Issue 1 October 2026

News for Wisconsin Adult Vaccinators

An adult-focused newsletter from the Wisconsin Department of Health Services-Immunization Program



In this issue:

- Adult influenza and RSV vaccine seasonal update
- Pneumococcal vaccine spotlight
- Back to school vaccine importance
- Measles in Wisconsin awareness
- HPV vaccines' 20th anniversary celebration

Welcome!

Hello and welcome to the first volume of the newly created adult vaccine-focused newsletter, compiled and presented by the Vaccines for Adults (VFA) staff of the Immunization Program at the Wisconsin Department of Health Services. This newsletter was designed with the goal of reaching as many adult vaccinators as possible across the state with helpful vaccine information, program initiatives, federally directed actions, and more.

This newsletter will be delivered via GovD communications, every few months throughout the year. The final page includes contact information, upcoming program events, and links to our webpages. We hope you enjoy the content in these newsletters and look forward to connecting with you throughout the year!

WISCONSIN DEPARTMENT of HEALTH SERVICES

Adult influenza seasonal vaccine update

As the fall season approaches, we recognize the importance of influenza vaccinations. For the current influenza season, all seasonal influenza vaccines available in the United States are trivalent and formulated to protect against three new virus strains: A(H1N1) virus, A(H3N2) virus, and a B/Victoria lineage virus. General adult influenza options include the following:

Influenza vaccine option(s)	Description	Age/eligibility
Standard-dose inactivated flu shot	Grown in eggs or cell culture; approved for general use in adults.	Age 6 months and older
Recombinant flu vaccine (Flublok)	Made without viruses or eggs.	Age 9 and older
Nasal spray vaccine (FluMist)	Made with weakened live viruses; available for self-administration.	Non-pregnant adults ages 2–49
High-dose inactivated vaccine (Fluzone High-Dose)	Higher-dose inactivated influenza vaccine designed for older adults.	Age 65 and older
mRNA flu vaccine (mFLUSIVA)	Made without live or inactivated influenza viruses utilizing mRNA to create antibodies	Ages 50 and older
Adjuvanted inactivated vaccine (Fluad)	Inactivated influenza vaccine with an adjuvant to enhance the immune response.	Age 65 and older

Adult influenza seasonal vaccine update

Adult vaccinators should review patient vaccine records at all visits and encourage patients to receive influenza vaccines during September or October. The adult influenza vaccine typically reduces the risk of needing a doctor's visit for the flu by 40% to 60% when circulating viruses are well-matched to the vaccine.

In reviewing the 2025–2026 season, national data shows the vaccine reduced adult hospital visits by 22% to 34% and hospitalizations by 30%.

Key benefits of vaccination include the following:

- **Severe illness reduction**: Reduces severity, lowering intensive care unit and hospital stays if you are infected with influenza.
- **Older adults**: Enhanced options like high-dose, recombinant, or adjuvant shots provide stronger immune responses for adults over 65.
- **Seasonal variation**: Effectiveness changes yearly based on how closely vaccine strains match circulating influenza viruses.
- **New technology:** Newer options, such as the mRNA-based shot mFlusiva approved for adults 50 years of age and older, show improved efficacy over standard doses in several clinical trials.

More information including the most up-to-date influenza recommendations and influenza letter can be found at the Wisconsin Department of Health Services information page.

Receiving yearly influenza vaccinations is a leading effort to prevent illness. Please encourage patients to receive their yearly influenza vaccine when able. Thank you for your efforts in continuing to protect your community's health.

WISCONSIN DEPARTMENT of HEALTH SERVICES

RSV vaccine update

Respiratory syncytial virus (RSV) is a common respiratory virus that can cause cold-like symptoms or more severe illness like pneumonia. RSV usually spreads seasonally in the fall and winter, along with influenza and COVID-19. This virus can be particularly dangerous for infants, older adults, and those with compromised immune systems.

For the 2026–2027 RSV season, health care providers recommend timely administration of vaccines and monoclonal antibodies, ideally starting between August and October, to protect high-risk groups including older adults, pregnant individuals, and infants.

Fortunately, we have tools to combat RSV, including maternal vaccines, vaccines for older adults, and monoclonal antibodies for infants.

