August and September 2026| Issue #12

# ImmuNews

Wisconsin Vaccines for Children (VFC) Program Newsletter


## RSV season

For VFC eligible pregnant people, Abrysvo (RSV vaccine indicated for pregnancy) will be available through the VFC program for administration between September 1, 2026, and January 31, 2027. Ordering opened on July 17, 2026.

As a reminder, RSV monoclonal antibody for pediatrics is recommended from October 1, 2026–March 31, 2027. Product is available as of August 17.

Watch for more information and recommendations.

## In this issue:





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# National Immunization Awareness Month

## August is National Immunization Awareness Month (NIAM)

National Immunization Awareness Month is an annual observance held in August to recognize the importance of vaccination for people of all ages. We hope that together we can raise awareness of the importance of vaccination to prevent disease and encourage people to talk to their providers about getting up-to-date with their immunizations.


## Resources for health care professionals from CDC:

All staff in health care practices, including non-clinical staff, play important roles during NIAM:

- Engage in learning opportunities with CDC's Immunization Education and Training courses.
- Make your practice a supportive space that welcomes vaccine questions and concerns from patients and parents.
- Use proven strategies to encourage parents and patients to stay up to date on vaccinations.
- Use tools like PneumoRecs VaxAdvisor Mobile App to help you make vaccine recommendations.

## Resources for health care professionals from DHS:

- Find information on the Immunization Program website.
- View immunization schedules.
- Take a look at your local immunization data.
- Browse through resources for providers including information on VFC, Vaccines for Adults (VFA), Immunization Quality Improvement for Providers (IQIP), and the Wisconsin Immunization Registry (WIR).
- Learn about vaccine preventable diseases and resources for both families and providers.
- Learn about WIR and reports that can be run to send out reminders and recalls for those that are behind schedule.

# VFC Program Updates

## Data logger reminder

The digital data loggers that the Wisconsin Immunization Program provided to VFC providers two years ago now are expiring. Recalibrating or replacing the expired data loggers is the responsibility of the provider. DHS is no longer able to offer these for providers.

## Annual training

Annual VFC training is just around the corner. All primary and backup VFC coordinators are required by the CDC (Centers for Disease Control and Prevention) to complete annual training.

Please watch your email for details around the requirements and resources for this year's training. Training is planned for September 2026.

## Email address changes

If your clinic or health care system is going through a name change that impacts your email address, we ask that you let us know by completing a change of information form.

You will still need to make any changes to your email address in WIR under manage sites separately.

## VFC Open Forums

Please save the following dates for future VFC Open Forums:

**September 2, 2026**, 11:30 a.m.–12:15 p.m.

**October 7, 2026**, 11:30 a.m.–12:15 p.m.

In case you missed them, previous open forums are recorded and can be found on our Vimeo site.

## Vaccine delivery reminder

No orders will be delivered on Friday, September 4, 2026, or on Labor Day, Monday, September 7, 2026. If your clinic will be closed on additional days around the holiday weekend, update your delivery hours in WIR.

# RSV in the News

## Effectiveness of Nirsevimab vs Abrysvo

Published December 2025

**Design:** French nationwide, population-based cohort study of 42,560 infants, using data from French National Health Data System. Infants were matched based on sex, gestational age, region, and discharge date.

**Question:** How does maternal vaccination for RSV compare with passive infant immunization for the prevention of RSV-related hospitalization?

**Conclusion:** Passive infant immunization with Nirsevimab, compared with maternal vaccination, was associated with lower risks of RSV-related hospitalization and severe outcomes (admission to pediatric ICU, need for ventilator support or oxygen therapy).

**Considerations:** These findings reflect the first RSV season with use of these immunization strategies in mainland France; their use should be reevaluated in future studies.

**Further reading:** Infant Immunization vs Maternal Vaccination in Prevention of RSV-Related Hospitalization in Newborns

## Maternal RSV Vaccine Effectiveness

Published June 2026

**Design:** Retrospective, case-control study (with a test-negative design) of 274 hospitalized infants aged 90 days or younger. Used routinely collected EHR data from the University of Pittsburgh Medical Center in western Pennsylvania.

