**Adult Immunisation Checklist**

**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 |