

# Provider Update

February 22, 2022

DOH Deputy Secretary Laura C. Parajón, M.D., M.P.H  
Infectious Disease Bureau Chief Dan Burke  
NW Regional Health Officer Miranda Durham, M.D.

# NM DOH Mission

*To ensure health equity, we work with our partners to promote health and well-being, and improve health outcomes for all people in New Mexico.*

## Goals



**We expand equitable access** to services for all New Mexicans



**We ensure safety** in New Mexico healthcare environments



**We improve health status** for all New Mexicans



**We support each other** by promoting an environment of mutual respect, trust, open communication, and needed resources for staff to serve New Mexicans and to grow and reach their professional goals

# COVID-19 Overview

# Timeline:

Phases open through 1C2. Friday 3.19.21  
Self scheduling for 75+ started 3.29.21  
Self scheduling for booster doses started Thursday 4.1.21  
All phases opened Monday 4.5.21  
Self scheduling for those 60+ started Thursday 4.8.21  
Janssen pause 4.12.21  
DOH posts event code online - on purpose! For MEGA event 4.16.21  
Self scheduling for 40+ starts Monday 4.19.21  
Janssen pause lifted 4.23.21  
Homebound button implemented 4.23.21  
Self Scheduling for 16+ starts Monday 4.26.21  
Age categories change on the dashboard 4.30.21 (now tracking 65+)  
Vaccine Event Request Form implemented 5.10.21  
Pfizer EUA expanded to include children aged 12 – 15. approved by ACIP Wednesday 5.12.21  
Pfizer EUA extends vaccine storage from 5 days to 31 days in the refrigerator 5.20.21  
NM announces state-wide vaccine lottery Tuesday 6.1.21  
100\$ Incentive program for completed vaccine series Monday 6.14 – Thursday 6.17  
NMAA allows vaccinated student athletes to compete without masks - Friday 6.17  
60% fully vax declared Friday 6.18.21; reached 60% on dashboard Wednesday 6.23.21  
Texas data added to NMSIIS Tuesday 6.29.21: 22,908 first doses, 12,104 second doses and 1,260 doses of J&J.  
Dashboard changes to reporting 18+ and 12 – 17 in separate categories – Thursday 7.8.21  
Second round of \$100 incentive announced Thursday, 7.29.21 and starts Monday 8.2.21  
“Additional Dose” of mRNA vaccine approved for immunocompromised individuals by CDC – Friday 8.13.21  
FDA grants full approval to Pfizer – Monday 8.23.21  
August Incentive ends 8.31.21; opt in period ends 9.10.21  
FDA VRBPAC authorizes Pfizer boosters for 65+ and high risk – Friday 9.17.21  
CDC recommends single Pfizer booster at 6 months for certain high-risk populations 9.23.21  
Dashboard metric changed from “age at time of vax” to “age now” and federal data added to race/ethnicity metric- 10.8.21  
VRBPAC recommends Moderna and J&J boosters 10.14 - 10.15.21  
CDC authorizes Moderna, J&J and Mix&Match boosters 10.22.21  
FDA authorizes pediatric Pfizer vaccine (for ages 5 – 11) on 10.29.21  
ACIP/CDC recommends pediatric Pfizer on 11.2.21  
Boosters open to all 18+ in NM Friday 11.12.21  
FDA/ACIP approve boosters for all 18+ 11.19.21

# Timeline (cont.)

<b>12.8.21</b>	The F.D.A. authorizes AstraZeneca's <u>Evusheld</u> for emergency use
<b>12.9.21</b>	Pfizer boosters approved for 16 - 17 year olds
<b>12.22.21</b>	The F.D.A. authorizes Pfizer's Paxlovid for emergency use
<b>12.23.21</b>	The F.D.A. authorizes Merck's Molnupiravir for emergency use
<b>1.3.22</b>	The F.D.A. authorizes Pfizer vaccine boosters for everyone 12 and older and expanded 3rd dose for immune compromised individuals to include 5 - 11 year olds
<b>1.3.22</b>	The F.D.A changes booster dose time frame for Pfizer to "at least 5 months from primary series completion".
<b>1.7.22</b>	NM DOH recommends halting BAM/ETE and REGEN-COV due to high proportion of Omicron
<b>1.7.22</b>	The F.D.A changes booster dose time frame for Moderna to "at least 5 months from primary series completion".
<b>1.31.22</b>	Moderna's SpikeVax FDA approved
<b>2.4.22</b>	Moderna's SpikeVax endorsed by ACIP and CDC
<b>2.11.22</b>	booster interval for immune compromised people changed to 3 months (and other changes)
<b>2.11.22</b>	Bebtelovimab approved (Eli Lilly) for 12+
<b>2.17.22</b>	NM mask mandate lifted - except in healthcare, LTCF's, residential treatment centers, State correctional facilities, juv justice
<b>2.21.22</b>	change to weekly vaccine reporting (on Tuesdays)



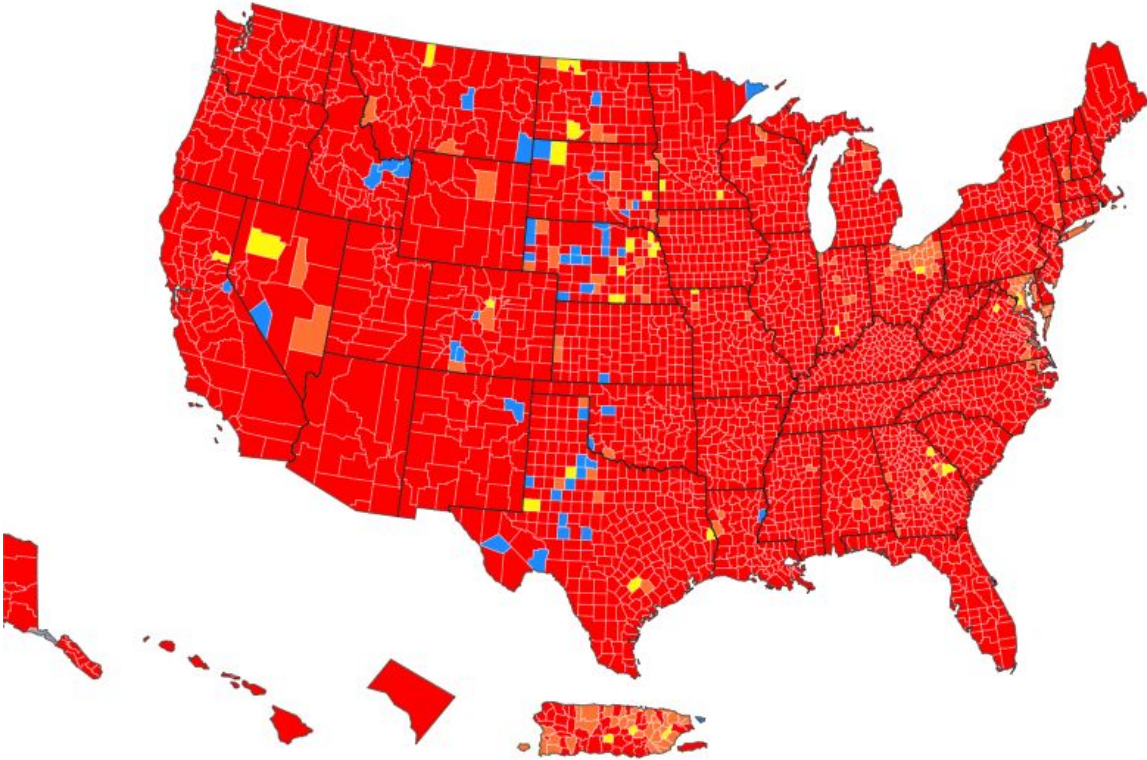
# COMMUNITY TRANSMISSION ACROSS THE USA



Community Transmission in US by County

	Total	Percent	% Change
High	2984	92.61%	-5.52%
Substantial	152	4.72%	3.94%
Moderate	36	1.12%	0.87%
Low	49	1.52%	0.74%

How is community transmission calculated?



