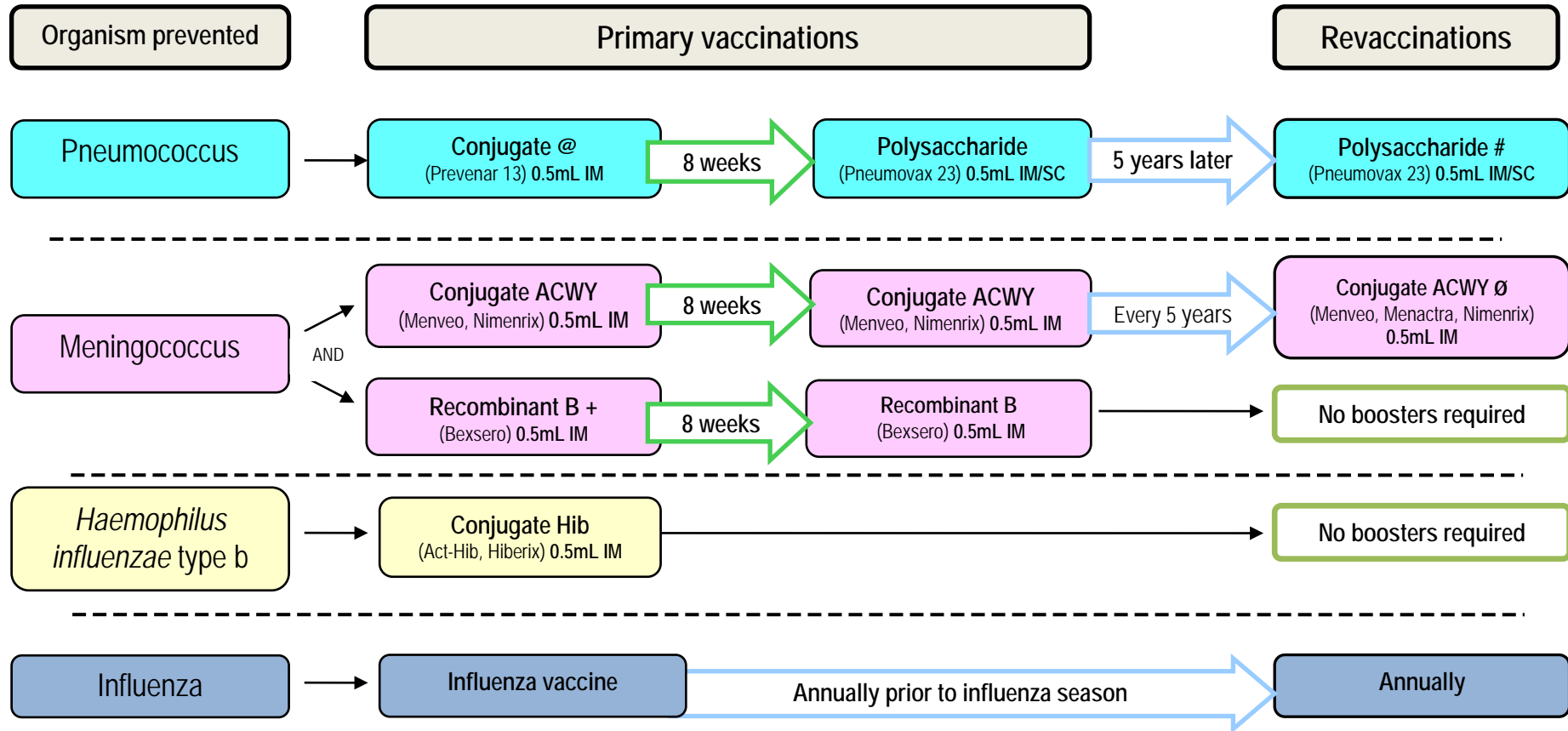


Give 1st dose 7 – 14 days prior to elective splenectomy or at least 7 days after emergency splenectomy  
Verbal consent should be obtained prior to administration of vaccines

