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NEW MEXICO DEPARTMENT OF HEALTH

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2024 Annual Immunization Program Statewide Training

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

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.

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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

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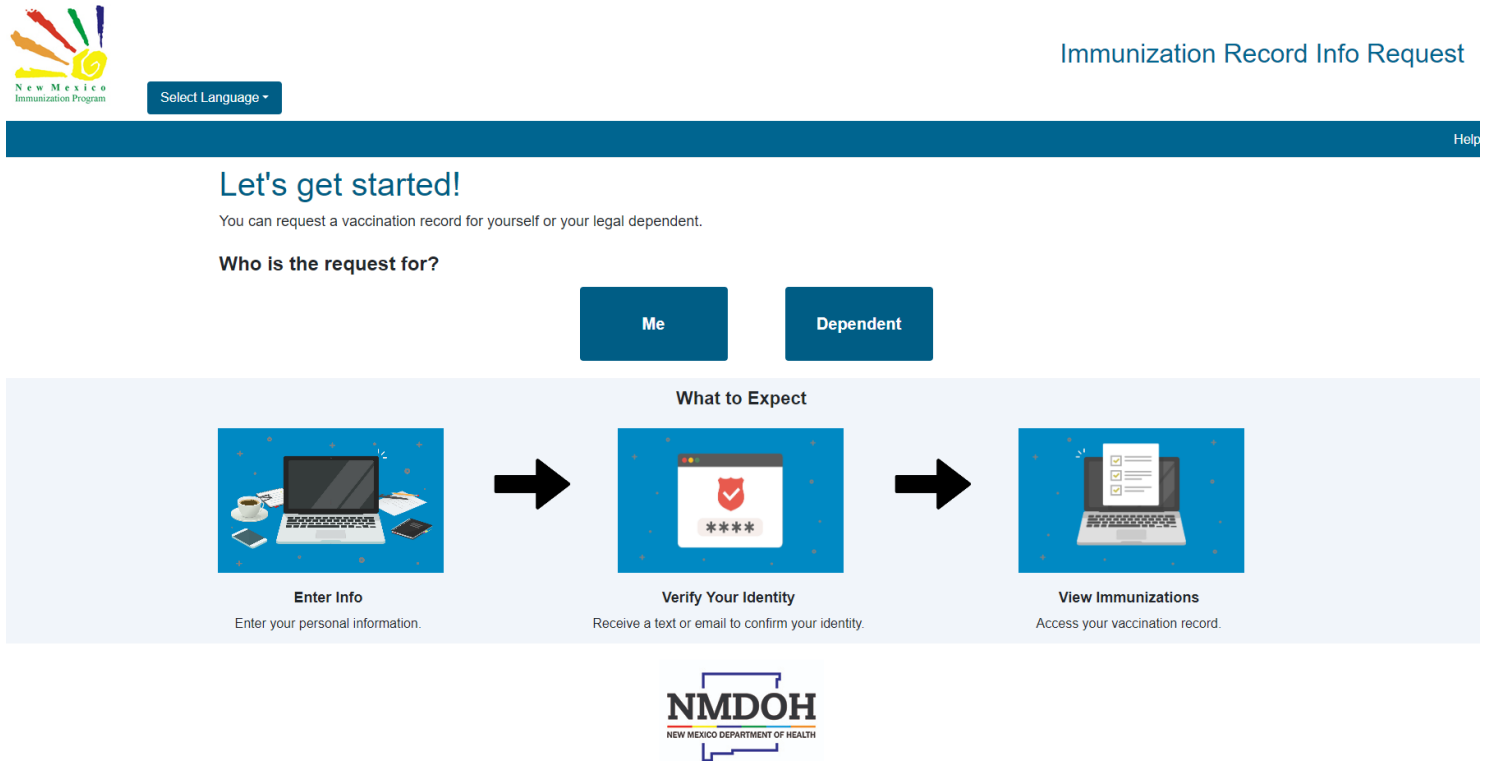
VaxViewNM

NMSIIS Public Portal

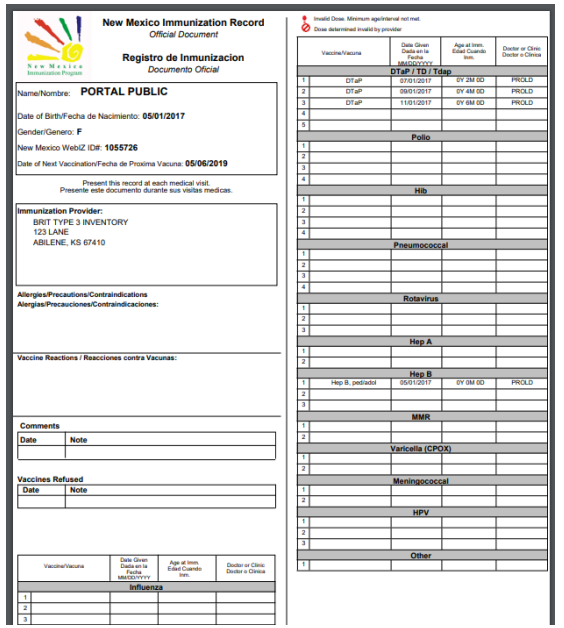
www.VaxViewNM.org

(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.



New Mexico Immunization Record
Official Document

Registro de Inmunizacion
Documento Oficial

Name/Nombre: **PORTAL PUBLIC**

Date of Birth/Fecha de Nacimiento: **05/01/2017**

Gender/Genero: **F**

New Mexico WebIZ ID#: **1055726**

Date of Next Vaccination/Fecha de Proxima Vacuna: **05/06/2019**

Present this record at each medical visit.
Presente este documento durante sus visitas medicas.

Immunization Provider:
BRIT TYPE 3 INVENTORY
123 LANE
ABILENE, KS 67410

Allergies/Precautions/Contraindications
Alergias/Precauciones/Contraindicaciones:

Vaccine Reactions / Reacciones contra Vacunas:

Comments

Date	Note

Vaccines Refused

Date	Note

Vaccine/Vacuna	Date Given Dadia en la Fecha MM/DD/YYYY	Age at Imm. Edad Cuando Imm.	Doctor or Clinic Doctor o Clinica
Influenza			
1			
2			
3			

Invalid Dose. Minimum age/interval not met.
Dose determined invalid by provider

Vaccine/Vacuna	Date Given Dadia en la Fecha MM/DD/YYYY	Age at Imm. Edad Cuando Imm.	Doctor or Clinic Doctor o Clinica
DTaP / TD / Tdap			
1	DTaP	07/01/2017	0Y 2M 0D	PROLD
2	DTaP	09/01/2017	0Y 4M 0D	PROLD
3	DTaP	11/01/2017	0Y 6M 0D	PROLD
4				
5				
Polio				
1				
2				
3				
4				
Hib				
1				
2				
3				
4				
Pneumococcal				
1				
2				
3				
4				
Rotavirus				
1				
2				
3				
Hep A				
1				
2				
Hep B				
1	Hep B, ped/adol	05/01/2017	0Y 0M 0D	PROLD
2				
3				
MMR				
1				
2				
Varicella (CPOX)				
1				
2				
Meningococcal				
1				
2				
HPV				
1				
2				
3				
Other				
1				

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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.

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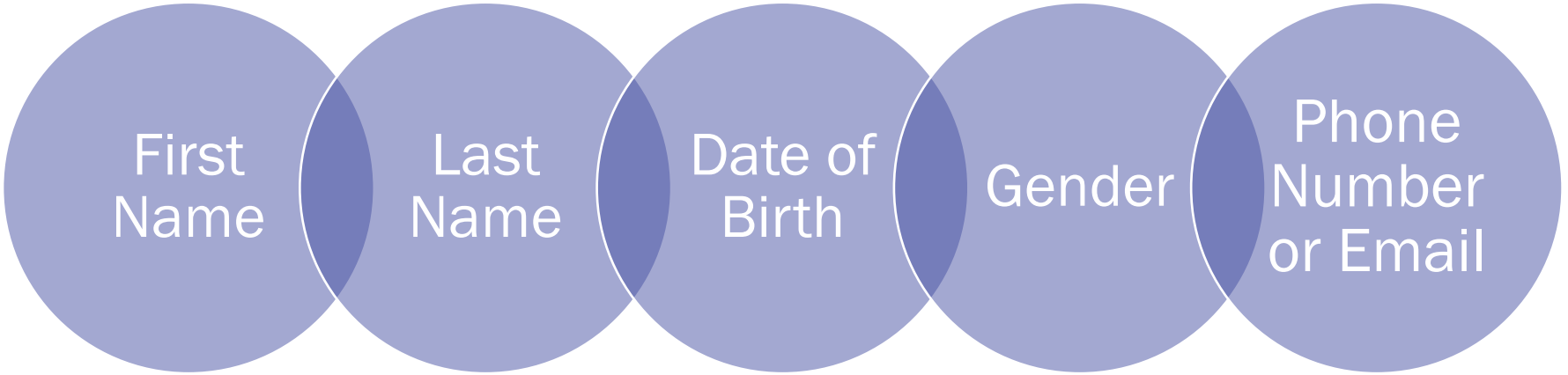
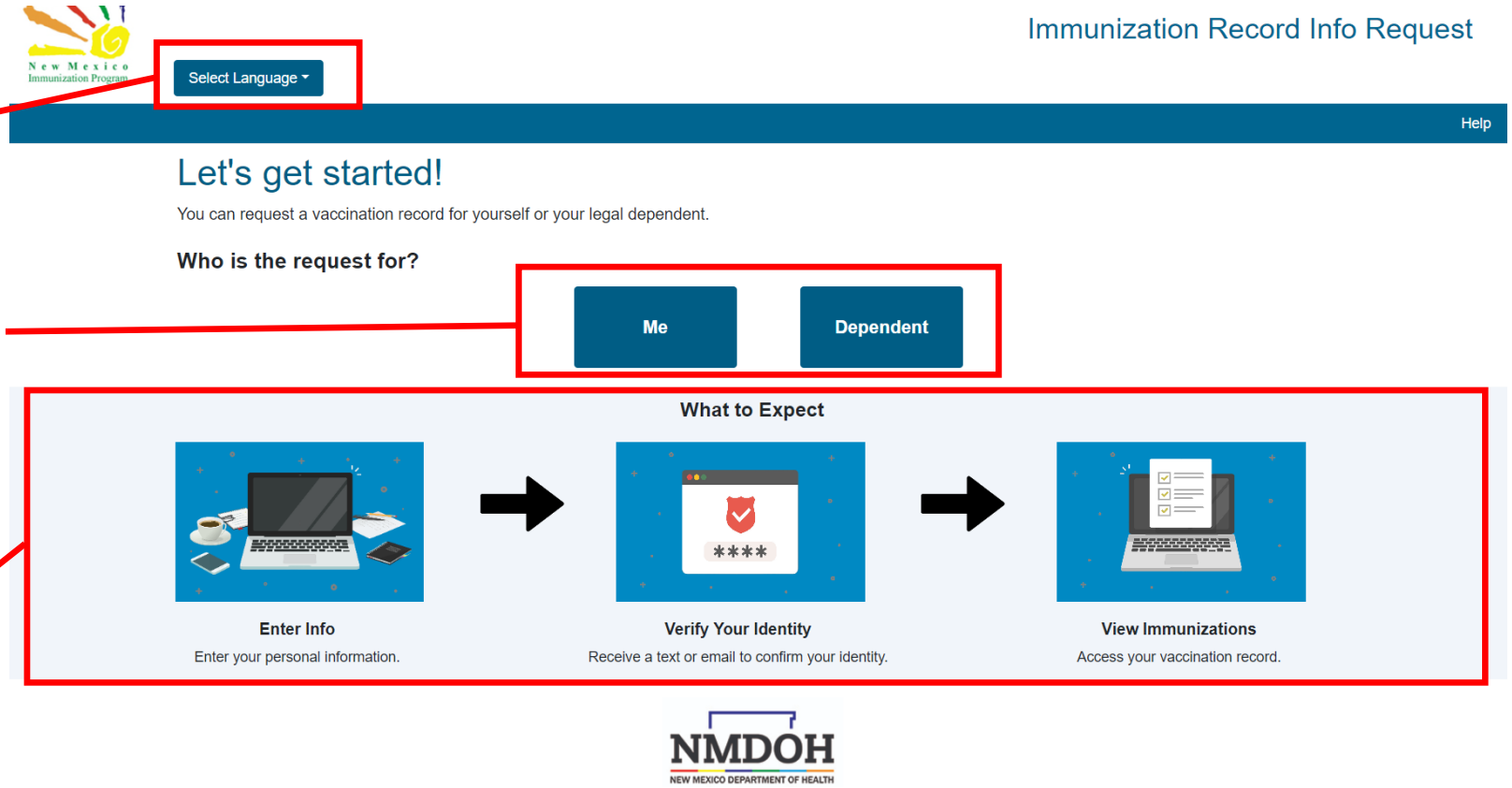
Required Information



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



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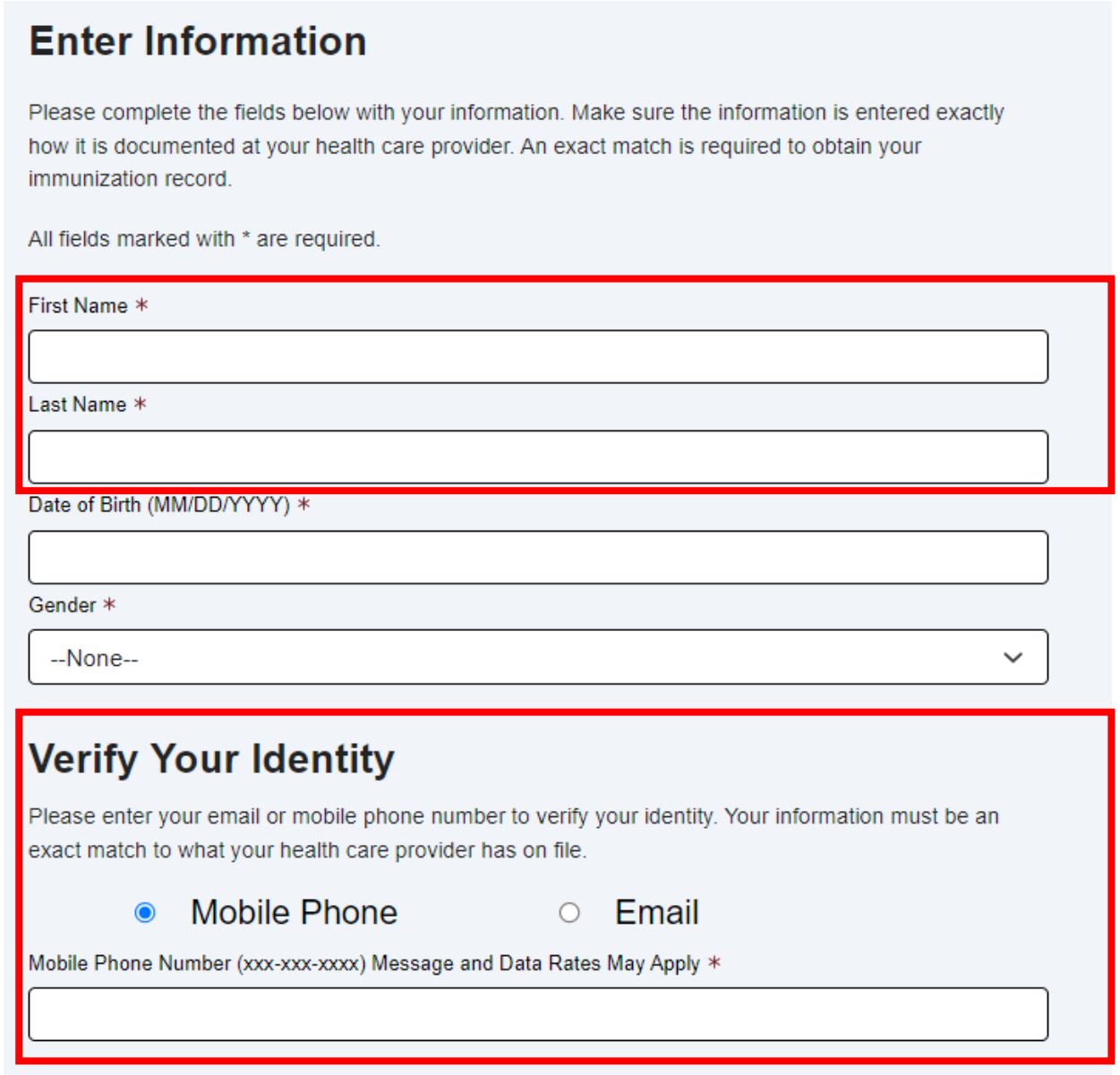
Patient Search

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



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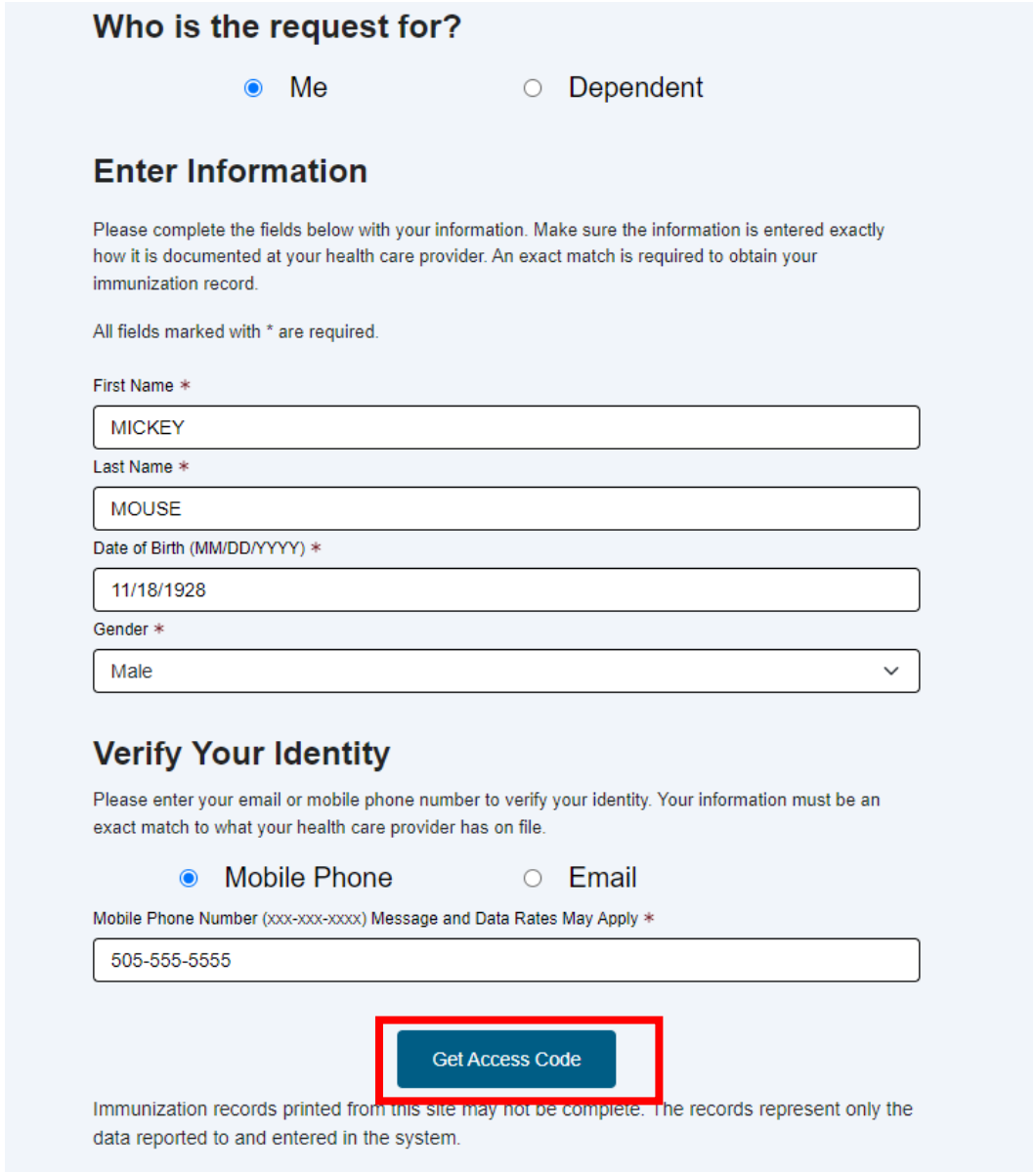
Completed Form

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



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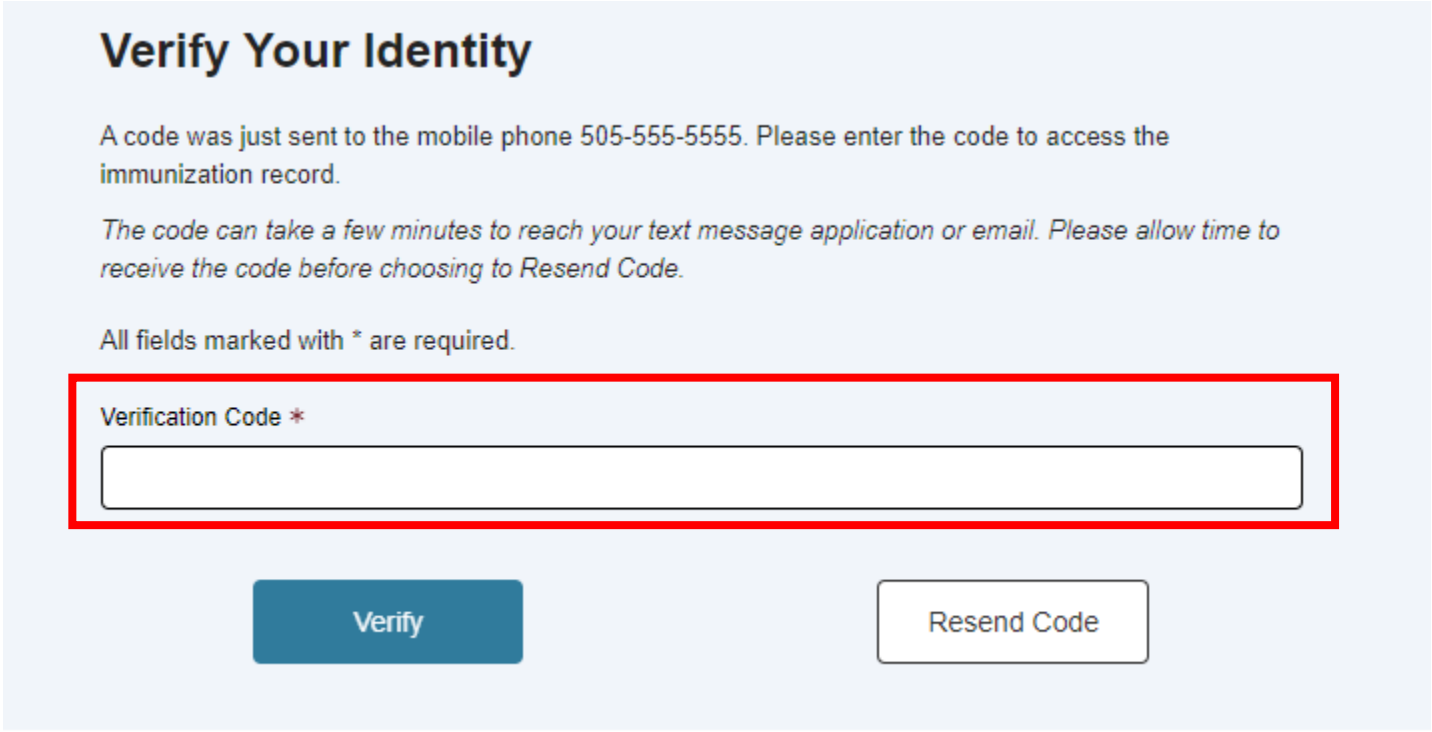
Successful Verification

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.

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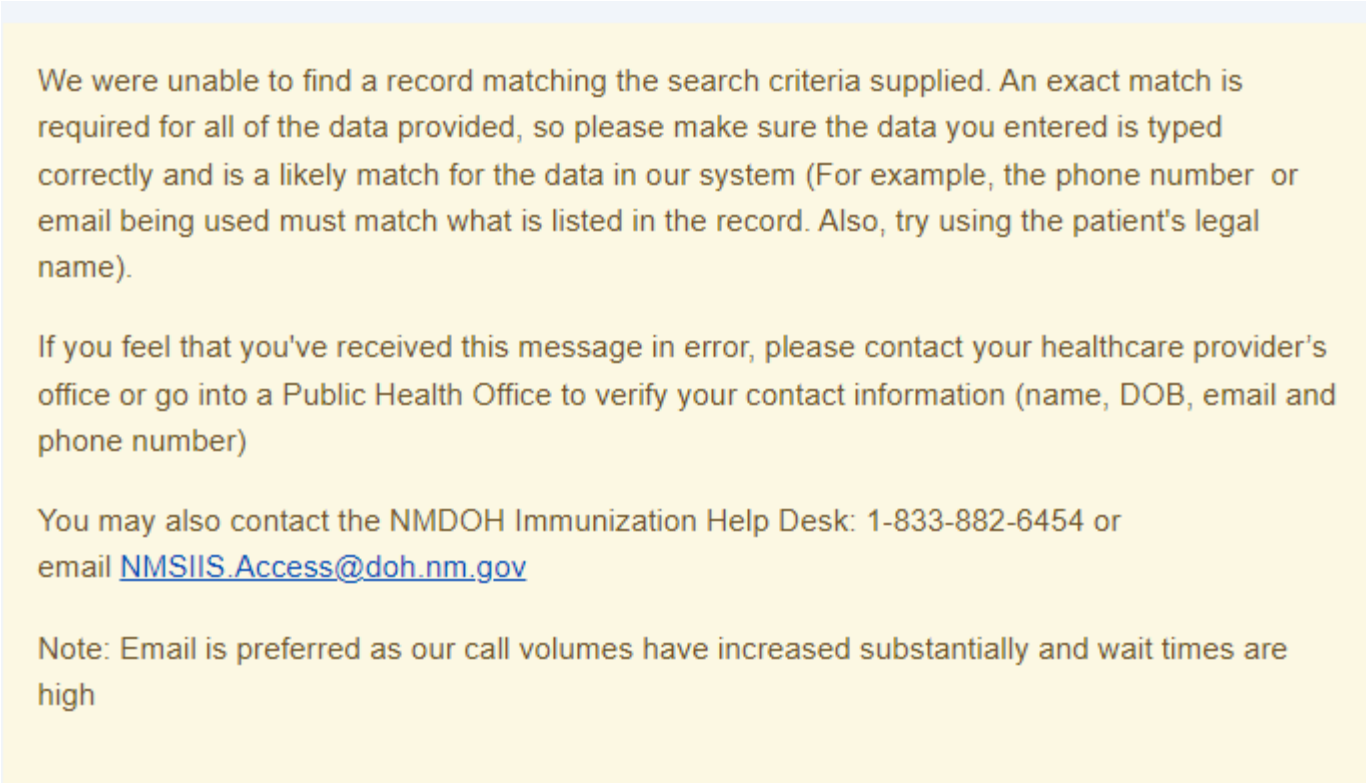
Unsuccessful Verification

- 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

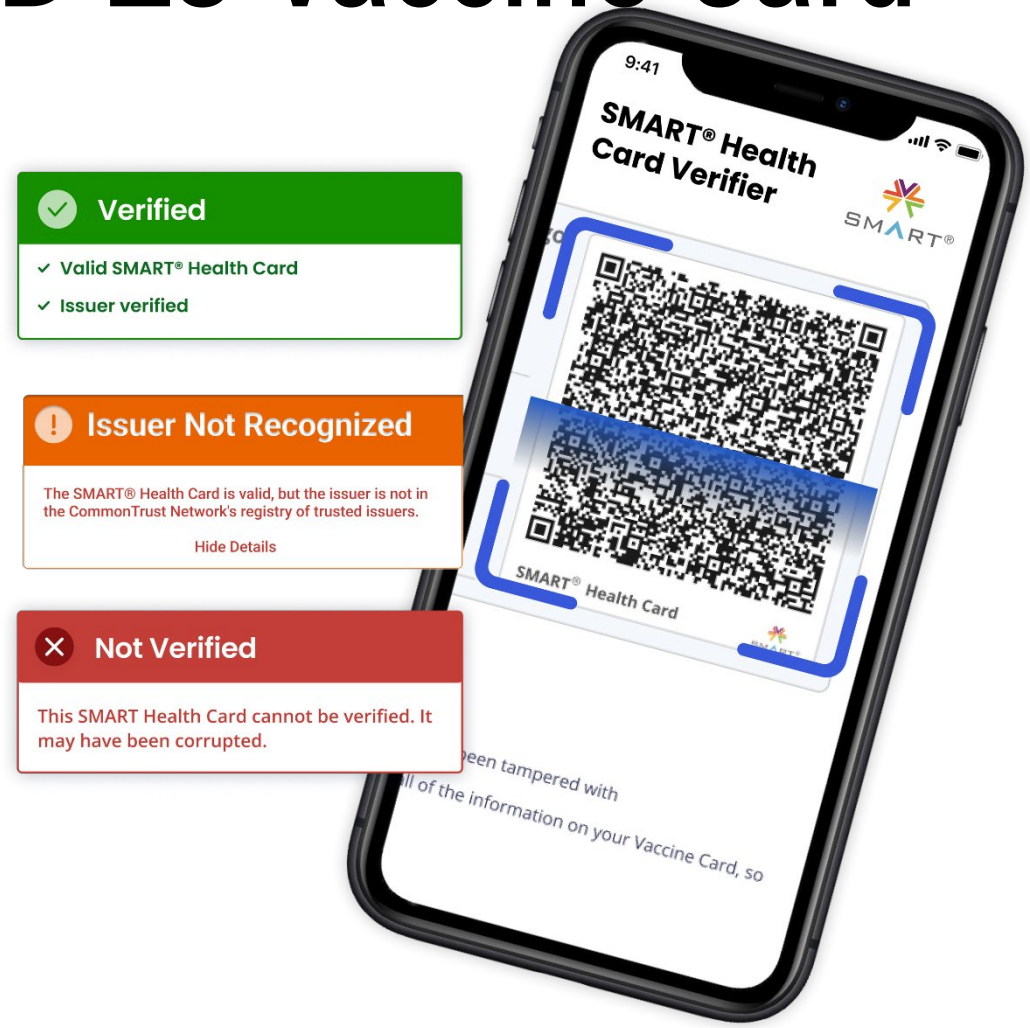
Remember… Three unsuccessful attempts from the same IP address will result in the user being locked out for 30 minutes!

