

# STATE OF COLORADO

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Dedicated to protecting and improving the health and environment of the people of Colorado

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Colorado Department  
of Public Health  
and Environment

To: Members of the Colorado Board of Health

From: Lynn Trefren, RN, MSN, Section Chief of the Colorado Immunization Section *LT*  
Disease Control and Environmental Epidemiology Division (DCEED)

Through: Tista Ghosh, MD, MPH Deputy Chief Medical Officer and Division Director, *TG*  
Disease Control and Environmental Epidemiology Division (DCEED)

Date: June 18, 2014

Subject: **Request for Public Rulemaking** regarding Proposed Amendments to 6 CCR 1009-2,  
Rules Pertaining to the Infant Immunization Program, the Vaccines for Children Program  
and the Immunization of Students Attending School.

In preparation for Request for Public Rulemaking, please find copies of the following documents:  
Proposed Amendments to 6 CCR 1009-2, Statement of Basis and Purpose and Specific Statutory  
Authority, and Regulatory Analysis.

Specific legal authority is established in Colorado statute with the expressed purpose of protecting students and the general population from vaccine preventable disease. Child cares, schools, and colleges/universities are bound by statute to ensure that students meet the immunization requirements as guided by the Colorado Board of Health (BOH).

The Department convened a group of immunization experts to review the current Board of Health rules and to discuss immunization topics pertinent to clarify and update required school immunizations for Colorado Students. This group of experts met twice in 2014 and made several recommendations to the Department. Based upon the work of the stakeholder group, the following changes are being recommended:

1. Line 8 – Added definition of the Advisory Committee on Immunization Practices (ACIP)
2. Lines 12-94 – Alphabetized all remaining definitions in this Section I.
3. Line 175 – Updated internal reference to Section II.
4. Lines 179-184 – Removed 2 dose Hepatitis B statement as this option will now be incorporated by reference into the ACIP schedule.
5. Lines 186-250 – Removed reference to Tables 1 and 2, added a list of the diseases for which proof of immunization is required, and incorporated by reference of the ACIP Birth-18 years and Catch-up immunization schedules - In the current and previous versions of this rule, the required

immunization schedule has closely aligned with the recommended immunization schedules approved by ACIP, but the rule has fallen just short of incorporating these recommendations. In order to eliminate confusion for clinicians, schools, and child cares, and to provide a best-practice immunization schedule for required immunizations in schools, the Department proposes incorporating by reference the ACIP recommended Birth-18 years and Catch-up immunization schedules into 6 CCR 1009-2 only for those vaccines already required by this rule. We believe that these proposed amendments ensure that children will be optimally immunized against vaccine preventable diseases and the confusion about the two schedules will be eliminated. No new vaccines are being proposed.

6. Lines 251-256 – Added detail about meningococcal vaccine requirements
7. Lines 257-262 – Deleted reference to Tables 1 and 2 and related language in order to bring Varicella immunization requirements into accord with ACIP recommendations.
8. Line 269 – Updated internal reference to definition in Section I.
9. Line 270 – Added “approved”.
10. Line 292-294 – Removed language that instructions the Department.
11. Line 306 - 307 – Deleted reference to Table 1
12. Lines 313-317 – Updated language regarding the administration fee and deleted “the Vaccines for Children Program”
13. Line 325 – Deleted Table 1 and related footnotes - Table 1 and the associated footnotes provided much additional guidance to immunization providers regarding the optimal delivery of immunizations. This guidance is available at the Centers for Disease Control and Prevention website that publishes that ACIP schedule (<http://www.cdc.gov/vaccines/schedules/index.html>), and set forth in morbidity and mortality weekly reports (MMWR) February 7, 2014 Volume 63 (05). Nonetheless, the Department realizes that by deleting these tables and footnotes from the rule itself may remove this guidance from an easy reference document. As such, the Department is committed to creating and distributing a guidance document that summarizes and updates this guidance.
14. Line 385 – Deleted Table 2 to bring Varicella immunization requirements into accord with ACIP recommendations.

The ACIP is a group of medical and public health experts who make recommendations to effectively schedule vaccines in the effort to control diseases in the United States. The ACIP holds three meetings each year at the Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia to make vaccine recommendations. During these committee meetings, members present findings and discuss vaccine research and scientific data related to vaccine effectiveness and safety, clinical trial results, and manufacturer’s labeling or package insert information. Outbreaks of vaccine-preventable disease or changes in vaccine supply, such as vaccine shortages, also are reviewed during these meetings. The recommendations include the age(s) when the vaccine should be given, the number of doses needed, the amount of time between doses, and precautions and contraindications.

The CDC sets the U.S. childhood immunization schedule based on recommendations from the ACIP. This recommended schedule is also approved by the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), and the American College of Obstetricians and Gynecologists.

Incorporation by reference of the ACIP Birth-18 years (Figure 1) and Catch-up (Figure 2) schedules is appropriate at this time. The ACIP schedules are the Best Practice Standard for children’s immunizations in the United States. As such, the ACIP schedules are followed by providers at local

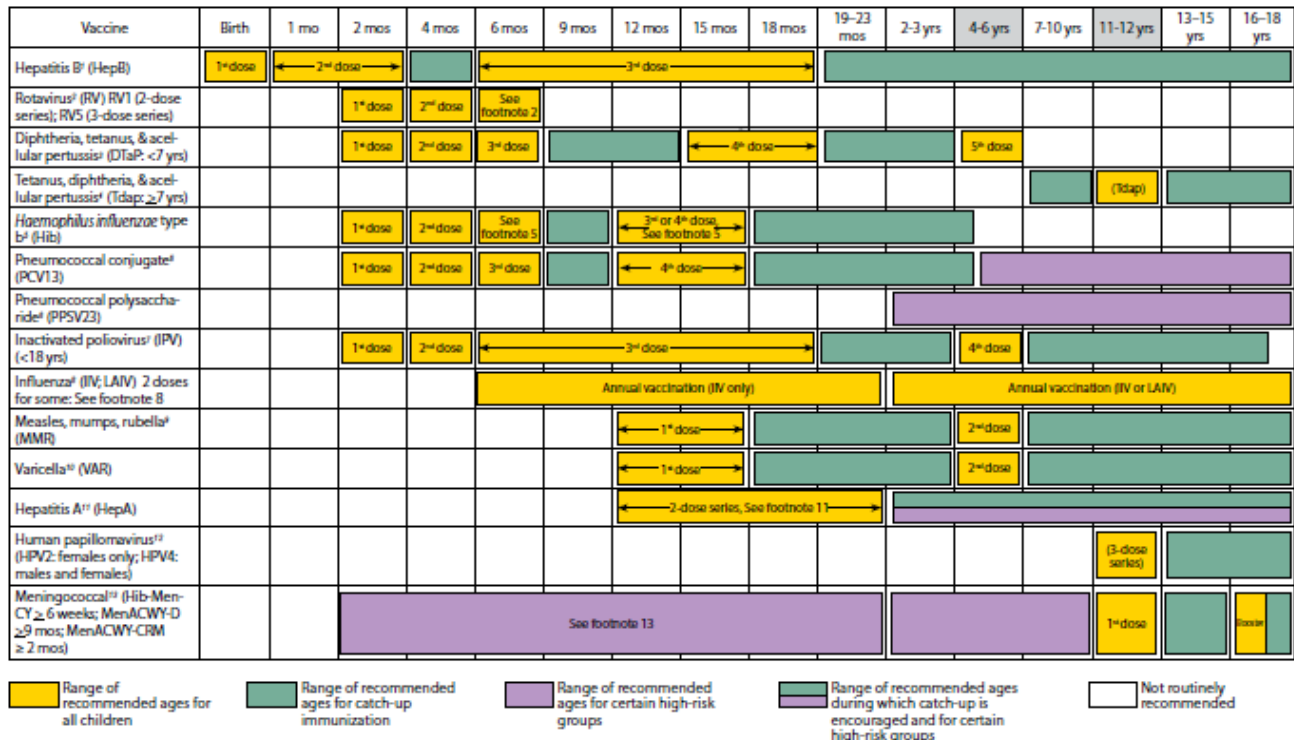
public health agencies, health care providers and clinicians. Furthermore, clinical decision-making tools, such as the “recommender” in the Colorado Immunization Information System (CIIS) , incorporate the ACIP schedules. The ACIP schedules are updated and posted annually on the CDC website as well as the Colorado Immunization Section’s web site which provides easy access to the schedules. Because the schedules are updated annually, the Department anticipates amending these rules as necessary to reflect the most up-to-date schedules.

