

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 Child Cancer Network Guideline Immunisation of children during and after cancer therapy](#).

Vaccine	Additional notes	Recommended schedule	Eligibility
From 6 months post-HSCT			
Influenza	<ul style="list-style-type: none"> Annually, during the Influenza Immunisation Programme 	<ul style="list-style-type: none"> Administer two doses four weeks apart in the first year post-HSCT, only the first dose is funded In subsequent years only one dose is required annually 	FUNDED
SARS-CoV-2 (COVID-19)	<ul style="list-style-type: none"> Revaccination following immunosuppression <ul style="list-style-type: none"> During outbreak, revaccination can begin from 3 months post-HSCT[†] 	<ul style="list-style-type: none"> Administer vaccine doses following the recommended three dose primary course Booster as age appropriate (mRNA-CV preferred) 	FUNDED
From 12 months post-HSCT			
Tetanus/diphtheria/pertussis Tdap (Boostrix)	<ul style="list-style-type: none"> Revaccination following immunosuppression 	<ul style="list-style-type: none"> Administer three doses at 0, 1, and 6 months 	FUNDED
Polio IPV (Ipol)	<ul style="list-style-type: none"> Revaccination following immunosuppression 	<ul style="list-style-type: none"> Administer three doses at 0, 1, and 6 months 	FUNDED
<i>Haemophilus influenzae</i> type b Hib (Hiberix)	<ul style="list-style-type: none"> Revaccination following immunosuppression Three doses are recommended but: <ul style="list-style-type: none"> One dose is funded Two doses are not funded <ul style="list-style-type: none"> No Hib vaccines are available for purchase through Healthcare Logistics ProPharma supplied Hiberix has to be used for doses two and three No Immunisation Benefit Subsidy can be claimed The practice may wish to charge a vaccine administration fee 	<ul style="list-style-type: none"> Administer three doses at 0, 1, and 6 months 	FUNDED One dose
Hepatitis B (Engerix-B)	<ul style="list-style-type: none"> Revaccination following immunosuppression 	<ul style="list-style-type: none"> Administer three doses at 0, 1, and 6 months 	FUNDED
HPV (Gardasil 9)	<ul style="list-style-type: none"> Males and females under 45 years of age 	<ul style="list-style-type: none"> Administer three doses at 0, 2, and 6 months 	FUNDED up to 27 years of age
Meningococcal B 4CMenB (Bexsero)	<ul style="list-style-type: none"> Can be co-administered with any other vaccine 	<ul style="list-style-type: none"> Administer two doses 8 weeks apart Schedule a precall for a booster dose every 5 years 	FUNDED

Foot notes

† or earlier, on advice from the treating specialist



Vaccine	Additional notes	Recommended schedule	Eligibility
Meningococcal MCV4-D (Menactra)	<ul style="list-style-type: none"> No Neisvac-C (MenCCV) required A minimum of 4 weeks is required between administration of Prevenar 13 and Menactra 	<ul style="list-style-type: none"> Administer two doses 8 weeks apart 	FUNDED
Pneumococcal PCV13 (Prevenar 13)	<ul style="list-style-type: none"> A minimum of 4 weeks is required between administration of Prevenar 13 and Menactra If Pneumovax 23 has been administered before Prevenar 13, wait one year to give Prevenar 13 	<ul style="list-style-type: none"> Administer one dose 	FUNDED
Pneumococcal 23PPV (Pneumovax 23)	<ul style="list-style-type: none"> Administer Pneumovax 23 a minimum of 8 weeks after Prevenar13 	<p>If aged 18 years to under 60 years</p> <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 <p>If aged 60 years or older</p> <ul style="list-style-type: none"> Administer one dose Schedule a precall for the second/final dose in 5 years 	FUNDED
From 24 months post-HSCT			
Measles/mumps/rubella MMR (Priorix)	<ul style="list-style-type: none"> (Re)vaccination following immunosuppression 	<p>If immunocompetent</p> <ul style="list-style-type: none"> Administer two doses at least 4 weeks apart a,b,c,d 	<p>FUNDED for immunocompetent individuals who meet the eligibility criteria</p> <p>CONTRAINDICATED for individuals with extensive graft vs. host disease or on significantly immunosuppressive medication^a</p>
Varicella (chickenpox) VV (Varivax)	<ul style="list-style-type: none"> (Re)vaccination following immunosuppression 	<p>If immunocompetent</p> <ul style="list-style-type: none"> Administer two doses at least 4 weeks apart a,b,c,d,e 	
Zoster HZV (Zostavax)	<ul style="list-style-type: none"> Individuals aged 50 years or older who have received two varicella vaccinations Administer Zostavax a minimum of 4 weeks after the second Varivax 	<p>If immunocompetent, and</p> <ul style="list-style-type: none"> The individual has received two varicella vaccine (VV) doses Administer one dose a minimum of 4 weeks after the last varicella vaccine (VV) dose^a 	

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 current *Immunisation Handbook*.
- 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.