

Notes/Definitions

Live Vaccine Considerations

- a) If you are administering multiple live vaccines, they can be administered at the same time or 4 weeks apart. These include varicella, herpes zoster (Zostavax) and MMR. Live attenuated influenza vaccine (LAIV) can be given at the same time or any time before or after other live vaccines. Yellow fever and oral typhoid are also live vaccines.
- b) Should NOT be given to pregnant women or those with significant immunosuppression.
- c) In situations where ongoing treatment medication will cause immunosuppression, administer live virus vaccine at least 14 days prior to onset of treatment.

Co-administration

- a) There are no contraindications to co-administration of multiple vaccines in terms of safety and/or efficacy unless otherwise stated.
- b) Specifically, it is safe to administer Herpes Zoster, Prevnar13 or Pneumovax23, and influenza at the same visit, choosing different sites on the patient for injection. (Prevnar13 & Pneumovax23 are not given together)



HAMILTON & DISTRICT
PHARMACISTS' ASSOCIATION

ANCASTER | BINBROOK | BURLINGTON | DUNDAS | FLAMBOROUGH
GRIMSBY | HAMILTON | STONEY CREEK | WATERDOWN

Adult Vaccination Checklist



As adults, we are fortunate to have vaccines that can offer protection against many infections beyond the annual flu shot.

Maintaining an accurate list of your vaccinations is important.

Immunize Canada provides a complimentary **smartphone "app"** for this purpose.



For further information see:
www.immunize.ca

The coordination, graphic design and printing of this independently written HDPPhA checklist was supported by one of Canada's leading biopharmaceutical companies.

Adapted from
National Advisory Committee
on Immunizations (NACI)

Revised APR 1 2018

Adapted from
 Immunize
Immunisation Canada
immunize.ca

SELECT (✓) IF RECEIVED OR (?) IF UNSURE	VACCINE	WHICH ADULTS SHOULD RECEIVE IT?	HOW OFTEN?	PUBLIC HEALTH FUNDED IN ONTARIO	COMMENTS
<input type="checkbox"/>	Tetanus/Diphtheria (Td)	Everyone	Every 10 years	Yes	
<input type="checkbox"/>	Tetanus/Diphtheria/ Pertussis (Tdap) (Adacel or Boostrix)	Everyone	Once in adulthood Every Pregnancy between 27 and 32 weeks of gestation	Yes No	Will replace one regular tetanus/diphtheria shot.
<input type="checkbox"/>	Influenza	Everyone	Annually	Yes	Especially needed for people at high risk of infection or those who are in close contact with high risk people.
<input type="checkbox"/>	Pneumococcal Conjugate (Pevnar13)	<ul style="list-style-type: none"> Everyone age 65-years + over Immunocompromised adults 	Once	Yes (immunocompromised patients 50-years + over).	Pevnar13 first followed by Pneumovax23 (at least eight weeks later).
<input type="checkbox"/>	Pneumococcal Polysaccharide (Pneumovax23)	<ul style="list-style-type: none"> All high risk patients (asthma, COPD, diabetes, chronic lung, kidney, and heart disease as well as immunocompromised). Everyone age 65-years + over 	Once (1 lifetime re-immunization at least 5 years after initial dose for highest risk)	Yes (high risk 18-years + over or everyone 65-years + over).	If Pneumovax23 has already been given, wait 12-months then give Pevnar13.
<input type="checkbox"/>	Herpes Zoster (Shingrix) Non-live	Age 60-years + over (may be given 50-59)	2 doses (2-6 months apart)	No	
<input type="checkbox"/>	Live (Zostavax)	Age 60-years + over (may be given 50-59)	Once	Yes (age 65-70)	Need for booster unknown
<input type="checkbox"/>	Hepatitis A	People with medical, occupation or lifestyle risk and anyone who wants protection from Hepatitis A.	0, 6 months	<ul style="list-style-type: none"> Hep B: Boys & Girls in grade 7. Hep A & B high risk adults (liver disease, drug abuse, MSM*) (not for travel). 	Hepatitis A & B combination vaccine suggested for travel outside NA. (If received Hepatitis B vaccine in grade 7, give Hepatitis A alone). Hepatitis B antibodies decline rapidly over the first year. However, immune memory offers long term protection.
<input type="checkbox"/>	Hepatitis B	People with medical, occupation or lifestyle risk and anyone who wants protection from Hepatitis B.	3 doses (0, 1, 6 months) 4 doses for rapid schedule (0, 7, 21d, & 1-year)		
<input type="checkbox"/>	Meningitis B (Trumenba)	18-25 years old People with specific medical conditions and people living in residential accommodation including students and military personnel	Routine – 0, 6 months High-Risk – 0, 1, 4-6 months	No	
<input type="checkbox"/>	Meningococcal ACYW-135 (Menactra) (Menveo) (Nimenrix)	People with specific medical conditions and people living in residential accommodation including students and military personnel.	1 dose	Adults with asplenia, HIV, cochlear implants, specific complement/antibody deficiencies.	Conjugate vaccine, 18-55 years. (56 years +) Any of the Men-C-ACYW vaccines should be considered
<input type="checkbox"/>	Measles, Mumps, Rubella (Live Vaccine)	People who have not had the vaccine or disease.	Adults may receive a booster based on childhood immunizations & risk.	Yes	At risk: healthcare workers, post-secondary students, everyone aged 18-25 and travelers.
<input type="checkbox"/>	HPV (Gardasil)	Women ages 9-45 years old Men ages 9-26 years old	3 doses (ages 14 and over) 0, 2, 6 months	Boys & girls in grade 7. Catch-up until grade 12 available through public health. Up to 26yo MSM*.	NACI suggest no upper age limit for vaccination.
<input type="checkbox"/>	Travel Vaccines	Varies by destination – consult a travel health clinic, your doctor, nurse, local public health office or www.travelhealth.gc.ca.			