In addition, the Department is aware that there is some perceived discrepancy between the ACIP recommended immunization schedules, and the Colorado Required School Immunization schedule. These perceived discrepancies have been known to cause conflict between health care providers and school nurses. Parents typically get caught in the middle, wanting to honor their health care provider’s advice yet also wanting to meet the school immunization requirements.

Therefore, in order to eliminate confusion for clinicians, schools, and child cares, and to provide a best-practice immunization schedule for required immunizations in schools, the Colorado Immunization Section proposes incorporating by reference the Birth-18 years and Catch-up ACIP recommended immunization schedules into 6 CCR 1009-2. We believe that this proposed amendment ensures that children will be optimally immunized against vaccine preventable diseases and the confusion about the two schedules will be eliminated. No new vaccines are being proposed.

**Figure 1. Recommended immunization schedule for persons aged 0 through 18 years – United States, 2014.**  
**(FOR THOSE WHO FALL BEHIND OR START LATE, SEE THE CATCH-UP SCHEDULE (FIGURE 2)).**

These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are in bold.



This schedule includes recommendations in effect as of January 1, 2014. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Vaccination providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at <http://www.cdc.gov/vaccines/imz/aciip-recs/index.html>. Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online (<http://www.vaers.hhs.gov>) or by telephone (800-822-7967). Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for vaccination, is available from CDC online (<http://www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm>) or by telephone (800-CDC-INFO [800-232-4636]). This schedule is approved by the Advisory Committee on Immunization Practices (<http://www.cdc.gov/vaccines/acip>), the American Academy of Pediatrics (<http://www.aap.org>), the American Academy of Family Physicians (<http://www.aafp.org>), and the American College of Obstetricians and Gynecologists (<http://www.acog.org>).

**NOTE:** The above recommendations must be read along with the footnotes of this schedule.

**FIGURE 2. Catch-up immunization schedule for persons aged 4 months through 18 years who start late or who are more than 1 month behind —United States, 2014.**

The figure below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. Always use this table in conjunction with Figure 1 and the footnotes that follow.

Persons aged 4 months through 6 years					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to dose 2	Dose 2 to dose 3	Dose 3 to dose 4	Dose 4 to dose 5
Hepatitis B <sup>1</sup>	Birth	4 weeks	8 weeks and at least 16 weeks after first dose; minimum age for the final dose is 24 weeks		
Rotavirus <sup>2</sup>	6 weeks	4 weeks	4 weeks <sup>2</sup>		
Diphtheria, tetanus, & acellular pertussis <sup>3</sup>	6 weeks	4 weeks	4 weeks	6 months	6 months <sup>2</sup>
Haemophilus influenzae type b <sup>4</sup>	6 weeks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose) if first dose administered at age 12 through 14 months No further doses needed if first dose administered at age 15 months or older	4 weeks <sup>2</sup> if current age is younger than 12 months and first dose administered at < 7 months old 8 weeks and age 12 months through 50 months (as final dose) <sup>2</sup> if current age is younger than 12 months and first dose administered between 7 through 11 months (regardless of Hib vaccine [PRP-T or PRP-OMP] used for first dose); <u>OR</u> if current age is 12 through 50 months and first dose administered at younger than age 12 months; <u>OR</u> first 2 doses were PRP-OMP and administered at younger than 12 months. No further doses needed if previous dose administered at age 15 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 through 50 months who received 3 (PRP-T) doses before age 12 months and started the primary series before age 7 months	
Pneumococcal <sup>5</sup>	6 weeks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose for healthy children) if first dose administered at age 12 months or older No further doses needed for healthy children if first dose administered at age 24 months or older	4 weeks if current age is younger than 12 months 8 weeks (as final dose for healthy children) if current age is 12 months or older No further doses needed for healthy children if previous dose administered at age 24 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 through 50 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age	
Inactivated poliovirus <sup>7</sup>	6 weeks	4 weeks <sup>7</sup>	4 weeks <sup>7</sup>	6 months <sup>7</sup> minimum age 4 years for final dose	
Meningococcal <sup>13</sup>	6 weeks	8 weeks <sup>13</sup>	See footnote 13	See footnote 13	
Measles, mumps, rubella <sup>8</sup>	12 months	4 weeks			
Varicella <sup>9</sup>	12 months	3 months			
Hepatitis A <sup>10</sup>	12 months	6 months			
Persons aged 7 through 18 years					
Tetanus, diphtheria, tetanus, diphtheria, & acellular pertussis <sup>3</sup>	7 years <sup>4</sup>	4 weeks	4 weeks if first dose of DTaP/DT administered at younger than age 12 months 6 months if first dose of DTaP/DT administered at age 12 months or older and then no further doses needed for catch-up	6 months if first dose of DTaP/DT administered at younger than age 12 months	
Human papillomavirus <sup>11</sup>	9 years	Routine dosing intervals are recommended <sup>11</sup>			
Hepatitis A <sup>10</sup>	12 months	6 months			
Hepatitis B <sup>1</sup>	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Inactivated poliovirus <sup>7</sup>	6 weeks	4 weeks	4 weeks <sup>7</sup>	6 months <sup>7</sup>	
Meningococcal <sup>13</sup>	6 weeks	8 weeks <sup>13</sup>			
Measles, mumps, rubella <sup>8</sup>	12 months	4 weeks			
Varicella <sup>9</sup>	12 months	3 months if person is younger than age 13 years 4 weeks if person is aged 13 years or older			

**NOTE:** The above recommendations must be read along with the footnotes of this schedule.

STATEMENT OF BASIS AND PURPOSE  
AND SPECIFIC STATUTORY AUTHORITY  
for Amendments to Proposed Amendments to Rules pertaining to  
THE INFANT IMMUNIZATION PROGRAM, THE VACCINES FOR CHILDREN PROGRAM, AND THE  
IMMUNIZATION OF STUDENTS ATTENDING SCHOOL6 CCR 1009-2

June 18, 2014

**Basis and Purpose.**

Colorado requires all children to be immunized per the vaccine schedule established by Colorado Board of Health (BOH) rule 6 CCR 1009-2, upon school entry. The purpose of the immunization requirements for school entry are to protect students, staff, and the visiting public against vaccine-preventable diseases within schools. Accordingly, Colorado's immunization requirements have contributed to high vaccine coverage and low levels of vaccine preventable disease. The proposed amendments to this rule encompass two objectives. First, the proposed amendments incorporate by reference the 2014 Birth-18 years and Catch-up recommended immunization schedules approved by the Advisory Committee on Immunization Practices (ACIP) for those vaccines already required in this rule - Hepatitis B, Pertussis/Tetanus/Diphtheria (DTaP), Tetanus/Diphtheria/Pertussis (Tdap), Haemophilus influenza type b (Hib), Pneumococcal Conjugate (PCV), Polio (IPV/OPV), Measles/Mumps/Rubella MMR), and Varicella. No new vaccines are being proposed. Second, the proposed amendments update the rule language to meet current requirements by adding a definition for the Advisory Committee on Immunization Practices (ACIP), alphabetizing existing definitions, adding a list of the diseases for which proof of immunization is required, clarifying the meningococcal vaccine requirements, aligning the rule with federal requirements, updating language regarding the administration fee, and deleting obsolete language.