[CDC COVID Data Tracker](#)

02/20/22

UNITED STATES LEVEL OF COMMUNITY TRANSMISSION

High

7 DAY CASE RATE PER 100,000

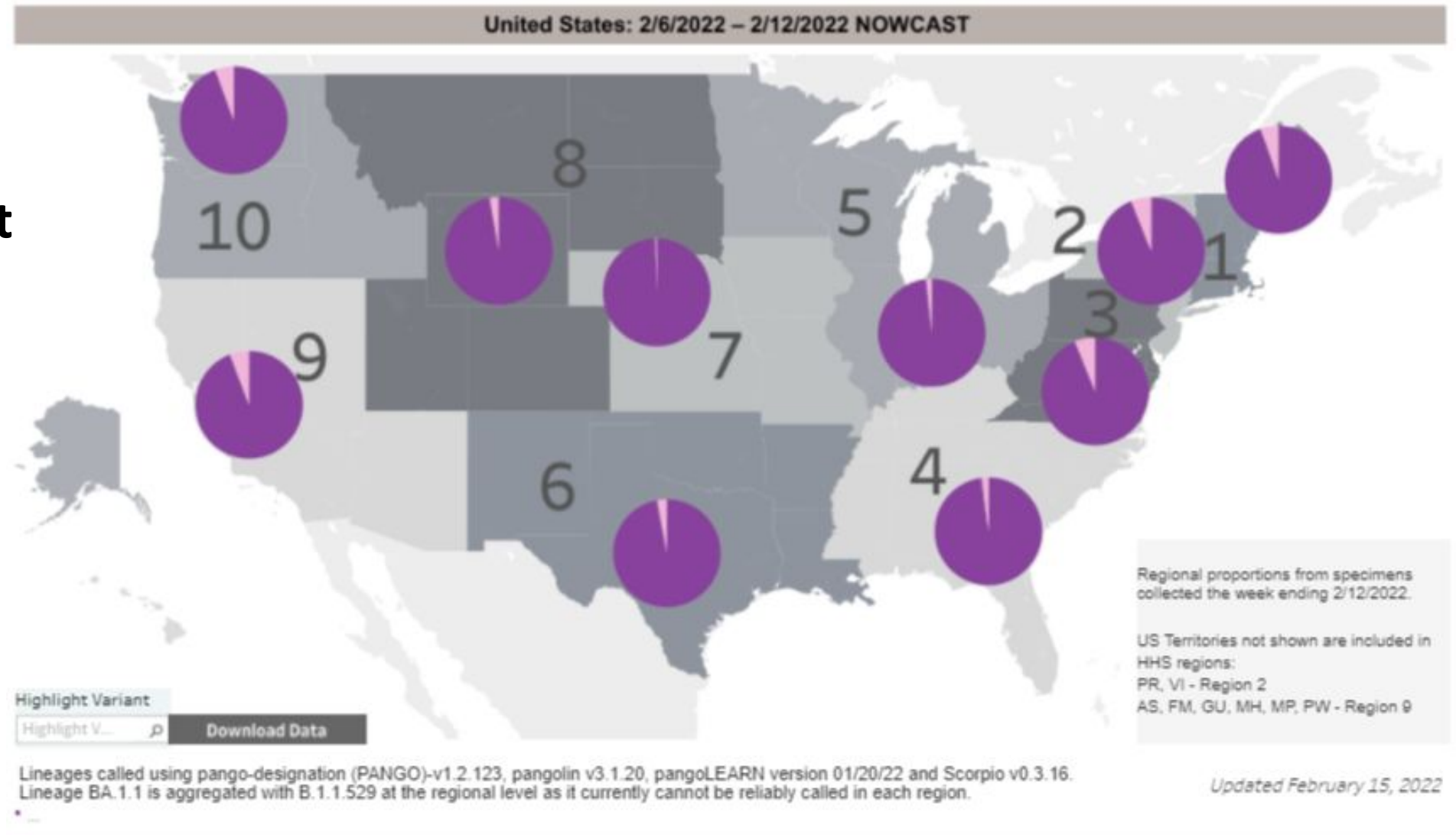
218.2

7 DAY PERCENT POSITIVITY

7.54%

CDC | Data as of: February 19, 2022 12:51 PM ET. Posted: February 19, 2022 2:52 PM ET

BA.2 is  
2 - 6% of cases  
per CDC NowCast



<https://covid.cdc.gov/covid-data-tracker/#variant-proportions>

## Cases

DAILY NEW CASES

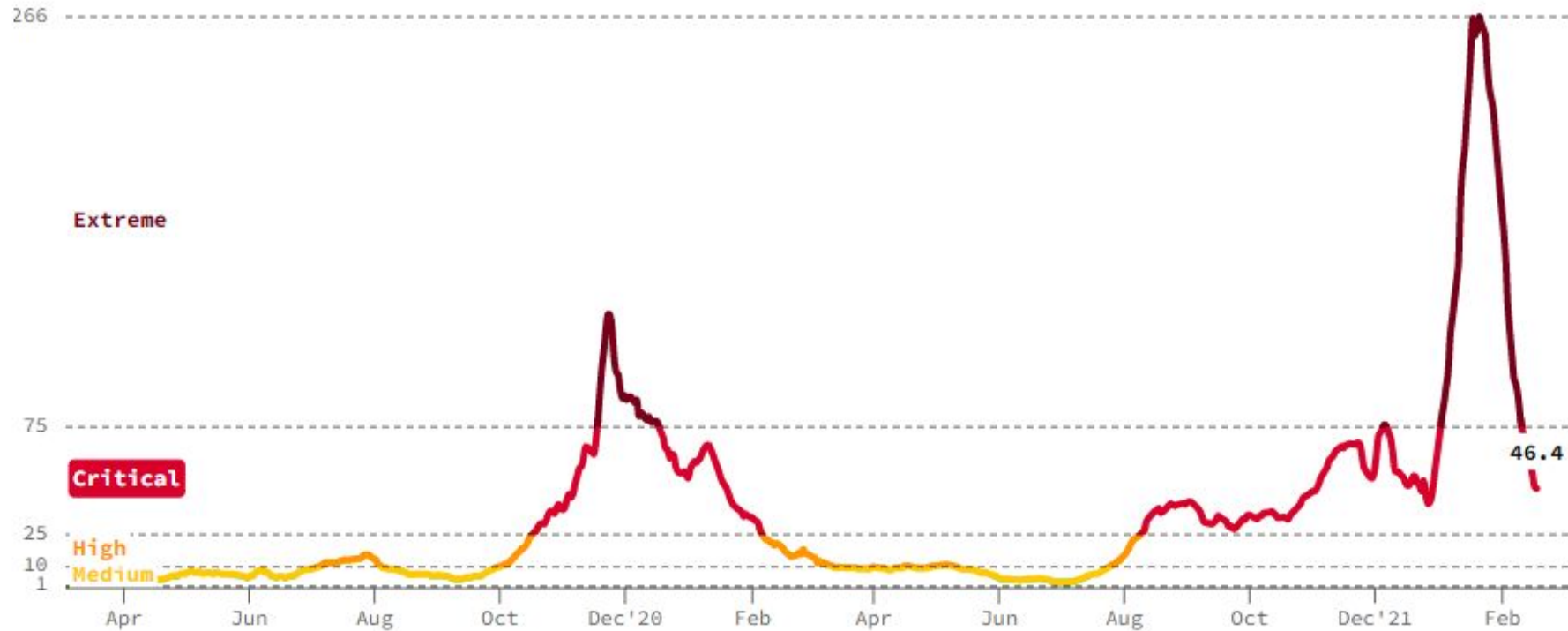
● **46.4** PER 100K

INFECTION RATE

● **0.62**

POSITIVE TEST RATE

● **13.2%**



Over the last week, New Mexico has averaged 972 new confirmed cases per day (**46.4** for every 100,000 residents). [About this data](#)

