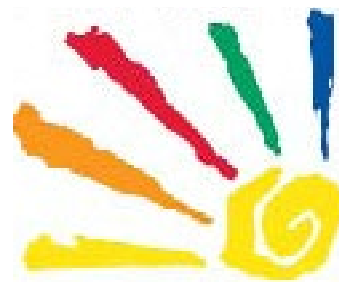


# NMDOH News Brief

# IMMUNIZATION



NM Department of Health Immunization Program

Summer 2025 / Issue No. 28

## *Keep Summer Magic marketing campaign*

The Keep Summer Magic campaign recently rolled out just in time for vaccine catch-up efforts. The newly launched campaign was created by NM Department of Health Marketing Department and depicts iconic images that represent our local communities with the roadrunners featured as part of the marketing toolkits.

From Española, Taos, and White Sands, NMDOH Marketing

**Keep Summer Magic**  
*continued on page 4*

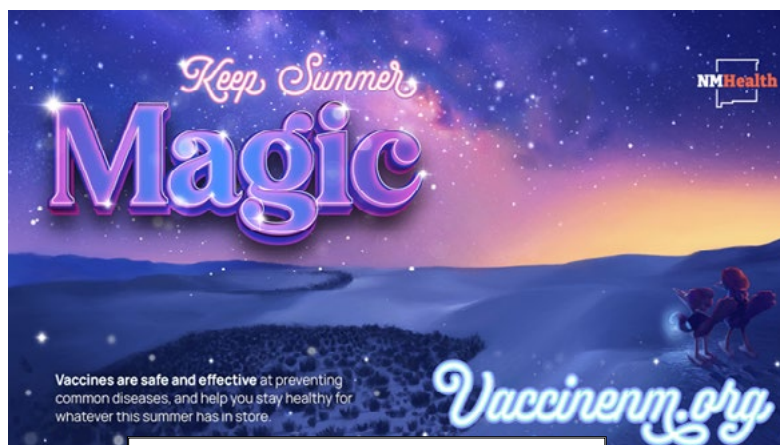
## **Annual Statewide Immunization Program Meeting: Focus on HPV**

Brandy Jones, MBA-HM, BSN, RNC  
*Perinatal Hepatitis B and Adolescent Vaccine Coordinator*

The NMDOH Immunization team from around the state came on May 22 for a focus on HPV vaccination education and promotion. Staff presented on all aspects of HPV vaccination in our state.

Throughout the day, attendees heard from experts across the program, covering topics such as adolescent vaccination trends, overcoming vaccine hesitancy, improving data practices through NMSIS, vaccine ordering and funding, and ensuring vaccine access through the Vaccines for Children (VFC) program. A highlight of the conference was the emphasis on community-based outreach which showcased how partnerships with schools, mobile clinics, and local organizations can effectively bridge vaccination gaps, particularly in rural and tribal communities.

**Immunization Program Meeting: HPV**  
*continued on page 3*



A new marketing campaign features New Mexico White Sands. See pages 4 and 6 for more Keep Summer Magic iconic images.

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# AIRA 2025 National Meeting

Andrea Romero  
Immunization Program Manager

The American Immunization Registry Association (AIRA) 2025 National Meeting was held on April 28-May 1 in Spokane, Washington. AIRA supports and promotes the use of immunization information to ensure healthy communities through the development and implementation of immunization information systems (IIS). The AIRA National Meeting provided an opportunity to bring our peers and partners together to educate on the latest IIS best practices and bring the IIS discussion to a national stage.

