

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

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

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

Vaccine	Additional notes	Recommended schedule	Pre-/Post-solid organ transplant
<i>Haemophilus influenzae</i> type b Hib (Hiberix)		<ul style="list-style-type: none"> <li>Administer one dose</li> </ul>	FUNDED
Hepatitis A (Havrix)		<ul style="list-style-type: none"> <li>Administer two doses 6–12 months apart</li> </ul>	FUNDED
Hepatitis B (Engerix-B)	<ul style="list-style-type: none"> <li>Liver transplant – Coadminister two doses of 20mcg/mL (i.e. 40 mcg) at each visit</li> <li>Other solid organ transplant – Administer one dose of 20mcg/mL at each visit</li> </ul>	<p><b>If pre-transplant</b></p> <ul style="list-style-type: none"> <li>Administer appropriate vaccine dose at 0, 1, 2 month intervals</li> </ul> <p><b>If post-transplant</b></p> <ul style="list-style-type: none"> <li>Administer appropriate vaccine dose at 0, 1, 6 month intervals</li> </ul>	FUNDED
Humanpapilloma virus HPV (Gardasil 9)	<ul style="list-style-type: none"> <li>Males and females up to 45 years of age</li> </ul>	<ul style="list-style-type: none"> <li>Administer three doses at 0, 2, and 6 month intervals</li> </ul>	FUNDED up to 27 years of age
Influenza	<ul style="list-style-type: none"> <li>Annually, during the funded Influenza Immunisation Programme</li> </ul>	<p><b>If pre-transplant</b></p> <ul style="list-style-type: none"> <li>Administer one dose annually</li> </ul> <p><b>If post-transplant</b></p> <ul style="list-style-type: none"> <li>Wait until 3 months post-transplant unless at high-risk of infection:                             <ul style="list-style-type: none"> <li>If at high risk of infection, e.g. during influenza epidemic, wait until 1 month post-transplant</li> </ul> </li> <li>Administer two doses four weeks apart in the first year post-transplant, only the first dose is funded.</li> <li>In subsequent years only one dose is required annually</li> </ul>	FUNDED
Pneumococcal PCV13 (Prevenar 13)	<ul style="list-style-type: none"> <li>A minimum of 4 weeks is required between administration of Prevenar 13 and Menactra</li> <li>If Pneumovax 23 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
Pneumococcal 23PPV (Pneumovax 23)	<ul style="list-style-type: none"> <li>Administer Pneumovax 23 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
Meningococcal B 4CMenB (Bexsero)	<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

<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 Immunisation Handbook – Section 13.5)

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

Vaccine	Additional notes	Recommended schedule	Pre-/Post-solid organ transplant
<b>Meningococcal MCV4-D (Menactra)</b>	<ul style="list-style-type: none"> <li>No NeisVac-C (MenCCV) required</li> <li>A minimum of 4 weeks is required between administration of Prevenar 13 and Menactra</li> </ul>	<b>If pre-transplant</b> <ul style="list-style-type: none"> <li>Administer one dose</li> <li>Schedule a precall for a booster dose every 5 years</li> </ul> <b>If post-transplant</b> <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
<b>Polio IPV (Ipol)</b>	<ul style="list-style-type: none"> <li>Check immunisation history for a primary course of three polio containing vaccines</li> </ul>	<b>If unsure of polio immunisation history</b> <ul style="list-style-type: none"> <li>Administer three doses with a minimum of 4 weeks between each dose</li> </ul>	FUNDED
<b>SARS-CoV-2 (COVID-19)</b>	<ul style="list-style-type: none"> <li>A third primary dose of mRNA-CV is recommended for severely immunocompromised individuals</li> <li>Third dose should be given 8 weeks after second dose</li> <li>See Immunisation Handbook in relation to timing for current/planned immunosuppressive therapies</li> </ul>	<b>If pre-transplant</b> <ul style="list-style-type: none"> <li>Administer vaccine doses following the recommended schedule for the available COVID-19 vaccine</li> </ul> <b>If post-transplant</b> <ul style="list-style-type: none"> <li>Wait until 3 months post-transplant</li> <li>Administer vaccine doses following the recommended schedule for the available COVID-19 vaccine</li> </ul>	FUNDED
<b>Tetanus/diphtheria/pertussis Tdap (Boostrix)</b>	<ul style="list-style-type: none"> <li>Check immunisation history for a primary course of three tetanus/diphtheria containing vaccines</li> </ul>	<b>If unsure of tetanus/diphtheria immunisation history</b> <ul style="list-style-type: none"> <li>Administer three doses with a minimum of 4 weeks between each dose</li> </ul> <b>If confident recollection of completed tetanus/diphtheria immunisation</b> <ul style="list-style-type: none"> <li>Administer one Tdap at age 45 years if less than four documented tetanus containing vaccine doses</li> <li>Administer one Tdap at age 65 years</li> </ul>	FUNDED
<b>Measles, mumps, rubella MMR (Priorix)</b>	<ul style="list-style-type: none"> <li>Individuals born in 1969 or later who do not have two documented doses of MMR vaccine</li> <li>MMR vaccination is not required for adults born prior to 1969</li> </ul>	<b>If less than two documented doses</b> <ul style="list-style-type: none"> <li>Complete a documented course of two MMR doses                             <ul style="list-style-type: none"> <li>Administer up to two doses at least 4 weeks apart<sup>a,b,c,d</sup></li> </ul> </li> </ul>	<p>FUNDED for individuals who meet the eligibility criteria</p> <p>CONTRAINDICATED from 4 weeks pre-transplant</p>
<b>Varicella (chickenpox) VV (Varivax)</b>	<ul style="list-style-type: none"> <li>Individuals with no clinical history of varicella infection or vaccination</li> </ul>	<ul style="list-style-type: none"> <li>Administer two doses at least 4 weeks apart<sup>a,b,c,d,e</sup></li> </ul>	
<b>Herpes zoster HZV (Zostavax)</b>	<ul style="list-style-type: none"> <li>Individuals aged 50 years or older</li> </ul>	<ul style="list-style-type: none"> <li>Administer one dose<sup>c</sup></li> </ul>	

## Foot notes

- a Individuals who have received immunoglobulin or other blood products may require time for passive antibodies to decrease prior to administration of live MMR and varicella vaccines. Refer to Table A6.1: Suggested intervals between immunoglobulin product administration or blood transfusion and MMR or varicella vaccination (does not apply to rotavirus vaccine) in the current *Immunisation Handbook*.
- b 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.
- c Live vaccines should not be given during the 4 weeks prior to transplant.
- d Consider normal immunoglobulin or zoster immunoglobulin for post-exposure measles or varicella prophylaxis respectively in immunosuppressed, non-immune individuals.
- e 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.