**Specific Statutory Authority.**

These rules are promulgated pursuant to the following statutes:  
§ 25-4-904, C.R.S.

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SUPPLEMENTAL QUESTIONS

**Is this rulemaking due to a change in state statute?**

\_\_\_\_ Yes, the bill number is \_\_\_\_; rules are \_\_ authorized \_\_ required.  
\_\_X\_\_ No

**Is this rulemaking due to a federal statutory or regulatory change?**

\_\_\_\_ Yes  
\_\_X\_\_ No

**Does this rule incorporate materials by reference?**

\_\_X\_\_ Yes  
\_\_\_\_ No

**Does this rule create or modify fines or fees?**

\_\_\_\_ Yes  
\_\_X\_\_ No

**REGULATORY ANALYSIS**

for

Proposed Amendments to Rules pertaining to  
The Infant Immunization Program and  
The Immunization of Students Attending School  
6 CCR 1009-2

June 18, 2014

1. A description of the classes of persons who will be affected by the proposed rule, including classes that will bear the costs of the proposed rule and classes that will benefit from the proposed rule.

The classes of people affected by the proposed amendments to the rule are children and adolescents immunized against vaccine preventable diseases as required for school attendance, physicians and clinicians who administer vaccines and school nurses and support staff who insure that children are appropriately vaccinated for attendance at Colorado schools. There is no anticipated cost of compliance with the proposed amendments to the rule. The proposed amendments to the rule incorporate the 'best practices' recommended immunization schedules (Birth-18 years and Catch-up) established by the Advisory Committee on Immunization Practices (ACIP) into the required Colorado school immunization rule, for those vaccines already required by this rule. The Advisory Committee on Immunization Practices schedules are standard immunization schedules and guide health care providers who administer vaccines for children and adolescents. As such, reimbursement for immunization is based on these schedules; neither providers nor patients should expect increased immunization costs because of this proposed rule. The other amendments proposed in the rule are for the purposes of clarification and there will not be a burden of increased costs for any class of people.

2. To the extent practicable, a description of the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of persons.

Changing and clarifying the rules pertaining to children/adolescent immunizations in childcares and schools should have no economic impact upon the affected classes of persons. Aligning the required school immunization schedule with the Advisory Committee on Immunization Practices recommended schedules should optimally protect students from vaccine preventable disease and lessen any confusion about immunization schedules for health care providers and schools. The other amendments proposed in the rule are for the purposes of clarification and would further lessen any confusion about immunization requirements.

3. The probable costs to the agency and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.

There is no anticipated cost of compliance with the proposed amendments to the rule. There will be no anticipated effect on state revenues.

4. A comparison of the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.

Our purpose in making these proposed amendments to the rule are to better protect children/adolescents from vaccine preventable diseases and enhance our collaborative efforts with our partners by providing clarity in the rule.

**Cost Comparison—**

The costs of implementing the proposed amendments to the rule – There is no cost of compliance with the proposed amendments to this rule.

The costs of inaction – If the current rule is maintained, it is likely that confusion will continue among providers regarding required vaccines. This confusion could result in “missed opportunities” to vaccinate patients who are in their offices. These “missed opportunities” could lead to an increase in vaccine preventable disease. In the alternative, confusion among providers could result in vaccines being given at the wrong time, and students who are out of compliance with vaccines required for school entry. Any perceived discrepancy between the ACIP recommended immunization schedules that health care providers typically use, and the Colorado Required School Immunization schedule used by schools and child cares has been shown to cause conflict between health care providers and school nurses in many cases. Parents typically get caught in the middle, wanting to honor their health care provider’s advice yet also wanting to meet the school immunization requirements.

**Benefit Comparison—**the benefits of implementing the amendments to the rule include:

- Because of perceived discrepancy between the School Required Immunization Schedule and the Advisory Committee on Immunization Practices schedules much confusion and conflict has been experienced between schools, parents, and health care providers. When all entities are following one immunization schedule, all entities will more likely experience agreement and consistency in regards to immunization records for Colorado’s children.
- The Advisory Committee on Immunization Practices Recommended Immunization Schedules are the Best Practice Standard for children’s immunizations. These schedules are approved by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, the American Academy of Family Physicians and the American College of Obstetricians and Gynecologists.
- The Colorado Immunization Information System incorporates the Advisory Committee on Immunization Practices schedules in its recommender which is now being accessed by health care providers, local public health agencies, child cares and schools in Colorado.
- Reimbursement for vaccines generally flows to those vaccines that meet the Advisory Committee on Immunization Practices Recommended Immunization Schedules.
- The other amendments proposed in the rule are for the purposes of clarification and implementing these changes would bring the rule into compliance with current requirements.

The benefits of inaction include:

- There is no benefit to inaction given that the current rule may cause confusion among vaccine providers, parents and Colorado schools regarding the timing and delivery of required vaccines.

5. A determination of whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.

The proposed amendments to the rule are not intrusive as aligning the rule with nationally accepted standards provides clarity to immunization providers. Furthermore, the proposed



amendments should better protect children/adolescents against vaccine preventable disease and improve relationships with our immunization partners. The proposed amendments have no anticipated cost.

6. Alternative Rules or Alternatives to Rulemaking Considered and Why Rejected.

No alternative amendments were considered. The proposed amendments incorporate national recommendations for immunizations, and will provide clarity to immunization providers and parents going forward.

7. To the extent practicable, a quantification of the data used in the analysis; the analysis must take into account both short-term and long-term consequences.

The proposed changes to the rules will provide clarity and support the immunization standards set by the Advisory Committee on Immunization Practices. The ACIP recommended immunization schedules have been a gold standard in the administration of children's immunizations for years. The American Association of Pediatrics, the American Academy of Family Physicians and more recently, the American College of Obstetricians and Gynecologists have approved these schedules for the administration of immunizations in their patient populations.

## STAKEHOLDER Comment

for Amendments to RULES PERTAINING TO THE INFANT IMMUNIZATION PROGRAM, THE VACCINES FOR CHILDREN PROGRAM, AND THE IMMUNIZATION OF STUDENTS ATTENDING SCHOOL  
6 CCR 1009-2

**The following individuals and/or entities were included in the development of these proposed rules:**

A stakeholder process (the School Required Immunization Board of Health Work Group) was completed in Spring 2014 and included pediatric, family practice and local public health physicians as well as school nurses, state and local public health, child care representation as well as representation from the Department of Human Services. This group was convened to make recommendations to the Department regarding immunization requirements. Presentations were provided by epidemiologists from the Communicable Disease Division which contributed to the decision making and recommendations being proposed to the Department.

**The following individuals and/or entities were notified that this rule-making was proposed for consideration by the Board of Health:**

The Department remains committed to fully engaging its stakeholders during this rulemaking process. Stakeholders that will be engaged include Local Public Health Agencies, Child Care Agencies, Federally Qualified Health Centers, Rural Health Centers, private physician offices and clinics, Colorado Medical Society, School Districts, Colorado Association of School Nurses, Colorado Chapters of the American Academy of Pediatricians, and Family Practice, Colorado Children's Immunization Coalition as well as Local Immunization Coalitions.

On or before the date of publication of the notice in the Colorado Register, the Division sent notice to persons and/or groups considered by the division to be interested parties to the proposed rule-making, and those who have requested notification/ information from the division regarding the proposed rule-making?  Yes  No. The Division provided notice on TBD.

