



# Office Hours for New Mexico Vaccine Providers

Immunization Program

April 16, 2026

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



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

# Office Hours Agenda



- Essential National News
  - The Department Health and Human Services (HHS) Vaccine Policy Pause
  - Advisory Committee on Immunization Practices (ACIP) Charter Update
- Vaccination Issues and Updates
  - 2026-27 School Vaccination Schedule
  - NM Vaccination Coverage Dashboard
- COVID-19 Vaccine Updates
- Influenza Vaccine Updates
- RSV Immunization
  - Late Season Updates
  - Final Reminders
- Measles
  - Domestic and International Updates
- Avian Influenza A(H5) Virus Update
  - Domestic and Worldwide
- VFC/Pediatric Vaccine Updates
- Adult Vaccine Updates
- Disease and Vaccine Epidemiology Updates
- Campaigns and Announcements
- Questions, Comments, Dialogues, Missives and Negotiations
- Negotiations



# The Essentials- National



# Federal Judge Stalls HHS Overhaul Of Vaccine Policy



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



# Federal Judge Stalls HHS Overhaul Of Vaccine Policy



- For AMERICAN ACADEMY OF PEDIATRICS, et al. v. ROBERT F. KENNEDY, JR., et al. The judge granted the following stays:
  - The Court STAYS the January 2026 Memo revising the CDC's childhood immunization schedule pursuant to 5 U.S.C. § 705
  - The Court STAYS the appointments of the thirteen ACIP members appointed on June 11, 2025, September 11, 2025, and January 13, 2026
  - The Court further STAYS all votes taken by the now-stayed ACIP
  - The judge also included language that postponed the ACIP meeting in April

# HHS Updates Vaccine Panel Requirements



- HHS released a new charter that expands the types of experts who can serve on the panel
- The updated rules allow members with backgrounds in areas like biostatistics and toxicology to be considered
  - Earlier requirements focused solely on vaccine research and clinical use
- The changes come after the aforementioned court decision that the previous panel had been wrongly dismantled
  - Specifically, the replacements included several vaccine skeptics
- The judge said the new panel violated federal law and noted that only six of the 15 members had meaningful vaccine experience

# Highlights of ACIP Charter Changes



- Federal officials have adopted a new charter for the committee that advises the CDC on vaccine use
  - The move seems to address the type of legal challenge that has left the body in limbo
- The revised charter expands the list of qualifications for membership and puts greater emphasis on studying injuries possibly linked to vaccination
  - The committee has historically paid close attention to any emerging evidence that called into question the safety of individual vaccines

# Summary of ACIP Charter Changes



## Substantial expansion in the new charter:

The new charter adds multiple paragraphs detailing ACIP's responsibilities across:

**Review and recommendations:** Safety, efficacy, effectiveness, including EUA vaccine review

- **Immunization schedules:** Routine schedules and updates across all age groups
- **Public health strategies:** Coverage, health equity, and access
- **Key responsibilities:**
  - Vaccine recommendations for routine and emergency use
  - Review of vaccine safety systems, adverse events, and cumulative effects
  - Ongoing evaluation of new platforms (e.g., mRNA) and emerging diseases
  - Review of global immunization practices
  - Transparent, evidence-driven decision-making
- **Removed:** American College of Obstetricians and Gynecologists
- **Added:**
  - Association of American Physicians and Surgeons
  - Independent Medical Alliance
  - Medical Academy of Pediatrics and Special Needs
  - Physicians for Informed Consent

## Expanded list of supporting CDC offices:

Old charter: Support only from the **NCIRD Office of the Director**.

New charter: Support from:

- **Office of the Chief of Staff**
- **NCIRD**
- **NCEZID**
- **NCHHSTP**

These reflect broader cross-center support for ACIP operations.

## Expanded expertise criteria:

Old charter focused on:

- Immunization practices
- Public health
- Clinical/lab research
- Vaccine efficacy/safety assessment

New charter adds expertise in:

- Medicine
- Immunology
- Toxicology
- Pediatric neurodevelopment
- Epidemiology
- Data science and statistics
- Health economics
- Recovery from serious vaccine injuries

# Vaccination Reminders and Updates



# 2026-2027 New Mexico Childcare/Pre-School/School Entry Immunization Requirements



- The new vaccination schedule for childcare, pre-schools and schools was posted on the NMDOH website March 31 at <https://www.nmhealth.org/about/phd/idb/imp/sreq/>
- The posting also includes immunization schedule letters
- The schedules have been redesigned for ease of use and are in English and Spanish
- They align with the American Academy of Pediatrics recommendations for the year

## **School Immunization Requirements: 2026-2027**

- [School & Daycare Immunization Requirements: 2026 - 2027](#)
- [Requisitos de vacunación para Cuidado infantil/preescolar/ingreso escolar en Nuevo México](#)
- [School & Daycare Immunization Schedule Letter 2026-2027](#)
- [School Authority Letter 2026 - 2027](#)

Vaccine	By 4 months	By 6 months	By 12 months	By 15 months	By 4 years	By 4.5 years	By 5 years	K	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>		
<b>DTaP</b>	Dose 1	Dose 2	Dose 3			Dose 4	Dose 5					(4 doses sufficient if 4 <sup>th</sup> dose given after 4 <sup>th</sup> birthday with 6-month gap. 5 doses <b>optimal</b> )										
<b>Tdap</b>																					Dose 1 (Doses before age 10 are <b>invalid</b> , must repeat)	
<b>MMR</b>				Dose 1 (Doses <12 mos. invalid: repeat) > 4 weeks			Dose 2		(Live virus vaccine doses (e.g. MMR, Varicella, Flumist) <b>must be administered the same day with other live virus vaccines</b> OR at least 28 days apart)													
<b>Hib</b>	Dose 1	Dose 2		Dose 3																		
<b>HepB</b>	Dose 1 > 4 weeks	Dose 2 > 8 weeks						Dose 3					2 doses adult Recombivax HB also valid at age 11-15									
<b>PCV</b>	Dose 2	Dose 3		Dose 4																		
<b>VAR</b>				Dose 1 (Doses <12 mos. invalid: repeat) > 3 months			Dose 2					(Live virus vaccine doses (e.g. MMR, Varicella, Flumist) <b>must be administered the same day with other live virus vaccines</b> OR at least 28 days apart)										
<b>HepA</b>				Dose 1 (Doses <12 mos. invalid: repeat) > 6 months			Dose 2															
<b>Polio</b>	Dose 1 > 4 weeks		Dose 2		> 4 weeks	Dose 3 > 6 months	Dose 4					(3 doses suffice if AAP's catch-up schedule used AND last dose was given after 4 <sup>th</sup> birthday with 6-month gap between dose 2 & 3)										
<b>MenACWY</b>																					Dose 1	D2

### Additional Recommended Vaccines

**Influenza (flu):** Recommended every year for people aged 6 months and above.  
**HPV:** This cancer-preventing vaccine can be given at age 9. **Strongly** recommended for all children by age 11-12.  
**COVID-19:** Recommended 6 months- 18 years. Refer to the NM Dept. of Health [COVID-19 website](#) for latest guidance.  
**MenB:** Recommended for people 16-23 years who are at increased risk for serogroup B meningococcal disease and for healthy people 16+ years using shared clinical decision-making with a medical professional.

### Recommended Doses for students aged 19+

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

### Additional Guidance for: Intervals, Catch-Up Schedule, Proof of Immunity

**Diphtheria/Tetanus/Pertussis (DTaP/DT/Td):** Children aged 4 months- 6 years who are not fully immunized: follow AAP [catch-up schedule](#).

**Tetanus/Diphtheria/Pertussis (Tdap):** 7<sup>th</sup>-12<sup>th</sup> graders require proof of Tdap.

**Catch-up:** Children aged 7-18 years who are not fully immunized: follow AAP [catch-up schedule](#) (Tdap as the 1<sup>st</sup> dose followed by Td if needed).

A 3-dose series is sufficient if initiated **after** age 7 (1 dose of Tdap, 2 doses of Td). Children 7-9 years who receive 1<sup>st</sup> Tdap dose for catch-up series require an additional dose at 11-12 years for 7<sup>th</sup> grade entry.

**Measles/ Mumps/ Rubella (MMR):** Required 2<sup>nd</sup> dose should be given on/after 4<sup>th</sup> birthday.

**Catch-up:** >4-week gap between 1<sup>st</sup> and 2<sup>nd</sup> dose.

**Haemophilus Influenzae type B (Hib):** If 1<sup>st</sup> dose received **≤12 months:** 3 doses required (at least 1 dose after 1<sup>st</sup> birthday). If 1<sup>st</sup> dose received at **12-14 months:** 2 doses required. If 1<sup>st</sup> dose received at **16-59 months:** 1 dose required. **Not recommended ≥60 months of age.**

**Hepatitis B (Hep B):** >4-week interval between 1<sup>st</sup> and 2<sup>nd</sup> dose, >8-week interval between 2<sup>nd</sup> and 3<sup>rd</sup> dose, >16-week interval between 1<sup>st</sup> and 3<sup>rd</sup> dose.

**For Infants receiving primary series, the final dose must be administered after 24 weeks and at least 8-week interval from 3<sup>rd</sup> dose, 16 weeks from 1<sup>st</sup> dose.**

**Pneumococcal (PCV):** Administer a series of PCV13, PCV15, PCV20 vaccine at 2, 4, and 6 months respectively. Administer booster for children aged 12-15 months.

**Catch-up:** Children aged 12-59 months who are not fully immunized: Administer one dose of PCV15/PCV20. Children aged 60+ months: No doses required.

**Varicella:** Children aged **1-12 years:** Recommended minimum interval between the two doses is 3 months (however, doses administered after 28 days are considered valid).

Children aged **13+ years:** Recommended minimum interval is 4 weeks.

**Required proof for varicella immunity:**

- **K-11<sup>th</sup> graders:** Receipt of vaccine OR titer/laboratory confirmed diagnosis of prior disease.
- **12<sup>th</sup> graders:** Receipt of vaccine, written proof of immunity by healthcare provider OR laboratory titer
- **All newly diagnosed varicella cases:** **Lab confirmation of disease is required.**

**Hep A:** 1<sup>st</sup> dose required at 15 months; 2<sup>nd</sup> dose required at 48 months (>6-month interval). Students who have not received Hep A are recommended to follow the AAP [catch-up schedule](#).

**Polio (IPV):** >4-week interval between doses **AND** >6-month gap between last two doses.

**Only IPV is valid for polio vaccination requirement.**

**MenACWY:**

- **1<sup>st</sup> MenACWY dose:** Required at ages 11-12 years.
- **Booster dose: Required** by grade 12. Administer after 16<sup>th</sup> birthday (**booster dose given prior to age 16 is not valid and will need to be repeated after age 16**).
  - Adolescents who receive 1<sup>st</sup> dose at ages 13-15 should receive booster at age 16.
  - >8-week gap between 1<sup>st</sup> and 2<sup>nd</sup> dose.
  - If 1<sup>st</sup> dose received after the 16<sup>th</sup> birthday: no booster required.
  - MenABCWY vaccine can be administered at age 16 and counted as the 2<sup>nd</sup> MenACWY dose, but **not** as the 11-12-year-old dose.
  - MenACWY doses received at age 9 or younger do **not** count for school requirements. Must be repeated at ages 11-12 and boosted at age 16.

**Follow AAP catch-up schedule for children behind on vaccinations:** [Catch-up Schedule](#)

Receipt of vaccine OR titer/laboratory confirmed diagnosis of prior disease is acceptable for proof of immunity for school-required vaccines. Email proof to [NMSIIS.Access@doh.nm.gov](mailto:NMSIIS.Access@doh.nm.gov)

#### Note

All students 0-18 years old OR enrolled from daycare to 12<sup>th</sup> grade must meet requirements.

#### 4- Day Grace Period

Vaccines administered ≤4 days prior to minimum interval or age are **valid**. However, the **4-day grace period should not be applied to the 28-day interval between live injectable or intranasal vaccines** not administered at the same visit (MMR, Varicella, and FluMist).

