

NMDOH News Brief

IMMUNIZATION



NM Department of Health Immunization Program

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COVID vaccine primary dose interval update

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NM Immunization Coalition

(adapted from NMDOH Office Hours update on February 24, 2022)

Based on new data, in February CDC updated their clinical guidance for the interval between the first and second doses of the two mRNA vaccines. Until now, the recommendation has been 3 weeks between first and second dose of Pfizer vaccine, and 4 weeks between first and second dose of Moderna vaccine. The FDA licensed the vaccines with these intervals and the vaccines work well with these intervals. Now, however, CDC is looking at a minimum of 3 and 4 weeks for the respective vaccines, and an

COVID vaccine interval
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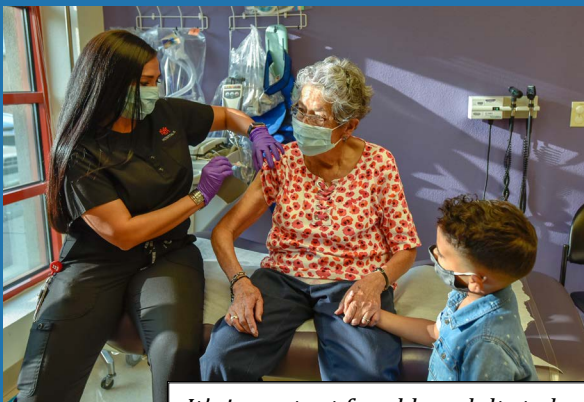
New recommendations for Pneumococcal vaccine

Kathryn (Katie) Cruz, *NMSIIS Manager*
 Livia Hensley and Gwen Holtman, *UNM Medical Students*

In October 2021, the Advisory Committee on Immunization Practices (ACIP) released new recommendations and guidelines on the use of pneumococcal vaccines in adult patients. The updated recommendations include two new pneumococcal conjugate vaccines, Prevnar20 (PCV20) and Vaxneuvance (PCV15). Pneumococcal vaccination guidelines for children have not yet been updated, though trials using the two newly approved vaccines are underway.

In the previous protocol, providers worked alongside patients in a complicated shared decision-making model. Fortunately, new guidelines for adult vaccination are more straightforward and include two possible vaccine administration schedules. Indications for vaccination are similar to previous recommendations and include adults over the age of 65

New pneumococcal recommendations
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It's important for older adults to be vaccinated against pneumococcal disease.

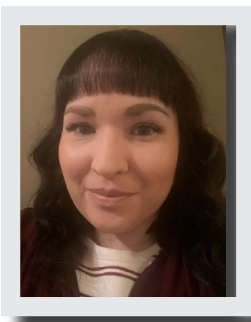
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Immunization Program *Staffing announcements*

Andrea Romero / *Immunization Program Manager*



We are thrilled to announce that Andrea has been selected to lead the Immunization Program. Her promotion became official on January 10. Andrea has a long history with the Program, having served as Finance Manager for eight years, and as Interim Program Manager on several occasions. During the pandemic,

her role expanded to serve as the Chief Financial Officer under the COVID-19 Vaccine Incident Command Structure to ensure that staffing and supply efforts are provided for COVID-19 vaccine efforts statewide.

Andrea has worked for State Government for 20 years and is looking forward to continuing her career with the Department of Health. She is especially looking forward to the next chapter in the Immunization Program—she is proud to work with such a hard-working team.

Shingles Workgroup



The Immunization Program is reviving the Shingles workgroup that originally was put together before the COVID-19 Pandemic. The group will meet in April to begin planning for efforts in Autumn. The Shingles workgroup will be led by Vaccine and Outreach Manager, Joelle Jacobs, and Public Health Associate, Catherine Campbell.

The Program is happy to bring back this effort on adult vaccines. Shingles, also known as zoster, is a viral disease that is characterized by a painful skin rash caused by the varicella-zoster virus. As routine check-ups and vaccine catch ups occur, it is the perfect opportunity to provide important messaging about this vaccine-preventable disease. For more information email Joelle.Jacobs@state.nm.us or Catherine.Campbell@state.nm.us.

