

Immunization Branch Newsletter



COLORADO

Disease Control and Public Health Response

Department of Public Health & Environment

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Important updates

Advisory Committee on Immunization Practices September meeting

The Centers for Disease Control and Prevention’s ACIP met on Sept. 18-19. In short, ACIP voted on access to two vaccines as described below (more details following):

- **COVID-19 vaccines:** Recommended for everyone 6 months and older, but now through shared clinical decision-making – a conversation with a provider rather than a routine, universal recommendation. This is broader than the U.S. Food and Drug Administration (FDA) license approval for COVID-19 vaccines (the ACIP recommends “off-label” use), but narrower than updated COVID-19 vaccine recommendations from professional societies, including the American Academy

of Pediatrics, the American College of Obstetricians and Gynecologists, and the American Academy of Family Physicians.

- **Hepatitis B:** While ACIP voted on hepatitis B testing during pregnancy, they chose to not vote on vaccine recommendations. This means the current hepatitis B birth dose recommendations are intact, but ACIP signaled an intention to return to the hepatitis B discussion in the near future.
- **MMRV (measles, mumps, rubella, varicella):** Removed the combination MMRV vaccine as an option for a child's first dose in the MMR and varicella vaccine series under age 4. ACIP also aligned the Vaccines for Children (VFC) resolution to match the updated recommendation.

Day 1 of the meeting consisted of discussion on the combination MMRV vaccine and the known slightly higher risk of febrile seizures when administered to children 12 to 15 months versus at 4 to 6 years. CDC presented data based on previous study findings regarding the risk of febrile seizure for both doses. Many ACIP liaison members voiced concern about the impact of changing the recommendation, which already included separate first doses of MMR and varicella vaccines for children 12 through 47 months, unless a parent expresses preference for the combination MMRV vaccine. Despite no new data, the committee voted to restrict the use of MMRV to only those children 4 years and older and did not initially approve the updated VFC resolution to match the new recommendation they had just voted to pass. ACIP fixed this mistake on Day 2. For context, approximately 32% of first doses given in Colorado as part of the MMR and varicella vaccine series are combination MMRV vaccines – higher than the 15% referenced for the country during the ACIP meeting.

Discussion also included the universal hepatitis B birth dose recommendation. CDC staff presented data to answer the committee's questions, including data on efficacy and adverse events. After discussion highlighting confusion and uncertainty by committee members, and many questions from liaisons and experts regarding the committee voting on a recommendation without time to review additional data that was presented, the decision was made to delay the vote on hepatitis B birth dose to Sept. 19.

On Day 2, the committee voted to recommend that all pregnant women be tested for hepatitis B infection (an [ACIP recommendation that has been in place since 1988](#)). After some additional discussion, ACIP voted to table the vote that would have changed the hepatitis B birth dose recommendation.

The remaining discussion was on COVID-19 epidemiology and COVID-19 vaccination. CDC presented data on COVID-19-associated hospitalizations over the last 12 months, as well as estimates of vaccine coverage and vaccine efficacy. The presentations showed that vaccine effectiveness against severe illness and outcomes was durable over time. There were presentations from several members of the newly formed ACIP COVID-19 vaccine work group regarding reported safety uncertainties and genomics of vaccine-induced myocarditis. ACIP proposed four separate votes related to COVID-19 vaccine, several of them falling outside of the committee's scope.

- Vote No. 4 – passed
 - The pediatric and adult immunization schedules for administration of FDA-approved COVID-19 vaccines should be updated as follows:
 - Adults 65 and older: vaccination based on individual-based decision-making*
 - Individuals 6 months to 64 years: Vaccination based on individual-based decision-making – with an emphasis that the risk-benefit of vaccination is most favorable for individuals who are at an increased risk for severe COVID-19 disease and lowest for individuals who are not at an increased risk, according to the CDC list of COVID-19 risk factors

* Also known as shared clinical decision-making.

- Vote No. 1 – passed
 - It is the sense of the committee that the CDC engages in an effort to promote more consistent and comprehensive informed consent processes, and as a part of that, considers adding language accessible to

patients and medical providers to describe at least the six risks and uncertainties included in the working group chair presentation.

- Vote No. 2 – failed
 - It is the sense of the committee that state and local jurisdiction should require a prescription for the administration of a COVID-19 vaccination.
- Vote No. 3 – passed
 - It is the sense of the committee that in conversation with patients before COVID-19 vaccination, authorized health care providers discuss the risks and benefits of the vaccination for the individual patient. The discussion should consider known risk factors for severe outcomes for COVID-19, such as age, prior infections, immunosuppression, and certain comorbidities identified by the CDC, and include a discussion of the potential benefits and risks of vaccination and related uncertainty, especially those outlined in the vaccine information statement, as part of informed consent.

