

Vaccine Administration Record for Adults

Patient name: _____

Birthdate: _____ Chart number: _____

Clinic name and address

Before administering any vaccines, give the patient copies of all pertinent Vaccine Information Statements (VISs) and make sure he/she understands the risks and benefits of the vaccine(s). Always provide or update the patient's personal record card.

Vaccine	Type of Vaccine ¹	Date given (mo/day/yr)	Funding source (F,S,P) ²	Route ³ & Site ³	Vaccine		Vaccine Information Statement (VIS)		Vaccinator ⁵ (signature or initials & title)
					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Tetanus, Diphtheria, Pertussis (e.g., Td, Tdap) Give IM. ³									
Hepatitis A⁶ (e.g., HepA, HepA-HepB) Give IM. ³									
Hepatitis B⁶ (e.g., HepB, HepA-HepB) Give IM. ³									
Human papillomavirus (HPV2, HPV4) Give IM. ³									
Measles, Mumps, Rubella (MMR) Give SC. ³									
Varicella (VAR) Give SC. ³									
Pneumococcal (e.g., PCV13, conjugate; PPSV23, polysaccharide) Give PCV13 IM. ³ Give PPSV23 IM or SC. ³									
Meningococcal (e.g., MenACWY, conjugate; MPSV4, polysaccharide) Give MenACWY IM. ³ Give MPSV4 SC. ³									

See page 2 to record influenza, Hib, zoster, and other vaccines (e.g., travel vaccines).

How to Complete This Record

- Record the generic abbreviation (e.g., Tdap) or the trade name for each vaccine (see table at right).
- Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
- Record the route by which the vaccine was given as either intramuscular (IM), subcutaneous (SC), intradermal (ID), intranasal (IN), or oral (PO) and also the site where it was administered as either RA (right arm), LA (left arm), RT (right thigh), or LT (left thigh).
- Record the publication date of each VIS as well as the date the VIS is given to the patient.
- To meet the space constraints of this form and federal requirements for documentation, a healthcare setting may want to keep a reference list of vaccinators that includes their initials and titles.
- For combination vaccines, fill in a row for each antigen in the combination.

Abbreviation	Trade Name and Manufacturer
Tdap	Adacel (sanofi pasteur); Boostrix (GlaxoSmithKline [GSK])
Td	Decavac (sanofi pasteur); generic Td (MA Biological Labs)
HepA	Havrix (GSK); Vaqta (Merck)
HepB	Engerix-B (GSK); Recombivax HB (Merck)
HepA-HepB	Twinrix (GSK)
HPV2	Cervarix (GSK)
HPV4	Gardasil (Merck)
MMR	MMRII (Merck)
VAR	Varivax (Merck)
PCV13, PPSV23	Prennar 13 (Pfizer); Pneumovax 23 (Merck)
MenACWY	Menactra (sanofi pasteur); Menveo (Novartis)
MPSV4	Menomune (sanofi pasteur)

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					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Influenza (e.g., IIV3, trivalent inactivated; IIV4, quadrivalent inactivated; RIV, recombinant inactivated; LAIV4, quadrivalent live attenuated) Give IIV and RIV IM. ³ Give LAIV IN. ³									
Hib Give IM. ³									
Zoster (Zos) Give SC. ³									
Other									

See page 1 to record Tdap/Td, hepatitis A, hepatitis B, HPV, MMR, varicella, pneumococcal, and meningococcal vaccines.

How to Complete This Record

- Record the generic abbreviation (e.g., Tdap) or the trade name for each vaccine (see table at right).
- Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
- Record the route by which the vaccine was given as either intramuscular (IM), subcutaneous (SC), intradermal (ID), intranasal (IN), or oral (PO) and also the site where it was administered as either RA (right arm), LA (left arm), RT (right thigh), or LT (left thigh).
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Abbreviation	Trade Name and Manufacturer
LAIV (Live attenuated influenza vaccine)	FluMist (MedImmune)
IIV (Inactivated influenza vaccine), RIV (recombinant influenza vaccine)	Afluria (CSL Biotherapies); Agriflu (Novartis); Fluarix (GSK); Flublok (Protein Sciences Corp.); Flucelvax (Novartis); FluLaval (GSK); Fluvirin (Novartis); Fluzone, Fluzone Intradermal, Fluzone High-Dose (sanofi pasteur)
Hib	ActHIB (sanofi pasteur); Hiberix (GSK); PedvaxHib (Merck)
ZOS (shingles)	Zostavax (Merck)

