

Which Vaccines Do I Need Today?

Vaccines are an important part of helping you stay healthy. Which of these recommended vaccines do you need? Check the boxes that apply to you, and then talk this over with your healthcare provider.

Influenza (“flu”) vaccine

- I have not had my flu vaccine yet this season (*early fall through late spring*).

Pneumococcal polysaccharide vaccine – Pneumovax 23 [PPSV23]

I am **age 65 or older** and:

- I have never received any Pneumovax 23 vaccine (or I don’t remember if I have).
- I received 1 or 2 doses of Pneumovax 23 vaccine before I turned 65, and it’s now been more than 5 years since I received my last dose.

I am **younger than age 65** and:

- I have never received any Pneumovax 23 vaccine AND at least one of the following applies to me:
- I smoke cigarettes and I am age 19 years or older.
 - I have a chronic disease of the heart, lung (including asthma, if I am age 19 years or older), liver, or kidneys, or I have sickle cell disease.
 - I have diabetes or alcoholism.
 - I have a weakened immune system due to cancer, Hodgkin’s disease, leukemia, lymphoma, multiple myeloma, kidney failure, HIV/AIDS *or* receiving radiation therapy *or* taking a medicine that affects my immune system and I have not had 2 doses.
- I have had an organ or bone marrow transplant and I have not had 2 doses.
- I have had my spleen removed *or* have had a cochlear (inner ear) implant *or* have been told by a healthcare provider that I have leaking spinal fluid and I have not had 2 doses.

Pneumococcal conjugate vaccines [Pneumovax 23 [PPSV23]]

I am **age 65 or older** and:

- I have never received Pneumovax 23 vaccine (or I don’t remember if I have)

I am **younger than age 65** and:

- I have never received any Pneumovax 23 vaccine AND at least one of the following applies to me:
- I have a weakened immune system due to cancer, Hodgkin’s disease, leukemia, lymphoma, multiple myeloma, kidney failure, HIV/AIDS *or* receiving radiation therapy *or* taking a medicine that affects my immune system.
- I have had an organ or bone marrow transplant.
- I have had my spleen removed *or* have had a cochlear (inner ear) implant *or* have been told by a healthcare provider that I have leaking spinal fluid.

Tetanus, diphtheria, and pertussis (“whooping cough”)-containing vaccine (e.g., DTP, DTaP, Tdap, or Td)

- I have never received Tdap vaccine (or I don’t remember if I have.)
- I have not received at least 3 tetanus- and diphtheria-containing shots.
- I have received at least 3 tetanus- and diphtheria-containing shots in my lifetime, but I think it’s been more than 10 years since I received the last one.
- I am pregnant (and I am in the second or third trimester of my pregnancy) and have not had a dose of Tdap vaccine during this pregnancy.

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Measles, mumps, rubella (MMR) vaccine

- I am a woman thinking about a future pregnancy and don't know if I'm immune to rubella.
- I am a healthcare worker. I have received 1 MMR (or I don't remember if I have received more than 1), and I do not have a lab-confirmed report showing that I am immune to measles, mumps, and/or rubella.

I **was born in 1957 or later** and:

- I have never received MMR vaccine (or I don't remember if I have).
- I have received only 1 MMR and
 - I am entering college or another type of school after high school.
 - I am planning on traveling outside the U.S.¹

Varicella (“chickenpox”) vaccine

- I was born before 1980 *and* I am a healthcare worker or foreign-born and I don't remember if I've ever had chickenpox disease.
- I was born in 1980 or later *and* I have never had chickenpox disease or received the vaccine (or I don't remember if I have).
- I have received one dose of varicella vaccine, but I'm not sure if I have received more than one dose.

Human papillomavirus (HPV) vaccination

I **have not completed a series** of HPV shots and

- I am a woman age 26 or younger.

I am a man

- age 21 or younger.
- age 22 through 26 and at least one of the following applies to me:
 - I want to be protected from HPV.
 - I have a weakened immune system due to infection (including HIV), disease, or medications.
 - I have sex with men.
- I am now older than age 26 and have not completed the HPV vaccine series I began when I was age 26 or younger.