Share



## Cases

DAILY NEW CASES

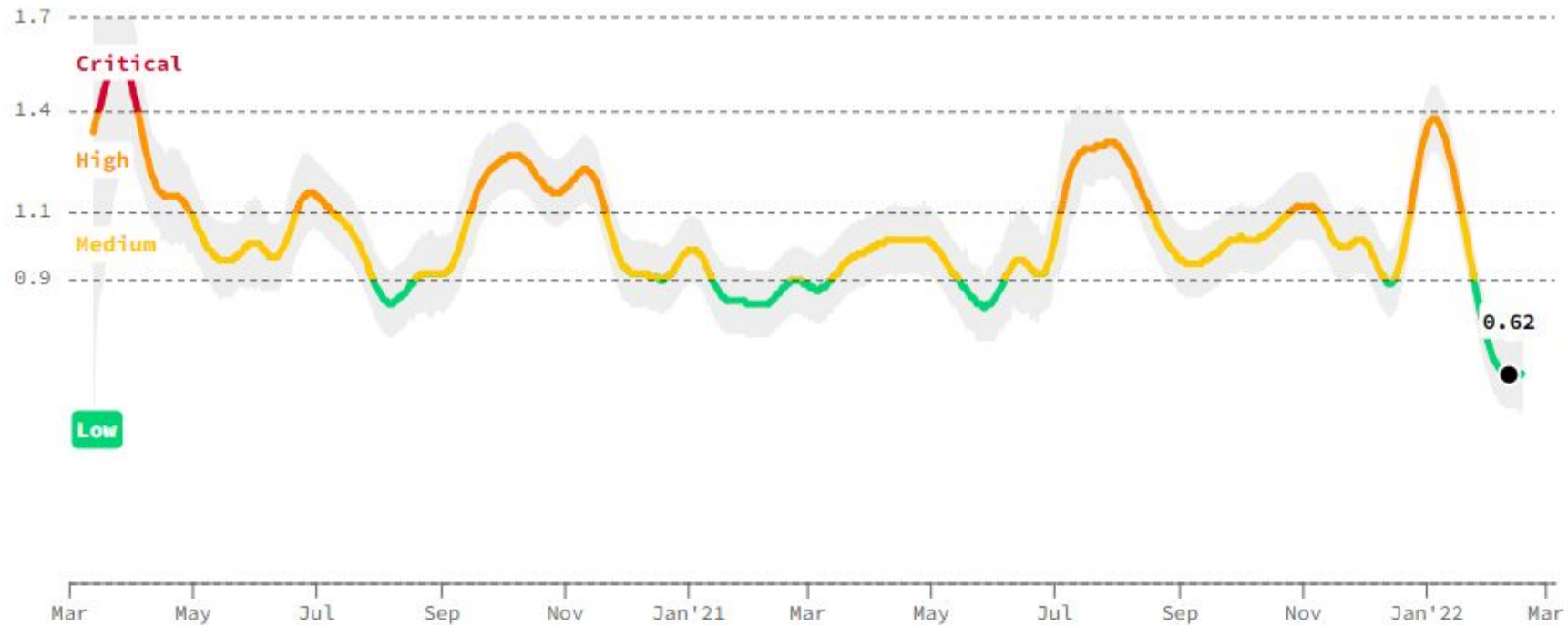
● **46.4** PER 100K

INFECTION RATE

● **0.62**

POSITIVE TEST RATE

● **13.2%**

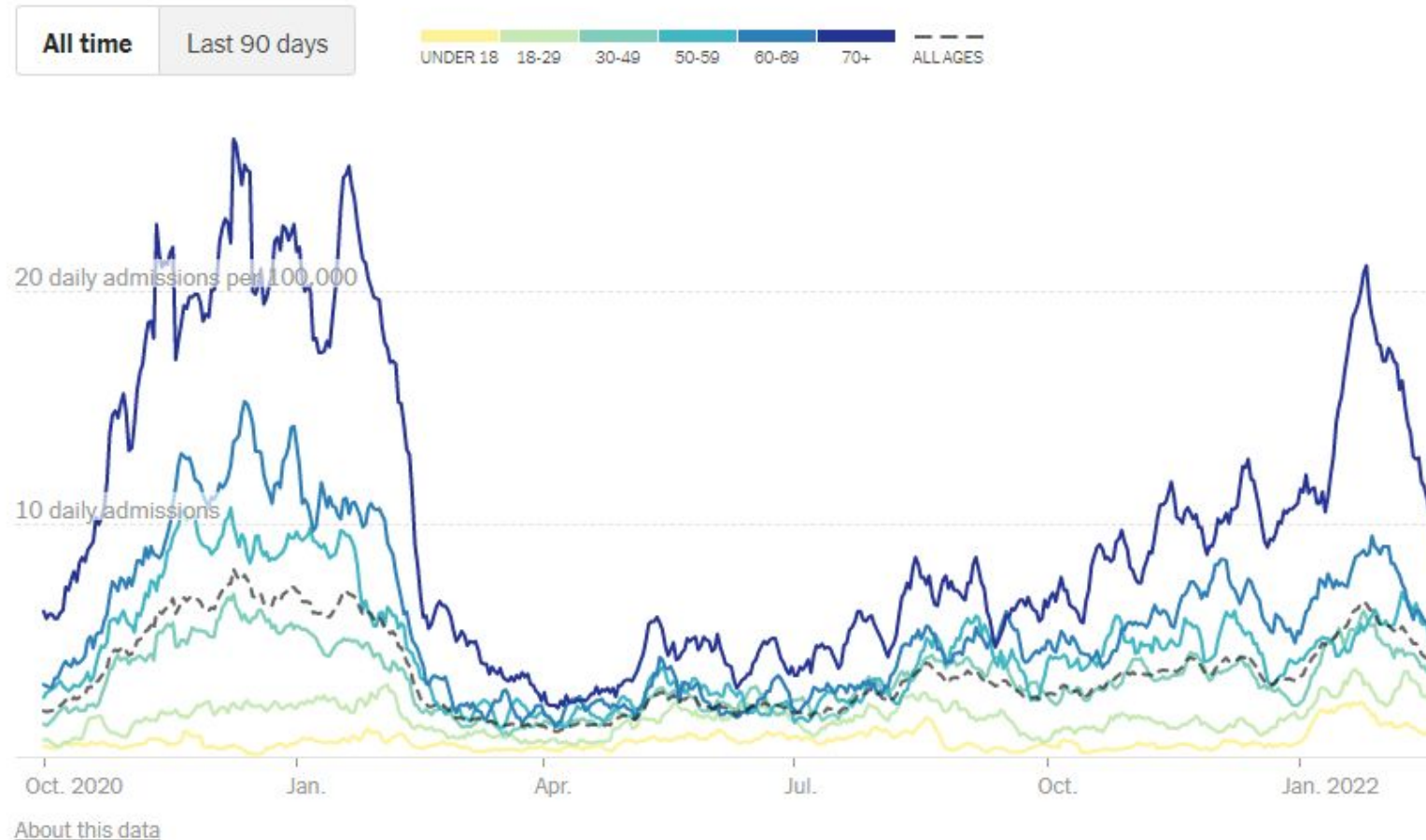


On average, each person in New Mexico with COVID is infecting 0.62 other people. Because each person is infecting fewer than one other person, the total number of current cases in New Mexico is shrinking.

Share

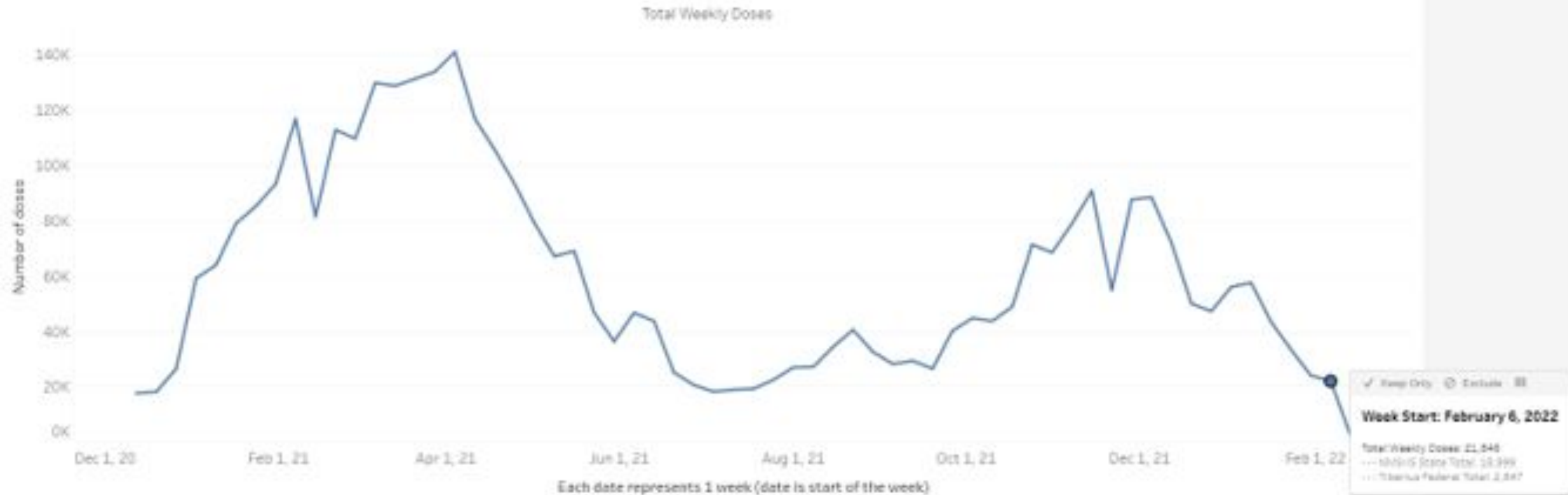
[About this data](#)

# Daily new hospital admissions by age in New Mexico



<https://www.nytimes.com/interactive/2021/us/new-mexico-covid-cases.html>

# Weekly COVID-19 vaccines administered in New Mexico



# State-wide Vaccine Progress for 5+

% of New Mexicans 5+ with at least one dose	% of New Mexicans 5+ with primary series complete
<b>84.7%</b>	<b>71.5%</b>
# of New Mexicans 5+ with at least one dose	# of New Mexicans 5+ with primary series complete
<b>1,677,441</b>	<b>1,416,209</b>