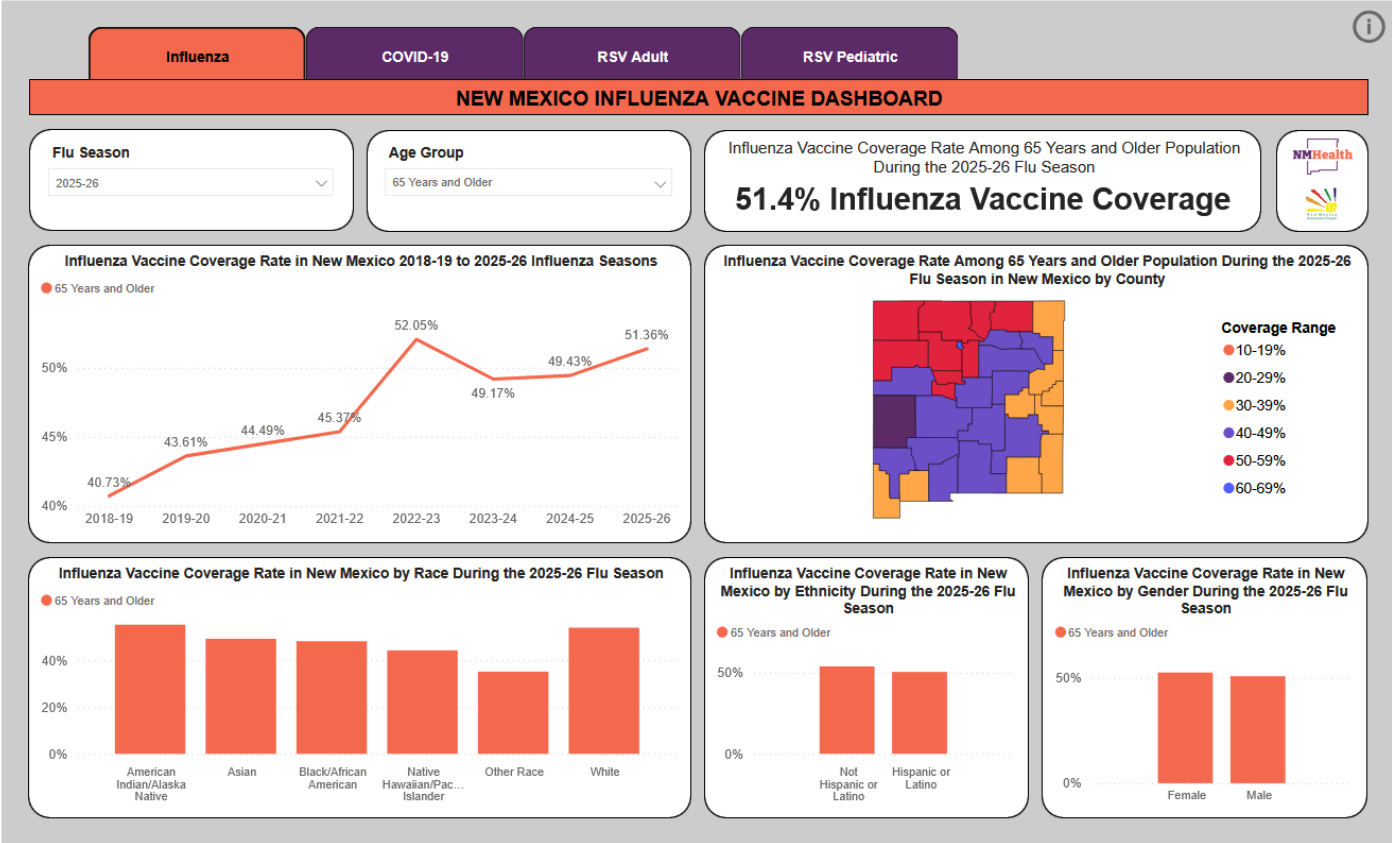
#### Resources

**American Academy Pediatrics (AAP) schedule:** <https://downloads.aap.org/AAP/PDF/AAP-Immunization-Schedule.pdf>  
**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/>  
**Vaxview NM:** <https://vaxview.doh.nm.gov/>

# NEW! NM Vaccine Coverage Rate Dashboards

- This webpage contains dashboards created and maintained by NMIP. The dashboards use data from NMSIIS to provide vaccine coverage rates for respiratory illnesses and other emerging outbreaks. Content is in English and Spanish. Four tabs for each section.

English Dashboard:



# Flavors of NM Vaccine Coverage Rate Dashboards I

2025-26 season coverage data:

Influenza Vaccine Coverage Rate Among 65 Years and Older Population  
During the 2025-26 Flu Season

**51.4% Influenza Vaccine Coverage**

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

**31.8% COVID-19 Vaccine Coverage**

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

**37.5% RSV Vaccine Coverage**

Infant (0-8 Months) RSV Vaccine Coverage Rate in New Mexico as of  
4/5/2026

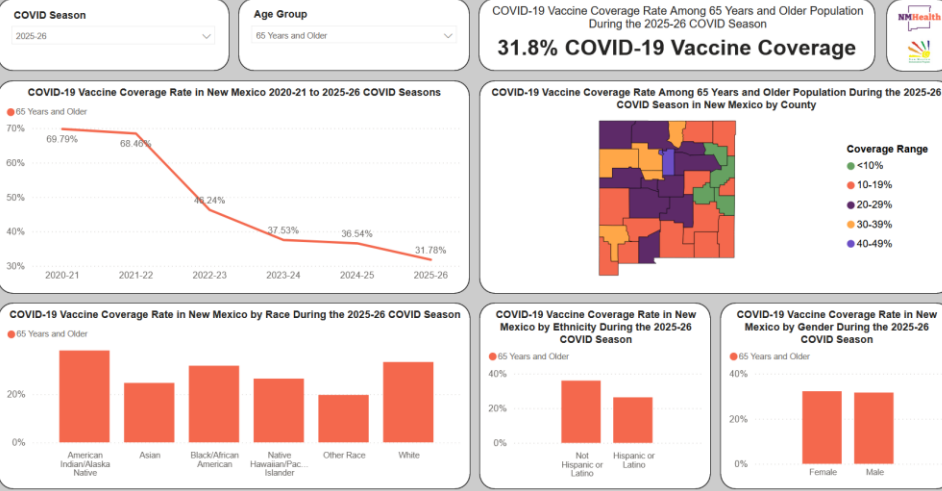
**44.6% RSV Infant Vaccine Coverage**

<https://www.nmhealth.org/about/phd/idb/imp/imdas/>

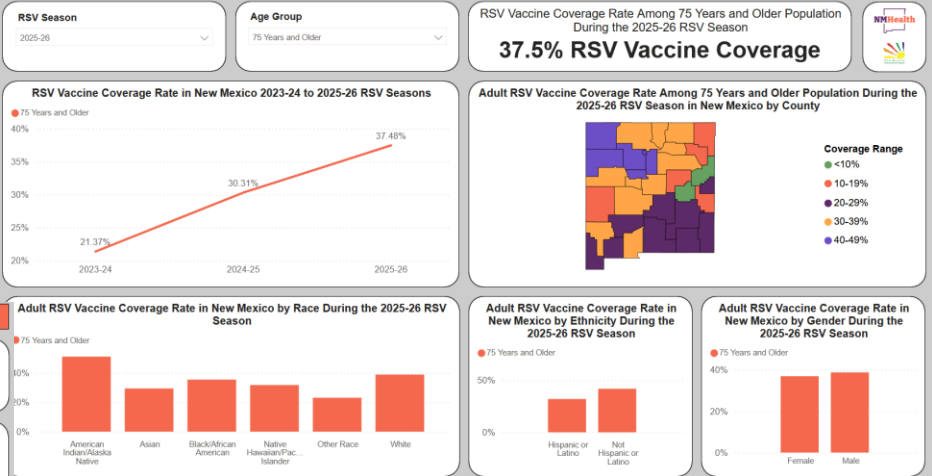
# Flavors of NM Vaccine Coverage Rate Dashboards II



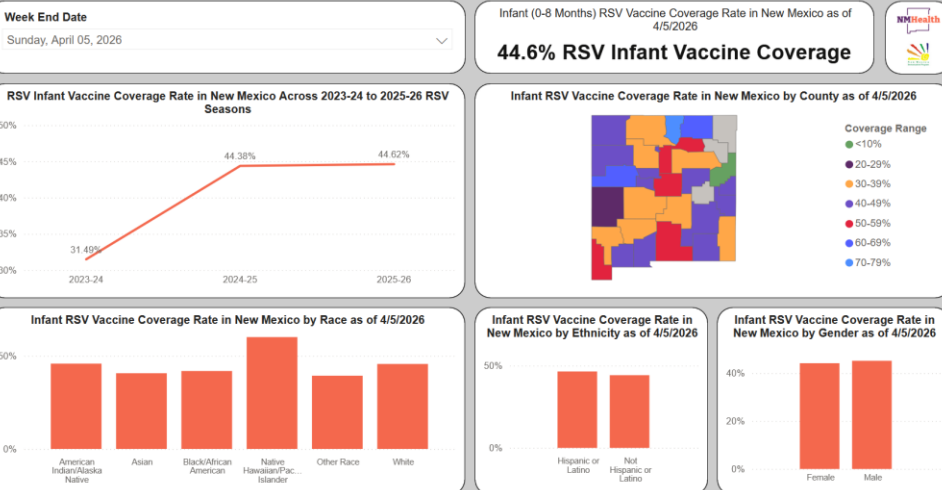
## NEW MEXICO COVID-19 VACCINE DASHBOARD



## NEW MEXICO ADULT RESPIRATORY SYNCYTIAL VIRUS (RSV) VACCINE DASHBOARD



## NEW MEXICO INFANT RESPIRATORY SYNCYTIAL VIRUS (RSV) VACCINE DASHBOARD



# Emergency Vax Storage & Handling- Spring Season



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

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



# Emergency Vax Storage & Handling- Spring Season



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



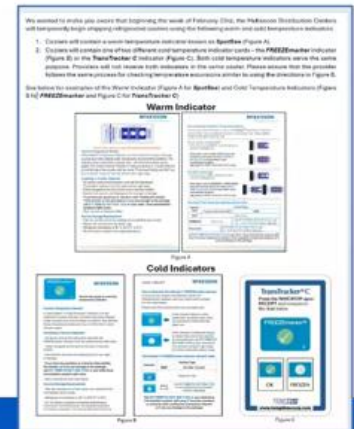
**Inventory control is high priority to prevent vaccine wastage. Reach out to us for guidance and tips to avoid mass vaccine loss.**

# Temperature Monitor Update



## McKesson Electronic Temperature Monitors Temporary TagAlert Shortage


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



# Warm Indicator

# Instructions included in your vaccine packages

**MCKESSON**  
Empowering Healthcare



*Review this guide to read this temperature indicator.*

### Vaccine Temperature Monitor

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

### Accepting a Vaccine Shipment

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

### Vaccine Storage Requirements

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

**MCKESSON**  
Empowering Healthcare

### How to Read the WarmMark® Temperature Indicator

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

### For all vaccines excluding MMR:

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

### For MMR vaccines only:

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


### WarmMark® Time Temperature Indicator decision table:

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

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

# Cold Indicators

**MCKESSON**



*Review this guide to read this temperature indicator.*

### Vaccine Temperature Monitor

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

### Accepting a Vaccine Shipment

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

### Vaccine Storage Requirements

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

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


**MCKESSON**

Version 3 / May 2017


### How to Read the TransTracker C FREEZEmarker Indicator

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

Please note that pictures below are examples only.





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



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


### TransTracker C FREEZEmarker Indicator decision table:


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


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

**TransTracker® C**

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



  
OK

  
FROZEN

**TEMPTIME**  
www.temptimecorp.com

Figure B

Figure C

# Vaccine Finders



- NMDOH
  - <https://vaccinereg.doh.nm.gov/>
- Pfizer
  - <https://www.vaxassist.com/schedule/results>
- Novavax
  - <https://www.novavaxcovidvaccine.com/>
- Moderna
  - <https://products.modernatx.com/finder>

# COVID-19



# New COVID-19 'Cicada' Variant Is Spreading



- The BA.3.2 or “Cicada” variant has been quietly circulating for years but is now being detected more often in the United States and around the world
- BA.3.2 has been found in more than 20 countries.
  - In some places, it makes up as much as 30 percent of cases
- The variant was first identified in a traveler coming to the United States in June 2025.
  - The first U.S. case was reported in January
- Globally, the first known case was in South Africa in November 2024.
  - The uptick began in September 2025.
- BA.3.2 contains about 70 to 75 mutations, making it different from previous strains
- Symptoms: runny or stuffy nose, headache, fatigue, sneezing, sore throat (razor blade), coughing, changes in taste or smell
- No indication it is a more severe variant and COVID19 vaccine is expected to protect



# COVID-19 Mortality Rates Decline Comparable to Influenza A



- Thirty-day mortality following COVID-19 infection has declined since the start of the pandemic but remains comparable to or slightly higher than influenza A in recent years
- In a retrospective laboratory-based cohort study was conducted to evaluate trends in 30-day mortality following COVID-19 infection and compare these outcomes with influenza A within a single large academic health system.
- The analysis included adults who tested positive for SARS-CoV-2 or influenza A between January 2020 and August 2025
- A total of 75,018 COVID-19 tests and 24,671 influenza A tests met the inclusion criteria for the final analysis
- In 2020, the adjusted risk of 30-day mortality was more than 6-fold higher for COVID-19 than influenza A
- By 2024 and 2025, adjusted mortality risk was similar between infections of influenza and COVID19 (adjusted odds ratio-aOR, 1.03; 95% CI, 0.59-1.79 and aOR, 1.23; 95% CI, 0.76-2.00, respectively)

# CDC Delays Publishing Report Showing COVID Vaccine Benefits



- The director of the National Institutes of Health and former acting director of the CDC, delayed the publication of a study in the MMWR showing the COVID-19 vaccine significantly reduced the chances of hospitalization and emergency department (ED) visits last season.
- The report was to be published on March 19
- Delayed due to concerns over methodology of study
- The report showed from September to December 2025, people who had received an updated seasonal COVID vaccine reduced their likelihood of ED and urgent care visits by 50% and the likelihood of COVID-associated hospitalizations by 55%.