**Question:** What is the estimated effectiveness of maternal RSV vaccination in preventing RSV-associated hospitalization among infants in the US?

**Conclusion:** Vaccination against RSV during pregnancy reduced the risk of hospitalization in young infants by nearly 70%.

**Considerations:** Findings suggest maternal RSV vaccination provides clinical protection against RSV associated hospitalization in early infancy; however, continued data collection is critical to refine vaccine effectiveness estimates.

**Further reading:** Maternal Respiratory Syncytial Virus Prefusion F Vaccination and Acute Respiratory Illness in Infants

# Vaccine Delivery

## Flu Vaccine Delivery

Towards the end of August, you may start to receive shipments of prebooked 2026–27 influenza vaccine. Keep in mind that we typically do not receive our allocations in large quantities, which means that you may receive your prebooked requests in multiple shipments.

It is important that you accept these orders in WIR every time you receive a shipment. This helps us to assure that you received your order, keeps WIR up to date, and is a requirement of the VFC program.

## Vaccine Deliveries and Shipment Alerts

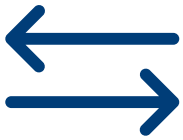
VFC sites are required to report all vaccine delivery tag alerts, shipment discrepancies, or delays to the VFC Program on the same day they occur to ensure proper vaccine management and accountability. Orders should never be rejected in WIR.

- During business hours contact Dawn Howard dawn.howard@dhs.wisconsin.gov or vfc@wi.gov. Please be sure to include your PIN number in all email communications.
  In the e-mail, please include picture of:
  - The temp monitor, if applicable.
  - The shipment packaging including the label on the box.
  - The packing slip.
  - The bar code sticker on the back of the packing slip, if applicable.
- If it is after normal business hours. Contact McKesson at 1-877-TEMP123 (1-877-836-7123) and leave a voicemail. If the order is a MERCK direct ship (Proquad or Varicella), please contact MERCK directly at 1-800-444-2080.
- Please store these vaccines appropriately and label **do not use.** Do not dispose of any of the packing materials until viability determination is provided.
- Accept the transfer in WIR, **do not reject orders**.

A VFC program staff member will contact you with next steps.

# WIR Interstate Data Exchange

**Interstate data exchange** is the exchange of individuals' immunization records between immunization information systems (IISs) enabling WIR to send and receive immunization data to other IISs. There are two functions of this feature.



**WIR Interstate Client Query Submission–**Allows a user to search for immunization records an individual might have in another state. If a record is found, the immunizations are updated on the client's record in WIR immediately.

> **Example**: A family moves from Illinois to Wisconsin. The parents bring their child in for a well visit. As a Wisconsin provider you have a need for the child's immunization record in order to assess their vaccination status. You can use the interstate query to pull information from the Illinois IIS. This updates the client's record in WIR, and now you have a more complete understanding of the child's immunization history.

**Vaccine administration–**This process is automated. It sends immunization records to and from WIR when an immunization provider documents the administration of a vaccine.

> **Example**: A Wisconsin resident is vacationing in the U.S. Virgin Islands and cuts their foot. A provider in the USVI has learned that the person is overdue for a Tetanus vaccine, then administers the vaccine and reports the vaccination to the USVI IIS, with the client's Wisconsin address. Within minutes of recording the vaccination, the USVI IIS sends the client's immunization information to WIR, where it is added to the client's WIR record.

| In partnership with other jurisdictions and the CDC, Wisconsin has established connections with the following: | | |
|---|---|---|
| Illinois | Arizona | U.S. Virgin Islands |
| Maryland | Puerto Rico | New Jersey |

*Note: These jurisdictions were determined based on a CDC priority list, which considers several factors, including whether jurisdictions are both technically and legally capable of participating in this data exchange. Interest from Wisconsin and partner jurisdictions in establishing connections with Wisconsin was also considered. Additional jurisdictions will be added in the future.*

# Common Questions About Combination Vaccines

**When using Pediarix, sometimes after giving the second dose at 4 months, WIR states the HepB component as "Not Valid." Why is that, if I am following the recommendations?**

Because the first dose of HepB is recommended at birth, babies often end up with a four-dose series instead of the standard three doses when combination vaccines are used. The additional dose of hepatitis B vaccine is allowable, but it is not a substitute for the final dose as the minimum age for the final dose is 24 weeks.
WIR sees the minimum age as not been met and will mark the third dose as "not valid". Once the fourth dose is given, the not valid will be removed and WIR will reflect a completed HepB schedule.

