



October /November 2025| Issue #7

ImmuNews

Wisconsin Vaccines for Children (VFC) Program Newsletter

New Products Available Through VFC

As of October 3, 2025, the following vaccines will be available to order in WIR for the Vaccines for Children program:

- Penmenvy (Meningococcal Groups A,B,C,W and Y Vaccine) produced by GSK.
- Enflonsia (clesrovimab) is the newest RSV monoclonal antibody product for infants, produced by Merck. See our [infant RSV immunization](#) for more information.

Influenza Vaccine

Influenza vaccine continues to ship. Please be sure to accept your transfers when you receive your orders in WIR.

If you have received your complete order and are in need of additional doses for VFC eligible children, you can send in a request to VFC@WI.gov. Include your VFC PIN, the vaccine type you would like, and the number of doses.

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WISCONSIN DEPARTMENT
of HEALTH SERVICES

AIM Immunization Champion Award

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

This prestigious award honors individuals at the local level who go above and beyond to foster and promote immunizations in their communities. Penny has been instrumental in expanding vaccine access across rural, western Wisconsin. She is dedicated to making vaccines truly accessible for the most vulnerable, fostering collaborations with schools, shelters, and youth organizations.

She does this by strengthening relationships with universities, county health organizations, food pantries, churches, Boys and Girls Clubs, and the La Crosse Health Department and Warming Center. These partnerships have enabled Scenic Bluffs Community Health Centers to provide 150 immunizations across 34 public events this past year. Penny sees each vaccine not just as a shot, but as a step toward a healthier, more equitable future.



"I would like to extend my heartfelt gratitude to my colleagues who have supported my efforts in vaccine education and access over the years. One of the greatest outcomes of the COVID-19 pandemic was witnessing health systems, public health, and community organizations come together to demonstrate what we can achieve when we collaborate. In these uncertain times, it is more important than ever to continue working together to ensure vaccine access for all."



Please take a moment to learn more about Penny's impact and the impact that the other winners [here](#).



HPV Age Recommendations

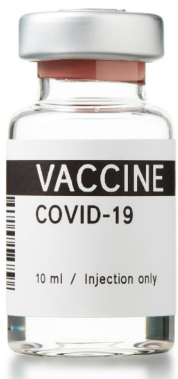
The [Wisconsin Immunization Registry \(WIR\)](#) has been updated to forecast HPV vaccination starting at age 9.

This schedule change remains within the [age range approved by ACIP](#) in 2016 and aligns with the [2025 schedule from the American Academy of Pediatrics \(AAP\)](#). This change will increase the number of children completing the series on time. For more information, see the [recommendation of the American Academy of Pediatrics \(AAP\)](#).



DHS bases this update on the best available science, and the [recommendation of the American Academy of Pediatrics \(AAP\)](#). All eligible children should initiate the HPV vaccine series between 9-12 years old, at the age that the provider and caregiver determine will give the best timing for vaccine series completion. See the American Cancer Society round table flyer [Why Age 9](#), for more information.

COVID-19 Vaccine



The CDC Advisory Committee on Immunization Practices (ACIP) has formally confirmed that the COVID-19 vaccine will be covered through the VFC program. Wisconsin will be receiving a weekly allocation of COVID-19 vaccine through October with additional biweekly allocations throughout the respiratory virus season. At this time, we believe that there will be sufficient supply for all providers.

When ordering vaccine, please order what you believe you will need for a three week period. If an order does need to be reduced, you will need to order again when you run low. Orders will not automatically be backfilled.

COVID vaccines are now available to order in WIR:

- Both Moderna products: SPIKEVAX 12+ and SPIKEVAX 6M-11Y
- Both Pfizer products: COMIRNATY 12+ and COMIRNATY 5Y-11Y
- NUVAXOVID (Novavax)

As a reminder, all VFC providers are expected to carry all ACIP vaccines for the population they serve as a condition of being a VFC provider, including COVID-19 Vaccine. The CDC and [DHS recommend the COVID-19 vaccine](#) for people aged 6 months and older.

Measles

To stay current on the measles cases in Wisconsin, you can check out our [measles dashboard](#). You can learn about the cases by week, age, and county, and also find resources for providers.



VFC Site Visit Reminders



Required back-up DDL

All VFC providers must have at least one back-up digital data logger (DDL) with a current and valid certificate of calibration. 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.