As with previous ACIP recommendations, these do not become official until they are approved by the CDC director. Once this approval is finalized, CDPHE will communicate additional information about vaccine recommendations, the allowable use of VFC vaccines and the ordering availability of VFC-supplied COVID-19 vaccines for the 2025-2026 season. More to come.

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 Sept. 23, there are 1,514 cases throughout the U.S., including in states bordering or close to Colorado:

- Arizona: 49
- Kansas: 90
- New Mexico: 100
- Oklahoma: 17
- Texas: 803

- Utah: 39
- Wyoming: 9

Colorado has also experienced a rise in measles with [27 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 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.

Updated vaccine resources for health care professionals and the public are on CDPHE's [measles webpage](#). 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.

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 Nebraska 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.
- Finalizing contracts to fund our local public health agency (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

2025 National Foundation for Infectious Diseases online clinical vaccinology course

Registration is open for the [2025 NFID Online Clinical Vaccinology Course](#), Nov. 17-19, 2025. Details for the course are available in the [agenda](#).

NFID 2025-2026 Respiratory Season Updates webinar

Registration is open for the [NFID 2025-26 Respiratory Season Updates webinar](#). The free webinar is from 11:30 a.m. - 1 p.m. MT on Wednesday, Oct. 8.

Children's Hospital of Philadelphia vaccine resources

The [Science Behind the Vaccine Schedule](#) webpage and resources from Children's Hospital of Philadelphia's [Vaccine Education Center](#) have been updated.

Ordering materials

Providers can use the Immunization Branch's [materials order form](#) to order the resources listed below.

- Immunization record cards to track immunizations received
- Palm cards to attach to badges for quick reference
- Reminder cards providers can mail to patients about needed immunizations

The 2025 laminated schedules and tear-off pads are not available because they are no longer up to date.

Immunization Quality Improvement for Providers (IQIP) overview

IQIP is an immunization quality improvement program for health care providers enrolled in the VFC program. IQIP's purpose is to promote and support the implementation of provider-level strategies designed to increase immunization among children from birth through 18 years of age.

The structure of the program is based on the Plan-Do-Study-Act (PDSA) cycle of quality improvement: planning a change, implementing the change, studying the results, and acting on what is learned to refine the approach. This method helps to identify and test potential solutions to improve immunization coverage rates in pediatric populations.

To support provider-level QI, IQIP uses four evidence-based QI strategies to improve immunization coverage. The strategies were chosen to offer providers opportunities to improve their clinic processes (i.e., workflow, best practices, and education and training) and structure (i.e., culture of immunization and the use of technology). The four strategies are:

- Facilitate return for subsequent immunizations
- Leverage the Immunization Information System (IIS), Electronic Health Record (EHR) system, or other electronic systems to improve immunization practice
- Give a strong immunization recommendation*
- Strengthen immunization communications to address vaccine hesitancy*

Clinics participating with IQIP are required to choose two strategies, one of which must be a starred (*) strategy, to assist in improving immunization rates. Those participating will learn about best practices for improving their rates and how to implement them in their everyday practice.

Colorado’s IQIP program is focused on three age cohorts: 2-year-olds; 13-year-olds; and 17-year-olds. The coverage parameters are the combined seven-vaccine series for age 2 years (four DTaP, three IPV, one MMR, UTD HepB, UTD Hib; one varicella; UTD PCV); the three-vaccine series for age 13 years (one Tdap; one MCV4; UTD HPV) plus one HPV; and the four-vaccine series for age 17 years (one Tdap; UTD MCV4; UTD HPV; and one Menb).

Colorado has a requirement from the CDC’s IQIP program to engage at least 145 VFC-enrolled providers in the IQIP program for the 2025-2026 program year. Over the next several months, IQIP nurse consultants from the Immunization Branch will be contacting providers by email to offer participation in IQIP. All clinics, regardless of location or population size, can benefit from participation in a QI program such as IQIP.

Clinics chosen were:

1. Those that have never been asked to participate;
2. Those that haven’t participated for several years; or
3. Providers that have refused IQIP participation in the past

CDC’s requirement for the IQIP program is to engage with eligible VFC-enrolled providers at least once every 4-5 years.

More information about [IQIP](#) and the [IQIP process](#) is available from CDC.

Data quality and Colorado Immunization Information System updates

Updated meningococcal vaccine names and hover text in CIIS

The meningococcal vaccine names and hover text in CIIS have been updated to improve brand recognition and to clearly identify vaccine formulations. Additionally, all meningococcal vaccines now begin with the “Men” prefix to ensure they appear together in alphabetical lists (e.g., the history grid), making selection easier and reducing confusion with other non-meningococcal vaccines.

