

ADULT IMMUNIZATION FEES

HEP A	\$40.00	Hep A Ig - \$40 2 ml	TB	\$10.00
HEP B	\$45.00		Td	\$35.00
Gardasil (HPV)	\$150.00/dose with insurance		TdaP	\$50.00
IPV	\$40.00		Adacel (Tdap)	\$50.00
MENINGOCOCCAL MENINGITIS:			Typhoid (oral \$55.00, IM \$60.00)	
Menactra:	\$100.00	Menomune:	\$100.00	
			Rabies Vaccine	\$175.00/dose
MMR	\$60.00		Yellow Fever	\$90.00
PNEUMONIA	\$37.00		Blood Draw	\$35.00
TWINRIX A/B	\$55.00		International Travel Certificate Card \$2.00	
VARICELLA	\$85.00		International Travel Consult \$25.00	

VACCINE	TIMING OF IMMUNIZATIONS			
CHICKENPOX <i>(Varicella) 1 YR AND UP</i> Give SQ	Two doses are recommended for persons who have not had chickenpox. Don't give to pregnant women or those considering pregnancy within 3 months.			
	1st dose	2nd dose 1 to 2 months later		
HEPATITIS A - (Hep A) Give IM Hepatitis A Ig – 0.02 ml/kg IM (Pretravel)	Two doses are needed to ensure long-term protection. Travelers to countries where the disease is common should get the first dose at least 4 weeks prior to departure.			
	1st dose (now)	2nd dose (6 to 12 months later)		
HEPATITIS B - (Hep B) Give IM	1st dose	2nd dose 1 month later	3rd dose 5 months after 2 nd dose	
TWINRIX (Hep A/B) Give IM (18yrs >)	1st dose	2nd dose 1 month later	3rd dose (accelerated 0, 7d, 21-30d & 1 yr) 5 months or more after 2 nd dose	
INFLUENZA (Flu) Give IM	Given yearly in the fall to people with desire to lower risk of getting influenza. Also recommended for people younger than 65 who have medical problems such as heart disease, lung disease, diabetes, and other chronic conditions, and for others who work or live with high risk individuals.*			
IPV - (INJECTABLE POLIO) Inactivated Give SQ	The risk of polio in the US is extremely small due to vaccine use. Adult vaccination is only recommended if traveling to a part of the world where polio is still common.			
	1 dose after 18 years of age should give immunity.			
MEASLES, MUMPS, RUBELLA (MMR) give SQ	Two doses one month apart are recommended for adults born in 1957 and later if immunity cannot be proven. Should not be given to women considering pregnancy within 4weeks.			
MENINGOCOCCAL MENINGITIS: Menomune (2-10yrs and over 55yrs of age) give SQ Menactra (11-55yrs of age) give IM	Administer Menactra (MCV4) to those persons ages 11-55 yrs traveling to areas of risk or in the specified risk groups. No current recommendations for a booster dose. Should receive the vaccine at least 1-2 weeks prior to departure. Administer Menomune (MPSV4) to children 2-10 yrs old and adults over 55 who are at risk. Revaccinate in 2-3 years those persons with continued risk of exposure; otherwise revaccination may be considered within 3-5 yrs. Both protect against 4 types of meningococcal including 2 of the 3 most common types.			
PNEUMOCOCCAL – Pneumonia Give IM or SQ	Usually given one time after 65 years of age or older. Also recommended for people younger than 65 who have chronic illnesses such as those listed for influenza, and also those with kidney disorders and sickle cell anemia. A repeat dose 5 years later may be given to those at highest risk. Can be given at any time during the year.			
TB	Must be read at least 48 hours after, no longer than 72 hours			
TETANUS, DIPHTHERIA: (Td) if initial series not given during childhood.	One booster given every 10 years if series completed as a child. If dirty injury or overseas travel, booster should be given if greater than 5 years since last dose.			
	1st dose	2nd dose 4 to 6 weeks later	3rd dose 6 to 12 months after second dose	Booster shot every 10 years
ADACEL (Tdap) ages 11- 64 years- give IM	Can be used as a one-time alternative to Td. Follow Td recommendations (i.e. one booster q 10 years or if dirty injury or travel, can boost if greater than 5 years since last dose.			
Boostrix (Tdap) ages 10-18 years- give IM	Should be used as a booster dose for an adolescent (10-18 yrs) who has completed their primary series. Should be used as a one-time alternative to Td. Five years or more should have elapsed since last dose.			
INJECTABLE TYPHOID –Age 2 & over (give IM) ORAL TYPHOID- Age 6 yrs and older. (contaminated food & water/salmonella typhi)	Give injectable typhoid to those persons 2 years of age and older traveling to areas of risk. Should receive the vaccine at least 2 weeks prior to departure. Repeat every two years if continued risk of exposure for IM vaccine. Oral typhoid is a live viral product (booster q 5 years). Must be 6 yrs of age or older. Can't be on any antibiotic when using the oral product! Can take mefloquine, choroquine and malarone with the oral product but not doxycycline.			
YELLOW FEVER Give SQ (transmitted by mosquitoes)	Vaccinate those persons 9 months of age and older, traveling to areas with risk of disease as indicated by the CDC. (See yellow book) Vaccination <u>must be done at least</u> 10 days prior to arrival in the country. Revaccinate in 10 years if re-exposure is anticipated.			
Rabies Vaccine Give IM	Vaccinate those people at high risk of exposure, and travelers. Pre-exposure schedule 0, Dose 2: 7 days after Dose 1, Dose 3: 21 or 28 days after dose 1.			
Gardasil (HPV) Give IM	Vaccinate girls between the ages of 9-26 yrs. Dose 0, 2m,6 m.			
Zoster Give SQ	One time dose after the age of 60 years with a history of chickenpox disease.			