Vaccine Administration Record for Adults

Patient name: Mohammed SharikBirthdate: 4/14/1981

Chart number: _____

Clinic name and address	Small Town Clinic 1st and Main Streets Anywhere, AB 12345
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Before administering any vaccines, give the patient copies of all pertinent Vaccine Information Statements (VISs) and make sure he/she understands the risks and benefits of the vaccine(s). Always provide or update the patient's personal record card.

Vaccine	Type of Vaccine ¹	Date given (mo/day/yr)	Funding source (F,S,P) ²	Route ³ & Site ³	Vaccine		Vaccine Information Statement (VIS)		Vaccinator ⁵ (signature or initials & title)
					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Tetanus, Diphtheria, Pertussis (e.g., Td, Tdap) Give IM. ³	Td	8/1/2002	P	IM/LA	U0376AA	AVP	6/10/94	8/1/02	JTA
	Td	9/1/2002	P	IM/LA	U0376AA	AVP	6/10/04	9/1/02	PWS
	Td	3/1/2003	P	IM/LA	U0376AA	AVP	6/10/94	3/1/03	TAA
	Tdap	6/14/2010	P	IM/LA	AC52B030AA	GSK	6/14/10	6/14/10	JTA
Hepatitis A⁶ (e.g., HepA, HepA-HepB) Give IM. ³	HepA-HepB	8/1/2002	P	IM/RA	HAB239A4	GSK	8/25/98	8/1/02	JTA
	HepA-HepB	9/1/2002	P	IM/RA	HAB239A4	GSK	8/25/98	9/1/02	PWS
	HepA-HepB	3/1/2003	P	IM/RA	HAB239A4	GSK	8/25/98	3/1/03	TAA
Hepatitis B⁶ (e.g., HepB, HepA-HepB) Give IM. ³	HepA-HepB	8/1/2002	P	IM/RA	HAB239A4	GSK	7/11/01	8/1/02	JTA
	HepA-HepB	9/1/2002	P	IM/RA	HAB239A4	GSK	7/11/01	9/1/02	PWS
	HepA-HepB	3/1/2003	P	IM/RA	HAB239A4	GSK	7/11/01	3/1/03	TAA
Human papillomavirus (HPV2, HPV4) Give IM. ³									
Measles, Mumps, Rubella (MMR) Give SC. ³	MMR	8/1/2002	P	SC/RA	0025L	MRK	6/13/02	8/1/02	JTA
	MMR	11/1/2002	P	SC/RA	0025L	MRK	6/13/02	11/1/02	TAA
Varicella (VAR) Give SC. ³	VAR	8/1/2002	P	SC/LA	0799M	MRK	12/16/98	8/1/02	JTA
	VAR	11/1/2002	P	SC/LA	0689M	MRK	12/16/98	11/1/02	TAA
Pneumococcal (e.g., PCV13, conjugate; PPSV23, polysaccharide) Give PCV13 IM. ³ Give PPSV23 IM or SC. ³									
Meningococcal (e.g., MenACWY, conjugate; MPSV4, polysaccharide) Give MenACWY IM. ³ Give MPSV4 SC. ³	Menveo	7/12/2010	P	IM/RA	28011	NOV	1/2/8/08	7/12/10	JTA

See page 2 to record influenza, Hib, zoster, and other vaccines (e.g., travel vaccines).

How to Complete This Record

- Record the generic abbreviation (e.g., Tdap) or the trade name for each vaccine (see table at right).
- Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
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- For combination vaccines, fill in a row for each antigen in the combination.