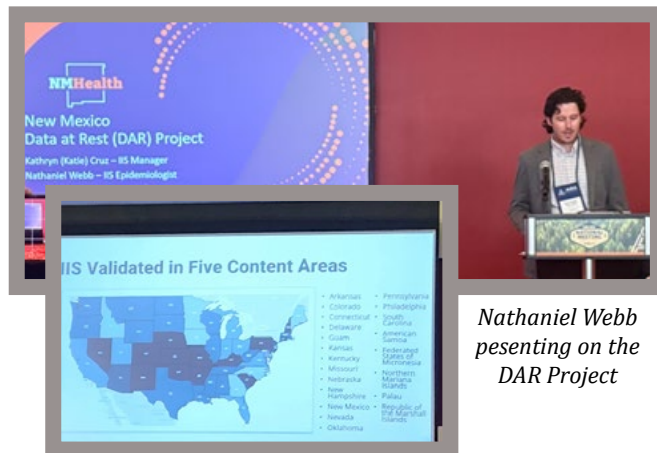
Through both formal presentations and informal discussions, attendees had an opportunity to strengthen long-term partnerships, develop new relationships, gain professional education and training, and learn from one another. NMSIIS Epidemiologist Nathaniel Webb presented for New Mexico on Data at Rest (DAR) – Where Are We Now, and Where Do We Go from Here?

The agenda was full of breakout sessions and round table discussions. The conference was a successful event attended by Immunization Programs from states across the country.

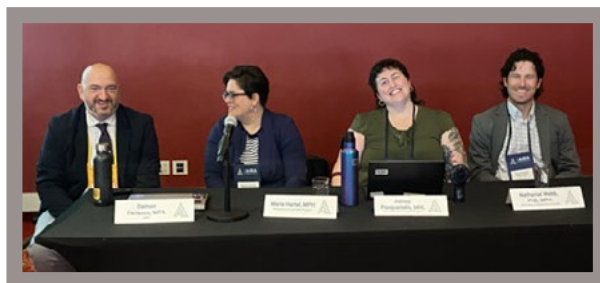
Immunization Program staff L-R back row: Nathaniel Webb, Veronica Llamas, Brandy Jones, Vanessa Hansel. Front row: Marlene Peña, Scarlett Swanson, Bianca Gonzales, Samantha Sanchez



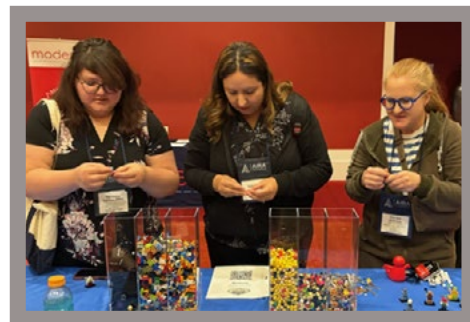
## Photo gallery: AIRA National Meeting



Nathaniel Webb presenting on the DAR Project



Nathaniel Webb participating as a panelist for the panel discussion session



Veronica Llamas, Samantha Sanchez, and Scarlett Swanson partaking in a creative activity

### Immunization Program Meeting: HPV *continued from page 1*

Interactive activities empowered participants to reflect on their own practices and commit to becoming vaccine champions. Inspiring survivor stories underscored the life-saving potential of HPV vaccination. Thanks to all who attended and contributed to the day's success. *Key takeaways:*

- Start HPV vaccination conversations at age 9 for early uptake and improved completion rates. Promote HPV vaccination as cancer prevention, not just disease prevention.
- Use strong, confident recommendations and culturally relevant materials.
- Maintain open, honest, non-judgmental communication in addressing vaccine hesitancy.
- Leverage community partnerships and flexible service models to reach underserved populations.
- Utilize NMSIIS data and reminder/recall systems to boost vaccine series completion.
- Utilize the VFC and 317 program to provide vaccines to under/un-insured New Mexicans in children and adults.

## Webinar summary

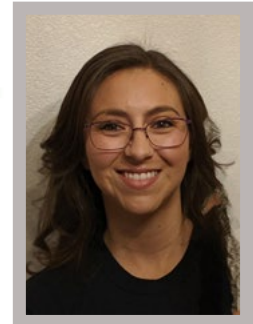
On June 24, NMIC, Comagine Health, and the NM Department of Health sponsored a webinar entitled Healthy Futures, Back to the Basics. 90+ people attended to learn about vaccination rates in NM schools, trends in vaccine exemptions, and the importance of childhood and adult vaccines, especially in light of the measles outbreak, the troubling number of pertussis cases, and the worst influenza season in 15 years.

