

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

Vaccine Abbreviations 2008

This form is a tool to assist schools & childcares in transcribing immunization records and transferring onto the Certificate of Immunization	
DT (for those < 7 years old w/a contraindication of Pertussis)	Diphtheria-Tetanus
DTaP	Diphtheria-Tetanus-Pertussis
Hep A or HA or HAV	Hepatitis A
Hep B or HB or HAB	Hepatitis B
Hib	<i>Haemophilus influenzae type b</i>
HPV	Human Papillomavirus
IPV	Inactivated Polio Vaccine
MMR	Measles-Mumps-Rubella
MMRV	Measles-Mumps-Rubella-Varicella
OPV	Oral Polio Vaccine
PCV ₇	Pneumococcal Conjugate
PPV	Pneumococcal Polysaccharide Vaccine
Td (for those ≥ 7 years old)	Tetanus-Diphtheria
Tdap (for those ≥ 10 or 11 years old)	Tetanus-Diphtheria-Pertussis
VAR	Varicella

VACCINE NAMES	~~~~~ Enter on these lines of the Certificate of Immunization ~~~~~
ACEL-IMUNE®	DTaP
ActHIB™	Hib
ADACEL™	Tdap
ATTENUVAX®	Measles
BIAVAX®II	Mumps and Rubella
BOOSTRIX®	Tdap
Certiva™	DTaP
COMVAX®	HB and Hib
DAPTACEL®	DTaP
DECAVAC™	Td
eIPV	OPV / IPV
ENGERIX-B®	HB
FluMist®	Other (Influenza)
FluVirin®	Other (Influenza)
Fluzone®	Other (Influenza)
HAVRIX®	Other (HA)
HbOC	Hib

VACCINE NAMES	~~~~~Enter on these lines of the Certificate of Immunization~~~~~
Hiberix®	Hib
HibTITER®	Hib
Infanrix®	DTaP
IPOL®	OPV / IPV
LAIV	Other (Influenza)
MCV4	Other (Meningococcal Disease)
Menactra™	Other (Meningococcal Disease)
Menomune®	Other (Meningococcal Disease)
MERUVAX®II	Rubella
M-M-R®	Measles and Mumps and Rubella
MPSV4	Other (Meningococcal Disease)
MUMPSVAX®	Mumps
OmniHIB®	Hib
Orimune®	OPV / IPV
PEDIARIX™	DTaP and HB and OPV / IPV
Pedvax HIB®	Hib
PNEUMOVAX®23 (23-Valent)	Other (PPV)
Pnu-Imune®23 (23-valent)	Other (PPV)
Prevnar® (7-valent)	Pneumococcal Conjugate
ProHIBit®	Hib
ProQuad®	Measles and Mumps and Rubella and Varicella
PRP-D	Hib
PRP-OMP	Hib
PRP-T	Hib
PUROGENATED®	DT
RECOMBIVAX HB®	HB
Rota Teq®	Rotavirus
TETRAMUNE®	DTaP and Hib
TIV	Other (Influenza)
TOPV	OPV / IPV
TriHIBit®	DTaP and Hib
Tripedia®	DTaP
TWINRIX® (for those ≥ 18 yr. Old)	HB and Other (HA)
VAQTA®	Other (HA)
VARIVAX®	Varicella
Vaxem-Hib™	Hib

This is not a complete listing and is to be used as a guideline only. If you are not sure where to enter immunization information on the Certificate for Immunization, please contact the Immunization Program at 303-692-2650