\*\*\*Includes doses from the Indian Health Service, Veterans Administration, Department of Defense, Bureau of Prisons, and doses from other states administered to New Mexico residents

**NMDOH**

*Investing for tomorrow, delivering today.*

NEW MEXICO DEPARTMENT OF HEALTH  
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# The MASK Mandate



MICHELLE LUJAN GRISHAM  
Governor

DAVID R. SCRASE, M.D.  
Acting Cabinet Secretary

**PUBLIC HEALTH ORDER  
NEW MEXICO DEPARTMENT OF HEALTH  
ACTING SECRETARY DAVID R. SCRASE, M.D.**

**February 17, 2022**

**Public Health Emergency Order Clarifying that Current Guidance Documents, Advisories, and Emergency Public Health Orders Remain in Effect; and Amending Prior Public Health Emergency Orders to Impose Certain Public Health Measures**

# Some settings in NM still require masks

- Hospitals
- Nursing homes,
- Assisted living facilities,
- Adult day cares,
- Hospice facilities,
- Rehabilitation facilities,
- State correctional facilities,
- Juvenile justice facilities,
- Residential treatment centers
- The New Mexico State Veterans' Home
- community homes
- Public transport (federal requirement)



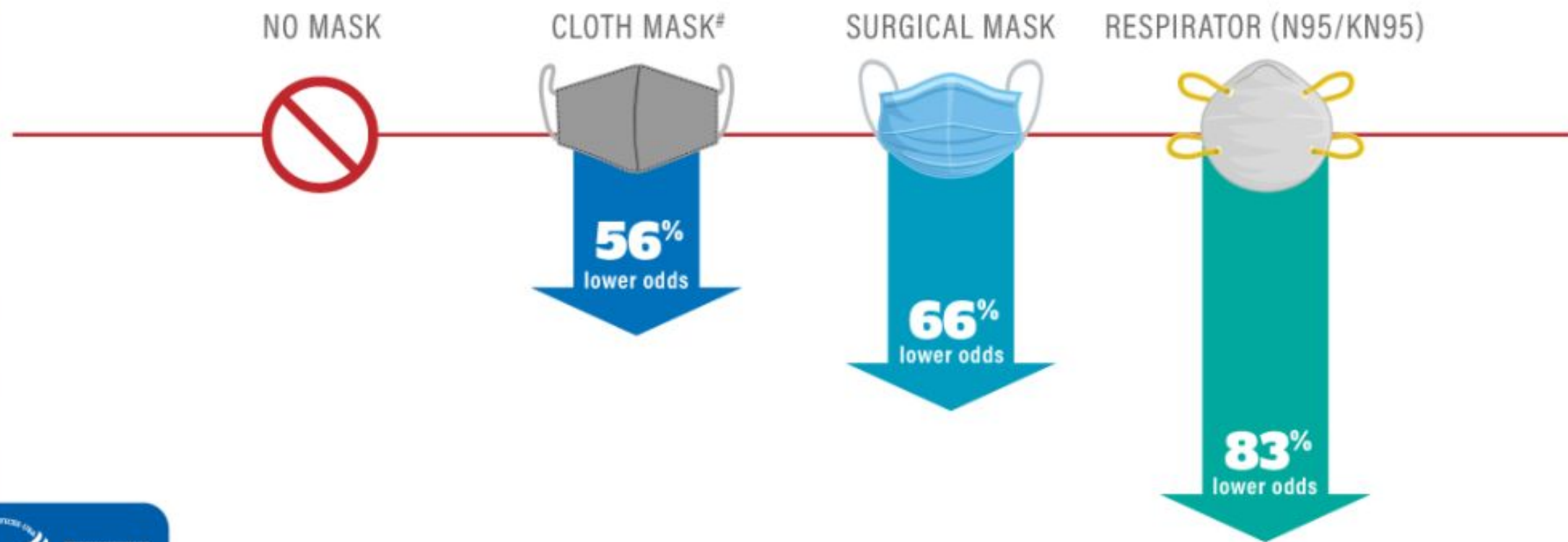
## ➤ **Schools can choose**

- Nothing in this Order shall be construed as prohibiting any business, house of worship, non-profit entity, or other entity from imposing more stringent requirements

People who reported always wearing a mask in indoor public settings were less likely to test positive for COVID-19 than people who didn't\*

## WEARING A MASK LOWERED THE ODDS OF TESTING POSITIVE

Among 534 participants reporting mask type†



[bit.ly/MMWR7106](https://bit.ly/MMWR7106)

\* Matched case-control study, 1,828 people, Feb 10–Dec 1, 2021

† Compared people with similar characteristics (e.g., vaccination)

‡ Not statistically significant

**MMWR**



# Vaccine Updates

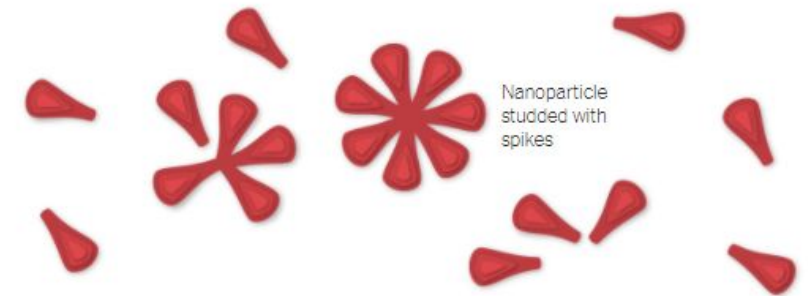


# Vaccine Watch List

- **Pfizer for 6mo - 4yo** - Pfizer submitted request for EUA for initial 2 doses (rolling request) on 2/1/22
  - 3mcg dose; 3 dose primary series
  - 3rd dose is 8 weeks after dose 2
  - VRBAC meeting - postponed until April
- **Moderna for kids - ????**
- **mRNA dosing interval** - ACIP looking at 8 weeks between dose 1 and 2
- **Peds Pfizer for 5 - 11yo** - 3rd 10 mcg dose being studied
- **Omicron specific vaccine** - both Moderna and Pfizer studying Omicron-based vaccines
- **Novavax** - has WHO EUL - submitted request to FDA 1/31 for EUA

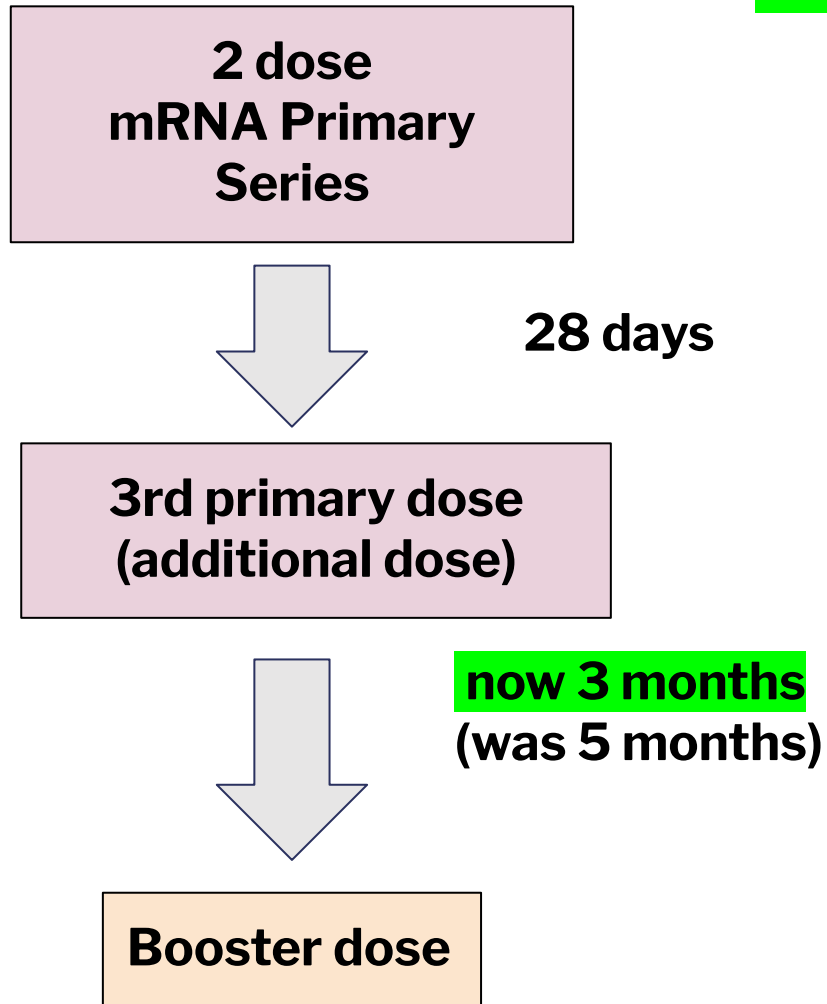
## Building Nanoparticles

The researchers harvested the spike proteins from the moth cells and assembled them into nanoparticles. While the nanoparticles mimicked the molecular structure of the coronavirus, they could not replicate or cause Covid-19.