## 2025-2026 Season: COVID-19 Vaccine Dating

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

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

# COVID-19 Products Distributed through IZ Program



2025-2026 COVID-19 vaccines are still available for ordering through NMSIIS for Vaccines for Children and Vaccines for Adults. Moderna and Pfizer formulations are available for order:

Manufacturer	NDC	Age Indication	Distribution
Moderna	80777-0112-96	12y+	Central
Moderna	80777-0113-80	6m-11y	Central
Pfizer	00069-2528-10	12y+	Direct Ship
Pfizer	00069-2501-10	5y-11y	Direct Ship

- Please place COVID orders separately from your routine vaccine orders
- Order as many doses as will be administered in a 2-month period to avoid overcrowding in your storage units, and excess loss or waste in the event of a storage unit malfunction

# COVID-19 Vaccine Contact Information

Contact Information	
<b>Pfizer Customer Service</b>	1-800-666-7248, Option 8 <a href="mailto:cvgovernment@pfizer.com">cvgovernment@pfizer.com</a>
Storage and handling, administration, FAQs, Clinical Considerations, EUAs, etc.	<a href="#">Pfizer-BioNTech COVID-19 Vaccines   CDC</a>
Expiration Date Look Up	<a href="http://lotexpiry.cvdvaccine.com">lotexpiry.cvdvaccine.com</a>
Medical Information and temperature excursions	Pfizer US Medical Information 1-800-438-1985
<b>Moderna Customer Service</b>	1-866-MOD-ERNA or 1-866-663-3762 <a href="mailto:excursions@modernatx.com">excursions@modernatx.com</a>
Storage and handling, administration, FAQs, Clinical Considerations, EUAs, etc.	<a href="#">Moderna COVID-19 Vaccine   CDC</a>
Expiration Date Lookup	<a href="#">Vial Expiration Date Lookup   Moderna COVID-19 Vaccine (EUA) (modernatx.com)</a>
<b>Novavax Customer Service</b>	1-855-239-9174 <a href="http://novavax.com/contact">novavax.com/contact</a> <a href="https://www.novavaxcovidvaccine.com/">https://www.novavaxcovidvaccine.com/</a>
Storage and handling, administration, FAQs, Clinical Considerations, EUAs, etc.	<a href="#">Novavax COVID-19 Vaccine   CDC</a>
Expiration Date Lookup	<a href="#">COVID-19 Vaccine Information for the US Healthcare Professionals   Novavax COVID-19 Vaccine (novavaxcovidvaccine.com)</a>
<b>Shipping</b>	
Pfizer vaccine shipment has a problem (including temperature excursions during shipping)	Customer Service 1-800-666-7248, Option 8 <a href="mailto:cvgovernment@pfizer.com">cvgovernment@pfizer.com</a>
Moderna/Novavax shipment has a problem (including temperature excursions during shipping)	Vaccine Viability Shipment Concerns: Awardees/Providers - Phone 1-877-TEMP123 (1-877-836-7123) Mon-Fri, 8:00 a.m.-8:00 p.m. ET, leave voicemail after hours Awardees Only - email <a href="mailto:cdccustomerservice@mckesson.com">cdccustomerservice@mckesson.com</a>
<b>Data Systems and Monitoring</b>	
General IIS Inquiries	IIS Support <a href="mailto:IISInfo@cdc.gov">IISInfo@cdc.gov</a>
Controlant Communications, including: <ul style="list-style-type: none"> <li>• Notice at time of vaccine shipment with tracking information.</li> <li>• Exceptions for either shipment delay or cancellation</li> <li>• Delivery Quality Report</li> </ul>	<a href="mailto:Pfizer.logistics@controlant.com">Pfizer.logistics@controlant.com</a>
Controlant 24/7 Hotline and Support	<a href="mailto:support@controlant.com">support@controlant.com</a> 1-855-442-CONTROL or 1-855-442-6687 1-701-540-4039 (to leave a message)
Vaccines.gov/Vaccine Finder Support	Monday to Friday, 8:00 a.m.-8:00 p.m. ET <a href="mailto:CARS_HelpDesk@cdc.gov">CARS_HelpDesk@cdc.gov</a> 1-833-748-1979

# Influenza



# Flu and COVID-19 Vaccination Coverage Among Health Care Personnel 2024-25



- ACIP recommends that all health care personnel (HCP) receive an annual influenza vaccination to reduce the risk for influenza and influenza-related burden among themselves and patients.
- For the 2024–25 respiratory virus season, ACIP also recommended that all HCP be vaccinated against COVID-19.
- 76.3% of HCP reported having received an influenza vaccine and 40.2% reported receiving the 2024–25 COVID-19 vaccine.
- Influenza vaccination coverage was highest among pharmacists (94.6%), physicians (92.6%), and HCP who worked in hospital settings (88.3%).
- COVID-19 vaccination coverage was highest among physicians (46.7%), assistants or aides (46.7%), and HCP who worked in long-term care and home health care settings (44.5%).
- Both influenza and COVID-19 vaccination coverage rates were highest among HCP whose employer required or recommended the vaccines or offered them on-site.

# Flu Vaccine Linked to Lower Hospitalization 2025-26 Season



- Receiving 2025-26 seasonal influenza vaccine was associated with a lower risk for influenza-related outpatient visits and hospitalizations
- Protection was reduced compared with recent seasons-MMWR
- Data used from 3 US surveillance systems: the New Vaccine Surveillance Network, the US Flu Vaccine Effectiveness Network, and the Virtual SARS-CoV-2, Influenza, and Other Respiratory Viruses Network
- Among pediatric outpatients, 17% to 26% of influenza-positive cases received vaccinations compared with 22% to 31% of influenza-negative control patients.
- Among adults, VE against outpatient visits ranged from 22% to 34%, and protection against hospitalization was approximately 30%
- A total of 142,494 patients were included in the analysis

# FDA Vaccine Advisers Propose Fall Shots Strains

- For egg-based vaccines
  - an A/Missouri/11/2025 (H1N1)pdm09-like virus
  - an A/Darwin/1454/2025 (H3N2)-like virus
  - a B/Tokyo/EIS13-175/2025 (B/Victoria lineage)-like virus
- For cell culture-, recombinant protein-, or nucleic acid-based vaccines
  - an A/Missouri/11/2025 (H1N1)pdm09-like virus
  - an A/Darwin/1415/2025 (H3N2)-like virus
  - a B/Pennsylvania/14/2025 (B/Victoria lineage)-like virus

# Weekly US Influenza Surveillance Report Week 12, ending April 4



## Viruses

### Clinical Lab

9.8% (Trend ↓)  
positive for influenza  
this week.

### Public Health Lab

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

## Illness

### Outpatient Respiratory Illness

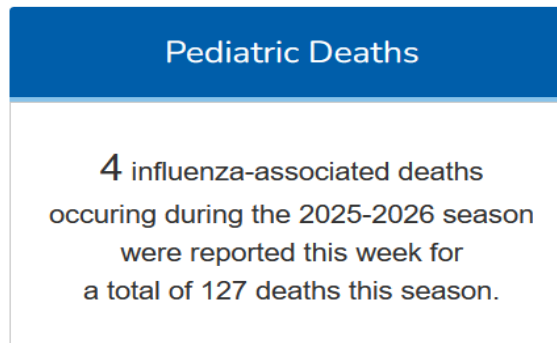
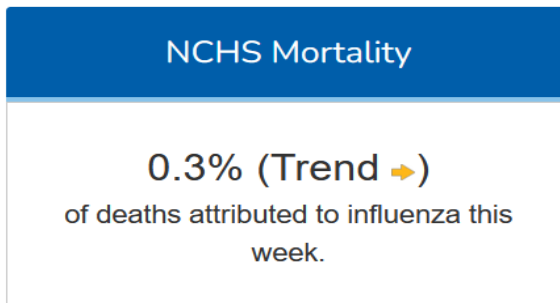
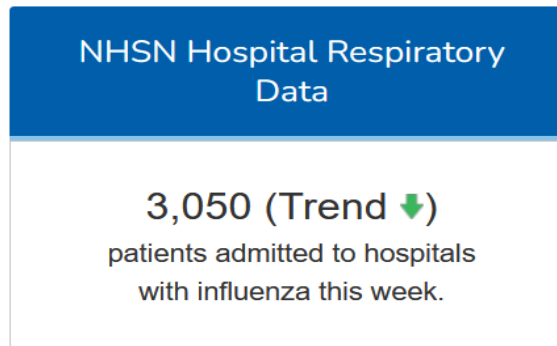
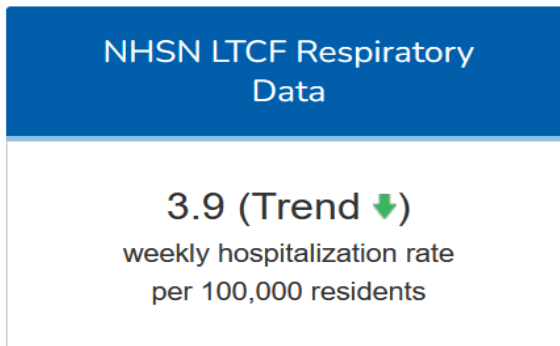
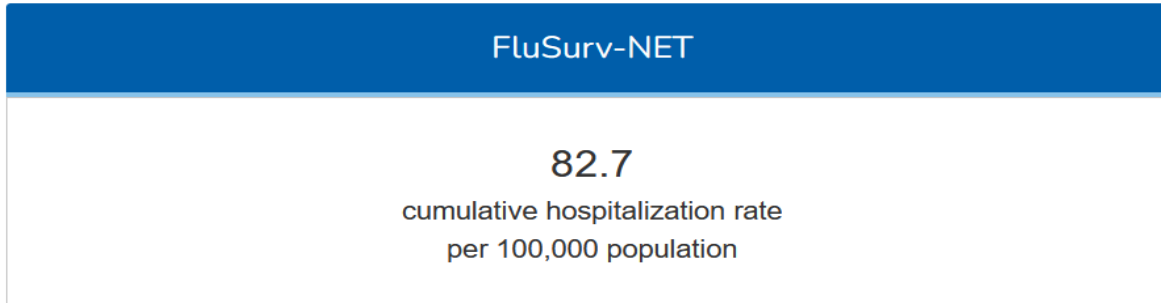
2.6% (Trend ↓)  
of visits to a health care provider this  
week were for respiratory illness  
(below baseline).