**Summarize Major Factual and Policy Issues Encountered and the Stakeholder Feedback Received. If there is a lack of consensus regarding the proposed rule, please also identify the Department's efforts to address stakeholder feedback or why the Department was unable to accommodate the request.**

The Department convened a group of immunization experts to review the current Board of Health rules and to discuss immunization topics pertinent to clarify and update required school immunizations for Colorado Students. This group of experts met twice in 2014. Consensus was developed regarding two sets of amendments to the rule. First, the proposed amendments incorporate by reference the 2014 Birth-18 years and Catch-up recommended immunization schedules approved by the Advisory Committee on Immunization Practices (ACIP) for those vaccines already required in this rule - Hepatitis B, Pertussis/Tetanus/Diphtheria (DTaP), Tetanus/Diphtheria/Pertussis (Tdap), Haemophilus influenza type b (Hib), Pneumococcal Conjugate (PCV), Polio (IPV/OPV), Measles/Mumps/Rubella MMR), and Varicella.

The Department is aware that there is some perceived discrepancy between the ACIP recommended immunization schedules, and the Colorado Required School Immunization schedule. These perceived

discrepancies have been known to cause conflict between health care providers and school nurses. Parents typically get caught in the middle, wanting to honor their health care provider's advice yet also wanting to meet the school immunization requirements.

The CDC sets the U.S. childhood immunization schedule based on recommendations from the ACIP. This recommended schedule is also approved by the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), and the American College of Obstetricians and Gynecologists. The ACIP schedules are the Best Practice Standard for children's immunizations in the United States. As such, the ACIP schedules are followed by providers at local public health agencies, private health care providers and other clinicians. Furthermore, clinical decision-making tools, such as the "recommender" in the Colorado Immunization Information System (CIIS), incorporate the ACIP schedules. The ACIP schedules are updated and posted annually on the CDC website as well as the Colorado Immunization Section's web site which provides easy access to the schedules.

Therefore, in order to eliminate confusion for clinicians, schools, and child cares, and to provide a best-practice immunization schedule for required immunizations in schools, the Colorado Immunization Section proposes incorporating by reference the Birth-18 years and Catch-up ACIP recommended immunization schedules into 6 CCR 1009-2. This proposed amendment ensures that children will be optimally immunized against vaccine preventable diseases and the confusion about the two schedules will be eliminated. No new vaccines are being proposed.

Second, the proposed amendments update the rule language to meet current requirements by adding a definition for the Advisory Committee on Immunization Practices (ACIP), adding a list of the diseases for which proof of immunization is required, clarifying the meningococcal vaccine requirements, aligning the rule with federal requirements, updating language regarding the administration fee, and deleting obsolete language.

**Please identify health equity and environmental justice (HEEJ) impacts. Does this proposal impact Coloradoans equally or equitably? Does this proposal provide an opportunity to advance HEEJ? Are there other factors that influenced these rules?**

There are no HEEJ impacts associated with this rule; the proposed amendments impact Colorado children equally and equitably. The Advisory Committee on Immunization Practices (ACIP) schedules are the Best Practice Standard for children's immunizations in the United States. The ACIP is a group of medical and public health experts who make recommendations to effectively schedule vaccines in the effort to control diseases in the United States. The ACIP meetings include discussions regarding vaccine research and scientific data related to vaccine effectiveness and safety, clinical trial results, and manufacturer's labeling or package insert information. Outbreaks of vaccine-preventable disease or changes in vaccine supply, such as vaccine shortages, also are reviewed during these meetings. The recommendations include the age(s) when the vaccine should be given, the number of doses needed, the amount of time between doses, and precautions and contraindications. As such, the ACIP schedules are followed by providers at local public health agencies, and private health care providers throughout the United States.

1 **DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**

2 **Disease Control and Environmental Epidemiology Division**

3 **THE INFANT IMMUNIZATION PROGRAM, VACCINES FOR CHILDREN PROGRAM, AND**  
4 **IMMUNIZATION OF STUDENTS ATTENDING SCHOOL**

5 **6 CCR 1009-2**

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7 **I. Definitions**

- 8 A. ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP) - A GROUP OF MEDICAL  
9 AND PUBLIC HEALTH EXPERTS THAT DEVELOPS RECOMMENDATIONS ON HOW TO USE  
10 VACCINES TO CONTROL DISEASES IN THE UNITED STATES. ACIP WAS ESTABLISHED  
11 UNDER SECTION 222 OF THE PUBLIC HEALTH SERVICE ACT (42 U.S.C. § 2L7A).
- 12 B. CHILD - ANY STUDENT LESS THAN 18 YEARS OF AGE.
- 13 C. COLLEGE STUDENT - ANY STUDENT WHO IS ENROLLED FOR ONE OR MORE CLASSES  
14 AT A COLLEGE OR UNIVERSITY AND WHO IS PHYSICALLY PRESENT AT THE  
15 INSTITUTION. THIS INCLUDES STUDENTS WHO ARE AUDITING CLASSES BUT DOES NOT  
16 INCLUDE PERSONS TAKING CLASSES BY CORRESPONDENCE ONLY.
- 17 D. DOSE - A MEASURED QUANTITY OF AN IMMUNIZING AGENT; QUANTITY AND  
18 FREQUENCY OF ADMINISTRATION DETERMINED BY RECOGNIZED HEALTH  
19 AUTHORITIES AND THE MANUFACTURER OF EACH AGENT. (PARTIAL, "SPLIT," HALF OR  
20 FRACTIONATED "DOSES" ARE NOT ACCEPTABLE FOR CERTIFICATION.)
- 21 E. EMANCIPATED STUDENT - ANY STUDENT WHO HAS REACHED AGE 18; A LAWFULLY  
22 MARRIED CHILD OF ANY AGE; A CHILD 15 YEARS OF AGE OR OLDER WHO IS MANAGING  
23 HIS/HER OWN FINANCIAL AFFAIRS AND WHO IS LIVING SEPARATE AND APART FROM  
24 HIS/HER PARENT.
- 25 F. IMMUNIZATION TRACKING SYSTEM - A COMPREHENSIVE IMMUNIZATION TRACKING  
26 SYSTEM ESTABLISHED BY THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT  
27 PURSUANT TO SECTION 25-4-1705(E), C.R.S.
- 28 G. INDIGENT CHILD - ANY CHILD WHOSE PARENT CANNOT AFFORD TO HAVE THE CHILD  
29 IMMUNIZED OR IF EMANCIPATED, WHO CANNOT HIMSELF/HERSELF AFFORD  
30 IMMUNIZATION AND WHO HAS NOT BEEN EXEMPTED.
- 31 H. INFANT - ANY CHILD UP TO TWENTY-FOUR MONTHS OF AGE OR ANY CHILD ELIGIBLE  
32 FOR VACCINATION AND ENROLLED UNDER THE COLORADO MEDICAL ASSISTANCE  
33 ACT, ARTICLE 4 OF TITLE 26, C.R.S.
- 34 I. IN-PROCESS STUDENT - A STUDENT MAY BE CONSIDERED IN-PROCESS IF:
- 35 1. WITHIN FOURTEEN DAYS AFTER RECEIVING DIRECT PERSONAL NOTIFICATION  
36 THAT THE CERTIFICATE IS NOT UP-TO DATE ACCORDING TO THE  
37 REQUIREMENTS OF THE STATE BOARD OF HEALTH, THE PARENT OR  
38 EMANCIPATED STUDENT SUBMITS DOCUMENTATION THAT THE NEXT  
39 REQUIRED IMMUNIZATION HAS BEEN GIVEN AND A SIGNED WRITTEN PLAN FOR  
40 OBTAINING THE REMAINING REQUIRED IMMUNIZATIONS. THE SCHEDULING OF

41 IMMUNIZATIONS IN THE WRITTEN PLAN SHALL FOLLOW MEDICALLY  
42 RECOMMENDED MINIMUM INTERVALS CONSISTENT WITH THE U.S. PUBLIC  
43 HEALTH SERVICE ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES,  
44 AMERICAN ACADEMY OF PEDIATRICS, OR THE VACCINE MANUFACTURER'S  
45 PACKAGE INSERT STATEMENT. IF THE STUDENT DOES NOT FULFILL THE PLAN,  
46 THE STUDENT SHALL BE SUSPENDED OR EXPELLED FROM SCHOOL FOR NON-  
47 COMPLIANCE AS NOTED IN SECTION 25-4-907, C.R.S. IF THE NEXT DOSE IS NOT  
48 MEDICALLY INDICATED WITHIN FOURTEEN DAYS, THEN THE MEDICALLY  
49 APPROVED MINIMUM INTERVALS WOULD APPLY.