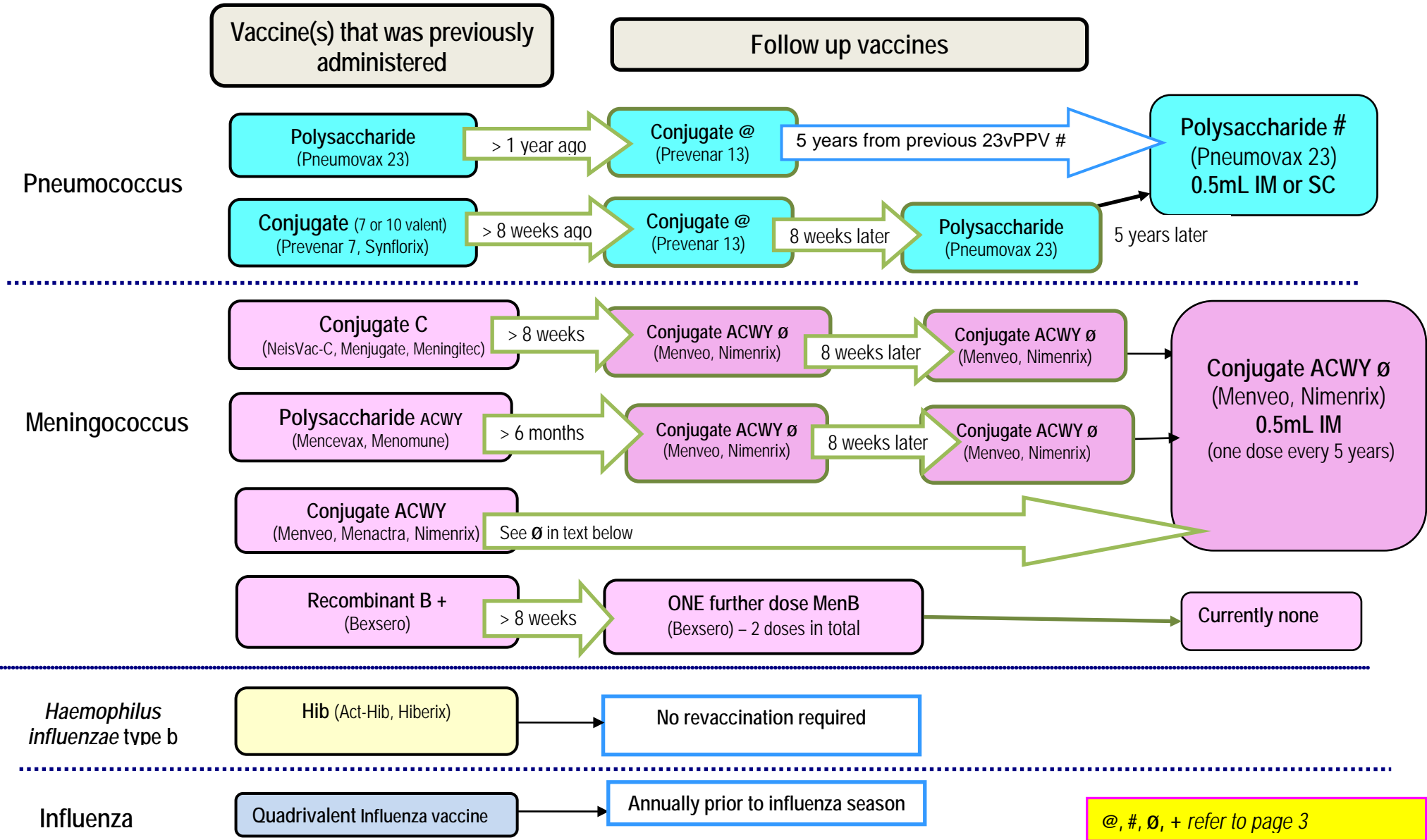


@, #, ∅, ∞ and + refer to page 3 of this document

| Vaccine Abbreviations                |  |                 |
|--------------------------------------|--|-----------------|
| Vaccine Brand name                   | Type of vaccine  | Abbreviation    |
| Synflorix                            | 10 valent pneumococcal <i>conjugate</i> vaccine                                | 10vPCV          |
| Prevenar 7 or 13                     | 7 or 13 valent pneumococcal <i>conjugate</i> vaccine                           | 7vPCV or 13vPCV |
| Pneumovax 23                         | 23 valent pneumococcal <i>polysaccharide</i> vaccine                           | 23vPPV          |
| Menveo or Menactra or Nimenrix       | (Conjugate ACWY) Quadrivalent meningococcal <i>conjugate</i> vaccine           | MenACWY         |
| Menjugate or NeisVac-C or Meningitec | Meningococcal C <i>conjugate</i> vaccine                                       | MenCCV          |
| Mencevax or Menomune                 | (Polysaccharide ACWY) Quadrivalent meningococcal <i>polysaccharide</i> vaccine | 4vMenPV         |
| Bexsero or Trumenba ∞                | Meningococcal B <i>recombinant</i> vaccine                                     | MenB            |