DDL weekly or monthly temperature review reports

Temperature data from the 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 logs should be reviewed for temperature excursions that were missed or temperature trends that could indicate a storage unit performance issue. It is recommended to compare daily temperature checks with data downloads to ensure accurate and complete temperature monitoring. These logs should be kept for a minimum of three years, the same as the paper temperature logs.

Best practice for temperature monitoring is to set up the logging interval at 30 minutes. A longer interval time may increase the likelihood that a temperature excursion could be missed. All investigations regarding a possible excursion must be documented.

Example of data download

In the downloaded data you can see a reading is provided every 30 minutes in one and every 15 minutes in the other. Every system will look different, but for the system to meet VFC requirements it must have the ability to generate a similar report as seen in the examples below.

P2	Time	Date
4.7	8:30	4/12/2024
4.72	8:15	4/12/2024
4.72	8:00	4/12/2024
4.71	7:45	4/12/2024
4.72	7:30	4/12/2024
4.71	7:15	4/12/2024
4.71	7:00	4/12/2024
4.75	6:45	4/12/2024
4.71	6:30	4/12/2024
4.72	6:15	4/12/2024
4.73	6:00	4/12/2024
4.71	5:45	4/12/2024
4.72	5:30	4/12/2024
4.73	5:15	4/12/2024
4.71	5:00	4/12/2024
4.74	4:45	4/12/2024
4.73	4:30	4/12/2024
4.73	4:15	4/12/2024
4.74	4:00	4/12/2024

	A	B	C	D
1	Log Time	Temperature (°C)	Temperature2 (°C)	
2	2024-03-18 00:06:04	3.9	3.8	
3	2024-03-18 00:36:04	4.1	4.0	
4	2024-03-18 01:06:04	4.2	4.1	
5	2024-03-18 01:36:04	3.7	3.6	
6	2024-03-18 02:06:04	3.5	3.4	
7	2024-03-18 02:36:04	3.7	3.7	
8	2024-03-18 03:06:04	3.8	3.7	
9	2024-03-18 03:36:04	3.8	3.7	
10	2024-03-18 04:06:04	4.2	4.1	
11	2024-03-18 04:36:04	4.3	4.2	
12	2024-03-18 05:06:04	3.9	3.8	
13	2024-03-18 05:36:04	3.7	3.6	
14	2024-03-18 06:06:04	3.8	3.6	
15	2024-03-18 06:36:04	3.5	3.4	
16	2024-03-18 07:06:04	4.0	3.9	
17	2024-03-18 07:36:04	4.2	4.1	



Cooler Return Reminder



EcoFlex Cooler

Must be returned
(label on inner flap of the box)



KoolTemp Cooler

Discard

There are two types of coolers currently being used to ship VFC vaccine to providers, the EcoFlex coolers and the Kooltemp coolers. Please ensure all EcoFlex coolers are being returned using the label provided to you on the inner flap of the box. Each EcoFlex cooler contains a flyer instructing how to return the cooler for re-use. You can discard the KoolTemp coolers.

WIR Updates

The following vaccines were recently implanted in WIR:

Vaccine	Date Implemented
Penmeny (MenACWY + MenB)	8/15/25
FluMist - Self Administered	8/15/25
Vimkunya (chikungunya)	8/20/25
Enflonsia (RSV mAb)	8/20/25



Vaccine Schedules recently updated:

Vaccine	Schedule Update Description	Date Implemented
RSV - Adult	Minimum age decreased to 50 for high-risk adults	8/15/25
Penmeny	Added to Meningococcal and Meningococcal B (Bexsero) schedules	8/19/25
FluMist - Self Administered	Added to Influenza schedule	8/19/25
Enflonsia (RSV mAb)	Added to RSV mAb schedule	9/10/25



Spotlight on Immunization Quality Improvement (QI): Give a Strong Vaccine Recommendation

As parents' most trusted source of vaccine information, health care professionals are well positioned to aid in increasing vaccine confidence in their communities. Providers play a critical role in helping parents choose to vaccinate, and this is even true for parents who are vaccine-hesitant or who have considered delaying one or more vaccines.

Examples of strategy implementation activities:

Use presumptive language, also known as the announcement approach, when giving a strong vaccine recommendation.

- Saying you will vaccinate today (and assuming the family is ready to vaccinate)
- Focusing on diseases, not vaccines
- Treat the HPV vaccine as you would other vaccines by listing HPV cancers in the middle of the list of preventable diseases
- Note child's age and announce that children this age are due for vaccines that prevent several diseases. Example: "Now that Ciara is 11, she's due for three vaccines to protect against meningitis, HPV cancers, and pertussis. Do you have any questions?"

