

# WHAT IMMUNIZATIONS\* DO YOU NEED TODAY?

To help determine what immunizations you might need, check the boxes on the questionnaire below that apply to you. Then, select the immunizations you may need on the checklist that follows and take it to your healthcare professional to review. If you're uncertain which immunizations you may have already had, discuss this with your healthcare professional.

\* Some restrictions may apply. Ask your healthcare professional for details.

## MENINGOCOCCAL VACCINATION

- I am age 18 or younger, am attending school, and haven't had a meningococcal shot since my 16th birthday.<sup>1</sup>
- I am traveling to an area of the world where meningococcal disease is common.<sup>1</sup>
- I am a microbiologist routinely exposed to isolates of *Neisseria meningitidis*.<sup>1</sup>
- I was previously vaccinated 5 or more years ago and continue to be at risk for meningococcal disease.<sup>1</sup>
- I have not been vaccinated against all 5 main strains of meningococcal bacteria (A, C, W, Y and now B\*\*).<sup>1</sup>

\*\*The vaccine against strain B meningococcal bacteria first became available in Canada in early 2014.<sup>4</sup>

## SHINGLES (ZOSTER) VACCINATION

- I am an adult age 50 or older and haven't had a shingles shot.<sup>2</sup>

## INFLUENZA VACCINATION

- I haven't had my seasonal (early fall to late spring) flu vaccination.<sup>2</sup>
- I am at risk for influenza complications, and/or I want protection against influenza.
- I have contact with children less than 5 years of age or other high-risk individuals.<sup>2</sup>

## HEPATITIS A VACCINATION

- I have occupational or lifestyle risks and/ or I want protection against hepatitis A.<sup>3</sup>
- I was vaccinated with hepatitis A vaccine in the past but never received a second shot.<sup>3</sup>
- I might have been exposed to the hepatitis A virus in the past 2 weeks.<sup>3</sup>
- I haven't completed the 2-dose series of hepatitis A, and:
  - I travel or plan to travel to countries where hepatitis A is common.<sup>3</sup>
  - I will have contact with an adopted child within the first 60 days of their arrival from a country where hepatitis A is common.<sup>3</sup>
- I am a man who has sex with men.<sup>3</sup>
- I use street drugs.<sup>3</sup>
- I have chronic liver disease.<sup>3</sup>

## HEPATITIS B VACCINATION

- I have occupational or lifestyle risks and/or I want protection against hepatitis B.<sup>4</sup>
- I was vaccinated with hepatitis B vaccine in the past but never completed the full 3-dose series.<sup>4</sup>
- I haven't completed the 3-dose series of hepatitis B shots, and:
  - I am sexually active and am not in a long-term, mutually monogamous relationship.<sup>4</sup>
  - I am a man who has sex with men.<sup>4</sup>
  - I am an immigrant from an area of the world where hepatitis B is common.<sup>4</sup>
  - I live with or have sex with a person with hepatitis B.<sup>4</sup>
  - I have been diagnosed with a sexually transmitted disease.<sup>4</sup>
  - I inject street drugs.<sup>4</sup>
  - I have chronic liver disease.<sup>4</sup>
  - I am or will be on kidney dialysis.<sup>4</sup>
  - I provide direct services for people with developmental disabilities.<sup>4</sup>
  - I travel or plan to travel outside of Canada to destinations where Hepatitis B is common.<sup>4</sup>

## PNEUMOCOCCAL VACCINATION

- I am age 65 or older, and:
  - I have never had a pneumococcal shot, or
  - it has been 5 years or more since the last shot.<sup>5</sup>
- I am younger than age 65, I have not had a pneumococcal shot, and may be at increased risk because:
  - I live in a long term care facility.<sup>5</sup>
  - I smoke cigarettes.<sup>5</sup>
  - I have heart, lung (including asthma), liver, or kidney disease.<sup>4,5</sup>
  - I have diabetes.<sup>5</sup>
  - I have alcoholism.<sup>5</sup>
  - I have a medical condition that affects my immune system (eg, HIV) or requires immune suppressing treatment.<sup>5</sup>

