

Post haematopoietic stem cell transplant (HSCT) immunisation guidelines for children < 2 years post cancer treatment- March 2022

Inactivated vaccines		Glossary
<p>Post HSCT ≤ 9 yrs of age^Ω</p> <p>Full course of vaccines are required regardless of previous vaccine history.</p> <p>Visit 1</p> <ul style="list-style-type: none"> • Infanrix hexa- dose 1 • Prevenar 13- dose 1 • Nimenrix- dose 1 • Bexsero- dose 1 <p>Visit 2 (min. of 8 weeks post visit 1)</p> <ul style="list-style-type: none"> • Infanrix hexa- dose 2 • Prevenar 13- dose 2 • Nimenrix- dose 2 • Bexsero- dose 2 <p>Visit 3 (min. of 8 weeks post visit 2)</p> <ul style="list-style-type: none"> • Infanrix hexa^{§6}- dose 3 • Prevenar 13- dose 3 <p>Visit 4 (min. of 8 weeks post visit 3)</p> <p>Pneumovax 23 (if child is ≥ 2 yrs of age)</p>	<p>Post HSCT ≥ 10 yrs of age^Ω</p> <p>Full course of vaccines are required regardless of previous vaccine history.</p> <p>Visit 1</p> <ul style="list-style-type: none"> • Infanrix hexa- dose 1 • Prevenar 13- dose 1 • Nimenrix- dose 1 • Bexsero- dose 1 • Gardasil 9- dose 1 (only if ≥ 12 yrs of age) <p>Visit 2 (min. of 8 weeks post visit 1)</p> <ul style="list-style-type: none"> • Infanrix hexa- dose 2 • Prevenar 13- dose 2 • Nimenrix- dose 2 • Bexsero- dose 2 • Gardasil 9- dose 2 (only if ≥ 12 yrs of age) <p>Visit 3 (min. of 8 weeks post visit 3)</p> <ul style="list-style-type: none"> • Infanrix hexa^{§6}- dose 3 • Prevenar 13- dose 3 <p>Visit 4 (min. of 8 weeks post visit 3)</p> <ul style="list-style-type: none"> • Pneumovax 23 (if child is ≥ 2 yrs of age) • Gardasil 9- dose 3 (only if ≥ 12 yrs of age) 	<p>Bexsero</p> <p>-<i>Meningococcal B</i></p> <p>Comirnaty (Pfizer) 10µ (orange cap)</p> <p>-<i>COVID-19 (5-11 yo)</i></p> <p>Comirnaty (Pfizer) 30µ (purple cap)</p> <p>-<i>COVID-19 (≥ 12 yo)</i></p> <p>Gardasil 9</p> <p>-<i>Human papillomavirus</i></p> <p>Infanrix hexa</p> <p>-<i>Diphtheria</i></p> <p>-<i>Tetanus</i></p> <p>-<i>Pertussis</i></p> <p>-<i>Polio</i></p> <p>-<i>Hib</i></p> <p>-<i>Hepatitis B (paed)</i></p> <p>Infanrix-IPV/Quadracel</p> <p>-<i>Diphtheria</i></p> <p>-<i>Tetanus</i></p> <p>-<i>Pertussis</i></p> <p>-<i>Polio</i></p> <p>Nimenrix</p> <p>-<i>Meningococcal ACWY</i></p> <p>Pneumovax 23</p> <p>-<i>Pneumococcal polysaccharide</i></p> <p>Prevenar 13</p> <p>-<i>Pneumococcal conjugate</i></p> <p>Priorix/MMRII</p> <p>-<i>Measles</i></p> <p>-<i>Mumps</i></p> <p>-<i>Rubella</i></p> <p>Priorix-tetra/ProQuad</p> <p>-<i>Measles</i></p> <p>-<i>Mumps</i></p> <p>-<i>Rubella</i></p> <p>-<i>Varicella</i></p> <p>Spikevax (Moderna) 50µ (0.25 ml)</p> <p>-<i>COVID-19 (6-11yo and booster dose)</i></p> <p>Spikevax (Moderna)100µ (0.5ml)</p> <p>-<i>COVID-19 (≥12 yo)</i></p> <p>Varivax/Varilrix</p> <p>-<i>Varicella</i></p>
<p>COVID-19 vaccines</p>		
<p>Post HSCT ≤ 11 yrs of age</p>		
<p>For ages 5- 11: Comirnaty (Pfizer) 10µ (orange cap)[‡]</p> <p>-3 dose course required regardless of previous vaccine history</p> <p>-0, 3-8 weeks, and 2-6 months following dose 2</p>	<p>For ages 6-11: Spikevax (Moderna) 50µ (0.25ml)^{‡^}</p> <p>-3 dose course required regardless of previous vaccine history</p> <p>-0, 4-8 weeks, and 2-6 months following dose 2</p>	