Prepare and practice responses to common parent questions and concerns.

[HPV Vaccination Communication in Clinical Settings](#)

Share personal stories to help build trust.

Hesitancy does not mean "no"

- Many parents will have questions but initial hesitancy doesn't mean no.
- Research shows that another recommendation at a follow-up visit increases vaccine uptake.
- According to a recent survey from Academic Pediatrics, almost 70% of parents who initially declined later consented to HPV vaccination.

Use standing orders to streamline your practice workflow by eliminating the need to obtain an individual physician's order to vaccinate each patient.

- CDC and Community Preventative Services Task Force recommend standing orders for vaccinations on the basis of strong evidence of effectiveness in increasing vaccination rates among adults and children, across a range of settings and populations.
- Recommendation is based on evidence from a systematic review of 29 studies, which found that standing orders increased vaccination rates in children by a median of 28 percentage points and proved that standing orders were more effective than other strategies in improving vaccination services.



Spotlight on Immunization Quality Improvement (IQI): Give a Strong Vaccine Recommendation



Evidence Base and Justification

High-quality provider recommendations are positively associated with vaccine uptake

Results from a 2016 [national survey](#) of parents and adolescents showed that high-quality provider recommendations were positively associated with HPV vaccine uptake and negatively associated with refusal and delay.

Health care provider recommendations are the single best predictor of vaccination.

Trust in CDC and in public health is low but trust in primary care providers remains high

Parents in a 2013 [study](#) were less likely to have concerns about vaccinating their child if they received vaccination information from their child's doctor compared to those who received vaccination information from other sources.

Studies show that a patient who receives a clinician recommendation is 4-5 times more likely to receive the HPV vaccine

A 2011 [study](#) on low HPV vaccination rates found that a lack of provider recommendations contributed to under-vaccination.

Announcement Approach has been shown to save time for providers, increase patient and prescriber satisfaction, and increase vaccine uptake

In a 2017 randomized clinical trial, providers trained to use the presumptive announcement approach saw greater increases in HPV vaccination coverage among their patients relative to coverage among control clinics.

American Academy of Pediatrics survey showed that of families that initially refused HPV vaccination, 45% of families reported getting the HPV vaccine at a later visit and 24% planned to in the next year

VFC Open Forums

VFC open forum sessions are held once a month. Please save the following dates for future VFC open forums:

- ♦ November 5, 11:30 a.m.–12:15 p.m.
- ♦ December 3, 11:30 a.m.–12:15 p.m.

In case you missed them, [previous open forums](#) are recorded.

Holiday Shipping

There will be no deliveries on November 10, 27, and 28 for Veterans Day and Thanksgiving.

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

Regular shipping will resume the week after Thanksgiving.

PCA Portal

For our local and Tribal Health Departments providers who have been trying to access the PCA Portal, due to technical issues, all content found on the Immunization page has been copied to the bottom of the [Communicable Diseases](#) page. Please reach out with questions to DHSPCAPortaHI@dhs.wisconsin.gov.

Here are some resources you can use to talk confidently with your patients about vaccines:

[Need Help Responding to Vaccine-Hesitant Parents?](#) One page handout providing resources and credible sources for additional support

[Let's Get Real](#) – Educational information for parents and caregivers about vaccines.

[Immunize.org](#) – Educational resources to advocate to remove barriers to vaccination for all. Includes vaccination schedules, FAQs, templates and handouts, and translated vaccine information statements (VIS)

[Increasing vaccine confidence: Strategies for clinicians](#) – Web series from the American Psychological Association.



VFC Stock Stickers Available

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, vfc@wi.gov. Be sure to include your clinic name, VFC PIN, mailing address, and how many sheets you would like to receive.



Contact Us

Program Contact Information

Immunization Program

DHSImmProgram@wi.gov | 608-267-9959

VFC Program

VFC@wi.gov

WIR Helpdesk

dhswirhelp@wi.gov | 608-266-9691

VFC 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

Ashley Sarbacker

VFC Coordinator

Ashley.Sarbacker@wi.gov | 608-266-2346

Teema Carpenter

Immunization Coordinator

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

Dawn Howard

VFC operations Associate

Dawn.Howard@wi.gov | 608-261-0230

Immunization 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 | 414-227-3995

Rhineland 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

