROZEN” must be manually added to inventory.
Adding Inventory Manually

1. Click Inventory
2. Click Vaccine
3. Click On-Hand
4. On-Hand Inventory Screen will now be displayed
• Click the **Add New Inventory** button to add new frozen vaccine from the **NM DEPT OF HEALTH IMMUN STATE FROZENS** Packing Slip.

1. Enter **Date**
2. Select your **Inventory Location** using the drop down
3. Utilizing your dropdown menu, select the **Trade Name** of the vaccine name and based on the recognized values entered, the vaccine will be displayed
4. Enter the correct **lot number**
5. Enter the **expiration date**
6. Select the **funding source (Pediatric Blended)**
7. Enter the **expiration date**
8. Select **Create** to finalize
Preparing Frozen Vaccines for Administration

Statewide Training 2024
# Frozen Vaccines with Diluents

<table>
<thead>
<tr>
<th>Vaccine Product</th>
<th>Vaccine Component</th>
<th>Liquid Diluent</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19 (some) Pfizer formulations</td>
<td>Liquid concentrate containing mRNA in lipid nanoparticles</td>
<td>Sterile water</td>
</tr>
<tr>
<td>MMR (can be stored refrigerated)</td>
<td>Dried Measles, Mumps, Rubella</td>
<td>Sterile water</td>
</tr>
<tr>
<td>ProQuad</td>
<td>Dried Measles, Mumps, Rubella, Varicella</td>
<td>Sterile water</td>
</tr>
<tr>
<td>Varivax</td>
<td>Dried Varicella</td>
<td>Sterile water</td>
</tr>
</tbody>
</table>
Vaccines with Diluents: How to Use Them

• Only use the diluent provided by the manufacturer for that vaccine as indicated.

• ALWAYS check the expiration date on the diluent and the vaccine. NEVER use expired diluent or vaccine.

• Never freeze diluents.
Vaccines with Diluents: How to Use Them

• Reconstitute vaccines just prior to use by:
  • Removing the protective caps and wiping each stopper with an alcohol swab
  • Inserting needle of syringe into diluent vial and withdrawing entire contents, and
  • Injecting diluent into lyophilized vaccine vial and rotating or inverting to thoroughly dissolve the powder.
Merck Prefilled Diluent Syringe

One less step for prep: M-M-R II, VARIVAX, and ProQuad come with a prefilled diluent syringe.

Preparation for Administration Using a Prefilled Diluent Syringe

1. Attach a needle to the prefilled syringe.
2. Visually inspect the vaccine for discoloration. Slowly inject the entire volume of sterile diluent into the lyophilized vaccine vial. Gently agitate to dissolve completely. Discard if the lyophilized vaccine cannot be dissolved. Do not use the product if particulates are present or if it appears discolored.
3. Visually inspect the vaccine again for discoloration. Withdraw and administer the entire volume of the reconstituted vaccine.
Vaccines with Diluents: How to Use Them

- Check the appearance of the reconstituted vaccine.
- Reconstituted vaccine may be used if the color and appearance match the description on the package insert.
## Time allowed between reconstitution and use

<table>
<thead>
<tr>
<th>Vaccine Product Name</th>
<th>Time allowed after reconstitution</th>
<th>Color When Reconstituted</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19, Pfizer (some formulations)</td>
<td>12 hours</td>
<td>White to off-white suspension and may contain white to off-white opaque amorphous particles</td>
</tr>
<tr>
<td>MMRII</td>
<td>8 hours</td>
<td>Clear yellow liquid</td>
</tr>
<tr>
<td>MMRV</td>
<td>30 minutes</td>
<td>Clear pale yellow to light pink liquid</td>
</tr>
<tr>
<td>Varivax</td>
<td>30 minutes</td>
<td>Clear, colorless to pale yellow liquid</td>
</tr>
</tbody>
</table>
REMEMBER

If reconstituted vaccine is not used immediately or comes in a multidose vial, be sure to:

Clearly mark the vial with the date and time the vaccine was reconstituted
Maintain the product at 36F-46F in the dark, and
Use only within the time indicated in the chart.
What does a nonviable frozen vaccine look like?