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PCV13, PPSV23	Prenar 13 (Pfizer); Pneumovax 23 (Merck)
MenACWY	Menactra (sanofi pasteur); Menveo (Novartis)
MPSV4	Menomune (sanofi pasteur)

2015 Recommended Immunizations for Adults: By Age

If you are this age, talk to your healthcare professional about these vaccines →

If you are this age, ↓	Flu <i>Influenza</i>	Td/Tdap Tetanus, diphtheria, pertussis	Shingles <i>Zoster</i>	Pneumococcal		Meningococcal	MMR Measles, mumps, rubella	HPV <i>Human papillomavirus</i>		Chickenpox <i>Varicella</i>	Hepatitis A	Hepatitis B	Hib <i>Haemophilus influenzae</i> type b
				PCV13	PPSV23			for women	for men				
19 - 21 years									3 doses				
22 - 26 years							1 or 2 doses	3 doses	3 doses				
27 - 49 years		1 dose of Tdap*		1 dose	1 or 2 doses	1 or more doses							
50 - 59 years	Flu vaccine every year	Td booster every 10 years								2 doses	2 doses	3 doses	1 or 3 doses
60 - 64 years			1 dose										
65+ year				1 dose	1 dose								

More Information:

There are several flu vaccines available. Talk to your healthcare professional about which flu vaccines is right for you.

* If you are pregnant, you should get a Tdap vaccine during the 3rd trimester of every pregnancy to help protect your babies from pertussis (whooping cough).

You should get zoster vaccine even if you've had shingles before.

There are two different types of pneumococcal vaccine: PCV13 (conjugate) and PPSV23 (polysaccharide). Talk with your healthcare professional to find out if one or both pneumococcal vaccines are recommended for you.

Your healthcare professional will let you know how many doses you need.

If you were born in 1957 or after, and don't have a record of being vaccinated or having had measles, mumps and rubella, talk to your healthcare professional about how many doses you may need.

Recommended for you if you did not get it when you were a child.

There are two HPV vaccines but only one HPV vaccine (Gardasil®) should be given to men.

If you are a male 22 through 26 years old and have sex with men you should complete the HPV vaccine series if you have not already done so.

Your healthcare professional will let you know how many doses you need.



Recommended For You: This vaccine is recommended for you *unless* your healthcare professional tells you that you cannot safely receive it or that you do not need it.



May Be Recommended For You: This vaccine is recommended for you if you have certain risk factors due to your health, job, or lifestyle that are not listed here. Talk to your healthcare professional to see if you need this vaccine.

If you are traveling outside the United States, you may need additional vaccines.

Ask your healthcare professional about which vaccines you may need at least 6 weeks prior to your travel.

For more information, call 1-800-CDC-INFO (1-800-232-4636) or visit www.cdc.gov/vaccines



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

2015 Recommended Immunizations for Adults: By Health Condition

If you have this health condition, talk to your healthcare professional about these vaccines

If you have this health condition, ↓	Flu <i>Influenza</i>	Td/Tdap Tetanus, diphtheria, pertussis	Shingles <i>Zoster</i>	Pneumococcal		Meningococcal	MMR Measles, mumps, rubella	HPV <i>Human papillomavirus</i>		Chickenpox <i>Varicella</i>	Hepatitis A	Hepatitis B	Hib <i>Haemophilus influenzae</i> type b
				PCV13	PPSV23			for women	for men				
Pregnancy		*see below			1 - 2 doses								
Weakened Immune System			SHOULD NOT GET VACCINE				SHOULD NOT GET VACCINE		3 doses through age 26 years	SHOULD NOT GET VACCINE		3 doses	post-HSCT* recipients only
HIV: CD4 count less than 200						1 or more doses							
HIV: CD4 count 200 or greater		1 dose of Tdap		1 dose							2 doses	3 doses	1 or 3 doses
Kidney disease or poor kidney function	Flu vaccine every year	followed by Td booster every 10 years			1 - 2 doses			3 doses through age 26 years	3 doses through age 21 years	2 doses			
Asplenia (if you do not have a spleen or if it does not work well)			1 dose for those 60 years or older			1 or more doses	1 or 2 doses					3 doses	1 or 3 doses
Heart disease Chronic lung disease Chronic alcoholism													1 or 3 doses
Diabetes (Type 1 or Type 2)				1 dose		1 or more doses						3 doses	
Chronic Liver Disease											2 doses		

More Information:

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* If you are pregnant, you should get a Tdap vaccine during the 3rd trimester of every pregnancy to help protect your babies from pertussis (whooping cough).

