**Spleen Australia**

Vaccines recommended for adults (>18 years) with asplenia/hyposplenism who have not previously been vaccinated  
**September 2017**

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 8 weeks
  - Polysaccharide (Pneumovax 23) 0.5mL IM/SC 5 years later
  - Polysaccharide # (Pneumovax 23) 0.5mL IM/SC

- **Meningococcus**
  - Conjugate ACWY (Menveo, Menactra, Nimenrix) 0.5mL IM 8 weeks
  - Conjugate ACWY (Menveo, Menactra, Nimenrix) 0.5mL IM 5 years later
  - Conjugate ACWY Ø (Menveo, Menactra, Nimenrix) 0.5mL IM

- **Haemophilus influenzae type b**
  - Conjugate Hib (Liquid PedvaxHIB, Hiberix) 0.5mL IM 8 weeks
  - No boosters required

- **Influenza**
  - QUADRIVALENT Influenza vaccine
  - Each year (April/May)
  - QUADRIVALENT vaccine

### Vaccine Abbreviations

<table>
<thead>
<tr>
<th>Vaccine Abbreviations</th>
<th>Brand name</th>
<th>Type of vaccine</th>
<th>Abbreviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Synflorix</td>
<td>10 valent pneumococcal conjugate vaccine</td>
<td>10vPCV</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></td>
</tr>
<tr>
<td>Pneumovax 23</td>
<td>23 valent pneumococcal polysaccharide vaccine</td>
<td>23vPPV</td>
<td></td>
</tr>
<tr>
<td>Menveo or Menactra or Nimenrix</td>
<td>(Conjugate ACWY) Quadrivalent meningococcal conjugate vaccine</td>
<td>4vMenCV</td>
<td></td>
</tr>
<tr>
<td>Menjugate or NestVac-C or Meningitec</td>
<td>Meningococcal C conjugate vaccine</td>
<td>MemCCV</td>
<td></td>
</tr>
<tr>
<td>Menocovax or Menomune</td>
<td>(Polysaccharide ACWY) Quadrivalent meningococcal polysaccharide vaccine</td>
<td>4vMenPV</td>
<td></td>
</tr>
<tr>
<td>Bexsero</td>
<td>Meningococcal B recombinant vaccine</td>
<td>MemBV</td>
<td></td>
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For more information on @, #, Ø and + please 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 (V33 August 2017). Derived from Immunisation Handbook 10th Edition. 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

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

**Vaccine(s) that was previously administered**

**Follow up vaccines**

### Pneumococcus

<table>
<thead>
<tr>
<th>Polysaccharide (Pneumovax 23)</th>
<th>&gt; 1 year ago</th>
<th>Conjugate @ (Prevenar 13)</th>
<th>5 years from previous 23vPPV #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conjugate (7 or 10 valent) (Prevenar 7, Synflorix)</td>
<td>&gt; 8 weeks ago</td>
<td>Conjugate @ (Prevenar 13)</td>
<td>8 weeks later</td>
</tr>
<tr>
<td>Polysaccharide (Pneumovax 23)</td>
<td></td>
<td></td>
<td>5 years later</td>
</tr>
</tbody>
</table>

### Meningococcus

| Conjugate C (NeisVac-C, Menjugate, Meningitec) | > 8 weeks | Conjugate ACWY (Menveo, Menactra, Nimenrix) | 8 weeks later |
| Polysaccharide ACWY (Mencevax, Menomune) | > 2 years ago | Conjugate ACWY (Menveo, Menactra, Nimenrix) | 8 weeks later |
| Conjugate ACWY (Menveo, Menactra, Nimenrix) | | | |
| Multicomponent B + (Bexsero) | > 8 weeks | ONE further dose MenBV (Bexsero) – 2 doses in total | Currently none |

### Haemophilus influenzae type b

| Hib (Liquid PedvaxHIB, Hiberix) | | No revaccination required |

### Influenza

| Quadrivalent Influenza vaccine | | Annually prior to influenza season |

**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.

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Alerts

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Blood tests

Patient education

Chemo/Radiotherapy

Immunosuppression

Antibiotic

Prophylaxis

1. Oral amoxycillin 250mg once daily OR phenoxymethyl penicillin (penicillin V) 250mg twice daily
2. Penicillin allergy – roxithromycin 150 mg once daily or erythromycin 250 mg once daily (if penicillin allergy not confirmed seek specialist advice)
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 - all patients (except if penicillin allergic) amoxycillin 3 gram (6 X 500 mg capsules) to have at home and take all capsules at once if signs of bacterial infection occur especially if not able to receive prompt medical review.

Penicillin allergy – increase/or take roxithromycin to 300 mg a day or erythromycin 1 gram four times a day

Possible symptoms of serious bacterial infection include fever, shivers, shakes, chills and/or vomiting/diarrhoea. Patients with these symptoms should take emergency antibiotics and consult a doctor or present at local hospital department as soon as possible

Administering

vaccines and costs

• Vaccines can be given safely concurrently at different sites. If concerned in patients with bleeding disorders, delay administration until corrected – consult patient’s doctor or Spleen Australia
• The newer vaccines (Prevenar 13, Menevo/Menactra/Nimenrix & Bexsero) 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. 13vPCV (Prevenar 13) is 0.5mL and administered IM.
• THREE (3) doses of 23vPPV in total 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. 23vPPV (Pneumovax 23) is 0.5mL and administered IM or SC.
• If 23vPPV is due and patient not had a 13vPCV, give 13vPCV and then 8 weeks later give 23vPPV.

ø + Meningococcal

ACWY CONJUGATE

and + B Recombinant vaccines

• Menactra/Menveo/Nimenrix - Booster doses of this vaccine are every five years. If only one dose of this vaccine was received as a primary course (but <5 years), administer a single “catch up” dose as a 2 dose regime is recommended. 4vMenCV - Conjugate ACWY (Menveo/Menactra/Nimenrix) is 0.5mL and administered IM.
• MenBV (Bexsero) can be given at the same time as the 4vMenCV vaccine. Currently no boosters of Bexsero. MenBV (Bexsero) is 0.5mL and given IM.
• Menactra/Menveo/Nimenrix 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.

Spleen Australia dispenses “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.

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/doctr 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 dispenses “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

(i) FBE & film – can demonstrate lack of splenic function as shown by Howell-Jolly bodies on film (ii) 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 registered travel doctor.
2. Where malaria is endemic, anti-malarials, insect repellent and barrier precautions should be recommended
3. Ensure meningococcal vaccination is current for travel to high incidence countries. For travellers over 9 months of age meningococcal ACWY conjugate vaccine (Menveo/Menactra) is the preferred vaccine (Travel Medicine 3rd Edition, Melbourne 2011)

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