

Immunisation for adults pre-/post-solid organ transplantation (excluding kidney transplantation)

Immunisations should be delivered prior to transplantation if possible as response may be better and some vaccines are contraindicated following transplantation.

For children aged under 18 years, please refer to the Immunisation Handbook 2017.

Vaccine	Additional notes	Recommended schedule	Pre-solid organ transplantation	Post-solid organ transplantation
Hepatitis A (Havrix®)		<ul style="list-style-type: none"> Two doses 6–12 months apart 	FUNDED	FUNDED
Hepatitis B (HBvaxPRO®)	<ul style="list-style-type: none"> Use 40mcg/mL dose for liver transplant recipients Use 10mcg/mL dose for other solid organ transplant recipients 	Pre-transplantation <ul style="list-style-type: none"> Administer three doses at 0, 1, 2 month intervals Post-transplantation <ul style="list-style-type: none"> Administer three doses at 0, 1, 6 month intervals 	FUNDED	FUNDED
<i>Haemophilus influenzae</i> type b (Hib) (Hiberix®)	<ul style="list-style-type: none"> A single dose is funded pre- or post-transplantation 	<ul style="list-style-type: none"> Administer one dose 	FUNDED	FUNDED
HPV (Gardasil®9)	<ul style="list-style-type: none"> Males and females up to 45 years of age 	<ul style="list-style-type: none"> Administer three doses at 0, 2, and 6 month intervals 	FUNDED up to 27 years of age	FUNDED up to 27 years of age
Influenza (Influvac®)	<ul style="list-style-type: none"> Annually, during the funded Influenza Immunisation Programme 	Pre-transplantation <ul style="list-style-type: none"> Administer one dose annually Post-transplantation <ul style="list-style-type: none"> Wait until 3 months post-transplantation unless at high-risk of infection: <ul style="list-style-type: none"> If at high risk of infection, e.g. during influenza epidemic, wait until 1 month post-transplantation Administer two doses four weeks apart in the first year post-transplantation, only the first dose is funded. In subsequent years only one dose is required annually 	FUNDED	FUNDED
Pneumococcal PCV13 (Prevenar 13®)	<ul style="list-style-type: none"> A single dose is funded pre- or post-transplantation A minimum of 4 weeks is required between administration of PCV13 and MCV4-D If 23PPV has been administered before PCV13, wait one year to give PCV13 	<ul style="list-style-type: none"> Administer one dose 	FUNDED	FUNDED
Pneumococcal 23PPV (Pneumovax® 23)	<ul style="list-style-type: none"> Administer 23PPV a minimum of 8 weeks after PCV13 	If aged 18 years to under 60 years <ul style="list-style-type: none"> Administer one dose Schedule a precall for the second dose in 5 years Schedule a precall for the third/final dose 5 years after second dose or at age 65 years, whichever is later If aged 60 years or older <ul style="list-style-type: none"> Administer one dose Schedule a precall for the second/final dose in 5 years 	FUNDED	FUNDED

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Measles, mumps, rubella (Priorix®)	<ul style="list-style-type: none"> Individuals born in New Zealand in 1969 or later who do not have two documented doses of MMR vaccine 	<ul style="list-style-type: none"> Administer two doses at least 4 weeks apart^{a,b} 	FUNDED CONTRAINDICATED from 4 weeks pre-transplantation ^c	CONTRAINDICATED
Meningococcal MCV4-D (Menactra®)	<ul style="list-style-type: none"> No MenCCV required A minimum of 4 weeks is required between administration of PCV13 and MCV4-D 	<ul style="list-style-type: none"> Administer two doses MCV4-D 8 weeks apart Schedule a precall for a booster dose every 5 years 	FUNDED	FUNDED
Tetanus/diphtheria/pertussis Tdap (Boostrix®)	<ul style="list-style-type: none"> Check immunisation records for a primary course of three tetanus/diphtheria containing vaccines 	<p>Incomplete primary course documented</p> <ul style="list-style-type: none"> Administer funded adult catch-up vaccines to complete a three dose course of tetanus/diphtheria vaccines <ul style="list-style-type: none"> If Tdap funded, replace the first Td with funded Tdap Administer two further funded Td at 4 weekly intervals If funded, schedule a precall for a funded Tdap dose every 10 years <p>Complete primary course documented</p> <ul style="list-style-type: none"> If funded and a minimum of 10 years has elapsed since receipt of a previous pertussis containing vaccine <ul style="list-style-type: none"> Administer one Tdap dose Schedule a precall for a non-funded Tdap dose every 10 years 	FUNDED	FUNDED
Varicella (chickenpox) (Varilrix®)	<ul style="list-style-type: none"> Individuals with no clinical history of varicella infection or immunisation Refer to footnote d. for household contact vaccine eligibility 	Administer two doses at least 4 weeks apart ^{a,b}	FUNDED CONTRAINDICATED from 4 weeks pre-transplantation ^c	CONTRAINDICATED

Foot notes

- Patients 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.
- Live vaccines should not be given in the 4 weeks prior to transplant.
- Two doses of varicella vaccine are funded for a household contact of a post-transplant patient where the household contact has no clinical history of varicella infection or immunisation.