- Discoloration
- Dried vaccine will not go into solution
- Dried vaccine cannot be thoroughly mixed
- Extraneous particulates
- Color and appearance doesn’t match the description on the package insert
Returning A Spoiled Dose

If the vaccine has been determined to be spoiled, either because it did not reconstitute correctly or due to improper storage conditions, complete a troubleshooting record for the dose of vaccine, submit this with the manufacturer’s advice to your Regional Immunization Coordinator and vfc.health-educator@doh.nm.gov

Create a return in NMSIIS for the spoiled dose and dispose of the vial in your biohazardous waste.
Most Common VFC Vaccine Ordering- Denial Reasons

- Incorrect wastage (Covid, open vial with doses not administered)
- Pediatric and Adult vaccines come from different funding sources so must be ordered separately.
- NOT reconciling once per month- VFC providers must reconcile monthly whether ordering or not.
- Only reconcile once if you order once per month.
- Late Temperature Logs 2 months in a row- contact your Regional Coordinator for a site visit.
- Provider has expired CHIL-e certificates
- Routine/Emergency Plans need updating
- Outstanding Temperature Excursion Reports/Returns
- Special Event times example; Recertification, Provider Population, submission of Temporary and Office Closure forms
Questions?
ADULT 317/ASP Vaccine

Vanessa Hansel
Adult Vaccine Manager
Adult Vaccine Contact information

Adult.vaccines@doh.nm.gov
What is new with Adult Vaccines?
Staff Updates

- The Adult Vaccine Team consists of three (3) full-time staff members.
- Vanessa Hansel-Adult Vaccine Manager
- Veronica Rosales- Quality Improvement/Quality Assurance Epidemiologist.
- Brandy Jones-Perinatal Hepatitis B and Adolescent Vaccine Coordinator.
On February 13-15, 2024, the Adult Vaccine Manager (AVM), and other staff from the program attended the CDC site visit in Atlanta. (Katie Cruz, Andrea Romero, Scarlett Swanson, and Edward Wake).

- AVM Presented the successes of the Adult Vaccine Program to all attending jurisdictions and CDC staff.
- Provided insight to other states wanting to expand their Adult Vaccine Program.
Adult Media Toolkit

https://www.nmhealth.org/about/phd/idb/imp/vfa/
317 vs Adult Special Purpose
317 Vaccine Use:

• NMDOH received a finite quantity of federal funds each year for immunization of uninsured adults.

• All providers administering 317 vaccine MUST screen AND document eligibility status.
  • Uninsured (self-pay) or under-insured*
  • Incarcerated in a correctional facility or jail
  • Receiving vaccine as post-exposure prophylaxis
  • Household or sexual contact of a pregnant or postpartum woman with hepatitis B
ASP (Adult Special Purpose/Adult State)

- Only for Public Health Offices
- Designed for individuals with insurance to supplement 317
- Screen and document insurance
- Only order what is needed
- Orders can be submitted on NMSIIS
Adult Vaccine Ordering, Returns, Temperature Excursions
Orders and Returns

• Returns and Orders must be separate from pediatric (PED) returns
317/ASP ordering

• 317 orders MUST be submitted in NMSIIS.
• Covid orders need to be submitted separately from all other vaccine orders in NMSIIS.
• ASP orders must be submitted on NMSIIS. In NMSIIS comment ASP or 317.
• Be sure to click, "SUBMIT," or your order won't be sent for approval.
317/ASP TSR

- Report separately form PED troubleshooting report (TSR)
- Submit Adult (ADU) TSR documents to adult.vaccines@doh.nm.gov
### NM Adult Immunization Troubleshooting Record