### Activity Map

8 moderate jurisdictions  
1 high jurisdiction

# Weekly US Influenza Surveillance Report

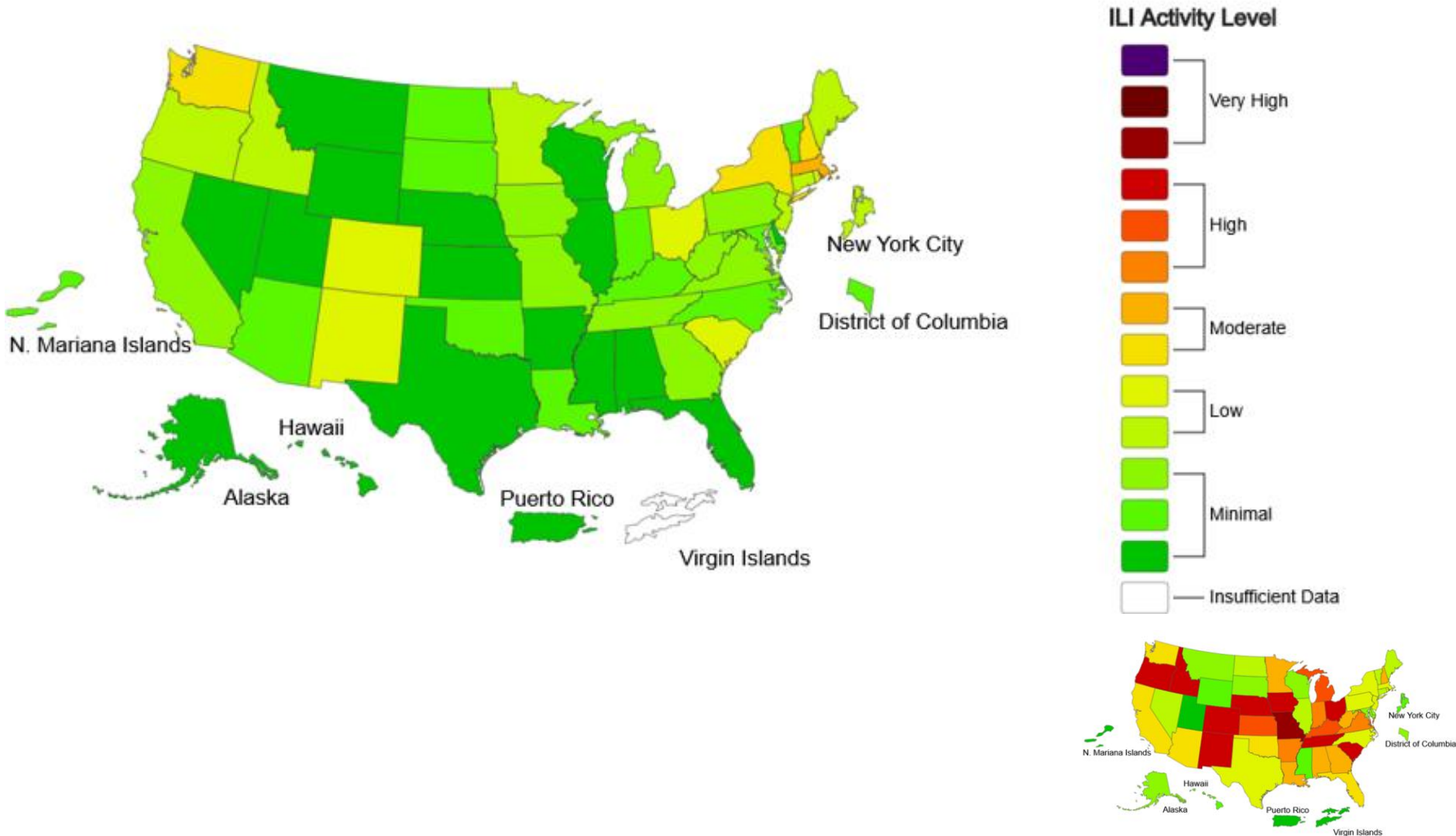
## Week 12, ending April 4



# US Influenza-Like Illness Map 4/4-3/7 2026



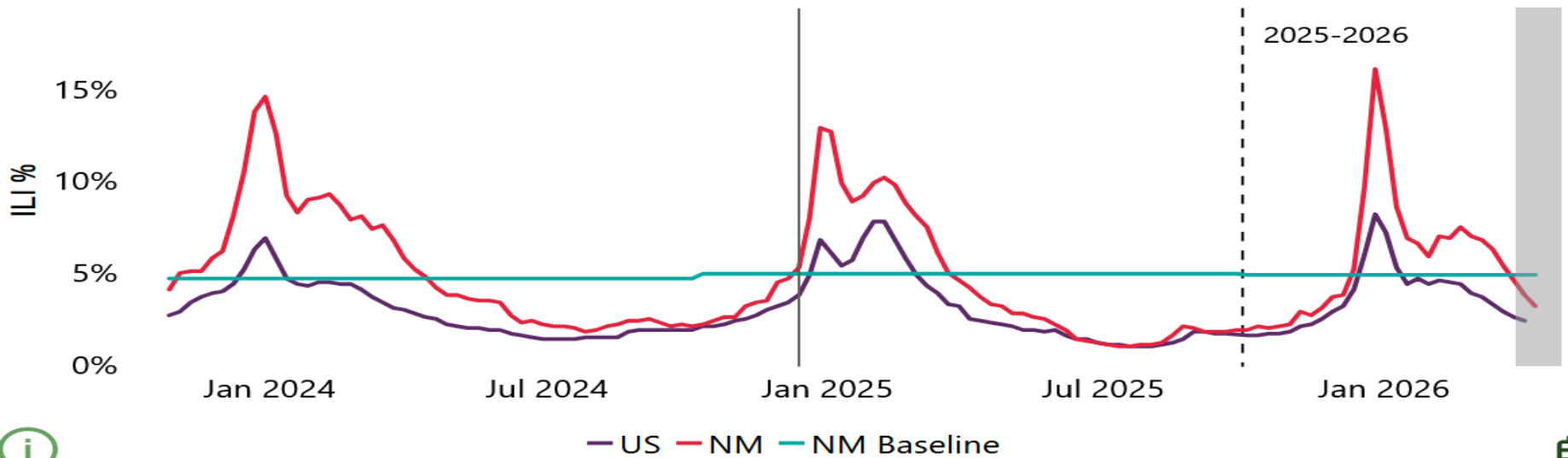
2025-26 Influenza Season Week 13 ending Apr 04, 2026



# NM ILI 4/11/26



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



# Influenza Vaccine Recommendations, CDC



- Everyone 6 months and older in the United States, with rare exception, should get an influenza (flu) vaccine every season
- For most people who need only one dose of influenza vaccine for the season, September and October are generally good times to be vaccinated against influenza.
- Most adults, especially those 65 years and older, and pregnant people in the first or second trimester should generally not get vaccinated early (in July or August) because protection may decrease over time.
  - However, early vaccination can be considered for any person who is unable to return later to be vaccinated
- Some children need two doses of influenza vaccine. For those children it is recommended to get the first dose as soon as vaccine is available, because the second dose needs to be given at least four weeks after the first
  - Vaccination during July and August also can be considered for children who need only one dose
- Vaccination during July and August also can be considered for people who are in the third trimester of pregnancy during those months, because this can help protect their infants for the first few months after birth (when they are too young to be vaccinated)

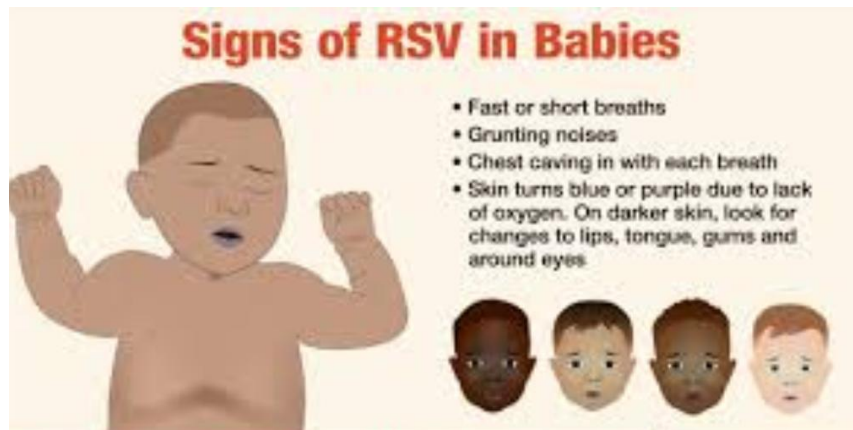


# RSV



# Late RSV Season and Vaccine Timing Recommendations Background

- NM is experiencing a late start to the RSV season
- RSV emergency department visits for children under two years typically increase around October and November but began to increase in January this season
- Consequently, immunizations for infants and toddlers are now recommended to be administered through April this season rather than March this year
- Administration of monoclonal antibodies to patients should end April 30.



# Late RSV Season and Vaccine Timing: Ordering



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

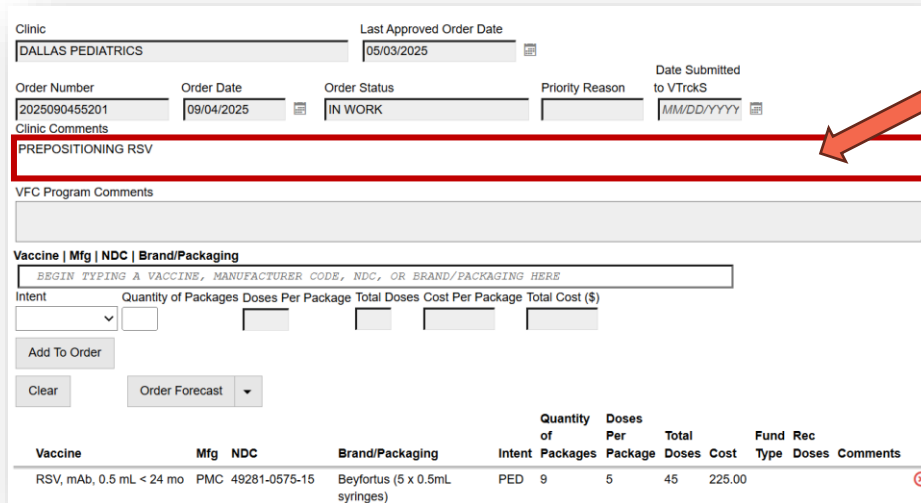
# RSV Is in a Mood Nationally



- RSV activity also started later than expected in most regions of the United States, though severity is not more severe compared with recent seasons.
- This unusual timing means that higher levels of RSV activity may continue into April in many regions.
- RSV activity is elevated but has peaked in many regions of the country.
- Hospitalizations for RSV remain elevated and are still increasing in some areas of the country.
- Emergency department visits and hospitalizations for RSV are highest among infants and children less than 4 years old

# 2025-2026 RSV Infant-Ordering

VFC providers that are able to store and utilize more than 30 doses on-hand for the start of the 2025-2026 RSV season, may order outside of their normal ordering timeframe:



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

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

Clinic Comments: **PREPOSITIONING RSV**

VFC Program Comments:

Vaccine | Mfg | NDC | Brand/Packaging

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

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

Add To Order | Clear | Order Forecast

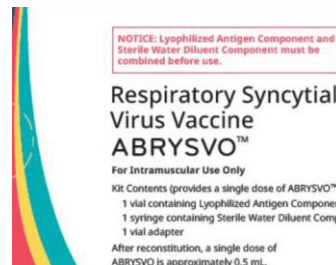
Vaccine	Mfg	NDC	Brand/Packaging	Intent	Quantity of Packages	Doses Per Package	Total Doses	Cost	Fund Rec Type	Rec Doses	Comments
RSV, mAb, 0.5 mL < 24 mo	PMC	49281-0575-15	Beyfortus (5 x 0.5mL syringes)	PED	9	5	45	225.00			

- Utilize the Clinic Comments box in NMSIIS to communicate need/demand of doses (e.g., "*prepositioning RSV*")
- If placing an order outside of the normal ordering time frame, contact your Regional Coordinator or [Vaccine.Orders@doh.nm.gov](mailto:Vaccine.Orders@doh.nm.gov) to request an order opened
- If your clinic has excess doses that won't be used, send an Attempt to Transfer form to your Regional Coordinator so we can assist with redistribution.

# Respiratory Syncytial Virus (RSV) Vaccine Considerations



- RSV vaccination is recommended for:
  - Adults 75+, at-risk adults 50-74 (chronic conditions, immunocompromised, nursing home residents)
  - Pregnant people (32-36 weeks) for infant protection using seasonal administration (**meaning from September–January–March**)
  - Babies/toddlers (8-19 months) via antibody treatments, protecting vulnerable populations from severe illness during the RSV season (**typically October through March–April**)



NDC 60777-345-01  
moderna

**Respiratory Syncytial Virus Vaccine**  
Injectable Suspension  
mRESVIA™

- For individuals 60 years and older
- For individuals 18 through 59 years at increased risk for lower respiratory tract disease caused by RSV

For intramuscular use

Store frozen between -50°C to -10°C (-59°F to 14°F) | Protect from light | 10 Single-Dose Pre-Filled Syringes Each Contains 0.5 mL

# RSV Infant Presentations Available for Ordering



- Nirsevimab (Beyfortus)
  - Two presentations available (5-dose packages):
    - 0.5 mL (50 mg) - For infants aged less than 8 months weighing <5 kg [<11 lbs.]
    - 1 mL (100 mg) - For infants aged less than 8 months weighing  $\geq$  5 kg [ $\geq$  11 lbs.]
    - Two 100 mg injections (200 mg) for children aged 8 through 19 months

## Clesrovimab (Enflonsia)

- Dosage: 105 mg (0.7 mL) for all eligible infants [regardless of weight]
  - 1 pack – single-dose prefilled syringe (NDC 00006-5073-01)
  - 10 pack – single-dose prefilled syringes (NDC 00006-5073-02)

# For Providers with RSV Supply Overstock



- Providers should ensure that they are administering the new 2025-2026 supply
- Some lots of Nirsevimab in inventories expired 3/31/2026, or are expiring 4/30/2026, 8/31/2026 and 9/30/2026
  - If your clinic has doses with these expiration dates and will not be able to administer before they expire, please contact your Regional Immunization Coordinator and complete an Attempt To Transfer Form so we can find another provider that will be able to administer these doses
- Doses that don't expire until 2027 should be stored until next RSV season and can be administered between October 1st, 2026, and March 31st, 2027

# ACIP RSV Immunization Seasonal Recommendations Summary\*

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

Recommended timing for immunization	Timing NOT recommended for immunization, except in limited situations (as indicated in chart)
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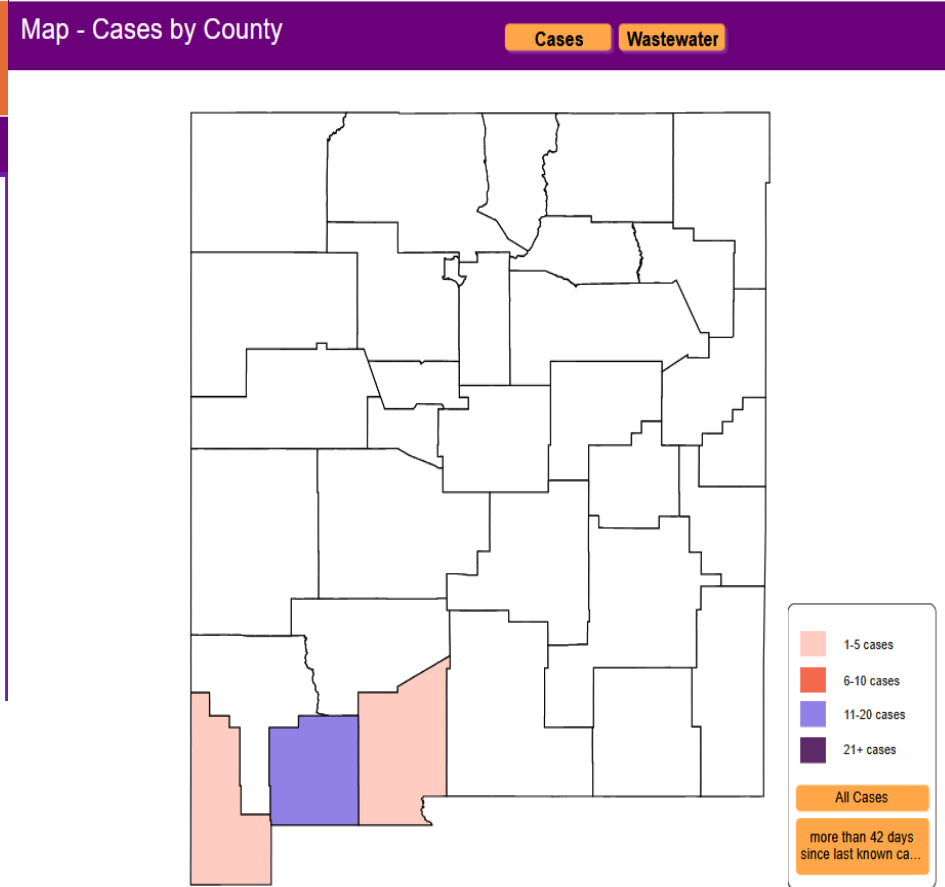
\*The current slide reflects only the seasonal timing of vaccination for each population. For full RSV vaccine recommendations, please see: <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/rsv.html>

