NMDOH News Brief IMMUNIZATION

NM Department of Health Immunization Program

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Immunizations for the upcoming respiratory season

Vaccines are available to protect against key respiratory viruses, including the annual influenza (flu) shot, COVID-19 vaccines, and the respiratory syncytial virus (RSV) vaccine (or monoclonal antibody for infants). These immunizations are recommended for various age groups and for individuals at increased risk for severe illness. The Centers for Disease Control and Prevention (CDC), American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP) and the American College of Obstetricians and Gynecologists (ACOG) recommend getting these three vaccines during the fall and winter, the most beneficial months for effectiveness. These three vaccines are the best way to prevent hospitalization and death from these respiratory illnesses.

While COVID-19 is no longer a national public health emergency, SARS-CoV-2 still makes people sick and can lead to illness and hospitalization. COVID-19 was among the 15 leading causes of death in the United

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Mobile Vaccine Unit is now a VFC provider

Vanessa Hansel
Vaccine and Outreach Manager

We are elated to announce the mobile vaccine unit has expanded! We are now also offering children's vaccines via our mobile unit throughout New Mexico.

To better streamline mobile vaccine unit requests, the Immunization Program created an NMDOH Mobile Vaccine Unit Request Form to request an

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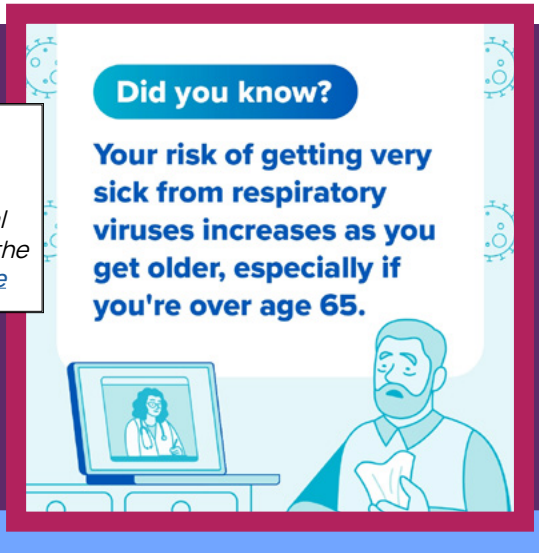
Images are available for download to use on social media from the CDC website



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SHOT BRIEFS

Anna Pentler, MPH, MBA
New Mexico Immunization Coalition

Now is an important time to get Back to Basics. Let's take a closer look into some of our routine childhood vaccines, and the diseases they protect against.

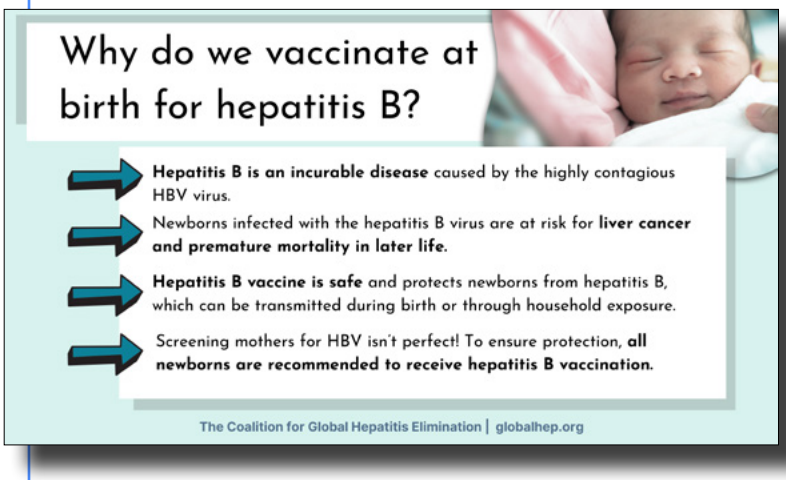
Hepatitis B (hepB) vaccine is given to infants in three doses: at birth; at 2 months; and at 6-18 months. It's one of the first vaccines to be given, usually within 24 hours of birth. This is to make sure all babies are protected against this virus, which can be passed from mother to infant at birth if the mother is infected and doesn't know it. Getting infants protected right away is critical because babies and children who get infected with hepB in the first years of life have a 90% chance of chronic infection with the virus. This virus attacks the liver and can lead to liver cancer, liver failure, and cirrhosis decades later, and premature death. Furthermore, babies and children often do not show any symptoms from hepB infection, so they can chronically shed virus and infect others without ever knowing they are infected.