# Vaccine for Immune compromised individuals:

## 4 Doses Total



# Vaccine Updates for People who are Immune Compromised

1. Boosters for immune compromised people 12+ following mRNA primary series and 3<sup>rd</sup> dose can now be given at **3 months** after the 3<sup>rd</sup> dose (shortened from 5 months)
2. For immune compromised people 18+ who got a J&J primary, it is now recommended to get an mRNA 2<sup>nd</sup> dose at 28 days followed by a booster 2 months after the 2<sup>nd</sup> dose.
3. For those who already got a booster after J&J → there's a chart for this: Appendix B. Guidance for People who are Moderately or Severely Immunocompromised and Vaccinated with Janssen COVID-19 Vaccine



# Who Is Moderately or Severely Immunocompromised?

Moderate and severe immunocompromising conditions and treatments include but are not limited to:

- Active treatment for solid tumor and hematologic malignancies
- Receipt of solid-organ transplant and taking immunosuppressive therapy
- Receipt of chimeric antigen receptor (CAR)-T-cell therapy or hematopoietic cell transplant (HCT) (within 2 years of transplantation or taking immunosuppression therapy)
- Moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection (people with HIV and CD4 cell counts  $<200/\text{mm}^3$ , history of an AIDS-defining illness without immune reconstitution, or clinical manifestations of symptomatic HIV)
- Active treatment with high-dose corticosteroids (i.e.,  $\geq 20$  mg prednisone or equivalent per day when administered for  $\geq 2$  weeks), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor necrosis factor (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory

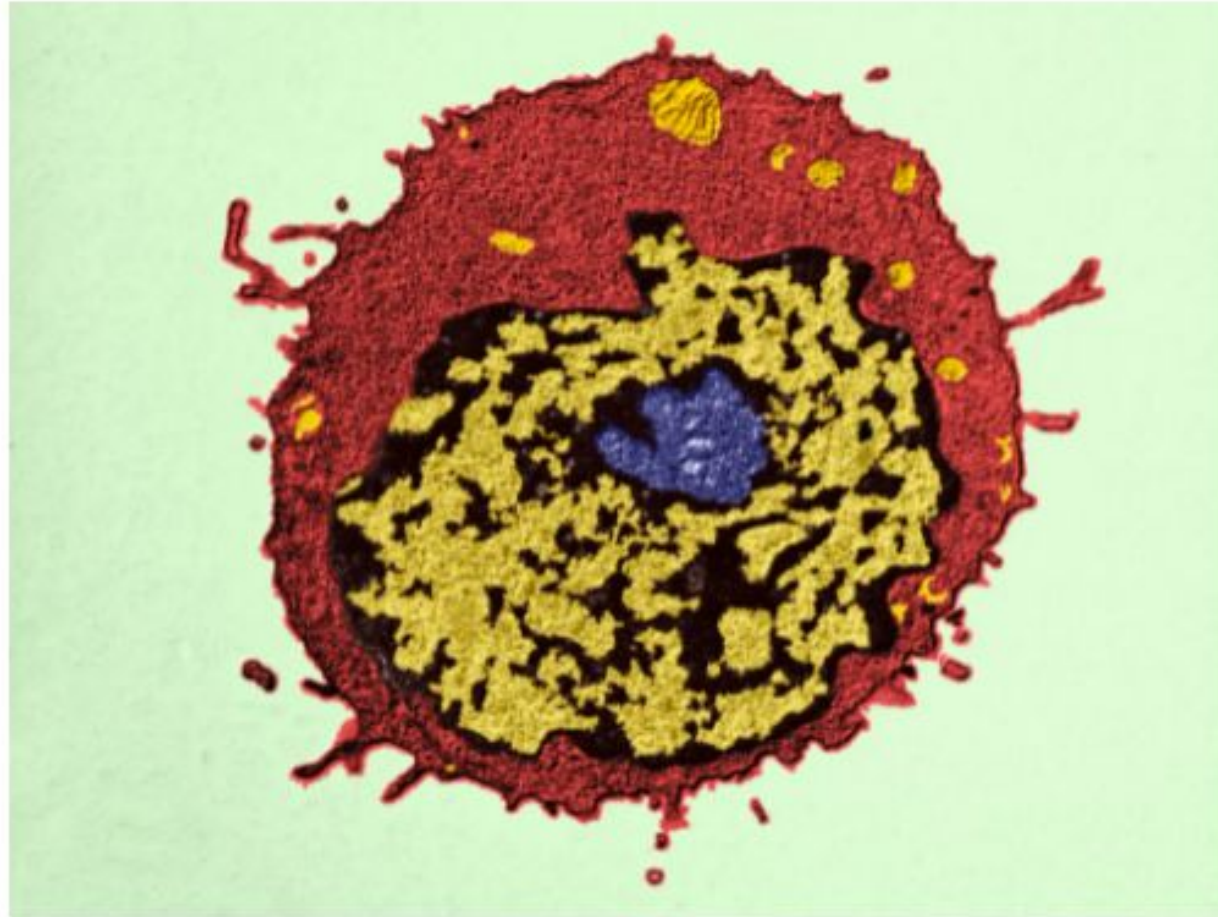
[Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC](#)

some exceptions may apply . . .

On a case-by-case basis, providers of moderately or severely immunocompromised patients may administer mRNA COVID-19 vaccines outside of the FDA and CDC dosing intervals based on clinical judgement when the benefits of vaccination are deemed to outweigh the potential and unknown risks for the recipient. However, providers should not routinely administer additional doses of COVID-19 vaccine beyond those recommended in this guidance.

[Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC](#)

# The Debate about a 4th Dose?



T-cell

[Got a Covid Booster? You Probably Won't Need Another for a Long Time - The New York Times \(nytimes.com\)](https://www.nytimes.com/2022/04/22/health/covid-boosters-4th-dose.html)

# Dr. Fauci and FDA sighting this study



[A-Z Index](#)

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## Morbidity and Mortality Weekly Report (*MMWR*)

CDC



### Waning 2-Dose and 3-Dose Effectiveness of mRNA Vaccines Against COVID-19—Associated Emergency Department and Urgent Care Encounters and Hospitalizations Among Adults During Periods of Delta and Omicron Variant Predominance — VISION Network, 10 States, August 2021–January 2022

