

## WHY ARE VACCINES IMPORTANT FOR PERSONS WITH DIABETES?

- Vaccine-preventable infections can make it **harder** for you to manage diabetes.
- Even when diabetes is well-managed, infections can be **harder to fight**. This puts you at risk for **more serious** illness and complications.
- Vaccinations can help keep your family, friends, and communities **healthy**, too.

## WHAT VACCINES ARE RECOMMENDED FOR ADULTS WITH DIABETES?

CDC-Recommended Vaccines	When and How Often
Age-appropriate vaccines	<ul style="list-style-type: none"><li>• All persons should receive according to the CDC schedules</li></ul>
COVID-19	<ul style="list-style-type: none"><li>• Primary series and boosters per current CDC recommendations and FDA approvals</li></ul>
Flu	<ul style="list-style-type: none"><li>• All adults, annually</li></ul>
Hepatitis B	<ul style="list-style-type: none"><li>• Adults aged 19-59 years</li><li>• Adults aged 60 years and older with risk factors for Hepatitis B</li><li>• 2, 3, or 4 doses depending on vaccine or condition</li></ul>
Pneumococcal (PCV) – to protect against pneumonia	<ul style="list-style-type: none"><li>• Adults with Diabetes ages <math>\geq 19</math> years</li><li>• One or two doses, depending upon the type of vaccine received</li></ul>
RZV (Zoster) – to protect against shingles	<ul style="list-style-type: none"><li>• All adults <math>\geq 50</math> years</li><li>• Adults <math>\geq 19</math> years who have weakened immune systems</li><li>• Two doses</li></ul>
Tdap – to protect against tetanus, diphtheria, and whooping cough	<ul style="list-style-type: none"><li>• Every 10 years after first series (may need additional doses during pregnancy or after an injury)</li></ul>





# HOW TO STAY CURRENT ON VACCINATIONS: PLAY VACCINE BINGO EACH YEAR!



Each year, talk to your healthcare provider about the vaccines you need.

If you can say **YES, I'M UP TO DATE** for the vaccines *you* need by the end of each year, you've got **VACCINE BINGO!**



**Take a picture of the card with your mobile phone when you update it so that you always have a copy with you.**



**NAME:**

**YEAR:**

Vaccine <i>*Specify type received where noted</i>	Date(s) received	Date next shot or dose is needed	Are you <u>up-to-date</u> on the vaccine?
<b>COVID-19</b>			
• Dose 1 (Type _____)			
• Dose 2 (if needed) (Type _____)			
• Booster(s) (Type _____)			
• Booster(s) (Type _____)			
<b>Flu</b>			
<b>Hepatitis B</b>			
<b>Pneumococcal</b> (Type _____)			
• Dose 1			
• Dose 2 (if needed)			
<b>RZV (for shingles)</b>			
• Dose 1			
• Dose 2			
<b>Tdap</b>			

Notes/Questions for  
your healthcare team:

Most health insurance plans cover recommended vaccines. If you do not have health insurance, visit [www.healthcare.gov](http://www.healthcare.gov) to learn more about health insurance options.