50 2. WITH REGARDS TO COLLEGE OR UNIVERSITY STUDENTS AS DEFINED IN  
51 SECTION I PROVISION C AND O, THE STUDENT MUST PRESENT TO THE  
52 APPROPRIATE OFFICIAL OF THE SCHOOL EITHER (I) A SIGNED WRITTEN  
53 AUTHORIZATION REQUESTING LOCAL HEALTH OFFICIALS TO ADMINISTER  
54 REQUIRED IMMUNIZATIONS OR (II) A PLAN FOR RECEIPT OF THE REQUIRED  
55 IMMUNIZATION OR THE NEXT REQUIRED IMMUNIZATION IN A SERIES WITHIN  
56 EITHER 30 DAYS OR THE MEDICALLY APPROVED MINIMUM INTERVAL. IF THIS  
57 DOES NOT OCCUR, THE COLLEGE OR UNIVERSITY STUDENT WILL NOT BE  
58 ALLOWED TO REGISTER FOR THE CURRENT TERM OR SESSION. SUCH  
59 WRITTEN AUTHORIZATIONS AND PLANS MUST BE SIGNED BY ONE PARENT OR  
60 GUARDIAN OR THE EMANCIPATED STUDENT OR THE STUDENT EIGHTEEN  
61 YEARS OF AGE OR OLDER.

62 J. PARENT - THE PERSON OR PERSONS WITH PARENTAL OR DECISION-MAKING  
63 RESPONSIBILITIES FOR A CHILD.

64 K. PRACTITIONER - A DULY LICENSED PHYSICIAN, ADVANCED PRACTICE NURSE, OR  
65 OTHER PERSON WHO IS PERMITTED AND OTHERWISE QUALIFIED TO ADMINISTER  
66 VACCINES UNDER THE LAWS OF THIS STATE

67 L. SCHOOL - A PUBLIC, PRIVATE, OR PAROCHIAL NURSERY SCHOOL, DAY CARE CENTER,  
68 CHILD CARE FACILITY, FAMILY CHILD CARE HOME, FOSTER CARE HOME, HEAD START  
69 PROGRAM, KINDERGARTEN, OR ELEMENTARY OR SECONDARY SCHOOL THROUGH  
70 GRADE TWELVE, OR A COLLEGE OR UNIVERSITY. "SCHOOL" DOES NOT INCLUDE A  
71 PUBLIC SERVICES SHORT-TERM CHILD CARE FACILITY AS DEFINED IN SECTION 26-6-  
72 102 (6.7), C.R.S., A GUEST CHILD CARE FACILITY AS DEFINED IN SECTION 26-6-102 (5),  
73 C.R.S., A SKI SCHOOL AS DEFINED IN SECTION 26-6-103.5 (6), C.R.S., OR COLLEGE OR  
74 UNIVERSITY COURSES WHICH ARE OFFERED OFF-CAMPUS; OR ARE OFFERED TO  
75 NONTRADITIONAL ADULT STUDENTS, AS DEFINED BY THE GOVERNING BOARD OF THE  
76 INSTITUTION; OR ARE OFFERED AT COLLEGES OR UNIVERSITIES WHICH DO NOT HAVE  
77 RESIDENCE HALL FACILITIES.

78 M. SCHOOL HEALTH AUTHORITY - AN INDIVIDUAL WORKING FOR OR ON BEHALF OF THE  
79 CHILD CARE FACILITY OR SCHOOL WHO IS KNOWLEDGEABLE ABOUT  
80 CHILDCARE/SCHOOL IMMUNIZATIONS.

81 N. SCHOOL OFFICIAL - THE SCHOOL'S CHIEF EXECUTIVE OFFICER OR ANY PERSON  
82 DESIGNATED BY HIM/HER AS HIS/HER REPRESENTATIVE.

83 O. STUDENT - ANY PERSON ENROLLED IN A COLORADO SCHOOL AS DEFINED IN I (I)

84 P. VACCINES FOR CHILDREN (VFC) PROGRAM - A FEDERALLY FUNDED PROGRAM FOR  
85 THE PURCHASE AND DISTRIBUTION OF PEDIATRIC VACCINES TO PROGRAM-  
86 REGISTERED PROVIDERS FOR THE IMMUNIZATION OF VACCINE-ELIGIBLE CHILDREN

- 87 Q. VFC-ELIGIBLE CHILDREN - FEDERALLY PURCHASED VACCINES UNDER THE VFC  
88 PROGRAM WILL BE MADE AVAILABLE TO CHILDREN WHO ARE 18 YEARS OF AGE OR  
89 YOUNGER AND WHO ARE ELIGIBLE FOR MEDICAID OR WHO ARE NOT INSURED UNDER  
90 ANY FORM OF HEALTH INSURANCE OR WHO ARE NOT INSURED WITH RESPECT TO THE  
91 VACCINE AND WHO ARE ADMINISTERED PEDIATRIC VACCINES BY A FEDERALLY  
92 QUALIFIED HEALTH CENTER (FQHC) OR IN A RURAL HEALTH CLINIC OR WHO ARE  
93 AMERICAN INDIANS/ALASKAN NATIVES, AS DEFINED IN SECTION 4 OF THE INDIAN  
94 HEALTH CARE IMPROVEMENT ACT.
- 95 A. ~~Emancipated student - Any student who has reached age 18; a lawfully married child of any age;~~  
96 ~~a child 15 years of age or older who is managing his/her own financial affairs and who is living~~  
97 ~~separate and apart from his/her parent.~~
- 98 B. ~~Indigent child - Any child whose parent cannot afford to have the child immunized or if~~  
99 ~~emancipated, who cannot himself/herself afford immunization and who has not been exempted.~~
- 100 C. ~~College student - Any student who is enrolled for one or more classes at a college or university~~  
101 ~~and who is physically present at the institution. This includes students who are auditing classes~~  
102 ~~but does not include persons taking classes by correspondence only.~~
- 103 D. ~~Child - Any student less than 18 years of age.~~
- 104 E. ~~Parent - The person or persons with parental or decision-making responsibilities for a child.~~
- 105 F. ~~School official - The school's chief executive officer or any person designated by him/her as~~  
106 ~~his/her representative.~~
- 107 G. ~~School health authority - an individual working for or on behalf of the child care facility or school~~  
108 ~~who is knowledgeable about childcare/school immunizations.~~
- 109 H. ~~Student - Any person enrolled in a Colorado school as defined in I (I)~~
- 110 I. ~~School - A public, private, or parochial nursery school, day care center, child care facility, family~~  
111 ~~child care home, foster care home, Head Start program, kindergarten, or elementary or~~  
112 ~~secondary school through grade twelve, or a college or university. "School" does not include a~~  
113 ~~public services short term child care facility as defined in section 26-6-102 (6.7), C.R.S., a guest~~  
114 ~~child care facility as defined in section 26-6-102 (5), C.R.S., a ski school as defined in section 26-~~  
115 ~~6-103.5 (6), C.R.S., or college or university courses which are offered off-campus; or are offered~~  
116 ~~to nontraditional adult students, as defined by the governing board of the institution; or are offered~~  
117 ~~at colleges or universities which do not have residence hall facilities.~~
- 118 J. ~~In process student - A student may be considered in process if:~~
- 119 ~~1. Within fourteen days after receiving direct personal notification that the certificate is not~~  
120 ~~up to date according to the requirements of the state board of health, the parent or emancipated~~  
121 ~~student submits documentation that the next required immunization has been given and a signed~~  
122 ~~written plan for obtaining the remaining required immunizations. The scheduling of immunizations~~  
123 ~~in the written plan shall follow medically recommended minimum intervals consistent with the U.S.~~  
124 ~~Public Health Service Advisory Committee on Immunization Practices, American Academy of~~  
125 ~~Pediatrics, or the vaccine manufacturer's package insert statement. If the student does not fulfill~~  
126 ~~the plan, the student shall be suspended or expelled from school for non-compliance as noted in~~  
127 ~~Section 25-4-907, C.R.S. If the next dose is not medically indicated within fourteen days, then the~~  
128 ~~medically approved minimum intervals would apply.~~

