**Spleen Australia**

**Vaccines recommended for adults (>18 years) with asplenia/hyposplenism who have not previously been vaccinated**

**5TH JUNE 2019**

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**Organism prevented**

**Pneumococcus**

- **Conjugate @** (Prevenar 13) 0.5mL IM
  - 8 weeks

- **Polysaccharide** (Pneumovax 23) 0.5mL IM/SC
  - 5 years later

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**Meningococcus**

- **Conjugate ACWY (Menveo, Nimenrix) 0.5mL IM**
  - 8 weeks

- **Recombinant B +** (Bexsero) 0.5mL IM
  - 8 weeks

- **Conjugate ACWY (Menveo, Nimenrix) 0.5mL IM**
  - Every 5 years

- **Conjugate ACWY Ø (Menveo, Menactra, Nimenrix) 0.5mL IM**
  - No boosters required

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**Haemophilus influenzae type b**

- **Conjugate Hib (Act-Hib, Hiberix) 0.5mL IM/SC**
  - 8 weeks

- **Conjugate Hib** (Act-Hib, Hiberix) 0.5mL IM/SC
  - No boosters required

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**Influenza**

- **Influenza vaccine**
  - Annually prior to influenza season

- **Influenza vaccine**
  - Annually

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**Vaccine Abbreviations**

<table>
<thead>
<tr>
<th>Vaccine Abbreviations</th>
<th>Vaccine Brand name</th>
<th>Type of vaccine</th>
<th>Abbreviation</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Synflorix@</td>
<td>10 valent pneumococcal conjugate vaccine</td>
<td>10vPCV</td>
<td>NZ only</td>
<td></td>
</tr>
<tr>
<td>Prevenar 7 or 13</td>
<td>7 or 13 valent pneumococcal conjugate vaccine</td>
<td>7vPCV or 13vPCV</td>
<td>13v only</td>
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<td>Pneumovax 23</td>
<td>23 valent pneumococcal polysaccharide vaccine</td>
<td>23vPPV</td>
<td>Yes</td>
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<tr>
<td>Menveo or Menactra or Nimenrix</td>
<td>Quadrivalent meningococcal conjugate vaccine</td>
<td>MenACWY</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Menjugate or NestVac-C or Meningitec</td>
<td>Meningococcal C conjugate vaccine</td>
<td>MenCV</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Menveox or Menomune</td>
<td>(Polyvalent meningococcal conjugate vaccine</td>
<td>4vMenPCV</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Bexsero or Yuncova</td>
<td>Meningococcal B recombinant vaccine</td>
<td>MenB</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

@, Ø, # and ∞ refer to page 3 of this document

Spleen Australia Recommendations for the prevention of infection in asplenic (splenectomy) or hyposplenic patients over 18 years of age (V36 June 2019). Derived from Immunisation Handbook online. Spleen Australia is based at the Alfred Hospital, Melbourne. Website: spleen.org.au or email spleenregistry@alfred.org.au T: (03) 9076 3828 F: (03) 9076 2431

1 of 3 pages
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**Pneumococcus**

- **Polysaccharide (Pneumovax 23)**
  - > 1 year ago
- **Conjugate (7 or 10 valent) (Prevenar 7, Synflorix)**
  - > 8 weeks ago
  - 8 weeks later

**Conjugate @ (Prevenar 13)**

Follow up vaccines

- **Polysaccharide # (Pneumovax 23)**
  - 0.5mL IM or SC

**Meningococcus**

- **Conjugate C**
  - (NeisVac-C, Menjugate, Meningitec)
  - > 8 weeks
- **Conjugate ACWY ø (Mencevax, Menomune)**
  - > 6 months
  - 8 weeks later
  - 8 weeks later

**Conjugate ACWY ø (Menveo, Nimenrix)**

**Conjugate ACWY ø (Menveo, Nimenrix)**

**Recombinant B + (Bexsero)**

- > 8 weeks

**ONE further dose MenB (Bexsero) – 2 doses in total**

**Haemophilus influenzae type b**

- **Hib (Act-Hib, Hiberix)**
  - No revaccination required

**Influenza**

- **Quadrivalent Influenza vaccine**
  - Annually prior to influenza season

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This table is for patients who have had one or more previous “spleen vaccines”

Give 1st dose 7 – 14 days prior to elective splenectomy or at least 7 days after emergency splenectomy

Verbal consent should be obtained prior to administration of vaccines

@, #, ø, + refer to page 3

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Antibiotic Prophylaxis

1. Oral amoxicillin 250mg once daily OR phenoxymethyl penicillin (penicillin V) 250mg twice daily
2. Penicillin allergy – Refer to allergy specialist for assessment as concerns with macrolide resistance. Consider: non-severe immediate or delayed eg. urticaria of rash - cefuroxime (cefuroxime dose under review), Severe immediate or delayed eg. anaphylaxis - avoid cephalosporins and use macrolides (roxithromycin 150 mg once daily or erythromycin 250 mg once daily).
3. Duration - Immunocompromised patients - lifelong; otherwise healthy patients - recommend daily antibiotics for at least three years, or lifelong
4. Provide emergency antibiotics (see below) irrespective of prophylaxis

Emergency plan

Emergency supply of antibiotic to have at home and take if signs of bacterial infection such as; fever, shivers, shakes, chills and/or vomiting/diarrhoea occur. Patients with these symptoms should take emergency antibiotics and consult a doctor or present at local hospital emergency department as soon as possible.