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

# Measles in NM and Beyond



# Measles Cases in NM, 2026



16 cases in NM for calendar year 2026  
 Check the [Measles](#) webpage for the latest information

### Data Table - Cases by County

County Age Group Vaccination

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

# Measles Vaccine Dashboard, through 3/31



## New Mexico MMR Doses Administered Dashboard

New Mexico Statewide Immunization Information System (NMSIIS)

Filter by Dose Type

All

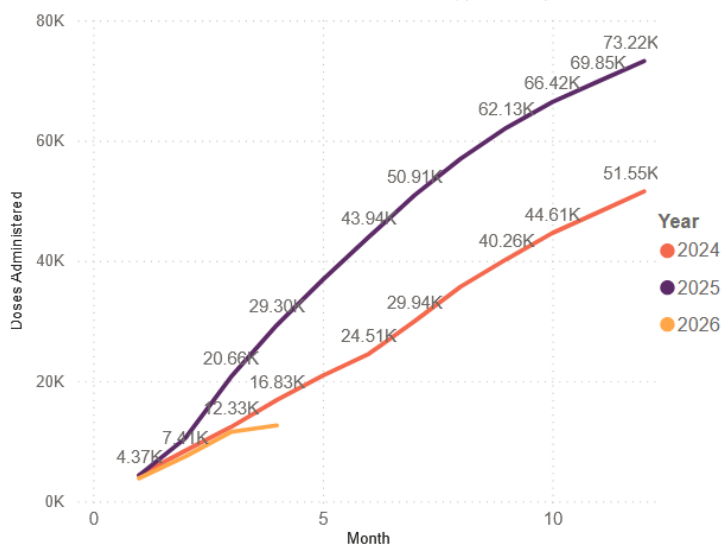
Filter by Region

All

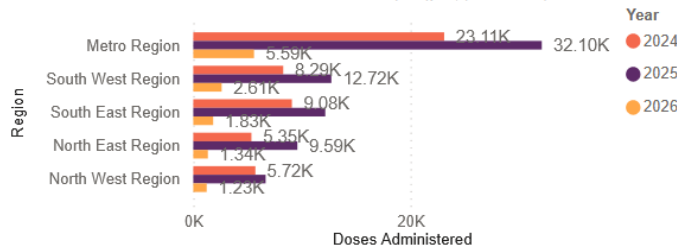
Filter by County

All

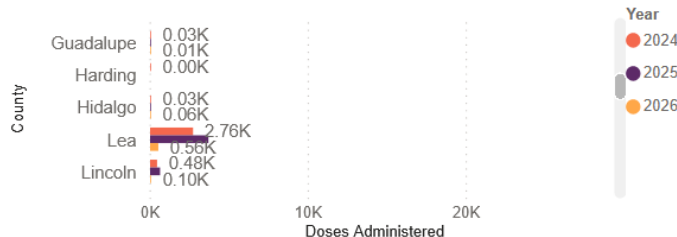
Cumulative MMR Doses Administered in New Mexico Over Time, (2024-2026)



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



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



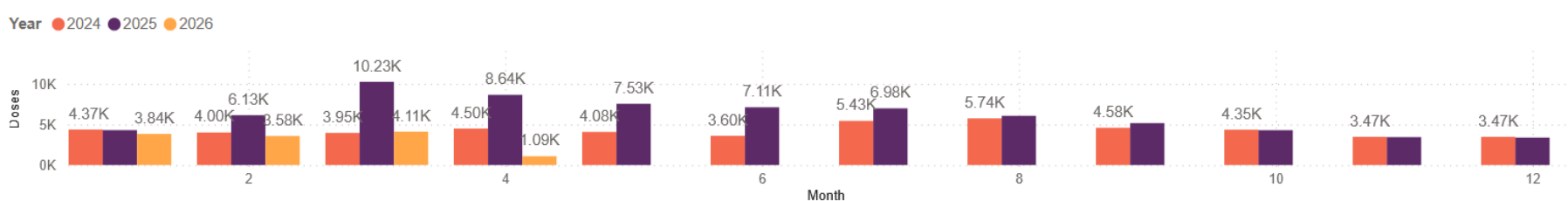
Cumulative MMR Doses Administered in New Mexico, 2025

73,223

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

42%

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



# US Measles Cases Reported By Week 4/10/2026



- As of April 9, 2026, 1,714 confirmed measles cases were reported in the United States in 2026. Among these, 1,704 measles cases were reported by 33 jurisdictions: Alaska, Arizona, California, Colorado, Florida, Georgia, Idaho, Illinois, Kentucky, Maine, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, New Mexico, New York City, New York State, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Texas, Utah, Vermont, Virginia, Washington, and Wisconsin. A total of 10 measles cases were reported among international visitors to the United States.
- There have been 17 new outbreaks reported in 2026, and 94% of confirmed cases (1,609 of 1,714) are outbreak-associated (377 from outbreaks starting in 2026 and 1,232 from outbreaks that started in 2025).
- For the full year of 2025, a total of 2,287 confirmed measles cases were reported in the United States. Among these, 2,262 measles cases were reported by 45 jurisdictions: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, New York City, New York State, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, Wisconsin, and Wyoming. A total of 25 measles cases were reported among international visitors to the United States.


# Other Measles Hotspots Updates




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

Arizona Measles Surveillance 2025 - Present


 **299**  
Total Cases

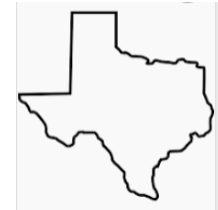
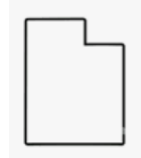
 **22**  
Hospitalizations

 **97%**  
Unvaccinated

 **7**  
New Cases

 **0**  
Deaths

 **67%**  
Age Under 18 Years



- **Utah:**

- Number of Utah residents who have been diagnosed with measles in this outbreak: 583

- **South Carolina:**

- As of March 17, 2026, DPH is reporting 1000 cases of measles centered around Spartanburg County. The majority of cases are close contacts of known cases since the outbreak began Oct 2, 2025

- **Texas**

- As of mid-April, Texas has reported at least 176 measles cases, 100+ in Hudspeth County

# Measles Case Summary – US – 4/9



## U.S. Cases

	<b>2026</b> To date	<b>2025</b> Full year
<b>Total Cases</b>	<b>1,714</b>	<b>2,287</b>
<b>Age</b>		
Under 5 years	354 (21%)	584 (26%)
5-19 years	888 (52%)	1,015 (44%)
20+ years	467 (27%)	675 (30%)
Age unknown	5 (0%)	13 (1%)
<b>Vaccination Status</b>		
Unvaccinated or Unknown	92%	93%
One MMR dose	4%	3%
Two MMR doses	4%	4%



# Measles Hospitalizations US 4/9



## U.S. Hospitalizations

	2026	2025
<b>Total Hospitalized</b>	<b>6%</b> (96 of 1,714 cases)	<b>11%</b> (243 of 2,287 cases)
<b>Percent of Age Group Hospitalized</b>		
Under 5 years	9% (33 of 354)	18% (106 of 584)
5-19 years	3% (28 of 888)	6% (58 of 1,015)
20+ years	7% (35 of 467)	12% (79 of 675)
Age unknown	0% (0 of 5)	0% (0 of 13)



## U.S. Deaths

	2026	2025
<b>Total Deaths</b>	<b>0</b>	<b>3</b>

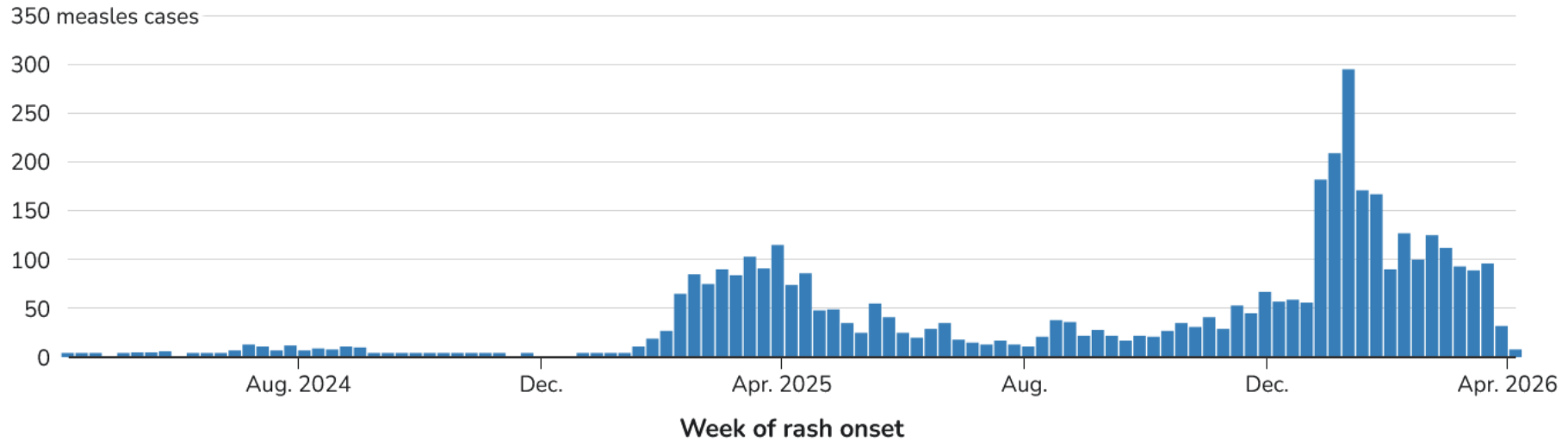
## U.S. Deaths

	2026	2025
<b>Total Deaths</b>	<b>0</b>	<b>3</b>

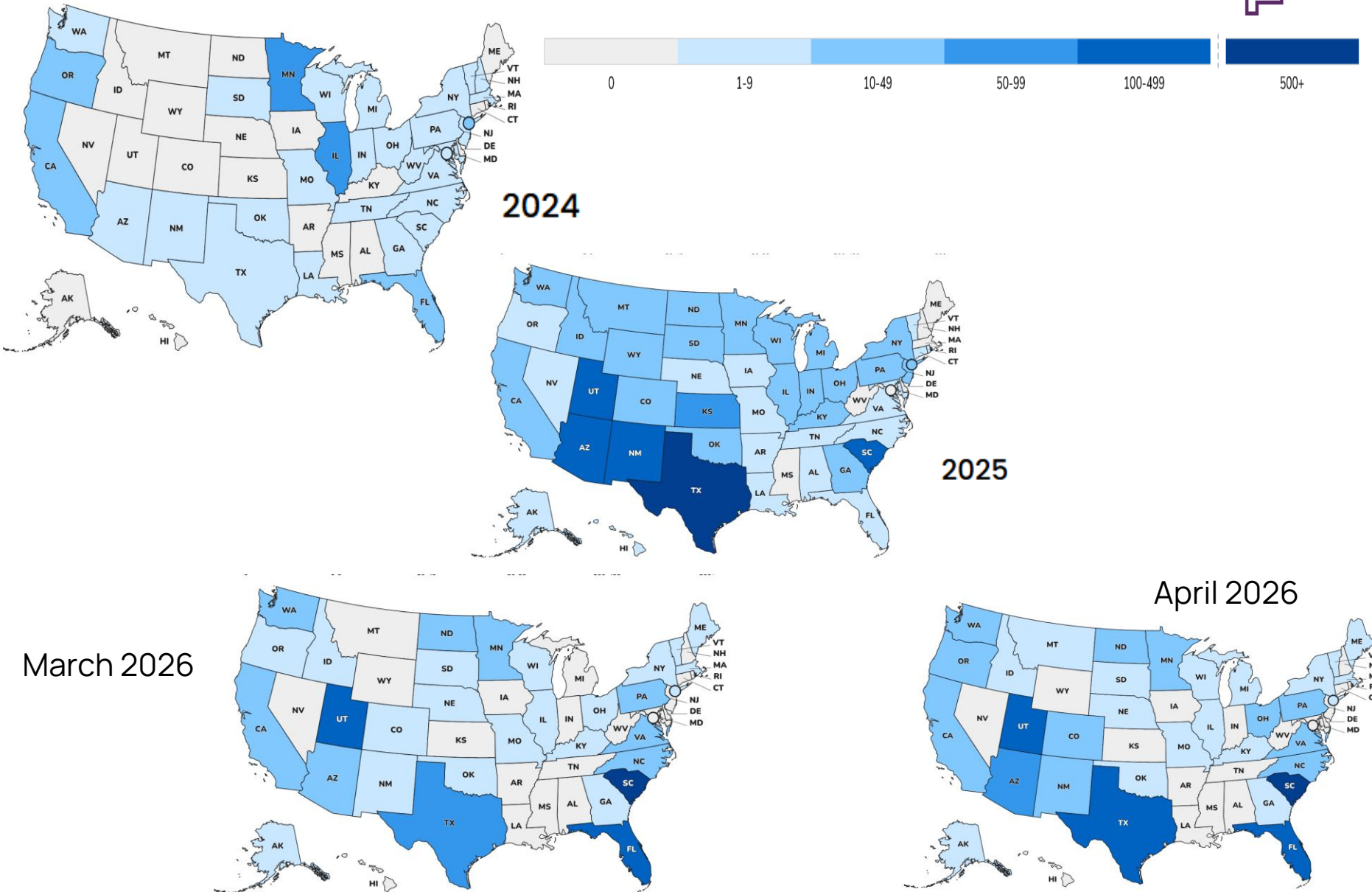
# US Weekly Measles Cases by Rash Onset Date