You should get zoster vaccine even if you've had shingles before.

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Recommended for you if you did not get it when you were a child.

There are two HPV vaccines but only one HPV vaccine (Gardasil®) should be given to men.

If you are a male 22 through 26 years old and have sex with men you should complete the HPV vaccine series if you have not already done so.

Your healthcare professional will let you know how many doses you need.

*Hematopoietic stem cell transplant

Recommended For You: This vaccine is recommended for you *unless* your healthcare professional tells you that you cannot safely receive it or that you do not need it.

May Be Recommended For You: This vaccine is recommended for you if you have certain other risk factors due to your age, health, job, or lifestyle that are not listed here. Talk to your healthcare professional to see if you need this vaccine.

YOU SHOULD NOT GET THIS VACCINE

If you are traveling outside the United States, you may need additional vaccines.

Ask your healthcare professional about which vaccines you may need at least 6 weeks prior to your travel.

For more information, call 1-800-CDC-INFO (1-800-232-4636) or visit www.cdc.gov/vaccines



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Understanding How Vaccines Work

➤ For more information on vaccines, vaccine-preventable diseases, and vaccine safety:
<http://www.cdc.gov/vaccines/conversations>

Last reviewed February 2013

Diseases that vaccines prevent can be dangerous, or even deadly. Vaccines greatly reduce the risk of infection by working with the body's natural defenses to safely develop immunity to disease. This fact sheet explains how the body fights infection and how vaccines work to protect people by producing immunity.

The body keeps a few T-lymphocytes, called memory cells that go into action quickly if the body encounters the same germ again. When the familiar antigens are detected, B-lymphocytes produce antibodies to attack them.

How Vaccines Work

Vaccines help develop immunity by imitating an infection. This type of infection, however, does not cause illness, but it does cause the immune system to produce T-lymphocytes and antibodies. Sometimes, after getting a vaccine, the imitation infection can cause minor symptoms, such as fever. Such minor symptoms are normal and should be expected as the body builds immunity.

Once the imitation infection goes away, the body is left with a supply of "memory" T-lymphocytes, as well as B-lymphocytes that will remember how to fight that disease in the future. However, it typically takes a few weeks for the body to produce T-lymphocytes and B-lymphocytes after vaccination. Therefore, it is possible that a person who was infected with a disease just before or just after vaccination could develop symptoms and get a disease, because the vaccine has not had enough time to provide protection.

Types of Vaccines

Scientists take many approaches to designing vaccines. These approaches are based on information about the germs (viruses or bacteria) the vaccine will prevent, such as how it infects cells and how the immune system responds to it. Practical considerations, such as regions of the world where the vaccine would be used, are also important because the strain of a virus and environmental conditions, such as temperature and risk of exposure, may be different in various parts of the world. The vaccine delivery options available may also differ geographically. Today there are five main types of vaccines that infants and young children commonly receive:

- **Live, attenuated vaccines** fight viruses. These vaccines contain a version of the living virus that has been weakened so that it does not cause serious disease in people with healthy immune systems. Because live, attenuated vaccines are the closest thing to a natural infection, they are good teachers for the immune system. Examples of live, attenuated vaccines include measles, mumps,

The Immune System— The Body's Defense Against Infection

To understand how vaccines work, it is helpful to first look at how the body fights illness. When germs, such as bacteria or viruses, invade the body, they attack and multiply. This invasion is called an infection, and the infection is what causes illness. The immune system uses several tools to fight infection. Blood contains red blood cells, for carrying oxygen to tissues and organs, and white or immune cells, for fighting infection. These white cells consist primarily of B-lymphocytes, T-lymphocytes, and macrophages:

- **Macrophages** are white blood cells that swallow up and digest germs, plus dead or dying cells. The macrophages leave behind parts of the invading germs called antigens. The body identifies antigens as dangerous and stimulates the body to attack them.
- **Antibodies** attack the antigens left behind by the macrophages. Antibodies are produced by defensive white blood cells called **B-lymphocytes**.
- **T-lymphocytes** are another type of defensive white blood cell. They attack cells in the body that have already been infected.

