

## UCMC Vaccine Recommendations for Adult Transplant Recipients - Post-Transplant

- As part of post-transplant follow-up review the vaccine history with recipients for vaccines listed below
  - Identify which vaccines the recipient HAS received and those which HAVE NOT been received or require a booster
  - Develop a care plan to ensure recipient receives necessary vaccines/boosters
  - LIVE vaccines should be avoided post-transplant
- Timing of vaccinations POST-Transplant:
  - Flu vaccine: administer  $\geq 1$  month post-transplant during flu season, as waiting may miss the seasonal window
  - Non-urgent vaccines (i.e. HBV, HAV, PNV) : due to high level of immunosuppression and likely low vaccine response during the early post-transplant period it is preferred that administration occur 3-6 months post transplantation
    - This should be individualized based on risk/benefit; discuss questions with pharmacist or physician
- Household contacts of immunocompromised recipients
  - May receive inactivated and live attenuated vaccines

Vaccine	Type	Recommended for Recipients?	Who should receive the vaccine?	Series
Hepatitis A (HAV)	Inactivated	YES	Negative antibody to hepatitis A (Anti-HAV)	2 doses (Months 0 and 6)
Hepatitis B (HBV)	Inactivated	YES	Negative for BOTH surface antibody (HBsAb) and surface antigen (HBsAg)	3 doses (Months 0, 1, 6)
Influenza	Inactivated	YES	All patients	1 dose HIGH DOSE annually
	Live Attenuated	NO	NO	NO
Pneumococcal (PNV), 13 valent protein conjugate vaccine (Pevnar 13)	Inactivated	YES	All patients	1 dose in lifetime; ideally given before Pneumovax, but at least 1 year after Pneumovax if not
Pneumococcal (PNV), 23 valent polysaccharide vaccine (Pneumovax23®)	Inactivated	YES	All patients	1 dose every 5 years; given at least 2 months after Pevnar
Tetanus, diphtheria (TD); Tetanus, diphtheria, and pertussis (Tdap)	Inactivated	YES	TD: all patients Tdap: if > 19 years and haven't previously received	Tdap: 1 dose in lifetime if not given pre-transplant TD: 1 dose every 5-10 yrs
Varicella zoster (Shingrix®)	Inactivated	YES	Patients $\geq 50$ yrs old	2 doses (Months 0 and 2-6)

Additional information provided in table below; however, most recipients should have already received as a child or only if special circumstances were/are present. Include as part of post-transplant care plans as appropriate.

Vaccine	Type	Recommended for Recipients?	Who should receive the vaccine?	Series
Polio, inactivated	Inactivated	YES	All patients not previously vaccinated and traveling to high risk areas	3 doses (Months 0, 1, 6)
Human Papilloma Virus (HPV)	Inactivated	Unknown/YES	Females and males 9 to 26 years of age. Optimally given pre transplant	3 doses (Months 0, 2, 6)
<i>Neisseria meningitidis</i>	Inactivated	YES	All patients 11-18 years, asplenic patients, college students, military	1 dose
<i>Haemophilus influenzae</i>	Inactivated	YES	Asplenic patients	3 doses
Rabies	Inactivated	Not routinely given	Recommended for exposures or potential exposures	IM x 5 doses (Days 0, 3, 7, 14, 28)
Measles, mumps, rubella (MMR)	Live Attenuated	NO	Optimally pre-transplant	NO
BCG	Live Attenuated	NO	NO	NO
Smallpox	Live Attenuated	NO	Patients directly exposed to an individual with smallpox	1 dose
Rotavirus	Live Attenuated	NO	NO	NO

\*\*NOTE: Other vaccines, including travel vaccines (Yellow Fever, Vibrio cholera, Japanese encephalitis) should be discussed with Transplant ID.