

**Pre-Solid Organ Transplant Recipients (SOTR) immunisation guidelines to 18 years (March 2021)**

- At diagnosis and/or consideration of transplant it is recommended that the **full primary schedule with additional vaccines** be completed (as outlined below) early as possible.
- If catch-up vaccination is required, refer to [MVEC: Catch-up immunisations](#) or immunisation specialist for specific advice.
- Ideally vaccines should be administered a minimum of 4 weeks before SOT, to maximise the serum immune response.
- **Once transplanted, live-attenuated vaccines MUST NOT be given.**

Age	Routine Immunisation schedule	Additional vaccines	Additional comments/references	Glossary
Birth	Hep B (paediatric)		- Complete within 7 days, no need for catch up if dose missed.	<u>ActHIB</u> *haemophilus influenzae type B
6 weeks	Infanrix Hexa Prevenar 13 Rotarix <sup>£</sup>	Nimenrix Bexsero	- <a href="#">MVEC: Rotavirus</a> -Nimenrix and Bexsero courses can commence from 6 weeks of age or at diagnosis/consideration of transplant. The recommended number of doses for Bexsero and Nimenrix varies depending on the age in which the course is commenced [refer to <a href="#">MVEC Meningococcal disease and vaccines</a> for more information].	<u>Boostrix</u> * diphtheria * tetanus * pertussis  <u>Gardasil 9</u> *human papillomavirus
4 months	Infanrix Hexa Prevenar 13 Rotarix <sup>£</sup>	Nimenrix Bexsero		<u>Hepatitis B</u> *adult dose or paediatric dose
6 months	Infanrix Hexa	Influenza vaccine (recommended annually) Prevenar 13	-Before having 6 month vaccines, patient must be ≥ 24 weeks of age and it must be ≥ 8 weeks post 4/12 immunisations. - <b>Additional Prevenar 13 @ 6 months</b> or diagnosis/consideration of transplant (ensuring a minimum of 8 weeks following previous dose of Prevenar 13). -Refer to <a href="#">MVEC: Influenza vaccine recommendations</a> for specific influenza brands and dosing information.	<u>Infanrix Hexa</u> * diphtheria * tetanus * pertussis * polio *haemophilus influenzae type B * hepatitis B (paed)
Additional timepoint [9 months]			-Can consider commencing measles and varicella vaccination from 9 months of age, 2 dose schedule, 4 weeks apart, if transplant is imminent <sup>¥</sup>	<u>Infanrix IPV/Quadracel</u> * diphtheria * tetanus * pertussis * polio
12 months	Priorix <sup>¥£</sup> /MMR II <sup>¥£</sup> Nimenrix Prevenar 13	Vaqta <sup>¥</sup> Varilrix <sup>£¥</sup> / Varivax <sup>£¥</sup> Bexsero <sup>¥</sup>	-Vaqta can be commenced from 12 months of age (2 dose course, each dose given 6 months apart). -Varicella and MMR vaccines are live-attenuated vaccines and therefore MUST be given on the same day or minimum of 4 weeks apart. They MUST NOT be administered post-transplant.	<u>Nimenrix</u> * 4-valent meningococcal conjugate ACWY  <u>Pneumovax 23</u> *23-valent pneumococcal polysaccharide
18 months	Priorix Tetra <sup>¥£</sup> / ProQuad <sup>¥£</sup> Infanrix/Tripacel ActHIB	Vaqta	-If ≤ 4 years of age Priorix Tetra/ProQuad must NOT be given as the first dose of measles containing vaccine but can be given as the 2 <sup>nd</sup> dose. -Vaqta dose 2 can be administered provided that ≥ 6 months has lapsed since the 1 <sup>st</sup> dose.	<u>Prevenar 13</u> *13-valent pneumococcal conjugate
Additional timepoint [2 years]			-Can consider commencing course of Pneumovax 23 from ≥ 2 years of age (max 2 doses in a lifetime, given 5 years apart) -Must be administered a minimum of ≥ 8 weeks post Prevenar 13. - NOT to be administered prior to 2 years of age.	<u>Priorix/MMRII</u> * measles * mumps * rubella
4 years	Infanrix IPV/Quadracel	Pneumovax 23 (if not previously given at 2 years of age)	-2 doses of Pneumovax 23 are recommended in a lifetime	<u>Priorix Tetra/ProQuad</u> *varicella *mumps *measles *rubella
12-13 years	Gardasil 9 Boostrix		-2 dose course given 6-12 months apart. Refer to <a href="#">MVEC: Human papillomavirus</a> for more information. -Can consider giving Boostrix early prior to transplant.	<u>Rotarix</u> *rotavirus
15-16 years	Nimenrix			<u>Vaqta</u> *hepatitis A
<sup>¥</sup> Consult with immunisation specialist to discuss additional vaccines being given < 12 months of age if transplant date is imminent <sup>£</sup> Live-attenuated vaccines (Must be administered a minimum of 4 weeks prior to transplant. Must be given on the same day as other live-attenuated vaccines or 4 weeks apart). Do not administer once immunosuppressed without guidance from an immunisation specialist. Household Contacts- ensure up to date with Pertussis, MMR and Varicella; Recommend annual Influenza vaccine				<u>Varilrix/Varivax</u> * varicella