Half of children who are chronic carriers of hepB were infected at birth, and about half through casual exposure, likely to a chronic carrier in their family, not through sexual contact or IV drug use.

While hepB is often spread through sexual contact or through exposure to infected blood and other body fluids, more casual contact with an infected person, (e.g. sharing toothbrushes, washcloths or razors) can result in infection. Half of children who are chronic carriers of hepB were infected at birth, and about half through casual exposure, likely to a chronic carrier in their family, not through sexual contact or IV drug use. Children who play contact sports might be exposed to small amounts of blood during rough play, which, if the blood contains hepB virus, could result in infection as well.

Most people have no side effects from the hepB vaccine, however like any medicine, it can have side effects. Side effects from vaccines can include pain, redness, or swelling at the injection site, headache, fever, fatigue, irritability, vomiting, crying or drowsiness in children. Side effects, if present, are generally mild and last 1-2 days.

The vaccination program of giving hepB vaccine at birth and through the first year of life has



dramatically reduced the number of children with chronic hepB. In 2018, the overall incidence of hepB infection had fallen by approximately 90% compared to 1982, when the fisrt hepB vaccine was introduced. By continuing this important vaccination effort, we could potentially eliminate hepB in the United States!

MMRV is a combination vaccine that protects

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against four viruses: measles, mumps, rubella and varicella (chickenpox). Combination vaccines are a practical way to protect children because they minimize the number of shots. While single antigen varicella vaccine can be given on its own, in the United States, measles, mumps and rubella are only available as a combination vaccine and are no longer available as single antigen vaccines.

The benefit of giving MMRV is one less shot, the risk in using MMRV is a slightly higher rate of children developing fever as a reaction to the vaccine (and sometimes fevers can cause a seizure). For that reason, MMRV is not recommended for the first set of Measle Mumps Rubella (MMR) and Varicella vaccine at age 12 months but can be used when the child is older for the second doses at 4-6 years, when seizures are less common.

Measles, mumps, rubella and varicella each have different symptoms, but all are highly contagious. Measles can cause fever, rash, conjunctivitis, cough, diarrhea, and misery (some people develop further complications like encephalitis, pneumonia and even death). In addition, measles can have other lasting effects. About 1-3 out of 1,000 cases of measles results in death. Measles vaccine was licensed in the United States in 1963. During 1958-1962, an average of 503,282 measles cases and 432

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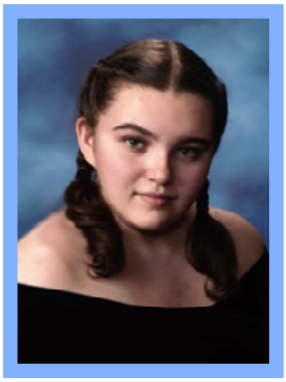
Immunization Program
Staffing announcements

Rachel King
Vaccines for Children (VFC)Clerk



Ms. Rachel King was born and raised in beautiful Santa Fe, surrounded by its traditions, art, and music that shaped who she is. Rachel loves the sounds of Mariachi and northern New Mexican music, which connect her deeply to the community and its culture. Painting and photography bring her joy and allow Rachel to capture the colors and spirit of the world around her. She feels lucky to call Santa Fe home, with all its history and creativity.

The local culture has given Rachel a strong sense of identity and pride that she carries wherever she goes. More than anything, Rachel feels grateful to be part of a vibrant and inspiring place. Every day, Rachel wakes up grateful for the opportunity to contribute to and help advance the Immunization Program, knowing that the work she does makes a meaningful difference.

Mobile Vaccine Unit
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event. Here is the link for the request form. You can also use the QR code to access the form. If you have inquiries about mobile vaccine requests, please complete the form and you'll receive an email response. If you have any questions, please send an email to DOHMobile.vaccines@doh.nm.gov or call the NMSIIS Help Desk, 833-882-6454.