The first time the body encounters a germ, it can take several days to make and use all the germ-fighting tools needed to get over the infection. After the infection, the immune system remembers what it learned about how to protect the body against that disease.



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and rubella vaccine (MMR) and varicella (chickenpox) vaccine. Even though these vaccines are very effective, not everyone can receive them. Children with weakened immune systems—for example, those who are undergoing chemotherapy—cannot get live vaccines.

- **Inactivated vaccines** also fight viruses. These vaccines are made by inactivating, or killing, the virus during the process of making the vaccine. The inactivated polio vaccine is an example of this type of vaccine. Inactivated vaccines produce immune responses in different ways than live, attenuated vaccines. Often, multiple doses are necessary to build up and/or maintain immunity.
- **Toxoid vaccines** prevent diseases caused by bacteria that produce toxins (poisons) in the body. In the process of making these vaccines, the toxins are weakened so they cannot cause illness. Weakened toxins are called toxoids. When the immune system receives a vaccine containing a toxoid, it learns how to fight off the natural toxin. The DTaP vaccine contains diphtheria and tetanus toxoids.
- **Subunit vaccines** include only parts of the virus or bacteria, or subunits, instead of the entire germ. Because these vaccines contain only the essential antigens and not all the other molecules that make up the germ, side effects are less common. The pertussis (whooping cough) component of the DTaP vaccine is an example of a subunit vaccine.
- **Conjugate vaccines** fight a different type of bacteria. These bacteria have antigens with an outer coating of sugar-like substances called polysaccharides. This type of coating disguises the antigen, making it hard for a young child's immature immune system to recognize it and respond to it. Conjugate vaccines are effective for these types of bacteria because they connect (or conjugate) the polysaccharides to antigens that the immune system responds to very well. This linkage helps the immature immune system react to the coating and develop an immune response. An example of this type of vaccine is the *Haemophilus influenzae* type B (Hib) vaccine.

Vaccines Require More Than One Dose

There are four reasons that babies—and even teens or adults for that matter—who receive a vaccine for the first time may need more than one dose:

- For some vaccines (primarily inactivated vaccines), the first dose does not provide as much immunity as possible. So, more than one dose is needed to build more complete immunity. The vaccine that protects against the bacteria Hib, which causes meningitis, is a good example.
- In other cases, such as the DTaP vaccine, which protects against diphtheria, tetanus, and pertussis, the initial series of four shots that children receive as part of their infant immunizations helps them build immunity. After a while, however, that immunity begins to wear off. At that point, a “booster” dose is needed to bring immunity levels back up. This booster dose is needed at 4 years through 6 years old for DTaP. Another booster against these diseases is needed at 11 years or 12 years of age. This booster for older children—and teens and adults, too—is called Tdap.
- For some vaccines (primarily live vaccines), studies have shown that more than one dose is needed for everyone to develop the best immune response. For example, after one dose of the MMR vaccine, some people may not develop enough antibodies to fight off infection. The second dose helps make sure that almost everyone is protected.
- Finally, in the case of the flu vaccine, adults and children (older than 6 months) need to get a dose every year. Children 6 months through 8 years old who have never gotten the flu vaccine in the past or have only gotten one dose in past years need two doses the first year they are vaccinated against flu for best protection. Then, annual flu shots are needed because the disease-causing viruses may be different from year to year. Every year, the flu vaccine is designed to prevent the specific viruses that experts predict will be circulating.

The Bottom Line

Some people believe that naturally acquired immunity—immunity from having the disease itself—is better than the immunity provided by vaccines. However, natural infections can cause severe complications and be deadly. This is true even for diseases that most people consider mild, like chickenpox. It is impossible to predict who will get serious infections that may lead to hospitalization.

Vaccines, like any medication, can cause side effects. The most common side effects are mild. However, many vaccine-preventable disease symptoms can be serious, or even deadly. Although many of these diseases are rare in this country, they do circulate around the world and can be brought into the U.S., putting unvaccinated children at risk. Even with advances in health care, the diseases that vaccines prevent can still be very serious – and vaccination is the best way to prevent them.

Adapted from the National Institute of Allergy and Infectious Diseases, *Understanding Vaccines*
<http://www.niaid.nih.gov/topics/vaccines/>

For more information on vaccines call 800-CDC-INFO (800-232-4636) or visit <http://www.cdc.gov/vaccines>.

