



June/July 2025 | Issue #5

# ImmuNews

Wisconsin Vaccines for Children (VFC) Program Newsletter

## Celebrations:

- In 2024, Wisconsin had a 5.4% increase in the completion rate of the meningococcal ACWY vaccine series among 17–18 year olds.
- Due to efforts made by VFC providers, more infants received RSV protection in 2024–25 season than in the previous season.

Read more about these accomplishments inside!

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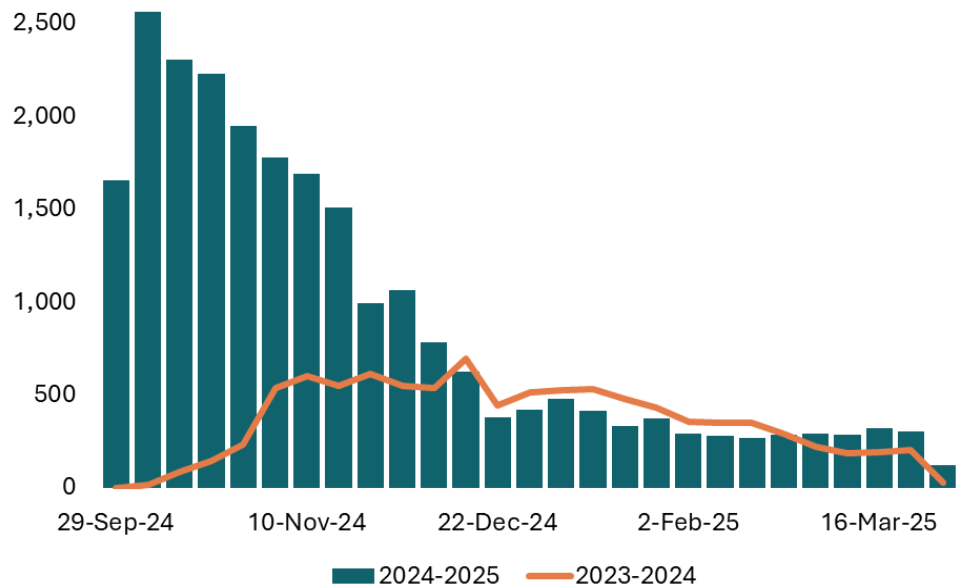
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# RSV Season Recap

As another season of RSV immunization administration wrapped up, here are a few accomplishments made through the efforts of all our providers and partners throughout the state.

- More nirsevimab doses were given in the 2024–25 season than the previous season.
- Over 24,000 doses of nirsevimab were administered in total this past season.
- 16,440 doses of Beyfortus and 158 doses of Abrysvo were ordered through VFC.



Doses of nirsevimab administered to infants 0–19 months of age by year in Wisconsin.

## Reminder!

Providers with nirsevimab inventory on hand after March should store product properly until next season for use.

## Vaccine Shipment Reminder:

McKesson now using TagAlert temperature monitors for refrigerated vaccine shipments. These monitors are the same monitors that are being used in the frozen Moderna COVID-19 vaccine shipments. Providers should immediately press the blue “Stop and Start” button until the stop icon appears and then read the indicator status to determine if the appropriate temperature was maintained during transit.



# 2025 BigShot Awards Announced

The Wisconsin BigShot award is an annual recognition that celebrates Vaccines for Children Program providers who are leading the way in protecting children's health by ensuring their pediatric patients are up-to-date on their vaccinations.

## There are four categories of awards:

- Providers who have 90% or more of their patients vaccinated according to the recommended 4:3:1:3:3:1:4 schedule for 24–36 month-olds.
- Providers who have 80% or more of their adolescent patients between 13–17 years-old up to date on Tdap, Meningococcal, and have completed the HPV series.
- Providers who have 95% or more of their patients who have at least 1 dose of MMR vaccine by 24 months of age.
- Providers who have 95% or more of their patients between 5–6 years old who have received 2 doses of MMR vaccine.



Check out the list of award winners who chose to have their information shared publicly on the [DHS BigShot award webpage](#).