<p>Post HSCT ≥ 12 yrs of age</p>		
<p>Comirnaty (Pfizer) 30µ (purple cap)[‡]</p> <p>-3 dose course required regardless of previous vaccine history</p> <p>-0, 3 weeks, and 8 weeks following dose 2</p> <p><i>NB: An additional booster dose of COVID-19 vaccine is recommended for those ≥16 years of age, ≥3 months after the completion of the primary course</i></p>	<p>Spikevax (Moderna) 100µ (0.5ml)^{‡Σ}</p> <p>-3 dose course required regardless of previous vaccine history</p> <p>-0, 4 weeks, and 8 weeks following dose 2</p> <p><i>NB: An additional booster dose of COVID-19 vaccine is recommended for those ≥16 years of age, ≥3 months after the completion of the primary course[^]</i></p>	
<p>Live-attenuated vaccines</p>		
<p>Post HSCT live vaccines ≤ 3 yrs of age</p> <p>Only give on consultation with oncologist</p> <p>Visit 1</p> <ul style="list-style-type: none"> • Priorix/MMRII- dose 1^β • Varilrix/Varivax- dose 1^β <p>Visit 2 (min. 4 weeks post visit 1)</p> <p>Priorix-tetra/ProQuad- dose 2^β</p>	<p>Post HSCT live vaccines ≥ 4 yrs of age^Ω</p> <p>Only give on consultation with oncologist</p> <p>Visit 1</p> <ul style="list-style-type: none"> • Priorix-tetra/ProQuad - dose 1^β <p>Visit 2 (min. 4 weeks post visit 1)</p> <ul style="list-style-type: none"> • Priorix-tetra/ProQuad- dose 2^β 	
<p>^ΩVaccination can commence > 6 months after completion of treatment and if underlying illness is in remission. Once vaccines are completed, children should continue to be vaccinated as per the National Immunisation Program (NIP).</p> <p>[‡]Completing a COVID-19 vaccine course with the same brand is preferred. Where recommended a third dose of COVID-19 vaccine can be administered 2-6 months after the second dose.</p> <p>[^]Spikevax 0.25ml dose is registered for use as a primary course (including as a 3rd dose for severely immunocompromised individuals) only in those aged 6-11 years as well as individuals ≥ 16 years requiring a booster dose. It is not recommended as a primary schedule for individuals aged ≥12 years.</p> <p>^ΣSpikevax 0.5ml is registered for use as a primary course (including as a 3rd dose for severely immunocompromised individuals) only in those aged ≥12 years. It is not recommended for use in those aged <12 years or as a booster dose.</p> <p>[§]Dose 3 Infanrix hexa completes the primary schedule. If the child is > 4 years of age but <10 years of age, they must also complete a single dose of Infanrix-IPV/Quadracel > 6 months later.</p> <p>[§]Hepatitis B serology should be completed 4 weeks after Infanrix hexa- dose 3. If < 10 IU/mL, repeat hepatitis B course with age-appropriate vaccines.</p> <p>^βThere are recommended intervals between the administration of live-attenuated vaccines and blood products. Please refer to live-attenuated vaccines and immunoglobulins or blood-products before administering for more information.</p> <p>NB: Annual influenza vaccination is recommended for all age groups. Please also refer to asplenia/hyposplenia recommendations if applicable.</p>		