**GlaxoSmithKline**

<table>
<thead>
<tr>
<th>Manufacturer Representative: Phone: 364-7777</th>
<th>Vaccine Name</th>
<th># of Doses</th>
<th>Advice Given</th>
<th>Date/Time: Case #:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Engerix B (Hep B-alum)</td>
<td></td>
<td>OK to Use / Do NOT Use</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fluvarix (Flu)</td>
<td></td>
<td>OK to Use / Do NOT Use</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Havrix (Hep A)</td>
<td></td>
<td>OK to Use / Do NOT Use</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Shingrix (Shingles)</td>
<td></td>
<td>OK to Use / Do NOT Use</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Twinrix (Hep A/B)</td>
<td></td>
<td>OK to Use / Do NOT Use</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other:</td>
<td></td>
<td>OK to Use / Do NOT Use</td>
<td></td>
</tr>
</tbody>
</table>

**Pfizer**

<table>
<thead>
<tr>
<th>Manufacturer Representative: Phone: 1-800-358-7443 PCV20 or 800-438-1985 (COVID)</th>
<th>Vaccine Name</th>
<th># of Doses</th>
<th>Advice Given</th>
<th>Date/Time: Case #:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Prevnar 20 (PCV20)</td>
<td></td>
<td>OK to Use / Do NOT Use</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Comirnaty (19+)</td>
<td></td>
<td>OK to Use / Do NOT Use</td>
<td></td>
</tr>
</tbody>
</table>

**Sanofi Pasteur**

<table>
<thead>
<tr>
<th>Manufacturer Representative: Phone: 1-800-822-2463</th>
<th>Vaccine Name</th>
<th># of Doses</th>
<th>Advice Given</th>
<th>Date/Time: Case #:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adacel (Tdap)</td>
<td></td>
<td>OK to Use / Do NOT Use</td>
<td></td>
</tr>
</tbody>
</table>

**Merck**

<table>
<thead>
<tr>
<th>Manufacturer Representative: Phone: 1-800-672-6372</th>
<th>Vaccine Name</th>
<th># of Doses</th>
<th>Advice Given</th>
<th>Date/Time: Case #:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Gardasil (HPV)</td>
<td></td>
<td>OK to Use / Do NOT Use</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MMR II (MMR)</td>
<td></td>
<td>OK to Use / Do NOT Use</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pneumovax (PPSV23)</td>
<td></td>
<td>OK to Use / Do NOT Use</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Varivax (Varicella)</td>
<td></td>
<td>OK to Use / Do NOT Use</td>
<td></td>
</tr>
</tbody>
</table>
Influenza Vaccine 317/ASP

• Continue to follow all 317 guidelines
• Screen for eligibility
• Orders can be submitted to adult.vaccines@doh.nm.gov email
• Please continue to ensure you are entering doses when received.
• Return doses through NMSIIS when they expire (6/30/24)
IMMUNIZE FOR A HEALTHY FUTURE

BECOME A 317 ADULT VACCINE PROVIDER

CONTACT US AT ADULT.VACCINES@DOH.NM.GOV

As a 317 vaccine provider you can provide immunizations to uninsured adults. For further information and screening guidelines visit immunizennm.org.
Questions?
Office Hour for New Mexico Vaccine Providers

Edward Wake
Immunization Program
New Pfizer 12+ Vaccine: Chilled

- As of December 18, 2023, Pfizer-BioNTech COVID-19 12+ vaccines have been replaced with a new presentation consisting of 10 manufactured-filled syringe (MFS) cartons (NDC 00069-2377-10).
- This is a refrigerated formulation and is never frozen.
- It must be stored between 2°C and 8°C (36°F and 46°F).
- Do not store at ultra-cold or standard freezer temperatures.
- Use through the expiration date printed on the carton.
  - A Beyond-Use Date (BUD) for refrigerator storage does not apply.
- This new storage and handling guidance applies to this presentation only.
  - Other Pfizer’s COVID-19 vaccine presentations will continue to be shipped frozen and can be stored as before.
- Continue to use the original Pfizer 12+ vaccine on hand (NDC 00069-2362-10) until depleted or
COCA Now report released 1/05/2024 communicated recent increase in nirsevimab supply and the manufacturers’ plan to release an additional 230,000 doses in January.