Hepatitis A vaccine

- I want to be vaccinated to avoid getting hepatitis A and spreading it to others.
- I might have been exposed to hepatitis A virus within the past 2 weeks.
- I received 1 dose of hepatitis A vaccine in the past, but I have not received the second dose (or I don't remember if I have).
- I have not received hepatitis A vaccine in the past (or I don't remember if I have) and at least one of the following applies to me:

<ul style="list-style-type: none"> ▪ I travel (or plan to travel) in countries where hepatitis A is common.^{1, 2} ▪ I have (or will have) contact with a child within 60 days of the child's adoption from a country where hepatitis A is common.² ▪ I am a man who has sex with men. ▪ I use street drugs. 	<ul style="list-style-type: none"> ▪ I am homeless ▪ I have chronic liver disease. ▪ I have a blood clotting factor disorder. ▪ I work with hepatitis A virus in a research laboratory or with primates infected with hepatitis A virus.
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Hepatitis B vaccine

- I want to be vaccinated to avoid getting hepatitis B and spreading it to others.
- I am age 18 or younger and I have not begun or completed the series of hepatitis B shots (or I don't remember if I have).
- I have received at least one dose of hepatitis B in the past, but I have not completed the series of hepatitis B shots (or I don't remember if I have).
- I have not received or completed the series of hepatitis B shots (or I don't remember if I have) and at least one of the following applies to me:
 - I am sexually active and I am not in a long-term, mutually monogamous relationship.
 - I am a man who has sex with men.
 - I am an immigrant (or my parents are immigrants) from an area of the world where hepatitis B is common^{3,4} (so I need testing and may need vaccination.)
 - I live with or have sex with a person infected with hepatitis B.
 - I have been diagnosed with a sexually transmitted disease ("STD").
 - I have been diagnosed with HIV.
 - I inject street drugs.
 - I have chronic liver disease.
 - I am or will be on kidney dialysis.
 - I am younger than age 60 years and have diabetes and/or receive assisted glucose monitoring.
 - I am a healthcare or public safety worker who is exposed to blood or other body fluids.
 - I provide direct services to people with developmental disabilities.
 - I am planning on traveling outside the U.S.^{1,3}

Meningococcal ("meningitis") type A, C, W, Y vaccine (MenACWY)

- I am age 18 or younger and have never received any meningococcal vaccines (or I don't remember if I have).
- I am age 21 or younger *and*
 - I have not had a meningococcal shot (MenACWY) since before my 16th birthday *and* I am (or will be) a college student living in a residence hall.
 - I have not had a meningococcal shot (MenACWY) in the past 5 years and I am entering college.
- I have sickle cell disease.
- My spleen isn't working or has been removed.
- I have a persistent complement component deficiency or I am being treated with eculizumab (brand name Soliris).
- I have HIV infection.
- I have a risk of exposure due to an outbreak caused by serogroup A, C, W, or Y.
- I am a microbiologist who is routinely exposed to isolates of *Neisseria meningitidis*.
- I was vaccinated more than 5 years ago *and* I continue to be at risk due to travel,¹ illness, or occupation.

Meningococcal ("meningitis") type B vaccine (MenB)

- I am age 16–23 with no specific risk factor and would like to be protected from this disease.
- I am age 10 years or older and
 - I have a risk of exposure due to an outbreak caused by serogroup B.
 - I have sickle cell disease.
 - My spleen isn't working or has been removed.
 - I have a persistent complement component deficiency or I am being treated with eculizumab (brand name Soliris).

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Zoster (“shingles”) vaccine

- I am age 50 or older and have never received a shingles vaccine (or I don’t know if I have).
- I previously received the 1-dose Zostavax vaccine and now would like the 2-dose Shingrix vaccine.
- I previously received only 1 dose of the Shingrix vaccine and now need the second dose.

***Haemophilus influenzae* type b (“Hib”) vaccine**

- My spleen has been removed, or I am scheduled to have it removed (“splenectomy”).
- I have received a stem cell transplant.

Travel vaccines

- I am planning on traveling outside the U.S.^{1,2,3} (Discuss this with your provider.)

FOOTNOTES

1. Call your local travel clinic to find out if additional vaccines are recommended.
2. Countries where hepatitis A is common include all countries other than the U.S., Canada, Japan, Australia, New Zealand, and some (but not all) in Western Europe.
3. Areas with high rates of hepatitis B include Africa, China, Korea, Southeast Asia including Indonesia and the Philippines, South and Western Pacific Islands, interior Amazon Basin, certain parts of the Caribbean (i.e., Haiti and the Dominican Republic), and the Middle East except Israel. Areas with moderate rates include South Central and Southwest Asia, Israel, Japan, Eastern and Southern Europe, Russia, and most of Central and South America.
4. Most adults from moderate- or high-risk areas of the world do not know their hepatitis B status. All patients from these areas need hepatitis B blood tests to determine if they have been previously infected. The first hepatitis B shot can be given during the same visit as the blood tests but only after the blood is drawn.