NMDOH Mobile Vaccine Unit Request Form

AIRA Central Region 2 Workshop

Andrea Romero
Immunization Program Manager

Immunization Information System (IIS) managers were recently invited to attend a regional workshop held by the American Immunization Registry Association (AIRA). The day and a half workshop was held in Salt Lake City, Utah in late July. Central Region 2 consists of New Mexico, Texas, Oklahoma, Arkansas, Louisiana, Colorado, Wyoming, South Dakota, North Dakota, Utah, and Montana.

The event was designed to create a collaborative space where IIS managers can share experiences, strengthen professional networks, and engage in peer-to-peer learning and problem-solving. Sessions included training led by experts in the field, updates on national IIS developments, and open discussions on common challenges and priorities at the regional level. Bringing together this group of subject matter experts enhances IIS processes for the future.

AIRA workshop group photo of Central Region 2 attendees; NMSIIS Manager Katie Cruz pictured second in back row

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measles-associated deaths were reported each year. Measles incidence and deaths began to decline in 1965 with the vaccine and continued a 33-year downward trend.

Mumps can cause fever, swelling of the salivary glands, achiness, fatigue, headache (some people develop further symptoms that can lead to deafness and/or infertility). Mortality rate from mumps before vaccines was about 2-4 per 10,000 cases.

Rubella (also known as German measles) is a milder rash illness that can cause fever and swelling but is not so dangerous for children– however, it can cause devastating consequences for the babies of anyone infected during pregnancy (~85% of pregnancies resulted in the babies being permanently harmed by blindness, deafness, heart defects or mental deficits).

Varicella or chickenpox can cause fever and a very itchy pustular rash, which for most children is miserable but not deadly; however, Varicella can be dangerous if the pustules (blisters) become infected with bacteria, or if the rash is in the airway or lungs. Before vaccines, deaths from varicella occurred in about 1 person in 60,000 cases.

The side effects from MMRV vaccine are usually mild and self-limited, but can include fever, pain at the injection site, and infrequently, mild rash.

Before vaccines were developed, these were common childhood infections that almost

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Photo Gallery

Snapshots of Immunization Program outreaches, and Mobile Vaccine Team events

Northern New Mexico College, Española community event, July 24

San Felipe outreach event, August 12

Boo to the Flu

Boo to the flu is back this season! This event has been a hugely successful collaboration in the Southwest Region that traditionally provides influenza vaccine to the Las Cruces community. This year the event will take place on October 11.

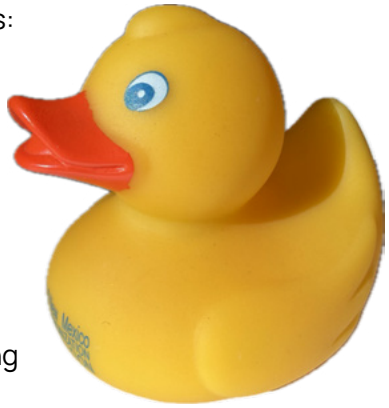
It will be a spooktacular event!

Got Shots 2025!

Thank you New Mexico providers for participating in Got Shots! This year, Got Shots was expanded to give families more opportunities throughout the summer to get their children caught up on needed vaccines — Got Shots ran June 14 through August 30.

Sixty-nine providers from across the state gave more than 7,300 shots to over 3,300 kids.

We are grateful to NMDOH, the NM Primary Care Association, and our managed care partners for contributing awesome incentives that are given to the children who receive vaccinations: Blue Cross Blue Shield of NM, Presbyterian Health Services, and Molina Healthcare. NMIC also provided back-to-school and fun goodies including pencil pouches, scholastic books, highlighters, and legacy rubber duckies.



Respiratory Season
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States in 2024. The overall burden of influenza (flu) for the 2023-2024 flu season was an estimated 40 million flu-related illnesses, 18 million flu-related medical visits, 470,000 flu-related hospitalizations, and 28,000 flu-related deaths according to the CDC. Finally, the burden of respiratory syncytial virus (RSV) is substantial, causing millions of cases, hospitalizations, and deaths globally each year, particularly in young children and older adults. It leads to lower respiratory tract infections, pneumonia, and bronchiolitis, with a significant economic cost from direct medical expenses, lost productivity, and mortality. It leads to widespread hospitalization among young children and adults.

As you may be aware, there have been changes to COVID-19 vaccine recommendations at the federal level. The New Mexico Department of Health (NMDOH) has reviewed recommendations from CDC, AAP, AAFP and ACOG to determine a vaccine schedule that the agency is confident will provide the standard for protecting New Mexicans. For COVID-19 vaccines, the following groups should be vaccinated.