https://emergency.cdc.gov/newsletters/coca/2024/010524a.html
Nirsevimab Supply and Recommendations

- CDC advises healthcare providers to return to recommendations put forward by CDC and the Advisory Committee on Immunization Practices (ACIP) on use of nirsevimab in young children.
  - Administer a single dose of nirsevimab to all infants aged less than 8 months, as well as children aged 8 through 19 months at increased risk.

https://emergency.cdc.gov/newsletters/coca/2024/010524a.html
Sunsetting of Seasonal Administration of Maternal RSV Vaccine

- Seasonal administration of maternal RSV vaccine is only recommended through the end of January for most of the continental United States.

- 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 on timing of maternal RSV vaccination.

- Infants born to unvaccinated mothers during RSV season should receive nirsevimab instead through the end of March (i.e., February 1–March 31) in most of the continental US.
# ACIP RSV Immunization Seasonal Recommendations Summary*

<table>
<thead>
<tr>
<th>Population</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Infants and children</strong> (nirsevimab)</td>
<td>Administer during October–March in most of the continental U.S.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Providers can adjust administration schedules based on local epidemiology.†</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pregnant people</strong> (Pfizer, Abrvso)</td>
<td>Administer during September–January in most of the continental U.S.</td>
<td>ONLY jurisdictions whose seasonality differs from most of the continental US may administer outside of September–January.†</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Adults 60+</strong> (Pfizer, Abrvso; GSK, Arexvy)</td>
<td>Offer as early as vaccine is available using shared clinical decision making; continue to offer vaccination to eligible adults who remain unvaccinated.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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/1.png](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.

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Trivalent Vs. Quadrivalent Influenza Vaccines

- For several decades prior to 2012, seasonal influenza vaccines were trivalent, containing three viruses: one A(H1N1), one A(H3N2), and one B virus.

- Influenza B viruses come from two lineages, B/Victoria and B/Yamagata.
  - Trivalent vaccines contained only one B virus from one lineage.

- Quadrivalent (4-virus) influenza vaccines were first introduced for the 2013-14 influenza season.
  - Contain two influenza B viruses: one from each lineage.
  - Rationale: improve coverage of/protection against influenza B viruses.

- Transition from trivalent to quadrivalent influenza vaccines occurred over nine influenza seasons.
  - As of the 2021-22 influenza season, all influenza vaccines marketed in the U.S. are quadrivalent.
Implications for the 2024–2025 U.S. Influenza Season

- Timelines are not certain.
- It is possible that both trivalent and quadrivalent influenza vaccines might be available for the 2024–2025 U.S. influenza season.
  - If this occurs, both will be recommended for use.
Measles Cases and Outbreaks 2024

• As of February 20, 2024, measles cases have been reported by 13 jurisdictions: Arizona, California, Georgia, Maryland, Minnesota, Missouri, New Jersey, New York City, Ohio, Pennsylvania, Florida, Washington and Virginia

• There are currently large outbreaks in many Asian, Middle Eastern, African and European countries
  • In Europe and western Asia, measles numbers went from under 1,000 in 2022 to 30,000 in 2023, and these numbers appear to be increasing in 2024
Number of measles cases reported by year

2010-2023* (as of February 15, 2024)

(Number of cases reported each year)

- 2010: 63
- 2012: 55
- 2014: 667
- 2016: 86
- 2018: 375
- 2020: 13
- 2022: 121
- 2023: 58
Measles Infection