RSV vaccine recommendation

For older adults

A single dose of RSV vaccine is recommended for all adults aged 75 years of age and older and for adults aged 50–74 years of age who are at increased risk for severe RSV disease. **If a patient received a dose of RSV vaccine during the previous respiratory virus season an additional dose is not indicated.**

Adults aged 50–74 years who are at increased risk include persons with certain chronic medical conditions, persons with moderate or severe immune compromise, and persons living in nursing homes.

Adults aged 50 years of age and older may receive any RSV vaccine licensed for adults aged 50 years of age and older (Arexvy [GSK], Abrysvo [Pfizer], or mResvia [Moderna]).

RSV vaccine update



During pregnancy:

A single dose of Abrysvo should be administered to pregnant women during September 1–March 1 during weeks 32–36 of pregnancy (32 weeks 0 days through 36 weeks 6 days) to target vaccine to those whose infants will be in their first months of life, when protection from maternal vaccination would be at its highest, during the RSV season.

No additional doses of Abrysvo should be administered during subsequent pregnancies. Subsequent infants are recommended to receive monoclonal antibody for protection against RSV. **Arexvy and mResvia are not approved for use during pregnancy.**

The RSV vaccine is not currently an annual vaccine. People who have received one dose (including last year) have completed their vaccination and should not receive another dose at this time.

See also guidance for use of nirsevimab and clesrovimab monoclonal antibody products for the prevention of RSV among infants and young children.

Providers may simultaneously administer COVID-19, influenza, and RSV vaccines to eligible patients in order to avoid missed opportunities. Respiratory vaccine season is also a great time to check vaccine records or the Wisconsin Immunization Registry to see what other immunizations an individual may be eligible to receive.

Vaccine spotlight: Pneumococcal

Pneumococcal disease is a serious bacterial infection caused by *Streptococcus pneumoniae*. While often associated with childhood illnesses, it poses a severe threat to adults—particularly older adults and those with underlying medical conditions. Getting vaccinated is one of the most effective ways for adults to protect themselves against potentially life-threatening complications.

The pneumococcal vaccine trains the immune system to recognize and fight off pneumococcal bacteria before they cause severe harm.

Infection can lead to several serious conditions:

- **Pneumonia:** Infection of the lungs causing chest pain, fever, cough, and difficulty breathing.
- **Bacteremia:** A dangerous bloodstream infection that can lead to septic shock.
- **Meningitis:** Inflammation of the tissue covering the brain and spinal cord, which can result in brain damage or death.
- **Sinusitis and otitis media:** Less severe, but painful infections of the sinuses and middle ear.

As adults age, the immune system naturally weakens, making it harder to fight off bacterial infections. Additionally, common chronic conditions such as asthma, chronic obstructive pulmonary disorder (COPD), diabetes, heart disease, and kidney failure substantially increase the risk of severe pneumococcal disease and hospitalizations.

Pneumococcal pneumonia alone leads to tens of thousands of adult hospitalizations each year. Vaccination significantly lowers the risk of severe illness, ICU admission, and death.

Vaccine spotlight: Pneumococcal

The Centers for Disease Control and Prevention (CDC) recommend two pneumococcal vaccination types: conjugate vaccines (such as PCV15, PCV20, or PCV21) and polysaccharide vaccines (PPSV23). The main difference between PCV15, PCV20, and PCV21 is the number of pneumococcal serotypes they protect against and, therefore, which vaccine is selected for a particular adult.

The practical difference:

Type	Vaccines needed	Serotypes covered
PVC15	PCV15 and PPSV23	Covers 15 serotypes. Because it doesn't cover as many serotypes as PCV20/21, adults who receive PCV15 generally receive PPSV23 afterward for additional coverage.
PVC20	One conjugate vaccine	Covers 20 serotypes and is often simpler because PPSV23 is not needed afterward for adults who receive the recommended PCV20 schedule.
PVC21	One conjugate vaccine	Covers 21 serotypes. Importantly, its serotype composition is different from simply being "PCV20 plus one more." It was developed with an emphasis on serotypes that cause a substantial proportion of adult pneumococcal disease.