# 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



@, #, ∅, + refer to page 3

|  |  |
|--|--|
| <b>Antibiotic Prophylaxis</b>  | <ol style="list-style-type: none"> <li>1. Oral amoxicillin 250mg once daily OR phenoxymethyl penicillin (penicillin V) 250mg twice daily</li> <li>2. Penicillin allergy – roxithromycin 150 mg once daily or erythromycin 250 mg once daily (if penicillin allergy not confirmed seek specialist advice)</li> <li>3. Duration - Immunocompromised patients - lifelong; otherwise healthy patients - recommend daily antibiotics for at least three years, or lifelong</li> <li>4. Provide emergency antibiotics (see below) irrespective of prophylaxis</li> </ol>   |
| <b>Emergency plan</b>  | <p>Emergency supply of antibiotic (not penicillin allergic) amoxicillin 3 gram (6 X 500 mg capsules) to have at home and take all capsules at once 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.</p> <p>Penicillin allergy – increase/or take roxithromycin to 300 mg a day or increase erythromycin dose to 1 gram (take four 250mg capsules at once).</p>  |
| <b>Administering vaccines and costs</b>                                | <ul style="list-style-type: none"> <li>• Vaccines can be given safely concurrently at different sites except Menactra and Prevenar 13.</li> <li>• If concerned in patients with bleeding disorders, delay administration until corrected – consult patient's doctor or Spleen Australia</li> <li>• Some vaccines (Prevenar 13, Menveo/Menactra/Nimenrix, Bexsero/Trumenba) are <b>expensive and not funded by the government</b>, so compare costs with local pharmacies</li> </ul>  |
| <b>@ # Pneumococcal vaccinations</b>                                   | <ul style="list-style-type: none"> <li>• <b>13vPCV (Prevenar 13)</b> is a once only vaccine, currently no boosters of this vaccine is required. <b>Prevenar 13 should not be co-administered with Menactra (MenACWY brand).</b></li> <li>• <b>23vPPV (Pneumovax 23 -</b> 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 <i>newly diagnosed at age ≥65 years</i> (age ≥50 years for Indigenous adults) patients should receive three vaccines 5 years apart.</li> <li>• 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.</li> </ul>  |
| <b>Ø + Meningococcal ACWY CONJUGATE and + B Recombinant vaccines ∞</b> | <ul style="list-style-type: none"> <li>• Menactra/Menveo/Nimenrix - booster dose of this vaccine is every five years.</li> <li>• MenB (Bexsero) can be given at the same time as the MenACWY vaccine. Currently no boosters of Bexsero. <b>Trumenba (new MenB)</b> is available but not interchangeable with Bexsero and requires 3 doses – refer to Immunisation Handbook</li> <li>• Menactra/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.</li> </ul>  |
| <b>Chemo/Radiotherapy Immunosuppression</b>                            | <p>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.</p>  |
| <b>Patient education</b>   | <ol style="list-style-type: none"> <li>1. Patient and family/friends should know about increased lifelong risk of bacterial infections and prevention strategies (antibiotics/vaccinations/doctor review)</li> <li>2. Patients should not worry about minor viral infections (eg cold symptoms without fever or other systemic symptoms)</li> <li>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.</li> <li>4. Dental procedures do not require additional antibiotic cover unless they have an associated condition</li> <li>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</li> <li>6. <b>Spleen Australia distributes "education kits"</b> that contains many items including vaccination cards &amp; alerts. All registered patients &amp; their GPs receive an annual newsletter that contains medical updates and the latest information on staying healthy – also on website.</li> </ol> |
| <b>Blood tests</b>   | <p>FBE &amp; 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 &amp; QLD – contact Spleen Australia</p>   |
| <b>Travel Recommendations</b>  | <ol style="list-style-type: none"> <li>1. Seek medical advice before travel. Contact your GP or seek advice from a specialised travel medicine clinic.</li> <li>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 they become ill.</li> <li>3. Ensure all routine and recommended vaccinations are up to date, including pneumococcal, meningococcal and influenza vaccines.</li> <li>4. Seek medical attention early in the event of a tick bite or animal bite.</li> </ol>   |
| <b>Alerts</b>  | <p>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.</p>   |
| <b>Children</b>  | <p>Please refer to spleen.org.au website <a href="https://spleen.org.au/VSR/information.html">https://spleen.org.au/VSR/information.html</a> Spleen Australia can also provide extra information</p>   |