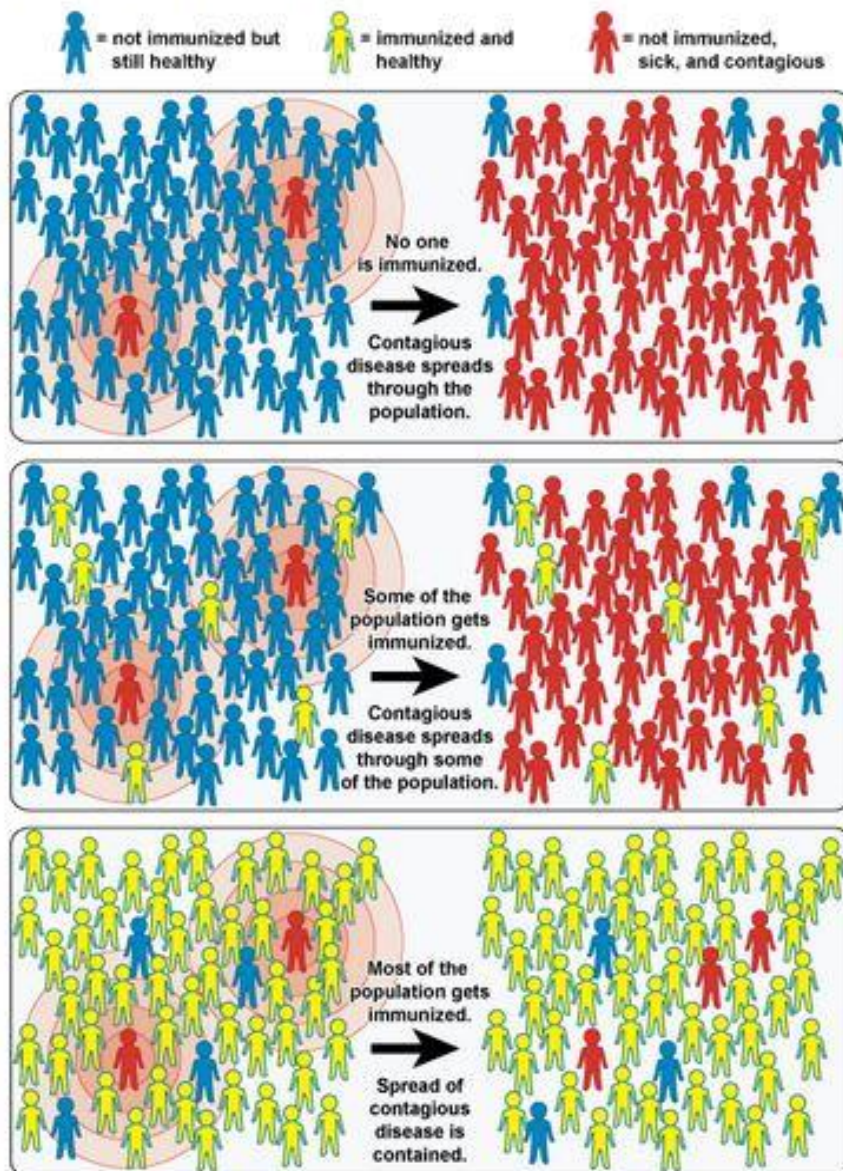
Community Immunity ("Herd" Immunity)

Vaccines can prevent outbreaks of disease and save lives.

When a critical portion of a community is immunized against a contagious disease, most members of the community are protected against that disease because there is little opportunity for an outbreak. Even those who are not eligible for certain vaccines—such as infants, pregnant women, or immunocompromised individuals—get some protection because the spread of contagious disease is contained. This is known as "community immunity."

In the illustration below, the top box depicts a community in which no one is immunized and an outbreak occurs. In the middle box, some of the population is immunized but not enough to confer community immunity. In the bottom box, a critical portion of the population is immunized, protecting most community members.

The principle of community immunity applies to control of a variety of contagious diseases, including influenza, measles, mumps, rotavirus, and pneumococcal disease.



Credit: NIAID