

NEWLY UPDATED!

# Which Vaccines Do I Need Today?

This checklist helps you determine which vaccines your adult patients need.

Download and copy this screening questionnaire for your patients to fill out.

YOUR NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ TODAY'S DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
month / day / year month / day / year

## 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 ("pneumonia") vaccines [Pneumovax 23 [PPSV23]]

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

- I have never received any pneumonia vaccine (or I don't remember if I have).
- I have received only 1 pneumonia vaccine since I turned 65.
- I received 1 or 2 doses of pneumonia vaccine before I turned 65, and it's now been since I received my last dose.

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

- I have never received any pneumonia vaccine AND at least one of the following:
  - 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), 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, myeloma, kidney failure, HIV/AIDS or receiving radiation therapy or taking a drug that weakens my immune system.
  - I live in a nursing home or other long-term care facility.
- 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 had a provider that I have leaking spinal fluid.

### Tetanus, diphtheria, and pertussis ("whooping cough")-containing vaccine (e.g., DTaP)

- 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 more than 10 years since I received the last one.
- I am pregnant (and I am in my late second or third trimester of my pregnancy) and I have not received a Tdap vaccine during this pregnancy.

### Measles, mumps, rubella (MMR) vaccine

- I am a woman thinking about a future pregnancy and don't know if I'm immune.
- I am a healthcare worker. I have received 1 MMR (or I don't remember if I have received more than 1) and 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.<sup>1</sup>

CONTINUED ON

IMMUNIZATION ACTION COALITION Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org/catg.d/p4036.pdf

Technical content reviewed by the Centers for Disease Control and Prevention

▶ Visit [www.immunize.org/catg.d/p4036.pdf](http://www.immunize.org/catg.d/p4036.pdf)

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### 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:

- I travel (or plan to travel) in countries where hepatitis A is common.<sup>1,2</sup>
- 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.<sup>3</sup>
- I am a man who has sex with men.
- I use street drugs.
- 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.

### 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

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### 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.

### Meningococcal ("meningitis") type A, C, W, Y vaccine (MenACWY [MCV4])

- 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.

- 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, 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 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.

### Zoster ("shingles") vaccine

- I am age 60 or older and have never received a shingles vaccine (or I don't know if I have).

### 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.<sup>1,4</sup> (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., Western Europe, Canada, Japan, Australia, and New Zealand.

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 (e.g., Haiti and the Dominican Republic), and the Middle East except Israel. Areas with moderate rates include South Central and Southeast 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.