



Trans Care

Medical issues

Trans people and vaccinations

What are Vaccinations and How do They Work?

The human body has many defenses against diseases that are infectious (can spread from one person to another). Physical barriers (skin, tears, etc.) help prevent substances from getting inside your body, and bacteria, chemicals, and special cells in your body fluids break down substances that can cause damage. *Innate immunity* refers to the defensive system everyone is born with. This part of your immune system recognizes the parts of your body as “you” (all your cells have a unique marker, like a microscopic fingerprint), and attacks anything that is “not you.” No matter what the “not you” is, the same methods are used to try to repel it.

Adaptive or acquired immunity starts at 6 months of age and gets stronger as you are exposed to various substances throughout your life. The first time T cells and B cells (types of white blood cells) encounter a foreign substance (virus, bacteria, etc.), they go through a process that allows them to “remember” the same foreign substance when they encounter it again. This enables them to produce specific defenses. For this reason, people only get some types of illness once – the second time

around, the body recognizes the virus or bacteria and launches an attack against it before it can make you sick.

Vaccines work by exposing the body to a weakened version of a bacteria or virus. The aim is to create a process of immune recognition without the person actually getting sick. Vaccines can be made from:

- bacteria or viruses that have been killed by heat: e.g., flu vaccine, Salk polio vaccine
- living bacteria or viruses that have been weakened: e.g., Sabin polio vaccine
- proteins or other parts of the bacteria/virus: e.g., tetanus vaccine
- synthetic replication of parts of the bacteria/virus: e.g., Hepatitis B vaccine

Researchers have not yet been able to create vaccines against all types of infectious disease. For example, there is no vaccine for Hepatitis C, HIV, or the common cold.

There is some public debate about the value of vaccines. Those who support vaccination argue that vaccination is safe and effective and prevents the spread of infectious disease; others believe that vaccinations are ineffective and potentially harmful. Vaccination is like any other medical procedure; there are risks and benefits that must be considered as part of making an informed decision. We offer the following information for trans people who have decided they are comfortable with vaccination and want to get vaccinated against diseases they are at risk for. We also respect the decision of trans people who choose not to get vaccinated.

MSM, TSM, and Vaccination

Vaccination campaigns focus on people who are believed to be at the highest risk for getting a disease or dying from it. The acronym “HALO” stands for four types of factors typically considered in assessing risk for infectious disease: Health factors, Age factors, Lifestyle factors, and Occupational factors. Checklists to help identify risks are summarized on pages 5–9. These checklists aren’t complete (people who are homeless and sex trade workers are not included even though these populations are at risk for some kinds of infectious disease), but despite these limits they can give some idea of risks and vulnerabilities.

Public health organizations consider sexual behaviours part of the “lifestyle” category. People who have sex with more than one person in a 6-month time period and men who have sex with men (*MSM*) are considered populations at specific risk for some infectious diseases.

For *MSM*, the risks relate either to sexually transmitted infections that have been documented at high rates among *MSM* (Hepatitis A, Hepatitis B), or to infections transmitted among social networks of *MSM*. For example, in 2004 the BC Centre for Disease Control recommended that all *MSM* in BC be vaccinated against meningococcus bacteria because an unusually high number of gay men in BC had come down with the disease in recent months. Meningococcus can be spread by oral sex or social activities that involve contact with infected saliva (e.g., sharing cigarettes/joints, water bottles, eating utensils, or toothbrushes), so all *MSM* were recommended for vaccination – even those who hadn’t had sex recently.

Of course not all *MSM* have sex or socialize in a way that creates risk for transmission of disease; many *MSM* have sex in ways that do not pose risk for transmission or use condoms or other latex barriers to make sex safer, and not all *MSM* hang out socially with other bi/gay men. But when public health agencies feel the risks are generally high enough, they will recommend vaccine for all *MSM*, even though there is great diversity in the behaviours of individual *MSM*. By vaccinating as many *MSM* as possible, disease prevention programs hope both to protect the men who got vaccinated, and also to try to prevent the spread of disease more generally among gay and bi men (because the disease can’t spread as rapidly within a community when large enough numbers of people are immune to it).

The Gay and Lesbian Medical Association recommends that vaccination campaigns for *MSM* be extended to include trans people (of all genders, including *FTMs* and *MTFs*) who have sex with men. This is abbreviated as *TSM* – “Trans people who have Sex with Men.” As with *MSM*, not all *TSM* are at high risk as individuals. But research on the sexual and social behaviours of *MSM* and *TSM* suggest that, in general, *TSM* have many of the same risks as *MSM*. Rather than just saying “trans people who have sex with men should be considered *MSM*,” *TSM* is preferred as a separate category for two reasons:

- MTFs and FTMs who don't identify as men would feel disrespected if a health professional called them a man, and probably wouldn't think that recommendations for men apply to them (since they don't identify as men).
- Both MTFs who have taken hormones or surgery and FTMs have bodies that are different than non-trans men. While this doesn't make a difference in terms of what kind of vaccines are used (MSM and TSM get the same vaccines), it makes a big difference in information about safer sex and other public health information. Using the term TSM is a reminder that MTFs and FTMs need access to health care that is trans-specific and trans-relevant.

