**Adult Immunisation Checklist - Guidance**

**Birmingham Public Health Measurement Toolbox**

# **Table 1: Immunisation checklist for adults.**

| **Age Due** | **Disease protected against** | **Vaccine Name** | **Vaccine has been received** |
| --- | --- | --- | --- |
| Childhood | Diphtheria | DTaP | Yes  No  Not sure |
| Childhood | Tetanus | DTaP | Yes  No  Not sure |
| Childhood | Pertussis (whooping cough | DTaP | Yes  No  Not sure |
| Childhood | Haemophilus infuenzae type b (Hib) | HiB | Yes  No  Not sure |
| Childhood | Polio | IPV | Yes  No  Not sure |
| Childhood | Hepatitis B | HepB | Yes  No  Not sure |
| Childhood | Meningococcal group B (MenB) | MenB | Yes  No  Not sure |
| Childhood | Measles | MMR | Yes  No  Not sure |
| Childhood | Mumps | MMR | Yes  No  Not sure |
| Childhood | Rubella | MMR | Yes  No  Not sure |
| Childhood | Meningococcal group C | MenC | Yes  No  Not sure |
| Adolescence | Meningococcal groups A, C, W and Y | Men ACWY | Yes  No  Not sure |
| Adolescence | human papillomavirus (HPV)` | HPV | Yes  No  Not sure |
| >65 years or long term condition | Seasonal Flu/Influenza | Flu | Yes  No  Not sure |
| >65 years | Pneumococcal | Pneumoccocal | Yes  No  Not sure |
| >70 years | Shingles | Shingles | Yes  No  Not sure |
| >65 years or long term condition | Covid-19 | Covid-19 | Yes  No  Not sure |

*Guidance – interventions/organisations should encourage users to receive any missed vaccinations to help with protection. Users should be asked of any concerns or barriers to vaccination in this conversation, to help support them in getting vaccinated.*

*If unsure on immunisation status, individuals can contact their GP for advice and information.*

*Frequency – questionnaire should be used pre-intervention and 4-weeks post intervention*