Weekly / February 18, 2022 / 71(7);255–263



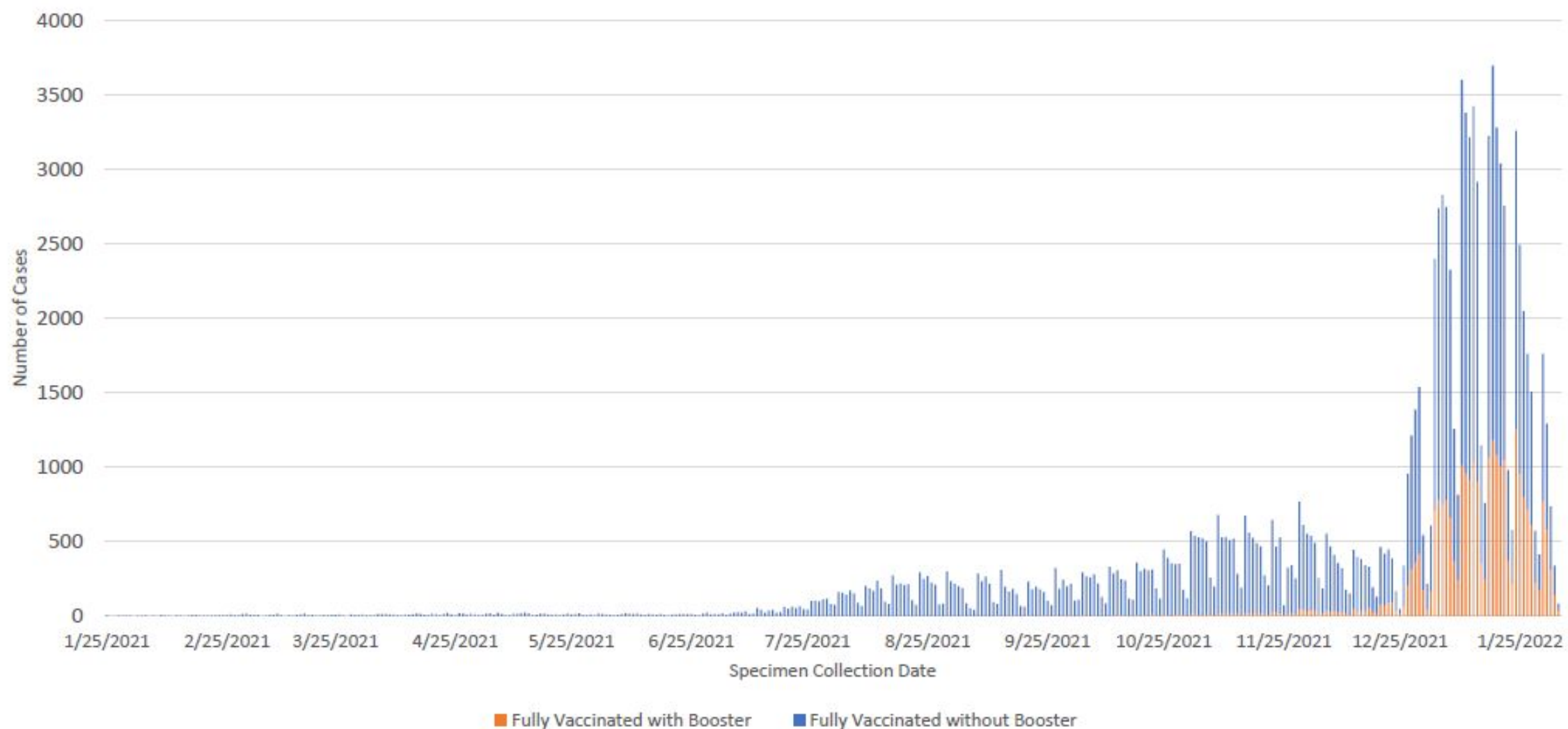
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# Fully Vaccinated Cases by Specimen Collection Date

N=116,861 total (of which 25,492 received booster dose  $\geq 14$  days before positive test date)



# Updates for people vaccinated outside the USA

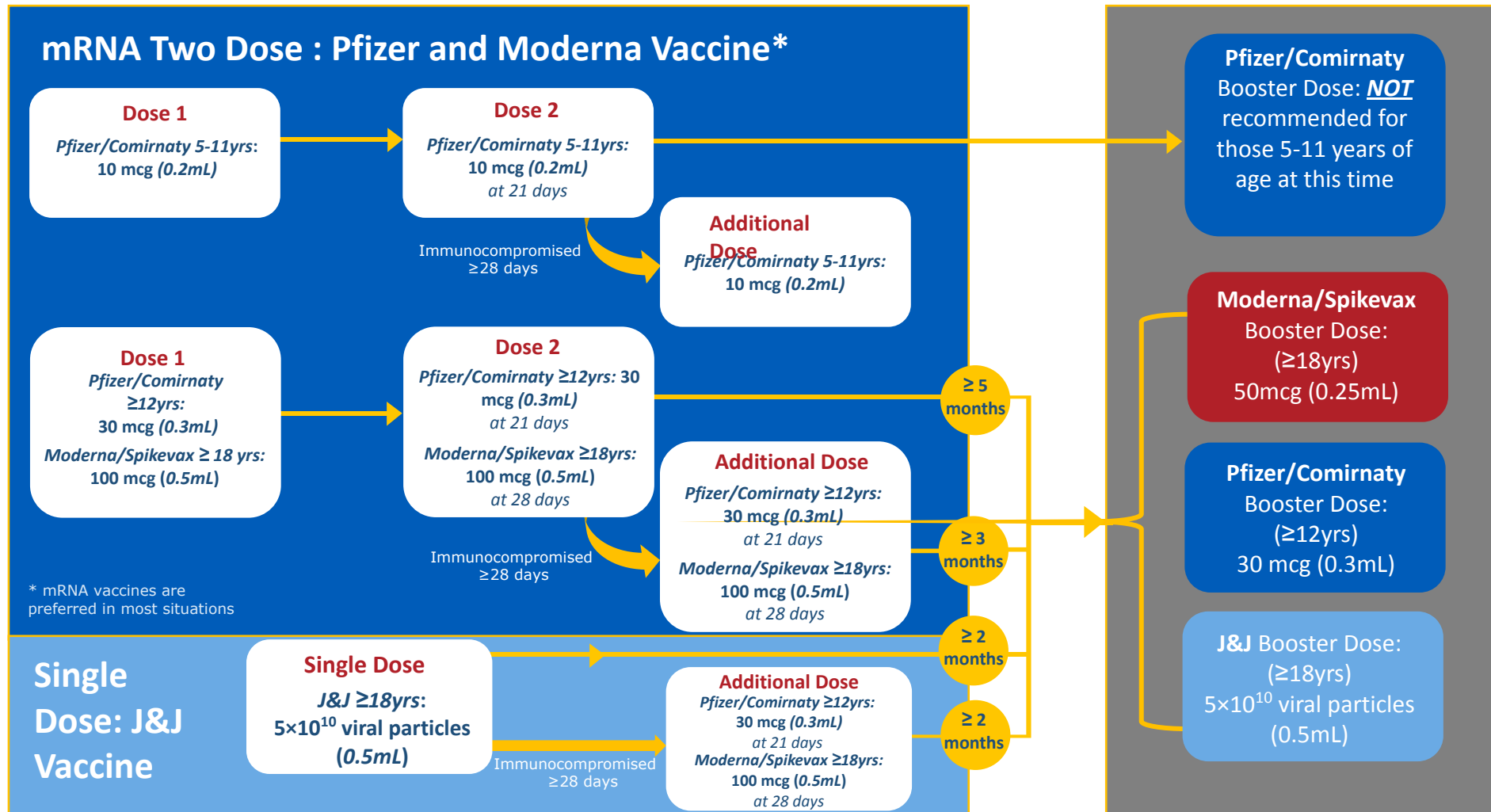
1. People 12+ who have had ***an incomplete series*** of a WHO approved but non-FDA authorize/approved vaccine can get age appropriate mRNA vaccine to complete the series (previously, only Pfizer) and then should get an age appropriate mRNA booster at 5 months.
2. People 12+ who have ***completed*** a WHO approved but non-FDA authorize/approved vaccine should get an age appropriate mRNA booster at 5 months.
3. Immune compromised people 12+ who have started vaccination with a WHO approved but non-FDA authorized/approved vaccine should get a 3<sup>rd</sup> dose of age appropriate mRNA and then a booster at 3 months.

Vaccination history	Recommended actions	Special situations
Received all recommended primary doses for that vaccine	<ul style="list-style-type: none"> <li>Do not repeat primary series</li> <li>Administer mRNA booster dose at least 5 months after last primary series dose</li> </ul>	<p>People ages 12 years and older who are <u>moderately or severely immunocompromised</u> should also receive:</p> <ul style="list-style-type: none"> <li>A single dose of an mRNA COVID-19 vaccine at least 28 days after receiving the last dose of the non-FDA-approved or -authorized primary series.</li> <li>An mRNA booster dose at least 3 months after last primary series dose, for a total of four vaccine doses.</li> </ul>
Received partial primary series for that vaccine	<ul style="list-style-type: none"> <li>Administer a single dose of an mRNA COVID-19 vaccine at least 28 days after receipt of their first dose to complete primary series</li> <li>Administer mRNA booster dose at least 5 months after last primary series dose</li> </ul>	<p>People ages 12 years and older who are <u>moderately or severely immunocompromised</u> should also receive:</p> <ul style="list-style-type: none"> <li>A single dose of an mRNA COVID-19 vaccine at least 28 days after the last dose of the primary series.</li> <li>An mRNA booster dose, at least 3 months after last primary series dose, for a total of four vaccine doses.</li> </ul>
Received a booster dose after completion of primary series	Do not repeat booster dose	

# and a few other updates . . .

1. COVID Vaccines can be given after passive antibody treatment without any waiting period (previous recommendations were to wait 90 days if mAB given for treatment and 30 days if given as post-exposure prophylaxis).
2. Stronger language to avoid additional doses of mRNA vaccine after COVID19 vaccine related myocarditis/pericarditis
3. Evusheld - recommended to administer 2 weeks after a COVID19 vaccine dose (per Evusheld EUA)

# COVID-19 Vaccine Recommendations With Additional and Booster Doses





# Therapeutics Update

<https://cv.nmhealth.org/treatments/>

[Information for Providers | NMDOH - Coronavirus Updates \(nmhealth.org\)](#)

# People at High Risk for Severe COVID should get treatment

- Pregnancy
- Immunosuppressed (i.e. organ transplant, recent chemotherapy)
- Chronic Kidney Disease
- Age 65 and older
- BMI 35 or higher
- Chronic respiratory disease >55 y.o.
- Cardiovascular disease >55 y.o.
- Diabetes
- Hypertension >55 y.o

<https://cv.nmhealth.org/treatments/>

SEARCH FOR

WITHIN 15 MILES OF ZIP CODE

IN STOCK

Any Therapeutic

Enter zip code...

