



# IMMUNIZATION FOR ADULTS

How do I know  
what immunizations I need?

[immunize.ca](http://immunize.ca)

# How do I know what immunizations I need?

## Immunization is not just for kids.

Adults also need to keep their immunizations up to date.



If you check one or more boxes under any heading, talk to your health care provider about the adult immunizations that you may need.

## Tetanus and Diphtheria

- ☐ I have not been immunized against tetanus and diphtheria.
- ☐ I am unsure if I have received this immunization.
- ☐ It has been 10 or more years since my last tetanus immunization.
- ☐ I work or have a hobby where I am exposed to dirt or soil.
- ☐ I am planning to have a child.

## Chickenpox (varicella)

- ☐ I have never been immunized against chickenpox.
- ☐ I am unsure if I have had chickenpox.
- ☐ I am thinking about a future pregnancy and do not know if I am immune to chickenpox.
- ☐ I am a health care worker.
- ☐ I am exposed occupationally to chickenpox (teacher, daycare worker, etc.).
- ☐ I have cystic fibrosis.

Publicly-funded immunization schedules may vary between provinces and territories. Individuals are encouraged to talk to their health care provider about recommended immunizations.

## Herpes Zoster (“shingles”)

- ☐ I am 60 years of age or older.
- ☐ I have never been immunized against shingles (herpes zoster).

\* People aged 50 to 60 may benefit from this vaccine and should speak to their health care provider.



## **Pertussis (whooping cough)**

- ☐ I have not been immunized against pertussis (whooping cough).
- ☐ I am unsure if I have received this immunization.
- ☐ I have contact with infants or young children.
- ☐ I am planning to have a child.

## **Hepatitis A**

- ☐ I plan to travel internationally.
- ☐ I have not had the full series of immunizations against hepatitis A.
- ☐ I am unsure if I have had the full series of immunizations against hepatitis A.
- ☐ I am a man who has sex with men.
- ☐ I use street drugs.
- ☐ I have chronic liver disease.

## Hepatitis B

- ❑ I have not had the full series of immunizations against hepatitis B.
- ❑ I am unsure if I have had the full series of immunizations against hepatitis B.
- ❑ I am in one of the following risk groups:
  - I live with a person who has hepatitis B virus infection.
  - I am a health care or public safety worker who regularly may be exposed to blood or bodily fluids.
  - I have a bleeding disorder that requires transfusion.
  - I am or will be on kidney dialysis.
  - I am an immigrant, or my parents are immigrants, from an area of the world where hepatitis B is common.
  - I live with people from an area of the world where hepatitis B is common.
  - I inject street drugs.
  - I am a sex partner of a person with hepatitis B.
  - I have had a sexually transmitted disease.
  - I have had more than one sex partner in a 6-month period.
  - I am a man who has sex with men.
  - I work with people with developmental disabilities.
  - I have chronic liver disease.
  - I work or live in a correctional facility.

The information in this resource – and all Immunize Canada resources – is based on recommendations from the National Advisory Committee on Immunization (NACI). NACI updates and new recommendations are published at <http://www.naci.gc.ca>.





## Human Papillomavirus (HPV)

- ☐ I am a female 9 years of age or older.
- ☐ I am a male between the ages of 9 and 26.
- ☐ I am a man who has sex with men.

## Meningococcal

- ☐ I am a laboratory worker.
- ☐ I live in residential accommodation.
- ☐ I plan to travel to the Hajj.
- ☐ I have sickle cell disease.
- ☐ My spleen is not working or has been removed.
- ☐ I have a deficiency of complement, properdin or factor D.

**Immunization has saved more lives in Canada in the last 50 years than any other health intervention. It is safe and effective, making it a cornerstone in the effort to promote health.**

## Measles-Mumps-Rubella (MMR)

- ☐ I have not received the MMR vaccine.
- ☐ I am not sure I have been immunized against measles, mumps and rubella.
- ☐ I am not sure if I have ever had:
  - measles • mumps • rubella ("German measles").
- ☐ I have never had:
  - measles • mumps • rubella ("German measles").
- ☐ I was born after 1970 and never received the full series of MMR vaccine.
- ☐ I am a health care worker.
- ☐ I am entering a post-high school educational institution.
- ☐ I am thinking about a future pregnancy and do not know if I am immune to rubella.
- ☐ I am thinking about a future pregnancy and have had a blood test that shows I do not have immunity to rubella.





## **Influenza**

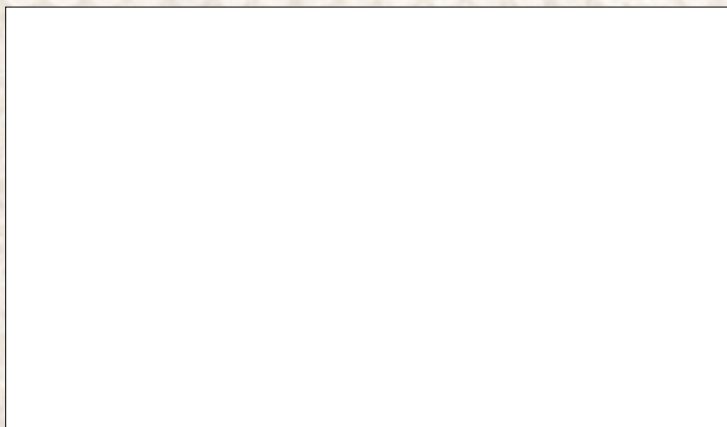
- ☐ I have not received my annual influenza immunization.

## **Pneumococcal**

- ☐ I am 65 years of age or older, and I have never had a dose of pneumococcal vaccine.
- ☐ I am unsure if I have had the pneumococcal vaccine.
- ☐ I have a chronic disease or one of the following health conditions: alcoholism; cochlear implant; organ or bone marrow transplant; cerebrospinal fluid leak; my spleen is not working or has been removed; on medication or receiving X-ray treatment that affects my immune system.

## **Travel immunization**

- ☐ I plan to travel internationally.
- ☐ I plan to travel for extended periods of time.



**For more information:  
Immunize Canada**

Tel.: 613.725.3769 ext. 122

E-mail: [immunize@cpha.ca](mailto:immunize@cpha.ca)

Web: [immunize.ca](http://immunize.ca)

The **Adult Immunization Record** will help you keep track  
of your immunizations.

Available to download or to order from [immunize.ca](http://immunize.ca)