- 129 ~~2. With regards to college or university students as defined in Section I Provision D and I,~~  
 130 ~~the student must present to the appropriate official of the school either (i) a signed written~~  
 131 ~~authorization requesting local health officials to administer required immunizations or (ii) a plan~~  
 132 ~~for receipt of the required immunization or the next required immunization in a series within either~~  
 133 ~~30 days or the medically approved minimum interval. If this does not occur, the college or~~  
 134 ~~university student will not be allowed to register for the current term or session. Such written~~  
 135 ~~authorizations and plans must be signed by one parent or guardian or the emancipated student or~~  
 136 ~~the student eighteen years of age or older.~~
- 137 ~~K. Dose — A measured quantity of an immunizing agent; quantity and frequency of administration~~  
 138 ~~determined by recognized health authorities and the manufacturer of each agent. (Partial, “split,”~~  
 139 ~~half or fractionated “doses” are not acceptable for certification.)~~
- 140 ~~L. Practitioner — A duly licensed physician, advanced practice nurse, or other person who is~~  
 141 ~~permitted and otherwise qualified to administer vaccines under the laws of this state.~~
- 142 ~~M. Infant — Any child up to twenty-four months of age or any child eligible for vaccination and~~  
 143 ~~enrolled under the Colorado Medical Assistance Act, article 4 of title 26, C.R.S.~~
- 144 ~~N. Immunization Tracking System — A comprehensive immunization tracking system established by~~  
 145 ~~the Department of Public Health and Environment pursuant to Section 25-4-1705(E), C.R.S.~~
- 146 ~~O. Vaccines for Children (VFC) Program — A federally funded program for the purchase and~~  
 147 ~~distribution of pediatric vaccines to program-registered providers for the immunization of vaccine-~~  
 148 ~~eligible children~~
- 149 ~~P. VFC-Eligible Children — Federally purchased vaccines under the VFC Program will be made~~  
 150 ~~available to children who are 18 years of age or younger and who are eligible for Medicaid or who~~  
 151 ~~are not insured under any form of health insurance or who are not insured with respect to the~~  
 152 ~~vaccine and who are administered pediatric vaccines by a Federally Qualified Health Center~~  
 153 ~~(FQHC) or in a rural health clinic or who are American Indians/Alaskan Natives, as defined in~~  
 154 ~~section 4 of the Indian Health Care Improvement Act.~~

## 155 II. Exemptions From Immunization

156 It is the responsibility of the parent(s) to have his or her child immunized unless the child is exempted. A  
 157 student may be exempted from receiving the required immunizations in the following manner:

- 158 A. Medical exemption - By submitting to the student's school a Certificate of Immunization with the  
 159 statement of medical exemption signed by an advanced practice nurse or physician licensed to  
 160 practice medicine or osteopathic medicine in any state or territory of the United States indicating  
 161 that the physical condition of the student is such that immunizations would endanger his/her life  
 162 or health or is medically contraindicated due to other medical conditions.
- 163 B. Religious exemption - By submitting to the student's school a Certificate of Immunization with the  
 164 statement of religious exemption signed by the parent(s) or the emancipated student indicating  
 165 that the parent(s) or emancipated student is an adherent to a religious belief whose teachings are  
 166 opposed to immunizations.
- 167 C. Personal belief exemption - By submitting to the student's school a Certificate of Immunization  
 168 with the statement of personal exemption signed by the parent(s) or the emancipated student  
 169 indicating that the parent(s) or emancipated student has a personal belief that is opposed to  
 170 immunizations.

- 171 D. In the event of an outbreak of disease against which immunization is required, no exemption or  
172 exception from immunization shall be recognized and exempted persons may be subject to  
173 exclusion from school and quarantine.
- 174 E. All information distributed to the parent(s) by school districts regarding immunization shall inform  
175 them of their rights under ~~§(A-C)~~SECTION II, PROVISIONS A THROUGH C.
- 176 F. If the school chooses to use the immunization tracking system to monitor compliance with the  
177 school law, and the parent(s) or student submits an exemption, the school must submit the  
178 exemption information to the immunization tracking system.
- 179 G. ~~A student who is 11 years of age or greater may be exempt from the three-dose requirement for  
180 hepatitis b vaccination if the student provides written documentation from a licensed physician  
181 that the student, when aged 11 to 15 years, has received two doses of Recombivax HB using the  
182 adult dose (1.0 ml containing 10 µg of hepatitis b surface antigen), with the second dose given 4  
183 to 6 months after the first dose. The specific name of the vaccine, the exact dose of antigen per  
184 injection, and the dates of administration must be included as part of the documentation.~~

### 185 III. Minimum Immunization Requirements

186 ~~The immunizations required for compliance with the school entry immunization law are outlined in Tables  
187 1 and 2. To attend school, a student must have an age- or grade-appropriate Certificate of Immunization.  
188 Initial certification does not exempt a student from meeting subsequent age or grade requirements. The  
189 minimum number of doses required by level of school/age of student are listed in Table 1. The timetable  
190 for implementation of requirements by specific grade and school year for varicella vaccine and tetanus,  
191 diphtheria, and pertussis vaccine are listed in Table 2. Grades K to 5 and Grades 6 to 12 are grouped in  
192 Table 1, but a student in a particular grade within these groups is not required to have the minimum  
193 number of doses of varicella vaccine and tetanus, diphtheria, and pertussis vaccine prior to the school  
194 year listed in Table 2.~~

- 195 A. To attend school, a student must have an age- or grade-appropriate Certificate of Immunization.  
196 Initial certification does not exempt a student from meeting subsequent age or grade  
197 requirements. THIS CERTIFICATE MUST DEMONSTRATE IMMUNIZATION AGAINST THE  
198 FOLLOWING DISEASES:
- 199 1. HEPATITIS B
  - 200 2. PERTUSSIS
  - 201 3. TETANUS
  - 202 4. DIPHTHERIA
  - 203 5. HAEMOPHILUS INFLUENZA TYPE B (HIB)
  - 204 6. PNEUMOCOCCAL DISEASE
  - 205 7. POLIO
  - 206 8. MEASLES
  - 207 9. MUMPS
  - 208 10. RUBELLA



## 209 11. VARICELLA

210 B. THE MINIMUM NUMBER OF DOSES REQUIRED BY LEVEL OF SCHOOL/AGE OF STUDENT IS  
211 SET FORTH IN THE 2014 BIRTH – 18 RECOMMENDED IMMUNIZATION SCHEDULE OR THE  
212 2014 CATCH-UP IMMUNIZATION SCHEDULE OF THE ADVISORY COMMITTEE ON  
213 IMMUNIZATION PRACTICES (ACIP).

