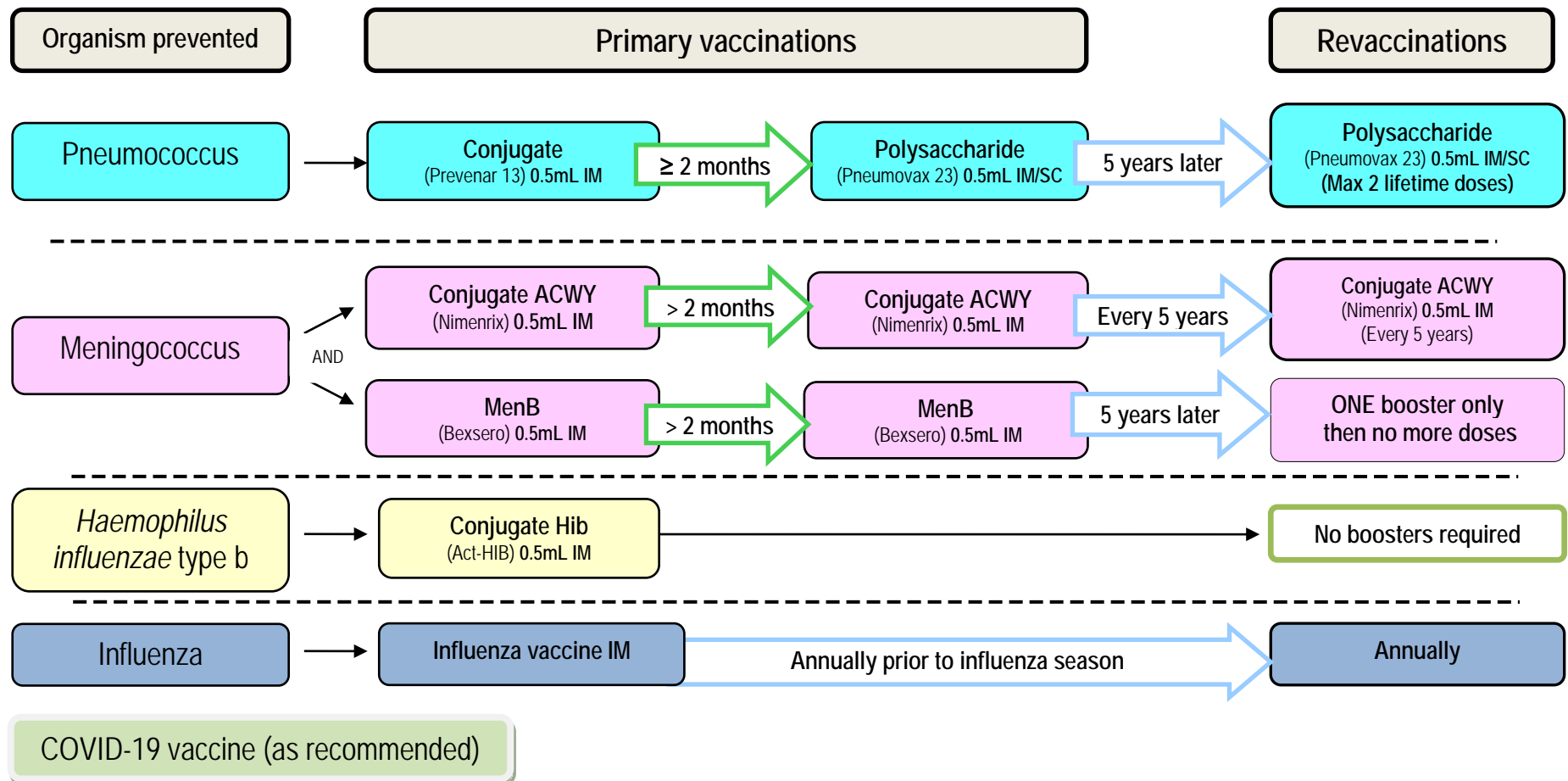


Disclaimer: These guidelines have been produced to guide clinical decision making for medical, nursing and allied health staff. They are not strict protocols, and **they do not replace the judgement of a senior clinician**. Clinical common sense should be applied at all times. These clinical guidelines should never be relied on, as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of each patient. Clinicians should also consider the local skill level available and their local area policies before following any guideline.