Brandy Jones, Hepatitis B and Adolescent Vaccine Coordinator for the Immunization Program and Dr. Melissa Mason, a pediatrician and vaccine expert, provided excellent information. The webinar recording is available now through September [here](#), use passcode +v?TZP+6

## Immunization Program *Staffing announcements*

### Brittany Baca

*NE Region Immunization Nurse*

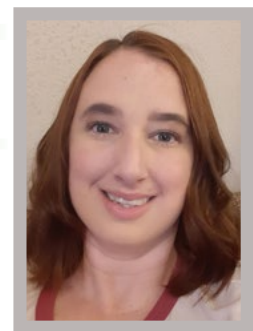


Please help us welcome Brittany Baca. She is excited to join the team as the new NE Region Immunization Nurse. Brittany graduated with an ADN from Santa Fe Community College and then received her BSN through an online program. She grew up in Santa Fe and has spent the last 11 years in Houston.

Brittany brings a variety of nursing experience including Med-Surge, Chest Pain Assessment, Endoscopy, adult ICU, and most recently School Nursing. As a school nurse, she gained interest in and respect for children's vaccinations as well as community health. Brittany looks forward to serving this community as the newest member of the VFC team!

### Debra Wagner

*NE Region Health Educator*



Debra has worked in the medical field for over 19 years as a certified medical assistant in a pediatric clinic. She's lived in Santa Fe since the age of five when her family moved here to be closer to relatives after her father retired from the US Navy. Debra has been married for 17 years and is the proud mother of two daughters. She's also a grandmother to a beautiful granddaughter. In her spare time, she likes to watch crime documentaries and spend time with family.

Debra looks forward to all there is to learn in her new role as the NE Region Health Educator and getting to know the various clinic and regional staff with whom she will work.



### Keep Summer Magic

*continued from page 1*

showcases images that capture the feel of New Mexico summertime. Here are links to a behind-the-scenes peek at the artist's process for creating the Taos graphics, [English](#) and [Spanish](#). Vaccination events are listed on the [landing page](#) for access throughout the summer.

As the Immunization Program and mobile vaccine unit are in the community, the campaign is brought to life with real images. Vaccine and Outreach Manager Vanessa Hansel and Perinatal Hepatitis B and Adolescent Vaccine Coordinator Brandy Jones attended a community event in Española that included the car that inspired the image. This is a great way to have community engagement while assisting families with vaccine catch up before school starts in the next weeks.

For more information visit the webpage to access the marketing toolkits, vaccine events, School Immunization Requirements, and more [Keep Summer Magic - NMHealth](#)



## Photo Gallery

Photos from the May 22 Statewide Immunization Program Meeting that took place at Midtown Public Health Office



*CDC Public Health Associate Chelsea Nembot and Immunization Health Educator Catherine Campbell*