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



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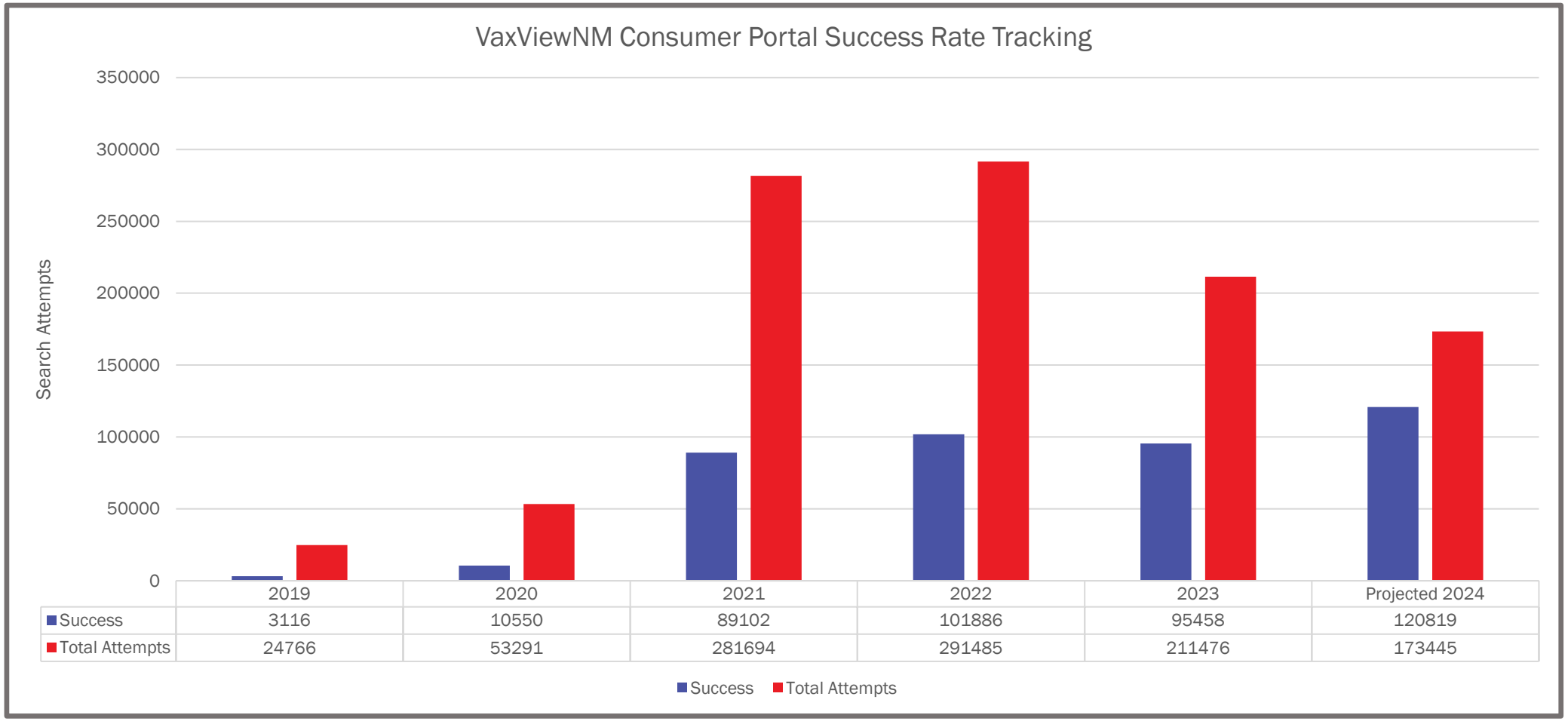
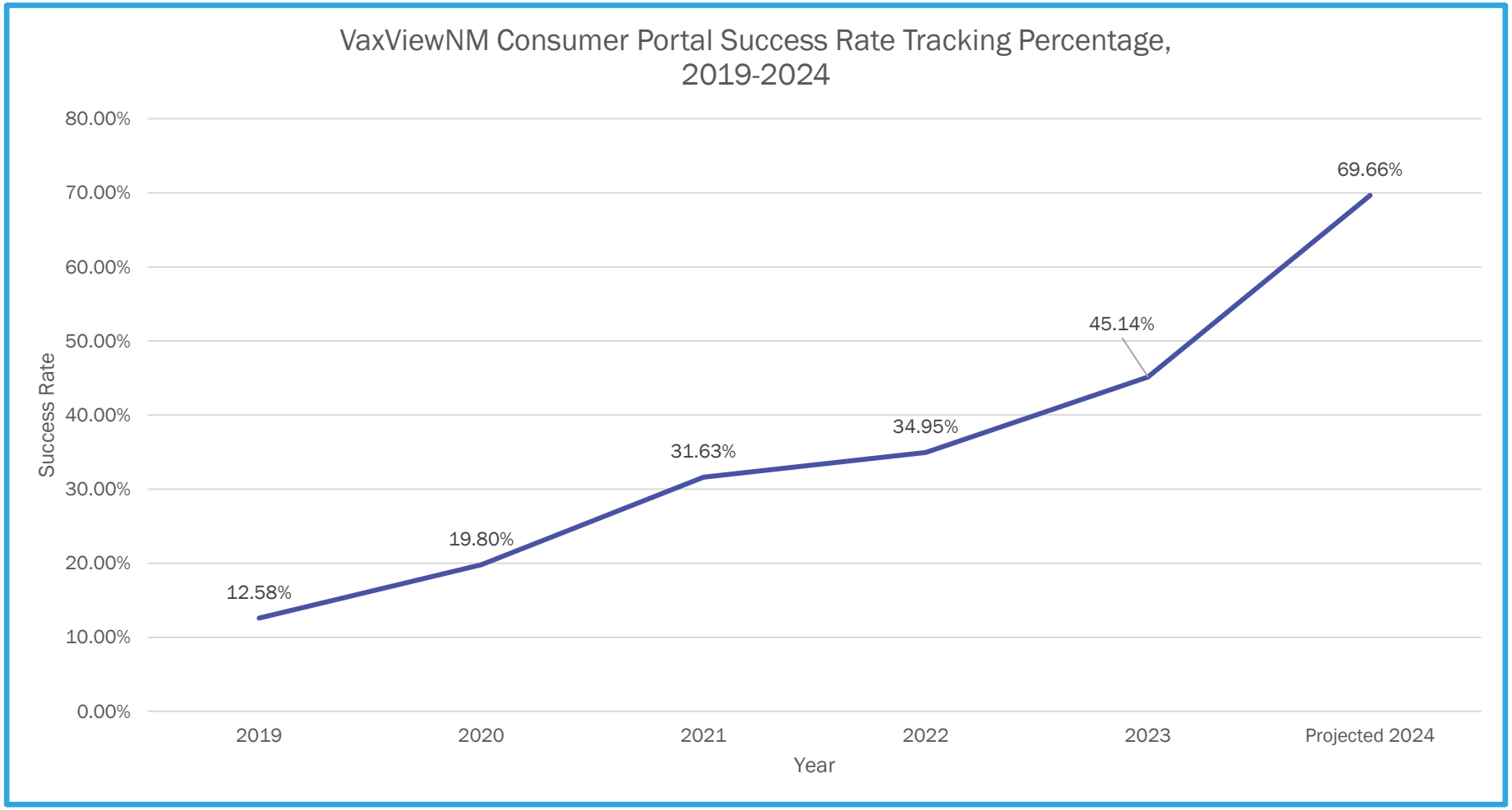
Public Consumer Portal (VaxViewNM)

- 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)



Public Consumer Portal (VaxViewNM)



Data Quality

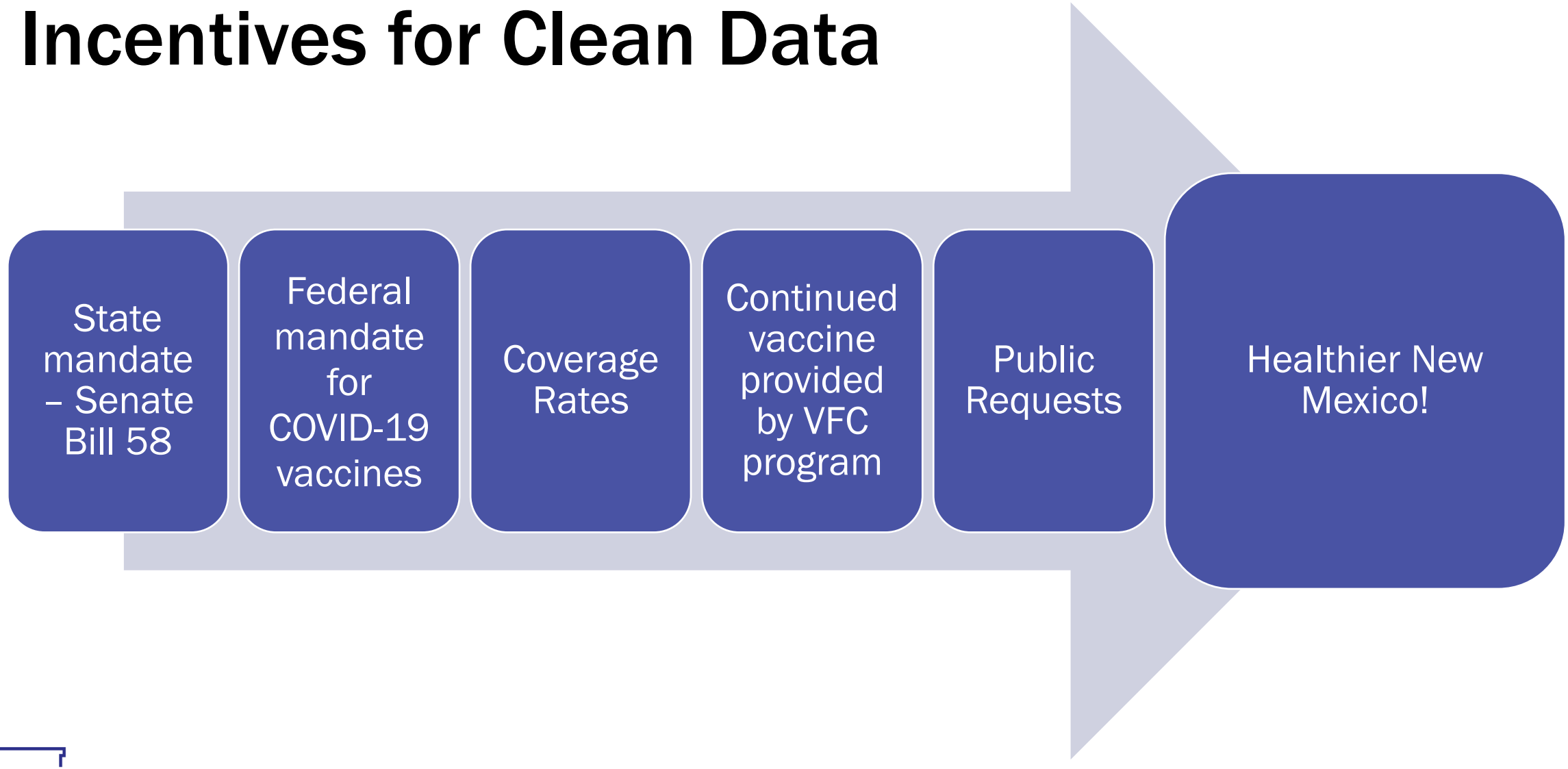
Reporting to NMSIIS

- 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	
Manual Entry Data is entered directly into NMSIIS by clinic staff for patient demographic and vaccination information	Automated Data Exchange Data is entered into provider Electronic Health Record (EHR) System and crosses via automated data exchange to NMSIIS

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

Incentives for Clean Data



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

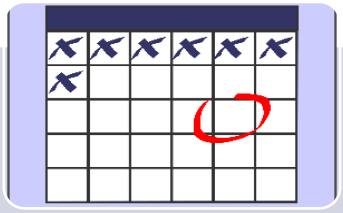
Patient Address

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)

Automated Duplicate Identification for Manual Processing			
Case Number	Number of Duplicate Records Returned	Duplicate Records Remaining to be Resolved	Notes
Case 0	varied	0	Case is run daily, returns <100
Case 1	varied	0	Case is run daily, returns <100
Case 2	varied	0	Case is run daily, returns <100
Case 2B	varied	0	Case is run daily, returns <100
Case 3	varied	0	Case is run daily, returns <100
Case 4	0	0	
Case 5	4468	0	Completed 9/17/2022
Case 6	692	0	Completed 9/19/2022
Case 7	19806	0	Completed 1/20/2023
Case 8	1030	0	Completed on 1/23/2023
Case 9	17620	0	Completed 4/10/2023
Case 10-39	18763	0	Completed 9/17/2023

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

Measure	Measure Title	Meets	Does Not Meet	Data Unavailable	No Threshold
1	Completeness Indicators	16	8	0	0
2	Validity Indicators	19	1	1	2
3	Timeliness Indicators	2	6	0	0

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

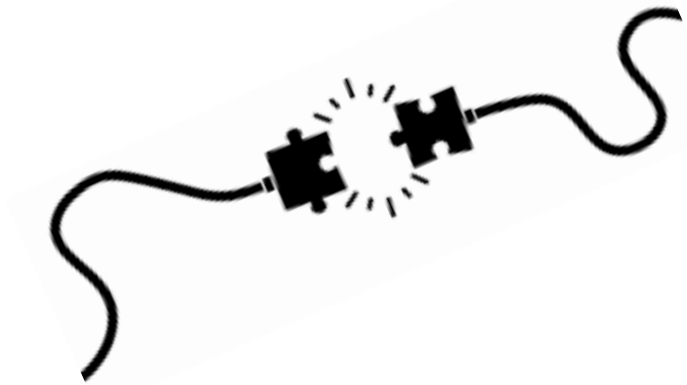
Pediatric Data *(19-35 Months Old)*	
Participation rate	86.4%
Enrollment Rate	89.4%
Conditional Participation	96.6%
IIS Dose Completeness	78.0%

Adolescent Data *(13-17 Years Old)*	
Participation rate	89.5%
Enrollment Rate	90.3%
Conditional Participation	99.1%
IIS Dose Completeness	82.8%

**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
Utah
Delaware
Kansas
Kentucky
Connecticut
Arkansas
Missouri
Nevada
Oklahoma

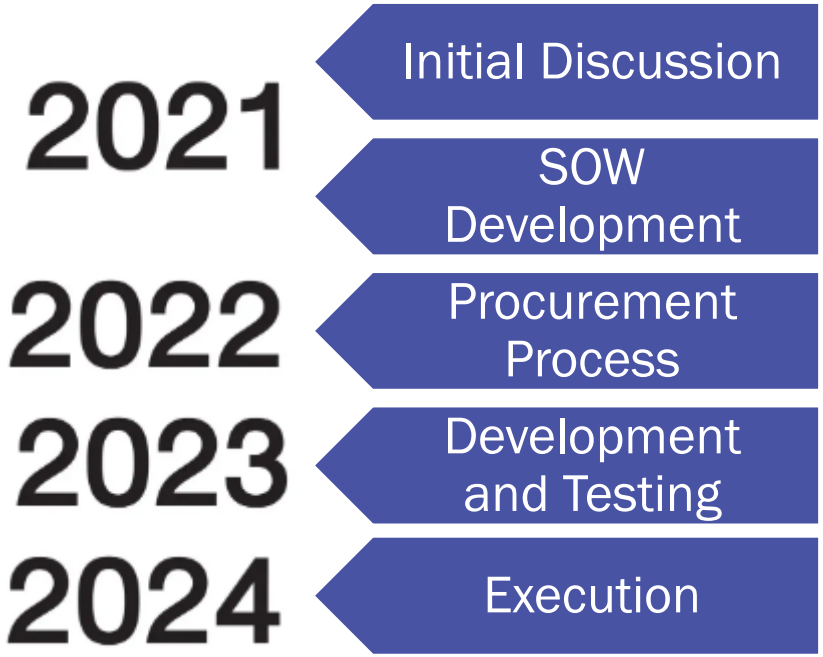
Existing Resources for Data Quality

- 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/

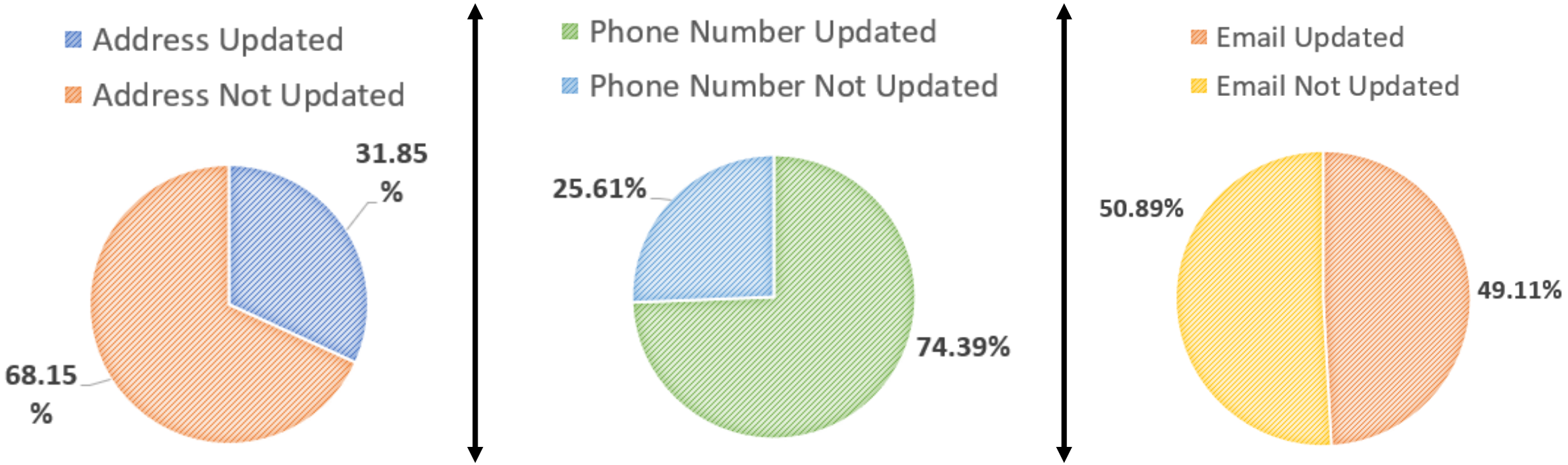
LexisNexis Project

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



1.5 Million Adult Patients
Address (Mailing and Physical)
Phone Number (3)
Email Address (1)
Deceased Status

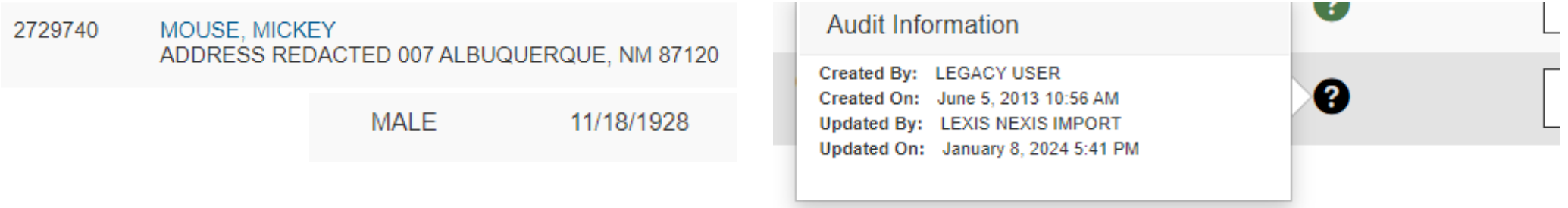
LexisNexis Data Results



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



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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?

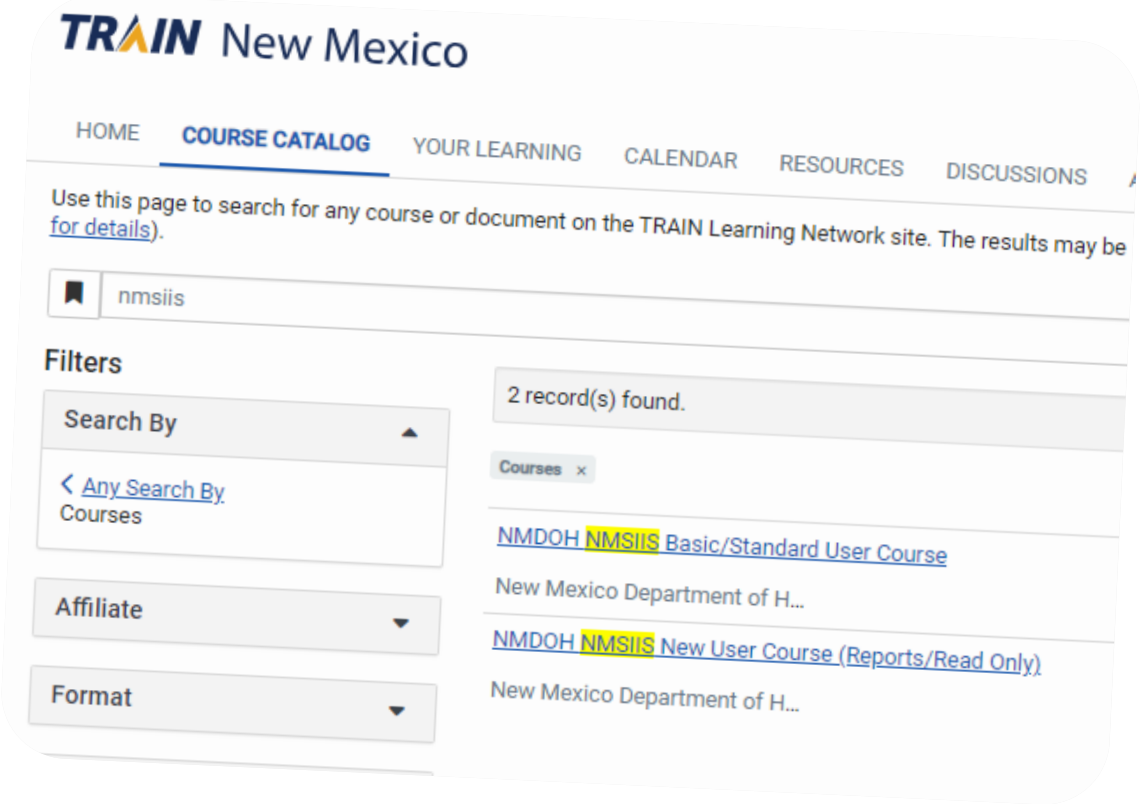
NMSIIS.Access@doh.nm.gov

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 | 2024

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

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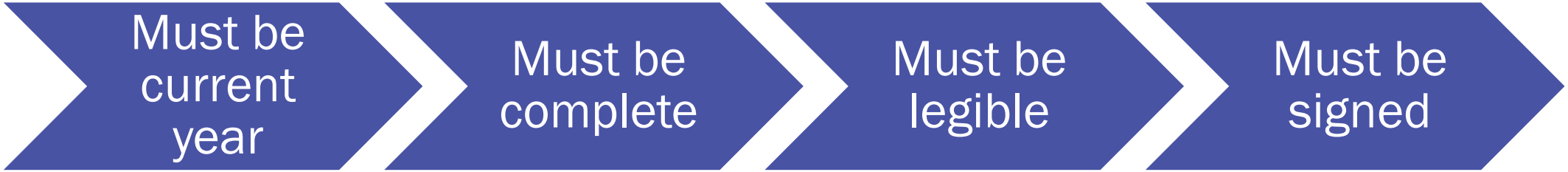
NMSIIS Agreements

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



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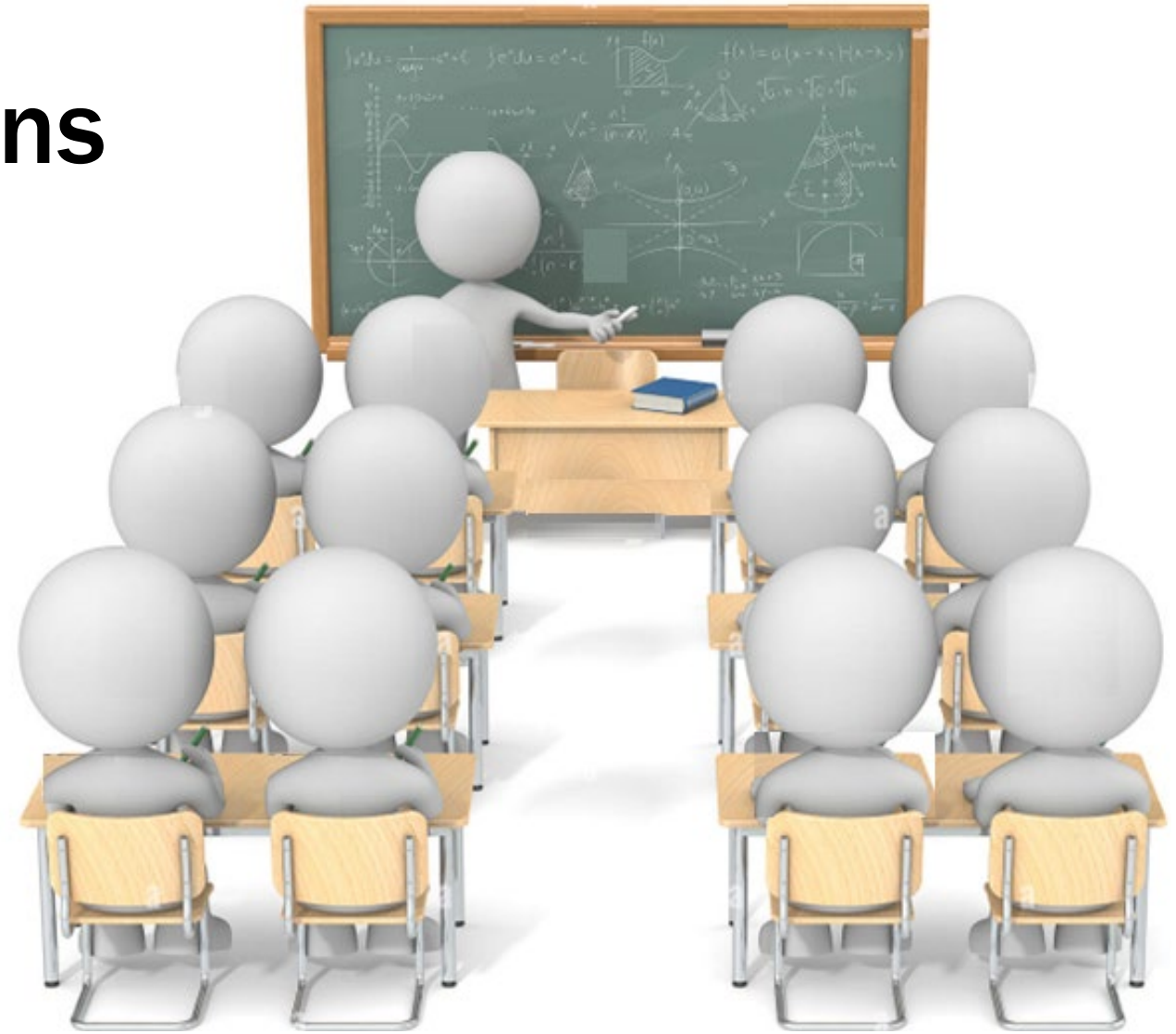
Vaccine Exemptions



