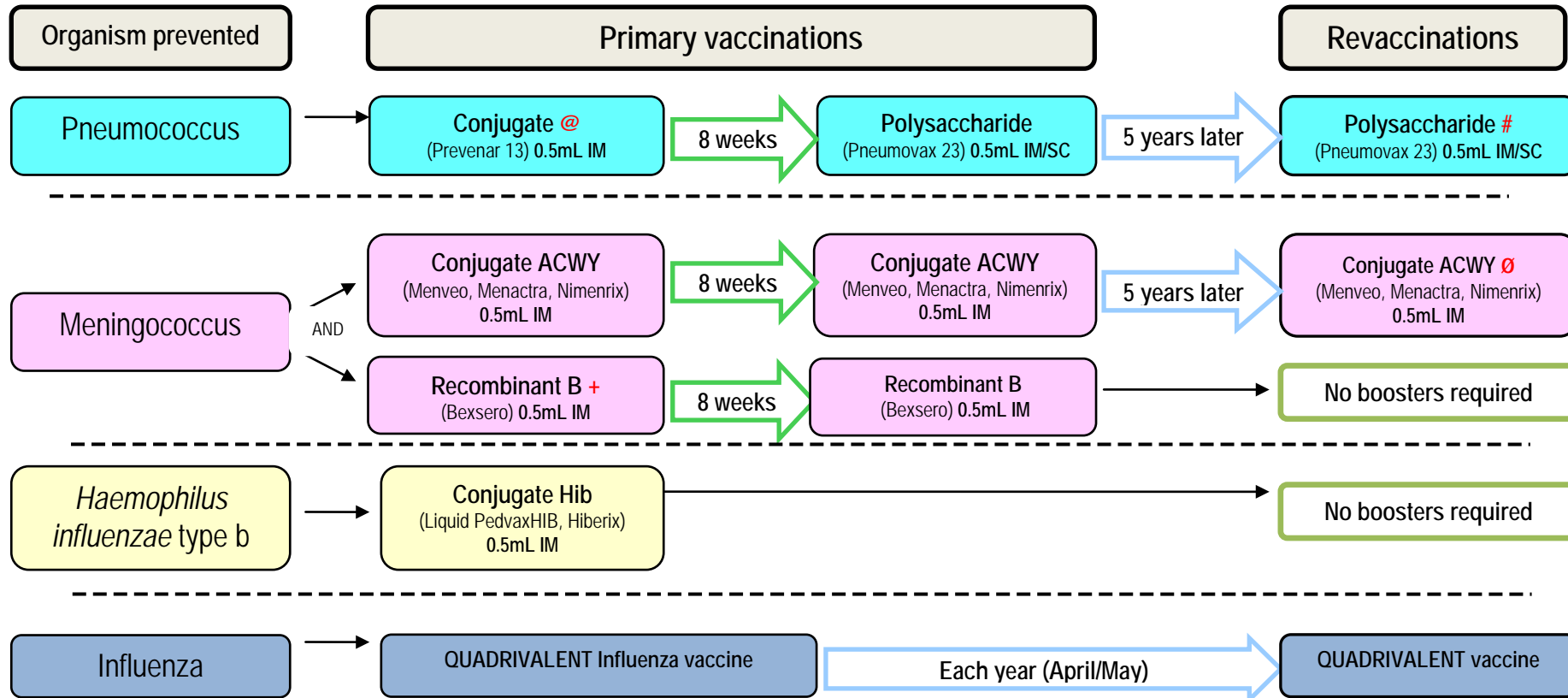


**Give initial vaccines 7 – 14 days prior to elective splenectomy or at least 7 days after emergency splenectomy**  
**Verbal consent should be obtained prior to administration of vaccines**