214 1. THE 2014 ACIP BIRTH-18 YEARS RECOMMENDED IMMUNIZATION SCHEDULE  
215 (SCHEDULE) IS INCORPORATED BY REFERENCE FOR ONLY THOSE VACCINES  
216 REQUIRED TO PREVENT THE DISEASES LISTED IN SECTION III, PROVISION A.  
217 OTHER IMMUNIZATIONS INCLUDED IN THE ACIP RECOMMENDATIONS ARE NOT  
218 REQUIRED. THIS SCHEDULE IS SET FORTH IN MORBIDITY AND MORTALITY  
219 WEEKLY REPORTS (MMWR) FEBRUARY 7, 2014 VOLUME 63 (05), AND POSTED  
220 ON THE CENTERS FOR DISEASE CONTROL AND PREVENTION WEBSITE AT:  
221 [HTTP://WWW.CDC.GOV/VACCINES/SCHEDULES/DOWNLOADS/CHILD/0-18YRS-](http://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-schedule.pdf)  
222 [SCHEDULE.PDF](http://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-schedule.pdf) OR ON THE COLORADO DEPARTMENT OF PUBLIC HEALTH AND  
223 ENVIRONMENT WEBSITE AT [[WWW.COLORADOIMMUNIZATIONS.COM](http://www.coloradoimmunizations.com)], AND, ARE  
224 AVAILABLE FOR PUBLIC INSPECTION DURING REGULAR BUSINESS HOURS AT  
225 THE COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, 4300  
226 CHERRY CREEK DRIVE SOUTH, DENVER, COLORADO 80246. COPIES OF THE  
227 RECOMMENDED SCHEDULES ARE AVAILABLE FROM THE COLORADO  
228 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT FOR A REASONABLE  
229 CHARGE THAT COMPORTS WITH THE DEPARTMENT'S RECORD REQUEST  
230 PRACTICES. THIS RULE DOES NOT INCLUDE ANY LATER AMENDMENTS OR  
231 EDITIONS OF THE ACIP SCHEDULE.

232 2. IN ADDITION, THE 2014 ACIP CATCH-UP IMMUNIZATION SCHEDULE IS  
233 INCORPORATED BY REFERENCE FOR THOSE CHILDREN NOT FULLY IMMUNIZED  
234 AND ONLY FOR THOSE VACCINES REQUIRED TO PREVENT THE DISEASES  
235 LISTED IN SECTION III, PROVISION A. OTHER IMMUNIZATIONS INCLUDED IN THE  
236 ACIP RECOMMENDATIONS ARE NOT REQUIRED. THIS RECOMMENDED  
237 SCHEDULE IS SET FORTH IN MORBIDITY AND MORTALITY WEEKLY REPORTS  
238 (MMWR) FEBRUARY 7, 2014 VOLUME 63 (05), AND POSTED ON THE CENTERS  
239 FOR DISEASE CONTROL AND PREVENTION WEBSITE AT  
240 [HTTP://WWW.CDC.GOV/VACCINES/SCHEDULES/DOWNLOADS/CHILD/CATCHUP-](http://www.cdc.gov/vaccines/schedules/downloads/child/catchup-schedule-pr.pdf)  
241 [SCHEDULE-PR.PDF](http://www.cdc.gov/vaccines/schedules/downloads/child/catchup-schedule-pr.pdf) OR ON THE COLORADO DEPARTMENT OF PUBLIC HEALTH  
242 AND ENVIRONMENT WEBSITE AT [[WWW.COLORADOIMMUNIZATIONS.COM](http://www.coloradoimmunizations.com)], AND,  
243 ARE AVAILABLE FOR PUBLIC INSPECTION DURING REGULAR BUSINESS HOURS  
244 AT THE COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT,  
245 4300 CHERRY CREEK DRIVE SOUTH, DENVER, COLORADO 80246. COPIES OF  
246 THE RECOMMENDED SCHEDULES ARE AVAILABLE FROM THE COLORADO  
247 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT FOR A REASONABLE  
248 CHARGE THAT COMPORTS WITH THE DEPARTMENT'S RECORD REQUEST  
249 PRACTICES. THIS RULE DOES NOT INCLUDE ANY LATER AMENDMENTS OR  
250 EDITIONS OF THE ACIP CATCH-UP SCHEDULE.

251 C. INFORMATION CONCERNING MENINGOCOCCAL DISEASE AND THE MENINGOCOCCAL  
252 VACCINE SHALL BE PROVIDED TO EACH NEW COLLEGE OR UNIVERSITY STUDENT, OR IF  
253 THE STUDENT IS UNDER 18 YEARS, TO THE STUDENT'S PARENT OR GUARDIAN. IF THE  
254 STUDENT DOES NOT OBTAIN A VACCINE, A SIGNATURE MUST BE OBTAINED FROM THE  
255 STUDENT OR IF THE STUDENT IS UNDER 18 YEARS, THE STUDENT'S PARENT OR  
256 GUARDIAN INDICATING THAT THE INFORMATION WAS REVIEWED.

257 D. ~~The timetable for implementation of requirements by specific grade and school year for varicella~~  
258 ~~vaccine and tetanus, diphtheria, and pertussis vaccine are listed in Table 2. Grades K to 5 and~~  
259 ~~Grades 6 to 12 are grouped in Table 1, but a student in a particular grade within these groups is not~~

260 required to have the minimum number of doses of varicella vaccine and tetanus, diphtheria, and  
261 pertussis vaccine prior to the school year listed in Table 2.IV. Examination and Audit of School  
262 Immunization Records

#### 263 IV. Examination and Audit of School Immunization Records

264 The Department of Public Health and Environment's representative shall have the right to audit and verify  
265 records to determine compliance with the law. Discrepancies found through audits shall be corrected by  
266 school officials, and any student not in full compliance shall be suspended or expelled from school  
267 according to the following rules:

- 268 A. If the parent(s) or emancipated student was informed of the deficiencies in the student's  
269 Certificate of Immunization pursuant to ~~paragraph 1(4)(4)~~ SECTION I, PROVISION I.1 of the rules,  
270 the student shall be suspended or expelled pursuant to Section 25-4-907, C.R.S.
- 271 B. If the parent(s) or emancipated student was not informed by a direct personal notification of the  
272 immunizations required and alternatives for compliance with the law, the school shall notify the  
273 parent(s) or emancipated student within 7 calendar days of the finding and the student shall: a)  
274 provide proof of immunization within fourteen days, b) continue as an in-process student, c) verify  
275 that the student is exempt, or d) the student shall be suspended or expelled pursuant to Section  
276 25-4-907, C.R.S.

277 \*\*\*\*\*

#### 278 VI. Certification of Immunization

- 279 A. An official Certificate of Immunization or an APPROVED Alternate Certificate of Immunization that  
280 has been approved by the Department of Public Health and Environment shall include one of the  
281 following forms of documentation that include the dates and types of immunizations administered  
282 to a student or the dates and types of exemption taken:
- 283 1. A paper document that includes information transferred from the records of a licensed  
284 physician, registered nurse, or public health official; or
  - 285 2. An electronic file or hard copy of an electronic file provided to the school directly from the  
286 immunization tracking system established pursuant to Section 25-4-1705(5)(e), C.R.S. or  
287 from a software program approved by the Department of Public Health and Environment.
- 288 B. Any immunization record (original or copy) provided by a physician licensed to practice medicine  
289 or osteopathic medicine in any state or territory of the United States, registered nurse, or public  
290 health official may be accepted by the school official as proof of immunization. The information is  
291 to be verified by the school official and transferred to an official Colorado Certificate of  
292 Immunization. ~~The Department of Public Health and Environment shall provide guidance to~~  
293 ~~schools, licensed physicians, registered nurses, and local health agencies regarding the~~  
294 ~~acceptability of vaccination received outside the United States.~~
- 295 C. A physician, nurse, or school health authority shall sign the appropriate section of the Certificate  
296 of Immunization when the child has met all immunization requirements.
- 297 D. Schools shall have on file an official Certificate of Immunization for every student enrolled. The  
298 Certificate of Immunization will be kept apart from other school records. When a student  
299 withdraws, transfers, or is promoted to a new school, the school official shall return the Certificate  
300 of Immunization to the parent(s) or emancipated student upon request or transfer it with the  
301 student's school records to the new school. Upon a college or university student's request, the  
302 Certificate of Immunization shall be forwarded as specified by the student.