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

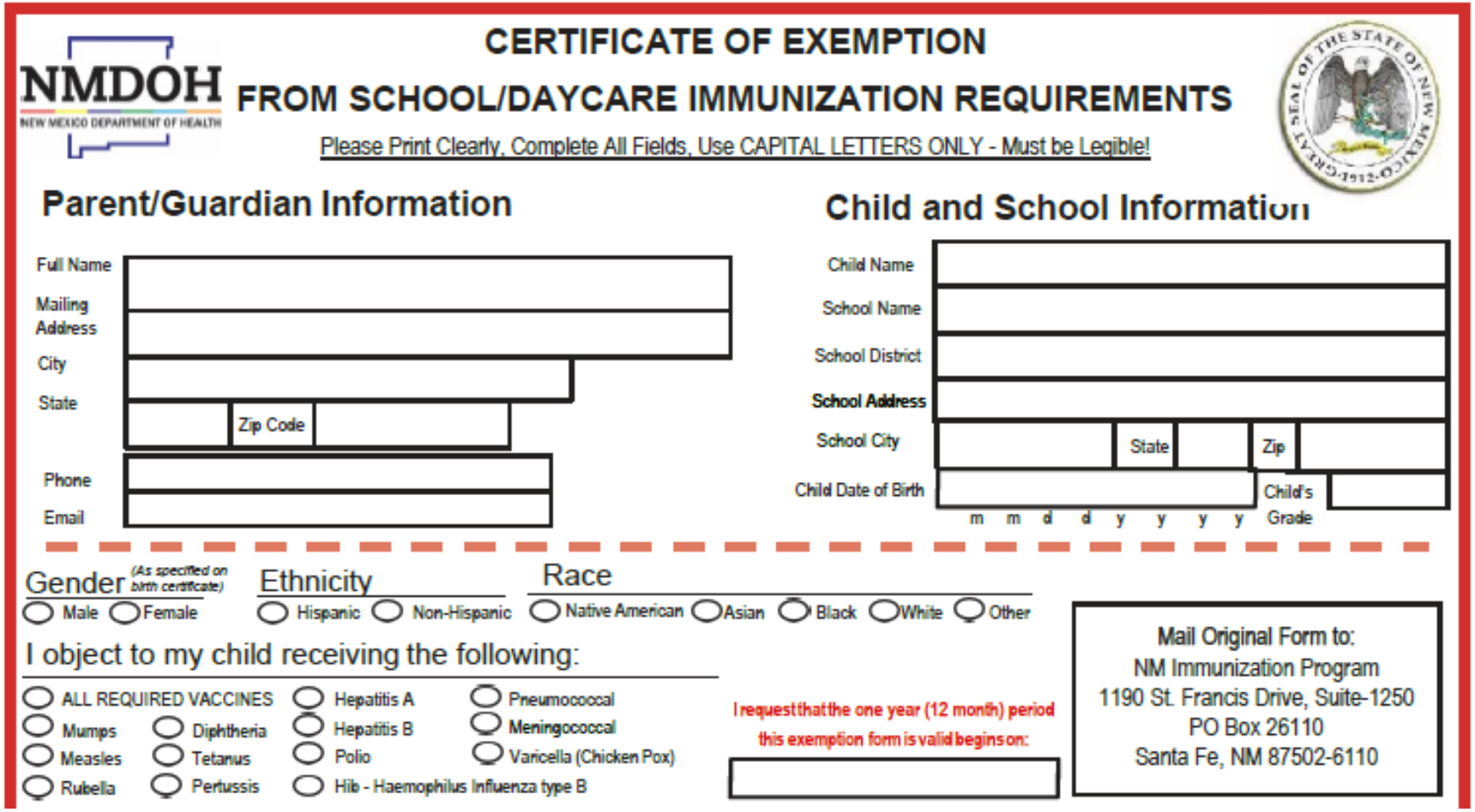
How long does it take for processing?	• By law, we have 60 days to process. Realistically, between 1-3 days
Do homeschooled children need a form?	• Yes. All students attending public, or private school, homeschool, daycare or childcare facilities
Does NM allow exemptions for philosophical reasons?	•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

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

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)



NMDOH
NEW MEXICO DEPARTMENT OF HEALTH

CERTIFICATE OF EXEMPTION
FROM SCHOOL/DAYCARE IMMUNIZATION REQUIREMENTS

Please Print Clearly, Complete All Fields, Use CAPITAL LETTERS ONLY - Must be Legible!

Parent/Guardian Information

Full Name
Mailing Address
City
State
Zip Code
Phone
Email

Child and School Information

Child Name
School Name
School District
School Address
School City
State
Zip
Child Date of Birth
m m d d y y y y
Child's Grade

Gender (As specified on birth certificate)
○ Male ○ Female

Ethnicity
○ Hispanic ○ Non-Hispanic

Race
○ Native American ○ Asian ○ Black ○ White ○ Other

I object to my child receiving the following:

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

I request that the one year (12 month) period this exemption form is valid begins on:

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

Form Review (front)

Directions

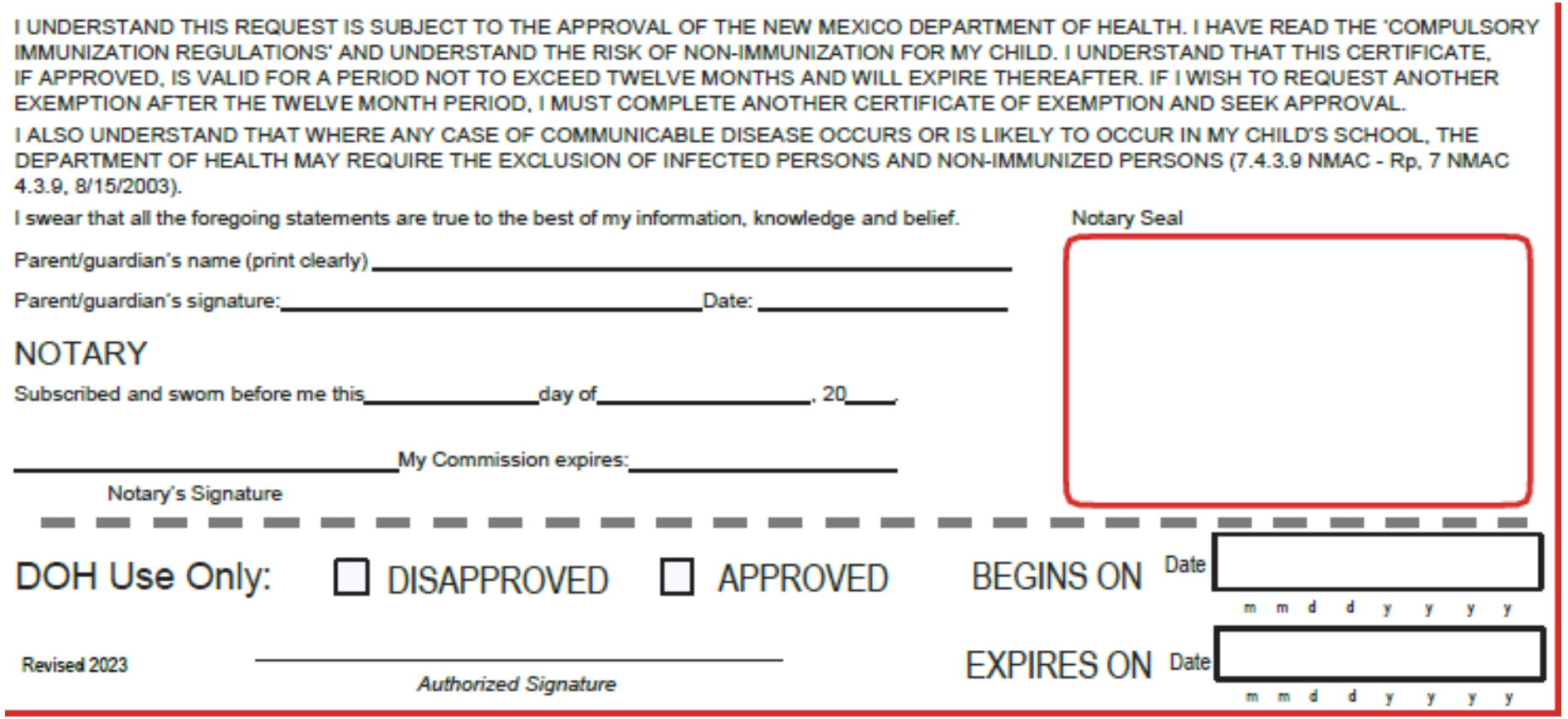
m m d d y y y y

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:

- ○ 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.

Notary Seal

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

BEGINS ON Date _____ (m m d d y y y y)

Revised 2023

_____

Authorized Signature

EXPIRES ON Date _____ (m m d d y y y y)

Form Review (back)

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;or

(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."

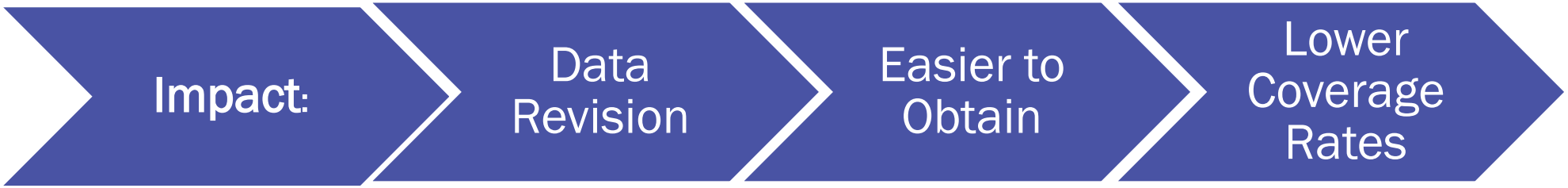
For any questions on how to complete the form, please contact, (833) 882-6454

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



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

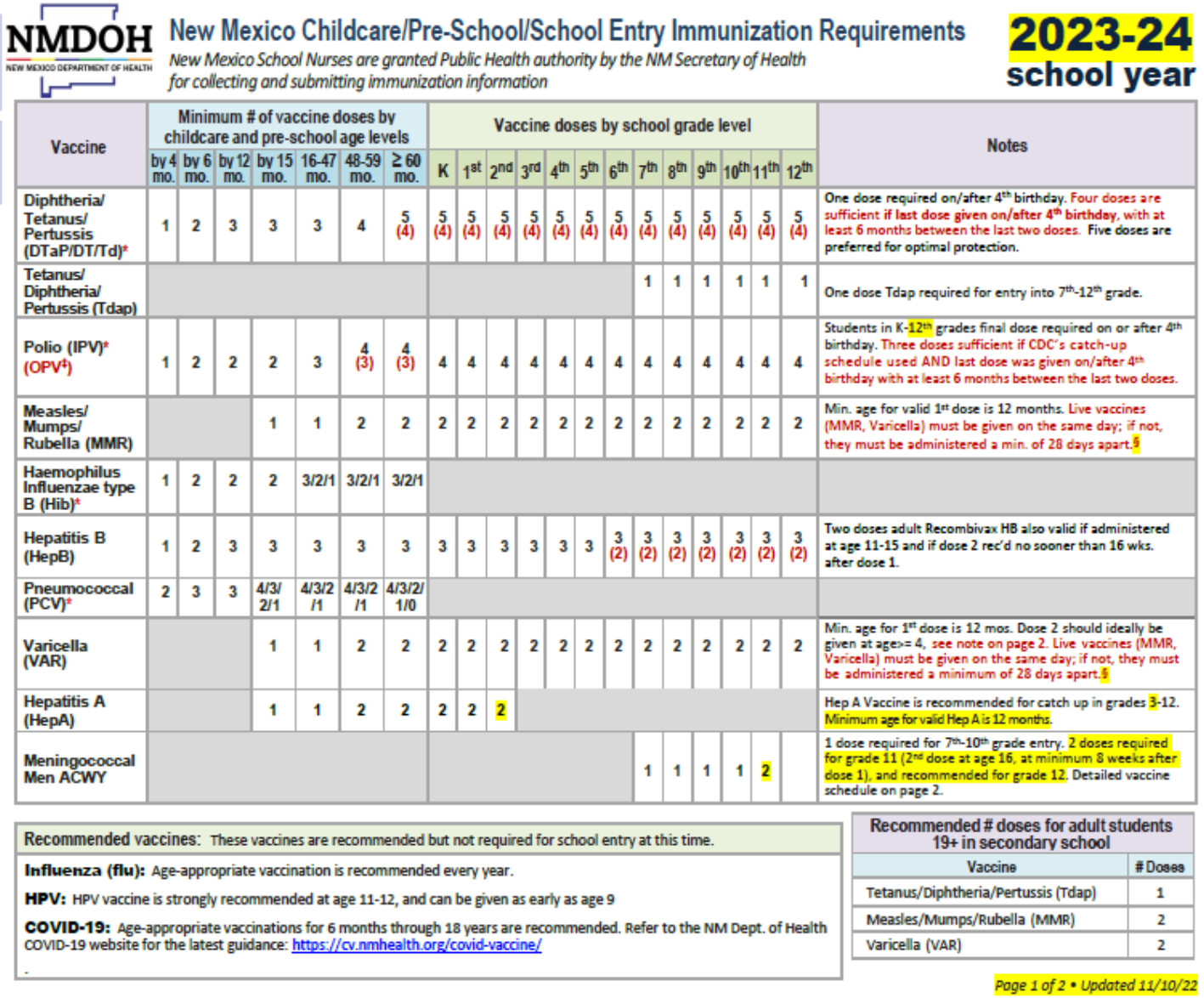
School Requirements

Posted on Website

2 Page Format

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

Two dose Hepatitis A requirement now rolled up to K-2nd grade



NMDOH
NEW MEXICO DEPARTMENT OF HEALTH

New Mexico Childcare/Pre-School/School Entry Immunization Requirements

New Mexico School Nurses are granted Public Health authority by the NM Secretary of Health for collecting and submitting immunization information

2023-24 school year

Vaccine	Minimum # of vaccine doses by childcare and pre-school age levels							Vaccine doses by school grade level												Notes
	by 4 mo.	by 6 mo.	by 12 mo.	by 15 mo.	16-47 mo.	48-59 mo.	≥ 60 mo.	K	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	
Diphtheria/ Tetanus/ Pertussis (DTaP/DT/Td)*	1	2	3	3	3	4	5 (4)	5 (4)	5 (4)	5 (4)	5 (4)	5 (4)	5 (4)	5 (4)	5 (4)	5 (4)	5 (4)	5 (4)	5 (4)	5 (4)	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.
Tetanus/ Diphtheria/ Pertussis (Tdap)															1	1	1	1	1	1	One dose Tdap required for entry into 7th-12th grade.
Polio (IPV)* (OPV‡)	1	2	2	2	3	4 (3)	4 (3)	4	4	4	4	4	4	4	4	4	4	4	4	4	Students in K-12th grades final dose required on or after 4th birthday. Three doses sufficient if CDC's catch-up schedule used AND last dose was given on/after 4th birthday with at least 6 months between the last two doses.
Measles/ Mumps/ Rubella (MMR)				1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	Min. age for valid 1st dose is 12 months. Live vaccines (MMR, Varicella) must be given on the same day; if not, they must be administered a min. of 28 days apart.§
Haemophilus Influenzae type B (Hib)*	1	2	2	2	3/2/1	3/2/1	3/2/1														
Hepatitis B (HepB)	1	2	3	3	3	3	3	3	3	3	3	3	3	3 (2)	3 (2)	3 (2)	3 (2)	3 (2)	3 (2)	3 (2)	Two doses adult Recombivax HB also valid if administered at age 11-15 and if dose 2 rec'd no sooner than 16 wks. after dose 1.
Pneumococcal (PCV)*	2	3	3	4/3/ 2/1	4/3/2 /1	4/3/2 /1	4/3/2/ 1/0														
Varicella (VAR)				1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	Min. age for 1st dose is 12 mos. Dose 2 should ideally be given at age>= 4, see note on page 2. Live vaccines (MMR, Varicella) must be given on the same day; if not, they must be administered a minimum of 28 days apart.§
Hepatitis A (HepA)				1	1	2	2	2	2	2											Hep A Vaccine is recommended for catch up in grades 3-12. Minimum age for valid Hep A is 12 months.
Meningococcal Men ACWY															1	1	1	1	2		1 dose required for 7th-10th grade entry. 2 doses required for grade 11 (2nd dose at age 16, at minimum 8 weeks after dose 1), and recommended for grade 12. Detailed vaccine schedule on page 2.

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 18 years are recommended. Refer to the NM Dept. of Health COVID-19 website for the latest guidance: https://cv.nmhealth.org/covid-vaccine/

Recommended # doses for adult students 19+ in secondary school

Vaccine	# Doses
Tetanus/Diphtheria/Pertussis (Tdap)	1
Measles/Mumps/Rubella (MMR)	2
Varicella (VAR)	2

Page 1 of 2 • Updated 11/10/22

School Requirements (Back)

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/Pertussis: If child (4 months-6 years) is behind schedule, follow the CDC's catch-up schedule.

Tetanus/Diphtheria/Pertussis: 7th-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 7-9 who receive 1 dose Tdap as part of the catch-up series require 1 additional dose at 11-12 for 7th 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 4/1/16 are assumed to be mono or bivalent.

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

Hib: If series started <12 months of age, 3 doses required with at least 1 dose on/after 1st birthday. Two doses required if dose 1 received at 12-14 months. One dose of Hib vaccine administered between age 16-59 months is sufficient. Not recommended ≥60 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.

PCV: Administer a series 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 12-59 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 ≥28 days after dose 1, dose 2 is considered valid and need not be repeated. For children ≥13 years, the recommended minimum interval is 4 wks. **Required for proof of varicella immunity:**

- For K-8th graders: Receipt of vaccine; titer or laboratory confirmed diagnosis is required as proof of prior disease.
- For 9th-12th graders: Receipt of vaccine, written proof of immunity by a physician/health care provider or laboratory titer is required.
- For **all newly diagnosed varicella cases:** Lab confirmation of disease is required.

Hep A: One dose required by 15 months; 2 doses required at 48 mos. with at least 6 months between doses.

MenACWY: All adolescents should receive a dose of MenACWY at age 11-12. A 2nd (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 1st 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 9 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 ≤4 days prior to minimum interval or age is valid; however, the 4-day "grace period" should not be applied to the 28-day interval between live parenteral vaccines not administered at the same visit (MMR and Varicella).

*Minimum age 6 weeks

Notes
- All students enrolled in designated grades are expected to meet requirements.
- *Changes from last year's requirements are highlighted for ease of use.*

Resources

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

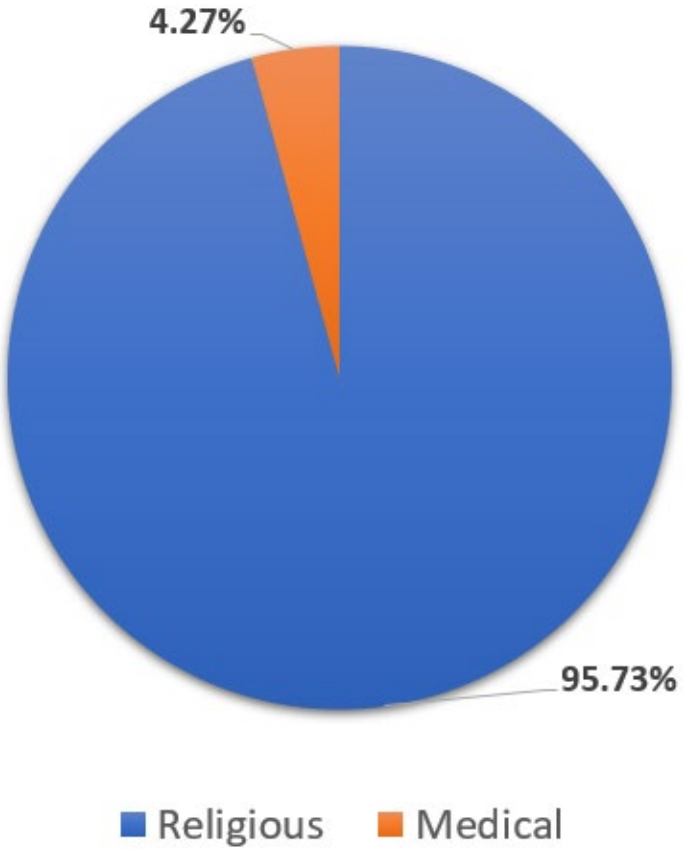
NM Immunization Protocol
https://nmhealth.org/publication/view/regulation/531/

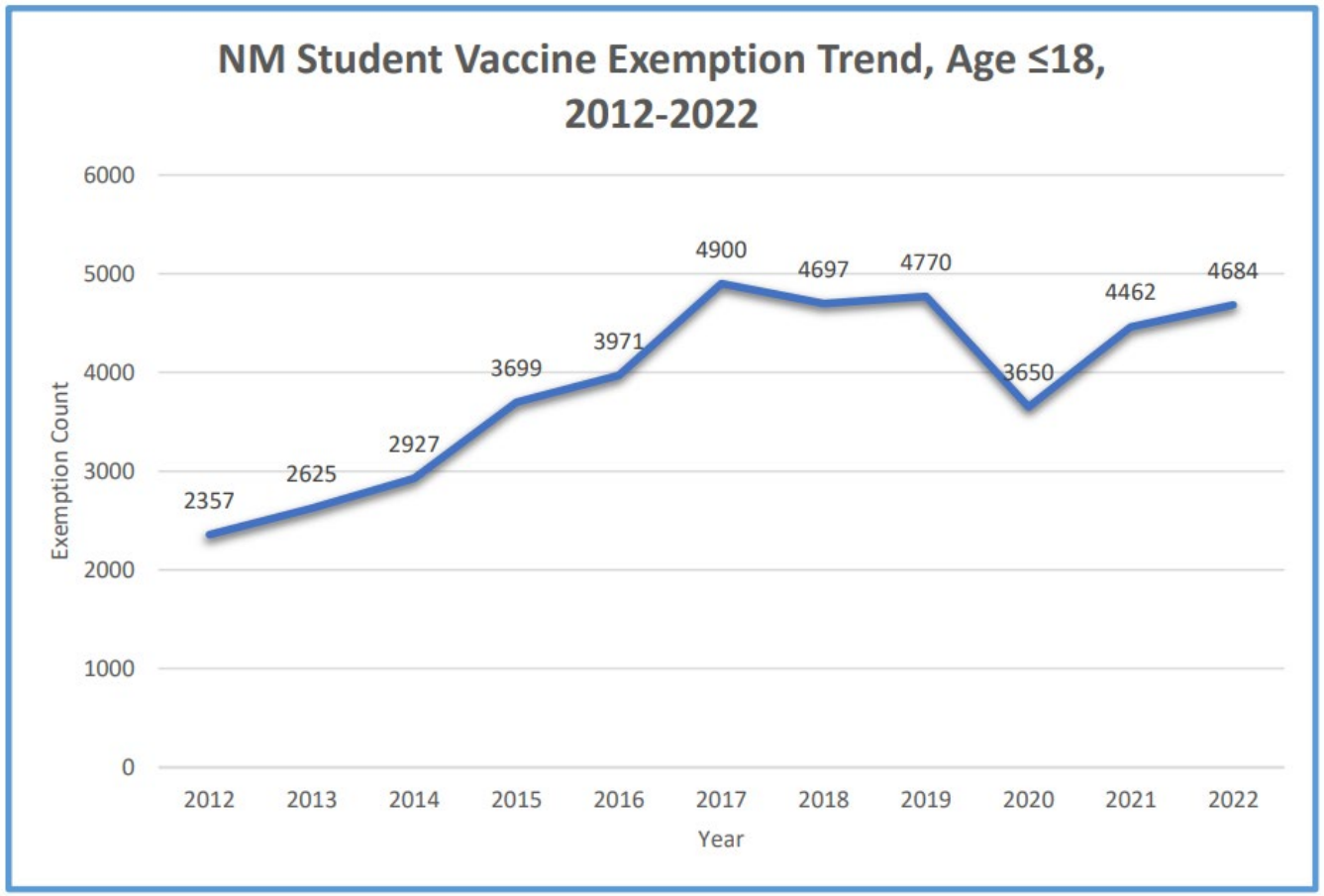
NMSIIS
https://nmsiis.health.state.nm.us

NM School Health Manual
https://www.nmhealth.org/about/phd/pchb/osah/shm/

Page 2 of 2 • Updated 11/15/22

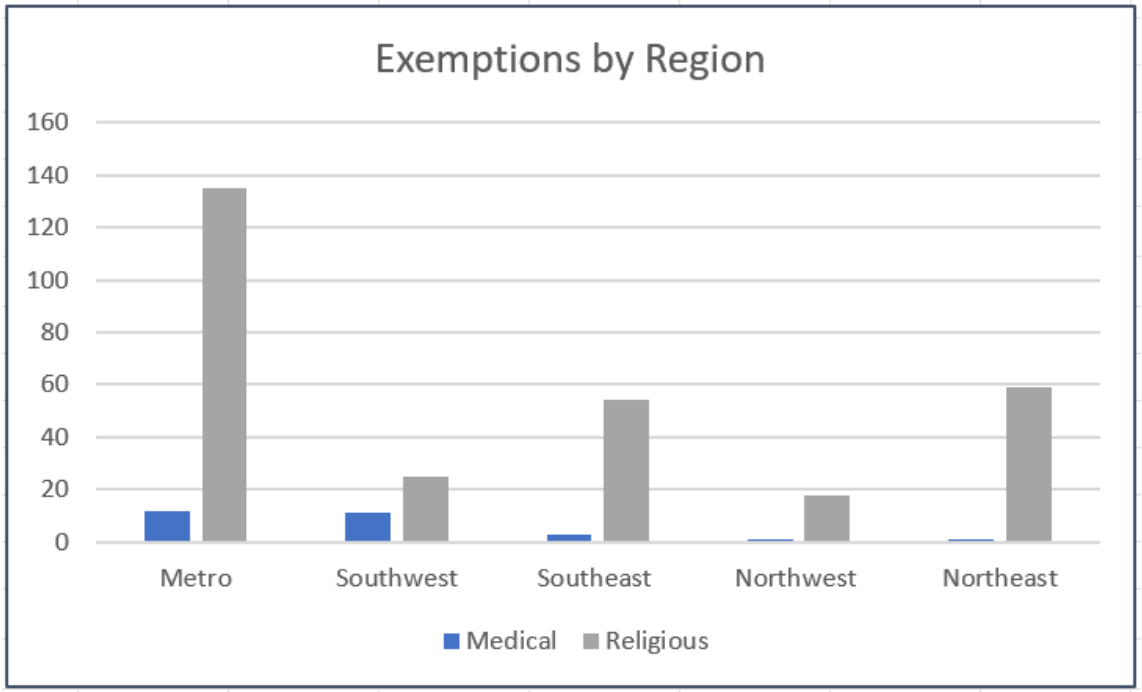
Exemption Data





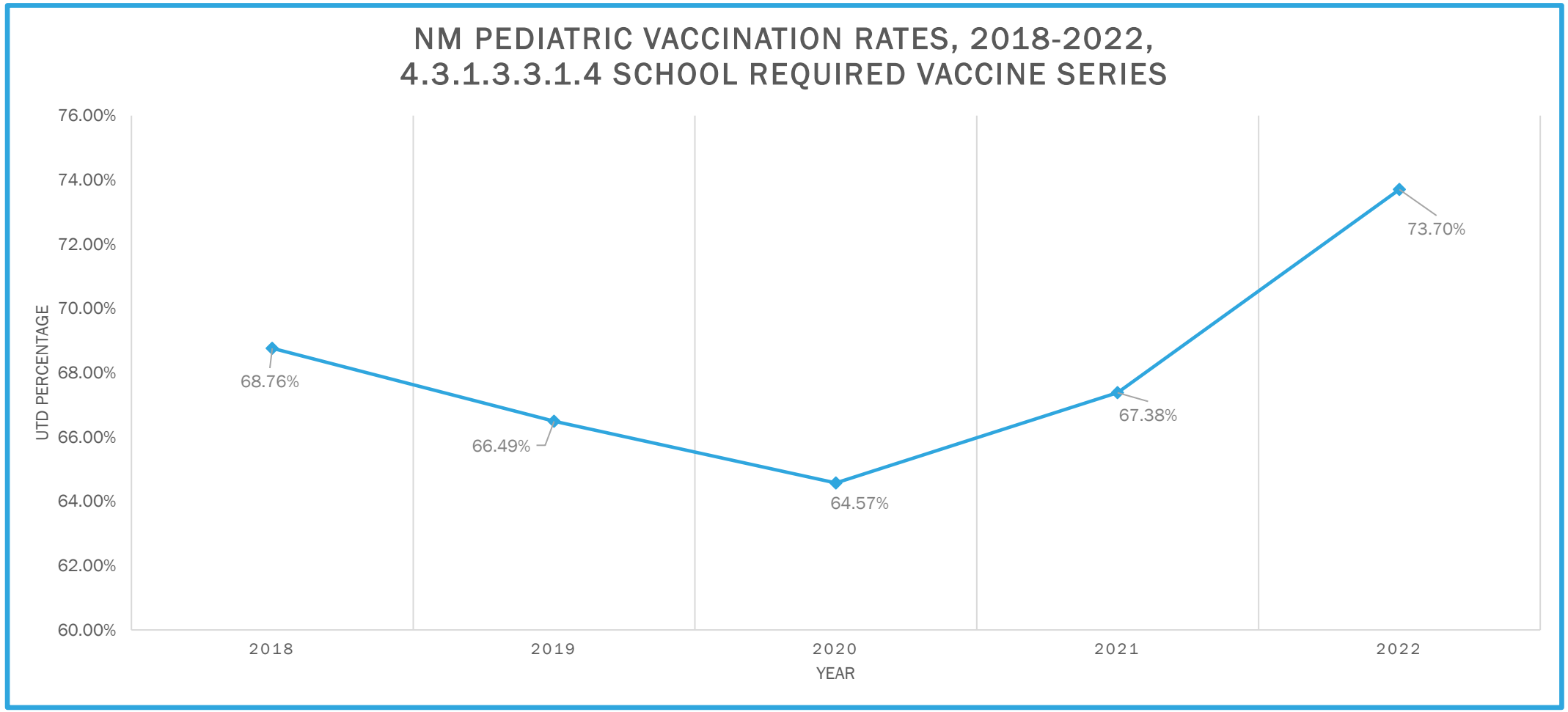
Exemption Data

FY 2022-2023 School Year Data (selft reported school survey data)					
	Up to Date (n=22276)	**Valid Medical Exemptions (n=22)**	**Valid Medical Exemptions (n=242)**	**In Process (n=400)**	**Non-Compliant (n=1245)**
Kindergarten	93.87%	0.13%	1.38%	2.05%	2.57%
7th Grade	92.16%	0.09%	0.99%	1.64%	5.12%