We are Better Together New Mexico

Audrey Herrera-Castillo
Momentum Santa Fe

The Infectious Disease Bureau is working on a new, innovative project named Better Together. Under the leadership of Bureau Chief Dan Burke, Momentum Santa Fe LLC has been chosen to develop a community outreach program that has a resource center and grant program. Other

members of the team include Andrea Romero, Immunization Program Manager, Edward Wake, CDC Public Health Advisor for the Immunization Program and Rebecca Baldonado, special projects coordinator.

The audience for the resource center is community-based organizations, helping them easily find COVID-19 vaccine information in one place. Emphasis is placed on reaching defined demographics and specific counties with low COVID-19 vaccination rates in New Mexico for vaccine access.

The other component is the grant program. Community based organizations throughout New Mexico are invited to submit their unique and innovative ideas on how to reach New Mexico residents with COVID-19 vaccine efforts and with accurate COVID-19 vaccine information. The grant is currently accepting applications, please visit www.bettertogethernm.com to learn more or email Audrey Herrera-Castillo at audrey@momentumsantafe.com.

Stay tuned—more information to come as the project is ongoing.

New pneumococcal recommendations

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and adults ages 19-64 with underlying medical conditions or concerning risk factors. Adults within these groups who have not previously received a pneumococcal vaccine, or whose vaccination history is unknown, should receive a dose of PCV20 or a dose of PCV15 followed by a PPSV23 dose 12

These new simplified recommendations will ease the burden of pneumococcal vaccination on New Mexico providers, increase vaccination rates across the state, and hopefully reduce rates of IPD in our communities. For more information on pneumococcal indications and updated recommendations, please [click here](#).

Pneumococcal Vaccine Timing for Adults
Make sure your patients are up to date with pneumococcal vaccination.

CDC recommends pneumococcal vaccination for

- Adults 65 years old and older
- Adults 19 through 64 years old with certain underlying medical conditions or other risk factors:
 - Alcoholism
 - Cerebrospinal fluid leak
 - Chronic heart/liver/lung disease
 - Chronic renal failure*
 - Cigarette smoking
 - Cochlear implant†
 - Congenital or acquired asplenia*
 - Congenital or acquired immunodeficiencies*
 - Diabetes
 - Generalized malignancy*
 - HIV infection*
 - Hodgkin disease*
 - Iatrogenic immunosuppression*
 - Leukemia*
 - Lymphoma*
 - Multiple myeloma*
 - Nephrotic syndrome*
 - Sickle cell disease or other hemoglobinopathies*
 - Solid organ transplants*

* Considered an immunocompromising condition

Pneumococcal vaccines
PCV13: 13-valent pneumococcal conjugate vaccine (Pneumvax13®)
PCV15: 15-valent pneumococcal conjugate vaccine (Vaxneuvance®)
PCV20: 20-valent pneumococcal conjugate vaccine (Pneumvax20®)
PPSV23: 23-valent pneumococcal polysaccharide vaccine (Pneumovax®)

For those who have never received a pneumococcal vaccine or those with unknown vaccination history
 Administer one dose of PCV15 or PCV20.
 If **PCV20** is used, their pneumococcal vaccinations are complete. **PCV20**
 If **PCV15** is used, follow with one dose of PPSV23.
 • The recommended interval is at least 1 year.
 • The minimum interval is 8 weeks and can be considered in adults with an immunocompromising condition*, cochlear implant, or cerebrospinal fluid leak.
 • Their pneumococcal vaccinations are complete.
PCV15 → At least 1 year apart (8 weeks can be considered) → **PPSV23**

For those who previously received PPSV23 but who have not received any pneumococcal conjugate vaccine (e.g., PCV13, PCV15, PCV20)
 You may administer one dose of PCV15 or PCV20.
 Regardless of which vaccine is used (PCV15 or PCV20):
 • The minimum interval is at least 1 year.
 • Their pneumococcal vaccinations are complete.
PPSV23 → At least 1 year apart → **PCV15 or PCV20**

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www.cdc.gov/pneumococcal/vaccination.html