AAP recommends that all infants and children six through 23 months of age and children and adolescents age two through 18 years of age in certain risk groups receive a 2025-26 dose. Those risk groups include:

- Persons at high risk of severe COVID-19
- Residents of long-term care facilities or other congregate settings
- Persons who have never been vaccinated against COVID-19

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- Persons whose household contacts are at high risk for severe COVID-19.

In addition, children six months through 18 years who are moderately or severely immunocompromised should be vaccinated. This group may require two or more doses of age-appropriate 2025-2026 COVID-19 vaccine depending on previous vaccination status. Children two through 18 years not included in the risk groups above but whose parent or guardian desires their protection from COVID-19 may also receive a vaccine.

NMDOH is following ACOG recommendations that COVID-19 vaccines should be offered to all pregnant, recently pregnant and lactating individuals, as well as others contemplating pregnancy. ACOG notes that COVID-19 vaccine safety during pregnancy has been well established. There is no evidence of increased risk of negative maternal, pregnancy, or infant outcomes associated with vaccination. The vaccine also passes passive immunity to the infant during the first few months of life before they can be vaccinated.

AAFP states that COVID-19 vaccine is recommended for all adults 18 years and older, especially those 65 years and older; at increased risk for severe COVID-19 infection; and have never received a COVID-19 vaccine previously.

There are three COVID-19 vaccine manufacturers in the United States, including two for mRNA products, Moderna and Pfizer. They produce vaccines for use in most individuals six month and older, depending on the vaccine. A third protein-based vaccine, Nuvaxovid™ is manufactured by Sanofi/Novavax for use in people 65 years+ and people 12-64 years with underlying risk conditions.

Flu vaccination is recommended by the CDC and the three medical societies mentioned above and continues to be the best protection against influenza. The vaccine is recommended for almost all people six months and older. It is especially recommended for pregnant people, who should receive an influenza vaccine during any trimester of pregnancy, adults 65 years of age and older and individuals with chronic health conditions. Children under 9 years of age may require two doses of the vaccine in their first season. Vaccination is recommended in the fall, before influenza season begins. Individuals may use any one of several age appropriate vaccine products on the market although some vaccines are recommended for people 65 years and older and one product, the nasal spray FluMist® is for healthy nonpregnant people two to 49 years of age. FluMist® is also the first vaccine that may be ordered by a patient and self-administered.

In recent years, multiple studies indicate that egg-allergic persons are not at increased risk of severe allergic reactions to egg-based influenza vaccines. Any influenza vaccine that is otherwise appropriate for the recipient's age and health status (egg based or non-egg based) can be administered to persons with egg allergy. As with every vaccine, clinical settings in which flu vaccines are administered should be equipped to recognize and manage acute allergic reactions.

RSV prevention comes as both a vaccine for older adults and a monoclonal antibody for infants and toddlers. For adults, CDC recommends a single dose of any RSV vaccine for all adults ages 75 and older and adults ages 50–74 at increased risk of severe RSV. Three RSV vaccines are currently available for adults: GSK's Arexvy, Moderna's mRESVIA®, and Pfizer's Abrysvo®. RSV vaccines should only be given to eligible adults, as licensed. Eligible adults can get an RSV vaccine at any time, but the best time to vaccinate

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patients is in late summer and early fall before RSV usually starts to spread in the community. Unlike flu vaccine, RSV vaccine is not currently an annual vaccine. People who have already received one dose have completed their vaccination and should not receive another dose at this time.

For pregnant people, CDC recommends a respiratory syncytial virus (RSV) vaccine to protect their babies from severe RSV disease. Pregnant individuals should get a single dose of the maternal RSV vaccine (Pfizer's Abrysvo is the only licensed vaccine) during weeks 32 through 36 of pregnancy. These vaccines are administered September through January in most of the United States. CDC does not recommend another dose of RSV vaccine during subsequent pregnancies. RSV vaccine may be administered with other vaccines, such as Tdap, COVID-19, and/or influenza vaccine during the same visit.

To protect infants and toddlers from RSV infection, administration of infant RSV antibody is recommended during October through March in most of the US by CDC. The optimal timing for infant RSV antibody administration is shortly before the RSV season begins (e.g., October–November), or within a baby's first week of life if born October through March (ideally during the birth hospitalization).

