



Immunization Frequently Asked Questions for K-12th Grades

2015-2016 Colorado School Required Immunizations

General Colorado Immunization Guidelines 3

- What does it mean for a school to be “in compliance” with the School Immunization Law? 3
- More detail “In-Process” and the 14 day rule. 3
- What is the difference between Colorado the school “required” immunizations and immunizations that are “recommended?” 3
- What is the “4 day grace period” for vaccines that are given earlier than the recommended age or interval between vaccines? 3
- What is the official school immunization record? 4
- What should I know about the intervals between 2 live vaccines? 4
- There are times when an immunization record will not include the complete date of vaccine administration. If a full date is not available, what is the “default date” for recording a vaccine in the record? 4

Varicella (Chickenpox) Disease and Varicella Vaccine 4

- Are all Colorado students required to have 2 doses of Varicella (Chickenpox)? 4
- A student who has had chickenpox disease is considered immune. A student may have had chickenpox disease; however there is no documentation of that disease. What is the best course of action?..... 5
- In obtaining a reliable history of chickenpox disease, the school nurse can complete a disease screening with the parent. Describe both primary infection and breakthrough disease to assist in the screening for chickenpox disease. 5
- What kinds of questions would be useful in screening for a history of chickenpox disease?..... 5
- If a parent reports that their child had chickenpox disease (no documentation of disease or has not been screened for history of disease), can the school accept the “parent report” of disease? 6

DTaP/Tdap/Td Vaccines 6

- What is the DTaP vaccine requirement for Colorado students? 6
- A student, 7 years of age or older, does not have a complete series of DTaP. What is the school requirement? 6
- A student, 7 years of age or older, receives an “inadvertent” dose of DTaP. What is the required immunization schedule? 7
- What is the age requirement for Tdap (tetanus/diphtheria/pertussis)? 7

Hepatitis B and the HBV Vaccine 7

- What is the requirement for Hepatitis B (Hep B) Vaccine?..... 7
- Why are students who were compliant with Hep B in the past, now needing to get a dose? 7

Polio and IPV Vaccine..... 8

What is the polio requirement for Colorado students?.....	8
What about those students who met the polio requirement prior to August 7 th 2010.....	8
Are students 19 years of age and older who are attending a Colorado school required to receive the full series of polio vaccines?	8
Measles, Mump, Rubella (MMR) and the MMR Vaccine.....	8
What is the MMR requirement for students?	8
Child Care and Preschool Required Vaccines	9
Pneumococcal Conjugate Vaccine (PCV)	9
What is the required pneumococcal conjugate vaccine (PCV) immunization schedule for students in the child care and preschool settings?	9
Haemophilus influenzae Type b (Hib)	9
What is the required Hib immunization schedule for children in child care or preschool settings?9	
ACIP-Recommended Haemophilus influenzae type b (Hib) Routine Vaccine Schedule	9
Medical Exemptions.....	10
Non-Medical (Personal Belief or Religious) Exemptions.....	10
Personal Belief Exemptions.....	10
Religious Exemptions	10
Overview of Colorado Board of Health Rule regarding School Required Immunizations and School Immunization Resources	11

General Colorado Immunization Guidelines

What does it mean for a school to be “in compliance” with the School Immunization Law?

There are 3 ways that a school is “in compliance” with the school immunization law:

- 1) A student is fully immunized (complete immunization records have been transcribed on to the Certificate of Immunization and is included in the student’s electronic or hard copy file.)
- 2) A student is “In-Process” which means he/she is in the process of getting up-to-date on their immunizations (descriptive narrative explained in next question specific to “In-Process”).
- 3) A student has on file either a medical exemption (signed by a MD, DO or APN) or a non-medical exemption which is a religious or personal belief against receiving immunizations and is signed by the parent, guardian or student 18 years of age or older.

More detail “In-Process” and the 14 day rule.

When a school finds that a student is not up-to-date on their required immunizations, the school will notify parents of which vaccines are required for the student to attend school. Notification to the parent can include directly speaking to the parent in person, sending an email or letter, or contacting the parent by phone. CDPHE has developed “Notices” which schools may choose to send to parents. Notices are posted on the “School Immunization” page with other school immunization resources at www.coloradoimmunizations.com.