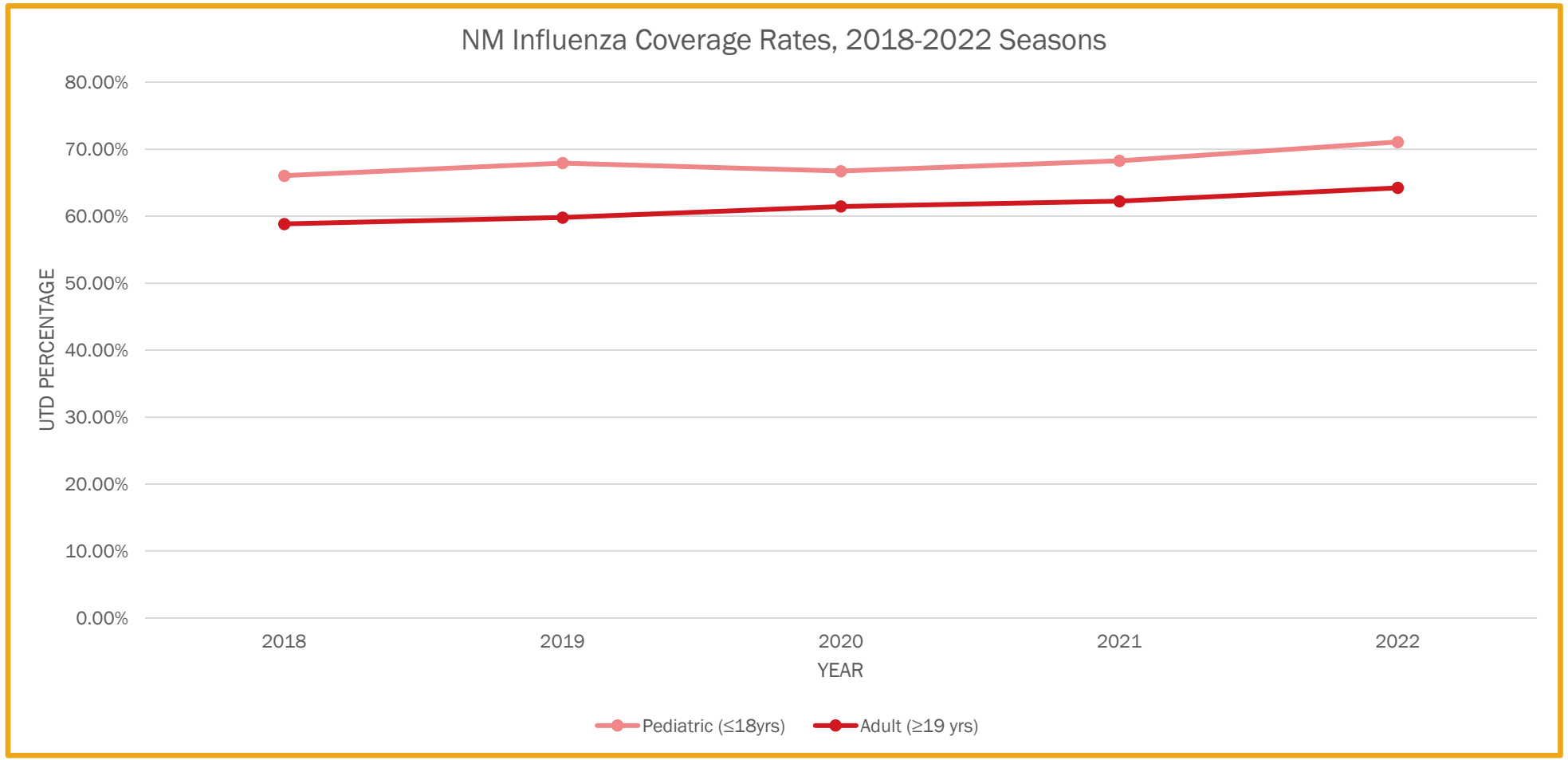


COUNTIES WITH HIGHEST APPROVED EXEMPTION RATES	
TAOS	2.6%
SANTA FE	2.1%
DE BACA	1.6%
ROOSEVELT	1.6%
COLFAX	1.5%

Vaccine Coverage Rates



Vaccine Coverage Rates



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

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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/

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Welcome to the 2024 New Mexico Vaccine For Children's Program Statewide Training

New Mexico Vaccines for Children

New Mexico Vaccines for Children

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VFC
Contact Changes

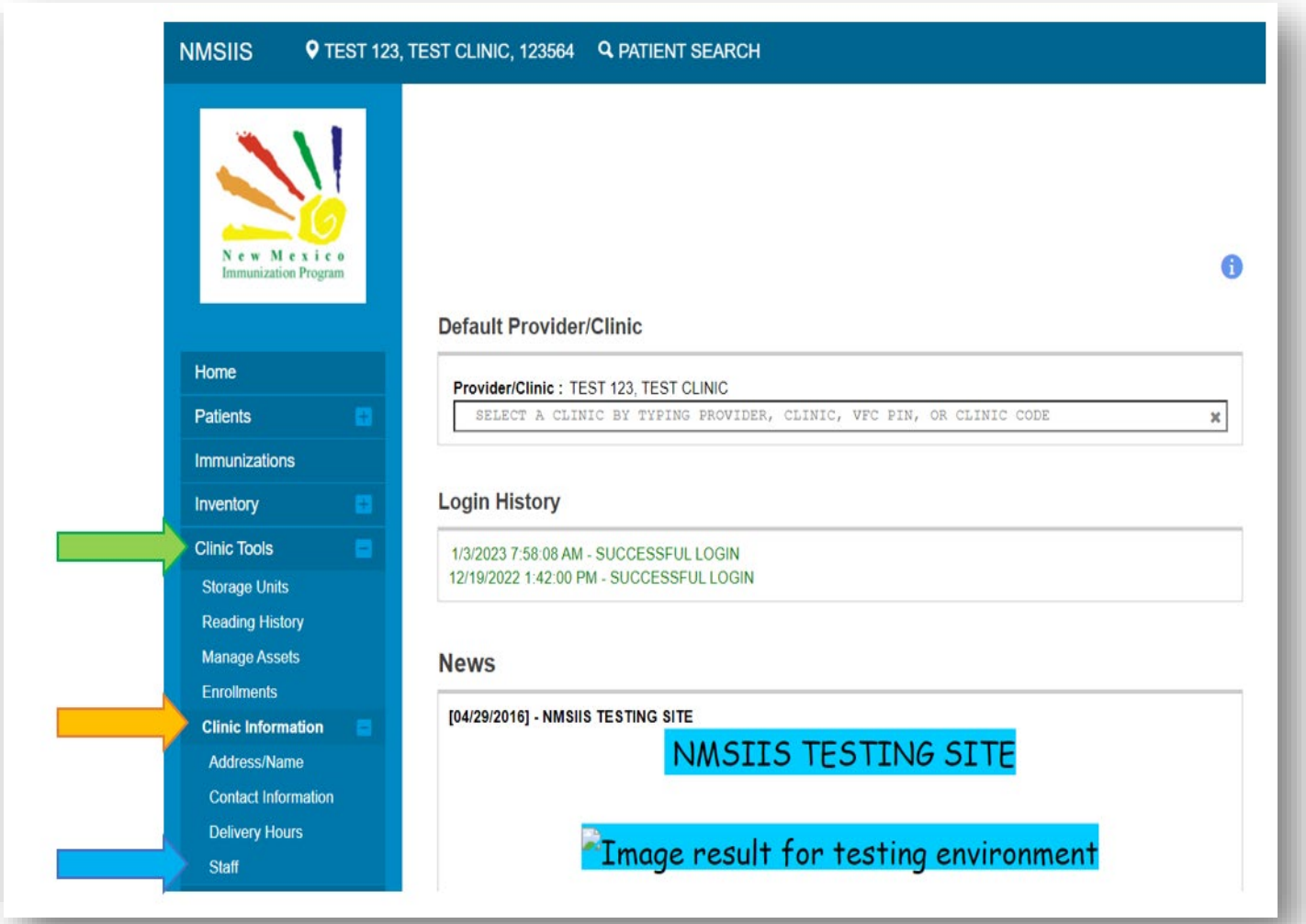
1190 S. St. Francis Drive • Santa Fe, NM 87505 • Phone: 505-827-2613 • Fax: 505-827-2530 • nmhealth.org

Requirements

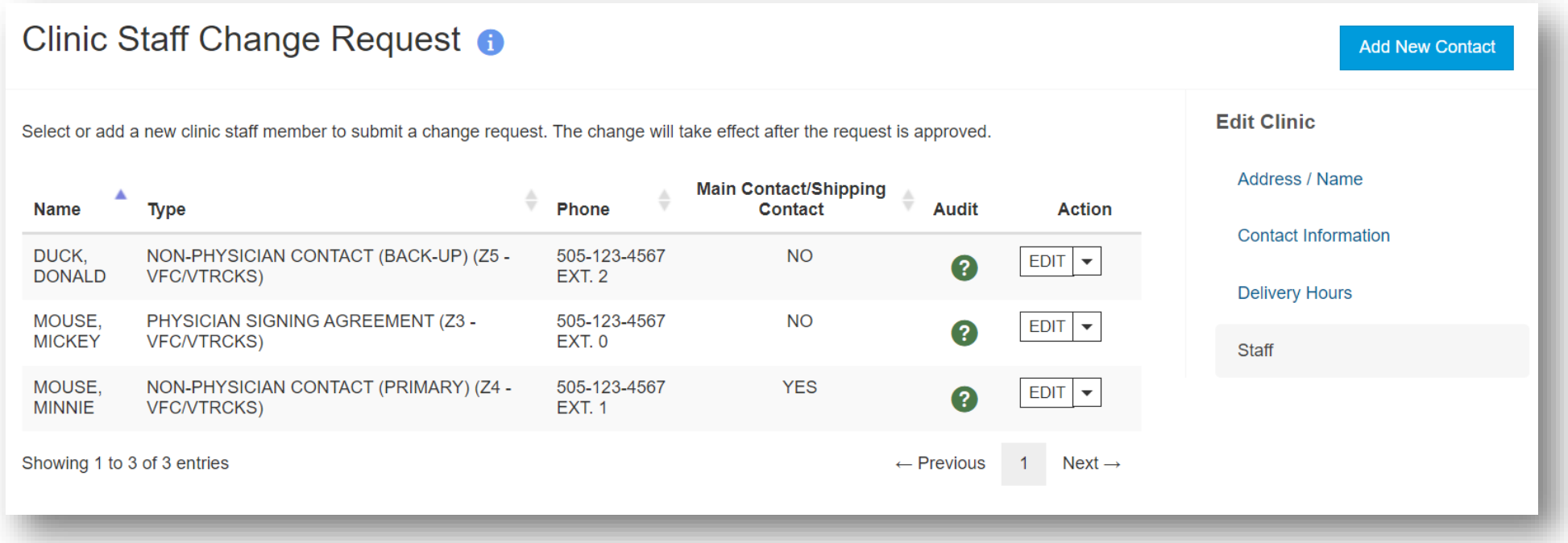
- There must be a Z3, Z4, and Z5 for each VFC location
  - There can be multiple Z5s, but no more than one Z3 and Z4
- Z4s and Z5s must complete and upload CHIL-e training (annually)
  - 'You Call the Shots' training may also be required (dependent upon region)
- Z4s and Z5s must complete NMSIIS training
  - 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.



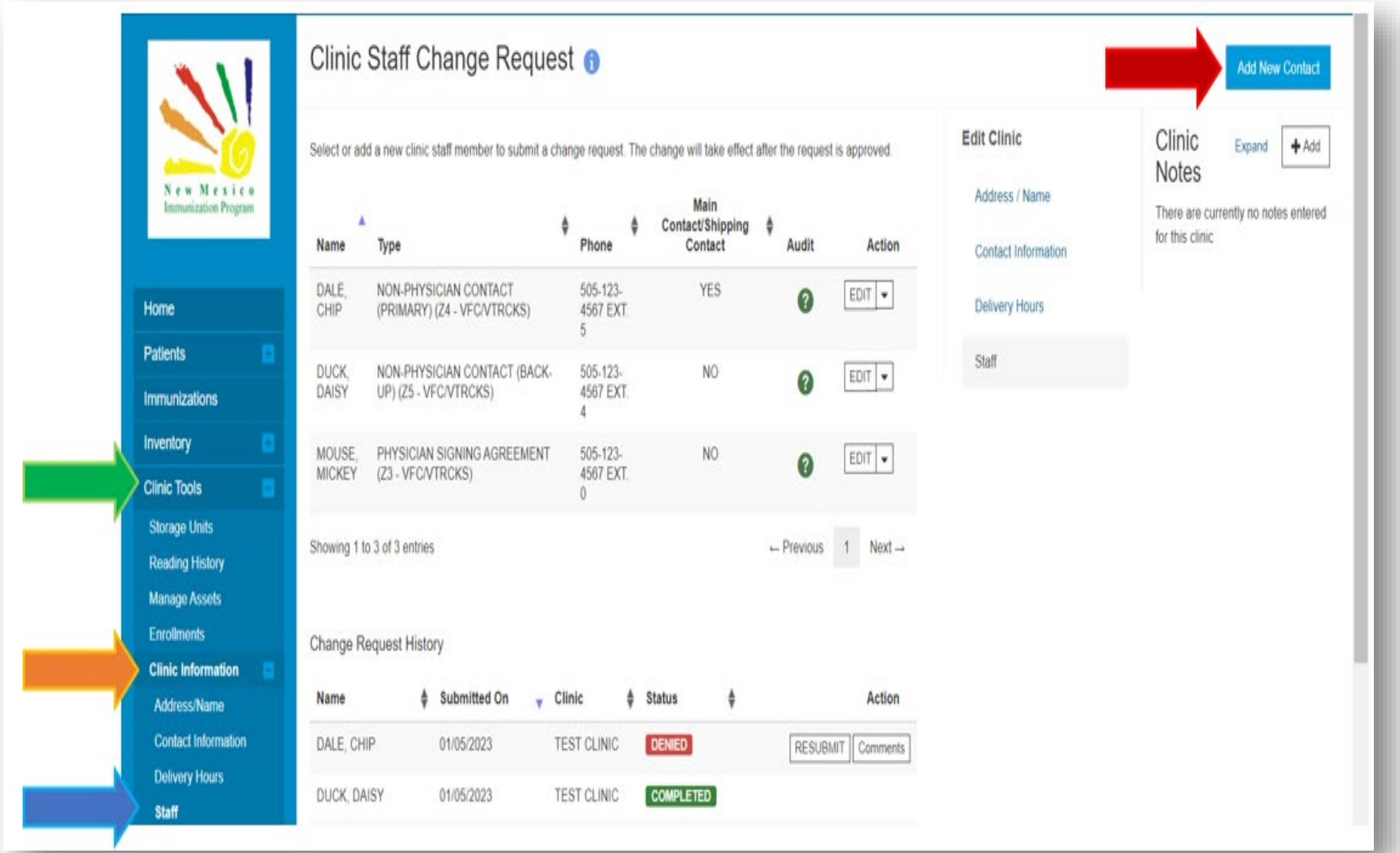
Adding a New Contact

- 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

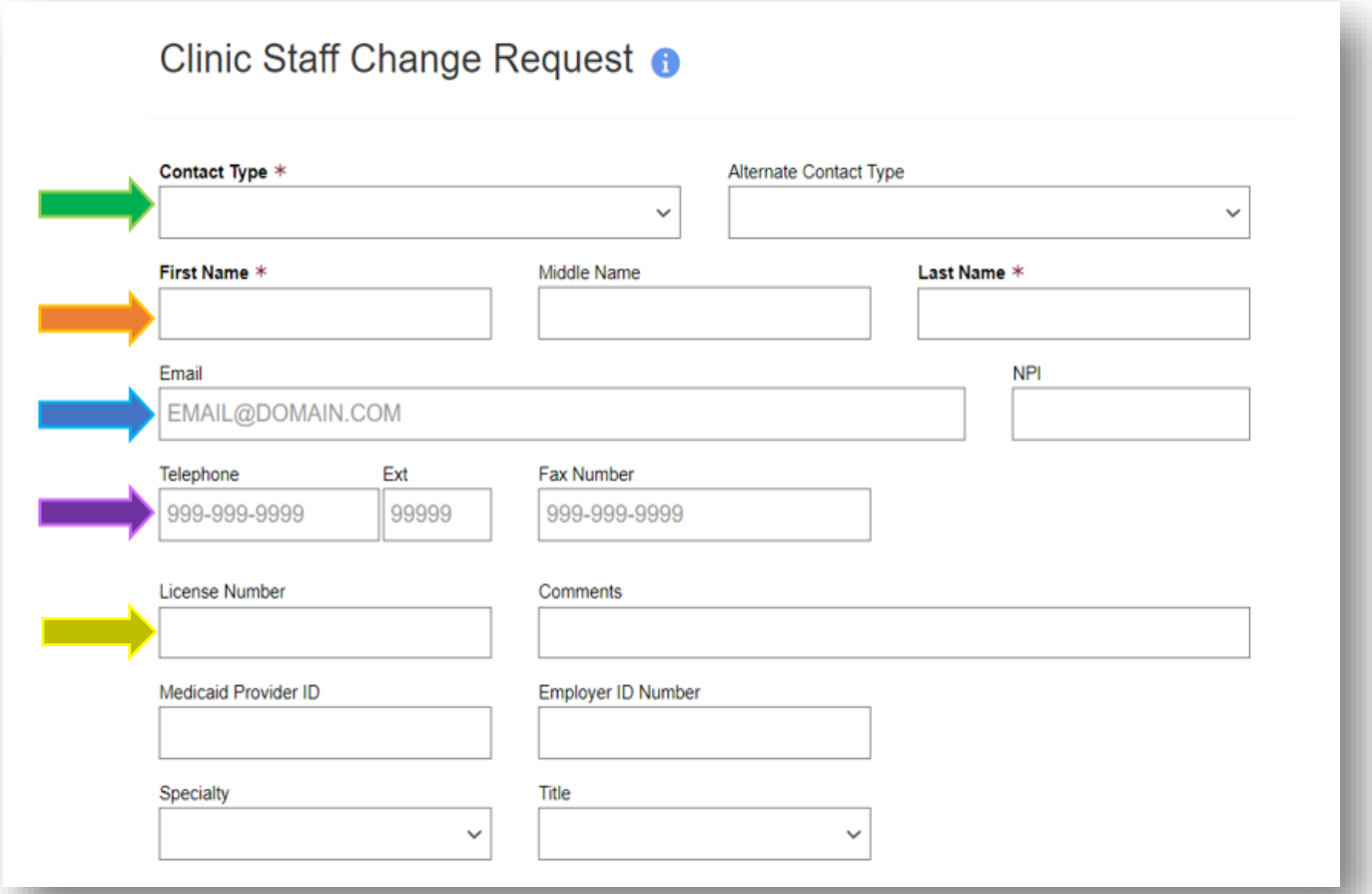
How to Add a New Contact

- 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



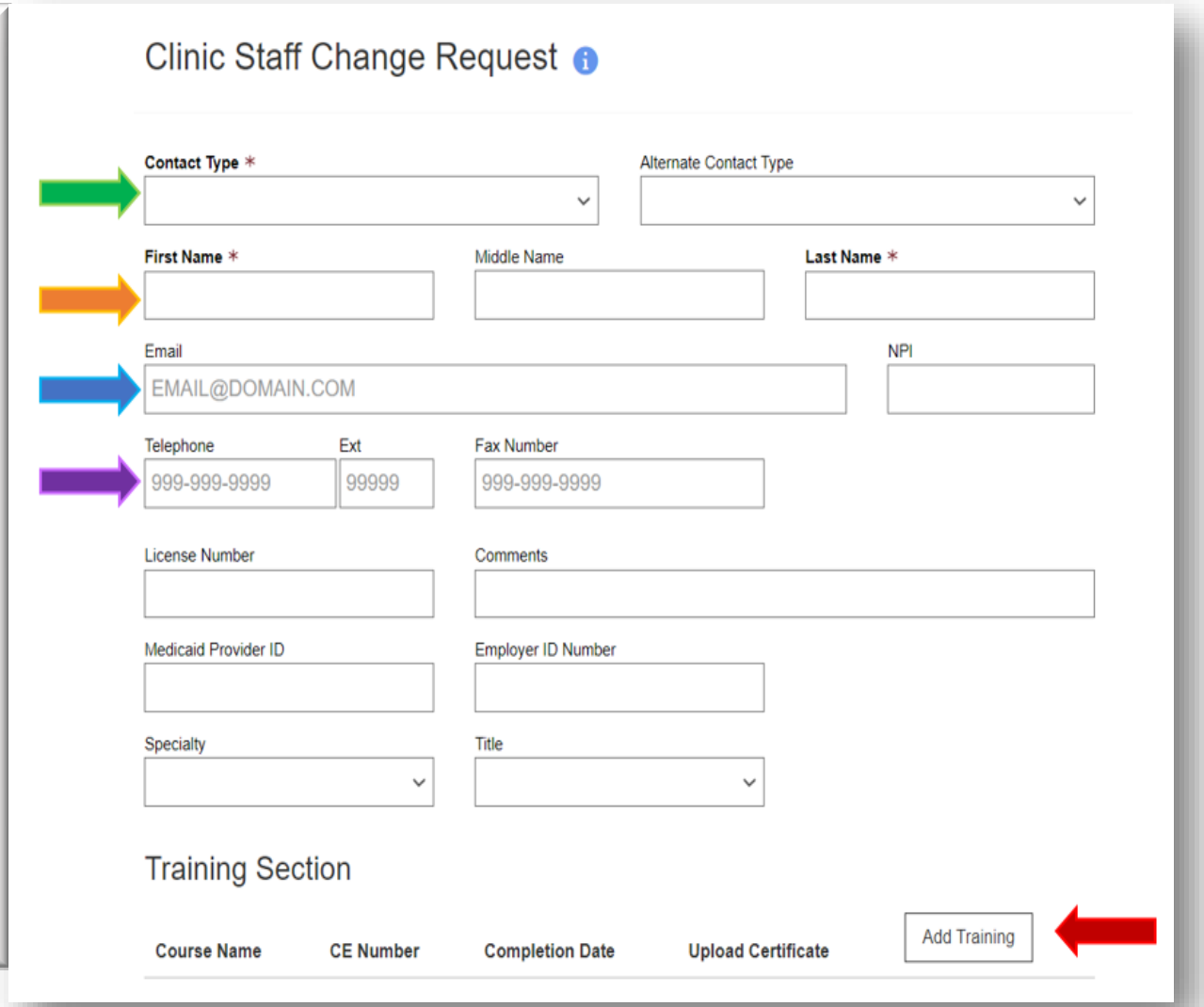
Required Information for PSA Z3 Contacts

- 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



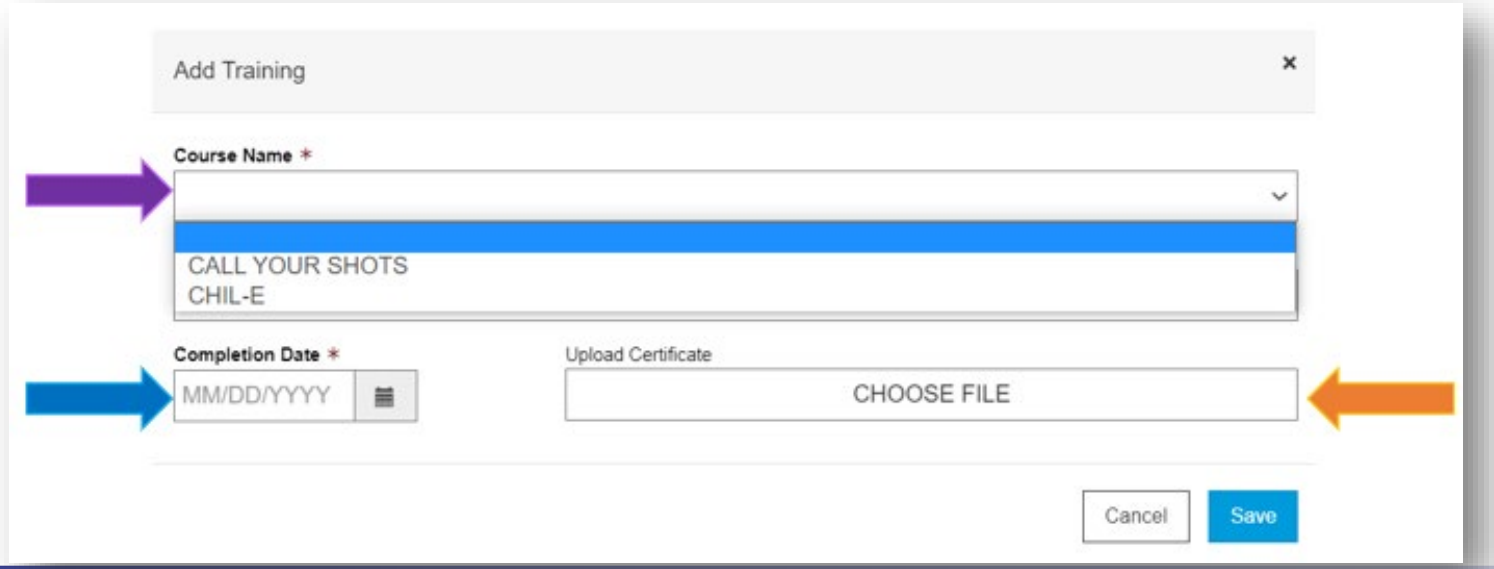
Required Information for Z4 and Z5 Contacts