Yes

Search

NAME	THERAPEUTIC	REFERRAL REQUIRED	IN STOCK	ADDRESS
ACOSTA MEDICAL CLINIC	Evusheld	Yes	Yes	2550 SAMARITAN DR, SUITE 205, LAS CRUCES, NM 88001
ATHRITIS TREATMENT SPECIALISTS, LLC	Evusheld	No	Yes	1770 Tierra de Mesilla, Las Cruces, NM 88005
AXCES Health	Sotrovimab	Yes	Yes	531 Harkle Road, Suite B, Santa Fe, NM 87505
Referral Information Accepts outside referrals and also administers after testing + for covid if patient meets Criteria. A \$200 fee is charged cash but patient can submit to insurance on their own for reimbursement.				
Albuquerque ER and Hospital	Sotrovimab	No	Yes	9310 Coors Boulevard NW, Albuquerque, NM 87114
Referral Information Don't accept medicine or Medicaid. Patients only seen in the ER that meet guidelines receive med				
CHRISTUS ST. VINCENT CANCER CENTER	Evusheld	No	Yes	490 A W Zia Rd, Santa Fe, NM 87505
Referral Information MUST BE AN ESTABLISHED PATIENT				
CHRISTUS ST. VINCENT HOSPITAL	Evusheld	Yes	Yes	455 ST. MICHAELS DR, SANTA FE, NM 87505
CHRISTUS St Vincent Regional Medical Center	Sotrovimab	No	Yes	455 St. Michaels Drive, Santa Fe, NM 87505
Referral Information CR patients that meet criteria				
CONTIGO COMPOUNDING AND INFUSION PHARMACY	Molnupiravir	No	Yes	8300 Carmel Ave NE, STE 601, ALBUQUERQUE, NM 87122
Community, A Walgreens Pharmacy (#16544)	Paxlovid	No	Yes	933 SAN MATEO BLVD NE, SUITE 501, ALBUQUERQUE, NM 87108
Community, A Walgreens Pharmacy (#16544)	Paxlovid	No	Yes	933 SAN MATEO BLVD NE, SUITE 501, ALBUQUERQUE, NM 87108
Covenant Health Hobbs aka LPMC	Sotrovimab	Yes	Yes	5419 N Lovington Highway, Hobbs, NM 88240
Referral Information Accepts outside referrals by appointment only no E.R. administration. Very short staffed takes in a minimal amount of patients daily. Fax to 575-402-5257.				
DEL REY PHARMACY	Molnupiravir	No	Yes	3291 DEL REY BLVD UNIT C, LAS CRUCES, NM 88012
DR. DAN C. TRIGG MEMORIAL HOSPITAL	Evusheld	Yes	Yes	301 E. MIEL DE LUNA, TUCUMCARI, NM 88401

# EVUSHELD (formerly AZD7442)

- EUA 12/8/21
- Pre-exposure prophylaxis
- For people who are moderately to severely immunocompromised and are not expected to mount immune response to COVID-19 vaccines
- For those in whom COVID-19 vaccine is contraindicated.
- 12 years and older weighing at least 40kg
- Combo of 2 long acting MABS
- IM injection with repeat dosing every 6 months
- Not a substitute for vaccine



# New COVID-19 Therapeutic: Bebtelovimab

- EUA granted 2/11/22
- Arriving in hospitals next week
- This is a monoclonal antibody
- Authorized for the treatment of mild-to-moderate COVID-19 disease for patients age 12+ and weighing  $\geq 40\text{kg}$ .
- Bebtelovimab 175 mg IV given over a 30 second infusion. An hour observation period is required after infusion.



# Bebtelovimab, cont.

- In BLAZE-4, Bebtelovimab has been shown to improve symptoms in patients with mild-to-moderate COVID-19.
- Additionally, a reduction in SARS-CoV-2 viral load on Day 5 was observed relative to placebo, though the clinical significance of this is not known.
- The clinical trials were not powered or designed to determine differences in clinical outcomes.
- According to the FDA, it is reasonable to believe that Bebtelovimab may be effective for the treatment of patients with mild-to-moderate COVID-19 to reduce the risk of progression to hospitalization or death.
- Bebtelovimab retains activity against currently circulating variants.



# OMASS Triage Score:

**No longer necessary due to more supply than demand**  
**Those at high risk of COVID should get Tier 1 or 2 Medications**

adapted from Mayo Clinic's published Monoclonal Antibody Screening Score (MASS)

RISK FACTOR	POINTS
Age 65 years and older	2
BMI 35 kg/m2 and higher	2
Diabetes mellitus	2
Chronic kidney disease	3
Cardiovascular disease in a patient 55 years and older	2
Chronic respiratory disease in a patient 55 years and older	3
Hypertension in a patient 55 years and older	1
Immunosuppressed and unlikely to have responded to vaccines (eg: CD20 inhibitors, BTK inhibitors, campath, recent CAR-T, organ transplant)	3
Pregnancy*, <sup>7</sup>	4
BIPOC (Black, Indigenous, People of Color) status <sup>8</sup>	1
Any other underlying medical condition associated with high risk for severe COVID-19 disease according to the CDC <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/underlyingconditions.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/underlyingconditions.html</a>	1

\*Molnupiravir is not recommended for use in pregnancy.

Therapeutic	Reduction In hospitalization & death	Route	Treatment Initiation from Symptom Onset	Preference
<b>Paxlovid (Nirmatrelvir/Ritonavir)</b> 300mg/100mg po BID x 5 days	88%	Oral	Within 5 days	<b>1<sup>st</sup> Tier</b>
<b>Remdesivir</b>	87%	IV	Within 7 days	<b>1<sup>st</sup> Tier</b>
<b>Sotrovimab</b>	85%	IV	Within 10 days	<b>2<sup>nd</sup> Tier</b>  Reserve use for those whom: Tier 1 medication contraindicated/unavailable
<b>Molnupiravir 200mg</b>  4 tabs po BID x 5 days	30%	Oral	Within 5 days	<b>3<sup>rd</sup> Tier</b>  Utilize when other treatment options are contraindicated or unavailable
<b>Bebtelovimab</b>	Clinical trial not powered or designed to determine difference in clinical outcomes	IV	Within 7 days	<b>3<sup>rd</sup> Tier</b>  Utilize when other treatment options are contraindicated or unavailable

# Messaging and Resources

[Resource Center](#)

[Grant Program](#)

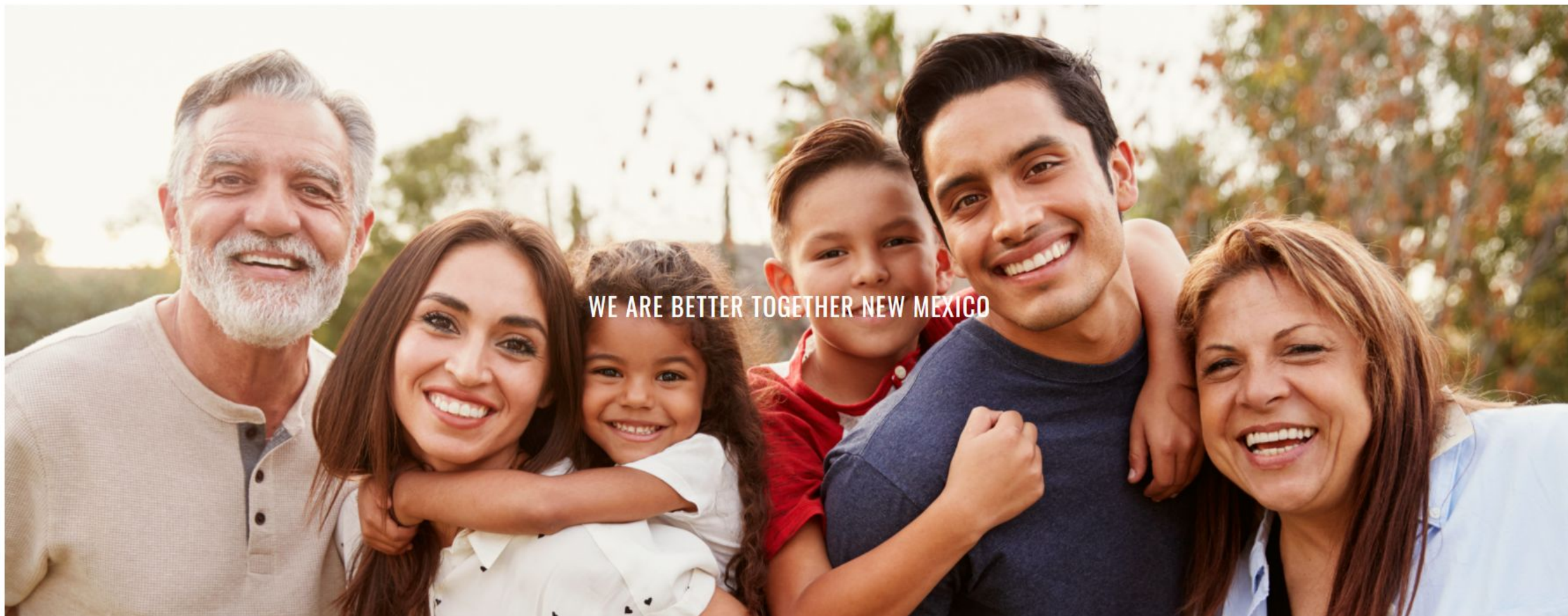


[Login](#)