These changes will help immunizing providers:

- Accurately assess immunization status
- Complete the MenB vaccine series with the appropriate product
- Enter historical vaccinations more accurately

CVX CPT	Previous vaccine name in CIIS	Previous description/ vaccine hover text	Updated vaccine name in CIIS	Updated description/ vaccine hover text	Notes
Men ACWY					
136 90734	MCV40 (Menveo)	Meningococcal Oligosaccharide (Groups A, C, Y and	Men ACWY (Menveo)	Meningococcal oligosaccharide conjugate vaccine, MenACWY-CRM	
203 90619	MenACWY-TT	Meningococcal Polysaccharide (Groups A, C, Y, W-13	Men ACWY (MenQuadfi)	Meningococcal polysaccharide conjugate vaccine, MenACWY-TT	
114 90734	MCV4 (Menactra)	Meningococcal Conjugate Vaccine (MCV)	Men ACWY (Menactra)	Meningococcal conjugate vaccine, MenACWY-D	
147	MCV4 UF	MCV4, unspecified formulation (groups A, C, Y, and	Men ACWY conjugate UF	Men ACWY conjugate, unspecified formulation	Used when conjugated men vaccines containing serogroups A, C, W, and Y were given and the formulation is unknown.
32 90733	MPSV4 (Menomune)	Meningococcal Polysaccharide Vaccine (MPSV)	Men MPSV4 (Menomune)	Meningococcal polysaccharide vaccine, MPSV4	

108	Meningococcal, Unsp	Meningococcal Vaccine, Unspecified Formulation	Men ACWY unspecified	Men ACWY, unspecified formulation	Used when men vaccines containing serogroups A, C, W, and Y (conjugate or polysaccharide) were given and the formulation is unknown.
Men B					
163 90620	Meningococcal B OMV	Meningococcal B Vaccine, Recombinant, OMV, Adjuvan	Men B GSK (Bexsero)	Men B, OMV (MenB-4C)	
162 90621	Meningococcal B Reco	Meningococcal B, fully Recombinant 3 Dose IM use	Men B PFE (Trumenba)	Men B, recombinant (MenB-FHbp)	
164	Meningococcal B UF	Meningococcal B Unspecified Formulation	Men B unspecified	Men B, unspecified formulation	
Men ABCWY					
328 90624	Menin Oligo MenACWY/MenB	Meningococcal oligosaccharide conjugated (groups A, C, W, Y) and group B, 0.5 mL, preservative free	Men ABCWY GSK (Penmenvy)	Men oligosaccharide (MenACWY), (MenB)	
316 90623	Meningococcal Pentavalent	Meningococcal polysaccharide (groups A, C, Y,	Men ABCWY PFE (Penbraya)	Men polysaccharide	

		W) TT conjugate, men B recombinant vaccine, P-Free		(MenACWY-TT), (MenB)	
Non-U.S.					
191	Mening. A Polysaccharide	Meningococcal A Polysaccharide vaccine (non-US)	Men A (non-US)	Meningococcal A polysaccharide vaccine (non-US)	
192	Mening. AC Polysaccharide	Meningococcal AC Polysaccharide vaccine (non-US)	Men AC (non-US)	Meningococcal AC polysaccharide vaccine (non-US)	
Other					
148 90644	Meningococcal-Hib	Meningococcal Groups C and Y and Haemophilus b Tet	Men CY-HIB MenHibrix	Meningococcal C/Y-HIB PRP	
103	Meningococcal C conj	Meningococcal C conjugate vaccine	Men C	Meningococcal C conjugate vaccine	
167	Mening Unknown	Meningococcal Of Unknown Serogroup	Men unknown	Meningococcal unknown serogroup	Used when any meningococcal vaccine is recorded and there is no information about which formulation was used or which serogroups are protected against.

Vaccine updates

Updated 2025-2026 COVID-19 vaccines

On Aug. 27, 2025, the FDA approved updated 2025-2026 COVID-19 vaccines and revoked [Emergency Use Authorizations \(EUAs\)](#) for some 2024-2025 COVID-19 vaccines. Availability of VFC-supplied 2025-2026 COVID-19 vaccines is pending the CDC Director's approval of the recent ACIP COVID-19 vaccine recommendations. CDPHE will communicate with VFC providers once COVID-19 vaccines become available for order through CIIS.

Read the [VFC memo](#) for guidance on how to return VFC and 317 2024-2025 COVID-19 vaccines to McKesson.

In case you missed it

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

[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](#)

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