Nirsevimab (Beyfortus®) and clesrovimab (Enflonsia™) are the two monoclonal antibodies that prevent severe RSV disease and are recommended for infants.

Monoclonal antibodies are not vaccines. They do not activate the immune system; the antibodies themselves protect against disease. Either infant RSV antibody is recommended for infants younger than 8 months of age who are born during or are entering their first RSV season (typically October through March) if:

- The mother did not receive RSV vaccine during pregnancy, or
- The mother's RSV vaccination status is unknown, or
- The infant was born within 14 days of maternal RSV vaccination.

Only nirsevimab is recommended for young children at high risk of severe RSV disease and entering their second RSV season. Clesrovimab can only be used as the primary dose. Those who may need a second dose include:

- Children with chronic lung disease of prematurity who required medical support
- Children with severe immunocompromise
- Children with cystic fibrosis who have either 1) symptoms of severe lung disease (previous

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Those at increased risk for RSV include people who have:

- Chronic cardiovascular disease
- Chronic lung or respiratory disease
- End-stage renal disease or dependence on hemodialysis or other renal replacement therapy
- Diabetes mellitus complicated by chronic kidney disease, neuropathy, retinopathy, or other end-organ damage, or requiring treatment with insulin or sodium-glucose cotransporter-2 (SGLT2) inhibitor
- Neurologic or neuro-muscular conditions causing impaired airway clearance or respiratory muscle weakness
- Chronic liver disease
- Chronic hematologic conditions
- Severe obesity (body mass index ≥40 kg/m2)
- Moderate or severe immune compromise
- Residence in a nursing home
- Other chronic medical conditions or risk factors that a healthcare provider determines would increase the risk for severe disease due to viral respiratory infection

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everyone endured within the first few years of life. Since vaccines became available and widely used, outbreaks in the United States are rare, and occur mainly in persons who are not vaccinated.

Polio vaccine was developed in the 1950's and has been in use ever since. Before the vaccine, polio was a major public health threat, causing widespread paralysis and death. In the US during the 1950's, there were an average of 16,000 cases of paralytic polio and 1,800 deaths per year. Currently, polio is almost eradicated throughout the world. Thanks to a world-wide polio vaccination campaign, most children are now protected from all the circulating strains of polio virus.

The inactivated polio vaccine (IPV) has been used in the US since 2000 and the oral live attenuated vaccine (OPV) is no longer administered. OPV is still used in other countries (although many are moving to IPV), which can result in spreading vaccine virus that is shed after vaccination. In very rare cases, the weakened vaccine-produced virus can mutate and cause disease in under vaccinated communities. Wild poliovirus cases currently occur in only two countries, Afghanistan and Pakistan.

Polio disease can cause minor symptoms (24% of those infected) of sore throat, fever, tiredness, stomach pain, vomiting or constipation. The majority (~70%) of children infected with polio virus don't develop any symptoms but can spread the virus through the feces and through contaminated water. In a small percentage of cases, polio can cause paralysis, muscle aches and spasms by infecting the brain and spinal cord. In those cases, the person may become unable to walk or may be unable to breathe without mechanical ventilation. Survivors of polio may go on to develop post-polio syndrome many years after their original recovery (muscle weakness and tiredness).

IPV can have mild side effects such as pain and swelling at the injection site and fever, and in very rare cases, an allergic reaction (1 in a million doses). In the US, IPV is often administered as one antigen in combination with other vaccines that have been of rigorously tested for safety and effectiveness, reducing the need for multiple injections.

If you have questions or concerns, please reach out to your provider, or call NMIC staff who can talk with you about the details of these important vaccines, 505-272-3032.

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hospitalization for worsening lung problems in the first year of life or abnormal chest imaging that persists when stable), or 2) weight-for-length <10th percentile
- American Indian or Alaska Native children.

Encourage vaccination for all people who are indicated for a dose of COVID-19, flu, and/or RSV this respiratory season to prevent spread and keep those vaccinated safe from these potentially severe diseases.

Contact us

NM Department of Health
Andrea Romero
Immunization Program Manager
Phone: (505) 827-2465
Andrea.Romero@doh.nm.gov
immunization.doh.nm.gov

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