The 14 day rule means the parent has 14 days to *either* get the required immunization(s) or to submit a written plan to the school as to when those vaccines will be administered. Sometimes it can take a few weeks before a parent can make an appointment with the clinic or get time off to obtain the required immunizations. (If a parent chooses to use an “alternate” immunization schedule that does not follow the Advisory Committee on Immunization Practices (ACIP) minimum intervals or ages, that parent will need to submit an exemption until the student is up-to-date on their required immunizations).

What is the difference between Colorado the school “required” immunizations and immunizations that are “recommended?”

The Colorado School “required” immunization schedule is the legislatively mandated immunization schedule required for attendance in Colorado schools. The immunizations that are required for school attendance for K through 12th grades include Hepatitis B, DTaP/Tdap, IPV, MMR and Varicella immunizations.

The “recommended” immunization schedule is the “optimum” schedule approved by the Advisory Committee on Immunization Practices (ACIP) and includes additional vaccines that include Meningococcal, Hepatitis A, HPV and Influenza.

What is the “4 day grace period” for vaccines that are given earlier than the recommended age or interval between vaccines?

When reading an immunization record from a clinician’s office, ACIP allows a *4 day grace period* for minimum intervals between vaccine doses and for the minimum age a vaccine can be administered. The exception is the minimum 28 day interval between the live vaccines MMR and Varicella. MMR and Varicella must have a full 28 days between doses. Vaccine doses administered more than 4 days before the minimum interval or age are not valid doses. For example, if MMR or Varicella vaccines are given more than 4 days before the 1st birthday, those doses are NOT valid doses and the school is not able to accept those invalid doses.

What is the official school immunization record?

An official Certificate of Immunization or an Alternate Certificate of Immunization that has been approved by the Department of Public Health and Environment is required for all students in Colorado schools and is to include the dates and types of immunizations administered to a student.

What should I know about the intervals between 2 live vaccines?

Live vaccines, such as MMR, VAR, MMRV (Proquad) are typically given on the same day (simultaneously). If two of these live vaccines are not given (simultaneously) they must have at least a full 28 day interval. The reason for this is that the first live vaccine is building an antibody response. If another live vaccine is administered before the 28 day interval, the efficacy of the second live vaccine is diminished and the second vaccine must then be repeated. When 2 live vaccines are given on the same day there is no issue with the competing antibody response.

Non-simultaneous administration of 2 live vaccines:

<http://www.cdc.gov/vaccines/pubs/pinkbook/genrec.html> (Ch. 2, p. 12, 3rd paragraph)

There are times when an immunization record will not include the complete date of vaccine administration. If a full date is not available, what is the “default date” for recording a vaccine in the record?

Scenario #1: The vaccine administered is MMR or Varicella (live vaccines) and the dose in question was administered at 12 months during the birth month of the child (e.g. the parent’s record indicates a dose of MMR was administered on 12/2001 and the student’s birth date is 12/5/2000).

Answer #1: The dose should only be counted as a valid dose if the month, day and year of the live vaccine administration are recorded. If the day the vaccine was administered is not noted, reasonable attempts should be made to obtain the exact day. If this information is not available and located, the dose SHOULD NOT BE COUNTED. The student should either have a lab titer drawn to see if they have antibodies or they should have the dose repeated.

Scenario #2: If any other dose of vaccine is administered (other than MMR or Varicella) what is the default date?

Answer #2: The dose should be counted and recorded in a new clinic record if the month, day and year of the vaccine administration are recorded. If the day the vaccine was administered is not noted, reasonable attempts should be made to obtain the exact day. If this information is not available/located, the date of the dose should be recorded as the 15th of the month (e.g. the parent’s record indicates a dose of Hepatitis B was administered on 12/2001. If the exact day the dose was administered cannot be obtained through reasonable efforts, the dose of Hepatitis B should be recorded as 12/15/2001).

Varicella (Chickenpox) Disease and Varicella Vaccine

Are all Colorado students required to have 2 doses of Varicella (Chickenpox)?

Yes, all students, Kindergarten through 12th grade, are required to have 2 valid doses of varicella vaccine. (A dose administered more than 4 days before the first birthday cannot be accepted as a valid dose).