THE BOTTOM LINE: If you are trans and you have sex with men, whatever your identity in terms of gender or sexual orientation, talk with a nurse or doctor who has training in trans medicine to find out whether you should be getting the same vaccines as non-trans gay and bi men.

If I Don't Have Sex with Men, Are Vaccinations Still Recommended?

Having sex with men is only one potential risk category. Even if you don't have sex with men you can be at risk for infectious disease because of age, chronic disease, use of needles to inject hormones or street drugs, place of birth, number of sexual partners in the last 6 months, history of a sexually transmitted infection, or the type of work you do.

HALO: Risk Factors for Vaccination

If you are in a category where a checkmark is listed, you may benefit by vaccination. Talk to your nurse/doctor.

| Vaccine | Health factors | | | | Age factors | | | Lifestyle factors | | | | Occupational factors | | | | | |
|-----------------------------------|-----------------|----------|---|-------------------------------|----------------------------------|-------------|-----------|-------------------|----------------------------|-----------------------------------|--|-------------------------|-----------------|----------------|--------------------|---------------|---------------------|
| | Chronic disease | Pregnant | Past/current sexually transmitted infection | Immuno-suppressed (e.g., HIV) | Injects hormones or street drugs | Young adult | Age 50-64 | Age 65 & above | Born outside North America | Trans person who has sex with men | Sex with more than 1 person in last 6 months | International traveller | College student | Daycare worker | Health care worker | Sewage worker | Work/live in prison |
| Hepatitis A | ✓ | | | | ✓ | | | | | ✓ | | | | | | | ✓ |
| Hepatitis B | | | ✓ | ✓ | ✓ | | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | |
| Influenza | ✓ | | | | | | ✓ | ✓ | | | ✓ | ✓ | ✓ | | | | |
| Meningococcal | | | | | | ✓ | | | | | ✓ | ✓ | ✓ | | | | |
| MMR (measles, mumps, rubella) | | | | | | | | | | | ✓ | ✓ | ✓ | ✓ | | | |
| PPV (Pneumococcus polysaccharide) | ✓ | | | ✓ | | | | ✓ | | | | | | | | | ✓ |
| TD (tetanus + diphtheria) | ✓ | | ✓ | ✓ | | | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Varicella (chickenpox) | | | | | | | | | | | | ✓ | ✓ | ✓ | | | ✓ |

adapted from Immunization Action Coalition (2003), *Adults only vaccination: A step-by-step guide*, available online at <http://www.vaccineinformation.org>

Adult Vaccination Checklist – Detailed

Adapted from Immunization Action Coalition (2005), *Do I need any vaccinations today?*
Available online at <http://www.immunize.org/catg.d/4036need.htm>

- These checklists will help you and your nurse or doctor figure out whether you are up to date on the most common vaccinations. Please check the boxes that apply to you and then talk with your nurse or doctor about potential risks and benefits of vaccination. Depending on your health and outbreaks of disease in your region, your health provider may recommend additional vaccines.

Influenza (Flu) vaccine

- I am 50 years or older.
- I am younger than 50, and one or more of the following conditions or situations applies to me:
 - Lung disease
 - Heart disease
 - Kidney disease
 - Diabetes
 - HIV/AIDS
 - A disease that affects the immune system
 - A condition that makes me choke when I swallow
 - I live in a nursing home or care facility
 - I will be pregnant during the next flu season (Dec-Mar)
 - I work in health care
 - I work in community services
 - I look after someone who is elderly, is under 2 years old, or has one of the illnesses listed to the left
- I am not in one of the groups listed above, but I'd like to be vaccinated to avoid getting flu this season.

Tetanus/Diphtheria vaccine

- I have not yet had at least 3 shots to prevent tetanus/diphtheria.
- It's been 10 years or more since I had my last shot to prevent tetanus/diphtheria.
- I don't know if I ever had any shots to prevent tetanus/diphtheria.

Pneumococcus Polysaccharide vaccine (PPV)

- I am 65 years or older, and I've never had pneumococcal vaccine.
- I am 65 years or older, and I had one dose of pneumococcal vaccine when I was under 65, but it's been at least 5 years since that dose.
- I have one of the following health conditions, and I (have) (have not) had a previous dose of pneumococcal vaccine:
 - Lung disease (not asthma)
 - Heart disease
 - Diabetes
 - Had my spleen removed
 - Liver disease
 - Kidney disease
 - Alcoholism
 - Hodgkin's disease
 - Leukemia
 - Multiple myeloma
 - Lymphoma
 - General cancer
 - Cochlear implant
 - Sickle cell disease
 - Organ/bone marrow transplant
 - HIV/AIDS
 - Cerebrospinal fluid leak
 - On medication or receiving radiation treatment that affects my immune system

Measles-Mumps-Rubella (MMR) vaccine

- I was born after 1956 and never had a MMR shot.
- I am thinking about getting pregnant in the future, and I don't know if I'm immune to rubella.
- I am included in one of the following groups for whom two doses of MMR are recommended, but I've only had one shot for MMR:
 - I am a health care worker
 - I am entering college, university, or another post-secondary training program
 - I travel internationally
 - I had a blood test that shows I do not have immunity to rubella

Hepatitis A vaccine

- I am in one of the following risk groups, and I haven't had the 2 shots of vaccine needed to protect against Hepatitis A:
 - I am a trans person who has sex with men
 - I use street drugs
 - I travel outside North America, western Europe, Japan, Australia, and New Zealand
 - I have chronic liver disease
 - I have a clotting factor disorder
- I am not in one of these groups but want to get Hepatitis A vaccine to be protected against Hepatitis A.

