Spleen Australia
Vaccines recommended for adults (>18 years) with asplenia/hyposplenism who have not previously been vaccinated  **29th August 2019**

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

- **Organism prevented**
  - Pneumococcus
    - Conjugate @ (Prevenar 13) 0.5mL IM
    - Polysaccharide (Pneumovax 23) 0.5mL IM/SC
      - 5 years later
    - Polysaccharide # (Pneumovax 23) 0.5mL IM/SC
- Meningococcus
  - Conjugate ACWY (Menevo, Nimenrix) 0.5mL IM
    - 8 weeks
  - Recombinant B + (Bexsero) 0.5mL IM
    - 8 weeks
  - Conjugate ACWY Ø (Menevo, Menactra, Nimenrix) 0.5mL IM
    - Every 5 years
- Haemophilus influenzae type b
  - Conjugate Hib (Act-Hib, Hiberix) 0.5mL IM/SC
    - 8 weeks
  - No boosters required

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

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Vaccine Abbreviations

<table>
<thead>
<tr>
<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>
</tr>
<tr>
<td>Prevenar 7 or 13</td>
<td>7 or 13 valent pneumococcal conjugate vaccine</td>
<td>7vPCV or 13vPCV</td>
<td>1v only</td>
</tr>
<tr>
<td>Pneumovax 23</td>
<td>23 valent pneumococcal polysaccharide vaccine</td>
<td>23vPPV</td>
<td>Yes</td>
</tr>
<tr>
<td>Menevo or Menactra or Nimenrix</td>
<td>(Conjugate ACWY) Quadrivalent meningococcal conjugate vaccine</td>
<td>MenACWY</td>
<td>Yes</td>
</tr>
<tr>
<td>Menjugate or NeisVac-C or Menิงtec</td>
<td>Meningococcal C conjugate vaccine</td>
<td>MenCCV</td>
<td>Yes</td>
</tr>
<tr>
<td>Menevac or Menomune</td>
<td>(Polysaccharide ACWY) Quadrivalent meningococcal polysaccharide vaccine</td>
<td>4vMenPV</td>
<td>No</td>
</tr>
<tr>
<td>Bexsero or Trumenba =</td>
<td>Meningococcal B recombinant vaccine</td>
<td>MenB</td>
<td>Yes</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 (V37 August 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
**This table is for patients who have had one or more previous “spleen vaccines”**

<table>
<thead>
<tr>
<th>Vaccine(s) that was previously administered</th>
<th>Follow up vaccines</th>
<th>Polysaccharide # (Pneumovax 23) 0.5mL IM or SC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Polysaccharide (Pneumovax 23) &gt; 1 year ago</td>
<td>Conjugate @ (Prevenar 13) 5 years from previous 23vPPV #</td>
<td></td>
</tr>
<tr>
<td>Conjugate (7 or 10 valent) (Prevenar 7, Synflorix) &gt; 8 weeks ago</td>
<td>Conjugate @ (Prevenar 13) 8 weeks later</td>
<td>Polysaccharide (Pneumovax 23) 5 years later</td>
</tr>
<tr>
<td>Conjugate C (NeisVac-C, Menjugate, Meningitec) &gt; 8 weeks</td>
<td>Conjugate ACWY Ø (Menveo, Nimenrix) 8 weeks later</td>
<td>Conjugate ACWY Ø (Menveo, Nimenrix)</td>
</tr>
<tr>
<td>Polysaccharide ACWY (Mencevax, Menomune) &gt; 6 months</td>
<td>Conjugate ACWY Ø (Menveo, Nimenrix) 8 weeks later</td>
<td>Conjugate ACWY Ø (Menveo, Nimenrix)</td>
</tr>
<tr>
<td>Conjugate ACWY (Menveo, Mencevax, Nimenrix) 8 weeks later</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recombinant B + (Bexsero) &gt; 8 weeks</td>
<td>ONE further dose MenB (Bexsero) – 2 doses in total</td>
<td></td>
</tr>
</tbody>
</table>

**Haemophilus influenzae type b**

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

**Influenza**

| Influenza vaccine | Annually prior to influenza season |

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### Antibiotic Prophylaxis

1. Oral amoxicillin 250mg once daily OR penicillin V 250mg twice daily: In patients reporting a penicillin allergy – a thorough clinical history must be obtained and a penicillin allergy assessment undertaken - see Antimicrobial Therapeutic Guideline (Diagnosis of Antimicrobial hypersensitivity section). In the setting of confirmed penicillin allergy, see TG Antibiotic prophylaxis asplenia/hyposplenism section for alternatives and seek expert advice in the setting of local antimicrobial susceptibility.
2. Duration - Immunocompromised patients - lifelong; otherwise healthy patients - recommend daily antibiotics for at least three years, or lifelong
3. Provide emergency antibiotics (see below) irrespective of prophylaxis

### Emergency plan

Emergency supply of antibiotic to have at home. If signs of bacterial infection (fever, shivers, shakes, chills and/or vomiting/diarrhoea) 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; if medical review is required, 1g 8 hourly until medical review. In patients reporting a penicillin allergy – ensure thorough penicillin allergy assessment undertaken (as above). For patients with immediate non-severe or delayed non-severe hypersensitivity to penicillin - cefuroxime 500mg stat (preferably taken with food), if medical review is delayed take 500mg orally, 12-hourly. For immediate severe or delayed severe hypersensitivity to penicillin, seek expert advice in the setting of local antimicrobial susceptibility.

### 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 currently 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.
- 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 Immunosuppression

As a guide, vaccination should be undertaken no later than 2 weeks before immunosuppressive therapy and delayed at least 3 to 6 months after chemotherapy or radiotherapy or until adequate immunological function. 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 (e.g. 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 med-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](https://spleen.org.au/VSR/information.html) Spleen Australia can also provide extra information

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