October/November 2026| Issue #13

ImmuNews

Wisconsin Vaccines for Children (VFC) Program Newsletter



Holiday Shipping

November

There will be no deliveries on November 11, 25, 26, and 27 due to Veterans Day and Thanksgiving.

Orders placed after November 18 may not be delivered until the start of December.

Regular shipping will resume the week after Thanksgiving.

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AIM Immunization Champion Award



In August, Sheray Wallace was announced as the winner representing Wisconsin for the Association of Immunization Managers (AIM) Immunization Champion Award.

This distinguished award recognizes individuals at the local level who go above and beyond to foster and promote immunizations in their communities.

Sheray consistently goes above and beyond to increase immunization access and trust among under-immunized populations in Madison. As a certified community health worker, she is a trusted resource in the community and uses that trust as a powerful tool to educate people about the importance of vaccination. During COVID-19, Sheray led grassroots vaccination efforts in the Meadowood neighborhood, one of Madison's most diverse and historically underserved communities. Through collaboration with local pharmacies and health care providers, she helped ensure that vaccine supply met people where they were, both geographically and culturally.

Sheray is an inspiration to all of us who care about immunization in Wisconsin. We are pleased and honored to congratulate her on this well-deserved award.

Please take a moment to learn more about Sheray's impact and the impact of the other winners on the AIM website.

Be Alert for Measles



Resources to help you prepare for measles:

[When to suspect and test for measles (PDF)]

[DHS measles readiness toolkit (PDF)]

[Measles Factsheet]

Vaccination is the best way to protect against measles. MMR is safe and effective.

Two doses are about 97% effective at preventing measles and provides lifelong protection

Reactions to the MMR vaccine can resemble measles disease. Common side effects include mild fever, rash, sore arm.

To stay current on the measles cases in Wisconsin, you can check out our measles dashboard and the DHS outbreaks website.

Measles begins with a fever that lasts a couple of days and increases in a step-wise fashion. It's followed by

- Cough
- Coryza (runny nose)
- Conjunctivitis (pink eye)

At the time the fever is peaking, the rash appears starting along the hairline and spreads down and outward. It resolves in the same pattern it appeared.



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Respiratory Season Reminders

Influenza

Influenza vaccine continues to ship as soon as we receive it. This year the supply has come in slower from the manufacturers than it has in the past, though we anticipate that we should have the majority of orders shipped by the end of October.



As in the past years, you may receive your flu vaccine in multiple shipments. Please be sure to accept your transfers in the Wisconsin Immunization Registry (WIR) when you receive your orders.

RSV

There are two RSV monoclonal antibodies available through the VFC program: Nirsevimab (Beyfortus) and Clesrovimab (Enflonsia). These products are administered to infants from October 1 through March 31.

The Advisory Committee on Immunization Practices (ACIP) recommends that all infants less than 8 months of age, whose birthing parent has not received the RSV vaccine during this pregnancy, receive the RSV monoclonal antibody within seven days of birth. This will either happen at the hospital or at the infant's first health care provider visit.

It is important to note that Clesrovimab (Enflonsia) is currently only licensed for use for infants in their first RSV season, so Nirsevimab (Beyfortus) will still be needed for those who are recommended to receive the monoclonal antibody in their second RSV season.

Abrysvo is available for use in pregnant individuals. Ordering in WIR opened in July. Administration began September 1st and should be administered to pregnant patients who are between 32 through 36 weeks and 6 days gestation.

For more information see the CDC's (Centers for Disease Control and Prevention) full recommendations and the DHS infant RSV immunization flyer (PDF).

Celebrating 20 Years of HPV Vaccine

In June 2006, the U.S. Food and Drug Administration (FDA) approved the Human papillomavirus (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. These nine strains account for ~90% of HPV-causing cancers, including head and neck cancers, cervical, anal, penile and vaginal cancers.

We now have more than a decade of data available after HPV9 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:



The Netherlands

A national linkage study combining vaccination, pathology, and cancer registry data for 103,059 Dutch women, found that those fully vaccinated with the bivalent HPV vaccine (Cervarix) at age 16 had a **92% lower risk** of cervical cancer and 81% lower risk of severe precancer after up to 15 years of follow-up, confirming strong protection lasting to at least age 30.

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.

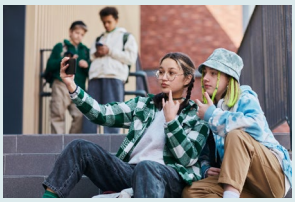
Celebrating 20 Years of HPV Vaccine

In June 2026, UW Health marked 20 years of the HPV vaccine with their article titled "UW Health celebrates 20th anniversary of groundbreaking HPV vaccine". The article describes the devastating impact of HPV-related cancers that require aggressive treatment and profoundly affect fertility and long-term quality of life. As a direct result of HPV vaccination, they are now seeing meaningful declines in HPV-related cancers.