**Congratulations to all of the BigShot winners!**  
**Thank you for keeping Wisconsin's children healthy.**



# Influenza Vaccine Return Reminders

As we near the expiration date for most influenza vaccines, here are a few reminders:

- Vaccine cannot be returned until after it expires. Any return requests submitted prior to the expiration of vaccine will be denied.
- Once expired, you can remove the vaccine from the refrigerator and follow the instructions on the [return form](#).
- Do not enter doses as wastage in WIR unless it truly was wasted such as drawn but not administered.
- Please allow 2–3 weeks for processing.



## General Vaccine Return Reminders

All VFC Vaccines (including influenza) that expire or are spoiled and unopened must be returned. Instructions are available on page 2 of the Vaccine Return Form. Returns must be completed within six months of the expiration or spoil date. Never store spoiled or expired vaccines in a storage unit. The vaccines should be removed immediately and stored outside the unit until the vaccine is returned.

Multi-dose vials such as IPOL may be used through expiration date printed on the label as long as the vaccine is not contaminated. If the multi-dose vial is opened when the vaccine expires, it cannot be returned. Please dispose of the vial according to your clinic's policy and report the remaining doses to the program using the Vaccine Wastage Form.

All public vaccine, including VFA, VFC, and mass clinic can be returned together using the Vaccine Return Form.



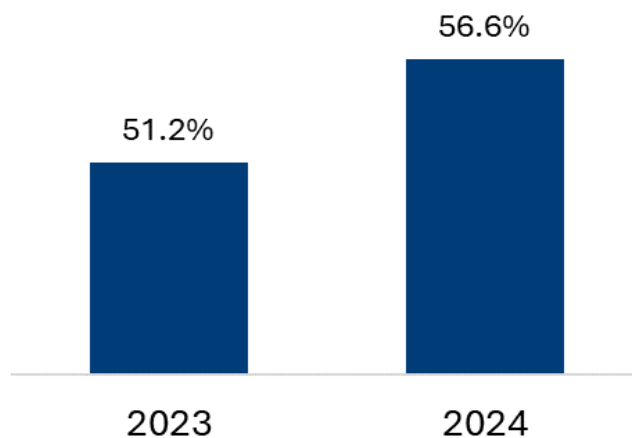
If you are returning vaccine because it is spoiled due to a temperature excursion or other similar situation, that vaccine will need to be documented on a separate Vaccine Return Form from your expired vaccine. For spoiled vaccine, don't forget to adjust your inventory in WIR.



# MenACWY Series Completion Rates

In 2024, Wisconsin had a 5.4 percentage point increase in the completion rate of the meningococcal ACWY vaccine series. The rate is measured in 17–18-year-olds and increased from 51.2% in 2023 to 56.6% in 2024. An increase in this vaccination rate was seen in 68 out of 72 counties. The increase was likely in part due to the new meningococcal ACWY vaccine school vaccination requirement that went into effect this past fall. Starting in the 2024–2025 school year, a MenACWY containing vaccine was required for students entering 7<sup>th</sup> grade and a booster dose for eligible students entering 12<sup>th</sup> grade.

MenACWY Series Completion in Wisconsin Adolescents 17–18 Years Old



Data source: Wisconsin Immunization Registry

The summer is a busy time for back to school physical exams, so make sure to identify students entering 7<sup>th</sup> and 12<sup>th</sup> grade who need to receive a MenACWY containing vaccine. To learn more, review the [CDC's recommendations](#) for meningococcal vaccination and [Wisconsin's school immunization requirements](#).

## VFC Open Forums

The VFC program along with the WIR unit are holding monthly open forum sessions to give you an opportunity to ask questions about the VFC program, vaccine ordering, WIR, WIR reports, and more. Participation is not required.

The dates for future VFC Open Forums are:

- June 11, 2025, 11:30 a.m.–12:15 p.m.
- July 9, 2025, 11:30 a.m.–12:15 p.m.
- August 6, 2025 11:30am—12:15pm

Link to join the [VFC Open Forums](#)

These open forums are recorded and can be found on our [Vimeo page](#).





