

Vaccine Reference Chart For Adults With Routine Childhood Immunizations

VACCINE

ELIGIBILITY FOR PUBLICLY FUNDED*

ELIGIBILITY FOR PATIENT PAY**

SCHEDULE*

VACCINES TO STOCK ROUTINELY (ALPHABETICAL)

Influenza (tri & quadrivalent - standard dose)	<ul style="list-style-type: none"> » Adults ≥ 65 years of age. » Adults and children with medical risks and other eligible individuals. 	<ul style="list-style-type: none"> » All others 	<p>Annual vaccination (IM & Intranasal)</p> <p>Children < 9 years old with no previous seasonal influenza vaccinations require 2 doses given 4 weeks apart.</p>
Influenza (high dose)	<ul style="list-style-type: none"> » Individuals 65 years of age and older living in long term care facilities 	<ul style="list-style-type: none"> » Adults over 65 who want protection 	<p>Annual vaccination (IM):</p> <p>Only indicated for >65 years of age</p>
MMR (measles/ mumps/ rubella)	<ul style="list-style-type: none"> » Adults born in 1970 or later who have not had the diseases or have not had two doses of the vaccine (born after 1957 for health-care workers) 		<p>LIVE VACCINE</p> <p>Once in lifetime - 2 doses: 0, 4 weeks (SC)</p>
Pneumococcal	<p>Pneumococcal Conjugate – 13 (PCV13)</p> <ul style="list-style-type: none"> » adults who are medically high risk (HIV positive and HSCT patients) 	<ul style="list-style-type: none"> » Adults who are medically high risk » Adults over 50 who want extra protection 	<p>Once in lifetime – 1 dose (IM):</p> <p>If PPV23 also given make sure PCV13 is at least 8 weeks before or 1 year after PPV23</p>
	<p>Pneumococcal Polysaccharide – 23 (PPV23)</p> <ul style="list-style-type: none"> » Adults ≥ 65 years of age. » Adults living in residential care or assisted living facilities » Adults with medical or lifestyle risks. 	<ul style="list-style-type: none"> » Adults who are smokers. » Adults who want protection 	<p>Once in lifetime - 1 dose (IM or SC):</p> <p>Age > 65, or Residential care</p> <p>Once in lifetime +/- booster after 5 years (IM or SC):</p> <p>>2 years old with certain risk factors</p>
Td (tetanus/diphtheria)	<ul style="list-style-type: none"> » Adults, every 10 years. 		<p>Booster every 10 years – 1 dose (IM)</p>
Pertussis (as Tdap)	<ul style="list-style-type: none"> » Adults who have never been immunized against pertussis or whose immunization history is unknown. » During every pregnancy between 27-32 weeks gestation. 	<ul style="list-style-type: none"> » For those who have not received the vaccine as adults. 	<p>Booster - 1 dose (IM):</p> <p>See "Eligibility for Patient Pay" adjacent</p>
Zoster		<p>Recombinant Subunit Zoster Vaccine</p> <ul style="list-style-type: none"> » Adults ≥ 50 years of age. 	<p>Once in lifetime - 2 doses: 0, 2-6 months (IM)</p>
		<p>Live Attenuated Zoster Virus Vaccine</p> <ul style="list-style-type: none"> » Adults ≥ 50 years of age, when recombinant zoster vaccine is contraindicated or unavailable. 	<p>LIVE VACCINE</p> <p>Once in lifetime - 1 dose only (SC)</p>

VACCINES TO STOCK FOR SPECIFIC PATIENTS OR POPULATIONS (ALPHABETICAL)

Haemophilus Influenzae B	<ul style="list-style-type: none"> » Incompletely immunized individuals > 5 years of age and those with certain medical risks 		<p>Once in lifetime - 1 dose only (IM)</p>
Hepatitis	<p>Inactivated Hepatitis A Vaccine</p> <ul style="list-style-type: none"> » Adults with medical or lifestyle risks. 	<ul style="list-style-type: none"> » Travelers to destinations where the risk of hepatitis A is high » Adults with occupational risks and food handlers (the cost of the vaccine may be covered by your employer) » Adults with lifestyle or other risks 	<p>Once in lifetime - 2 doses (IM): 0, 6-12 months</p> <p>Patients with HIV - 3 doses: 0, 1, 6 months</p>
	<p>Inactivated Hepatitis B Vaccine</p> <ul style="list-style-type: none"> » Adults born in 1980 or later » Adults with medical, occupational, lifestyle or other risks. 	<ul style="list-style-type: none"> » Adults living in communities or traveling to destinations where the risk of hepatitis B is high (travelers should consult a travel clinic). 	<p>Once in lifetime: 3 doses (IM): 0, 1, 6 months.</p> <p>(Patients with immunocompromising conditions require different dose/schedule) Additional doses may be required for certain special populations and/or post-exposure indications.</p>
		<p>Inactivated Combined Hepatitis A and B</p> <ul style="list-style-type: none"> » Adults traveling to destinations where the risk of hepatitis A and/or B is high 	
HPV (human papilloma virus- nonavalent)	<ul style="list-style-type: none"> » Women who have started the vaccine series <19 years of age » Men ≤ 26 years of age with lifestyle or other risks » HIV positive individuals ≤ 26 years of age » Transgender individuals ≤ 26 years of age 	<ul style="list-style-type: none"> » Women ≤ 45 years of age » Men ≤ 26 years of age » Men 27 years of age and older who have sex with men. 	<p>Once in lifetime - 3 doses (IM): 0, 2, 6 months</p>

