

# Immunisation for adults post-haematopoietic stem cell transplantation (HSCT) The Immunisation Advisory Centre

These recommendations are for adults who have received either an autologous or allogeneic graft.

For children aged under 18 years, please refer to the [National Paediatric Oncology and Haematology Guideline](#) *Immunisation of children during and after cancer therapy*.

Vaccine	Additional notes	Recommended schedule	Eligibility
<b>From 6 months post-HSCT</b>			
Influenza (Influvac®)	<ul style="list-style-type: none"> <li>Annually, during the Influenza Immunisation Programme</li> </ul>	<ul style="list-style-type: none"> <li>Administer two doses four weeks apart in the first year post-HSCT, only the first dose is funded.</li> <li>In subsequent years only one dose is required annually</li> </ul>	FUNDED
<b>From 12 months post-HSCT</b>			
Tetanus/diphtheria/pertussis Tdap (Boostrix®)	<ul style="list-style-type: none"> <li>Revaccination following immunosuppression</li> </ul>	<ul style="list-style-type: none"> <li>Administer three doses at 0, 1, and 6 months</li> </ul>	FUNDED
Polio IPV (IPOL®)	<ul style="list-style-type: none"> <li>Revaccination following immunosuppression</li> </ul>	<ul style="list-style-type: none"> <li>Administer three doses at 0, 1, and 6 months</li> </ul>	FUNDED
Haemophilus influenzae type b (Hib) (Hiberix®)	<ul style="list-style-type: none"> <li>Revaccination following immunosuppression</li> <li>Three doses are recommended but:                             <ul style="list-style-type: none"> <li>One dose is funded</li> <li>Two doses are not funded                                     <ul style="list-style-type: none"> <li>No Hib vaccines are available for purchase through Healthcare Logistics</li> <li>ProPharma supplied Hiberix has to be used for doses two and three</li> <li>No Immunisation Benefit Subsidy can be claimed</li> <li>The practice may wish to charge a vaccine administration fee</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Administer three doses at 0, 1, and 6 months</li> </ul>	FUNDED One dose
			NOT funded Two further doses
Hepatitis B (HBvaxPRO®)	<ul style="list-style-type: none"> <li>Revaccination following immunosuppression</li> </ul>	<ul style="list-style-type: none"> <li>Administer three doses at 0, 1, and 6 months</li> </ul>	FUNDED
HPV (Gardasil®9)	<ul style="list-style-type: none"> <li>Males and females under 45 years of age</li> </ul>	<ul style="list-style-type: none"> <li>Administer three doses at 0, 2, and 6 months</li> </ul>	FUNDED up to 27 years of age
Meningococcal MCV4-D (Menactra®)	<ul style="list-style-type: none"> <li>No MenCCV required</li> <li>A minimum of 4 weeks is required between administration of PCV13 and MCV4-D</li> </ul>	<ul style="list-style-type: none"> <li>Administer two doses MCV4-D 8 weeks apart</li> </ul>	FUNDED

Vaccine	Additional notes	Recommended schedule	Eligibility
Pneumococcal PCV13 (Prevenar 13®)	<ul style="list-style-type: none"> <li>A minimum of 4 weeks is required between administration of PCV13 and MCV4-D</li> <li>If 23PPV has been administered before PCV13, wait one year to give PCV13</li> </ul>	<ul style="list-style-type: none"> <li>Administer one dose</li> </ul>	FUNDED
Pneumococcal 23PPV (Pneumovax® 23)	<ul style="list-style-type: none"> <li>Administer 23PPV a minimum of 8 weeks after PCV13</li> </ul>	<p><b>If aged 18 years to under 60 years</b></p> <ul style="list-style-type: none"> <li>Administer one dose</li> <li>Schedule a precall for the second dose in 5 years</li> <li>Schedule a precall for the third/final dose 5 years after second dose or at age 65 years, whichever is later</li> </ul> <p><b>If aged 60 years or older</b></p> <ul style="list-style-type: none"> <li>Administer one dose</li> <li>Schedule a precall for the second/final dose in 5 years</li> </ul>	FUNDED
<b>From 24 months post-HSCT</b>			
Measles/mumps/rubella (Priorix®)	<ul style="list-style-type: none"> <li>(Re)vaccination following immunosuppression</li> </ul>	<ul style="list-style-type: none"> <li>Administer two doses at least 4 weeks apart<sup>a,b,c,d</sup></li> </ul>	FUNDED if immune competent
			CONTRAINDICATED for individuals with extensive graft vs. host disease or on significantly immunosuppressive medication <sup>a</sup>
Varicella (chickenpox) (Varilrix®)	<ul style="list-style-type: none"> <li>(Re)vaccination following immunosuppression</li> </ul>	<ul style="list-style-type: none"> <li>Administer two doses at least 4 weeks apart<sup>a,b,c,d,e</sup></li> </ul>	FUNDED if immune competent
			CONTRAINDICATED for individuals with extensive graft vs. host disease or on significantly immunosuppressive medication <sup>a</sup>

## Foot notes

- Not routinely recommended for individuals with extensive graft vs. host disease or on significantly immunosuppressive medication.
- Individuals who have received immunoglobulin or other blood products may require time for passive antibodies to decrease prior to administration of live varicella and MMR vaccines. Refer to Table A6.1: Suggested intervals between immunoglobulin product administration or blood transfusion and MMR or varicella vaccination in the Immunisation Handbook 2017.
- Two or more live vaccines can be given at the same visit. However, when live vaccines are administered at different visits, a minimum interval of 4 weeks is required.
- Consider normal immunoglobulin or zoster immunoglobulin for post-exposure measles or varicella prophylaxis respectively in non-immune individuals.
- Two doses of varicella vaccine are funded for a household contact of an individual who is severely immunocompromised or undergoing a procedure leading to immune compromise, where the household contact has no clinical history of varicella infection or immunisation.