It is recommended that for students less than 13 years of age there is a 3 month interval between the 2 doses of varicella. The school can accept an interval of 28 days.

A student who has had chickenpox disease is considered immune. A student may have had chickenpox disease; however there is no documentation of that disease. What is the best course of action?

In cases where a parent reports the student had chickenpox disease but is not able to provide documentation of disease, a screening of chickenpox disease should be completed by a health care provider (MD, DO, RN, PA) and documented in the immunization record or Certificate of Immunization.

In obtaining a reliable history of chickenpox disease, the school nurse can complete a disease screening with the parent. Describe both primary infection and breakthrough disease to assist in the screening for chickenpox disease.

Primary Infection (Chickenpox): "In children, the rash is often the first sign of disease. The rash is generalized and pruritic (itching) and progresses rapidly from macules to papules to vesicular lesions before crusting. The rash typically appears first on the head, then on the trunk and then the extremities; the highest concentration of lesions is on the trunk. Lesions also occur on mucous membranes of the oropharynx, respiratory tract, vagina, conjunctiva, and the cornea. Lesions are usually 1 to 4 mm in diameters. The vesicles are superficial and delicate and contain clear fluid on an erythematous base. Vesicles may rupture or become purulent before they dry and crust. Successive crops appear over several days, with lesions present in several stages of development. Healthy children usually have 200 to 500 lesions in 2 to 4 successive crops and illness lasts, typically, 5 to 10 days. The clinical course is generally mild, with malaise, itching and a temperature up to 102 degrees F for 2 - 3 days.

Breakthrough Disease: "A case of wild-type varicella infection occurring more than 42 days after vaccination. Such disease is usually mild with a shorter duration of illness, fewer constitutional symptoms, and fewer than 50 skin lesions. Breakthrough cases with fewer than 50 lesions have been found to be one third as contagious as varicella in unvaccinated persons with 50 or more lesions, but breakthrough cases with 50 or more lesions can be just as contagious as cases in unvaccinated persons."

If the nurse (or other health care provider) does not feel that the report of disease is reliable, provide education and refer to clinic for vaccine. A lab test (titer) can be done to see if protective antibodies are present.

Additional information about Varicella and other vaccine preventable disease can be found in the ["13th edition of "Epidemiology and Prevention of Vaccine-Preventable Diseases"](#)

Please note: Since you must have chickenpox disease in order to get shingles, a diagnoses of shingles is evidence of chickenpox disease.

What kinds of questions would be useful in screening for a history of chickenpox disease?

- 1) What were the symptoms your child experienced?
 - a) Typical signs and symptoms include rash, fever, cough, fussiness, headache, decreased appetite.
- 2) Describe the rash your child had.
 - a) Rash usually develops on the scalp and trunk of the body and then spreads to face arms and legs.

- 3) About how many lesions (pox) did your child have and describe the characteristics?
 - a) Typically 200 - 500 hundred pox form and they are itchy. They also appear in successive crops. Illness for about 5 - 10 days.
- 4) Did other children in the school, neighborhood, or community have chickenpox disease?
 - a) Chickenpox is very contagious. If the parent relates that their child was exposed to other kids with disease, this is helpful in screening for disease

If a parent reports that their child had chickenpox disease (no documentation of disease or has not been screened for history of disease), can the school accept the "parent report" of disease?

No. If there is no documentation of the student having had chickenpox disease, an MD, DO, RN or PA must screen for the history of chickenpox disease and determine that the child had disease.

DTaP/Tdap/Td Vaccines

What is the DTaP vaccine requirement for Colorado students?

DTaP is the pediatric vaccine licensed for children 6 weeks through 6 years of age. 5 doses of DTaP vaccines are required at school entry unless the 4th dose was given at 48 months of age (i.e. 4 years of age) in which case only 4 doses are required. There must be at least 4 weeks between dose 1 and 2, at least 4 weeks between dose 2 and dose 3, at least 4 months between dose 3 and 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 4). If a child has received 6 doses of DTaP before the age of 7 years, no additional doses are required. DTaP is NOT licensed to be administered once a student turns 7 years of age.

A student, 7 years of age or older, does not have a complete series of DTaP. What is the school requirement?