## TETANUS, DIPHTHERIA, AND PERTUSSIS (WHOOPING COUGH) CONTAINING VACCINATION (TD & TDAP)

- I have not had or am not aware of having a vaccine containing tetanus or pertussis (Tdap) as an adolescent or adult.<sup>2</sup>
- It has been 10 years or more since I received any tetanus and diphtheria-containing shots.<sup>2</sup>
- I am in contact with infants and want to reduce the risk of transmitting pertussis to those who are too young to be fully protected.<sup>2</sup>

## HUMAN PAPILLOMA VIRUS (HPV)

- I am a female between the ages of 9 and 45, with or without a history of abnormal Pap tests, genital warts, or HPV infection.<sup>7</sup>
- I am a male between the ages of 9 and 26, with or without a history of genital warts, or HPV infection.<sup>7</sup>

**NOTE:** Adults who travel may need additional vaccines. Talk to your healthcare professional or visit a Travel Clinic.

<sup>1</sup> "Canadian Immunization Guide: Part 4 Active Vaccines: Meningococcal Vaccine." Public Health Agency of Canada. N.p., 30 Nov. 2012. Web. 20 Dec. 2013. <sup>2</sup> "Canadian Immunization Guide: Part 3 Vaccination of Specific Populations: Immunization of Adults." Public Health Agency of Canada. N.p., 27 Aug. 2013. Web. 20 Dec. 2013. <sup>3</sup> "Canadian Immunization Guide: Part 4 Active Vaccines: Hepatitis A Vaccine." Public Health Agency of Canada. N.p., 30 Nov. 2012. Web. 20 Dec. 2013. <sup>4</sup> "Canadian Immunization Guide: Part 4 Active Vaccines: Hepatitis B Vaccine." Public Health Agency of Canada. N.p., 30 Nov. 2012. Web. 20 Dec. 2013. <sup>5</sup> "Canadian Immunization Guide: Part 4 Active Vaccines: Pneumococcal Vaccine." Public Health Agency of Canada. N.p., 30 Nov. 2012. Web. 20 Dec. 2013. <sup>6</sup> Novartis Pharmaceuticals Canada Inc. Health Canada Approves Bexsero®, the First Vaccine Available to Prevent Meningococcal Serogroup B (MenB). Novartis Pharmaceuticals Canada Inc., 9 Dec. 2013. <sup>7</sup> Canada. National Advisory Committee on Immunization (NACI). "Canada Communicable Disease Report: Update on Human Papillomavirus (HPV) Vaccines." Volume 38, ACS-1. Jan. 2008. Public Health Agency of Canada. Web. 20 Mar. 2013.

# Checklist

After you check off the immunizations you need, bring it to your healthcare professional.

## VACCINATIONS I NEED:

- Influenza
- Pneumococcal
- Tetanus, diphtheria and pertussis (whooping cough) containing (TD & Tdap)
- Hepatitis A
- Hepatitis B
- Meningococcal
- Shingles (zoster)
- Human Papilloma Virus (HPV)
- I travel and may need additional vaccinations.

## VACCINATIONS I'VE RECEIVED:

- Influenza
- Pneumococcal
- Tetanus, diphtheria and pertussis (whooping cough) containing (TD & Tdap)
- Hepatitis A
- Hepatitis B
- Meningococcal
- Shingles (zoster)
- Human Papilloma Virus (HPV)

SHARE WITH YOUR HEALTHCARE PROFESSIONAL  
Schedule your vaccinations, then keep for your records.

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TO UNDERSTAND YOUR VACCINATION NEEDS!

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## Immunizations



# ARE YOUR IMMUNIZATIONS UP-TO-DATE?

Check our quick list to see  
what immunizations you may need:

Flu • Shingles • Pneumonia • Meningitis  
Whooping Cough • Tetanus • Diphtheria  
MMR • Hepatitis A • Hepatitis B • HPV