

Pneumococcal, Hib, meningococcal vaccinations are recommended and funded for individuals with anatomical or functional asplenia because asplenia reduces their ability to mount an immune response (immunodeficiency) against encapsulated bacteria (*Haemophilus influenzae* type b, *Neisseria meningitidis*, and *Streptococcus pneumoniae*). They are at risk of developing overwhelming infection from these bacteria.

Influenza vaccination is also recommended and funded for an individual with asplenia because influenza infection increases an individual's risk of acquiring a secondary viral or bacterial infection, particularly from *Streptococcus pneumoniae*.

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

Vaccine	Additional notes	Recommended schedule	Pre-/Post-splenectomy	Functional asplenia
<b>Haemophilus influenzae type b Hib (Hiberix)</b>		<ul style="list-style-type: none"> <li>Administer one dose</li> </ul>	FUNDED	FUNDED
<b>Influenza</b>	<ul style="list-style-type: none"> <li>Annually during the funded Influenza Immunisation Programme</li> </ul>	<ul style="list-style-type: none"> <li>Administer one dose</li> </ul>	FUNDED	FUNDED Immuno-deficiency
<b>Pneumococcal PCV13 (Prevenar 13)</b>	<ul style="list-style-type: none"> <li>A minimum of 4 weeks between administration of Prevenar 13 and Menactra is preferred</li> <li>If Pneumovax23 has been administered before Prevenar 13, wait one year to give Prevenar 13</li> </ul>	<ul style="list-style-type: none"> <li>Administer one dose</li> </ul>	FUNDED	FUNDED
<b>Meningococcal A,C,Y,W MenACWY-D (Menactra)</b>	<ul style="list-style-type: none"> <li>A minimum of 4 weeks between administration of Prevenar 13 and Menactra is preferred</li> </ul>	<ul style="list-style-type: none"> <li>Administer two doses 8 weeks apart</li> <li>Schedule a precall for a booster dose every 5 years</li> </ul>	FUNDED	FUNDED
<b>Meningococcal B 4CMenB (Bexsero)</b>	<ul style="list-style-type: none"> <li>Can be coadministered with any other vaccine</li> </ul>	<ul style="list-style-type: none"> <li>Administer two doses 8 weeks apart</li> <li>Schedule a precall for a booster dose every 5 years<sup>†</sup></li> </ul>	FUNDED	FUNDED
<b>Pneumococcal 23PPV (Pneumovax 23)</b>	<ul style="list-style-type: none"> <li>Administer Pneumovax23 a minimum of 8 weeks after Prevenar 13</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	FUNDED

## Pre-/Post-splenectomy immunisation

When splenectomy is planned, individuals would ideally complete the vaccinations they require at least 14 days prior to their surgery. If this is not possible, administer vaccines up to 14 days before splenectomy and recommence vaccination from 7 days after splenectomy or prior to discharge from hospital.

When splenectomy is unexpected, for example due to trauma, commence vaccination from 7 days after surgery or prior to discharge from hospital.

## Functional asplenia immunisation

Individuals with functional asplenia can be vaccinated as soon as the condition is identified.

## Reduced spleen function

Individuals who have reduced spleen function, e.g., because of disease or partial splenectomy, are recommended but not funded to receive these vaccinations.

<sup>†</sup> Although the need for a booster dose after this vaccination schedule has not been established, it is recommended and funded for certain special groups (refer to Imm Handbook – Section 13.5)