[NM Vaccine Dashboard](#)

WE ARE BETTER TOGETHER NEW MEXICO





# Better Together New Mexico Resources Page



## MARKETING MATERIALS

Get access to the most recent marketing materials and campaigns in NM.



## COMMUNITY RESOURCES

Below is a list of resources to give you easy access to the tools and support available in NM.



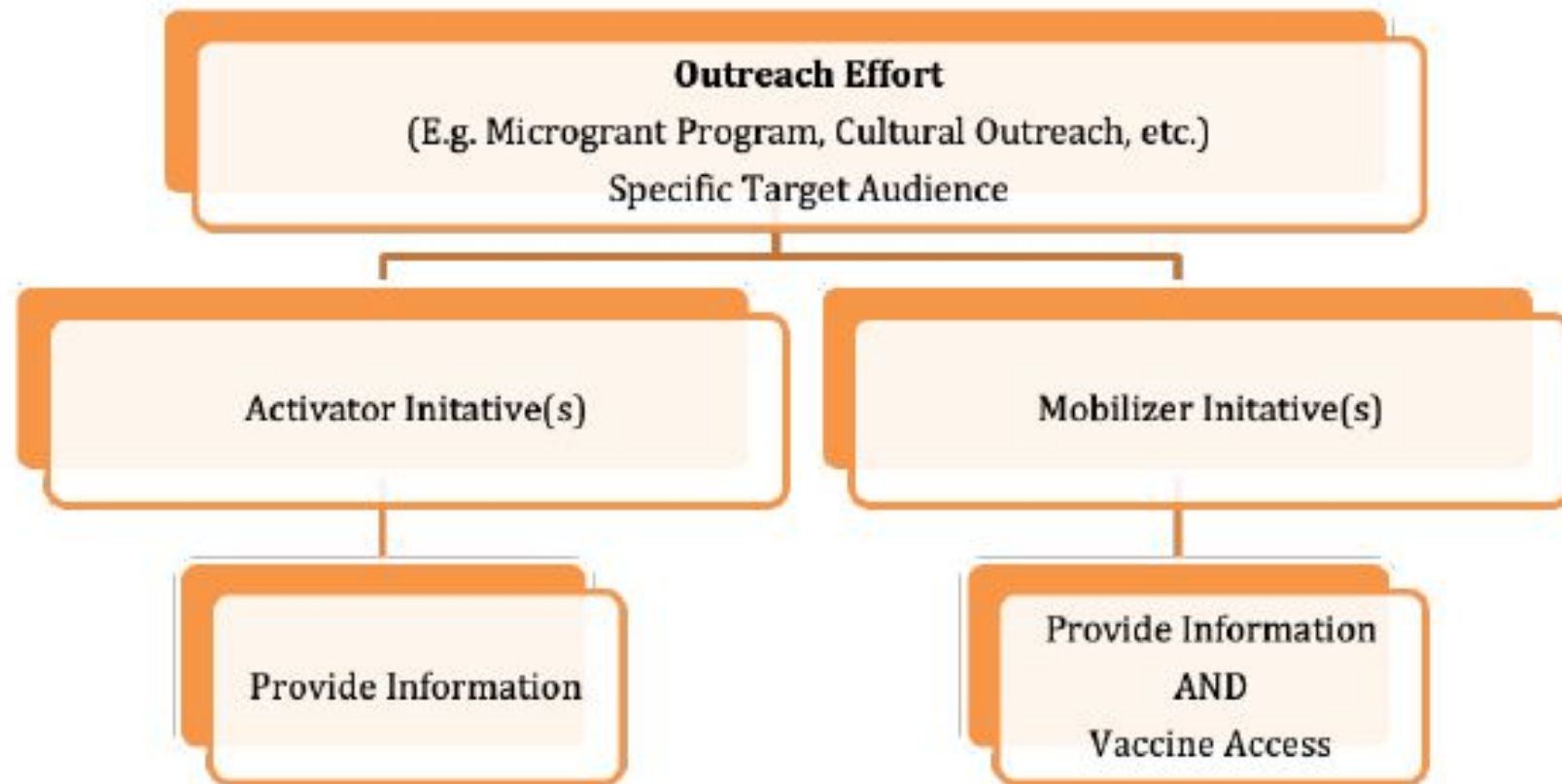
## RESEARCH + POLICIES

The latest research and statistics in NM.

<https://www.bettertogethernm.com/>



# Better Together Grant Program Overview



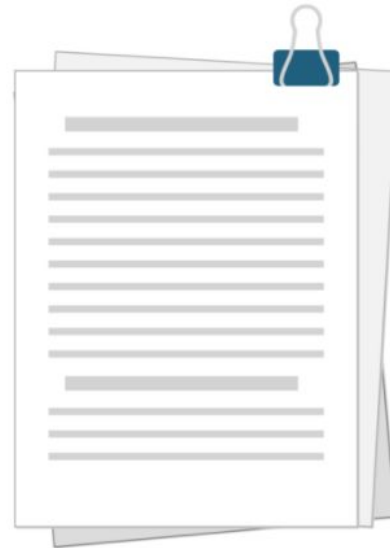
# Better Together New Mexico Grant Application Page



Grant Guidelines

View the Grant Guidelines to determine if your organization is a good fit for this important outreach effort. Refer back to them when you are creating your application.

[All the Details](#)



Blank Application PDF

Review this PDF of the blank application to see all the questions and prepare to submit your own application. Actual submission must be through the online portal, access below.

[Review It Now](#)



Latest Presentation - Grant Announcement

View this pdf learn more about how we are working hard to manage this program differently. To engage populations that have not been reached in the past.

[February 18, 2022](#)

[Grant Program — Better Together New Mexico \(bettertogethernm.com\)](https://bettertogethernm.com)

# Better Together New Mexico Resources Page

## Recap

- Application Opens Monday, February 21 & Closes March 31 @ Midnight
- Eligible to Apply for up to \$200,000 to be used through June 30, 2024
- Established Community Based Organizations & Governments
- [BetterTogetherNM.org](https://www.bettertogethernm.org) – Grant Program
- For Assistance: [Acacia@MomentumSantaFe.com](mailto:Acacia@MomentumSantaFe.com) or [Audrey@MomentumSantaFe.com](mailto:Audrey@MomentumSantaFe.com)

<https://www.bettertogethernm.com/>

# DOH Contact Information for Providers

CONTACT INFO	DESCRIPTION
<b>COVID.Vaccines@state.nm.us</b>	COVID-19 Vaccine Record requests; Provider COVID-19 Vaccine Order status; NMSIIS assistance.
<b>COVID.Therapeutics@state.nm.us</b>	Provider questions regarding COVID oral therapeutics (Molnupiravir and Paxlovid); COVID PrEP (Evusheld); mAB; or Remdesivir
<b>COVIDData.compliant@state.nm.us</b>	COVID-19 vaccine storage and handling questions, temperature log and onboarding Vaccine Plan submissions.
<b>COVID.testing-doh@state.nm.us</b>	For Provider questions on testing and test supplies

# DOH Contact Information for Patients

CONTACT INFO	DESCRIPTION
<b>COVID-19 Hotline: 1-855-600-3453</b>	Users who have questions or would like support with vaccine registration and testing
<b>ALTSD assistance: 1-800-432-2080</b>	For seniors and those with disabilities who need support with vaccine registration and scheduling.
<b>1-833-551-0518</b>	For non-health related COVID-19 questions



**THANK YOU for all that you do!**

