### Detailed Vaccine Recommendations

(效. 11/22/16)

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### Category D (Vaccines That Are Region-Specific to International Travel)

- Typhoid
- Yellow Fever
- Japanese Encephalitis
- Rabies

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**CATEGORY A: Measles, Mumps, and Rubella (MMR), Varicella (Var), Meningococcal Conjugate (MenACWY):** This category and the A₁ category are important due to the communicability of these vaccine preventable diseases and the acute and serious illnesses that these specific diseases can produce. Additionally, the United States has experienced many outbreaks of measles, mumps, pertussis, influenza, and meningitis on and off college campuses.

**Measles, Mumps, Rubella (MMR):** Persons born in or after 1957 should have:

1. Documentation of 2 doses of MMR at least 28 days apart after 12 months of age, **OR**
2. Lab tests that shows antibody immunity.

**Meningococcal (Men serogroups A, C, W and Y):**

1. **College students who are 21 years old or younger should receive a single dose of MenACWY** if they have not received a dose on or after their 16th birthday, especially if living in the residence halls.
2. **Students at continued risk for exposure (international travel to high endemic regions, laboratory work with N. meningitidis, etc.) may need a booster and should discuss with their healthcare provider.**
Varicella (Var)(aka chickenpox):

1. **Documentation of 2 doses** of single-antigen vaccine at least 12 weeks apart if vaccinated between one to twelve years of age and at least 4 weeks apart if vaccinated at age 13 years or older,

   **OR**

2. **If the student has history of chickenpox disease, they do not need to be vaccinated if a lab test shows that they have antibody immunity.** Students with equivocal or negative antibody lab results should be vaccinated.

3. **Persons who are 60 years old or older should receive one Zoster vaccination instead of a varicella vaccine**

**CATEGORY A1: Diphtheria/Tetanus/Pertussis (Tdap) and seasonal influenza vaccine**  
This category includes vaccines that should be obtained more frequently (tetanus boosters are recommended every 10 years and influenza vaccines are recommended annually).

**Tdap: Adults between the ages of 19-64 should receive a booster dose of Tdap and should then receive Td boosters every 10 years after receiving Tdap.** [Please note that students should have received a primary series of Diphtheria/Tetanus/Pertussis in childhood (4 doses: DT, DTaP, DTP, or Td).]

**Influenza: This vaccine is recommended annually.** Ideally, students should receive their flu vaccine as soon as it becomes available each year, but they can receive the vaccine anytime during flu season (flu season usually falls between October and May in the Northern Hemisphere, with peak time December through March).

**CATEGORY B: Hepatitis B (HepB), Hepatitis A (HepA), Human Papilloma Virus (HPV)**  
Many students may have already received a Hep B series in childhood and the HPV vaccine in adolescence. If they have not been obtained, SHAC highly recommends that students receive these vaccines. While hepatitis A is a common vaccine recommendation for international travel, there have been outbreaks of hepatitis A in the United States and therefore, the HepA series is also recommended if not received.

**HepA: A series of 2 doses is recommended to all students who have not received the vaccine series previously,** especially in certain high-risk professions or situations (e.g., travel to locations with high endemic rates, etc.).

**HepB: A series of 3 doses is recommended to all students who have not received the vaccine series previously** (given at 0, 1-2 months, and 6-12 months)

**HPV: For females 13-26 and males 13-21 who have not received the vaccine previously,** the 3 dose series is recommended. (given at 0, 1-2 months, and 6-12 months)

**CATEGORY C: Pneumococcal Conjugate (PCV13), Pneumococcal Polysaccharide (PPSV23), and Meningococcal B (MenB)**  
This vaccine category includes immunizations that are indicated under special medical conditions (risk-based) and should be discussed with your healthcare provider or a SHAC provider.

**Pneumococcal Polysaccharide vaccine (PPSV23): Students ages 19-64, with the following risk factors who have not previously had the vaccine, should talk with their healthcare provider about the pneumococcal vaccine:** heart disease (other than hypertension), chronic lung disease (including asthma), diabetes mellitus, chronic liver disease, cigarette smoking, and alcoholism.
Pneumococcal Conjugate Vaccine (PCV13): Students ages 19-64, with the following risk factors who have not previously had the vaccine, should talk with their healthcare provider about the pneumococcal vaccine: cochlear implant, sickle cell disease, asplenia, and other diseases that lower the body’s resistance to infection such as HIV, Hodgkin’s disease, lymphoma, leukemia, kidney failure, etc.

MenB: The vaccine is recommended in certain groups of people with the following health conditions—persistent complement component deficiencies, anatomic or functional asplenia, and microbiologist working with isolates of Neisseria meningitidis—as well as on college campuses with recent or current outbreaks of serogroup B Meningitis. This vaccine series may be administered to adolescents and young adults aged 16-23 years of age, with the preferred age for vaccination between 16-18 years old.

CATEGORY D: Vaccines important for international travel, which are dependent on location. Some examples include: Typhoid, Japanese Encephalitis, Rabies, Yellow Fever, Meningococcal, etc. We recommend that any student considering international travel make an appointment with a SHAC travel provider. Ideally, appointments should be made 3 months prior to travel to allow for sufficient time for vaccination. Please call 505-277-3136 to make an appointment.

A special note on Polio:
Most students have received a childhood polio series. A three dose series is considered complete if the last dose was given on or after a person’s 4th birthday, otherwise, a four dose series is considered complete. An adult polio booster (after age 18) is indicated for international travel to areas/countries where polio is endemic or epidemic.