- 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

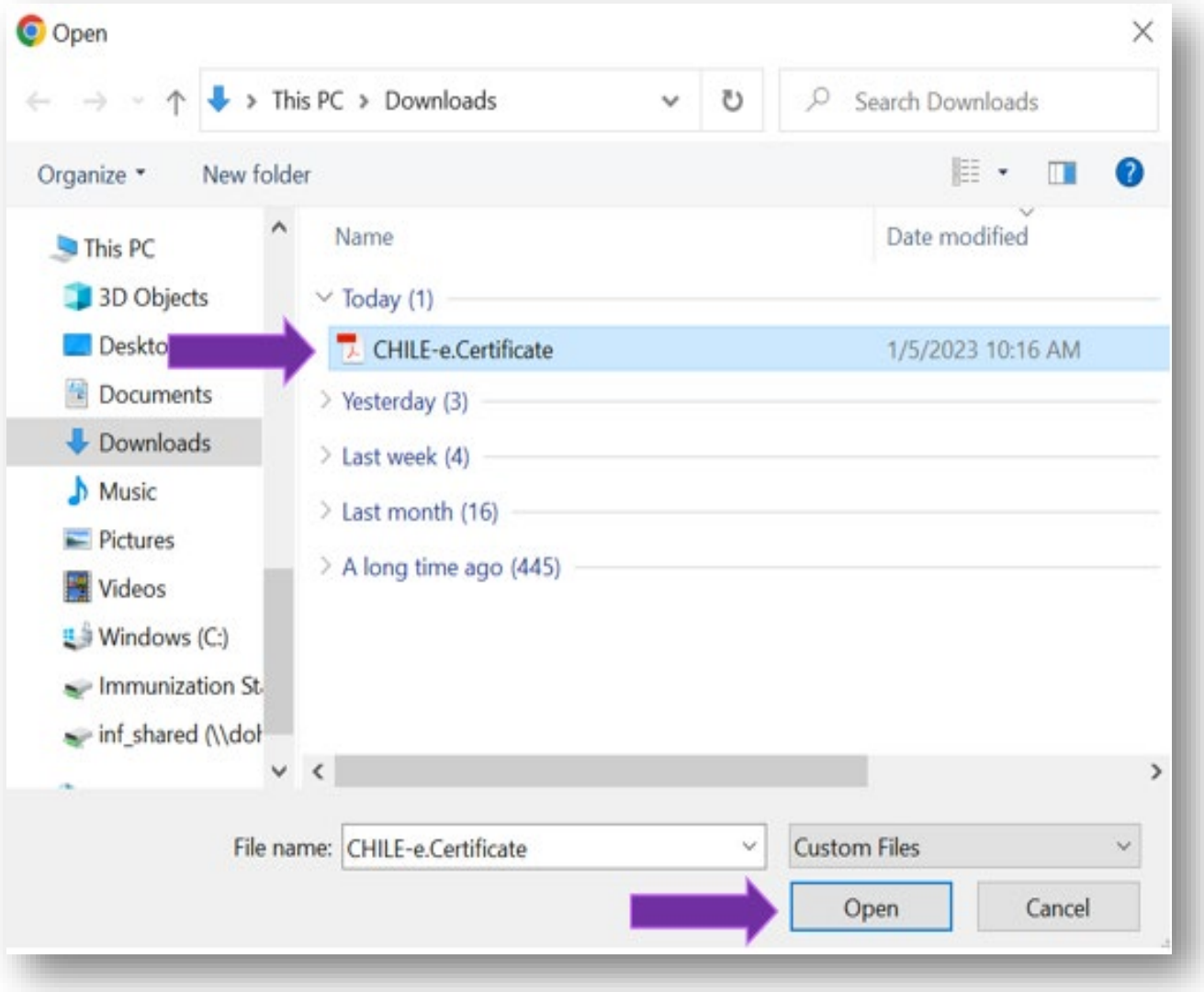


Adding Training

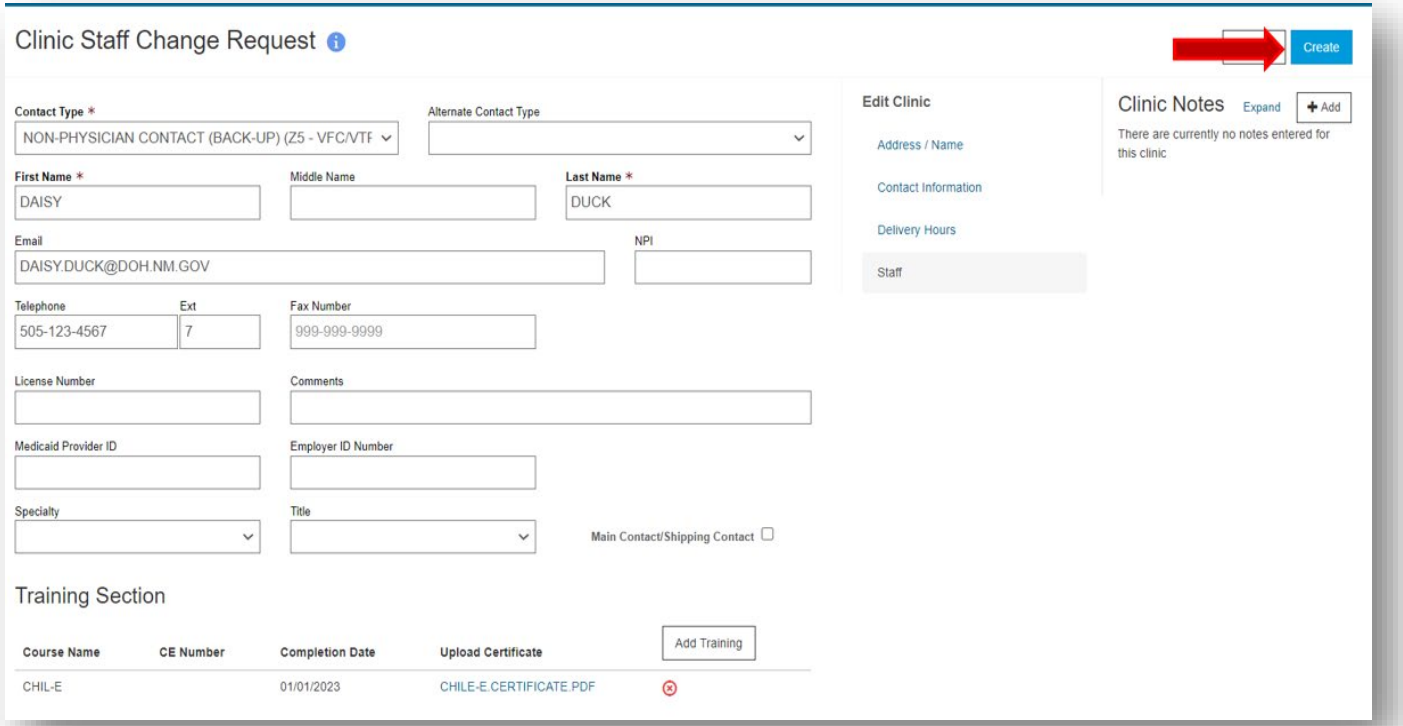
- Required training(s) must be attached to contact change requests
- CHIL-e training must be renewed annually and submitted into NMSIIS after completion
- Once you select ‘Add Training’, there will be a pop-up. You will need to select ‘Course Name’, enter ‘Completion Date’, and attach the training certificate of completion ‘Choose File’

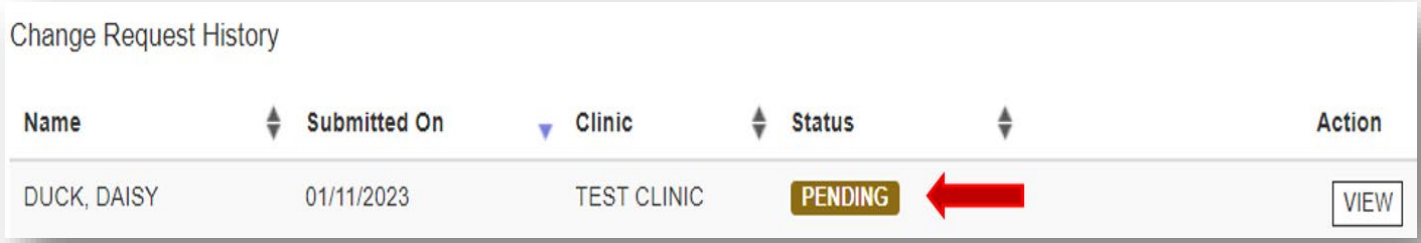


- Upon clicking on the 'Choose File' button, your computer's files will open. Locate the training certificate, click on it to attach, then press 'Open'.



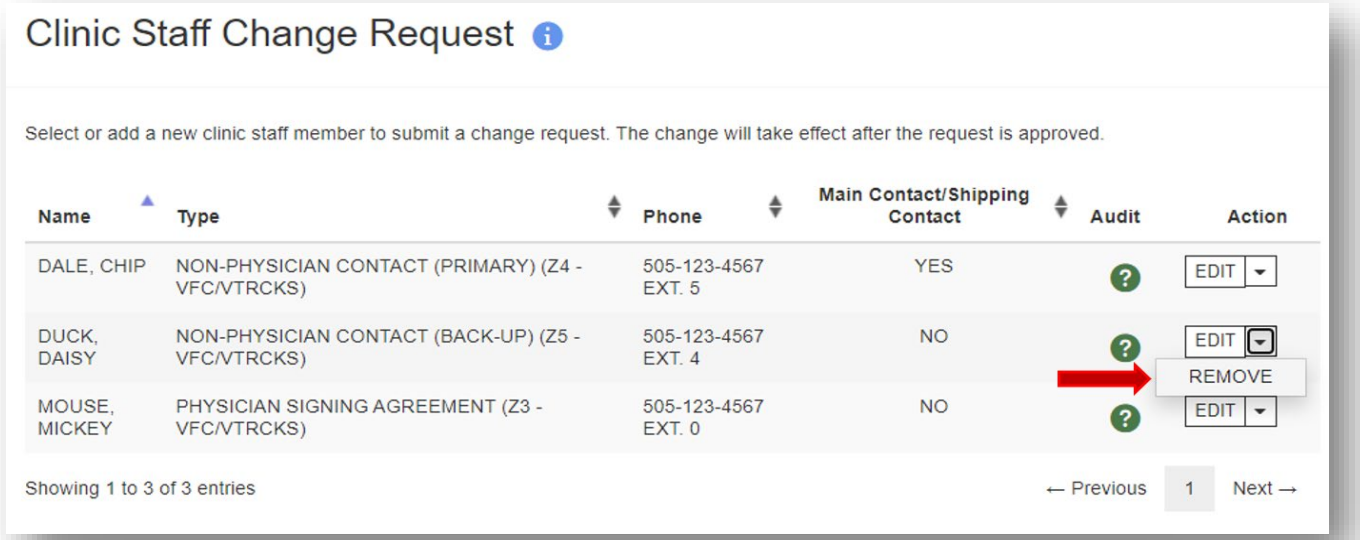
- Once all required fields are filled and required training(s) are attached, select ‘Create’ from the top right corner. Your request will then show as pending under ‘Change Request History’

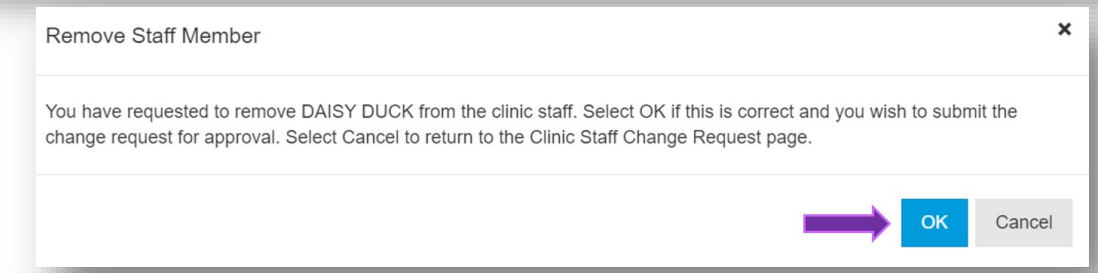


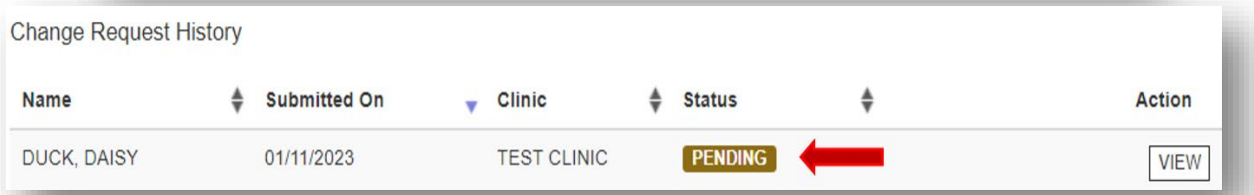


Removing a Contact

- 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’



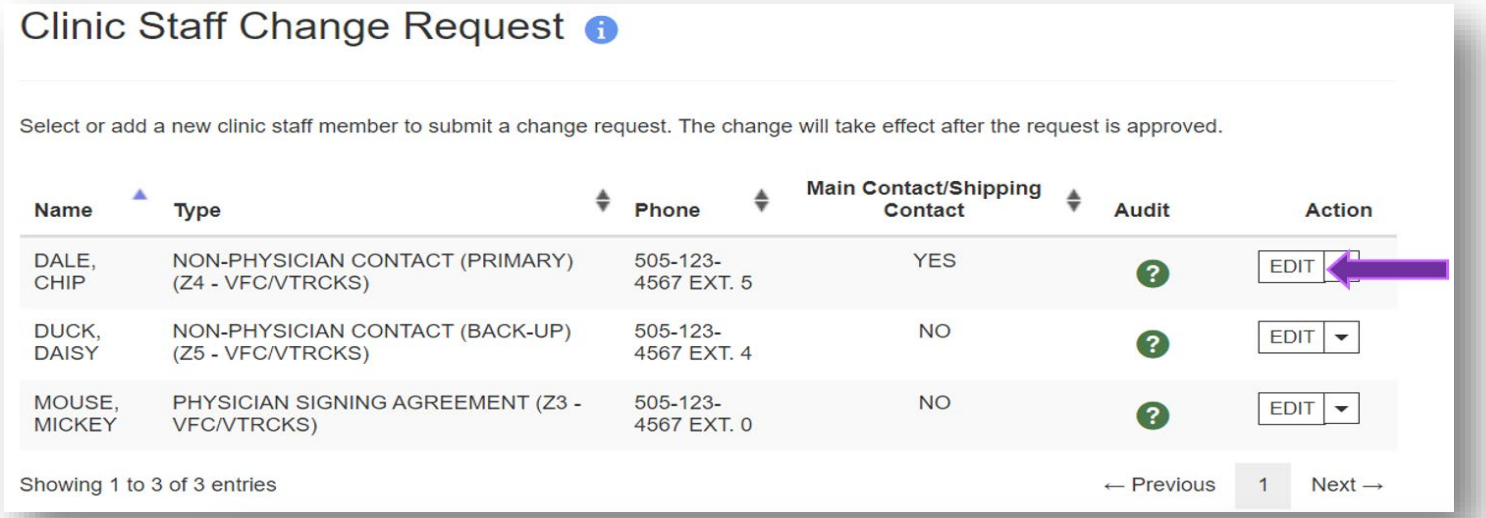


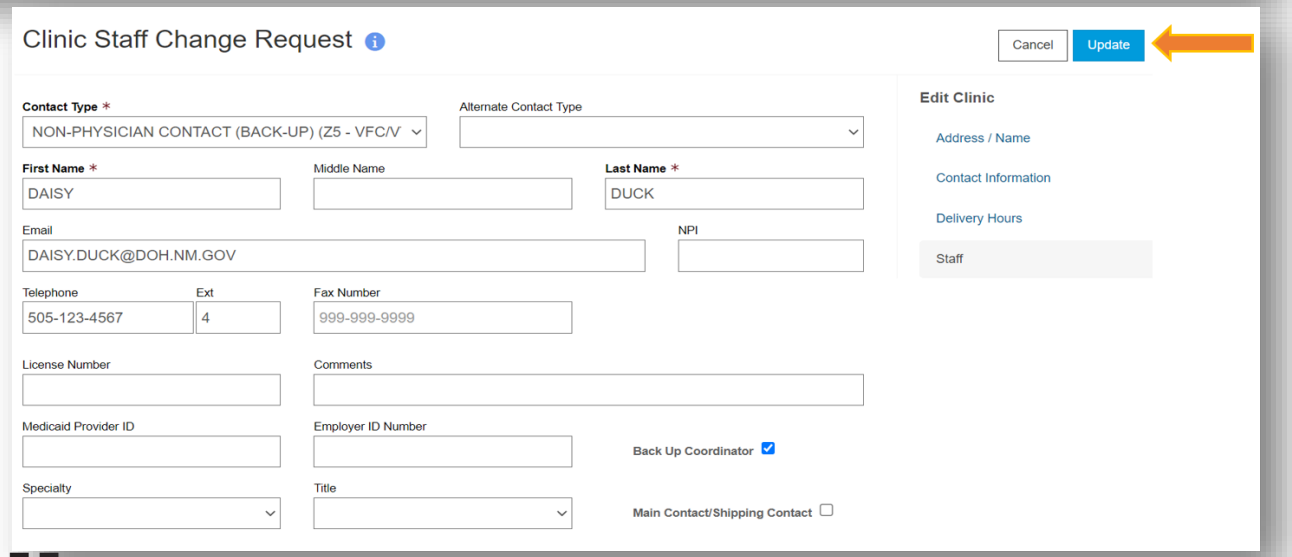


When submitting a request to change a contact, you must submit a request to remove the listed contact **AND** a request to add the new contact.

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

Editing Contacts

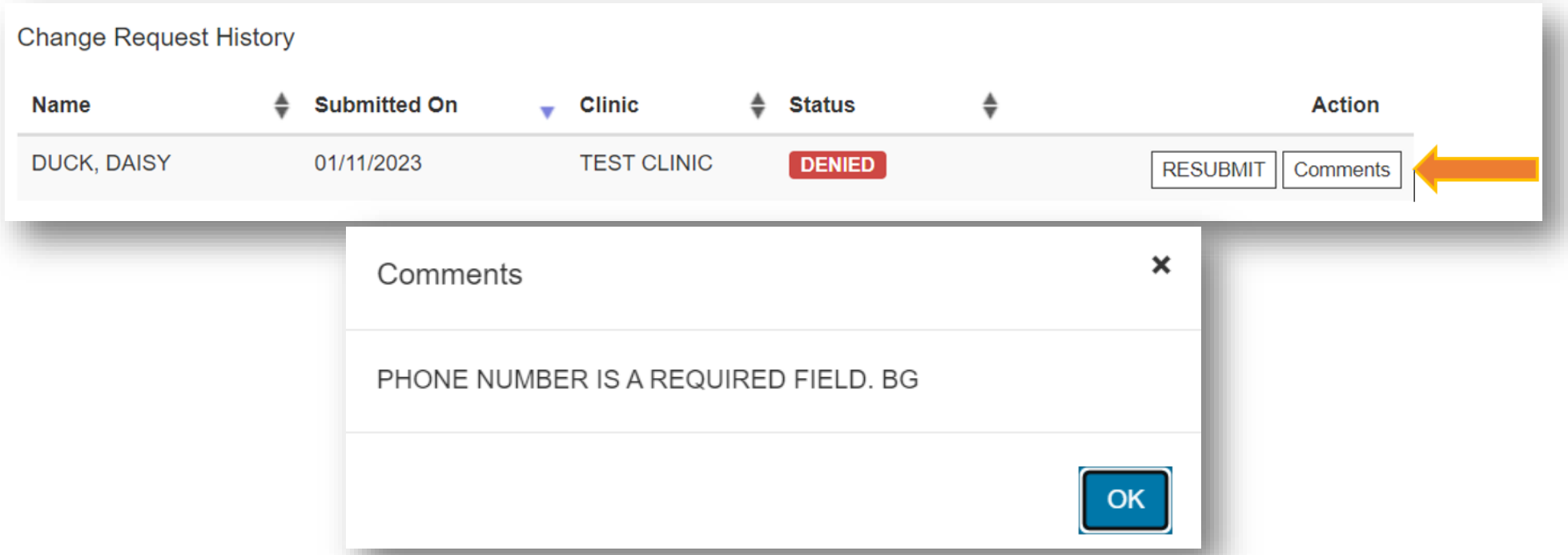




- To edit existing contacts, select the ‘Edit’ button to the right of the contact. Edit information which needs to be updated, then select ‘Update’.
  - NOTE: Any field can be updated; Contact Type **should not** be updated.
- The request will be ‘Pending’ under ‘Change Request History’

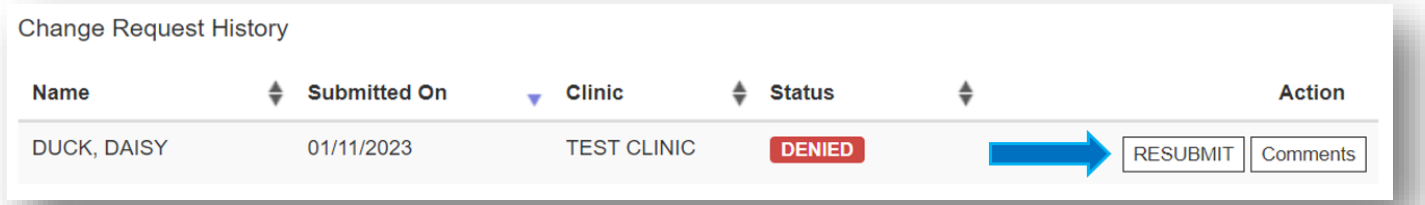
Status of Contact Change Requests

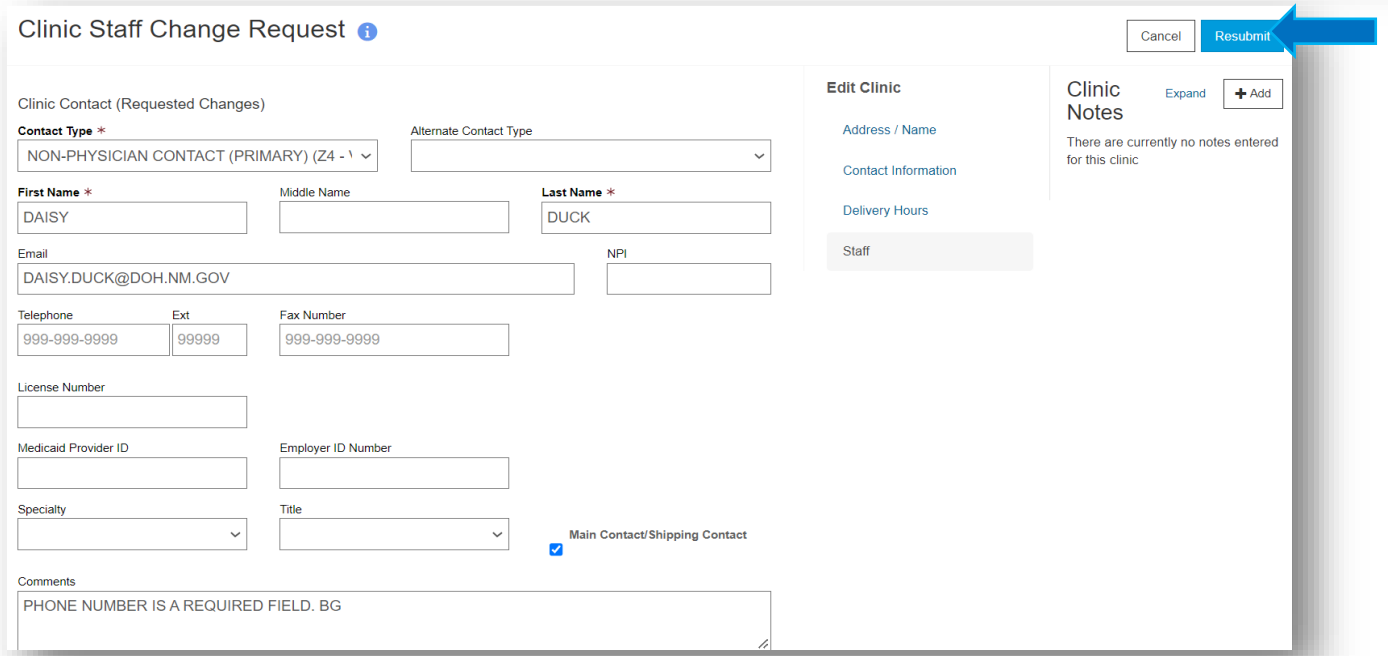
The status of your contact change request will be listed under 'Change Request History'. 'Denied' requests will have notes under 'Comments' stating why the request was rejected. Completed requests will show under 'Change Request History' as 'Complete'. To view comments, select the 'Comments' option under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



Status of Contact Change Requests (cont.)

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

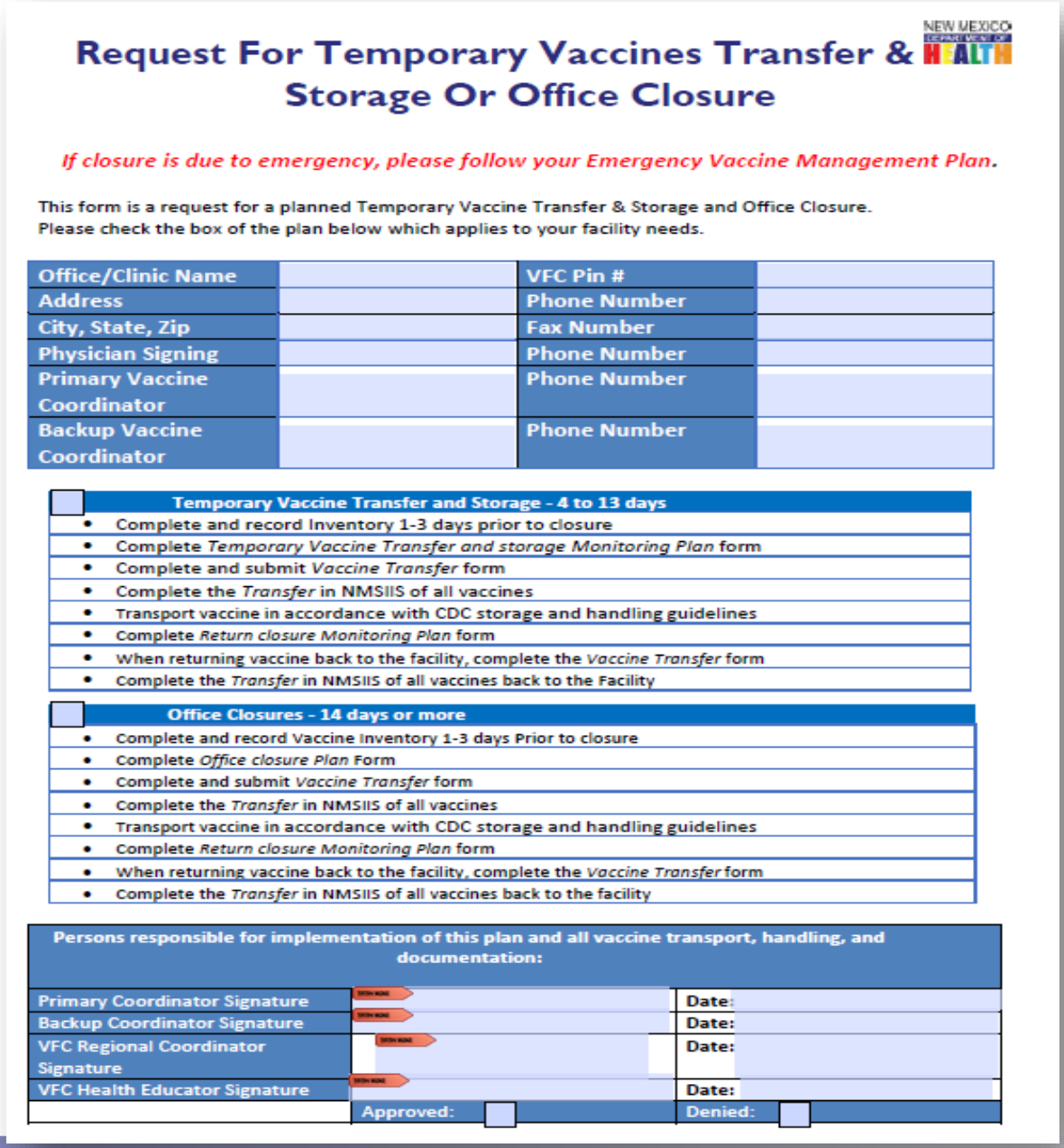
- Providers- New staff will be contacted by the regional staff for VFC New Employee Training.
- Regional Staff- Email will be sent when staff changes are approved and updated in NMSIIS. You will then contact the new staff to conduct the VFC New Employee Training.

