

Immunization Branch Newsletter



COLORADO

Disease Control and Public Health Response

Department of Public Health & Environment

Sept. 4, 2025

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Important updates

Recent actions taken to ensure COVID-19 vaccine access in Colorado

Gov. Polis directed CDPHE and other state agencies to act quickly to ensure that all Coloradans have access to safe and effective updated COVID-19 vaccines. In furtherance of that goal, CDPHE Executive Director Jill Hunsaker Ryan issued [Public Health Order 25-01: Access to COVID-19 Vaccines](#), and Chief Medical Officer Dr. Ned Calonge issued a [standing order](#) to allow pharmacists to provide COVID-19 vaccines without individual prescriptions. The standing order will take effect on Friday, Sept. 5, 2025.

The actions come after the FDA limited its recent approval of updated 2025-2026 COVID-19 vaccines to those aged 65 and older or at higher risk of severe disease. This narrow federal authorization gets in the way of Coloradans making our own health care decisions and would have inconvenienced Coloradans who want increased COVID-19 protection by requiring a doctor's prescription. The FDA's limited approval has created confusion and uncertainty because it appears to conflict with recommendations previously issued by the Centers for Disease Control and Prevention and the guidance issued by several professional organizations.

You can read more in the Sept. 3 [press release](#).

New AAP immunization schedule

On Aug. 19, the American Academy of Pediatrics (AAP) published its own evidence-based [immunization schedule](#) for infants, children, and adolescents. The schedules include updated guidance for respiratory syncytial virus (RSV) immunization and COVID-19 vaccination. The AAP recommends all young children ages 6 through 23 months get vaccinated against COVID-19, along with older children in certain risk groups, based on evidence on who can benefit the most from the vaccine.

CDPHE continues to monitor vaccine guidance closely. Because insurance coverage and the federal Vaccines for Children program have historically been tied to the recommendations from the CDC's Advisory Committee on Immunization Practices (ACIP), we are watching their process carefully. At the same time, we are staying abreast of guidance from other respected organizations, including the American Academy of Pediatrics.

For now, Colorado is following the same immunization recommendations we used last year (following the ACIP schedule published in November 2024). Any future deviations from the school-required vaccine schedule would be determined by the Colorado Board of Health, which is authorized to make decisions informed by a wide range of scientific and medical organizations.

2025 measles cases and outbreaks

The [United States has surpassed the highest number of measles cases](#) in a single year since it achieved measles elimination status 25 years ago. As of Aug. 26, there are 1,408 cases throughout the U.S., including in states bordering or close to Colorado. On Aug. 18, the [Texas Department of State Health Services](#) reported the end of its measles outbreak centered in West Texas, with 762 cases confirmed since late January. The [New Mexico Department of Health](#) has identified 100 cases, including 67 cases in Lea County, which borders western Texas. On Aug. 21, the Kansas Department of Health and Environment [announced the end of its measles outbreak](#). It has identified 90 cases, primarily in the southwest corner of the state, including in Morton County, which borders Colorado.

Colorado has also experienced a rise in measles with [22 confirmed cases this year](#), more than any year since 1995. This increase, along with [the possibility of community transmission within the state](#), make it more important than ever for Coloradans who have not received the measles, mumps, and rubella (MMR) vaccine or are not already [immune](#) to get vaccinated against this highly contagious disease. Information about the [2025 Colorado measles cases](#), along with MMR vaccination coverage data, is available on the CDPHE webpage.

Find updated vaccine resources for health care professionals and the public on CDPHE's [measles webpage](#), and refer to CDPHE's [measles communications toolkit](#) for resources on how to prevent the spread of measles. A [provider FAQ](#) is available in the health care provider resources section.

Influenza updates for the 2025-2026 season

On June 26, 2025, the ACIP voted for all children 18 years and younger, pregnant people, and adults to receive only single-dose formulations of seasonal flu vaccines free of thimerosal. On July 22, the U.S. Department of Health and Human Services Secretary signed off on ACIP's recommendation.

At the time the recommendation was posted to the Centers for Disease Control and Prevention's [ACIP Recommendations webpage](#), it was not clear that it also included a continued universal recommendation for people 6 months and older to receive an annual flu vaccine. On Aug. 8, CDC updated the [ACIP Recommendations webpage](#), reaffirming the recommendations for routine annual influenza vaccination of all people aged 6 months and older who do not have [contraindications](#) for the 2025-2026 season.