*Perinatal Hepatitis B and Adolescent Vaccine Coordinator Brandy Jones*



*Finance Clerk Kiana Vigil and Financial Specialist Grace Gonzales*



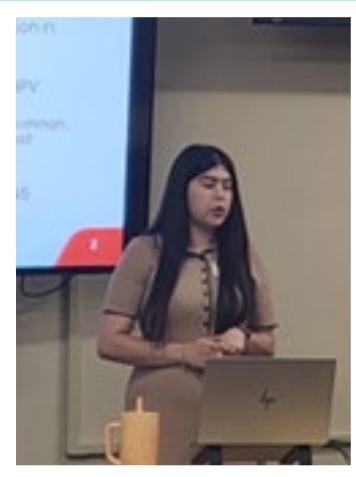
*NMSIIS Epidemiologist Nathaniel Webb*



*QI/QA Epidemiologist Veronica Llamas*



*Immunization Program Manager Andrea Romero*



*Adult Vaccine Coordinator Bianca Gonzales*



# Got Shots 2025!

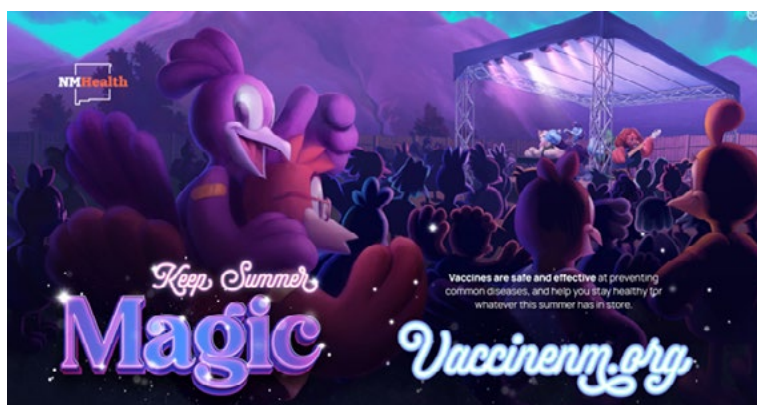


This year NM Department of Health, Comagine Health and the New Mexico Immunization Coalition have lengthened the Got Shots campaign. Got Shots runs for 11 weeks this summer, giving families even more opportunities to get their children caught up on needed vaccines. Got Shots is underway June 14 through August 30.

Sixty-nine providers from across the state will be holding special clinics for any child needing vaccines, regardless of insurance, and (for the most part) without an appointment. Providers open their doors as a service to communities to make sure our children are protected from vaccine preventable diseases. This in turn helps build community immunity and protects others in the community who cannot be vaccinated.

Find the providers in your county by going to the Got Shots website and click on your county to see a listing of locations, dates and times.

Visit the NMIC website for [details](#).



*Keep Summer Magic  
image depicts Taos*

## Resources

NMDOH Measles .....[webpage](#) and [FAQ](#)  
DOH Call Center: .....833-796-8773  
VaxView, vaccine record ... [vaxview.doh.nm.gov](#)  
NMSIIS Helpdesk .....833-882-6454  
CDC Measles.....[Cases and Outbreaks](#)

## Measles guidance and resources

Updates occur frequently on the Measles landing page to provide New Mexicans with guidance, frequently asked questions, and resources. It is important to check the guidance often for counties that fall under an outbreak area. The measles case count is reported by age group, vaccination status, and county. A recent addition that has been added to the page is the measles, mumps, rubella (MMR) vaccine dashboard, which provides vaccine doses administered statewide and vaccine coverage by county in English and Spanish.

The webpage also has a listing of public health offices that provide daily walk-in immunizations

for MMR vaccines and community members can also find vaccination clinics occurring statewide. This is listed under Response on the page for vaccine access awareness.

The Department of Health Helpline (833-796-8773) assists with a variety

of topics, from guidance on measles, testing/ vaccination locations, vaccine records, and reporting of cases.

The centralized web location also assists medical professionals, educators, and childcare providers.

Stay up to date with the latest by visiting our webpage or calling our helpline.

A great big thank you to our wonderful New Mexico community for responding in vaccine catch up to protect each other from measles spread.

# ACIP Meeting Summary

*June 25-26, 2025*

Anna Pentler, MPH, MBA  
NM Immunization Coalition

The Advisory Committee on Immunization Practices (ACIP) just concluded their June meeting this week in Atlanta. There are now seven new members, after the HHS Secretary retired all 17 previous members, who were all experts in vaccines, citing conflicts of interest and lack of trust in the committee's recommendations although the Secretary did not provide any direct evidence.

The agenda for the meeting was abbreviated and included discussions about COVID-19 vaccines, RSV vaccines (maternal and pediatric), Influenza vaccines, Chikungunya vaccines (briefly), Anthrax vaccine (briefly), MMRV and thimerosal in vaccines.