2022–2026\* (as of April 9, 2026)



# Through the Years with Measles, US



# Measles – Worldwide (August 25-Jan 26)

## Top 10 countries with measles outbreaks

Country	Number of Cases
India	12,135
Angola	11,941
Indonesia	8,892
Yemen	Not Updated
Pakistan	7,527
Cameroon	5,088
Mexico	4,636
Sudan	4,071
Kazakhstan	3,826
Lao People's Democratic Republic	3,565

Source: World Health Organization

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

# Procedure for Notifications for Measles Cases in NM



- Investigation initiated within 15 minutes – this requires immediate reporting to central Epi.
- What is the timeframe for these next steps and who is responsible?
  - Provider Interview - Central
  - Case Interview - Regions
  - Contact Investigation –Regional Nurse Epidemiologists, Epi and Response Division
  - Contact Prophylaxis- Immunization Program
  - Case management – Public health nurses (PHNs), regional nurse epidemiologists, regional epidemiologists and others as needed

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



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

# NM Measles Infographics

## Infographics

**Measles** IT ISN'T JUST A LITTLE RASH

**MEASLES SYMPTOMS TYPICALLY INCLUDE:**

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

**Measles can be serious**

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

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

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

Measles Infographic - English

**Sarampión** NO ES SIMPLEMENTE UN SARPULLIDO LEVE

**LOS SÍNTOMAS DEL SARAMPIÓN TÍPICAMENTE INCLUYEN:**

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

**El sarampión puede ser grave**

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

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

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

Infografía de Sarampión - Español

**PROTECTION**  
You have the power to protect your family.

Measles is a highly contagious virus that can lead to serious complications and even death. The best way to protect your family is to get vaccinated.

**Check for symptoms:**

- High fever
- Cough
- Runny nose
- Red, watery eyes
- Rash

**What you can do to be prepared:**

- Get vaccinated
- Check for symptoms
- Isolate your child
- Call your doctor

MMR Vaccines Infographic - English

**PROTECCIÓN**  
Usted tiene el poder de proteger a su familia.

El sarampión es un virus altamente contagioso que puede causar complicaciones graves e incluso la muerte. La mejor manera de proteger a su familia es vacunarse.

**Verifique los síntomas:**

- Fiebre alta
- Tos
- Nariz que corre y nariz
- Ojos rojos y llorosos
- Sarpullido

**Lo que puede hacer para prepararse:**

- Recibir la vacuna
- Verificar los síntomas
- Aislar a su hijo
- Llamar al médico

Infografía sobre las vacunas MMR - Español

**Measles** WHAT YOU CAN DO TO BE PREPARED

Measles is a highly contagious virus that can lead to serious complications and even death. The best way to protect your family is to get vaccinated.

**Check for symptoms:**

- High fever
- Cough
- Runny nose
- Red, watery eyes
- Rash

**What you can do to be prepared:**

- Get vaccinated
- Check for symptoms
- Isolate your child
- Call your doctor

Measles: What You Can Do to Be Prepared

**SARAMPIÓN** LO QUE PUEDE HACER PARA PREPARARSE

El sarampión es un virus altamente contagioso que puede causar complicaciones graves e incluso la muerte. La mejor manera de proteger a su familia es vacunarse.

**Verifique los síntomas:**

- Fiebre alta
- Tos
- Nariz que corre y nariz
- Ojos rojos y llorosos
- Sarpullido

**Lo que puede hacer para prepararse:**

- Recibir la vacuna
- Verificar los síntomas
- Aislar a su hijo
- Llamar al médico

Sarampión: lo que puede hacer para prepararse

## Signage

**MEASLES ALERT**  
**ALERTA DE SARAMPIÓN**

**Call First** **Llame Primero**

**with rash + fever**  
**con sarpullido + fiebre**

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

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

Measles- Call Before Entering/Fillable 8.5x11

Measles- Call Before Entering/Fillable 8.5x11

**MEASLES ALERT**  
**ALERTA DE SARAMPIÓN**

**Call First** **Llame Primero**

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

Measles- Call Before Entering/Fillable 11x17

Measles- Call Before Entering/Fillable 11x17

**MEASLES ALERT**  
**ALERTA DE SARAMPIÓN**

**Call First** **Llame Primero**

**with rash + fever**  
**con sarpullido + fiebre**

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

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

Measles- Call Before Entering/Fillable 18x24

Measles- Call Before Entering/Fillable 18x24

# Avian Flu (H5)



# Influenza A (H5) Situation (CDC)– 4/10



National Total Cases: 71

Cases	Exposure Source
41	Dairy Herds (Cattle)*
24	Poultry Farms and Culling Operations*
3	Other Animal Exposure†
3	Exposure Source Unknown‡

**No New Mexico cases reported to date**



## Person-to-person spread

**NONE**

There is no known person-to-person spread at this time.

## Current public health risk

**LOW**

The current public health risk is Low.

## Cases in the U.S.

**71** cases

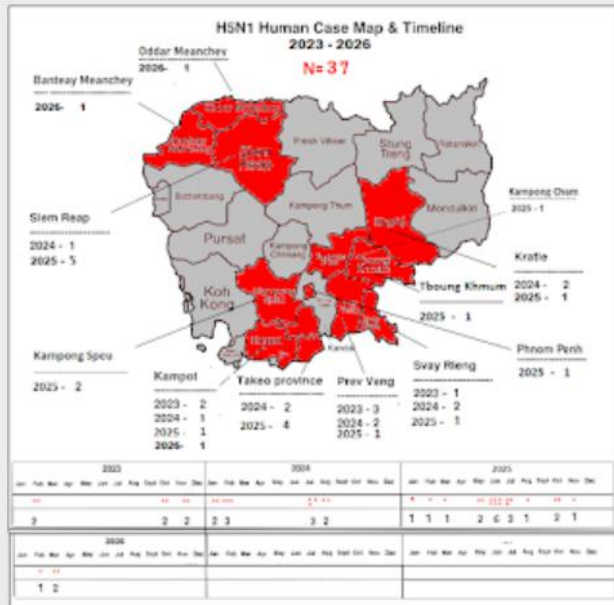
## Deaths in U.S.

**2** deaths

# H5N1 Avian Flu Case in Cambodia

Tuesday, March 31, 2026

## Cambodian MOH Announces 3rd Human H5N1 Case of 2026



- Cambodia’s Ministry of Health (MOH) has reported its third human H5N1 avian flu infection of 2026, according to Avian Flu Diary.
- The infected patient is a 3-year-old boy from Oddar Meanchey province who was confirmed positive for H5N1 on March 29 and is currently hospitalized.
- MOH officials say there have been reports of sick and dead chickens and ducks in the boy’s village and home.

# H9N2 Avian Flu Cases Globally



- Hong Kong's Centre for Health Protection (CHP) recorded two new H9N2 human avian influenza cases with symptom onsets in January and February.
- The H9N2 cases include a 3-year-old boy from Guangdong province who got sick on January 20 and a 63-year-old man from Guangxi Zhuang whose symptoms began on February 5. No details were given on where they contracted the virus or their symptoms or recovery timeline.
- Per the CHP, there have been 22 H9N2 cases reported in China in the past six months.
- On 21 March 2026, the National International Health Regulations (IHR) Focal Point for Italy notified the World Health Organization (WHO) of the identification of a human case of avian influenza A(H9) in an adult male returning from Senegal.
  - He was treated with antitubercular medication and antiviral oseltamivir. By 9 April, his condition was stable and improving.



# VFC Program/Pediatric

# Emergency & Routine Vaccine Management Plans & Trainings



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

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



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

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

# Frozen VFC Vaccines Ordering Notice



- Due to the approaching end of the state fiscal year, orders Varivax and ProQuad will need to be submitted to the VFC Program by Monday June 15, 2026. This will allow sufficient time to meet delivery needs. Providers may order outside their ordering timeframe until June 15, 2026. If an override is needed, please contact your Regional Coordinators.
- When placing your next order for May or June please order enough frozen vaccines to get through the end of July 2026, enter in the “Clinic Comments” “Extra Frozen vaccine order”.
- ***This is important as vaccine catch up efforts are happening for back-to-school efforts.***

# Frozen VFC Vaccines Splits and Errors



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

## Example:

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

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

**ERROR**

This Order contains one or more errors, as follows:

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

Please correct prior to submitting to the VFC program.

# Flu Vaccine Is Still Available



## Attention Providers!

Influenza cases are surging across the country. Flu activity is high or very high in 48 states, and this flu season so far is described as moderately severe. At least 11 million illnesses have been reported, 120,000 have been hospitalized, and 5,000 deaths from flu have been reported with 8 of those being children. Very high flu activity is being reported in New Mexico.

The New Mexico Immunization Program still urges everyone six months and older to get their annual flu shot. Last season was classified by the CDC as one of the worst with the highest hospitalization rate since 2010. The flu is a serious and potentially life-threatening respiratory disease that is highly contagious. Anybody can catch the flu, but the most vulnerable among us are at risk for developing severe complications or death from infection. Getting your flu shot is the best protection we have against severe illness, hospitalization and even death from the flu. Make vaccination a priority this season. It's not too late to get protected against respiratory diseases.

We still have plenty of flu and RSV vaccines available through the Vaccines For Children Program. As always, we appreciate your partnership to protect our community this respiratory season.

## VFC Flu vaccine is still available for ordering.

To request doses from your remaining allocation or extra doses, please send an email to [vaccine.orders@doh.nm.gov](mailto:vaccine.orders@doh.nm.gov).

### Please include:

- VFC Pin#
- Clinic/Facility Name
- Number of flu doses requested from your remaining allocation or extra doses
  - Injectables (6mo-18yrs) \_\_\_\_\_

Amount the facility can hold \_\_\_\_\_

# Adult Vaccines

# 2025-2026 Adult Flu Vaccine Ordering



- Adult Flu doses are still available for ordering!
  - When you are needing additional Adult Flu doses, please send an email to [adult.vaccines@doh.nm.gov](mailto:adult.vaccines@doh.nm.gov) with the following:
    - Pin #
    - Clinic/Facility Name
    - Number of flu doses requested from your remaining allocation or extra doses
    - Amount your facility can hold
- For any Adult Flu dose transfers (must be approved by regional coordinator(s) or [adult.vaccines@doh.nm.gov](mailto:adult.vaccines@doh.nm.gov) prior to transfer), please be sure you are sending the completed Adult Vaccine Transfer Form to your regional coordinator(s) as well as [adult.vaccines@doh.nm.gov](mailto:adult.vaccines@doh.nm.gov).

# Attempt to Transfer Forms



- An attempt to transfer form must be submitted for doses that are within **90 days of expiration** to the **Regional Coordinator(s)** and to **[Adult.Vaccines@doh.nm.gov](mailto:Adult.Vaccines@doh.nm.gov)**
- There are several soon to expire doses in inventories statewide. Please review your inventory for soon-to-expire doses and ensure you have completed and sent an adult attempt to transfer form.
- The Adult Attempt to Transfer Form can be found in [NMSIIS > Reports > New Mexico Forms and Documents > Adult Vaccine Attempt to Transfer Form](#).



## Adult Vaccine Attempt to Transfer Form

Providers must complete and submit an Attempt to Transfer form to their regional coordinator(s) **AND** to [Adult.Vaccines@doh.nm.gov](mailto:Adult.Vaccines@doh.nm.gov) when they have **10 or more doses of expiring vaccines 3 months prior to the expiration date**. Due to funding availability, all Adult vaccines can be transferred including frozen.

Date Submitted: \_\_\_\_\_ Site Primary/Back-up Coordinator: \_\_\_\_\_  
 Pin #: \_\_\_\_\_ Direct Phone Number: \_\_\_\_\_  
 Site Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Vaccine Brand Name	Lot No.	Doses Remaining	Expiration Date	Fund Type (317/ASP)	Vaccine Brand Name	Lot No.	Doses Remaining	Expiration Date	Fund Type (317/ASP)
Covid-19 COMIRNATY®				317	MMR Adult M-M-R®II				317
Covid-19 SPIKEVAX™				ASP	MMR Adult M-M-R®II				ASP
Hepatitis A Adult HAVRIX®				317	MPXJ JYNNEOS™				ASP
Hepatitis A Adult HAVRIX®				ASP	PCV20 PREVNAR 20™				317
Hep A/B Adult TWINRIX®				317	PCV20 PREVNAR 20™				ASP
Hep A/B Adult TWINRIX®				ASP	RSV ABRYOVO™				317
Hepatitis B Adult HEPLISAV-B™				317	RSV ABRYOVO™				ASP
Hepatitis B Adult HEPLISAV-B™				ASP	Tdap Adult ADACEL®				317
Hepatitis B Adult ENGERIX-B®				317	Tdap Adult ADACEL®				ASP
Hepatitis B Adult ENGERIX-B®				ASP	Varicella VARIVAX®				317
HPV GARDASIL®9				317	Varicella VARIVAX®				ASP
HPV GARDASIL®9				ASP	Zoster SHINGRIX®				317
Influenza FLUARIX® TIV				317	Zoster SHINGRIX®				ASP
Influenza FLUARIX® TIV				ASP					

NOTE: Not all vaccines are offered under 317 and ASP funding. Please be sure to enter the soon to expire doses under the correct fund type.