CDC has posted [updates for the 2025-2026 flu season](#).

FluMist nasal spray at home

FluMist nasal spray will be distributed in Colorado for [home delivery](#) to be self-administered by adults 18 through 49 years of age or administered by a parent or caregiver to individuals 2 through 17 years who do not have contraindications.

- For the 2025-2026 influenza season, FluMist Home will be distributed in select states, including Colorado, by ASPN Pharmacies and will not be available through the Vaccines for Children or 317 vaccine program.
- ASPN Pharmacies is actively engaged with CIIS and will have an electronic interface in place for this flu season. Recipients of the self- or caregiver-administered FluMist will be asked to attest that they administered the vaccine, which will trigger the immunization record to be sent to CIIS.
- Employers with employee influenza vaccine requirements should consider their individual policies to determine if and how self-administered FluMist will meet their requirements.

FluMist administered by authorized health care personnel for people who are privately insured and VFC-eligible children will continue to be available at provider offices.

Vaccination resources

- [Child and adolescent immunization schedule](#) and [Addendum](#)
- [Adult immunization schedule](#) and [Addendum](#)

- [American Academy of Pediatrics recommendations for prevention and control of Influenza in Children, 2025-2026](#)
- [Influenza vaccine composition for the 2025-2026 U.S. influenza season](#)
- Vaccine information statements (VIS)
 - [Live, attenuated influenza vaccine VIS](#)
 - [Inactivated influenza vaccine VIS](#)
- [Immunize.org Influenza Vaccine Products for the 2025-2026 Influenza Season](#)

Colorado farmworker seasonal flu project

While there have been no reported cases of H5N1 among dairy herds in Colorado since Aug. 13, 2024, there have been [confirmed livestock cases in California within the last 30 days](#). In light of the known risk of avian flu exposure for poultry and dairy farmworkers, CDPHE is continuing its farmworker seasonal flu vaccination project through the 2025-2026 seasonal flu season. Our most recent activities include:

- Development of a resources sheet for farmworkers. It includes health, food, housing, child care, and work leave resources for farmworkers in each county where H5N1 was detected during last year's outbreak. We will distribute this resource sheet to partners and community organizations when it is publicly available.
- Distributing a [survey](#) to gauge local public health agency capacity for participation in this year's farmworker seasonal flu vaccination campaign. Limited funding is available for this year's campaign, and funding will be prioritized for LPHAs who can commit to performing active outreach and hosting vaccine clinics. The input from LPHAs is crucial for maximizing our efforts in the areas of Colorado with the greatest need.
- Finalizing contracts to fund our LPHA and clinical partners for their farmworker seasonal influenza outreach and vaccination efforts. **LPHA partners: Keep an eye out for communication from CDPHE about funding for this project. We will confirm your acceptance of this supplemental**

funding before these funds will be added through an option letter to your existing contracts.

If you have questions about the farmworker flu vaccine project, reach out to Vaccine Campaign Coordinator Antonio Escamilla Guevara at antonio.escamilla@state.co.us.

Dairy cow and poultry farmworkers who feel sick or suspect that they may have avian flu should seek medical care or call CDPHE at 303-692-2700 (after normal business hours: 303-370-9395). CDPHE can help them get a flu test and treatment, if needed. More information about avian flu in humans, including information about the number of human cases, is available on the [CDPHE avian flu webpage](#).

Clinical corner

CDC Director adopts new RSV preventive antibody recommendation

The Food and Drug Administration licensed clesrovimab (brand name Enflonia) on June 9, 2025. During the June ACIP meeting, ACIP voted to recommend clesrovimab as an option for RSV prevention in infants younger than 8 months born during or entering their first RSV season who are not protected by maternal vaccination. The [CDC Director adopted this recommendation](#) on Aug. 4, 2025, making it an official recommendation of CDC. There is no preferential recommendation between nirsevimab and clesrovimab for infants younger than 8 months. Nirsevimab (Beyfortus) is the only RSV monoclonal antibody approved for use in older infants and toddlers at higher risk of severe illness who should get a dose of RSV monoclonal antibody during their second RSV season, when they are between 8 and 19 months old. Further information about the inclusion of clesrovimab in the VFC formulary is forthcoming; however, CDC has not provided an estimated timeline.