# Spotlight on Immunization QI: Leverage WIR Functionality to Improve Immunization Practice



## Examples of Strategy Implementation Activities:

- **Check immunization record at every encounter**, including acute visits and med checks, to vaccinate at every opportunity.
- **Generate client lists** and perform outreach to schedule vaccination appointments.
- **Routinely run coverage assessments** to monitor immunization performance (present at staff meetings and team huddles).
- **Use coverage assessments to understand the problem.** Determine which vaccines have lower uptake so that you can decide where to focus efforts, review missed opportunities.
- **Attend WIR training** or visit the independent training modules on the [DHS WIR webpage](#).
- **Work with WIR team** to improve the existing integration between your electronic medical record (EMR) and WIR.
- **Sign up for monthly provider report cards** to track completion and accuracy of data flowing from your EMR to WIR.
- **Share information with parents** about WIR's public access portal.
- **Routinely inactivate clients in WIR** as needed. Remove patients from your WIR patient population who have left your organization to improve accuracy of immunization rate reports and client lists.



# Spotlight on Immunization QI: Leverage WIR Functionality to Improve Immunization Practice



## Evidence base and justification:

- A [2014 review](#) of immunization information systems (IIS)-focused studies describes the wide variety of features IISs offer to improve provider workflow and vaccine uptake.
- Timely and complete IIS data prevents over-immunization, as demonstrated by a [2015 study](#) of influenza vaccination in children.
- A [2021 review](#) of studies on reminder/recall concluded that reminder/recall is one of the most effective (and cost-effective) tools for increasing vaccine uptake among children and adolescents.

## Reminder/Recall in WIR:

Reminder and recall reports give a list of clients due for vaccinations. The report can generate letters, cards, address labels, client listings, and downloadable text files. You can send these to the parent, guardian, or individual. The letters can either remind them of an upcoming appointment or recall them to come in for a vaccine that is past due.

For more information, visit:

[Wisconsin Immunization Registry: Reminder/Recall for Providers](#)

[WIR Reminder Recall Report Instructions](#)



# Common VFC Errors

Below are the most common non-compliance findings noted during site visits over the past year. Please check on these items in your clinic to ensure you follow the VFC program requirements.

## Do Not Disconnect Signs incorrectly posted

All power source locations for each storage unit must be labeled with “Do Not Disconnect” warning signs at the electrical outlet and the circuit breaker.

## Incomplete temperature monitoring

Temperature data from the digital data logger (DDL) must be downloaded and reviewed weekly or monthly and when a temperature excursion is identified. It is recommended and best practice to download and review the data weekly; however, it must be downloaded and reviewed, at a minimum, monthly.

The VFC program requires reviewing and documenting the minimum and maximum temperature readings at the beginning of every clinic day. Some devices require you to physically reset the minimum and maximum temperatures— this should be done after each reading in the morning.

## Incomplete vaccine management plans

VFC providers are required to maintain a current and complete vaccine management plan that includes routine and emergency storage and handling processes.

At a minimum, the plan must be updated annually; however, the plan should be updated anytime there are changes to coordinators or clinic procedures. The date it was updated and signed should be noted on any updated versions.

VFC providers can use the [WI VFC Vaccine Management Plan Template](#) as a resource when creating a vaccine management plan.

## Backup Temperature Monitoring Devices

All VFC providers must have at least one back-up DDL. The back-up temperature monitoring device should be stored outside of the storage unit until needed and should have a different calibration date than other DDLs to avoid requiring all DDLs to be sent out for recalibration at the same time.

Check out the [VFC Resource Guide](#) for more detailed information on the requirements of the VFC Program.





# Resources and Trainings



## Shot in the Arm Documentary

PBS is offering free streaming of Shot in the Arm, a documentary on vaccine hesitancy. The film explores vaccine hesitancy, historically and in modern times. Both skeptical and optimistic, the film seeks to understand how we can bridge political divides and work to replace cynicism with healthy curiosity and important conversations.

From Academy Award-Nominated filmmaker Scott Hamilton Kennedy and Executive Producer Neil deGrasse Tyson.

Stream it for free at [PBS](https://www.pbs.org/shows/shot-in-the-arm/).

## VFC New Coordinator Training

If you are a new VFC Coordinator, taking the new coordinator training is a great resource to learn about the requirements of VFC and expectations of VFC coordinators. It is also a great way to refresh your understanding if you are not new to the coordinator role.

Watch the [New Coordinator Training video \(opens external video\)](#).

## VFC Resource Guide

To find details about the VFC Program requirements, you can review the [Wisconsin VFC Resource Guide \(P-02723\)](#) on our [website](#).

# Contact Us

## Program Contact Information

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