### In addition, you may need other vaccines based on your risk factors...

- **I am 50 or older.**
  - Shingles (Zoster) vaccine
- **I am 65 or older.**
  - Both types of pneumonia vaccine (Prevnar and Pneumovax; Prevnar given first)
- **I am 26 or younger (male or female).**
  - HPV vaccine series (3-dose series)
- **I have type 1 or type 2 diabetes.**
  - Hepatitis B vaccine series (3-dose series)
  - Pneumonia vaccine (Pneumovax)
- **I have heart disease, asthma or chronic lung disease.**
  - Pneumonia vaccine (Pneumovax)
- **I smoke cigarettes.**
  - Pneumonia vaccine (Pneumovax)
- **I am pregnant or could become pregnant.**
  - Whooping cough (Tdap) vaccine in the late second or third trimester with each pregnancy
- **I am a college freshman living in a residence hall.**
  - Meningococcal (Meningitis) vaccine(s)
- **I was born in the U.S. in 1957 or after and don’t have immunity against measles, mumps and rubella.**
  - Measles, mumps, rubella (MMR) vaccine(s)*
- **I have a weakened immune system from a medical condition or medications.**
  - Both types of pneumonia vaccines (Prevnar and Pneumovax; Prevnar given first)
- **I have a weakened immune system from a medical condition or medications.**
  - HPV vaccine series (if 26 years of age or younger and not previously vaccinated)
- **I have chronic liver disease.**
  - Hepatitis A vaccine series (2-dose series)
  - Hepatitis B vaccine series (3-dose series)
  - Pneumonia vaccine (Pneumovax)
- **I have chronic kidney failure.**
  - Hepatitis B vaccine series (3-dose series)
  - Both types of pneumonia vaccines (Prevnar and Pneumovax; Prevnar given first)
- **I do not have a spleen or my spleen does not work well, I have a cochlear implant, or cerebrospinal fluid leaks.**
  - Both types of pneumonia vaccines (Prevnar and Pneumovax; Prevnar given first)
  - Meningococcal (Meningitis) vaccine(s)
- **I have HIV.**
  - Hepatitis B vaccine series (3-dose series)
  - Both types of pneumonia vaccines (Prevnar and Pneumovax; Prevnar given first)
  - HPV vaccine series (if 26 years of age or younger and not previously vaccinated)
  - Meningococcal (Meningitis) vaccine
- **I have sickle cell disease.**
  - Both types of pneumonia vaccines (Prevnar and Pneumovax; Prevnar given first)
  - Meningococcal (Meningitis) vaccine
- **I am a man who has sex with men.**
  - Hepatitis A vaccine series (2-dose series)
  - Hepatitis B vaccine series (3-dose series)
  - HPV vaccine series (if 26 years of age or younger and not previously vaccinated)
- **I am a healthcare worker.**
  - Hepatitis B vaccine series
  - Measles, mumps, rubella (MMR) vaccine*
  - Varicella “chickenpox” vaccine*
- **I am planning to travel out of the U.S.**
  - Hepatitis A vaccine series (2-dose series)
  - Hepatitis B vaccine series (3-dose series)
  - Meningococcal (Meningitis) vaccine
  - Other travel vaccines based on need

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*This is a live vaccine and should not be given to people who have very weakened immune systems, including those with a CD4 white blood cell count <200, or to pregnant women.