Updated October 2025

# Some Epi

# CDC COVID Surveillance and Data Analytics, 4/4



## Early Indicators

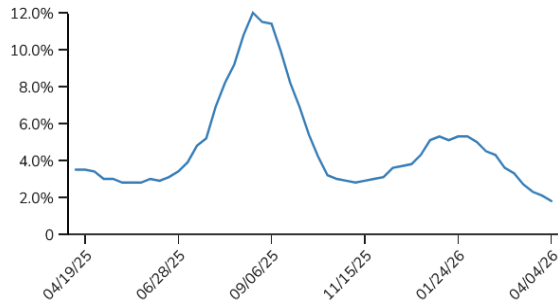
Test positivity (the percentage of total reported tests that are positive) and the percentage of total emergency department visits due to COVID-19 are key metrics to assess the impact of COVID-19 on communities. For public health professionals, these metrics act as early indicators of potential increases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

% Test Positivity

**1.8%**

Week ending 2026-04-04

Previous Week 2.1%

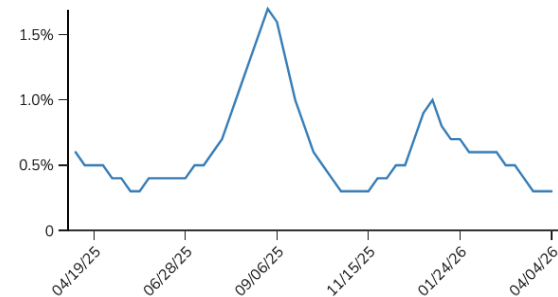


% ED visits diagnosed as COVID-19

**0.3%**

Week ending 2026-04-04

Previous Week 0.3%



## Severity Indicators

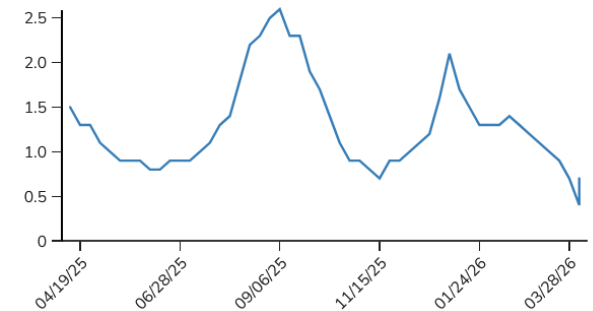
Hospitalizations and deaths are key metrics for assessing the severity and disease burden of COVID-19, including which groups are at the increased risk of severe COVID-19.

Hospitalization rate per 100,000 population

**0.4**

Week ending 2026-04-04

Previous week 0.7

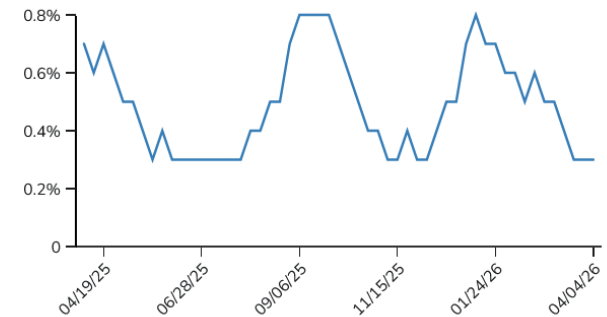


% of All Deaths in U.S. Due to COVID-19

**0.3%**

Week ending 2026-04-04

Previous Week 0.3%



# CDC COVID Surveillance and Data Analytics, 4/10



## Provisional Weekly COVID-19 Deaths per 100,000 Population (Age-Adjusted), United States

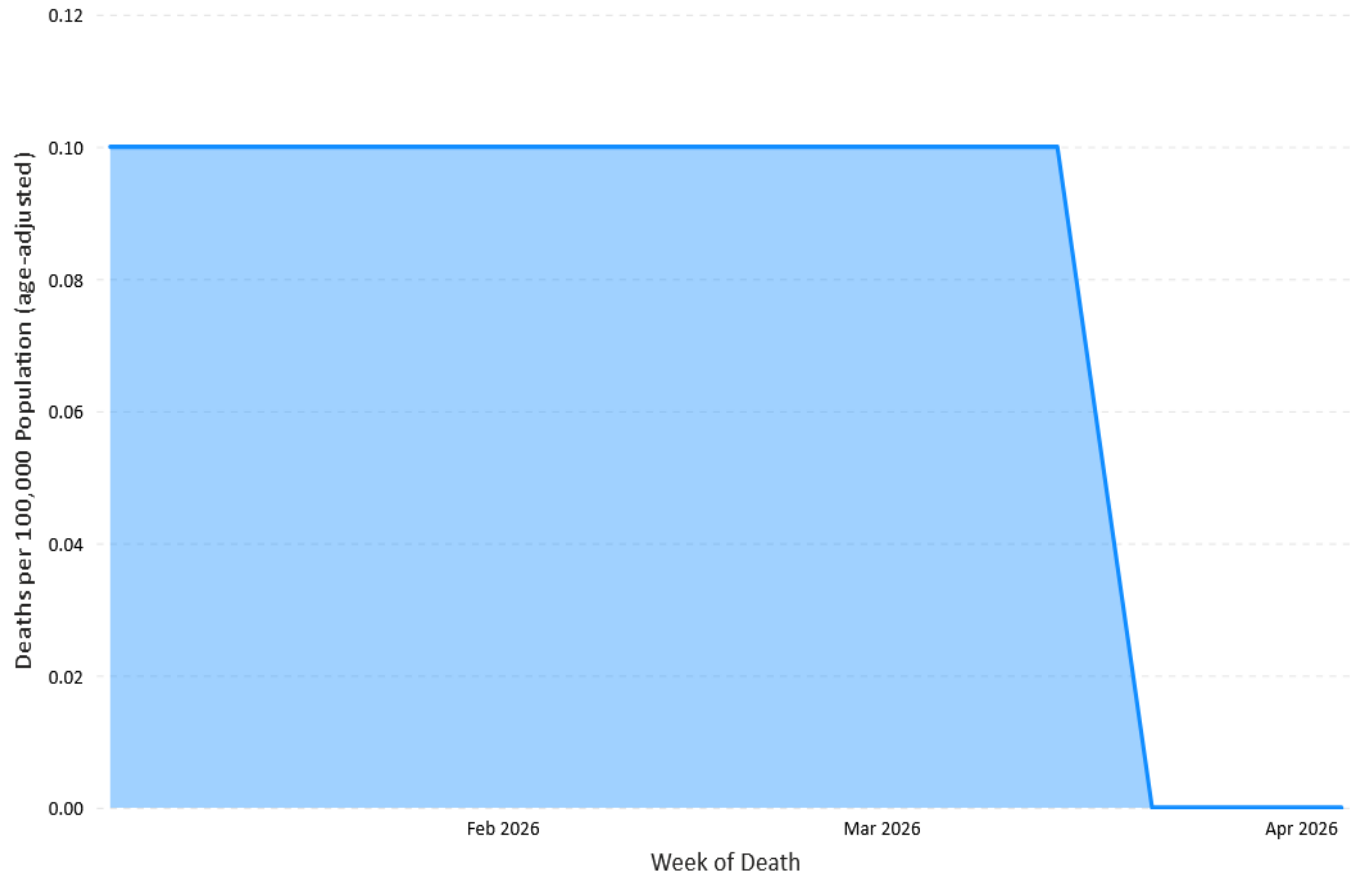
January 03, 2026 - April 04, 2026



**Jurisdiction**  
 United States

1/1/2026 4/4/2026

- Deaths**
- Weekly Death Counts
  - Weekly Death Rates (crude)
  - Weekly Death Rates (age-adjusted)**
  - Cumulative Death Counts
  - Cumulative Death Rates (crude)
  - Cumulative Death Rates (age-adjusted)
  - Monthly Death Rates by Age (crude)
  - Monthly Death Rates by Sex (crude)
  - Monthly Death Rates by Race & Ethnicity (crude)



Week of death shows the week ending date of the epidemiologic week in which the death occurred.  
 Source: Provisional Deaths from the CDC's National Center for Health Statistics (NCHS) National Vital Statistics System (NVSS); Visualization: NCIRD/CORVD and ORR/DEO Situational Awareness Public Health Science Team

Last Updated: Apr 10, 2026

## WHAT TO KNOW

- As of April 10, 2026, the amount of acute respiratory illness causing people to seek health care is very low.
- RSV activity started later than expected in most regions of the United States, though illness is not more severe compared with recent seasons. This unusual timing means higher levels of RSV activity may continue into April in many regions. Emergency department visits and hospitalizations for RSV are highest among infants and children less than 4 years old.
- COVID-19 activity is low in most areas of the country.
- Seasonal influenza activity continues to decrease in most areas of the country. Influenza A activity is low across all regions while trends in influenza B activity vary by region.



