

Immunisation for adults pre-dialysis, on dialysis or pre-/post-kidney transplantation

- Whenever possible vaccinations should be given prior to commencing dialysis or transplant.
- The administration of non-live vaccines should not delay the transplantation 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	<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 • Influenza vaccination is recommended but not funded for household and other close contacts of pre-dialysis, dialysis, pre- and post-transplant patients. 	<p>If pre-dialysis, on dialysis, or pre-transplant</p> <ul style="list-style-type: none"> • Administer one dose annually^a <p>If 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 • 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
SARS-CoV-2 (COVID-19)	<ul style="list-style-type: none"> • A third primary dose of mRNA-CV is recommended for severely immunocompromised individuals • Third dose should be given 8 weeks after second dose • See Immunisation Handbook in relation to timing for current/planned immunosuppressive therapies 	<p>If pre-dialysis, on dialysis, or pre-transplant</p> <ul style="list-style-type: none"> • Administer vaccine doses following the recommended schedule for the available COVID-19 vaccine <p>If post-transplant</p> <ul style="list-style-type: none"> • Wait until 3 months post-transplant • Administer vaccine doses following the recommended schedule for the available COVID-19 vaccine 	FUNDED	FUNDED	FUNDED	FUNDED
<i>Haemophilus influenzae</i> type b Hib (Hiberix)		<ul style="list-style-type: none"> • Administer one dose 	Recommended NOT 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)	<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>If pre-dialysis (20mcg)</p> <ul style="list-style-type: none"> • Administer on 20mcg dose at each visit at 0, 1, 6-month intervals <p>If on dialysis or pre-/post-transplant (40mcg)</p> <ul style="list-style-type: none"> • Co-administer two doses of 20mcg/mL (i.e. 40 mcg) at each visit 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 (40mcg)</p> <ul style="list-style-type: none"> • Co-administer two doses of 20mcg/mL (i.e. 40mcg) at each visit Administer three doses at 0, 1, 2 months 	Recommended NOT funded	FUNDED	FUNDED	FUNDED

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Vaccine	Additional notes	Recommended schedule	Pre-dialysis	On dialysis	Pre-transplant	Post-transplant (immunosuppressed)
Human papillomavirus HPV9 (Gardasil 9)	<ul style="list-style-type: none"> Recommended for males and females 18–45 years of age inclusively^a 	If pre-dialysis, on dialysis, or pre-/post-transplant <ul style="list-style-type: none"> Administer three doses at 0, 2, and 6 month intervals If accelerated schedule requested by specialist or transplant team pre-transplant, e.g. active on deceased donor list <ul style="list-style-type: none"> Administer three doses at 0, 1, and 2 month intervals 	FUNDED <i>up to 27 years of age</i>	FUNDED <i>up to 27 years of age</i>	FUNDED <i>up to 27 years of age</i>	FUNDED <i>up to 27 years of age</i>
			Recommended NOT funded <i>27 years or older</i>	Recommended NOT funded <i>27 years or older</i>	Recommended NOT funded <i>27 years or older</i>	Recommended NOT funded <i>27 years or older</i>
Meningococcal B 4CMenB (Bexsero)	<ul style="list-style-type: none"> Can be coadministered 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 	NOT funded unless on immunosuppressive therapy for longer than 28 days	NOT funded unless on immunosuppressive therapy for longer than 28 days	FUNDED	FUNDED
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 Prevenar13 and Menactra 	<ul style="list-style-type: none"> Administer two doses 8 weeks apart Schedule a pre-call for a booster dose every 5 years^b 	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 Prevenar13 and Menactra If Pneumovax 23 has been administered before Prevenar13, wait one year to give Prevenar 13 	<ul style="list-style-type: none"> Administer one dose 	Recommended NOT funded	FUNDED	FUNDED	FUNDED
Pneumococcal 23PPV (Pneumovax23)	<ul style="list-style-type: none"> Administer Pneumovax 23 a minimum of 8 weeks after Prevenar 13 	If aged 18 years to under 60 years <ul style="list-style-type: none"> Administer one dose 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 If aged 60 years or older <ul style="list-style-type: none"> Administer one dose Schedule a pre-call for the second/final dose in 5 years 	Recommended NOT funded	FUNDED	FUNDED	FUNDED

Footnote

a. Gardasil9 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.

b. 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 Immunisation Handbook Section – 13.5)

Vaccine	Additional notes	Recommended schedule	Pre-dialysis	On dialysis	Pre-transplant	Post-transplant (immunosuppressed)
Polio IPV (Ipol)	<ul style="list-style-type: none"> Check immunisation history for a primary course of three polio containing vaccines 	If unsure of polio immunisation history <ul style="list-style-type: none"> Administer three doses with a minimum of 4 weeks between each dose 	FUNDED	FUNDED	FUNDED	FUNDED
Tetanus/diphtheria/pertussis Tdap (Boostrix)	<ul style="list-style-type: none"> Check immunisation history for a primary course of three tetanus/diphtheria containing vaccines 	If unsure of tetanus/diphtheria immunisation history <ul style="list-style-type: none"> Administer three doses with a minimum of 4 weeks between each dose If has a confident recollection of completed tetanus/diphtheria immunisation <ul style="list-style-type: none"> Administer one Tdap at age 45 years if less than four documented tetanus containing vaccine doses Administer one Tdap at age 65 years 	FUNDED	FUNDED	FUNDED	FUNDED
Measles/mumps/rubella MMR (Priorix)	<ul style="list-style-type: none"> Individuals born in 1969 or later who do not have two documented doses of MMR vaccine, or on the Advice of renal specialist or transplant team 	If less than two documented doses <ul style="list-style-type: none"> Complete a documented course of two MMR doses <ul style="list-style-type: none"> Administer up to two doses at least 4 weeks apart^{a,b,c} or Doses as advised by renal specialist or transplant team 	FUNDED	FUNDED	FUNDED for individuals who meet the eligibility criteria	CONTRAINDICATED
Varicella (chickenpox) VV (Varivax)	<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	CONTRAINDICATED
Herpes zoster Recombinant rZV (Shingrix)	Recommended for: <ul style="list-style-type: none"> Adults from the age of 50 years and above Adults from the age of 18 years and above who are at increased risk of shingles 	<ul style="list-style-type: none"> Administer two doses, at least 2–6 months apart 	Recommended NOT funded			
			FUNDED <i>Aged 65 years</i>			

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 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.
- 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.