303 \*\*\*\*\*

304 **IX. Purchase, Storage, and Distribution of Vaccines**

305 As necessary to comply with Section 25-4-905, C.R.S., the Department of Public Health and Environment  
 306 shall assure the purchase, storage, and distribution of the vaccines included in, but not limited to, ~~Table 4~~  
 307 ~~of these rules.~~

308 \*\*\*\*\*

309 **XI. Fee for the Administration, Reporting, and Tracking of Vaccine**

310 This rule applies to immunizations purchased by CDPHE that are recommended by the Advisory  
 311 Committee on Immunization Practices of the U.S. Department of Health and Human Services and  
 312 provided to Colorado practitioners.

313 A. Practitioners may charge up to THE CENTERS FOR MEDICARE AND MEDICAID SERVICES  
 314 MAXIMUM REGIONAL FEE FOR THE ADMINISTRATION OF VACCINE. ~~an administration fee~~  
 315 ~~up to twenty-one dollars and sixty-eight cents per dose.~~ These fees apply to all vaccines  
 316 purchased by CDPHE, including but not limited to the Infant Immunization Program, ~~the Vaccines~~  
 317 ~~for Children Program,~~ and Immunization of Children Attending School.

318 B. A vaccine recipient may not be denied vaccine provided by CDPHE because of inability to pay  
 319 the administration fee.

320 C. If a practitioner's vaccine administration costs are less than twenty-one dollars and sixty-eight  
 321 cents, then they may only charge up to that lesser amount.

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323

324 **Table 1. MINIMUM NUMBER OF DOSES REQUIRED FOR**  
 325 **CERTIFICATE OF IMMUNIZATION**

326 ~~Approved for the 2013-14 School Year~~

327

VACCINE <sup>a</sup>	Level of School/Age of Student											
	Child Care 2-3 mos	Child Care 4-5 mos	Child Care 6-7 mos	Child Care 8-11 mos	Child Care 12-14 mos	Child Care 15-18 mos	Child Care 19-23 mos	Pre school 2-4 yrs	K-Entry 4-6 Yrs	Grades K to 5 5-10 yrs	Grades 6 to 12 11-18+ yrs	College
Hepatitis B <sup>t</sup>	1	2	3						3	3	3	
Pertussis/ Tetanus/ Diphtheria	4	2	3		see foot- note b	4			5/4 <sup>b</sup>	5/4 <sup>b,c</sup>	5/6 <sup>c,d</sup>	
Haemophilus influenzae type b (Hib) <sup>j</sup>	4	2	2	3/2	4/3/2	4/3/2/1	4/3/2/1	4/3/2/1				
Pneumococcal	4	2	3/2		4/3/2/1							

Conjugate <sup>-k</sup>				see footnote k								
Polio <sup>-e</sup>	1	2	3				4/3 <sup>-f</sup>	4/3 <sup>-f</sup>	4/3 <sup>-f</sup>			
Measles/ Mumps/ Rubella <sup>-g</sup>				1	see footnote g				2 <sup>-h</sup>	2 <sup>-h</sup>	2 <sup>-h</sup>	2 <sup>-hi</sup>
Varicella <sup>-m</sup>				1	see footnote n				2 <sup>-n</sup>	2/1 <sup>-n</sup>	2/1 <sup>-n</sup>	
Meningococcal											-o	

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- a ——— Vaccine doses administered no more than 4 days before the minimum interval or age are to be counted as valid.
- b ——— Five doses of pertussis, tetanus, and diphtheria vaccines are required at school entry in Colorado unless the 4th dose was given at 48 months of age or older (i.e., on or after the 4th birthday) in which case only 4 doses are required. There must be at least 4 weeks between dose 1 and dose 2, at least 4 weeks between dose 2 and dose 3, at least 4 months between dose 3 and dose 4 and at least 6 months between dose 4 and dose 5. The final dose must be given no sooner than 4 years of age (dose 4 may be given at 12 months of age provided there is at least 4 months between dose 3 and dose 4). If a child has received 6 doses of DTaP before the age of 4 years, no additional doses are required.
- c ——— Any student 7 years of age or older at school entry in Colorado who has not completed a full series of DTaP is required to have 3 appropriately spaced tetanus/diphtheria containing vaccine (DT, DTaP, Td, or Tdap). Appropriately spaced includes at least 4 weeks between dose 1 and 2 and at least 6 months between dose 2 and 3. A student 7 years of age or older who receives a single dose of Tdap to complete this tetanus/diphtheria requirement will have also met the Tdap requirement for 6<sup>th</sup> through 12<sup>th</sup> grades
- d ——— One dose of Tdap is required for students 11 — 12 years of age at 6<sup>th</sup> grade entry, regardless of the interval since the last dose of DTaP, DT, or Td. If a student has received a Tdap between the ages of 7 — 10 yrs, as noted in footnote “c,” they have met the Tdap requirement for 6<sup>th</sup> through 12<sup>th</sup> grades.
- e ——— For polio, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable.
- f ——— Four doses of polio vaccine are required at school entry in Colorado unless the 3rd dose was given at 48 months of age or older (i.e., on or after the 4th birthday) in which case only 3 doses are required. There must be at least 4 weeks between dose 1 and dose 2, at least 4 weeks between dose 2 and dose 3 and at least 6 months between dose 3 and dose 4. The final dose must be given no sooner than 4 years of age. Minimum age/interval does not apply if 4<sup>th</sup> dose of polio (3<sup>rd</sup> dose if given after 4<sup>th</sup> birthday) was administered prior to July 1, 2009.
- g ——— For measles, mumps, and rubella, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable for the specific disease tested. The 1st dose of measles, mumps, and rubella vaccine must have been administered at 12 months of age or older (i.e., on or after the 1st birthday) to be acceptable. Documentation of 1 dose of rubella vaccine and 2 doses of measles and 2 doses of mumps vaccines on or after the first birthday meets the school requirement.
- h ——— The 2nd dose of measles vaccine or measles, mumps, and rubella vaccine must have been administered at least 28 calendar days after the 1st dose.
- i ——— Measles, mumps, and rubella vaccine is not required for college students born before January 1, 1957.
- j ——— The number of Hib vaccine doses required depends on the student’s current age and the age when the vaccine was administered. If any dose was given at 15 months of age or older, the Hib vaccine requirement is met. For students who began the series before 12 months of age, 3 doses are required of which at least 1 dose must have been administered at 12 months of age or older (i.e., on or after the 1st birthday). If the 1st dose was given at 12 to 14 months of age, 2 doses are required. If the current age is 5 years of age or older, no new or additional doses are required.
- k ——— The number of pneumococcal conjugate vaccine (PCV) doses required depends on the student’s current age and the age when the 1st dose was administered. If the 1<sup>st</sup> dose was administered before 6 months of age, the child is required to receive 3 doses 2 months apart and an additional dose between 12 — 15 months of age. If started between 7 — 11 months of age, the child is required to receive 2 doses, two months apart and an additional dose between 12 — 15 months of age. For any student who received the 3<sup>rd</sup> dose on or after the first birthday, a 4<sup>th</sup> dose is not required. If the 1<sup>st</sup> dose was given at 12 to 23 months of age, 2 doses are required. If any dose was given at 24 months of age through 4 years of age, the PCV vaccine requirement is met. If the current age is 5 years or older, no new or additional doses are required.
- l ——— For hepatitis B, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable. The second dose is to be administered at least 4 weeks after the first dose, and the third dose is to be administered at least 16 weeks after the first dose and at least 8 weeks after the second dose. The final dose is to be administered at 24 weeks of age (6 months of age) or older and is not to be administered prior to 6 months of age
- m ——— For varicella, written evidence of a laboratory test showing immunity or a documented disease history from a health care provider is acceptable. The 1st dose of varicella vaccine must have been administered at 12 months of age or older (i.e., on or after the 1st birthday) to be acceptable.