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.



Request For Temporary Vaccines Transfer & Storage Or Office Closure

NEW MEXICO DEPARTMENT OF HEALTH

If closure is due to emergency, please follow your Emergency Vaccine Management Plan.

This form is a request for a planned Temporary Vaccine Transfer & Storage and Office Closure.
Please check the box of the plan below which applies to your facility needs.

Office/Clinic Name		VFC Pin #	
Address		Phone Number	
City, State, Zip		Fax Number	
Physician Signing		Phone Number	
Primary Vaccine Coordinator		Phone Number	
Backup Vaccine Coordinator		Phone Number	

☐ 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

☐ 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		Date:
	Approved: ☐	Denied: ☐

Temporary Vaccine Transfer and Storage Monitoring Plan

TEMPORARY VACCINE TRANSFER AND STORAGE MONITORING PLAN

4-13 Consecutive Days

Temporary Vaccine Transfer and Storage is 4-13 consecutive days and ***requires*** that vaccine be transferred in NMSIIS then transported to an alternate location with CDC storage and handling guidelines.

Office/Clinic Name		VFC Pin #	
Address		Phone Number	
City, State, Zip		Fax Number	
Physician Signing		Phone Number	
Primary Vaccine Coordinator		Phone Number	
Backup Vaccine Coordinator		Phone Number	

Temporary Vaccine Transfer and Storage Checklist		
Transfer and Storage Dates		
From	To	
Who will be checking temperatures at the Transfer site?		
Name	Title	Contact Information
Name	Title	Contact Information

Pre-closure Tasks – required		
☑ Task	Completed by	Date
☐ Notify your regional VFC Immunization Coordinator two weeks BEFORE your planned closure.		
☐ Enter the Transfer transaction in NMSIIS		
☐ Complete the NM VFC Vaccine Transfer Form *OR* print a transfer detail from NMSIIS– ALL the information is required. Keep a copy for your records.		
☐ Email the completed NM VFC Transfer Form or the transfer detail (from NMSIIS) to your Regional Immunization Coordinator.		
Pre-closure Tasks - recommended		
☐ Document and review final inventory before transfer		
☐ Prepare draft vaccine order to be placed 1-2 weeks prior to office re-opening		

TEMPORARY VACCINE TRANSFER AND STORAGE MONITORING PLAN

Temporary Transfer and Storage Schedule – dates and times of temp checks							
	Sun	Mon	Tues	Weds	Thurs	Fri	Sat
Date							
a.m.							
p.m.							
Initials/done							
Date							
a.m.							
p.m.							
Initials/done							
Date							
a.m.							
p.m.							
Initials/done							

Primary Coordinator Signature		Date:
Backup Coordinator Signature		Date:
VFC Regional Coordinator Signature		Date:
VFC Health Educator Signature		Date:
	Approved: ☐	Denied: ☐

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.

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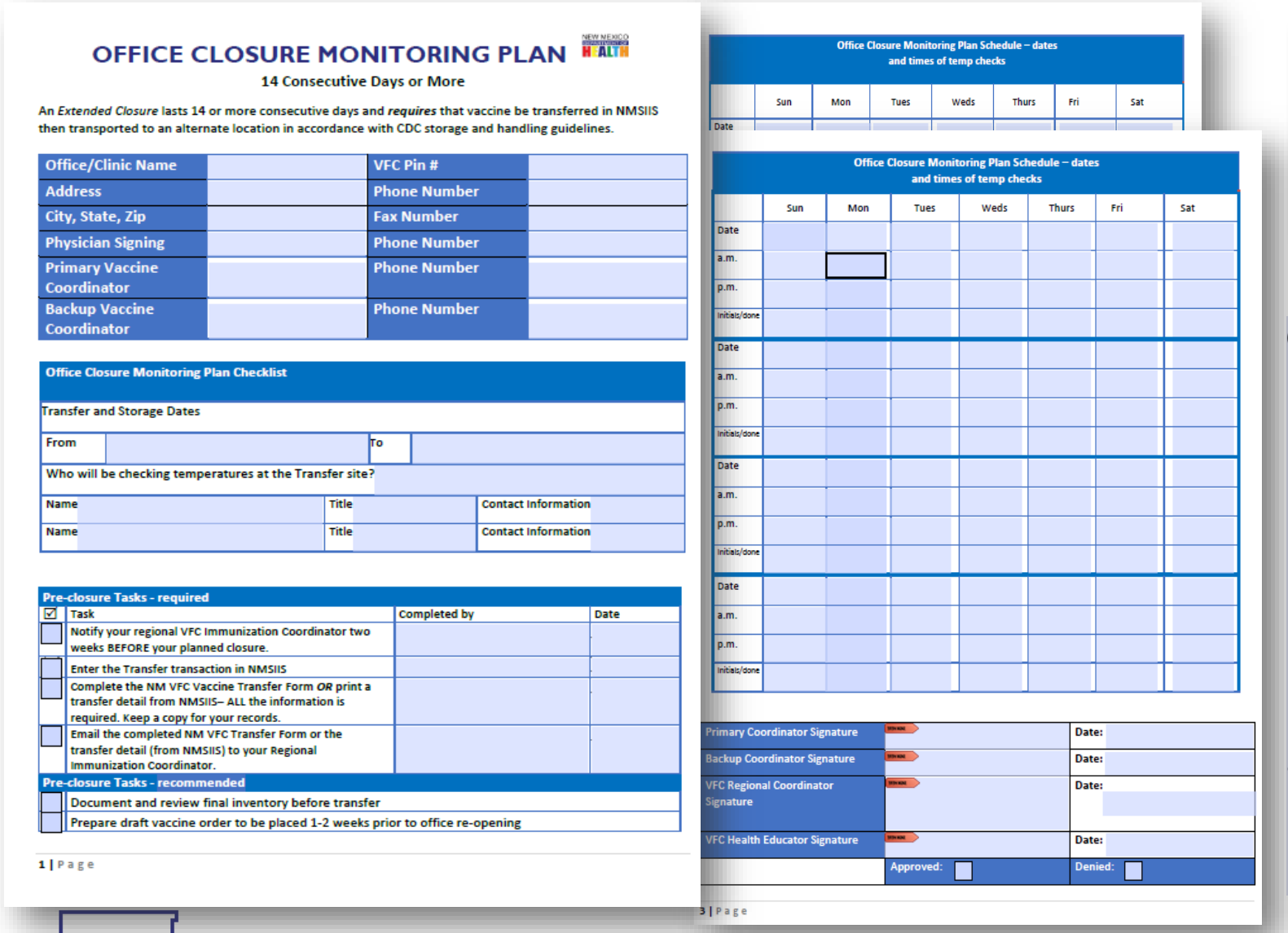
Office Closure Monitoring Plan



OFFICE CLOSURE MONITORING PLAN

14 Consecutive Days or More

An *Extended Closure* lasts 14 or more consecutive days and ***requires*** that vaccine be transferred in NMSIIS then transported to an alternate location in accordance with CDC storage and handling guidelines.

Office/Clinic Name		VFC Pin #	
Address		Phone Number	
City, State, Zip		Fax Number	
Physician Signing		Phone Number	
Primary Vaccine Coordinator		Phone Number	
Backup Vaccine Coordinator		Phone Number	

Office Closure Monitoring Plan Checklist			
Transfer and Storage Dates			
From		To	
Who will be checking temperatures at the Transfer site?			
Name	Title	Contact Information	
Name	Title	Contact Information	

Pre-closure Tasks - required			
☑	Task	Completed by	Date
☐	Notify your regional VFC Immunization Coordinator two weeks BEFORE your planned closure.		
☐	Enter the Transfer transaction in NMSIIS		
☐	Complete the NM VFC Vaccine Transfer Form *OR* print a transfer detail from NMSIIS– ALL the information is required. Keep a copy for your records.		
☐	Email the completed NM VFC Transfer Form or the transfer detail (from NMSIIS) to your Regional Immunization Coordinator.		
Pre-closure Tasks - recommended			
☐	Document and review final inventory before transfer		
☐	Prepare draft vaccine order to be placed 1-2 weeks prior to office re-opening		

1 | Page

Office Closure Monitoring Plan Schedule – dates and times of temp checks

	Sun	Mon	Tues	Weds	Thurs	Fri	Sat
Date							
a.m.							
p.m.							
Initials/done							
Date							
a.m.							
p.m.							
Initials/done							
Date							
a.m.							
p.m.							
Initials/done							
Date							
a.m.							
p.m.							
Initials/done							

Primary Coordinator Signature		Date:
Backup Coordinator Signature		Date:
VFC Regional Coordinator Signature		Date:
VFC Health Educator Signature		Date:
	Approved: ☐	Denied: ☐

3 | Page

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.

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Refrigerated Vaccine Transport Log

Vaccines 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

NEW MEXICO DEPARTMENT OF HEALTH

Transfer Information

FROM Provider Name:		VFC PIN:		Transfer in NMSIIS **sent**?	Yes	No	n/a*
TO Provider Name:		VFC PIN:		Transfer in NMSIIS **rec'd**?	Yes	No	n/a*

only when vaccines are **not going to another site*

Transfer Reason — *Circle and add notes if necessary*

Power Outage	Excess Supply	Short-dated	Storage unit malfunction	Building maintenance	Other/ Notes:

Vaccine Inventory and Temperature Monitoring Information

Print and attach your on-hand inventory from NMSIIS 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.

Date:		Name/s of individuals performing transport tasks below (print):		Serial number of data logger used:	

Vaccine counted	Begin time and temp	End time and temp	Initials
Vaccine packed per guidelines	Begin time and temp	End time and temp	Initials
Vaccine transport	Begin time and temp	End time and temp	Initials
Vaccine unpacked and stored	Begin time and temp	End time and temp	Initials

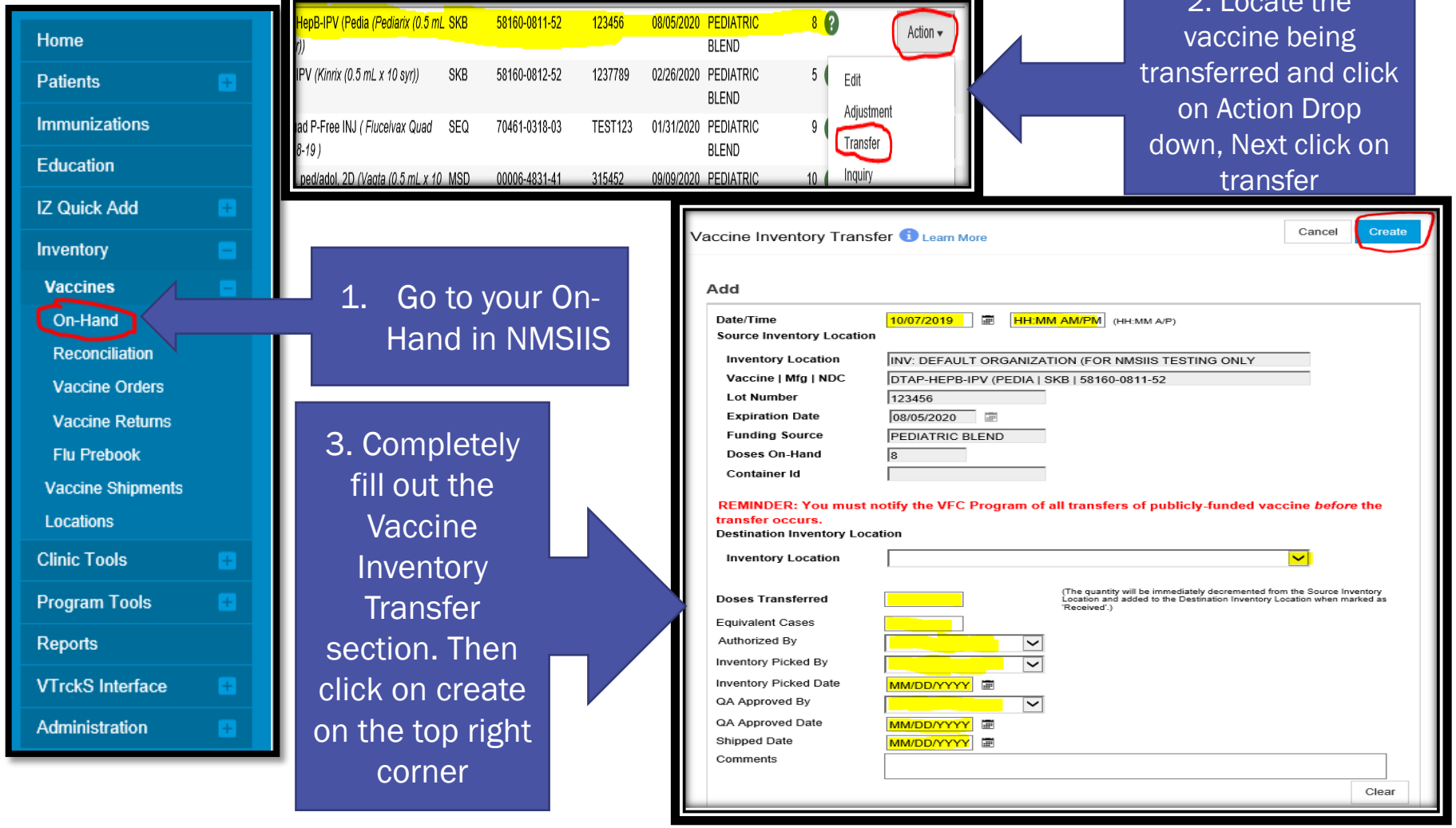
Total Transport Time:	*Notes:*

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

Metro Region	*Northeast Region*	*Northwest Region*	*Southeast (a)*	*Southwest Region*
505-709-7866 505-709-7811 505-670-0153	505-476-2643 505-476-2622	505-841-8949	***Kelly Bassett*** 575-746-9819 ext. 6818 ***Southeast (b)*** 575-397-2463 ext. 6516	575-528-5186 575-528-5150

Updated December 2022

Transferring Vaccines in NMSIIS



1. Go to your On-Hand in NMSIIS

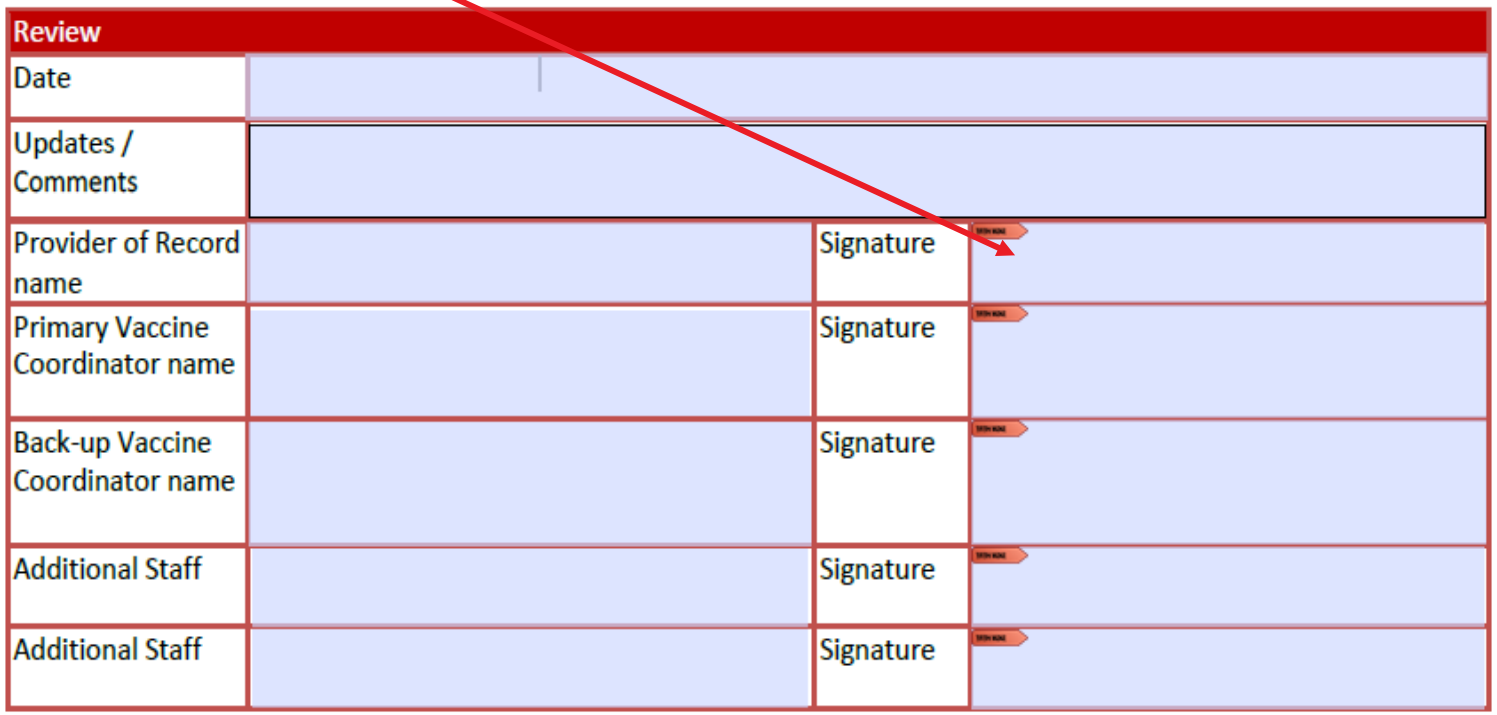
2. Locate the vaccine being transferred and click on Action Drop down, Next click on transfer

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!!

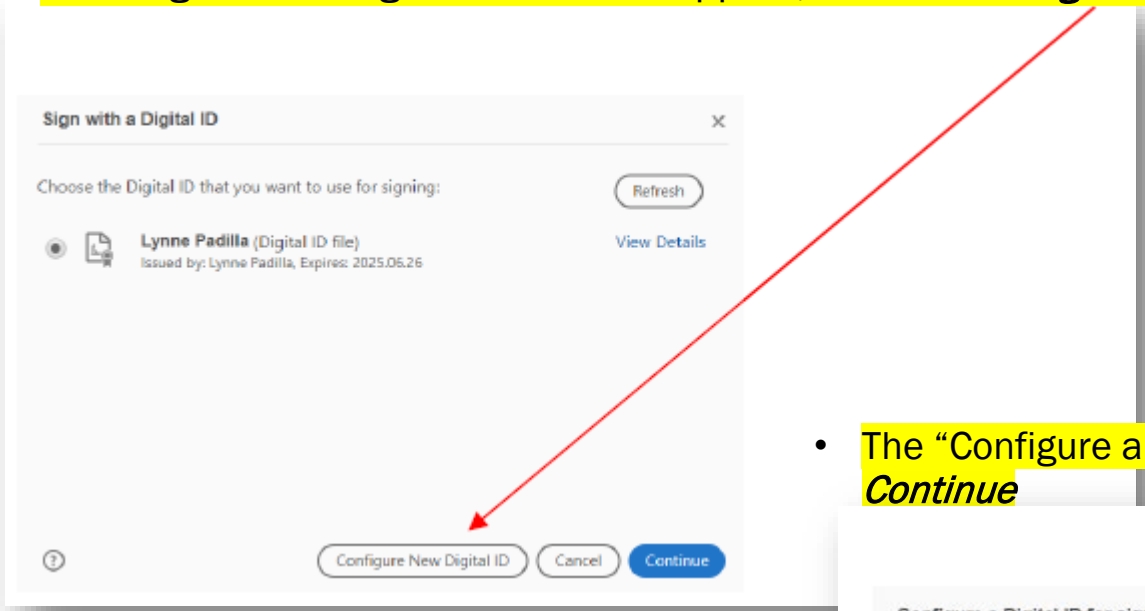
Digital Signatures

- 1. Click on the *red arrow* *under the appropriate title of which you are signing.*

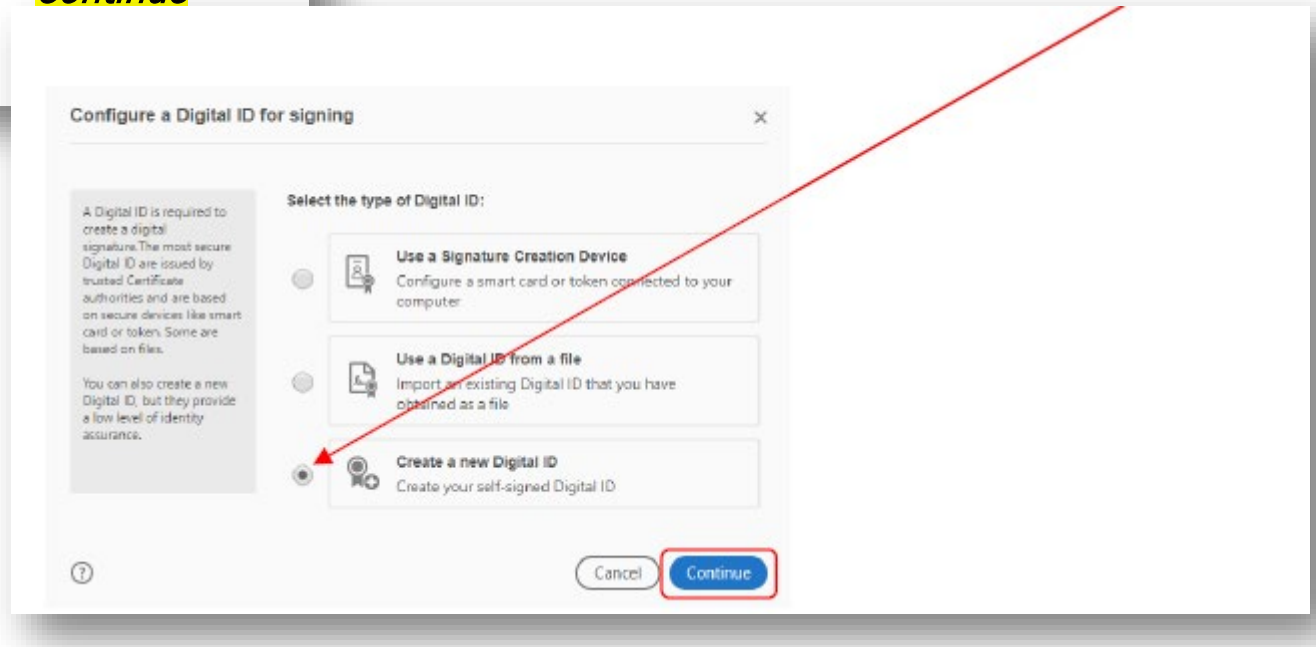


Review			
Date			
Updates / Comments			
Provider of Record name		Signature	
Primary Vaccine Coordinator name		Signature	
Back-up Vaccine Coordinator name		Signature	
Additional Staff		Signature	
Additional Staff		Signature	

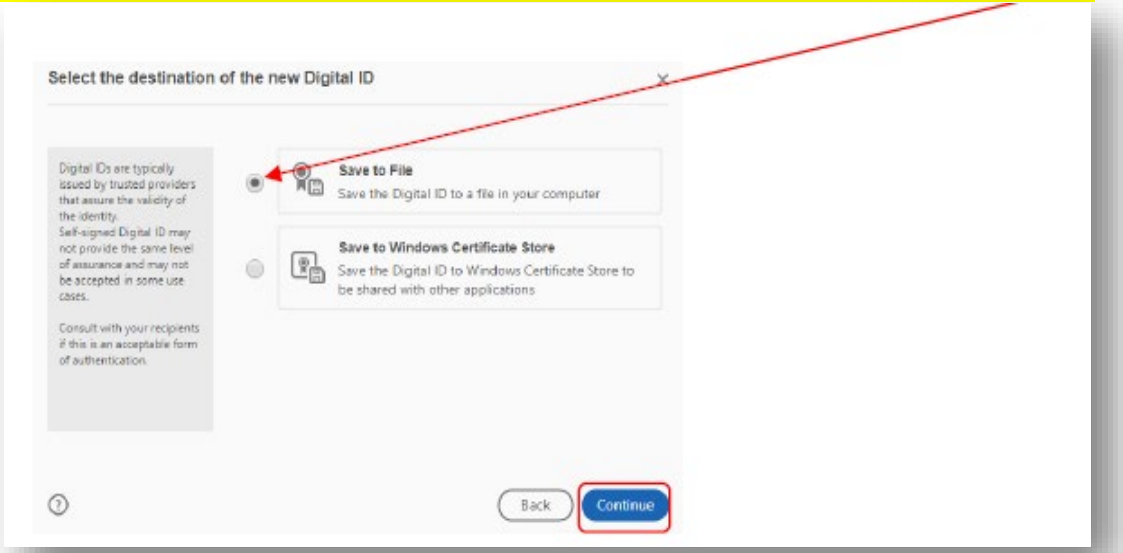
- The “Sign with a Digital ID” box will appear, click on ***Configure New Digital ID***



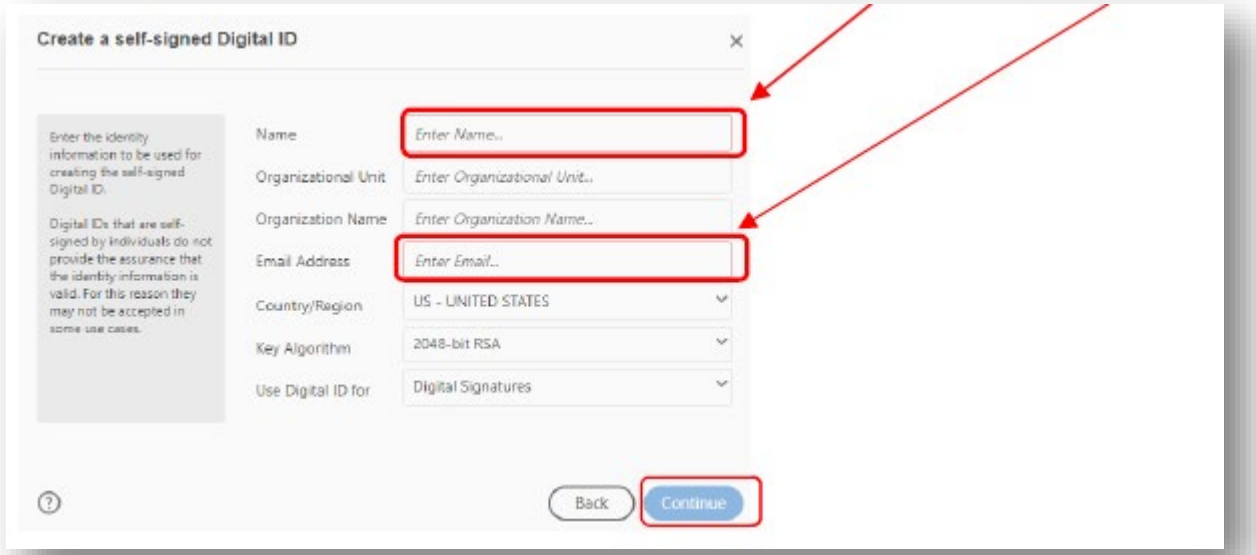
- The “Configure a Digital ID for signing” box will appear, click on ***Create a new Digital ID and Continue***



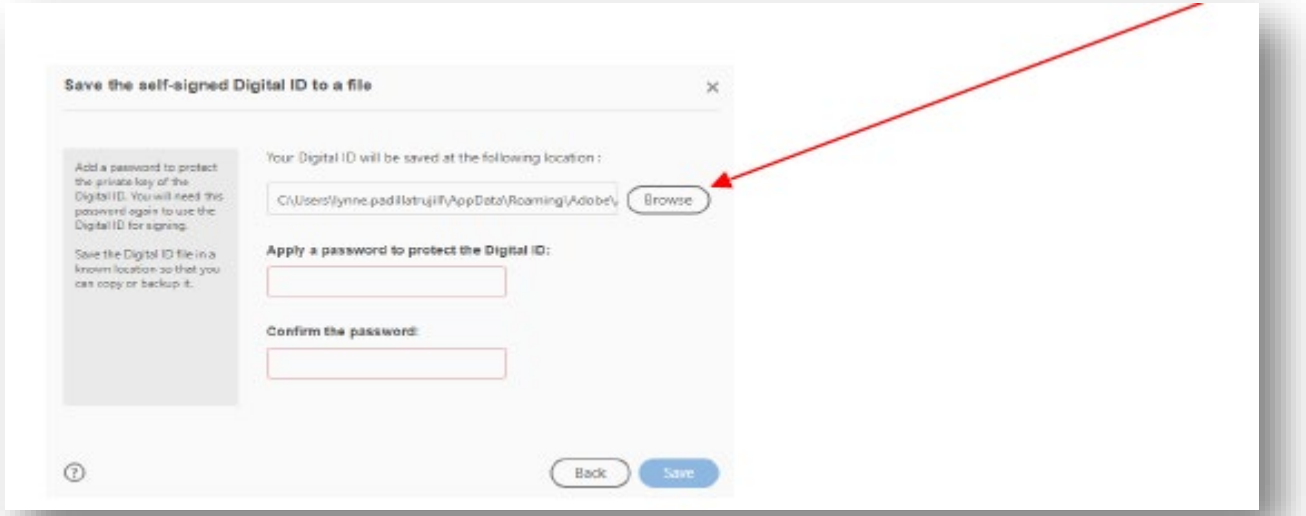
- The “select the destination of the new Digital ID” box will appear, click on ***Save to File and Continue.***