**When using Pentacel for the primary series to a child at ages 2, 4, 6, and 15–18 months, the child receives 4 doses of polio vaccine. Does the child still need a booster dose of polio before entering kindergarten?**

Yes, it is recommended that children receive at least one dose of polio at 4 through 6 years, even if they have previously received four doses. The interval between the next-to-last and last dose should be at least six months. This means that some children may receive a total of five doses.

**Can we switch back and forth from separate vaccines at one visit to combination vaccines at another visit? For example, if a child is given separate DTaP, IPV, Hib, and HepB vaccines during her 2-month visit, could we give her Pediarix at her 4-month visit?**

Switching between different combination vaccines or single-antigen vaccines poses no problem if you maintain the recommended minimum intervals for all antigens and the vaccines are indicated for the age of the patient.



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# Common Questions About Combination Vaccines

**Can I use MMRV for the first dose of MMR and Varicella for a 15-month-old?**

Yes, however it is recommended that providers administer separate MMR and varicella vaccines for the first dose in this age group. It is recommended that children under 4 years old receive the MMR and varicella vaccines separately due to the slightly higher risk of febrile seizures in this age group.

**Can combination vaccines be used with children who have fallen behind with their vaccinations? If so, what schedule should we follow?**

Combination vaccines can be used for children who have fallen behind. Combination vaccines may be used when any of the components are indicated, and none are contraindicated. The minimum interval between doses is the greatest interval between any of the individual antigens. For example, the minimum interval between the first and second doses of MMR is four weeks and the minimum interval between the first and second doses of varicella vaccine is 12 weeks. When the two vaccines are combined in MMRV the minimum interval between the first and second dose is 12 weeks.

**PedvaxHib is the Hib vaccine preferred for American Indian and Alaskan Native (AI/AN) infants. Since Vaxelis contains the same kind of Hib vaccine, is it also preferred?**

Yes. Both Vaxelis and PedvaxHib are preferred for Hib immunization of AI/AN infants.

# Resources

## Recommended vaccination schedules and resources

Information about recommended vaccine schedules for all Wisconsinites can be found on the DHS webpage Recommended Vaccination Schedules for Wisconsinites.

DHS continues to endorse the vaccine recommendations made by the American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP), and American College of Obstetricians and Gynecologists (ACOG). Providers should continue to follow evidence-based vaccine recommendations from AAP and other professional medical organizations.

## Vaccine administration errors

Vaccine administration errors can have severe consequences. These errors can lead to lack of protection, possible injury to the patient, inconvenience, and reduce confidence in health care. Common administration errors can include wrong vaccine, wrong dosage, wrong timing, or administering an expired or spoiled dose. Vaccine administration errors are preventable, review the following resources for strategies to prevent administration errors.

- CDC: Vaccine Administration: Preventing Vaccine Administration Errors
- Immunize.org: Don't Be Guilty of These Preventable Errors in Vaccine Administration

If a vaccine administration error does occur, make sure to complete the following steps:

- Inform the recipient or guardian of the administration error; including the name of the vaccine given in error and the corrective measure to be taken.
- Document the error in WIR as it was administered. Do not try to change or revise so that it reads as valid. While it will state invalid, that is what the patient received and is important for maintaining accurate inventory as well as full disclosure as to the vaccines that were administered.
- Determine how the error occurred and implement strategies to prevent it from happening again.
- Report the vaccine administration error to the Vaccine Adverse Event Reporting System (VAERS) and the ISMP Healthcare Practitioner's Vaccine Error Reporting Form (VERP).

# Contact Us

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