One important point is that the number 15, 20, or 21 doesn't mean that one vaccine is automatically "better" for everyone. The appropriate choice depends on age, previous pneumococcal vaccines, and certain medical or risk conditions.

Vaccine spotlight: Pneumococcal

CDC guidelines generally recommend pneumococcal vaccination for adults with no prior pneumococcal vaccination history (or an unknown history). There are two different dose options:

Single-dose options

Either one dose of **PCV20** (Prevnar 20) or **PCV21** (Capvaxive).

Two-dose option

One dose of **PCV15** followed by one dose of **PPSV23** (Pneumovax 23) typically one year later (or a minimum of eight weeks later for those with certain immunocompromising conditions, cochlear implants, or cerebrospinal fluid leaks).

More in-depth information can also be found at the Wisconsin Department of Health Services Immunization page.



Young adult recommendations



As summer is winding down, many high school graduates are preparing for college. For most this is their first time on their own, exploring the world as a young adult. It's important to remind parents and students about which vaccines students should have to keep these young adults as healthy as possible on their next chapter in life. The following vaccines are recommended for all pre-teens, teens, as well as children and adults with specific high-risk medical conditions, jobs, or travel plans:

Meningococcal ACWY (MenACWY): Protects against bacterial meningitis. It is recommended for all individuals under 11 and may be required by some institutions for those living in congregate settings (like campus housing). This is a two-dose series recommended for ages 11–12 years of age for the first dose and 16 years of age for the second.

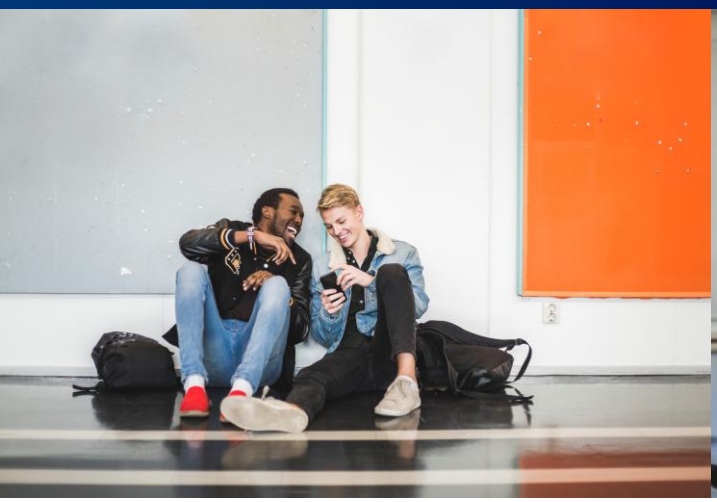
Meningococcal Serogroup B (MenB): MenB has been known to break out on college campuses as it spreads in crowded, congested areas such as college dormitories and classrooms. Two doses given six months apart between ages 16–23 are recommended.

Human Papillomavirus (HPV): This cancer-preventing vaccine is recommended for students under the age of 26 in a two to three dose series depending on when the first dose is given.

Yearly Flu and COVID-19: These common illnesses can cause disruption in learning for many college students. Yearly boosters help reduce the chance of disease.

More in-depth information can also be found at the Wisconsin Department of Health Services Immunization page.

Back to school vaccine importance





Other vaccines to consider

All other routinely recommended childhood vaccines: This is a good time to get up to date on any missed doses or vaccine series missed during childhood.

Vaccinations for studies abroad: Students traveling overseas may need protection against diseases not common in the U.S. These may include Cholera, MMR (be sure to have two doses), Yellow Fever, Typhoid or Hepatitis A.

Keeping up with recommended vaccinations is a key way to prevent illness. Please review patient vaccination statuses and encourage patients to receive these vaccines when able.

Measles in Wisconsin awareness

As Wisconsin continues to see a rise in confirmed cases of Measles, it is important to remember the best way to prevent the disease is by receiving the MMR vaccine. One doses of MMR vaccine is 93% effective at preventing disease and two doses is 97% effective. Single antigen measles vaccine has not been available since 2008 and is not expected to be available for many years.

If exposed to measles, you can prevent infection if vaccinated within 72 hours of exposure and even after three days the vaccine won't prevent infection from past exposure but will protect from future exposures.