• Measles is an acute viral disease characterized by fever (as high as 105°F), cough, coryza, conjunctivitis and followed by a maculopapular rash

• The rash begins in the face and spreads down to the rest of the body

• The diagnosis should be confirmed by laboratory testing using serology and reverse transcriptase polymerase chain reaction assay (RT-PCR) or culture
Laboratory Diagnosis

- Diagnostic testing for measles should include serologic, molecular and virologic testing.
- The detection of viral presence in a nasopharyngeal swab by RT-PCR, measles-specific IgM antibodies, or a significant rise in measles-specific IgG antibody concentration between acute and convalescent sera establishes the diagnosis.
- False positive IgM results are possible, and vaccinated cases should be confirmed by RT-PCR or viral culture.
- Virus can be isolated in cell culture from serum or a throat or nasopharyngeal swab collected ideally within 1-3 days of rash onset, but up to 10 days (14 days for PCR) after rash onset.
- Urine may optionally be collected within 8 days of rash onset but is not preferred; priority should be placed on collecting a throat or nasopharyngeal swab and serum.
- Because measles is rare in the US, the diagnosis should be confirmed by laboratory testing.
Measles – Clinical Case Definition

- Fever (up to 105°F) **AND**
- Rash **AND**
- At least 1 of “The 3 C’s”
  - Cough
  - Coryza (runny nose)
  - Conjunctivitis

Measles rash

Measles conjunctivitis

https://healthjade.com/measles
Measles Rash

- Typical presentation:
  - Starts on face, at hairline, or behind ears
  - Spreads downwards to neck, trunk, extremities
  - Maculopapular
    - Small raised or flat red bumps
    - Spots may join together as the rash spreads
  - Not usually itchy
  - Koplik spots may be present on buccal mucosa

https://www.nhs.uk/conditions/measles
Measles Rash
Measles Transmission

• Reservoir:
  • Humans are the natural hosts and there are no known animal reservoirs.

• Mode of transmission:
  • Airborne by droplet spread and direct contact with nasal or throat secretions of infected people.
  • Measles is one of the most highly communicable infectious diseases, infecting >90% of susceptible contacts.

• Period of communicability:
  • From 4 days before the onset of rash through four days after rash onset
Incubation period

- Range of 8-12 days (mean: 10 days) from exposure to onset of prodromal symptoms
- The average interval between the appearance of rash in the index case and subsequent cases is 14 days with a range of 7-21 days
# Measles Complications

<table>
<thead>
<tr>
<th>Condition</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diarrhea</td>
<td>8%</td>
</tr>
<tr>
<td>Otitis media</td>
<td>7 – 9%</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>1 – 6%</td>
</tr>
<tr>
<td>Hospitalization</td>
<td>1 in 4 cases</td>
</tr>
<tr>
<td>Encephalitis</td>
<td>1 per 1,000 cases</td>
</tr>
<tr>
<td>Death</td>
<td>1–3 per 1,000 cases</td>
</tr>
<tr>
<td>Subacute Sclerosing Panencephalitis (SSPE)</td>
<td>7–11 per 100,000 cases*</td>
</tr>
</tbody>
</table>
People at high risk for complications

- Infants and children aged <5 years
- Adults aged >20 years
- Pregnant women
- People with compromised immune systems, such as from leukemia and HIV infection
Prevention (Vaccination)

• A single dose of live, attenuated measles virus vaccine is 93% effective against measles, while two doses are 97% effective.

• Measles vaccine is to be administered as a component of the MMR or measles/mumps/rubella/varicella (MMRV) vaccine when a child is 12-15 months of age and at school entry at 4-6 years.

• The second dose may be received earlier, if it occurs at least 28 days after the first dose.

