

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

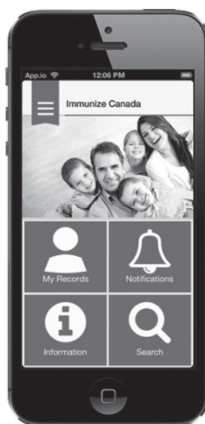
- a) There are no contraindications to co-administration of multiple vaccines in terms of safety and/or efficacy unless otherwise stated.
- b) Specifically, it is safe to administer Herpes Zoster, Prevnar13 or Pneumovax23, and influenza at the same visit, choosing different sites on the patient for injection.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

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.

Review the following list of suggested adult vaccines with your family physician to ensure you are well protected!



For further information see:
www.immunize.ca

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

Adapted from
**National Advisory Committee
on Immunizations (NACI)**

Revised OCT 2018

Adapted from




**HAMILTON & DISTRICT
PHARMACISTS' ASSOCIATION**

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Adult Vaccination Checklist



	Vaccine	Which Adult Should Receive It?	How Often	Publicly Funded in Ontario	Additional Comments
<input type="checkbox"/>	Tetanus/Diphtheria (Td)	All Adults	Every 10 years	Yes	
<input type="checkbox"/>	Tetanus/Diphtheria/Pertussis Tdap - (Adacel® or Boostrix®)	All Adults	Once in adulthood	Yes	Replaces one tetanus/diphtheria dose
		Pregnant Women	Every pregnancy between 27 and 32 weeks gestation	No	
<input type="checkbox"/>	Influenza	All Adults	Annually	Yes	
<input type="checkbox"/>	Pneumococcal Conjugate (PCV13) (Pneumovax 13®)	<ul style="list-style-type: none"> Everyone ≥ 65 years old Immunocompromised 	One dose	Yes Immunocompromised ≥50 years old	<ul style="list-style-type: none"> PCV13 and PPSV23 must not be administered at the same time
<input type="checkbox"/>	Pneumococcal Polysaccharide (PPSV23) (Pneumovax 23®)	<ul style="list-style-type: none"> Everyone ≥ 65 years old High risk adults (asthma, COPD, diabetes, chronic lung, kidney and heart disease) Immunocompromised 	<ul style="list-style-type: none"> Healthy ≥ 65 years old and adults high risk 1 dose Immunocompromised 2 doses (0, 5 years) 	Yes <ul style="list-style-type: none"> High risk immunocompromised adults ≥ 65 years old 	<ul style="list-style-type: none"> If both are indicated, NACI recommends PCV13 first, wait 8 weeks and give PPSV23 If PPSV23 has been given already, wait one year since the last dose to give PCV13
<input type="checkbox"/>	Herpes Zoster –Non-live Vaccine (Shingrix)	≥ 50 years old	2 doses (2-6 months apart)	No	If contraindicated use Zostavax
	Herpes Zoster – Live Vaccine (Zostavax®)		One dose	Yes (65-70 years old)	Need for a booster unknown
<input type="checkbox"/>	Hepatitis A	Adults with medical, occupation or lifestyle risk and anyone who want protection from Hepatitis A	2 doses (0, 6 months)	<ul style="list-style-type: none"> High risk – (liver disease, drug abuse, MSM*) Not for travel 	Hepatitis A/B combination vaccine is available. If received Hep B in grade 7, only Hep A is needed.
<input type="checkbox"/>	Hepatitis B	Adults with medical, occupation or lifestyle risk and anyone who want protection from Hepatitis B	3 doses (0,1,6 months) 4 dose for rapid schedule (0, 7, 21 d, 1 year)	<ul style="list-style-type: none"> Grade 7 (since 1994) High risk – (liver disease, drug abuse, MSM*) Not for travel 	Hep B antibodies decline rapidly over the first year – however immune memory provides long-term protection
<input type="checkbox"/>	Meningococcal B - Trumenba™	Adults 18-25 years old with specific medical conditions, occupational risk (military personnel, laboratory staff) or students living in residential accommodations	Routine (0, 6 months) High risk (0, 1, 4 months)	No	
	Meningococcal B - Bexsero®		Two doses (0, 1 month)	Not for those ≥ 18 years old	
<input type="checkbox"/>	Meningococcal ACYW-135 (Nimenrix, Menveo, Menactra)	Adults with specific medical conditions or people living in residential accommodations including students and military personnel	One dose (Repeated every 5 years if at continued risk)	<ul style="list-style-type: none"> Immunocompromised Cochlear Implant 	
<input type="checkbox"/>	Measles, Mumps, Rubella (MMR) Live Vaccine	Adults who have not had the disease or not immunized	Adults may receive one or two dose(s) based on childhood immunizations or risk	Yes	
<input type="checkbox"/>	HPV (Gardasil 9®)	Women 9-45 years old Men 9-26 years old	3 doses (0,2,6 months)	<ul style="list-style-type: none"> Grade 7/8 - since Sept 2017 MSM* – up to 26 years old 	NACI recommends no upper age limit for vaccination
<input type="checkbox"/>	Travel Vaccines	Varies by destination – consult a travel health clinic, pharmacist, doctor or local public health office or www.travelhealth.gc.ca			