ACIP held several votes on June 26, which included:

- Recommending the use of Clesrovimab (a monoclonal antibody against RSV) in infants 0-8 months who are not protected by maternal vaccination: 5 yes, 2 no
- Approving the inclusion of Clesrovimab in the VFC vaccines: 7 yes, 0 no
- Recommending the use

of influenza vaccine for all ages >6 months with no contraindications: 6 yes, 1 abstain

- Recommending thimerosal-free Influenza vaccine only for ages 6 month-18 years: 5 yes, 1 no, 1 abstain
- Recommending thimerosal-free Influenza vaccine only for pregnant women: 5 yes, 1 no, 1 abstain
- Recommending thimerosal-free Influenza vaccine only for all adults: 5 yes, 1 no, 1 abstain

The meeting included excellent presentations from CDC experts for the subject matter areas of RSV, COVID-19, and Influenza. Many questions and issues were raised by the new members. There was a presentation on thimerosal by Lyn Redwood, who is a former president of the Children's Health Defense, a nonprofit activist group mainly known for anti-vaccine advocacy and a source for vaccine misinformation. She claimed thimerosal was originally grandfathered into vaccine use without adequate pre-marketing safety studies and has since been shown in various studies to be cytotoxic at concentrations lower than those used in vaccines. However, multiple participants emphasized that the committee must base its decisions on peer-reviewed science and that no studies have demonstrated harm from thimerosal in vaccines.

The committee chair, Martin Kulldorff, who was fired in 2024 from Harvard Medical School due to a dispute over the university's COVID-19 vaccine mandate policy, gave the presentation on MMRV. A proposed recommendations regarding MMRV claimed that as there exists a safer equally effective alternative, the MMRV vaccine should not be administered to children under the age of 47 months. This differs from the 2009 ACIP vote to recommend both MMRV and MMR+V with equal preference. No vote was taken regarding the preference for MMRV and/or MMR+V and no discussion occurred due to time constraints.

In addition, at the beginning of the meeting, the chair announced two new working groups:

- One will investigate the number of vaccines children and adolescents receive
- The other will Investigate specific vaccine recommendations that have not been reviewed for more than seven years, such as the Hep B birth dose and MMRV recommendations.



# Updated CDC immunization schedules

In May, the HHS Secretary announced that COVID-19 vaccine would no longer be recommended for healthy children or during pregnancy. The Centers for Disease Control and Prevention has updated their 2025 Immunization schedules to reflect these changes. The childhood schedule now states that the vaccine can be given through shared clinical decision making:

“Ages 6 month–17 years who are NOT moderately or severely immunocompromised.

**Table 2 Recommended Adult Immunization Schedule by Medical Condition or Other Indication, United States, 2025**

Always use this table in conjunction with Table 1 and the Notes that follow. Medical conditions or indications are often not mutually exclusive. If multiple medical conditions or indications are present, refer to guidance in all relevant columns.

Vaccine	Pregnancy	Immunocompromised (including HIV infection)	HIV infection CD4 percentage and count	Men who have sex with men	Asplenia, complement deficiency	Heart or lung disease	Kidney failure, End-stage renal disease or on dialysis	Chronic liver disease, alcoholism*	Diabetes	Health care personnel†
COVID-19	See Notes	See Notes	<15% or <200/mm <sup>3</sup>	>15% and ≥200/mm <sup>3</sup>	1 dose annually if age 19–49 years	1 dose annually	1 dose annually if age 19–49 years	See Notes	See Notes	See Notes
Influenza (Inactivated Influenza recombinant)	See Notes	See Notes	See Notes	See Notes	1 dose annually	1 dose annually	1 dose annually if age 19–49 years	See Notes	See Notes	See Notes
LAIV3	See Notes	See Notes	See Notes	See Notes	1 dose annually if age 19–49 years	1 dose annually	1 dose annually if age 19–49 years	See Notes	See Notes	See Notes
RSV	Seasonal administration (See Notes)	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes
Tdap or Td	Tdap 1 dose each pregnancy	See Notes	See Notes	See Notes	1 dose Tdap, then Td or Tdap booster every 10 years	1 dose Tdap, then Td or Tdap booster every 10 years	1 dose Tdap, then Td or Tdap booster every 10 years	1 dose Tdap, then Td or Tdap booster every 10 years	1 dose Tdap, then Td or Tdap booster every 10 years	1 dose Tdap, then Td or Tdap booster every 10 years
MMR	+	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes
VAR	+	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes
RZV	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes
HPV	+	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes
Pneumococcal	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes
HepA	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes
HepB	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes
MenACWY	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes
MenB	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes
Hib	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes
Mpox	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes
IPV	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes

Legend:   
 Yellow: Recommended for all adults who lack documentation of vaccination, OR lack evidence of immunity.   
 Purple: Not recommended for all adults, but recommended for some adults based on certain age OR increased risk for or severe outcomes from disease.   
 Blue: Recommended vaccination based on shared clinical decision-making.   
 Orange: Recommended for all adults, and additional doses may be necessary based on medical condition or other indications. See Notes.   
 Red: Precaution: Might be indicated if benefit of protection outweighs risk of adverse reaction.   
 Dark Red: Contraindicated or not recommended. \*Vaccinate after pregnancy, if indicated.   
 Grey: No Guidance/Not Applicable.

Shared clinical decision-making vaccinations are individually based and informed by a decision

process between the health care provider and the patient or parent/guardian. Where the parent presents with a desire for their child to be vaccinated, children 6 months and older may receive COVID-19 vaccination, informed by the clinical judgment of a healthcare provider and personal preference and circumstances.” [link to CDC’s shared clinical decision-making](#)

For pregnant people, the schedule no longer routinely recommends COVID-19 vaccine. The webpage indicates that CDC is in the process of updating the website to reflect the new guidance.

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Vaccine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs
Respiratory syncytial virus (RSV) (Biosimilars)	1st dose depending on maternal RSV vaccination status (See Notes)	2nd dose	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes
Hepatitis B (HepB)	1st dose	2nd dose	3rd dose	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes
Rotavirus (RV) (2-dose series), RV3 (3-dose series)	1st dose	2nd dose	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes
Diphtheria, tetanus, acellular pertussis (DTaP >7 yrs)	1st dose	2nd dose	3rd dose	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes
Haemophilus influenzae type b (Hib)	1st dose	2nd dose	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes
Pneumococcal conjugate (PCV15, PCV20)	1st dose	2nd dose	3rd dose	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes
Inactivated poliovirus (IPV)	1st dose	2nd dose	3rd dose	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes
COVID-19 (1vCOV mRNA, 1vCOV aP2)	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes
Influenza (IV3, cIV3)	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes
Influenza (LAIV3)	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes
Measles, mumps, rubella (MMR)	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes
Varicella (VAR)	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes
Hepatitis A (HepA)	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes
Tetanus, diphtheria, acellular pertussis (Tdap >7 yrs)	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes
Human papillomavirus (HPV)	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes
Meningococcal (MenACWY-CRM ≥2 mos, MenACWY-TT ≥2 years)	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes
Meningococcal B (MenB-4C, MenB-Fnbp)	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes
Respiratory syncytial virus vaccine (RSV) (Abyrev)	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes
Dengue (DENACYD: 9–16 yrs)	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes
Mpox	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes

Legend:   
 Yellow: Range of recommended ages for all children.   
 Green: Range of recommended ages for catch-up vaccination.   
 Purple: Range of recommended ages for certain high-risk groups or populations.   
 Orange: Recommended vaccination can begin in this age group.   
 Blue: Vaccination is based on shared clinical decision-making.   
 Grey: No Guidance/Not Applicable.

**Contact us**

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