Important Note: DTaP & DT is only licensed through 6 years of age and is not to be given to a child once they turn 7 yrs of age. Tdap and Td is licensed for individuals 7 years of age or older and should not be given before 7 years of age. (Tetanus/diphtheria containing vaccines include DTaP, DT, Tdap and Td. The "p" indicates that pertussis antigen is added).

As it relates to the **tetanus/diphtheria requirement**, DT or DTaP (given at 6 weeks through 6 years of age) and Td or Tdap (given at 7 yrs of age or older) in combination can be used **when reading the immunization record** to make sure they have met the requirement. If the 1st dose of DTaP or DT was given **before** 1 year of age, there should be a total of 4 appropriately spaced doses of tetanus/diphtheria containing vaccine to meet the requirement (at least 4 weeks between dose 1 and 2, at least 4 weeks between dose 2 and 3, at least 6 months between dose 3 and 4). If the 1st dose of vaccine was given on or **after** the 1st birthday, 3 appropriately spaced doses of a tetanus/diphtheria containing vaccine are given to meet the requirement (4 weeks between dose 1 & 2 and 6 months between dose 2 & 3). <http://www.cdc.gov/vaccines/pubs/pinkbook/index.htm> (Ch. 21, p. 348, 4th paragraph). One of those doses of vaccine should be a Tdap for a student between the ages of 11 through 12 years of age. If a student received a dose of Tdap as early as 7 years of age, that Tdap dose will meet the 11 through 12 year old requirement for school attendance.

As it relates to the **pertussis requirement**, children **7 through 10 years of age** who are not fully vaccinated against pertussis (defined as having received fewer than 4 doses of DTaP, or having received 4 doses of DTaP but the last dose was given prior to age 4 years) and who do not have a contraindication to pertussis vaccine are to receive a single dose of Tdap to provide protection

against pertussis. <http://www.cdc.gov/vaccines/pubs/pinkbook/index.htm> (Ch. 16, p. 270, 3rd paragraph)

A student, 7 years of age or older, receives an “inadvertent” dose of DTaP. What is the required immunization schedule?

There are times when DTaP may have been inadvertently administered to a student 7 years or older (remember that DTaP is only licensed for children through 7 years of age). “If DTaP is administered inadvertently to a child aged 7 through 10 years, this dose can count as the adolescent Tdap dose. (A clinician can administer a Tdap dose at age 11 through 12 years).

What is the age requirement for Tdap (tetanus/diphtheria/pertussis)?

One dose of Tdap vaccine is required for students between the ages of 11 - 12 years of age. If a student turns 13 years of age and has not received Tdap vaccine, they are out of compliance.

If a student receives a Tdap on or after 7 years of age (required for students under 7 years of age who did not complete the DTaP series) they have met the Tdap requirement for students in 6th through 12th grades.

If DTaP is administered inadvertently to an adolescent aged 11 through 18 years, that dose will meet the Tdap requirement.

Hepatitis B and the HBV Vaccine

What is the requirement for Hepatitis B (Hep B) Vaccine?

In the 3 dose series of hepatitis B vaccine there must be at least 4 weeks between dose 1 and 2, 8 weeks between dose 2 and 3 and 16 weeks between dose 1 and 3. The final dose must be administered at least 24 weeks of age (just under 6 months of age) in order to be counted as a valid dose in the 3 dose hepatitis B series. The data shows that when the final dose is given at 24 weeks of age or older, there is a better immune response.

(<http://www.cdc.gov/vaccines/pubs/pinkbook/index.htm> (Ch. 10, p. 161, 2nd paragraph & Table)

Sometimes, you will see a student with 4 doses of Hepatitis B in an immunization record. This could be because the Hep B component was part of a combination vaccine, such as Pediarix. Sometimes with a combination vaccine that contains Hep B an additional Hepatitis B vaccine will be required in order to meet the age and interval requirement. If a dose does not meet the intervals between doses and does not include a final dose at 24 weeks of age or older, it is not a valid dose.

There is a 2 dose series available for students 11 to 15 years of age. If the 2 dose series is administered it is required that a student provides written documentation that the student has received two doses of Recombivax Hepatitis B vaccine using the adult dose (1.0 ml containing 10 µg of hepatitis b surface antigen), with the second dose given 4 to 6 months after the first dose. The specific name of the vaccine, the exact dose of antigen per injection, and the dates of administration must be included as part of the documentation.