For NMSIIS users: This recommendation helps simplify pneumococcal vaccination recommends across age and risk group. It is estimated that these recommendations will be reflected in the New Mexico Statewide Immunization Information System (NMSIIS), during the week of March 14th. The upcoming recommender version that will be in NMSIIS will remove previous, less accurate versions of recommenders and will integrate PCV15/20 with existing PCV13 series. Recommendations will also appropriately skip PPSV23 doses when they are not indicated due to PCV15 or PCV20 administrations. A

note will be placed on the NMSIIS News Feed to notify NMSIIS users and providers when these recommenders are enabled in the system.
 months later. Those who have previously received a conjugate vaccine (PCV13 or PCV15) should receive a dose of PPSV23 12 months after their last PCV dose. The dose of PPSV23 should be given after only after 8 weeks if the individual has an immunocompromising condition, cochlear implant, or cerebrospinal fluid leak. Those who have previously received the polysaccharide vaccine (PPSV23) should receive a dose of PCV20 or PCV15 at least one year after their most recent PPSV23 dose. The ACIP does not currently recommend any additional vaccines for patients who have received both a pneumococcal conjugate vaccine (PCV) as well as a pneumococcal polysaccharide vaccine (PPSV23).

A note will be placed on the NMSIIS News Feed to notify NMSIIS users and providers when these recommenders are enabled in the system.

[Click here](#) to access the full CDC's new pneumococcal vaccine timing for adults. Page 1 is pictured in the graphic above.

School Requirements 2022-23

The New Mexico School and Daycare immunization requirements for the upcoming 2022-2023 school year are approved and the information can be accessed on the NMDOH website.

Go to nmhealth.org for downloadable details in English and Spanish.



COVID vaccine interval
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optimal interval of 8 weeks. Of course, any recommendations for lengthening the interval between first and second doses depends on the level of spread in the community and the risk of contracting COVID-19 for a particular location.

The data reviewed indicated that people 12-64 who are not moderately or severely immunocompromised—and particularly males 12-39—may benefit from getting their second mRNA COVID-19 vaccine dose 8 weeks after their first dose, instead of after the 3-week (Pfizer-BioNTech) or 4-week (Moderna) interval. The potential benefits of this extended interval are two-fold:

- **Stronger immune response.**

Data show that a longer interval between the first and second doses may give the body a chance to build a stronger immune response, increasing the effectiveness of these vaccines.

- **Reducing the rare risk of adverse events.**

New studies have shown the small risk of myocarditis and pericarditis associated with mRNA COVID-19 vaccination—mostly among males between the ages of 12-39—might be reduced with a longer interval.

People who meet these criteria and have already received

their primary mRNA series at the 3-week (Pfizer-BioNTech) or 4-week (Moderna) interval remain well-protected—especially if they have received a booster dose—and do not need to repeat any doses.

The recommendation for people with immunocompromising conditions remains unchanged, as follows: People with immunocompromising conditions or people who take immunosuppressive medications or therapies are at increased risk for severe COVID-19. Because the immune response following COVID-19 vaccination may differ in moderately or severely immunocompromised people, specific guidance for this population is provided. Use of mRNA vaccines is preferred.

COVID-19 vaccination schedule for the primary series in the general population

Vaccine	0 month	1 month	2 month	3 month	4 month	5 month	6 month	7 month
Pfizer-BioNTech (ages 5-11 years)	1 st dose	2 nd dose (3 weeks after 1 st dose)						
Pfizer-BioNTech (ages 12 years and older)	1 st dose	2 nd dose† (3-8 weeks after 1 st dose)					Booster dose‡ (at least 5 months after 2 nd dose)	
Moderna (ages 18 years and older)	1 st dose	2 nd dose† (4-8 weeks after 1 st dose)					Booster dose‡ (at least 5 months after 2 nd dose)	
Janssen (ages 18 years and older)	1 st dose			Booster dose‡ (at least 2 months after 1 st dose)				

COVID-19 vaccination schedule for people who are moderately or severely immunocompromised

Primary vaccination	Age group	primary vaccine doses	Number of booster doses	Interval between 1st and 2nd dose	Interval between 2nd and 3rd dose	Interval between 3rd and 4th dose
Pfizer-BioNTech	5-11 years	3	NA	3 weeks	≥4 weeks	NA
Pfizer-BioNTech	≥12 years	3	1	3 weeks	≥4 weeks	≥3 months
Moderna	≥18 years	3	1	4 weeks	≥4 weeks	≥3 months
Janssen	≥18 years	1 Janssen, followed by 1 mRNA	1	4 weeks	≥2 months	NA

Contact us

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Call or email us for more information about our newsletter or if you have an item to submit for publication.

