



**Wheeling-Ohio County Health Department  
Travel & Adult Vaccination Clinic  
Vaccine price sheet (July 15, 2024)**

Type of Vaccine/Medicine	Vaccine Name	Manufacture	Cost (per vaccine)
<b>Hepatitis A</b> per dose-two dose series	Havrix	GlaxoSmithKline	\$71.60
<b>Hepatitis B</b> per dose-three dose series	Engerix	GlaxoSmithKline	\$48.65
<b>Adult Hepatitis A &amp; B</b> per dose-three dose series	Twinrix	GlaxoSmithKline	\$101.74
<b>Human Papillomavirus (HPV)</b> per dose-three dose series	Cervax Gardasil	GlaxoSmithKline Merck	\$245.26
<b>Typhoid</b>	Typhim VI (Injection) Vivotif (oral)	Sanofi Pasteur Emerent BioSolutions	\$134.45 TBA
<b>Yellow Fever</b>	YF-VAX	Sanofi Pasteur	\$188.50
<b>Meningococcal</b>	Menactra NenQuadfi Nenveo	Sanofi Pasteur Sanofi Pasteur GlaxoSmithKline	\$145.20 TBA TBA
<b>Polio</b>	IPOL	Sanofi Pasteur	\$37.85
<b>Haemophilus influenzae type b (Hib)</b>	ACTHIB	Sanofi Pasteur	\$19.21
<b>Tetanus/Diphtheria (Td)</b>	Tenivac TDVAX	Sanofi Pasteur MassBiologics	\$32.27 TBA
<b>Tetanus/Diphtheria/Pertussis (Tdap)</b>	Boostrix Adacel	GlaxoSmithKline Sanofi Pasteur	\$34.60 \$44.36
<b>Measles Mumps Rubella (MMR)</b>	MMR II	Merck	\$80.81
<b>Shingles (Zoster)</b>	Shingrix	GlaxoSmithKline	\$177.15
<b>Shingles (Zoster) State Supplied, limited</b>	Zostavax	Merck	\$0.00
<b>Pneumococcal (PPSV)</b>	WV State Supply Pneumovax 23	TBA Merck	Free* \$113.56
<b>Influenza</b>	State supply or private		\$25.00
<b>Japanese Encephalitis</b> per dose-two dose series	IXIARO	Valneva	\$346.48
<b>Rabies</b> two dose series (price per dose)	Imovax Rabavert	Sanofi Pasteur Bavarian Nordic	\$382.33 TBA
<b>Varicella</b>	Varivax	Merck	\$142.70
<b>Cholera (Live/Oral)</b>	Vaxchora	Emergent	\$275.00
<b>TB Skin Test (Mantoux)</b>	Tubersol	Sanofi Pasteur	\$9.62
<b>Other:</b>			
<b>Admin Fee</b> per person			\$30.00

All vaccines are provided by GlaxoSmithKline (GSK), Merck, Sanofi Pasteur, etc or State supplied. Prices are at cost of the vaccine. TBA listings require ordering to determine cost of the vaccine. No Administration fee is charged for follow-up doses.

<b>DATE:</b>	<b>NAME:</b>	<b>TOTAL PAID: \$</b>
<b>CASH:</b>	<b>CHECK #:</b>	<b>RECEIPT #:</b>