

Immunization Recommendations for Sexually Active People^{1,2}

Vaccine	Vaccine Options and Schedule	Recommendations and Considerations ^{1,3}
Hepatitis A (HepA)	<ul style="list-style-type: none"> ▪ Havrix®, Vaqta®: 2 doses, 6 months apart ▪ Twinrix® (combination HepA/HepB; if ages ≥ 18 years): 3 doses, 0, 1, and 6 months apart 	<ul style="list-style-type: none"> ▪ Adolescents not vaccinated as young children ▪ Any adult requesting it who is not fully vaccinated ▪ Adults with risk factors,^{4,6} including: <ul style="list-style-type: none"> ▫ Men who have sex with men (MSM)⁵ ▫ People with HIV (PWH)⁶ ▫ People who use drugs ▫ People experiencing homelessness
Hepatitis B (HepB)	<ul style="list-style-type: none"> ▪ Heplisav-B® (if ages ≥ 18 years): 2 doses, 1 month apart ▪ Engerix-B® (if ages ≥ 18 years), Recombivax HB®: 3 doses, 0, 1, and 6 months apart ▪ Twinrix® (combination HepA/HepB; if ages ≥ 18 years): 3 doses, 0, 1, and 6 months apart 	<ul style="list-style-type: none"> ▪ Adolescents not vaccinated as young children ▪ Adults ages 19-59 years ▪ Adults ages ≥ 60 years who request vaccination OR who have risk factors,⁴ including: <ul style="list-style-type: none"> ▫ PWH⁷ ▫ People who use drugs ▫ People with sexual exposure risk, e.g., MSM⁵ ▫ People who are incarcerated
Human papillomavirus (HPV)	<ul style="list-style-type: none"> ▪ Gardasil 9®: <ul style="list-style-type: none"> ▫ ages 9-14 years: 2 doses, 6-12 months apart ▫ ages 15-45 years: 3 doses, 0, 1-2, and 6 months apart 	<ul style="list-style-type: none"> ▪ Adolescents and young adults, starting at ages 9-12 years through age 26 years ▪ Adults ages 27-45 years, based on shared clinical decision-making
Meningococcal A, C, W, Y conjugate (MenACWY)	<ul style="list-style-type: none"> ▪ MenQuadfi®, Menveo®: <ul style="list-style-type: none"> ▫ Adolescents: 2 doses (at ages 11-12 years and 16-18 years); 1 dose (if first dose at ages 16-18 years) ▫ Adults at increased risk: 1 or 2 doses depending on risk factors. 	<ul style="list-style-type: none"> ▪ Adolescents, starting at ages 11-12 years ▪ Adults with risk factors,⁴ including: <ul style="list-style-type: none"> ▫ PWH (2 doses, 2 months apart) ▫ MSM^{5,8} (1 dose) ▫ Transgender people who have sex with men⁸ (1 dose)
Meningococcal B (MenB)	<ul style="list-style-type: none"> ▪ Bexsero®: 2 doses, 6 months apart. ▪ Trumenba®: 2 doses, 6 months apart 	<ul style="list-style-type: none"> ▪ Adolescents and young adults ages 16-23 years, based on shared clinical decision-making. ▪ To optimize rapid protection, a 3-dose schedule (0, 1-2, 6 months) may be administered.
Mpox virus⁹	<ul style="list-style-type: none"> ▪ JYNNEOS®: 2 doses, 28 days apart 	<ul style="list-style-type: none"> ▪ Anyone vulnerable to or seeking added protection, including: <ul style="list-style-type: none"> ○ People with sexual exposure risk, e.g., MSM ○ Transgender, nonbinary, or gender-diverse ○ PWH ▪ If < 18 years, see Minor Consent for Mpox Treatment.

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Resources and Special Considerations

[Immunization recommendations](#) for adults with HIV are also available.

1. **Comprehensive care** includes additional routine immunizations not listed above (see [Adult Immunization Schedule | AAFP](#)) and a review of both [sexually transmitted infection \(STI\) and HIV](#) risk and prevention strategies (e.g., [doxy-PEP](#), [EPT](#), HIV [PEP/PrEP](#), [U=U/TasP](#)).
2. **California Minor Consent Law:** Adolescents ages ≥ 12 years can seek sexual health services without parental consent.
3. Vaccine doses administered ≤ 4 days before the minimum interval or age are considered valid. There is no maximum interval between vaccine doses. See [Recommended and minimum ages and intervals between vaccine doses | CDC](#).
4. For detailed **vaccine-specific risk factors**, see [Adult Immunization Schedule | AAFP](#).
5. [See Men Who Have Sex with Men | CDC](#).
6. **HepA:** Outbreaks & GI syndromes caused by enteric pathogens or common STIs can occur among MSM sexual/social networks. See [Proctitis, Proctocolitis, and Enteritis | CDC](#) and [Shigella | CDC](#). **In people with HIV:** Check titers ≥ 1 month after series completion ([Prevention of Hep A Virus Infection in the United States | CDC](#)). If inadequate immune response, consider revaccination after CD4 ≥ 200 cells/mm³. See [Immunizations for Preventable Diseases in Adults and Adolescents with HIV | NIH](#).
7. **HepB vaccination in people with HIV:** Clinicians may consider initial vaccination with double-dose recombinant HepB vaccines (Engerix-B® or Recombivax HB®). Check titers [> 1 month](#) after series completion. For revaccination options following inadequate immune response, see [Immunizations for Preventable Diseases in Adults and Adolescents with HIV | NIH](#).
8. **MenACWY:** [CDPH recommends MenACWY](#) for MSM and transgender people who have sex with men due to outbreaks of serogroup C invasive meningococcal disease. If a patient 10 years or older is receiving MenACWY and MenB vaccines at the same visit, [MenABCWY](#) may be given instead. The minimum interval between MenABCWY doses is 6 months. MenB brands are not interchangeable. If Penbraya, which contains Trumenba, is given, subsequent MenB dose(s) must include Trumenba. If Penmenvy, which contains Bexsero, is given, subsequent MenB dose(s) must include Bexsero.
9. Rates of mpox are higher among GBMSM, transgender, and non-binary people, with a smaller number of cases among women and men who have sex with only women. See [Mpox](#).