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



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

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

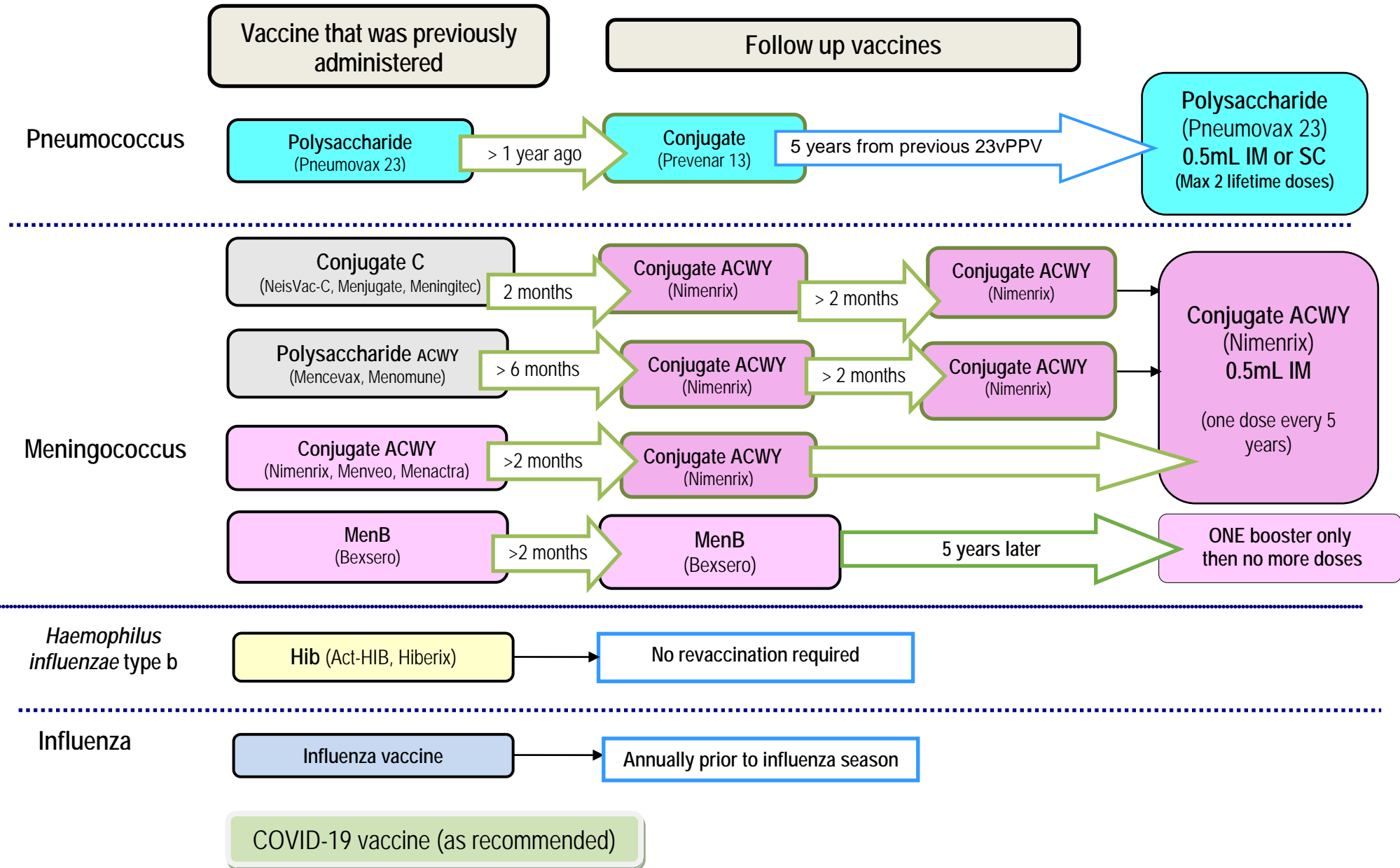


Table 1	Additional information for people without a functioning spleen
Government funding of “spleen vaccines”	<p>From July 1st 2020, the following vaccine brands will be part of the National Immunisation Program (NIP) Prevenar 13 (pneumococcal conjugate 13v), Pneumovax 23 (pneumococcal polysaccharide 23v), Nimenrix (ACWY meningococcal conjugate), Bexsero (meningococcal B), Act-HIB (<i>Haemophilus influenzae</i> type b)</p> <p>https://www.health.gov.au/resources/publications/ataqi-clinical-advice-on-vaccination-recommendations-for-people-with-risk-conditions-from-1-july-2020</p>
Antibiotic Prophylaxis	<ol style="list-style-type: none"> 1. Oral amoxicillin 250mg once daily OR phenoxymethyl penicillin (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 Antibiotic Therapeutic Guideline (Diagnosis of Antimicrobial hypersensitivity section). In some cases of hypersensitivity, penicillin desensitisation/oral provocation may be appropriate (refer to the TG); if these options are not possible seek expert advice for clinical alternatives in the setting of local antimicrobial susceptibility. 2. Duration - Immunocompromised patients - lifelong; otherwise healthy patients - recommend daily antibiotics for at least 3 years, or lifelong 3. Provide emergency antibiotics (see below) irrespective of prophylaxis
Emergency plan	<ol style="list-style-type: none"> 1. 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. 2. Amoxicillin 2 g (four - 500 mg capsules) stat; if medical review is delayed, 1g 8 hourly until medical review. 3. 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	<ul style="list-style-type: none"> • Verbal consent should be obtained prior to administration of vaccines • Vaccines can be administered safely, at the same time (in different sites). Vaccines should be given in <u>deltoid muscle</u>. • If concerned in patients with bleeding disorders, delay administration until corrected – consult patient’s doctor or Spleen Australia.
Pneumococcal vaccinations	<ul style="list-style-type: none"> • 13vPCV (Prevenar 13) is a once only vaccine, currently no booster of this vaccine is required. • 23vPPV (Pneumovax 23) First dose of Pneumovax 23 can be given anywhere from 2 to 12 months after Prevenar 13, and a second dose 23vPPV is recommended 5 years later. The recommended number of lifetime doses of 23vPPV is TWO doses. • Spacing between vaccinations: If 23PPV (Pneumovax 23) is given initially, then wait 12 months to give 13vPCV (Prevenar)