Who should receive a Measles booster:

- Those born after 1957 (those born before 1957 are considered immune due to the probability of having had the disease)
- Those with no record of ever having received a dose
- Those vaccinated between 1963–1967, some vaccines were "inactive" and did not give lifelong immunity. Revaccination should be considered.
- Those working in health care should receive two doses of MMR.



It is critical to remain alert during these elevated infection periods, and we thank you for your continued efforts to protect individuals across our state and beyond from becoming sick with this preventable disease.

WISCONSIN DEPARTMENT *of* HEALTH SERVICES

HPV vaccines' 20th anniversary celebration

In June 2006, the U.S. Food and Drug Administration (FDA) approved the HPV vaccine to protect against cancers. In the beginning, the vaccine protected against four strains of HPV-causing cancers. In 2014, the vaccine expanded to protect against nine strains of the virus which account for around 90% of HPV-causing cancers.

We now have more than a decade of HPV9 data available after HPV vaccination programs were rolled out throughout the world. Data released from multiple countries shows a dramatic fall in cervical cancer rates. This confirms that **HPV vaccination is a critical tool in protecting against preventable cancers**. Data reiterate that HPV vaccines are highly effective and extremely safe.

In Gavi's November 2025 article titled "The HPV Vaccine is Erasing Cancer – Here's the Proof", they provide an overview of the landmark studies demonstrating real-world efficacy of HPV vaccines:

Denmark: A study of 8,659 women vaccinated with the quadrivalent HPV vaccine (Gardasil) at age 14, and followed through the national cervical screening program, found that infections with high-risk HPV types were almost eliminated more than a decade later.

Scotland: A population-based study of all women born in Scotland between January 1988 and June 1996, linking immunization, cervical screening and cancer registry data, found no cases of invasive cervical cancer among those vaccinated with the bivalent HPV vaccine (Cervarix) at ages 12–13 after 8–12 years of follow-up.

It is also often forgotten that this virus impacts men as well. Three new studies are also adding to a growing body of research showing that men and boys vaccinated against HPV are much less likely than others to be infected with the ubiquitous virus, which can cause cancers of the head and neck, anus, and penis, as well as genital warts. The CIDRAP article goes into further detail.

Contact us

Program contact information

Immunization Program
DHSImmProgram@wi.gov | 608-267-9959

VFA Program
DHSVFA@wi.gov

WIR Helpdesk
dhswirhelp@wi.gov | 608-266-9691

VFA site monitors

Jill Gasperic
VFC Site Monitor – Southeastern Region
Jill.Gasperic@wi.gov | 414-469-0826

Fallon Mercier
VFC Site Monitor – Northeastern Region
Fallon.Mercier@wi.gov | 920-448-4802

Brianna Murnan
VFC Site Monitor – Southern Region
Brianna.Murnan@wi.gov | 608-695-4070

Central staff

Jackie Nelson
Vaccine Unit Supervisor
Jackie.Nelson@wi.gov | 608-266-1506

Tanner Van Drisse
VFA Coordinator
Tanner.VanDrisse@wi.gov | 608-266-2270

Teema Carpenter
Immunization Coordinator
Teema.Carpenter@wi.gov | 608-266-3125

Stephanie Borchardt
Staff Epidemiologist
Stephanie.Borchardt@wi.gov | 608-261-0230

Imm Program regional advisors

Eau Claire Regional Office
Shayna Nickell
Western Regional Advisor
Shayna.Nickell@wi.gov | 715-836-4028

Green Bay Regional Office
Susan Nelson
Northeastern Regional Advisor
SusanL.Nelson@wi.gov | 920-448-5231

Milwaukee Regional Office
Monica Thakur
Southeastern Regional Advisor
Monica.Thakur@wi.gov | 414-322-0314

Rhinelander Regional Office
Christie Larmie
Northern Regional Advisor
Christie.Larmie@wi.gov | 715-365-2709

Southern Regional Office
Thanee Xiong
Southern Regional Advisor
Thanee.Xiong@wi.gov | 608-267-9391

IQIP advisors

Lanya Hibbler
IQIP Advisor
Lanya.Hibbler@wi.gov | 608-334-3042

Brianna Murnan
IQIP Advisor
Brianna.Murnan@wi.gov | 608-695-4070