

Peterborough County-City Health Unit Vaccine Price List



Disease	Vaccine Name	Cost/ Dose	# Doses Recommended	Drug Identification Number
Haemophilus influenza B	ActHib	No charge if eligible*	1	
Hepatitis A	Avaxim Havrix 1440	\$70.00	2	DIN# 02237792 DIN# 02187078
Hepatitis A for children	Havrix Junior Vaqta Junior Avaxim Junior	\$45.00	2	DIN# 02231056, DIN# 02229702 DIN# 02243741
Hepatitis A and B	Twinrix	\$75.00	3	DIN# 02230578
Hepatitis A and B for children	Twinrix Junior	\$45.00	3	DIN#02237548
Hepatitis B	Engerix Recombivax HB	\$40.00	3	DIN# 01919431, DIN# 00749486
Hepatitis B for children	Recombivax HB pediatric presentation	\$35.00	3	DIN# 02243676
Human Papillomavirus Vaccine	Gardasil	\$145.00 No charge if eligible*	3	DIN#02283190
Typhoid	Typhim Typherix Vivotif	\$45.00 \$45.00 \$25.00	1	DIN# 02130955 DIN# 02242727 DIN# 00885975
Typhoid and Hepatitis A	Vivaxim	\$110.00	1 plus a Hepatitis A booster 6-12 months later	DIN# 02248361
Japanese Encephalitis	IXIARO	\$235.00	2	DIN# 02333279
Meningitis	Menomume (ACY W-135) Menactra (ACY W-135) Menjugate (C) Menveo (ACY W-135)	\$155.00 \$155.00 \$155.00 \$110.00 No charge if eligible*	1	DIN# 01959018 DIN# 02279924 DIN# 02243820 DIN# 02347393
Yellow Fever	YF-VAX	\$150.00	1	DIN# 00428833
Rabies	Rabavert Imovax	\$190.00	3	DIN# 02267667 DIN# 01908286
ETEC (E.Coli and Cholera)	Dukoral	\$45.00 \$90.00	1 2	DIN# 02247208
Diphtheria, Tetanus, acellular Pertussis	Adacel	\$35.00 if \geq 65 yrs No charge if eligible*	1	DIN# 02240255
Pneumococcal	Pneumovax 23 Prevnar 13	\$20.00 \$90.00 No charge if eligible*	1	DIN# 00431648 DIN# 02335204
Polio	Injectable Polio	No charge if eligible*		
Rotavirus	Rotarix	No charge if eligible*		DIN# 02300591
Measles, Mumps, Rubella	MMR II Priorix	No charge if eligible*		
Tetanus, Diphtheria	Td adsorbed	No charge if eligible*		
Tetanus, Diphtheria, Polio	TdPolio adsorbed	No charge if eligible*		
Diphtheria, Hib, Pertussis, Tetanus, Polio	Quadracel (without Hib) Pentacel	No charge if eligible*		
Influenza	Determined by MOHLTC	No charge if eligible*		
Tuberculin Skin Test	Mantoux	\$15.00 per test		DIN# 00317268
Varicella (Chicken pox)	Varivax	\$75.00 No charge if eligible*		DIN# 02246081

*see Nurse for details

Some of the vaccines listed above are available only in the Travel Vaccine Clinic.
Payment required by CASH, CHEQUE or DEBIT at the time of receiving the vaccine.
Price list as of February 1, 2015 and may change without notice.