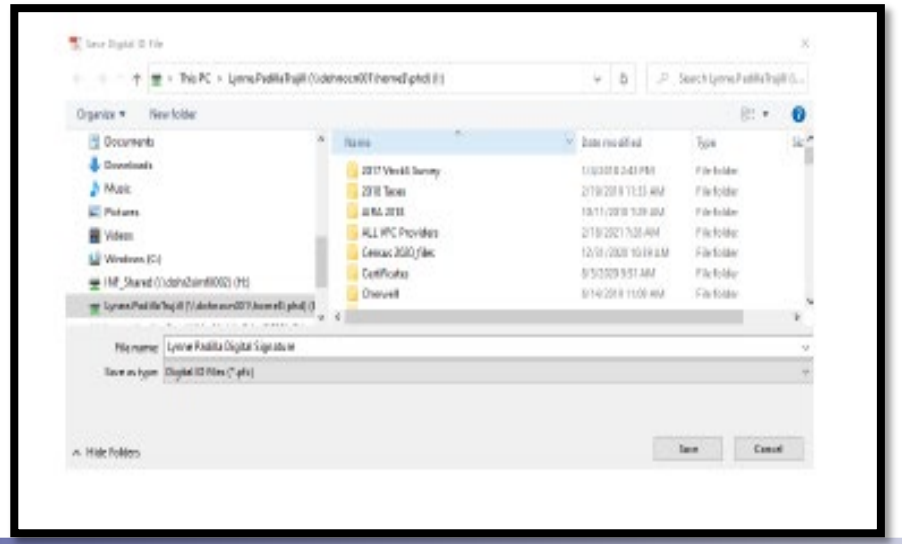
- The “Create a self-signed digital ID” box will appear***.*** Enter ***Name*** and ***Email Address*** then click ***Continue.***



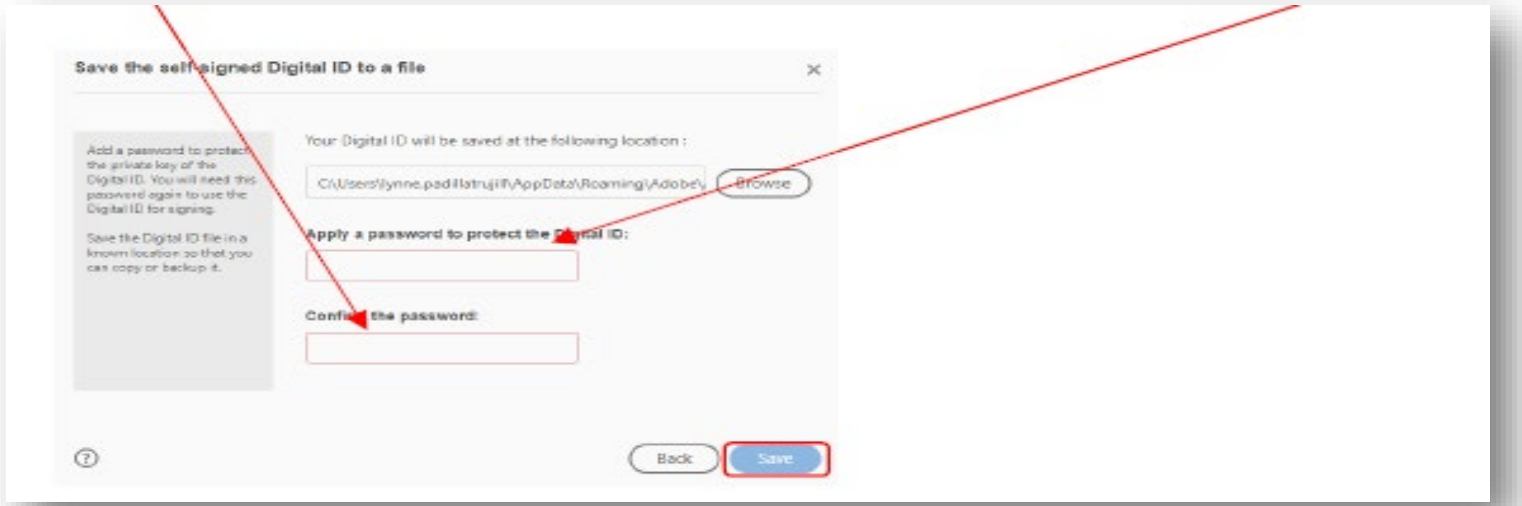
- The “Save the self-signed Digital ID to a file” box will appear, click on the ***Browse.***



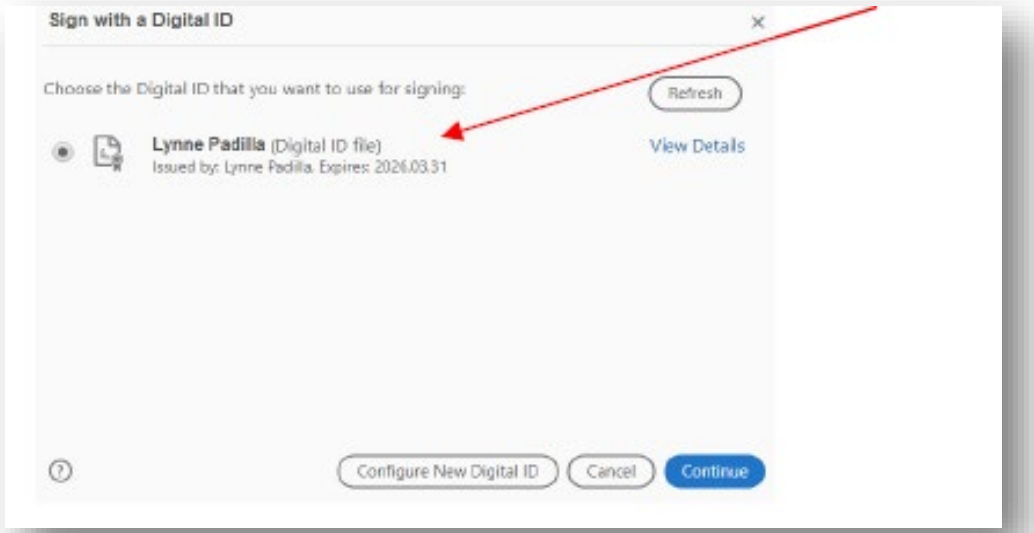
- A file path box will appear, file your Digital ID in your files and click ***Save.***



- 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.***

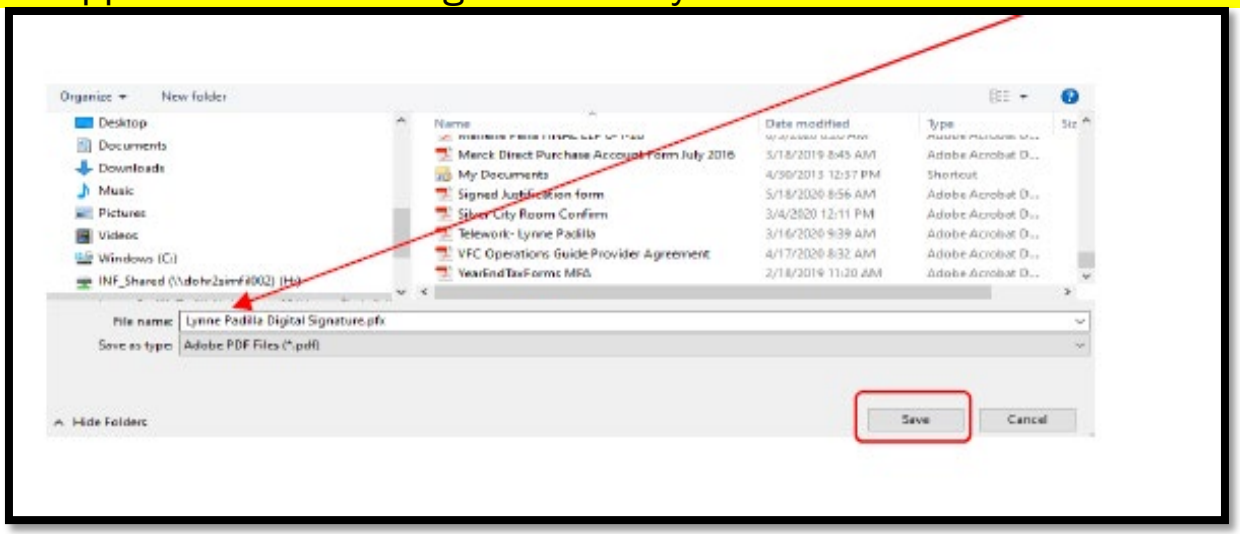


- The “Sign with a Digital ID” box will appear with the ***Digital ID File,*** click on ***Continue.***

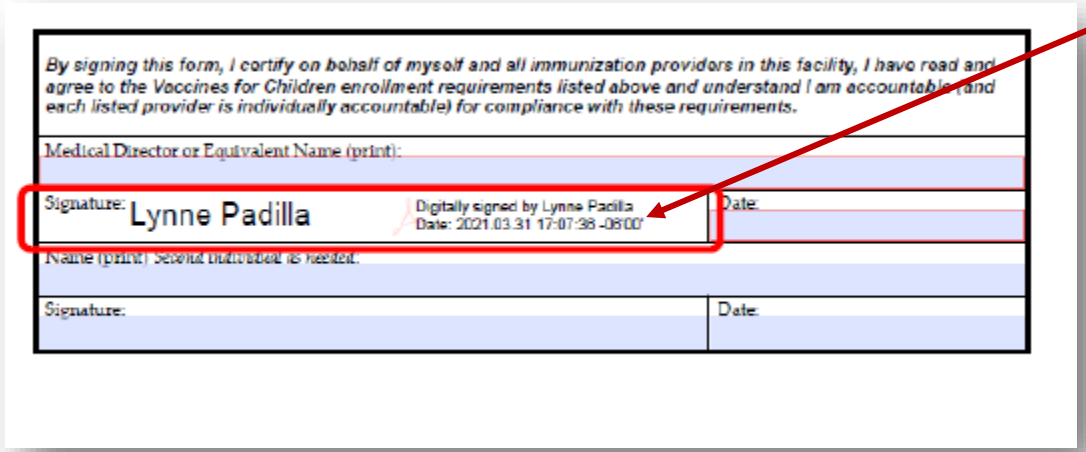


- The Sign as “person’s name” box will appear, ***Enter the Digital ID password*** that was created above, the Save button will appear, click on ***Sign.***

- 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

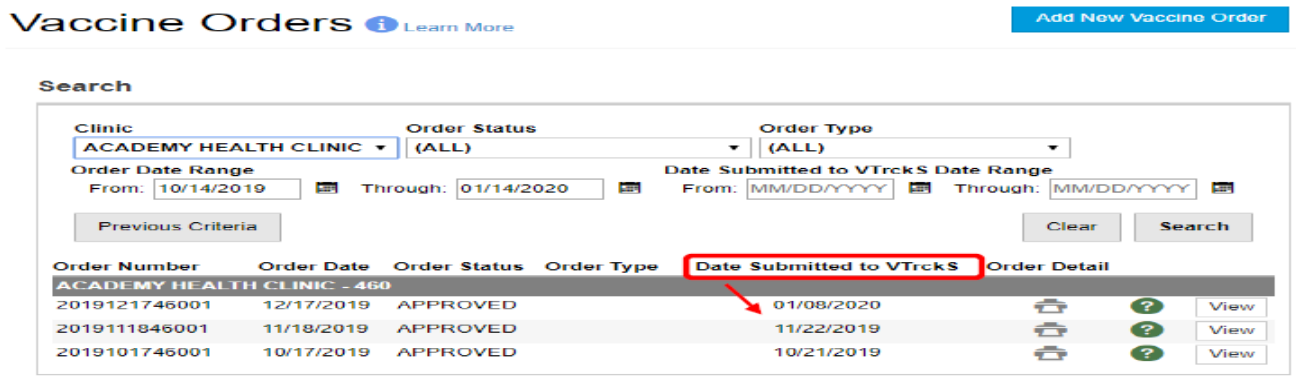
VACCINE SHIPPING DAYS

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.

Orders Received* On (Date Submitted to VTrckS)	Orders Shipped By** (On truck delivery next Day)
Monday	Thursday
Tuesday	Monday
Wednesday	Monday
Thursday	Tuesday
Friday	Wednesday

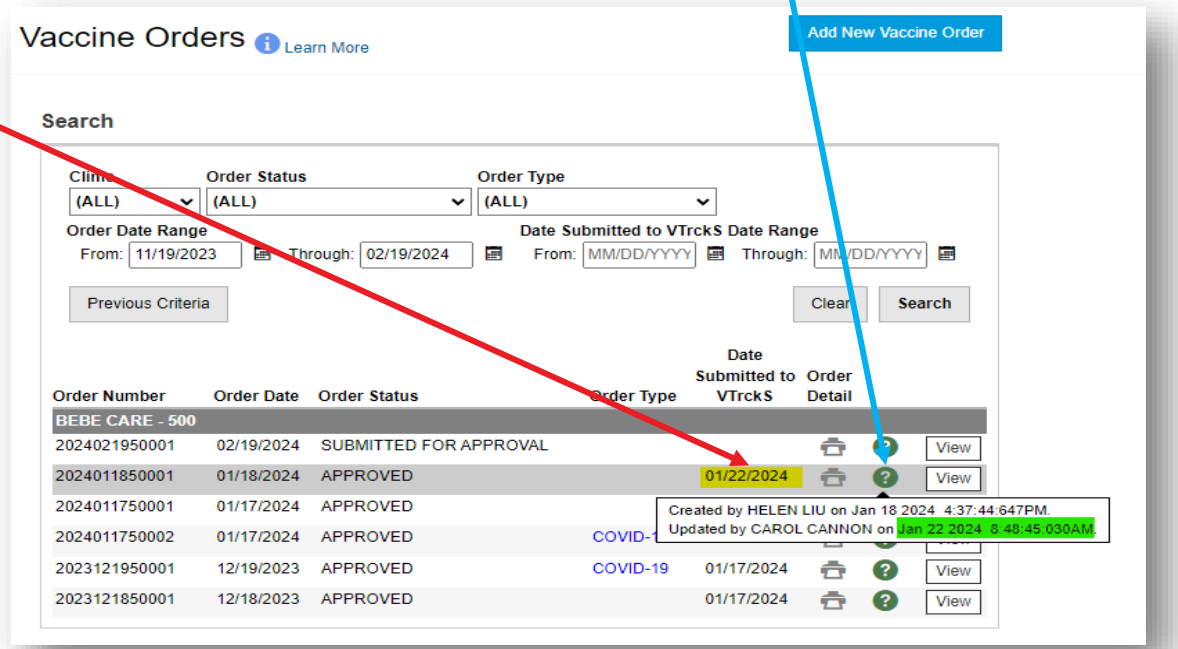
*Ship day ends at 12:00 noon Local Distribution Center Time- New Mexico Distributor is in Aurora CO and on MST.



** "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.

MERCK

Packing Slip
CTN6528949

Order Complete

Page 1 of 1

2000 Galloping Hill Road
KENILWORTH NJ, 07033

TempTale:

Shipped From	DEA License	Ship To	State License	Sold To	State License
MD Logistics 12125 Moya Blvd RENO, NV 89506 USA	RM0506951 State Distributor WD00011973 State Control Drug CS00224161	Providers name and Address	MD2010-0738 DEA License Account # Drop Ship Acc	CDC IMMUNIZATION DIV FMO-CDC VFC VARIVAX EDI USE ONLY CDC IMMUNIZATION DIV FMO-CDC VFC ATLANTA, GA 30333-0080	DEA License Account # 0000014200

Order No	Order Type	Purchase Order Number	Carrier	No of Pallets	Drop PO#
3020161299	Frozen CDC	4001669527	UPS	0	
Ship Date	**Product Must Be Received On or By**	**Order Date**	**Service Level**	**No of Cartons**	**Delivery No**
24-May-2019	28-May-2019	18-May-2019	NextDayAir	1	0818441452

Special Instructions: ZD01,ST1 MTUWTH 8-11,1-4,

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

MERCK

Packing Slip

Page 1 of 1

2000 Galloping Hill Road
KENILWORTH NJ, 07033

Shipped From	DEA License	Ship To	State License	Sold To	State License
MD Logistics 12125 Moya Blvd RENO, NV 89506 USA	RM0506951 State Distributor WD00011973 State Control Drug CS00224161	Providers name and Address	DEA License Account # 2050017728	NM DEPT OF HEALTH IMMUN STATE FROZEN ATTN RHONDA SANCHEZ STE S1250 1190 S SAINT FRANCIS DR SANTA FE, NM 87505-4173	DEA License Account # 0050000810

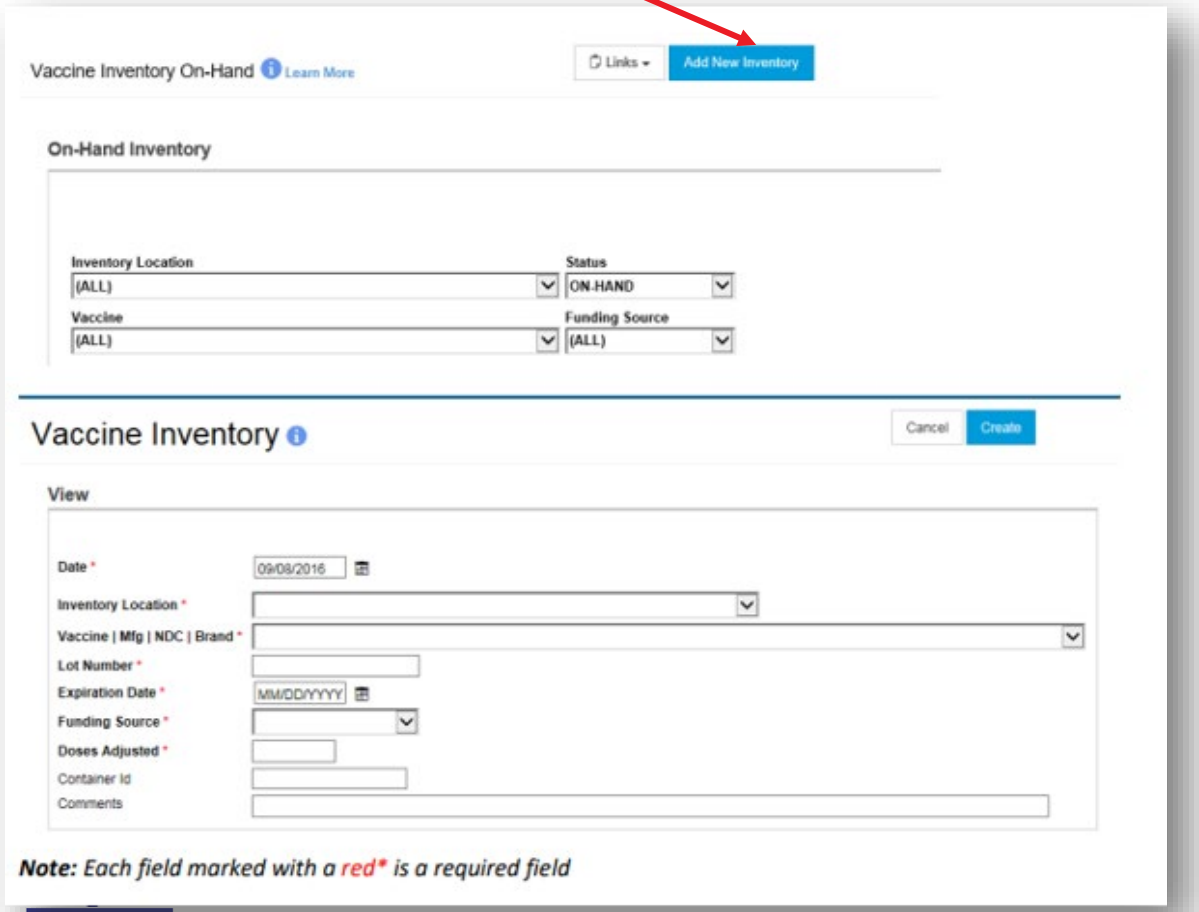
Order No	Order Date	Purchase Order Number	Carrier	No of Pallets	Drop PO#
3017759948	07/24/2018	155080	UPS	2	
Ship Date	**Delivery No**	**Order Type**	**Service Level**	**No of Cartons**	
07/24/2018	0815600795	Frozen Order	NEXTDAYSAV	2	

Special Instructions:

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

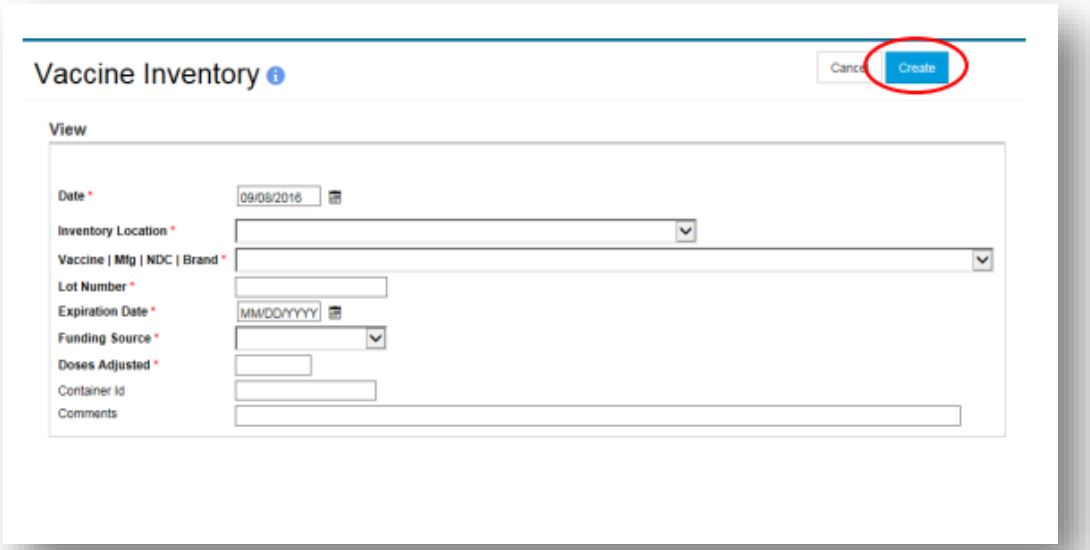
4. Enter the correct ***lot number***

5. Enter the ***expiration date***

6. Select the ***funding source (Pediatric Blended)***

7. Enter the ***expiration date***

8. Select ***Create*** to finalize



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Preparing Frozen Vaccines for Administration

Statewide Training 2024

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Frozen Vaccines with Diluents

Vaccine Product	Vaccine Component	Liquid Diluent
COVID-19 (some) Pfizer formulations	Liquid concentrate containing mRNA in lipid nanoparticles	Sterile water
MMR (can be stored refrigerated)	Dried Measles, Mumps, Rubella	Sterile water
ProQuad	Dried Measles, Mumps, Rubella, Varicella	Sterile water
Varivax	Dried Varicella	Sterile water

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.

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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

M-M-R® II — Measles, Mumps, & Rubella Virus Vaccine Live

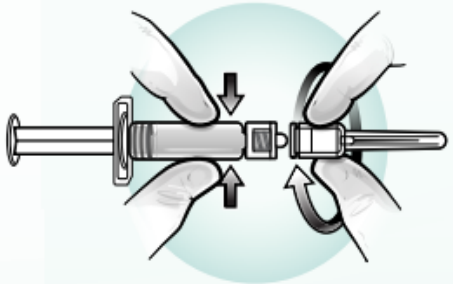
VARIVAX® — VARICELLA VIRUS VACCINE LIVE

ProQuad® — Measles, Mumps, Rubella and Varicella Virus Vaccine Live

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

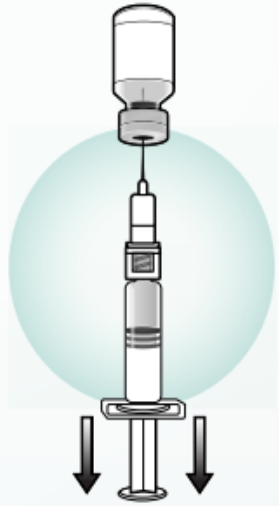
*as compared to diluent vial

Preparation for Administration Using a Prefilled Diluent Syringe



Attach a needle to the prefilled syringe.

Visually inspect the vaccine for discoloration. **Slowly inject the entire volume of sterile diluent prefilled syringe** 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.



Visually inspect the vaccine again for discoloration. **Withdraw and administer the entire volume of the reconstituted vaccine.**

Preparation for Administration Using a Prefilled Diluent Syringe continues on next page.

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.

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Time allowed between reconstitution and use

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

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?

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ADULT 317/ASP Vaccine

Vanessa Hansel

Adult Vaccine Manager

Adult Vaccine Contact information

Adult.vaccines@doh.nm.gov

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What is new with Adult Vaccines?

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Staff Updates

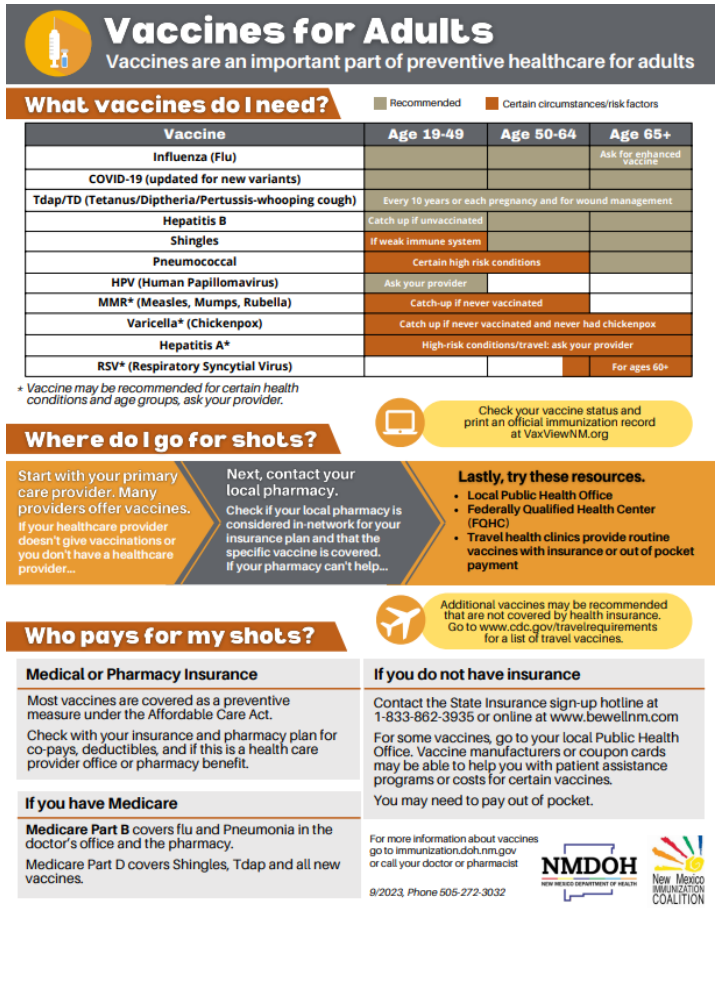
- The Adult Vaccine Team consists of three (3) full-time staff members.
- Vanessa Hansel-Adult Vaccine Manager
- Veronica Rosales- Quality Improvement/Quality Assurance Epidemiologist.
- Brandy Jones-Perinatal Hepatitis B and Adolescent Vaccine Coordinator.