Abrysvo presentation update

After Oct. 3, 2025, Pfizer will provide Abrysvo (respiratory syncytial virus vaccine) exclusively in the ACT-O-VIAL presentation. No other presentation will be available after this date. ACT-O-VIAL offers the convenience of reconstitution in an all-in-one device. It does not require a needle for reconstitution and takes up less shelf space than the Abrysvo vial and prefilled syringe presentation. A [short video](#) on how to reconstitute Abrysvo using ACT-O-VIAL is available for review. Carton size and national drug code (NDC) numbers are provided in the table below.

| Abrysvo ACT-O-VIAL | | Abrysvo vial and prefilled syringe (No longer available for sale after Oct. 3, 2025) | |
|------------------------|--------------------|---|--------------------|
| Carton: 1 ACT-O-VIAL | NDC: 0069-2465-01 | Carton: 1 vial adapter kit | NDC: 00069-0344-01 |
| Carton: 10 ACT-O-VIALS | NDC: 00069-2465-10 | Carton: 5 vial adapter kits | NDC: 00069-0344-05 |

Community partner spotlight

Improving rabies post-exposure prophylaxis (PEP) access: ACHD's use of the Sanofi Patient Connection Program

In June, the Adams County Health Department (ACHD) Immunization Program successfully leveraged the [Sanofi Patient Connection Program](#) to help clients complete their rabies PEP series after facing significant barriers like lack of insurance, high vaccine costs, and limited provider access. The program offers eligible individuals access to Sanofi vaccines at no cost, including urgent credit for already administered doses, and has become a vital resource for patients unable to secure Medicaid or private insurance coverage. ACHD encourages other providers to explore this program to help clients overcome financial and logistical challenges in accessing lifesaving

vaccines. For guidance, contact Michele A. Roseborough, ACHD Immunization Nurse Supervisor, at 720-366-0828.

Notable data updates

New Morbidity and Mortality Weekly Report, Aug. 14, 2025

[Vaccination Coverage Among Adolescents Aged 13-17 Years – National Immunization Survey-Teen, United States, 2024](#) showed that nationally, coverage in 2024 with \geq one dose Tdap, \geq one dose MenACWY, and \geq two doses MMR increased compared to 2023 estimates. Coverage with human papillomavirus (HPV) initiation, HPV up-to-date, \geq two doses varicella, and \geq two doses hepatitis A was similar to 2023 estimates.

Coverage estimates among 13-17-year-olds in Colorado were above 90% for three vaccines: \geq two doses MMR (92.6%), \geq two doses varicella (92.8%), and \geq three doses hepatitis B (90.6%). Coverage was below 90% for four vaccines: \geq two doses hepatitis A (88%), \geq one dose MenACWY (86.6%), \geq one dose Tdap (89.4%), and HPV up-to-date (64.3%). Colorado's coverage for HPV initiation was 80.6%. Colorado's coverage has decreased in 2024 compared to 2020 for all vaccines measured except for \geq two doses hepatitis A.

Corresponding data and visualizations were also published online on [TeenVaxView](#) on Aug. 14, 2025.

Data quality and Colorado Immunization Information System updates

Upcoming CIIS update – new features

We're excited to announce an upcoming update to CIIS, launching on Sept. 17, with the CIIS v25.8 release. This update will include enhancements to support alignment with [HB22-157](#), which requires the collection of public health information from data sources and data provided to the department, including information concerning race,

ethnicity, disability, sexual orientation, and gender identity.

What's changing?

As a result of HB 22-157, CIIS will receive multiple enhancements that will impact the CIIS Patient Demographic screen and data exchange messaging. Each project and the impacts are listed below.

Why is collecting this data important?

Collecting this data enables CDPHE and partners to better identify and address disparities in health outcomes. It also helps inform statewide policies, improve services, and ensure public health strategies are inclusive and effective for all communities in Colorado.

Sexual Orientation and Gender Identity (SOGI) project

This data is considered highly sensitive, and the security around these fields for who can see, edit, and update them is critical to this project.