VACCINE	ELIGIBILITY FOR PUBLICLY FUNDED*	ELIGIBILITY FOR PATIENT PAY**,**,**	SCHEDULE**,**
Meningococcal C and quad	Meningococcal C conjugate » Adults < 24 years of age and born before Jan 1, 2002, who did not get a dose of the vaccine on or after their 10th birthday.	» Adults with occupational risks (the cost of the vaccine may be covered by your employer).	Once in lifetime: 1 dose (IM)
	Meningococcal quadrivalent conjugate » Adults < 24 years of age and born on or after Jan 1, 2002 who didn't get a dose in grade 9 or later. » Adults who are medically high risk	» Adults with occupational risks (the cost of the vaccine may be covered by your employer) » Travelers to destinations where the risk of meningococcal disease is high	Once in lifetime: 1 dose (IM) Booster – 1 dose: every 5 years for medically high risk patients.
Polio	» Adults at increased risk of exposure to polio due to occupation or travel.		Booster – 1 dose (SC): At least 10 years after last childhood dose for patients > 18 years of age at increased risk of exposure.
Varicella	» Susceptible individuals who have not had the disease or two doses of the vaccine. » Those who received only one dose in childhood should be offered 1 dose as an adult. This cohort mostly born between 1997 and 2001.		LIVE VACCINE Once in lifetime - 2 doses: 0, 6 weeks (SC)

TRAVEL VACCINES (ALPHABETICAL)			
Cholera/E coli		» Travelers to areas with endemic cholera and those wishing to prevent e. coli. Enterotoxin mediated travellers' diarrhea	Primary - 2 doses (PO): 0, 1-6 weeks apart Booster - 1 dose: frequency depends on indication/risk
Japanese encephalitis		Travelers to areas with endemic Japanese encephalitis	Primary - 2 doses: 0, 4 weeks (IM) Boosters: 12 months after primary dependent on risk
Meningococcal B		» Travelers to an area with an endemic strain or an outbreak that is known to be caused by N. meningitidis serotype B that can be prevented by vaccine.	Once in lifetime - 2 doses: 0, 4 weeks (IM)
Rabies	» BC students attending a Canadian Veterinary College or Animal Health Technology Training Centre	» Travelers visiting areas known to have high levels of rabies infections in animals for 1 month or more » Travelers to areas known to have high levels of rabies infections in animals who are spelunking/trekking/hiking, for any length of time, far from a major medical centre.	Once in lifetime - 3 doses: 0, 7, 21 days (IM) Boosters: May be required depending on risk and serological result
Typhoid		» Travelers to countries with endemic typhoid fever especially those who are staying with friends or relatives; visiting smaller cities, villages, or rural areas where exposure might occur through food or water; or those prone to "adventurous eating"	LIVE ORAL VACCINE Primary - 4 doses (PO): 0, 2, 4, 6 days Booster – full course every 7 years (PO) Or INACTIVATED PARENTERAL VACCINE Primary - 1 dose (IM) Booster – 1 dose (IM) every 3 years
Yellow Fever		» Travelers to countries where the WHO has determined there is a risk of yellow fever transmission and/or where there are vaccination requirements for travellers.	LIVE VACCINE Primary - 1 dose (SC) Booster – 1 dose (SC) every 10 years

*: This table is useful as a quick screening tool – please refer to the BCCDC Immunization manual Chapter 2, Part 4, Biological Products and review individual vaccine pages for specifics on indications for publicly funded vs patient pay and for recommended dosing schedules and any schedule changes based on patient specific needs.

**.: Most vaccines on this table will have NACI recommendations highlighted in the BCCDC Immunization manual Chapter 2, Part 4, Biological Products, however, for completeness please also review individual vaccine entries in the NACI statements and publications for clarity on patient specific recommendations that may vary from the BCCDC manual.

***.: Many recommendations and dosing considerations for travel vaccines can be found in both the BCCDC Immunization manual Chapter 2, Part 4, Biological Products and the NACI statements and publications, however it is strongly advised that you refer to a more specific reference such as the BCPHA Travel Medicine Program if you are planning on offering these vaccines