Why are students who were compliant with Hep B in the past, now needing to get a dose?

Prior to the incorporation of the ACIP schedule for schools in 7/1/2015, the school required immunizations schedule was not current with the ACIP schedule. With the incorporation of the best practice ACIP schedule, students should receive a final dose at 24 weeks or older. Clinical data show

that a dose of Hep B at 24 weeks or older provides a better immune response, providing optimum protection from Hepatitis B disease.

Polio and IPV Vaccine

What is the polio requirement for Colorado students?

Four doses of polio vaccine are required at school entry in Colorado. There must be at least 4 weeks between dose 1 and dose 2, at least 4 weeks between dose 2 and 3 and at least 6 months between dose 3 and 4. The final dose must be given at least at 4 years of age and there must be at least 6 months between the last 2 doses.

Three doses of polio will meet the requirement if there are at least 4 weeks between dose 1 and 2 and at least 6 months between dose 2 and 3 and the final dose was administered at or over 4 years of age.

It is required that the final dose of IPV be given at or over 4 years of age, regardless of the number of doses administered prior to 4 years of age.

<http://www.cdc.gov/vaccines/pubs/pinkbook/index.html> (Ch. 18, p. 304)

What about those students who met the polio requirement prior to August 7th 2010.

For students who completed the polio requirement prior to August 7th 2010, (received four doses of IPV separated by at least 4 weeks even if under 4 years of age or received 3 doses separated by at least 4 weeks and the last dose was given at or after 4 yrs of age) are in compliance with the Colorado school requirement for polio. They do NOT need an additional dose at or over 4 years of age.

Are students 19 years of age and older who are attending a Colorado school required to receive the full series of polio vaccines?

No. Once a student turns 18 years of age, there is no polio requirement.

Measles, Mump, Rubella (MMR) and the MMR Vaccine

What is the MMR requirement for students?

All Colorado students are required to receive 2 doses of MMR. (There are students from other countries who will have evidence of single antigen measles, mumps and rubella).

A dose of MMR that is given more than 4 days before the first birthday is not a valid dose and cannot be accepted by the school as meeting the school immunization requirement.

The minimum interval between 2 doses of MMR is at least 28 days. The 4 day grace period does not apply to the minimum interval between the 2 doses.

<http://www.cdc.gov/vaccines/pubs/pinkbook/index.html> (Ch. 13, pp. 218 -219)

Child Care and Preschool Required Vaccines

Pneumococcal Conjugate Vaccine (PCV)

What is the required pneumococcal conjugate vaccine (PCV) immunization schedule for students in the child care and preschool settings?

- If the first dose of PCV was administered before 6 months of age, the child is required to receive 3 doses at least 4 weeks apart and an additional dose between 12 - 15 months of age at least 8 weeks after the 3rd dose.
- If started between the ages of 7 - 11 months of age, the child is required to receive 2 doses, 8 weeks apart and an additional dose between 12 - 15 months of age, at least 8 weeks after the previous dose.
- For any student who received the 3rd dose on or after the 1st birthday, and 8 weeks after the 2nd dose, a 4th dose is not required.
- If the 1st dose was given at 12 to 23 months of age, 2 doses are required given 8 weeks apart. If any dose was given at 24 months through 4 years of age, the PCV requirement has been met.
- If the current age is 5 years or older, no new or additional doses are required.

Haemophilus influenzae Type b (Hib)

What is the required Hib immunization schedule for children in child care or preschool settings?

- 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) and 8 weeks after the previous dose.
- If the 1st dose was given at 12 to 14 months of age, 2 doses given 8 weeks apart are required.
- If the current age is 5 years or older, no new or additional doses are required.
- If one dose was given at 15 months of age or older, the Hib vaccine requirement is met.
- The Hib schedule may vary slightly depending on with formulation was administered.