Amoxicillin 2 g (four 500 mg capsules) stat; penicillin allergy – prior to allergy assessment - non-severe immediate or delayed eg. urticaria of rash - cefuroxime 500 mg orally, 12-hourly.
Severe immediate or delayed – increase roxithromycin to 300mg stat; erythromycin 1g stat.

Administering vaccines and costs

• Vaccines can be given safely concurrently (at different sites) except the ACWY conjugate brand Menactra (only) and Prevenar 13.
• If concerned in patients with bleeding disorders, delay administration until corrected – consult patient’s doctor or Spleen Australia
• Some vaccines (Prevenar 13, Menveo/Menactra/Nimenrix, Bexsero/Trumenba) are expensive and not funded by the government, so compare costs with local pharmacies

@ # Pneumococcal vaccinations

• 13vPCV (Prevenar 13) is a once only vaccine, currently no boosters of this vaccine is required. Prevenar 13 should not be co-administered with Menactra (MenACWY brand).
• 23vPPV (Pneumovax 23) - the maximum limit of 3 doses of 23vPPV is recommended in adulthood. A second dose (first revaccination) of 23vPPV is recommended at 5 years, and a third dose (second revaccination) of 23vPPV is to be given at age 65 years (age ≥50 years for Indigenous adults). If asplenia is newly diagnosed at age ≥65 years (age ≥50 years for Indigenous adults) patients should receive three vaccines 5 years apart.
• If 23PPV is due and patient not had a 13vPCV, give 13vPCV and then 8 weeks later give 23vPPV. If 23PPV is given initially, then wait 12 months to give 13vPCV.

Ø + Meningococcal ACWY CONJUGATE and + B Recombinant vaccines

• Menactra/Menveo/Nimenrix - booster dose of this vaccine is every five years. If only one dose has been administered in the past a “catch up” dose ASAP is recommended.
• MenB (Bexsero) can be given at the same time as the MenACWY vaccine. Currently no boosters of Bexsero. Trumenba (new MenB) is available but is not interchangeable with Bexsero and requires 3 doses – refer to Immunisation Handbook
• Menactra vaccines are licensed in patients up to 55 years and Bexsero in patients up to 50 years of age. Spleen Australia recommends the use of these vaccines in people aged over 50 despite lack of studies because of the increased risk of meningococcal disease in this patient group.

Chemo/Radiotherapy

Indications for chemotherapy and radiotherapy include malignancy, benign haematological disorders and immunosuppression. In these conditions, patients should receive three vaccines 5 years apart. Contact patient’s specialist physician or Spleen Australia to discuss specific individual scenarios.

Patient education

1. Patient and family/friends should know about increased lifelong risk of bacterial infections and prevention strategies (antibiotics/vaccinations/doctor review)
2. Patients should not worry about minor viral infections (eg cold symptoms without fever or other systemic symptoms)
3. Animal bites/scratches - should be reviewed by a doctor. Animals carry some bacteria on their claws and teeth; a course of antibiotics may be required.
4. Dental procedures do not require additional antibiotic cover unless they have an associated condition
5. Pregnancy or breastfeeding - underlying risk for overwhelming sepsis is not increased but timing of recommended vaccinations for asplenia/hyposplenism need to be discussed with GP
6. Spleen Australia distributes “education kits” that contains many items including vaccination cards & alerts. All registered patients & their GPs receive an annual newsletter that contains medical updates and the latest information on staying healthy – also on website.

Blood tests

FBE & film – can demonstrate lack of splenic function as shown by Howell-Jolly bodies on film and IgM memory B cell marker tests are available in Victoria & QLD – contact Spleen Australia.

Travel Recommendations

1. Seek medical advice before travel. Contact your GP or seek advice from a specialised travel medicine clinic.
2. Travellers to malaria-endemic areas should take malaria chemoprophylaxis, avoid mosquito bites (by wearing insect repellent and protective clothing and sleeping in screened or air-conditioned rooms or under a bed net), and seek early medical attention if become ill.
3. Ensure all routine and recommended vaccinations are up to date, including pneumococcal, meningococcal and influenza vaccines.
4. Seek medical attention early in the event of an animal bite or tick bite.

Alerts

Patient should be encouraged to wear or carry a medi-alert medallion or wallet card at all times. Patient’s medical notes should display a medical alert sticker.

Children

Please refer to spleen.org.au website https://spleen.org.au/VSR/information.html Spleen Australia can also provide extra information.

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