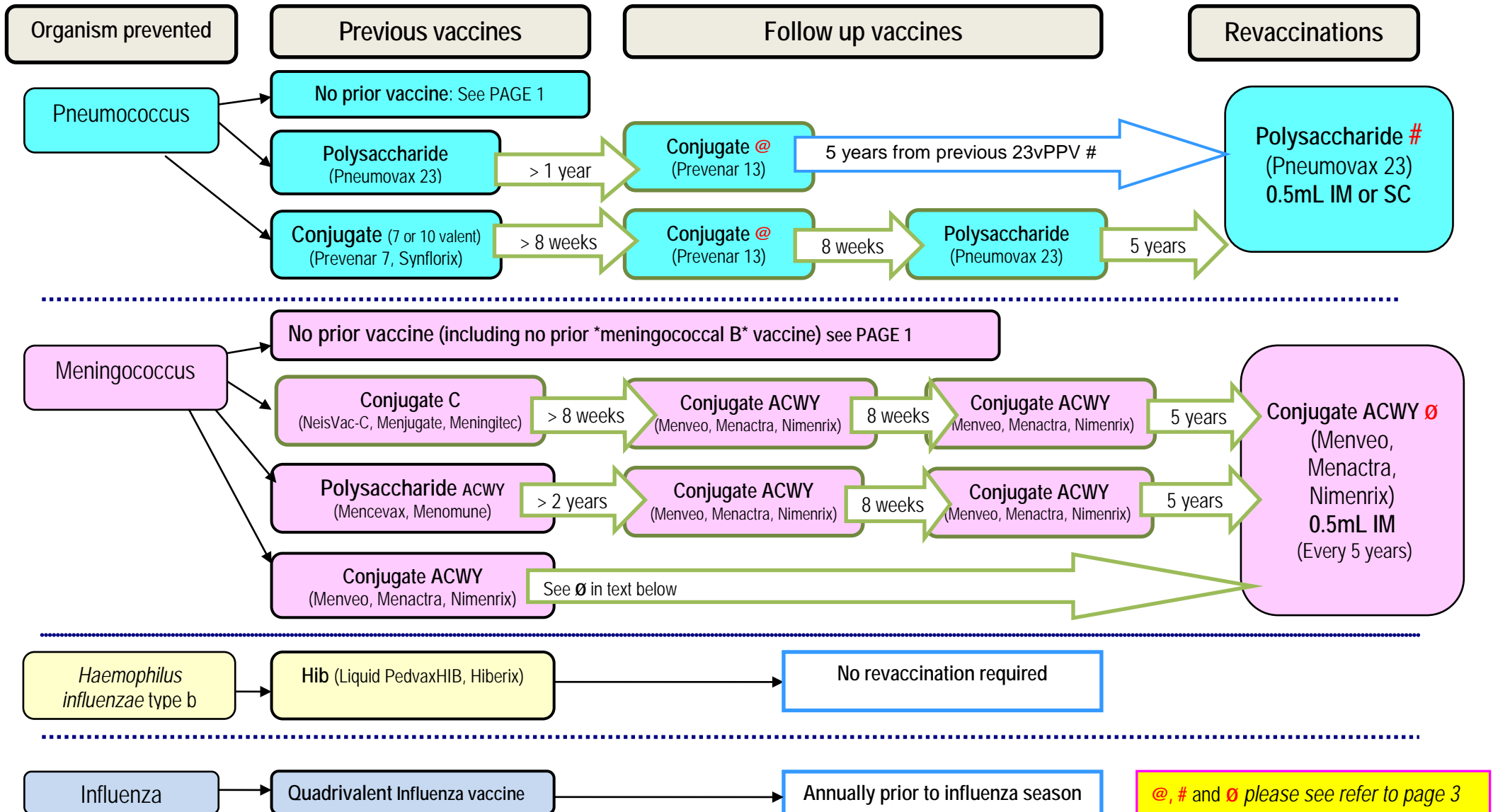


For more information on  
**@, #, Ø and +** please refer to  
page 3 of this document

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 vaccine	4vMenCV
Menjugate or NeisVac-C or Meningitec	Meningococcal C <i>conjugate</i> vaccine	MenCCV
Mencevax or Menomune	(Polysaccharide ACWY) Quadrivalent meningococcal vaccine	4vMenPV
Bexsero	Meningococcal B <i>recombinant</i> vaccine	MenBV

# Vaccines recommended for adults (>18 years) with asplenia/hyposplenism who **have** previously been vaccinated

Give initial vaccines 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



<b>Antibiotic Prophylaxis</b>	<ol style="list-style-type: none"> <li>1. Oral amoxycillin 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 - <b>all patients</b> (except if penicillin allergic) amoxycillin 3 gram (6 X 500 mg capsules) have at home and take all capsules at once if signs of bacterial infection occur especially if not able to receive prompt medical review.</p> <p>Penicillin allergy – increase roxithromycin to 300 mg a day or erythromycin 1 gram four times a day</p> <p>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 emergency department as soon as possible</p>
<b>Administering vaccines and costs</b>	<ul style="list-style-type: none"> <li>• It is safe to give all vaccines at the same time, in different injection sites. If a patient has a bleeding disorder and there is a concern about giving vaccinations delay administration until corrected consult with treating physician or contact Spleen Australia.</li> <li>• The newer vaccines (Prevenar 13, Menveo/Menactra/Nimenrix &amp; Bexsero) are <b>expensive and not funded by the government</b>, so compare costs with local pharmacies to get best price</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>13vPCV (Prevenar 13) is 0.5mL and administered IM.</b></li> <li>• 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 <i>newly</i> diagnosed at age ≥65 years (age ≥50 years for Indigenous adults) patients should receive three vaccines 5 years apart. <b>23vPPV (Pneumovax 23) is 0.5mL and administered IM or SC.</b></li> <li>• If 23vPPV is due and patient not had a 13vPCV, give 13vPCV and then 8 weeks later give 23vPPV.</li> </ul>
<b>ø Meningococcal ACWY CONJUGATE and + B Recombinant vaccines</b>	<ul style="list-style-type: none"> <li>• Menveo, Menactra, Nimenrix are licensed in patients up to 55 years. Despite the lack of studies, Spleen Australia recommends the use of these vaccines for patients &gt;55 years due to the increased risk of meningococcal disease. Booster doses of this vaccine have been recommended every 5 years. These vaccines replace the meningococcal polysaccharide ACWY and C conjugate vaccines. <b>4vMenCV - Conjugate ACWY (Menveo/Menactra/Nimenrix) is 0.5mL and administered IM.</b></li> <li>• MenBV vaccine (<b>Bexsero</b>) can be given at the same time as the 4vMenCV vaccine. <b>MenBV (Bexsero) is 0.5mL and given IM.</b> Spleen Australia supports the use of Bexsero in patients &gt; 50 years</li> </ul>
<b>Chemo/Radiotherapy Immunosuppression</b>	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.
<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 dispenses an "education kit"</b> with many items including vaccination cards &amp; alerts. All patients &amp; their GPs receive an annual newsletter that contains medical updates.</li> </ol>
<b>Blood tests</b>	(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
<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 travel doctor.</li> <li>2. Where malaria is endemic, anti-malarials, insect repellent and barrier precautions should be recommended</li> <li>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)</li> </ol>
<b>Alerts</b>	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.
<b>Children</b>	Please refer to Spleen Australia website <a href="https://spleen.org.au/VSR/information.html">https://spleen.org.au/VSR/information.html</a>