Beginning on Sept. 17, users will see the following changes to the Patient Demographic screen in CIIS:

- The current Gender field will be updated to Sex at Birth.
- There will be a new sub-section within the Patient Information section called Sexual Orientation and Gender Identity (SOGI). This sub-section includes a blue information box, a dropdown for Sexual Orientation, and a dropdown for Gender Identity.
- Once values are entered into the Sexual Orientation and Gender Identity fields, the information will disappear from the dropdowns after "Update" is clicked. A success message is displayed to verify the information was saved successfully.
- SOGI data will not display on any CIIS-run reports.

SOGI data can be sent through an electronic interface with CIIS. The CIIS Interoperability Team will be updating their HL7 implementation guide and sharing

this information with their electronic health record (EHR) vendor partners. SOGI data will not be returned in query response messages.

Disability project

This data is considered highly sensitive, and the security around these fields for who can see, edit, and update them is critical to this project.

Users can expect to see the following changes to the Patient Demographic screen in CIIS:

- There will be a new collapsible section called Disability Information. This section includes a blue information box and dropdowns for each of the Disability questions. The number of Disability questions displayed is dependent on the patient's age.
- Once values are entered into the Disability question fields, the information will disappear after "Update" is clicked. A success message is displayed to verify the information was saved successfully.
- Disability data will not display on any CIIS-run reports.

Disability data cannot be sent through an electronic interface with CIIS. No information will be shared with EHR vendor partners about this project.

Expanded Race/Ethnicity project

Race/Ethnicity has been captured within CIIS for years, but this project will expand the options available for selection. Users can expect to see the following changes to the Patient Demographic screen in CIIS:

- The current Ethnicity dropdown will be removed, and Ethnicity will be captured in a combined Race/Ethnicity field.
- The number of values that can be selected for each patient has increased from three to five.

- There will be expanded Race/Ethnicity values that can be selected. These will include the main race value and expanded sub-race values under each of the main race values.

Expanded Race/Ethnicity data can be sent through an electronic interface with CIIS. The CIIS Interoperability Team will update the HL7 implementation guide and share this information with their EHR vendor partners. Expanded Race/Ethnicity values will be returned in query response messages.

Need help?

For additional information, visit the [Job Aids for CIIS Users](#) folder, as the training materials below will be updated by Sept. 17 to reflect the changes of the SOGI, Disability, and Race/Ethnicity projects:

- Adding a new patient in CIIS
- CIIS IZ Quick Add Module tutorial for mass events
- How to add and administer a vaccination in CIIS
- Printing official certificates of immunization
- Searching for patient records
- Video: How to enter patient demographic information in CIIS
- Video: How to add and administer a vaccination in CIIS
- Video: How to add a patient in CIIS

Contact our CIIS Help Desk at cdphe.ciis@state.co.us or 303-692-2420 for assistance.

CDPHE's Online Immunization Education Module

We are excited to announce that CDPHE's Online Immunization Education Module, one of two ways to obtain a Certificate of Nonmedical Exemption from school-required vaccines, is being updated. The module will be longer due to the need to align with accessibility guidelines, recent policy changes, and previous feedback received, while ensuring that information is accurate and up to date. More communication will be coming soon, including the expected publishing date.

CDPHE's Online Immunization Education Module and the Technical Guidance and Troubleshooting job aid will be available in the following languages:

- English
- Spanish
- Chinese
- Vietnamese
- Arabic

For more information and to stay up to date with CDPHE's Online Immunization Education Module, visit CDPHE's [exemptions to school-required vaccines](#) webpage. As future changes are anticipated to the module, we encourage you to use and share the link above to access the module instead of including the direct module link on your webpages.

For technical questions related to CDPHE's Online Immunization Education Module, contact the CIIS School Coordinator at cdphe_ciis_schools@state.co.us.

For clinical consultation, immunization compliance, or policy-related questions, contact the School and Child Care Nurse Consultant at sara.lopez@state.co.us.

In case you missed it

[Immunization Branch Newsletter - July 31, 2025](#)

[Immunization Branch Newsletter - June 30, 2025](#)

[Immunization Branch Newsletter - May 30, 2025](#)

[Immunization Branch Newsletter - April 30, 2025](#)

[Immunization Branch Newsletter - April 4, 2025](#)

[Immunization Branch Newsletter - Feb. 28, 2025](#)

Have questions? Use the [VFC program and Immunization Branch contact list](#) to connect with our helpful staff.

