

Additional vaccine recommendations for children (<18 years) with asplenia/hyposplenia- March 2022

Table 1: Pneumococcal vaccination		
Brand	Prevenar 13® (<i>Pneumococcal Conjugate Vaccine 13vPCV</i>)	Pneumovax 23® (<i>Pneumococcal Polysaccharide Vaccine 23vPPV</i>)
Age at diagnosis	Dose	Dose
≥ 6 weeks to ≤ 11 months	3 doses (min. 8 weeks apart) + 1 booster ^{¥β§}	Single dose at ≥ 4 years [^]
≥ 12 months	Single dose at diagnosis ^{Ω^β§}	Single dose at ≥ 4 years [^]
Additional booster doses		
	N/A	5 years following completion of initial dose ^Σ
<p>[¥] Doses as per NIP at 6 weeks, 4 months, 6 months (additional dose for those with a special risk condition) and routinely at 12 months of age.</p> <p>^β Booster doses are given at ≥ 12 months of age/8 weeks since previous dose (whichever is later).</p> <p>[§] If not up to date with NIP recommendations refer to https://immunisationhandbook.health.gov.au/catch-up-vaccination for catch up advice.</p> <p>[^] Ideally Prevenar 13® is administered first, followed by Pneumovax 23® at ≥ 4 years of age/minimum of 8 weeks later (whichever is later). If Pneumovax 23® is inadvertently administered first, a minimum of 12 months should elapse before administering Prevenar 13®.</p> <p>^Ω To be given a minimum of 8 weeks following any previous doses.</p> <p>^Σ Maximum of 2 doses of Pneumovax 23® in a lifetime.</p>		
Table 2: Meningococcal vaccination		
Brand	Nimenrix® (<i>Meningococcal Quadrivalent Conjugate Vaccine 4vMenCV ACWY</i>)	Bexsero® ^{β€} (<i>Meningococcal B Recombinant Multicomponent Vaccine MenBV</i>)
Age at diagnosis	Dose	Dose
≥ 6-weeks to ≤ 5 months	3 doses (min. 8 weeks apart) + 1 booster ^{¥¶}	3 doses (min. 8 weeks apart) + 1 booster ^{β¶§}
≥ 6-months to ≤ 11 months	2 doses (min. 8 weeks apart) + 1 booster ^{¥¶}	2 doses (min. 8 weeks apart) + 1 booster ^{β¶§}
≥ 12 months	2 doses (min. 8 weeks apart) [¥]	2 doses (min. 8 weeks apart) ^{β§}
Additional booster doses [^]		
Primary course completed at ≤ 6 years of age	First booster 3 years after completing primary course. Further booster doses every 5 years. [£]	First booster 3 years after completing primary course. Further booster doses every 5 years.
Primary course completed at ≥ 7 years of age	Every 5 years [£]	Every 5 years
<p>^β Prophylactic administration of paracetamol with every dose of Bexsero® administered to children <2 years of age is recommended due to the increased risk of fever. The 1st dose of paracetamol (15 mg/kg/dose) is recommended within the 30 minute period prior to, or as soon as practicable after, vaccination. This can be followed by 2 more doses of paracetamol given 6 hours apart, based on child's age and weight.</p> <p>[€] Trumenba® is an alternate meningococcal B vaccine available as a 3-dose course for individuals with asplenia/hyposplenia. It is not funded on the NIP but may be considered where vaccine supply is an issue. Completing a course/booster dose with the same brand is preferred. For more information refer to https://immunisationhandbook.health.gov.au/vaccine-preventable-diseases/meningococcal-disease</p> <p>[¥] 12 month dose given as scheduled on NIP.</p> <p>[¶] Booster doses are given at ≥ 12 months of age/8 weeks since previous dose (whichever is later).</p> <p>[§] From July 1 2020, Bexsero® was added to the NIP for all Aboriginal and Torres Strait Islander children.</p> <p>[^] Refer to https://www.cdc.gov/vaccines/vpd/mening/hcp/recommendations.html for more information.</p> <p>[£] Year 10 secondary school/age equivalent dose scheduled on NIP.</p>		
Table 3: Haemophilus influenzae type b (Hib) vaccination		
Brand	Infanrix hexa®/ActHIB®	
Age at diagnosis	Dose	
≥ 6-weeks	As per NIP ^{^§}	
<p>[^] If not up to date with NIP refer to https://immunisationhandbook.health.gov.au/catch-up-vaccination for catch up recommendations.</p> <p>[§] Additional booster doses not required.</p>		

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Table 4: Influenza vaccination		
Brand	Variable- refer to http://www.mvec.vic.edu.au/immunisation-references/influenza-vaccine-recommendations/ for age-appropriate brands and details	
Age at diagnosis	Dose	
< 6-months	Not recommended [£]	
≥ 6-months	Recommended annually ^{££}	
[£] Immunisation of family members recommended. ^{££} 2 doses, given 4 weeks apart is recommended in the 1st year of receiving the vaccine.		
Table 5. COVID-19 vaccination		
Brand	Variable- refer to https://mvec.mcri.edu.au/references/covid-19-vaccination-in-children/ for more information	
Age at diagnosis	Dose	
≤ 4 years	Not currently recommended [£]	
≥ 5 years- 11 years	5-11 years Comirnaty (Pfizer) 10µ (orange cap)- 2 doses (8 weeks apart) [£]	6-11 years Spikevax (Moderna) 50µ (0.25ml)- 2 doses (8 weeks apart) [£]
≥ 12 years	Comirnaty (Pfizer) 30µ dose (purple cap)- 2 doses (3 weeks apart) [£]	Spikevax (Moderna) 100µ dose (0.5ml)- 2 doses (4 weeks apart) [£]
Additional booster doses		
≥ 16 years	All individuals aged ≥16 years are recommended to receive a booster dose ≥ 3 months following the primary course in order to be considered up to date. 16-17 years: only Comirnaty (Pfizer) 30µ dose (purple cap) registered for use as a booster ≥ 18 years: Comirnaty (Pfizer) 30µ or Spikevax (Moderna) 50µ (0.25ml) registered for use as a booster [^]	
[£] Immunisation of family members recommended. [^] Nuvaxovid (Novavax) is not currently registered for use as a booster dose however may be used in some circumstances. Refer to https://www.health.gov.au/resources/publications/atagi-recommendations-on-the-use-of-a-booster-dose-of-covid-19-vaccine for more information.		