"The vaccine is saving lives, preventing suffering and dramatically reducing cervical cancer for future generations", according to Dr. Kristen Stearns, a gynecological oncologist at UW Health Carbone Cancer Center Rockford who cares for cervical cancer patients.

"The HPV vaccine was a groundbreaking discovery and invention — having a vaccine that prevents cancer is truly life-altering," said Yanny, who is an assistant professor of pediatrics at the UW School of Medicine and Public Health. "Nationally, the incidence of HPV lesions, including precancerous cervical lesions detected through screening in young women, has decreased by nearly 80% since 2008, and mortality from HPV-related cancers has also dropped significantly."

"We want to protect kids from preventable cancers. We give the vaccine starting at age 9, when the risk of exposure is low, so kids are protected before sexual activity begins," she said.



"The vaccine is saving lives, preventing suffering and dramatically reducing cervical cancer for future generations"
-Yanny

Citations and further reading:

The HPV vaccine is erasing cancer – here's the proof
UW Health celebrates 20th anniversary of groundbreaking HPV vaccine | UW Health
Invasive Cervical Cancer Incidence Following HPV Vaccination | JNCI: Journal of the National Cancer Institute
HPV vaccine cuts risk of cervical cancer by two thirds in New Zealand
The Latest Updates on Human Papillomavirus or HPV Vaccination in the United States
Vaccine Integrity Project - CIDRAP

2025-26 School Immunization Rates



Data results for the 2025–2026 school immunization assessment are now available on the Wisconsin Department of Health Services Immunization Requirements webpage or via the links below:

- P-01894 School Immunization Assessment Summary Report 2025–2026 (PDF)
- P-01892 Wisconsin School Immunization Assessment Data (Excel)
- P-02388 Compliance with Immunization Law Wisconsin, 2025–2026 School Year (Excel)

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Wisconsin Immunization Registry

The focus of this information is for WIR users involved in maintaining WIR data exchange connections and those using WIR data through an electronic health record. Please contact your colleagues on the technical and clinical side to verify your organization is fully prepared for the coming transition to the new system and does not see any loss of access.

New consumer record access

The new system will use email address or cell phone number associated to a person's record within the system to support consumer record access. Please ensure that you have a regular process in place to review and update patient phone numbers, including verifying and flagging cell phone number, and email.

Public Health Information Network Messaging System (PHINMS)

The Centers for Disease Control and Prevention (CDC) has announced that it will sunset all Public Health Information Network (PHIN) systems, including PHINMS, on November 30, 2026. In anticipation of this change, WIR has contacted known PHINMS providers to transition to a Web Services connection. If you are a PHINMS provider who has not received outreach, please contact **DHSWIRHELP@dhs.wisconsin.gov**

Health Level 7 (HL7) (r1.5)

HL7 2.5.1 Release 1.5 (r1.5) has been the nationally recognized standard governing electronic data exchange for Immunization Information Systems (IIS) and public health since 2018. With the transition to the new system, we will no longer offer support for HL7 2.5.1 Release 1.4. We will be reaching out to organizations currently on the older version with next steps on how to make the switch.

HL7 onboarding

To ensure transition support to HL7 data exchange providers, WIR will be prioritizing existing registrations and transitions for existing data exchange partners. Any new registrations received through the Wisconsin Public Health Registration for Electronic Data Submission (PHREDS) application may be deferred until the new system is online.

HL7 onboarding

WIR is no longer accepting new flat file providers for the current system. The new IIS will feature a simpler method of vaccine reporting for systems that do not support HL7.

For questions, or to request to receive future communications, please contact: DHSIIS@dhs.wisconsin.gov

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Resources



Data loggers

Two years ago, many of you received data loggers from the VFC program at no cost to providers who requested them. Those data loggers that you received have a recalibration date of October 2026. As a reminder, you will need to replace them through purchasing new or have them recalibrated. The VFC Program no longer has data loggers available to ship.

Open forums



VFC open forum sessions are held once a month as a space to ask questions that you might have about VFC, vaccine ordering, WIR, WIR reports and more. Please save the following dates for future VFC open forums:

- November 4, 2026, 11:30 a.m.-12:15 p.m.
- December 2, 2026, 11:30 a.m.–12:15 p.m.

In case you missed them, previous open forums are recorded.

VFC stock stickers



To help staff easily identify boxes of VFC vaccine in your storage units, the VFC Program has stickers available at no cost to you. The stickers are 1-inch circles, bright green, and have 63 stickers per sheet.

If you are interested in receiving some VFC stickers, please send an email to the VFC email box, DHSVFC@dhs.wisconsin.gov. Be sure to include your clinic name, VFC PIN, mailing address, and how many sheets you would like to receive.

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