Meningococcal ACWY CONJUGATE and Men B vaccines	<ul style="list-style-type: none"> • Nimenrix – for the initial two dose course, the minimum interval is 8 weeks. Booster dose of this vaccine is every five years. People can receive a booster dose of Nimenrix brand irrespective of meningococcal ACWY brand used for primary vaccination. MenB (Bexsero), for the two dose course, the minimum interval is 8 weeks and no boosters. Spleen Australia recommends the use of Bexsero in people aged over 50 despite lack of studies because of the increased risk of meningococcal disease in this patient group. • Men B (Trumenba) is available but is <u>not</u> interchangeable with Bexsero and requires 3 doses – refer to Immunisation Handbook • BEXSERO (Jan 2023) new recommendation a booster (3rd dose) – 5 years after 2nd dose <p>https://immunisationhandbook.health.gov.au/resources/tables/table-recommendations-for-menb-vaccine-for-people-with-a-specified-medical-condition-that-increases-their-risk-of-invasive-meningococcal-disease</p>

Chemo/Radiotherapy Immunosuppression	As a guide, vaccination should generally be administered 2 weeks before immunosuppressive therapy and delayed at least 3 to 6 months after chemotherapy or radiotherapy or until adequate immunological function. It may be worthwhile to contact the patient's specialist physician to discuss this suggested timing, as they might decide to give vaccination during immunosuppressive therapy.
Patient education	<ol style="list-style-type: none"> 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 as a rule, do not require additional antibiotic cover unless they have an associated medical 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. Registered patients, their GPs and clinic nurses are encouraged to go to website www.spleen.org.au for the current medical recommendations and health updates. We will also inform patients about important health information by email as required. Patients without access to the internet may receive posted information. Information on the updated Spleen smart phone App will be on website too.
Blood tests	FBE & film – can demonstrate lack of splenic function as shown by the presence of Howell-Jolly Bodies on film and IgM memory B cell marker tests are available in Victoria & QLD – contact Spleen Australia.
Travel Recommendations	<ol style="list-style-type: none"> 1. Seek medical advice before overseas 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/wp-content/uploads/2020/03/RECOMMENDATIONS_Spleen_Registry_p.pdf Spleen Australia can also offer extra support.

Vaccine Brand name	Type of vaccine	Abbreviation
Prevenar 13	13 valent pneumococcal <i>conjugate</i> vaccine	13vPCV
Pneumovax 23	23 valent pneumococcal <i>polysaccharide</i> vaccine	23vPPV
Nimenrix (preferred - NIP) Menveo, Menactra	(Conjugate ACWY) Quadrivalent meningococcal <i>conjugate</i> vaccine	MenACWY
Bexsero (preferred - NIP) Trumenba	Meningococcal B <i>recombinant</i> vaccine	MenB
Act-HIB (preferred – NIP) Hiberix	<i>Haemophilus influenzae</i> type b conjugate	Hib

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