

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 ▪ Adults with risk factors,⁴ including: <ul style="list-style-type: none"> ▫ Men who have sex with men (MSM)^{2,5} ▫ 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 with risk factors,⁴ including: <ul style="list-style-type: none"> ▫ MSM⁵ ▫ PWH⁷ ▫ People who use drugs ▫ People with sexual exposure risk ▫ 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 11-12 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 adults 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
Mpox virus⁹	<ul style="list-style-type: none"> ▪ JYNNEOS[®]: 2 doses, 28 days apart 	<ul style="list-style-type: none"> ▪ Adults vulnerable to or seeking added protection. ▪ If < 18 years, see Minor Consent for Mpox Treatment.

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Resources and Special Considerations

1. **Comprehensive care** includes additional routine immunizations not listed above (see [Immunization Schedules | CDC](#)) and a review of both [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. See [California Minor Consent and Confidentiality Laws](#).
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 By Medical Indication | CDC](#).
5. See [Men Who Have Sex with Men | CDC](#).
6. **HepA:** Outbreaks & GI syndromes caused by enteric pathogens or common sexually transmitted infections (STIs) can occur among MSM sexual/social networks. See [Proctitis, Proctocolitis, and Enteritis | CDC](#) and [Shigella Infection Among GBMSM | 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 ([Who should receive post-vaccination testing? | CDC](#)). For revaccination options following inadequate immune response, see [Immunizations for Preventable Diseases in Adults and Adolescents with HIV | NIH](#).
8. **MenACWY:** [California Department of Public Health recommends MenACWY](#) for MSM and transgender people who have sex with men due to outbreaks of serogroup C invasive meningococcal disease. If a patient is receiving MenACWY and MenB vaccines at the same visit, [MenABCWY](#) (Penbraya™) may be given instead. If a patient receives Penbraya, which includes Trumenba, subsequent Men B dose(s) must include Trumenba since MenB brands are not interchangeable. The minimum interval between MenABCWY doses is 6 months.
9. **JYNNEOS®** can be given [intradermally or subcutaneously \(SC\)](#). If < 18 years or with history of keloid scars, give SC. 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 [How It Spreads | Mpox | CDC](#).