Hepatitis B vaccine (in Canada, recommended for ALL adults)

- I am in one of the following risk groups, and I haven't had the 3 shots of vaccine needed to protect against Hepatitis B:
 - I live with a person who has Hepatitis B
 - I have sex with a person who has Hepatitis B
 - I inject hormones or street drugs
 - I have or have had a sexually transmitted infection
 - I have a bleeding disorder that requires transfusion
 - I have had sex with more than one person in the last 6 months
 - I am or will be on kidney dialysis
 - I am trans and I have sex with men
 - I travel to areas of the world where there are moderate or high rates of Hepatitis B*
 - I am a health or public safety worker who is exposed to blood or body fluids
 - I was born in an area of the world where Hepatitis B is common*
 - I am not in one of these groups but want to get Hepatitis B vaccine to be protected against Hepatitis B.
- * Areas of the world with high rates of Hepatitis B include Africa, China, Korea, Southeast Asia (including Indonesia and the Philippines), the Middle East (except Israel), South and Western Pacific Islands, the interior Amazon Basin, Haiti, and the Dominican Republic. Areas with moderate rates of Hepatitis B include South Central and Southwest Asia, Israel, Japan, Eastern and Southern Europe, Russia, and most of Central and South America.

Varicella (Chickenpox) vaccine

- I have never had chickenpox disease or varicella vaccination.
- I'm not sure if I've had chickenpox or not.
- I am hoping to get pregnant and I don't know if I'm immune to chickenpox.

Meningococcal vaccine

- I am or will be living in a college/university dorm.
- I'm traveling to a part of the world where meningococcal disease is common. (Check with your local travel clinic.)
- I have sickle cell disease, or my spleen isn't working or has been removed.

Local Vaccination Resources

Local health units

Regional health units run vaccination programs for children and adults in BC. To find the health unit in your community, check the blue pages (government section) in your phone book – listed under “Health Authorities” – or check the website for your region:

- Fraser Valley: <http://www.fraserhealth.ca/HealthInfo/PublicHealth>
- Interior of BC: <http://www.interiorhealth.ca/Information/Contact+Us>
- Northern BC: <http://www.northernhealth.ca/nha/contact>
- Vancouver & South Coast: <http://www.vch.ca/public/immunization>
- Vancouver Island: <http://www.viha.ca/contact>

BC Centre for Disease Control

Main office: 655 West 12th Avenue, Vancouver, BC V5Z 4R4

Phone: 604-660-0584

Web: <http://www.bccdc.org>

The BC Centre for Disease Control is a government program that provides public education, health services, and research to help prevent and control diseases that can be passed from one person to another. They coordinate programs relating to sexually transmitted infections, Hepatitis,

HIV/AIDS, and tuberculosis, as well as the Drug and Poison Information Centre and food protection services.

Health Canada Travel Medicine Program

Web: http://www.phac-aspc.gc.ca/tmp-pmv/travel/clinic_e.html#bc

This web link lists clinics across BC that provide vaccination information and vaccines for people in BC who are traveling outside North America.

Questions? Contact the Transgender Health Program:

Office: #301-1290 Hornby Street, Vancouver, BC V6Z 1W2
Phone/TTY/TDD: 604-734-1514 or 1-866-999-1514 (toll-free in BC)
Email: transhealth@vch.ca
Web: <http://www.vch.ca/transhealth>

The Transgender Health Program is an anonymous and confidential free service for anyone in BC who has a trans health question or concern. Services for trans people and loved ones include:

- information about trans advocacy, medical care, hormones, speech change, and surgery
- help finding health/social services, and help navigating the trans health system
- non-judgmental peer counselling and support
- information about trans community organizations and peer support groups



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This booklet was written by Olivia Ashbee and Joshua Mira Goldberg as part of the **Trans Care Project**, a joint effort of Transcend Transgender Support & Education Society and Vancouver Coastal Health's Transgender Health Program. We thank the Canadian Rainbow Health Coalition and Vancouver Coastal Health for funding this project. We also thank Willow Arune, Fiona Bayley, Dr. Trevor Corneil, Derek Eidick, Dr. Jamie Feldman, and Heather O'Shea for their input.

For more copies, email the Transgender Health Program at trans.health@vch.ca or call/TTY 1-866-999-1514 (toll-free in BC) and quote Catalogue No. GA.100.V133