

- Whenever possible vaccinations should be given prior to transplantation or commencing dialysis.
- The administration of non-live vaccines should not delay the transplant process. The administration of live vaccines is contraindicated during the 4 weeks before transplant. If a patient is active on the deceased donor list and requires a live vaccine – suspend them from list for 4 weeks post-vaccination. The administration of live vaccines is also contraindicated post-transplant.
- Pre-transplant includes – in transplant work-up, waiting for live donor transplant, or on deceased donor list.

For children aged under 18 years, please refer to the [Starship Clinical Guideline Renal vaccination record for paediatric CKD](#).

Vaccine	Additional notes	Recommended schedule	Pre-dialysis	On dialysis	Pre-transplant	Post-transplant (immunosuppressed)
Influenza (Influvac® Tetra)	<ul style="list-style-type: none"> • Annually, during the funded Influenza Immunisation Programme • Two doses are recommended in the first year post-transplant but only the first dose is funded 	<p>Pre-dialysis, on dialysis, pre-transplant</p> <ul style="list-style-type: none"> • Administer one dose annually^a <p>Post-transplant</p> <ul style="list-style-type: none"> • Wait until 3 months post-transplant 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-transplant • Administer one funded dose annually^a <ul style="list-style-type: none"> • In the first year post-transplant a second purchased influenza vaccination can be administered 4 weeks later to maximise the person's immune response to the vaccine • In subsequent years only one dose is required annually 	FUNDED	FUNDED	FUNDED	FUNDED
Hepatitis A (Havrix®)	<ul style="list-style-type: none"> • Give on the advice of renal specialist or transplant team 	<ul style="list-style-type: none"> • Administer two doses at least 6 months apart 	NOT funded	NOT funded	FUNDED	FUNDED
Hepatitis B (Engerix-B® or HBvaxPRO®)	<ul style="list-style-type: none"> • Give on the advice of renal specialist or transplant team • Check serology 4 weeks after 3rd dose – if non-immune, seek advice from renal specialist or transplant team 	<p>Pre-dialysis (Engerix-B 20mcg)</p> <ul style="list-style-type: none"> • Administer three doses at 0, 1, 6 month intervals <p>On dialysis, pre-transplant, post-transplant (HBvaxPRO 40mcg)</p> <ul style="list-style-type: none"> • Administer three doses at 0, 1, 6 month intervals <p>If accelerated schedule requested by specialist or transplant team pre-transplant e.g. active on deceased donor list (HBvaxPRO 40mcg)</p> <ul style="list-style-type: none"> • Administer three doses at 0, 1, 2 month intervals 	Recommended NOT funded	FUNDED	FUNDED	FUNDED

Footnote

a. Influenza vaccination is recommended but not funded for household and other close contacts of pre-dialysis, dialysis, pre- and post-transplant patients.

Vaccine	Additional notes	Recommended schedule	Pre-dialysis	On dialysis	Pre-transplant	Post-transplant (immunosuppressed)
<i>Haemophilus influenzae</i> type b Hib (Hiberix®)		<ul style="list-style-type: none"> Administer one dose 	Recommended NOT funded	FUNDED	FUNDED	FUNDED
Human papillomavirus HPV9 (Gardasil®9)	<ul style="list-style-type: none"> Recommended for males and females 18–45 years of age inclusively^a 	<p>Pre-dialysis, on dialysis, pre-transplant, post-transplant</p> <ul style="list-style-type: none"> Administer three doses at 0, 2, and 6 month intervals <p>If accelerated schedule requested by specialist or transplant team pre-transplant, e.g. active on deceased donor list</p> <ul style="list-style-type: none"> Administer three doses at 0, 1, and 2 month intervals 	<p>FUNDED up to 27 years of age</p> <p>Recommended NOT funded 27 years or older</p>	<p>FUNDED up to 27 years of age</p> <p>Recommended NOT funded 27 years or older</p>	<p>FUNDED up to 27 years of age</p> <p>Recommended NOT funded 27 years or older</p>	<p>FUNDED up to 27 years of age</p> <p>Recommended NOT funded 27 years or older</p>
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 (PCV13) and Menactra 	<ul style="list-style-type: none"> Administer two doses Menactra 8 weeks apart Schedule a pre-call for a booster dose every 5 years 	NOT funded unless on immunosuppressive therapy for longer than 28 days	NOT funded unless on immunosuppressive therapy for longer than 28 days	FUNDED	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 (MCV4-D) If Pneumovax 23 (23PPV) has been administered before Prevenar 13, wait one year to give Prevenar 13 	<ul style="list-style-type: none"> Administer one dose of Prevenar 13 	Recommended NOT funded	FUNDED	FUNDED	FUNDED
Pneumococcal 23PPV (Pneumovax®23)	<ul style="list-style-type: none"> Administer Pneumovax 23 (23PPV) a minimum of 8 weeks after Prevenar 13 	<p>If aged 18 years to under 60 years</p> <ul style="list-style-type: none"> Administer one dose of Pneumovax 23 Schedule a pre-call for the second dose in 5 years Schedule a pre-call 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 of Pneumovax 23 Schedule a pre-call for the second/final dose in 5 years 	Recommended NOT funded	FUNDED	FUNDED	FUNDED

Footnote

a. Gardasil 9 is prescribed off-label for males aged 27–45 years inclusively. No safety concerns are expected. Vaccine efficacy is not expected to be significantly different to efficacy in females in the same age group.

Vaccine	Additional notes	Recommended schedule	Pre-dialysis	On dialysis	Pre-transplant	Post-transplant (immunosuppressed)
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 (Td) vaccines If Tdap funded, replace the first Td with funded Tdap Administer two further funded Td at 4 weekly intervals If funded, schedule a pre-call 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 Administer one Tdap dose Schedule a pre-call for a funded Tdap dose every 10 years 	Tdap NOT funded Td FUNDED	Tdap and Td FUNDED	Tdap and Td FUNDED	Tdap and Td FUNDED
Measles/mumps/ rubella MMR (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, or on the advice of renal specialist or transplant team 	<ul style="list-style-type: none"> Administer two doses at least 4 weeks apart^{a,b,c} 	FUNDED	FUNDED	CONTRAINDICATED from 4 weeks pre-transplant ^c	CONTRAINDICATED
Varicella (chickenpox) VV (Varilrix®)	<ul style="list-style-type: none"> Give on the advice of renal specialist or transplant team 	<ul style="list-style-type: none"> Administer two doses at least 4 weeks apart^{a,b,c,d} 	Recommended NOT funded	Recommended NOT funded	CONTRAINDICATED from 4 weeks pre-transplant ^{c,d}	CONTRAINDICATED
Zoster HZV (Zostavax®)	<ul style="list-style-type: none"> Recommended for individuals aged 50–80 years of age inclusively 	<ul style="list-style-type: none"> Administer one dose^c 	Recommended NOT funded up to 64 years FUNDED 65–80 years	Recommended NOT funded up to 64 years FUNDED 65–80 years	CONTRAINDICATED from 4 weeks pre-transplant ^c	CONTRAINDICATED

Footnotes

- 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 2nd Edition.
- 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.
- Funded up to 4 weeks pre-transplant. Live vaccines should not be given in the 4 weeks prior to transplant. If a patient is active on the deceased donor list and requires a live vaccine, suspend them from list for 4 weeks post-vaccination.
- Two doses of varicella vaccine are funded for a household contact of a pre- or post-transplant patient who is not immune to varicella, where the household contact has no clinical history of varicella infection or immunisation.