ACIP-Recommended Haemophilus influenzae type b (Hib) Routine Vaccine Schedule

Type	Vaccine	2 Months	4 Months	6 Months	12-15 Months
PRP-T	ActHIB	X (1 st)	X (2 nd)	X (3 rd)	X
	Pentacel*	X (1 st)	X (2 nd)	X (3 rd)	X
	Hiberix [^]	-	-	-	X
	MenHibrix ^o	X (1 st)	X (2 nd)	X (3 rd)	X
PRP-OMP	PedvaxHIB	X (1 st)	X (2 nd)	-	X
	COMVAX	X (1 st)	X (2 nd)	-	X

* The recommended age for the 4th dose of Pentacel is 15-18 months, but it can be given as early as 12 months, provided at least 6 months have elapsed since the 3rd dose.

[^] Hiberix is approved only for the last dose of the Hib series among children 12 months of age and older. The recommended age is 15 months, but to facilitate timely booster vaccination it may be given as early as 12 months.

^o The recommended age for the 4th dose of MenHibrix is 12-18 months.

Medical Exemptions

A medical exemption is indicated when a student is unable to receive vaccine due to an allergy to a component of the vaccine or receiving vaccine would be contraindicated due to a medical condition. A medical exemption is only signed by a physician (MD or DO) or an advanced practice nurse (APN) licensed to practice medicine or osteopathic medicine in any state or territory of the United States. The medical exemption form is located on page two of the Certificate of immunization and once signed by the health care provider, is to be maintained in the student's file.

https://www.colorado.gov/pacific/sites/default/files/PW_Imm_Certificate-of-Immunization.pdf

Non-Medical (Personal Belief or Religious) Exemptions

Personal Belief Exemptions

By submitting a personal belief exemption signed by the parent(s), guardian(s), emancipated student or student 18 years of age or older, indicating that they have a personal belief that is opposed to immunizations, the student is in compliance with the School Immunization Law. The personal exemption form is located on the second page of the Certificate of Immunization. Once the personal belief exemption is signed the school will maintain that exemption in the student's file.

https://www.colorado.gov/pacific/sites/default/files/PW_Imm_Certificate-of-Immunization.pdf

Religious Exemptions

By submitting a religious exemption signed by the parent(s), guardian(s), emancipated student or student 18 years of age or older, indicating that they have a religious belief that is opposed to immunizations, the student is in compliance with the School Immunization Law. The religious exemption form is located on the second page of the Certificate of Immunization. Once the personal belief exemption is signed the school will maintain that exemption in the student's file.

https://www.colorado.gov/pacific/sites/default/files/PW_Imm_Certificate-of-Immunization.pdf

Overview of Colorado Board of Health Rule regarding School Required Immunizations and School Immunization Resources

The Colorado Immunization School Law, 6 CCR 1009-2, was incorporated in 1978 to protect children in school environments and to protect the public's health against specific vaccine-preventable diseases.

The Colorado Board of Health incorporates by reference the Advisory Committee on Immunization Practices (ACIP) immunization schedule. Colorado child cares and schools can only accept immunizations as valid if they meet both the minimum age and minimum intervals as defined by ACIP.

[ACIP Immunization Schedules for Persons Aged 0 Through 18 Years of Age](#)

Schools can only meet the compliance requirements of the immunization law by accepting immunization records of fully immunized students (according to the ACIP schedule), or written documentation from the parent that, a) the student is "in-process" of getting up-to-date on required immunizations or b) the student has a signed medical or non-medical exemption. (Positive lab titer documents showing protection against specific vaccine preventable diseases are accepted and become part of the student's immunization record).

If students do not meet the criteria outlined in the previous paragraph, they are not permitted to attend school as stated in the School Immunization Law and the Colorado Board of Health Rules.

If you have questions about the ACIP immunization schedule, or a dose of vaccine that is marked as invalid, the Colorado Immunization Branch provides an **Immunization Nurse on call Monday through Friday, 8:30 a.m. through 5 p.m. at 303-692-2700**. Additionally, there are two great resources where you can search for answers to specific immunization questions that may arise:

CDC's 13th edition of the [Epidemiology & Prevention of Vaccine-Preventable Diseases](#)

<http://www.cdc.gov/vaccines/pubs/pinkbook/index.html>

The Immunization Action Coalition: Ask the Experts

<http://www.immunize.org/askexperts/>

To communicate via email with the CDC Experts at the National Immunization Program

nipinfo@cdc.gov

If you have questions regarding the School Immunization Law or interpretation of the Colorado Board of Health Rules, please don't hesitate to reach out to me at **303-692-2957**.

Thank you,

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