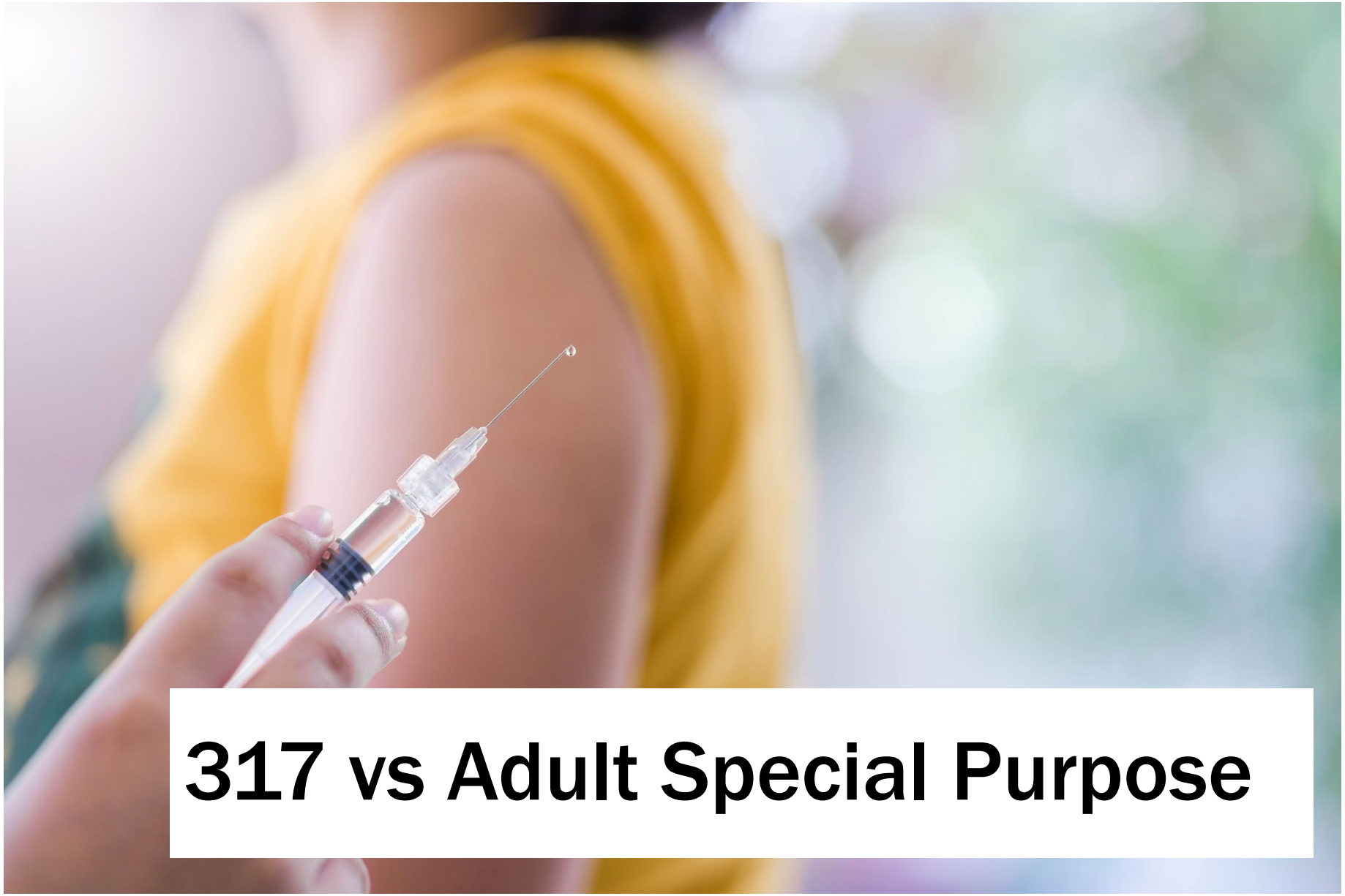
CDC REVERSE SITE VISIT

- 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

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Orders and Returns

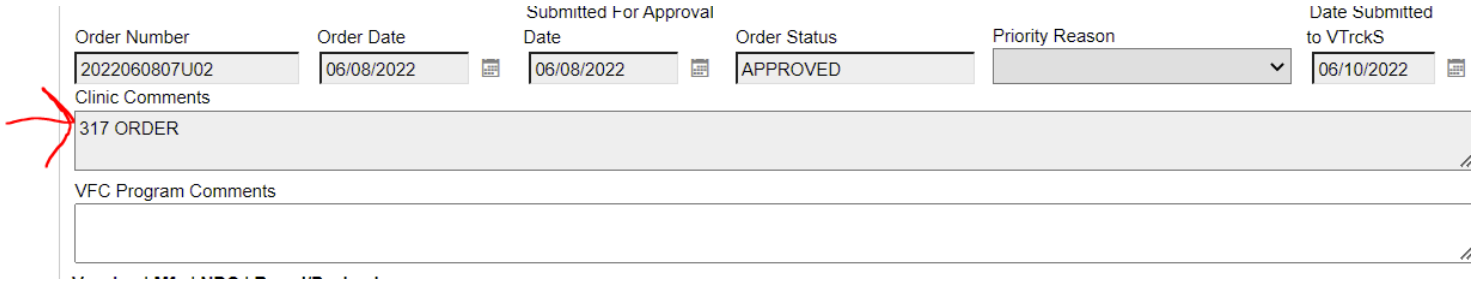
- Returns and Orders must be separate from pediatric (PED) returns

Vaccine	Mfg	NDC	Brand/Packaging	Intent	Quantity of Packages	Doses Per Package	Total Doses	Cost	Fund Type	Rec Doses	Comments
Hep A, adult	SKB	58160-0826-52	Havrix (10 pack - 1 dose T-L syringes, No Needle)	ADU	1	10	10	276.80	317 ADULT		
Hep B, adult adjuvanted	DVX	43528-0003-05	Heplisav-B, SYR, 5 doses/pack	ADU	3	5	15	1046.25	317 ADULT		
Tdap, Adsorbed	PMC	49281-0400-20	Adacel	PED	1	5	5	165.80			
Varicella	MSD	00006-4827-00	Varivax (0.5 mL x 10 vials)	ADU	1	10	10	848.80	317 ADULT		

Total Doses	Total Cost
40	$2337.65

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

Adult Troubleshooting Record	Edit
Adult Vaccine Provider Guidance	Edit
Adult Vaccine Screening Criteria	Edit
Adult Vaccine Consent Form (English)	Edit
Adult Vaccine Consent Form (Spanish)	Edit
Adult Vaccine Order Form for NMSIIS downtime	Edit
Adult Vaccine Transfer Form	Edit
Adult Vaccine Return Form for NMSIIS downtime	Edit

Adult.vaccines@doh.nm.gov

NM Adult Immunization Troubleshooting Record

Please print and attach your on-hand inventory from NMIIS

GlaxoSmithKline	Phone: 1-866-475-8222		
Manufacturer Representative:		**Date/Time:**	**Case #:**
Vaccine Name	**# of Doses**	**Advice Given**	
Engerix-B (Hep B-alum)			□ OK to Use / □ Do NOT Use
Fluarix (Flu)			□ OK to Use / □ Do NOT Use
Havrix (Hep A)			□ OK to Use / □ Do NOT Use
Shingrix (Shingles)			□ OK to Use / □ Do NOT Use
Twinrix (Hep A/B)			□ OK to Use / □ Do NOT Use
Other:			□ OK to Use / □ Do NOT Use

Pfizer	Phone: 1-800-358-7443 (PCV20) or 800-438-1985 (COVID)		
Manufacturer Representative:		**Date/Time:**	**Case #:**
Vaccine Name	**# of Doses**	**Advice Given**	
Prevnar 20 (PCV20)			□ OK to Use / □ Do NOT Use
Comirnaty (19+)			OK to Use / □ Do NOT Use

Sanofi Pasteur	Phone: 1-800-822-2463		
Manufacturer Representative:		**Date/Time:**	**Case #:**
Vaccine Name	**# of Doses**	**Advice Given**	
Adacel (Tdap)			□ OK to Use / □ Do NOT Use

Merck	Phone: 1-800-672-6372		
Manufacturer Representative:		**Date/Time:**	**Case #:**
Vaccine Name	**# of Doses**	**Advice Given**	
Gardasil9 (HPV)			□ OK to Use / □ Do NOT Use
MMR-II (MMR)			□ OK to Use / □ Do NOT Use
Pneumovax (PPSV23)			□ OK to Use / □ Do NOT Use
Varivax (Varicella)			□ OK to Use / □ Do NOT Use

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**)

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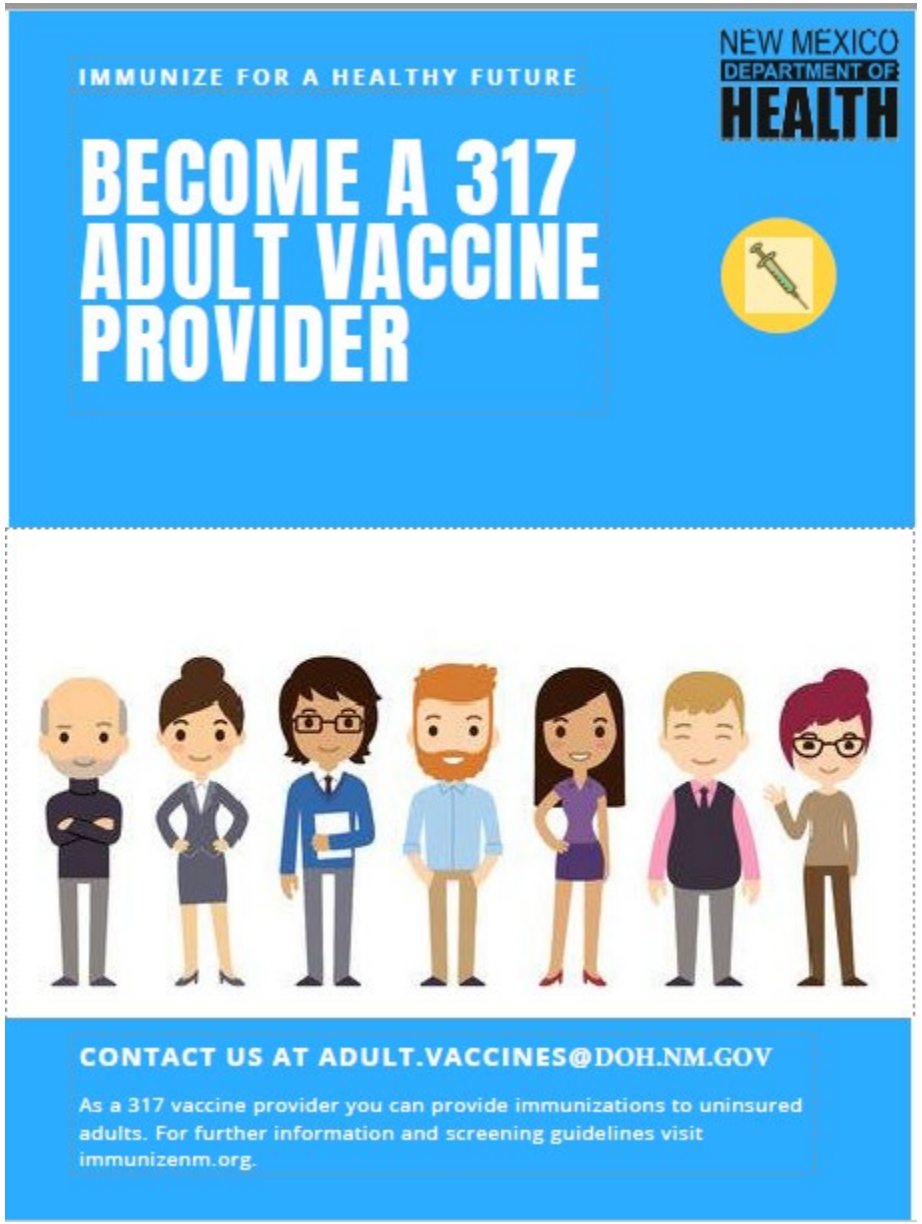

Questions?

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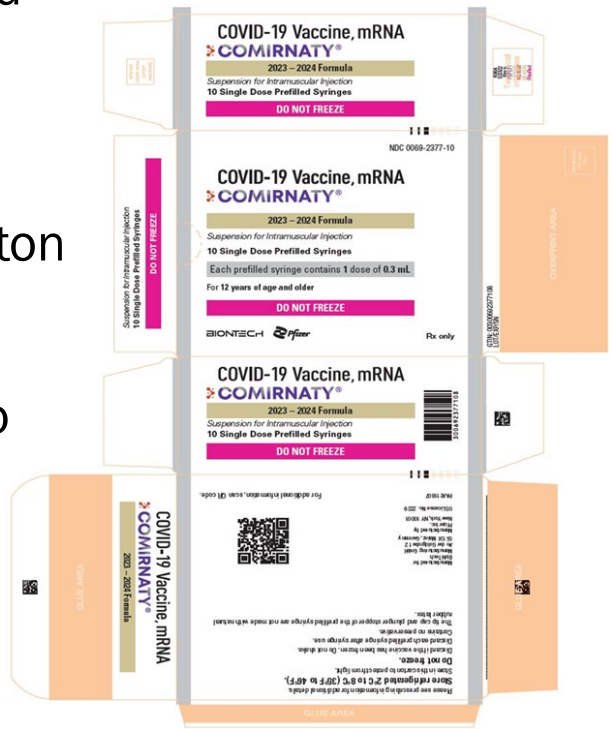
Office Hour for New Mexico Vaccine Providers

Edward Wake

Immunization Program

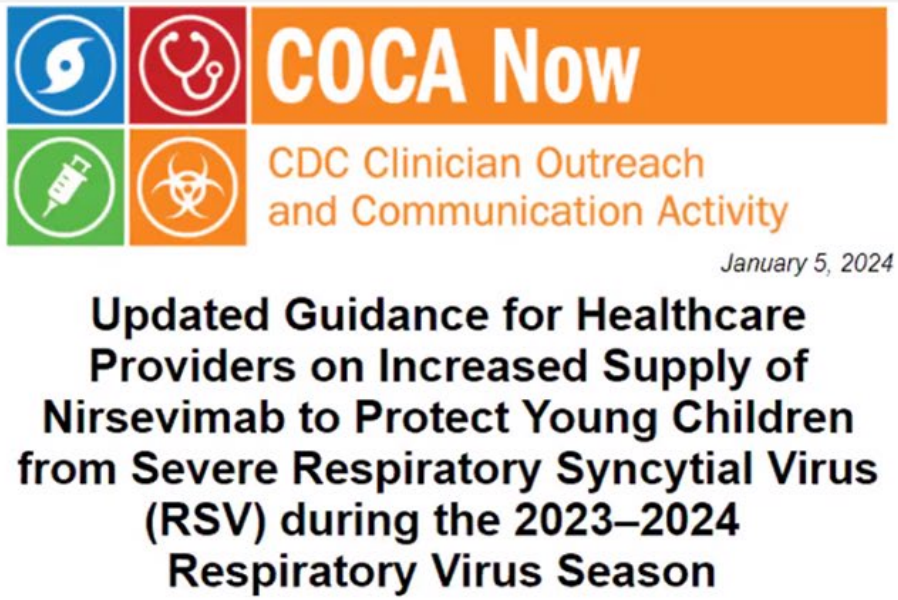
New Pfizer 12+ Vaccine: Chilled

- As of December 18, 2023, Pfizer-BioNTech COVID-19 12+ vaccines has been be 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 expired



Nirsevimab Supply and Recommendations

- 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>
<tr><th></th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th></tr>
<tr><td>Infants and children (nirsevimab)</td><td></td><td colspan="6">Administer during October–March in most of the continental U.S.</td><td colspan="4">Providers can adjust administration schedules based on local epidemiology.†</td></tr>
<tr><td>Pregnant people (Pfizer, Abrysvo)</td><td colspan="5">Administer during September–January in most of the continental U.S.</td><td colspan="7">ONLY jurisdictions whose seasonality differs from most of the continental US may administer outside of September–January.†</td></tr>
<tr><td>Adults 60+ (Pfizer, Abrysvo; GSK, Arexvy)</td><td colspan="12">Offer as early as vaccine is available using shared clinical decision making; continue to offer vaccination to eligible adults who remain unvaccinated.</td></tr>
</table>

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

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

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

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

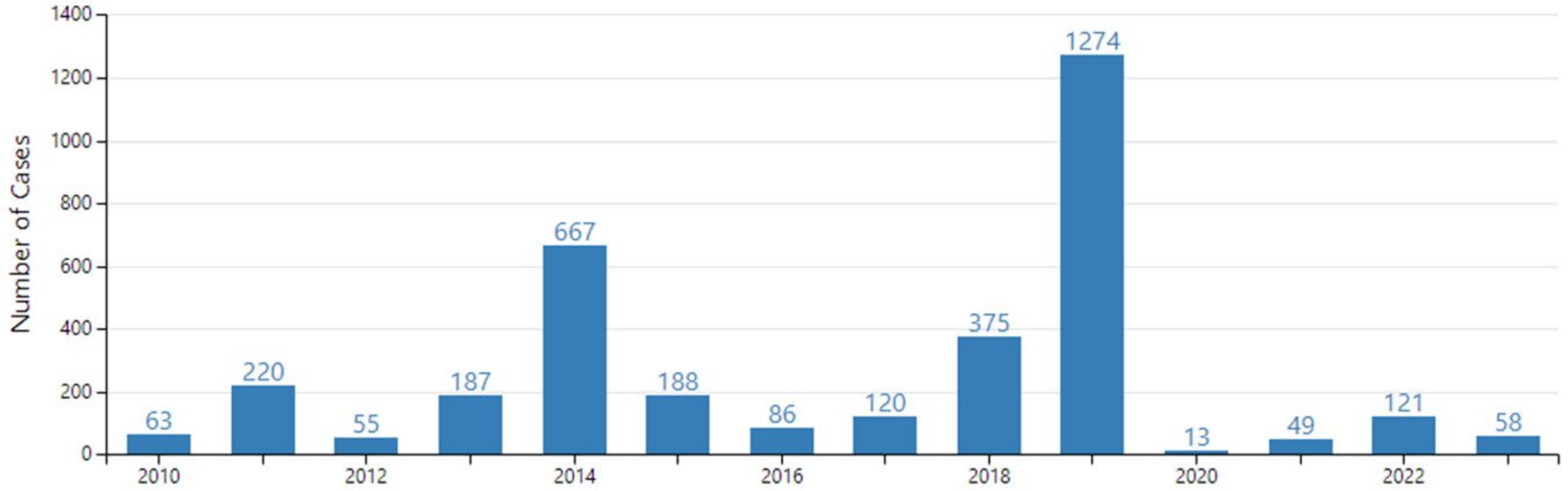
- Timelines are not certain.
- It is possible that both trivalent and quadrivalent influenza vaccines might be available for the 2024–2025 U.S. influenza season.
  - If this occurs, both will be recommended for use.

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)



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 Manual for Investigation and Control of Selected Communicable Diseases 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

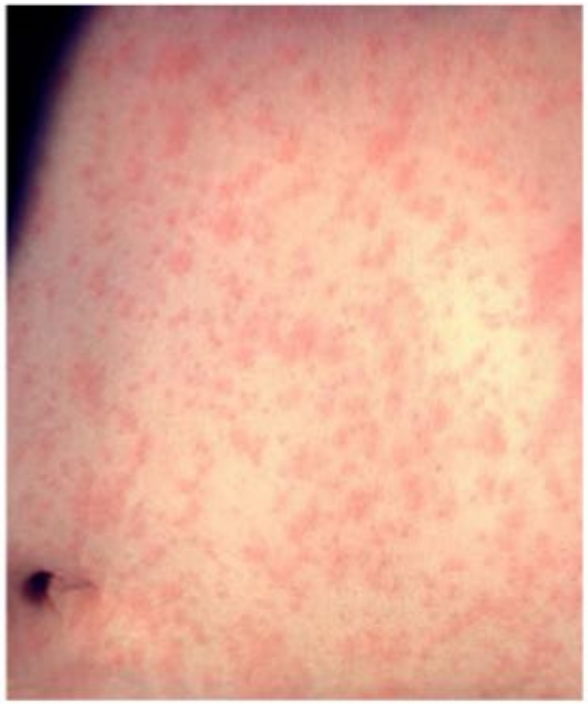
- Fever (up to 105°F)

  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

Koplik Spots

https://www.nhs.uk/conditions/measles

Measles Rash

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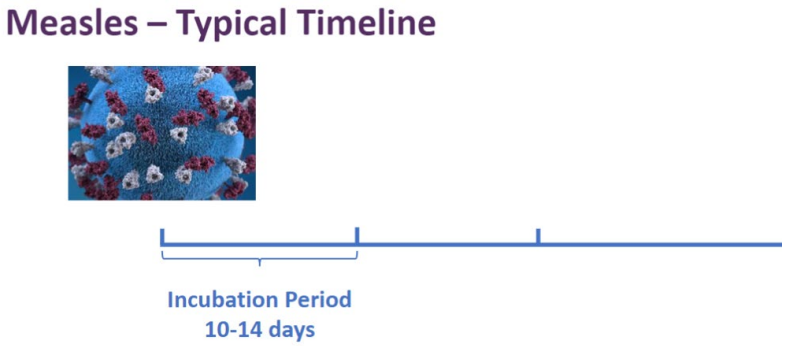
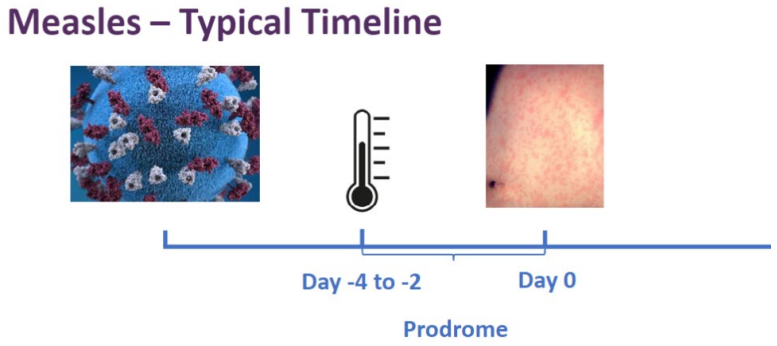
Measles Transmission

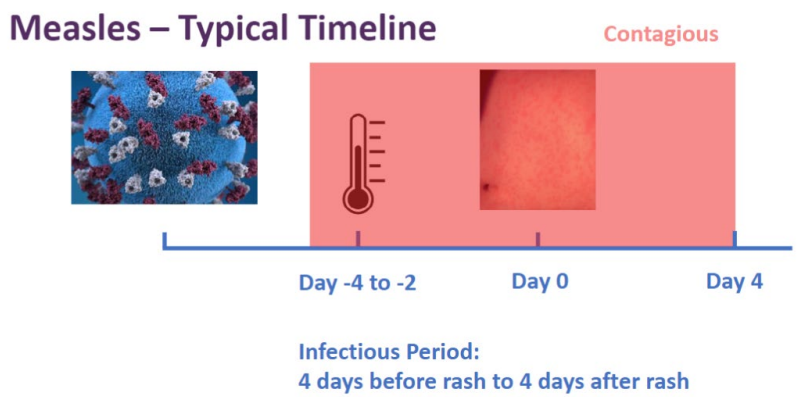
- Reservoir:
  - Humans are the natural hosts and there are no known animal reservoirs.
- Mode of transmission:•
  - Airborne by droplet spread and direct contact with nasal or throat secretions of infected people.
  - Measles is one of the most highly communicable infectious diseases, infecting>90% 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

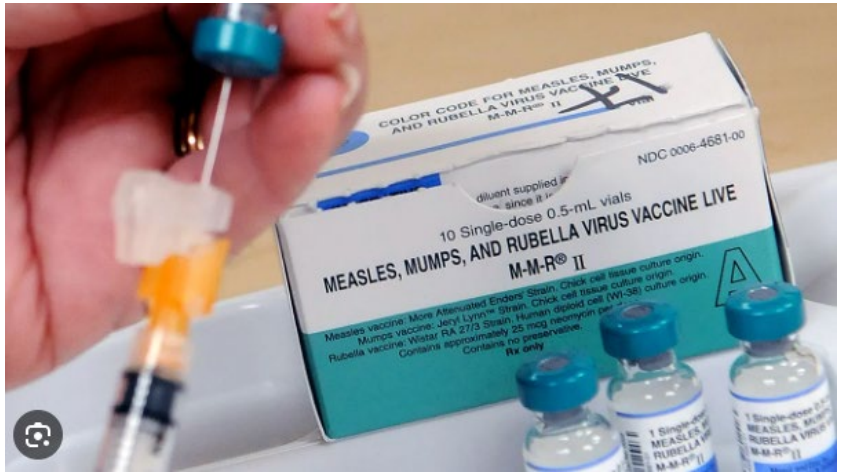
Diarrhea	8%
Otitis media	7 – 9%
Pneumonia	1 – 6%
Hospitalization	1 in 4 cases
Encephalitis	1 per 1,000 cases
Death	1–3 per 1,000 cases
Subacute Sclerosing Panencephalitis (SSPE)	7–11 per 100,000 cases*

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 measle 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
  https://www.cdc.gov/measles/downloads/Measles-fact-sheet-508.pdf
- CDC Measles Toolkit
  https://www.cdc.gov/measles/toolkit/healthcare-providers.html
- CDC Measles Infographic
  https://www.cdc.gov/measles/downloads/measles-infographic.pdf

Questions

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Investing for tomorrow, delivering today.

Returning Expired VFC or 317 COVID-19 Vaccines

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Returning Opened Multidose Vials

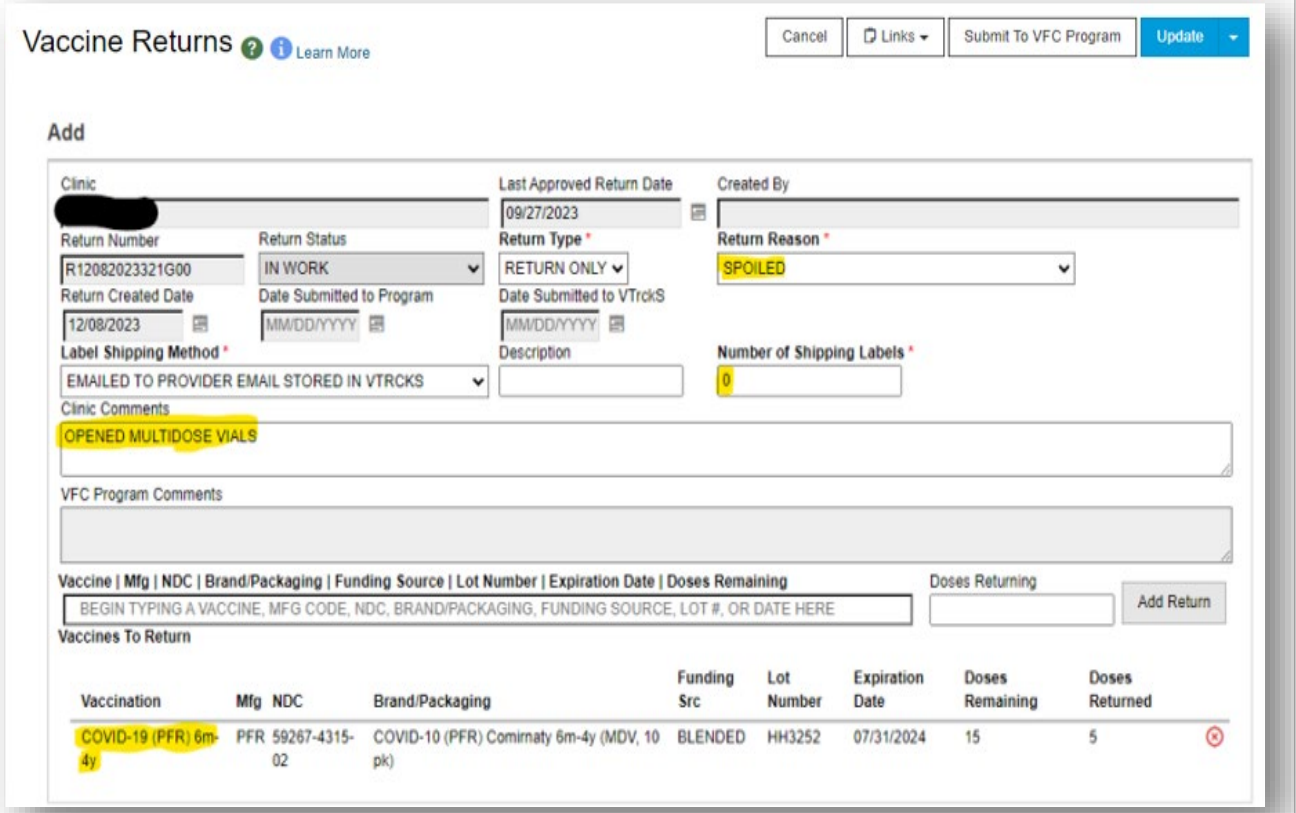
Pfizer's 2023-2024 Pfizer BioNTech Multiple-dose vial is supplied with three, 0.3 mL doses, with a yellow cap and yellow label.

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

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