## Emergency department visits in the United States

COVID-19

**Very Low**  
Decreasing ↘

Flu

**Low**  
Decreasing ↘

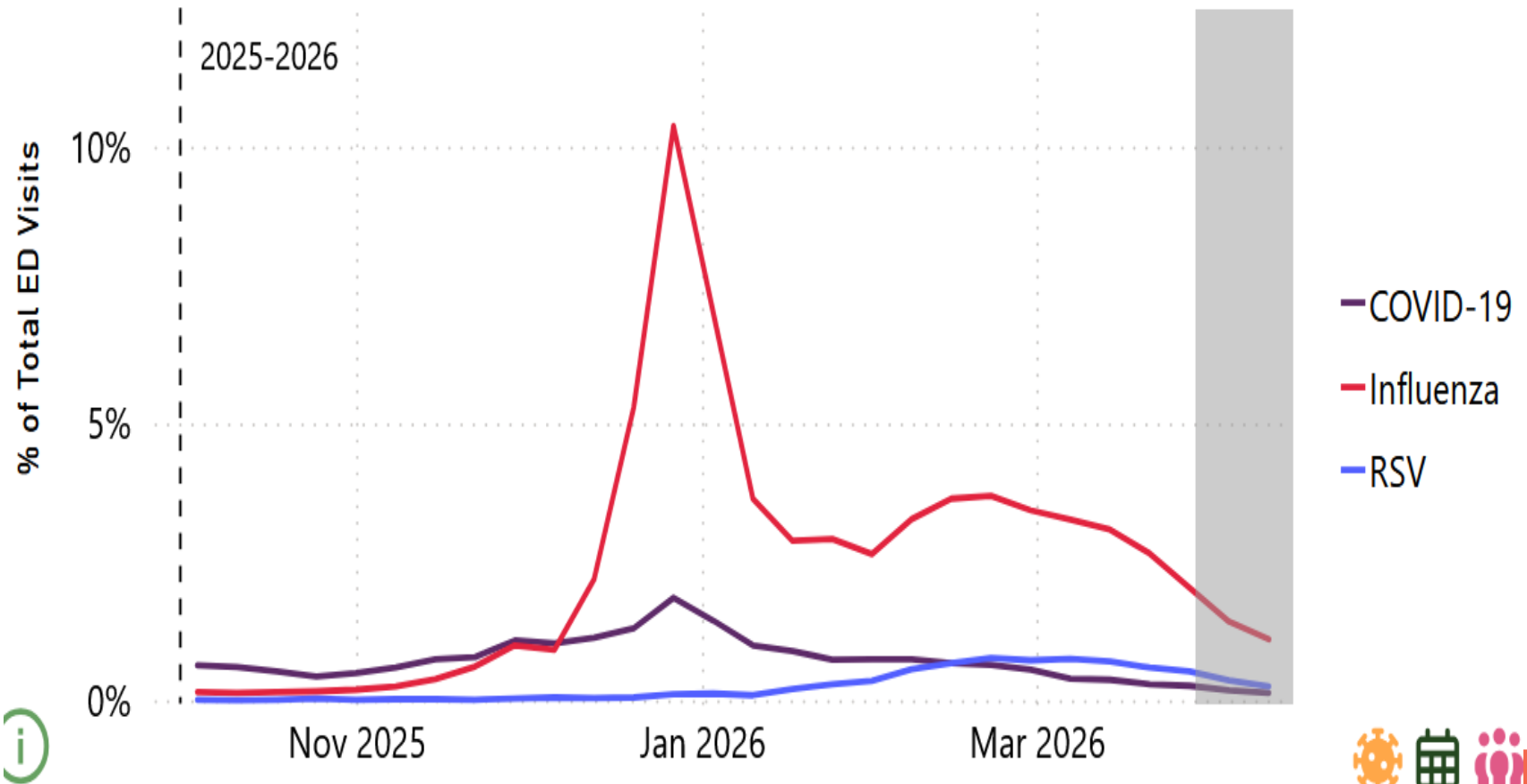
RSV

**Low**  
Decreasing ↘

# NM Respiratory VPD Epi Ending 4/11



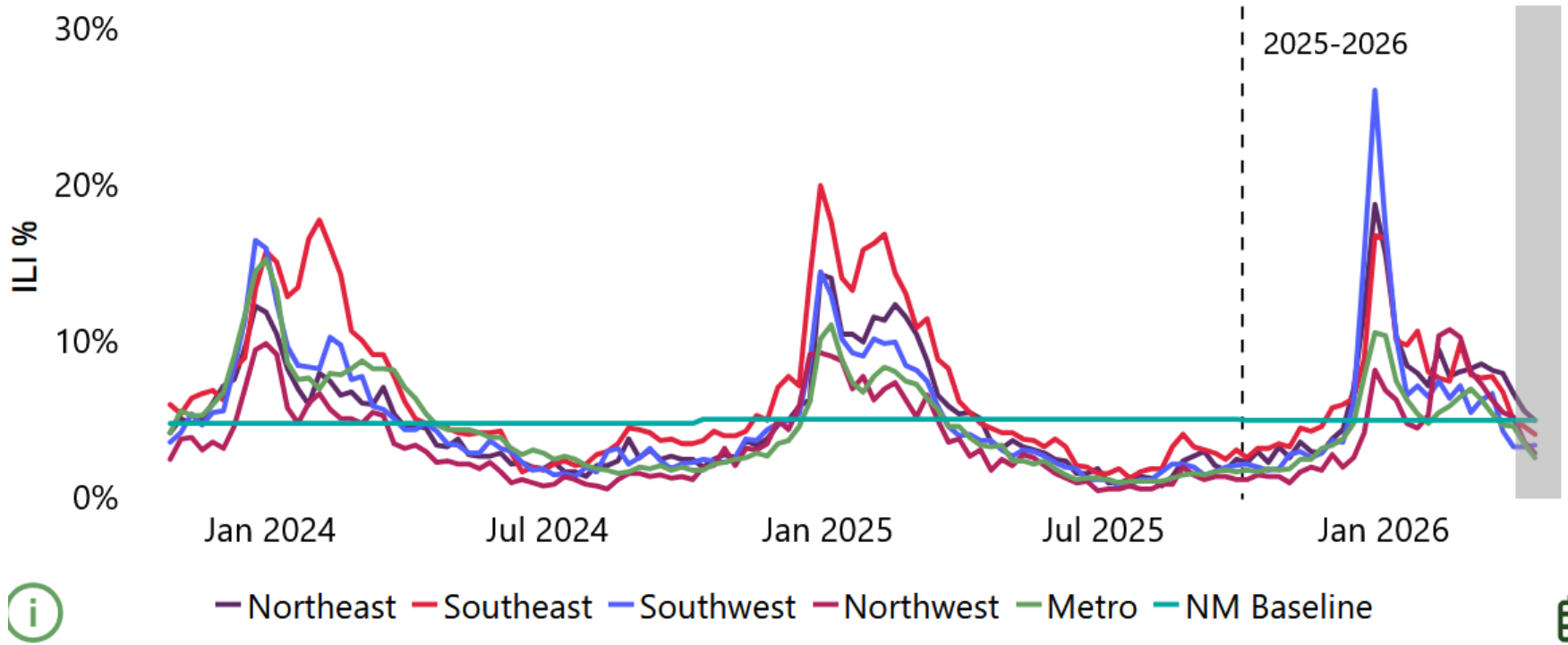
## Percent of ED Visits for Respiratory Infections All Pathogens



# NM Respiratory Epi Ending 4/11




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




# NM Respiratory Epi Ending 4/11




Season	Adult COVID-19 Deaths	Pediatric COVID-19 Deaths	Total COVID-19 Deaths
2025-2026	28	0	28
2024-2025	149	0	149
2023-2024	317	1	318



Season	Adult Influenza Deaths	Pediatric Influenza Deaths	Pneumonia Deaths	Total Pneumonia & Influenza Deaths
2025-2026	38	0	113	151
2024-2025	98	3	257	358
2023-2024	74	4	356	434



Season	Adult RSV Deaths	Pediatric RSV Deaths	Total RSV Deaths
2025-2026	0	0	0
2024-2025	1	0	1
2023-2024	3	0	3



# Campaigns and Announcements



# NM DOH Immunization Program SnapSHOT - April 2026 (First Edition!)



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

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

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

This is a great effort to stay connected with each other.





APRIL 2026

## TIPS AND REMINDERS



- Orders and reconciliations should be completed on the same day.
  - VFC Sites can (and should!) have multiple back-up coordinators. To add a staff member as a back-up coordinator, follow the “Staff change of Contact” steps located in the NMSIIS Reports Module titled “[VFC Program Staff Change of Contact and Uploading Training Certificates Instructions 1/26](#)”.
  - Regional coordinators are VFC providers’ first point of contact for any questions or issues. If you aren’t sure who your Regional Coordinator is, use the staff listing resource located in the NMSIIS Reports Module titled “[VFC Program Staff 1-2026](#)”
- 
- RSV Administration for the current season will end on 4/30/2026. Keep an eye on your email and the NMSIIS Newsfeed for communication on storage for next season (if the doses aren’t expiring before then) or the process to transfer/return the doses that will be expiring?
  - Are you a large provider that struggles with inventory levels during ordering and reconciliation? Reach out to us and we can discuss options to improve efficiency and reduce the likelihood of wastage!

## PROVIDER POPULATION

### REPORTS



Reports should be completed electronically and submitted to [vaccine.orders@doh.nm.gov](mailto:vaccine.orders@doh.nm.gov)

This form must be completed in its entirety, including the VFC Pin #. A confirmation email will be sent to providers when the population has been reviewed for approval or if the population is missing information. An email was sent out with instructions with the Provider Population instructions on 4/1/2026. For additional assistance, please contact your Regional Coordinator.

## CHILE TRAINING



### [UPDATED-NM Vaccine for Children CHILe Training Course ID \(9567\) \(Mar 2026\)](#)

CHILe training must be completed annually. Providers do not need to take the updated CHILe training until current CHILe training certificates are due to expire.

*(The site can be slow to load, especially if many people are trying to access the same course at the same time. If you see a red **Quit** button in the upper right of the blank screen, and not an error message, the website is working properly and will load for you as fast as it can.)*

## SAVE THE DATE



This summer's "Got Shots?" events will take place June 13 - August 29, 2026.

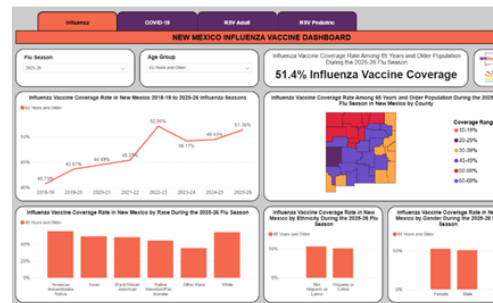
New registration link will be sent out soon, as deadline to register this year is May 15, 2026

Incentives will be provided for participation.

Posters are available on [Got Shots](#) to help your clinic advertise and announce your dates and times of participation.

Please join the New Mexico Department of Health, the New Mexico Primary Care Association, and the New Mexico Immunization Coalition, along with our managed care partners, Presbyterian Healthcare Services and Blue Cross and Blue Shield of New Mexico, in making sure that all New Mexico's children are immunized on time!

## RESPIRATORY VACCINE DASHBOARD IS NOW LIVE!



The NM DOH Immunization Program is excited to introduce the new [Respiratory Vaccine Dashboard](#) designed to provide clear, accessible data on respiratory vaccine coverage across the state. The dashboard visualizes statewide vaccination data for influenza, RSV and COVID-19.

The dashboard is an interactive resource that allows users to explore vaccination coverage using a variety of filters including age group, vaccine type, time frame, race, ethnicity, and county. The dashboards are available in both English and Spanish.

## NMSIIS CELEBRATES 10 YEARS!



This year marks a major milestone for the New Mexico Statewide Immunization Information System (NMSIIS) as we celebrate 10 years of supporting immunization efforts across the state.

Over the past decade, NMSIIS has evolved into a comprehensive, consolidated system that supports a wide range of public health functions. The scale and impact of NMSIIS speak for themselves. Today, the system houses over 3.6 million patient records and nearly 50 million administered vaccines. It supports nearly 15,000 users across more than 2,000 locations statewide, making it an essential part of New Mexico's public health infrastructure.

**Thank you to everyone who has contributed to the success of NMSIIS! Your work has made a lasting impact on public health in NM!**

## WHAT'S HAPPENING IN APRIL?



[National Public Health Week](#)  
April 6-12, 2022



[Adolescent Immunization Action Week](#)  
April 6-10, 2026



[National Infant Week](#)  
April 20-27, 2026



[World Immunization Week](#)  
April 24-30, 2026

**Keep an eye out for next month's Immunization Program SnapSHOT!**

*(To be added to the email distribution list, please send a request to [Kathryn.Cruz@doh.nm.gov](mailto:Kathryn.Cruz@doh.nm.gov))*

# NMDOH Reimaged Respiratory Infection Dashboard



## Viral Respiratory Infection Dashboard

As of the 2023-2024 respiratory season, the Viral Respiratory Infection Dashboard is the main reporting source for respiratory disease burden in the state. The dashboard is updated weekly throughout the year.

We welcome your questions and feedback to make this dashboard more useful: [respiratory.epi-reports@doh.nm.gov](mailto:respiratory.epi-reports@doh.nm.gov)

- [Haga clic aquí para ver el panel de control en español](#)

A screenshot of the dashboard's filter section. It consists of five main panels. The first panel on the left is green and contains the text "Dashboard last updated Apr 15, 2026". The second panel is titled "Pathogen" and contains four buttons: "All Pathogens" (green), "COVID-19" (purple), "Influenza" (red), and "RSV" (blue). The third panel is titled "Season(s)" and contains a "Deselect all" button and two selected season buttons: "2025-2026" (black) and "2023-2024" (white). The fourth panel is titled "Group Data By" and contains a single button labeled "Pathogen" on a black background. The fifth panel on the right is titled "General Notes & Data Sources".

Dashboard last updated Apr 15, 2026	<b>Pathogen</b> All Pathogens COVID-19 Influenza RSV	<b>Season(s)</b> Deselect all 2025-2026 2024-2025 2023-2024	<b>Group Data By</b> Pathogen	General Notes & Data Sources
-------------------------------------	--	---	----------------------------------	------------------------------

<https://www.nmhealth.org/about/erd/ideb/isp/>



**Save the Date!**

## **Celebrating 20 Years of the HPV Vaccine:**

**A Western Regional Summit on Prevention and Progress**

Dear Colleagues,

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

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

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

**NMIC** Immunization Update





# Vaccines To Go- NMDOH Mobile Unit

Use the Request Form

<https://forms.office.com/g/FvV63M6B7M>

or QR code (which will take requesters to the form). If you

have any inquiries about mobile vaccine requests, please direct them to complete the form. If there

are any questions, contact the email address

[dohmobile.vaccines@doh.nm.gov](mailto:dohmobile.vaccines@doh.nm.gov)

or the NMSIIS Help Desk 833-882-6454. Make request at least 3

weeks in advance. **Note:** This form is not valid for correctional

facilities; they must contact NMIP directly.

Population focus-Underserved and high need communities for vaccine access.

English (United States) ▾

## NMHealth NMDOH Mobile Vaccine Unit Request Form

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

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

\* Required


### Event Request Details

Name of Point of Contact (POC) \*

Organization \*

Phone Number \*

### NMDOH Mobile Vaccine Unit Request Form



# Happy Birthday To Ya!



- NMSIIS celebrates 10 years this month
- The CDC enters its octogenarian era  
Happy 80<sup>th</sup>!
- The Q, Albuquerque turns 320 this month.
  - You don't look a day over 273

Feliz Cumpleaños a Todos




# Next Providers' Office Hours Call

3<sup>rd</sup> Thursdays

Next Office Hours Call: TBD




# New Mexico Vaccines for Children (VFC) Program Staff

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

## REGIONAL OFFICES

Metro	Northwest	Northeast	Southeast (a) (b)	Southwest
<p>Bernalillo, Sandoval, Valencia, Torrance</p>	<p>Cibola, McKinley, San Juan</p>	<p>Colfax, Guadalupe, Los Alamos, Mora, Rio Arriba, San Miguel, Santa Fe, Taos, Union, Harding</p>	<p>A-Eddy, Lea, Lincoln, Chaves, B-Quay, Roosevelt, Curry, De Baca</p>	<p>Catron, Doña Ana, Grant, Hidalgo, Luna Otero, Sierra, Socorro</p>
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**NEW MEXICO DEPARTMENT OF HEALTH IMMUNIZATION PROGRAM  
ADULT AND ADOLESCENT VACCINE PROGRAM STAFF**

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Bernalillo, Sandoval, Valencia, Torrance	Cibola, McKinley, San Juan	Colfax, Guadalupe, Los Alamos, Mora, Rio Arriba, San Miguel, Santa Fe, Taos, Union, Harding	A: Eddy, Lea, Lincoln, Chaves B: Quay, Roosevelt, Curry, De Baca	Catron, Doña Ana, Grant, Hidalgo, Luna, Otero, Sierra, Socorro
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# Questions, Comments, Dialogues, Missives and Negotiations