• The first dose should preferably be MMR rather than MMRV, to lessen the risk for fever and side effects.
What to Do and Who to Contact

• Any suspected case of measles requires immediate reporting by the NM Administrative Code

• Do not allow any suspected measles cases present in waiting area where other susceptible people are gathered

• Contact the Epidemiology and Response Division (ERD) immediately for any suspected or confirmed case of measles in a school or childcare center

• Providers can (and should) call the 24/7 Epi On-Call hotline at 1-833-SWNURSE (1-833-796-8773) for any infectious disease concern, including wanting to discuss a possible measles case and arranging testing
Resources

• New Mexico Communicable Diseases Manual-Measles
  https://www.nmhealth.org/publication/view/general/5093/

• CDC Measles Fact Sheet

• CDC Measles Toolkit
  https://www.cdc.gov/measles/toolkit/healthcare-providers.html

• CDC Measles Infographic
Questions
Returning Expired VFC or 317 COVID-19 Vaccines
Returning Opened Multidose Vials

Pfizer’s 2023-2024 Pfizer BioNTech Multiple-dose vial is supplied with three, 0.3 mL doses, with a yellow cap and yellow label.

After the first puncture of use, the remaining vaccine in the vial is viable for up to 12 hours.

After the 12-hour window has passed, the vial should be disposed of safely in the biohazard, and the unused vaccine returned in NMSIIS as SPOILED.
Returning Opened Multidose Vials

- Create a new vaccine return

- The Return Reason should be SPOILED
- You will request 0 labels – the vaccines are being reported and removed from your inventory.
- You will dispose of the vials in your biohazard.
- In the clinic comments box, put the comment OPENED MULTIDOSE VIALS
- Click the blue CREATE box, then SUBMIT TO VFC PROGRAM to complete the return.
Returning Expired COVID-19 Doses

- Pfizer’s Comirnaty vaccines can be stored at ultra-low temperatures (-130F to -76F) until the expiration date.
- Once moved to refrigerated storage (36F to 46F) the expiration date is 10 weeks from the day they were moved from the ULT storage.
- Boxes/vials must be labeled to identify when the beyond-use date has been reached.
- Vaccines should NOT be used after this date.
Returning Expired COVID-19 Doses

- Moderna’s Spikevax vaccine is stored between -50F and 5F until it’s expiration date.
- Once moved to refrigerated storage (36F to 46F), the Moderna vaccine is viable for 30 days.
- Boxes/vials must be labeled to identify when the beyond-use date has been reached.
- Vaccines should NOT be used after this date.
Returning Expired COVID-19 Doses

• To return Pfizer or Moderna doses that have expired before the rest of the lot, contact your Regional Immunization Coordinator for assistance or the NMSIIS Help Desk.

• Doses must be subtracted from inventory then added in with the expired expiration date for return to McKesson.
## New Mexico Vaccines for Children (VFC) Program Staff

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### Regional Offices

<table>
<thead>
<tr>
<th>Metro</th>
<th>Northwest</th>
<th>Northeast</th>
<th>Southeast (a) (b)</th>
<th>Southwest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bernalillo, Sandoval, Valencia, Torrance</td>
<td>Cibola, McKinley, San Juan</td>
<td>Colfax, Guadalupe, Los Alamos, Mora, Rio Arriba, San Miguel, Santa Fe, Taos, Union, Harding</td>
<td>A-Eddy, Lea, Lincoln, Chaves, B-Quay, Roosevelt, Curry, De Baca</td>
<td>Catron, Doña Ana, Grant, Hidalgo, Luna Otero, Sierra, Socorro</td>
</tr>
</tbody>
</table>

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**Immunization Coordinator:**  
**Vacant**  

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with questions or issues until further notice.

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Updated 2/2024
Avoiding Loss and Waste

• To avoid loss and waste, do not move more vaccines out of the ultra cold storage than you will use in a 10-week period.

• If you do not have ultra cold storage, consider ordering Moderna’s COVID vaccines as these can be stored at frozen temperatures (-58F to 5F) until their expiration date.

• Only order what you can use in a month’s time.