DukeMedicine

Division of Cellular Therapy

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Adult Post Transplant Vaccination Schedule

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ABMT-GEN-018

ADULT POST TRANSPLANT VACCINATION SCHEDULE

Post-HSCT Immunization Record & Guidelines

Months Post Transplant	Standard Vaccines	Dose	Dose	Date due: Give all in the row
2	Recombinant Zoster Vaccine (Shingrix)*- autos only	1	0.5 ml IM	
4	Recombinant Zoster Vaccine (Shingrix)*- autos only	2	0.5 ml IM	
12	Pentacel Hepatitis B Recombivax HB 40mcg/ml OR Engerix-B 20mcg/ml* Pneumococcal 13-valent conjugate (Prevnar 13)	1 1 1 1	0.5 ml IM 1 ml IM 2 ml IM 0.5 ml IM	
14	Pentacel Hepatitis B Recombivax HB 40mcg/ml OR Engerix-B 20mcg/ml* Pneumococcal 13-valent conjugate (Prevnar 13)	2 2 2 2	0.5 ml IM 1 ml IM 2 ml IM 0.5 ml IM	
18	Pentacel Hepatitis B Recombivax HB 40mcg/ml OR Engerix-B 20mcg/ml* Pneumococcal 13-valent conjugate (Prevnar 13)	3 3 3 3	0.5 ml IM 1 ml IM 2 ml IM 0.5 ml IM	
24	Pneumovax 23 *MMR	1 1	0.5 ml IM 0.5 ml SQ	
Age>65 every 5 years	Pneumovax 23 booster		0.5 ml IM	
Yearly every fall	Influenza vaccination			

***Shingrix - autos only; may start between day 50 and 70; patient must be >/= 50 years of age for insurance coverage**

Pentacel (Diptheria, Tetanus and acellular Pertussis, Haemophilus Inf. and inactivated polio)

*** Prefer Recombivax HB, use Engerix-B as alternative.**

*** Give MMR at >= 24 months if off no active GVHD and off all immunosuppression for at least 12 months and CD4 count >= 200/mm3. Delay administration for at least 8 months after IVIG whenever feasible.**

If you receive vaccines at home, please bring documentation when you return for your next appointment so we can update your records.

Months Post Transplant	Optional Vaccines	Dose	Dose	Date due: Give all in the row
12	Hepatitis A vaccine (PF) (Havrix) MBV: Meningococcal Vaccine (Bexsero) OR MCV4 (Menveo) Papillomavirus quadrivalent vaccine (Gardasil-9)	1 1 1 1	1 ml IM 0.5 ml IM 0.5 ml IM 0.5 ml IM	
14	MBV: Meningococcal Vaccine (Bexsero) OR MCV4 (Menveo) Papillomavirus quadrivalent vaccine (Gardasil-9)	2 2 2	0.5 ml IM 0.5 ml IM 0.5 ml IM	
18	Hepatitis A vaccine (PF) (Havrix) Papillomavirus quadrivalent vaccine (Gardasil-9)	3 3	1 ml IM 0.5 ml IM	
24	Varicella virus vaccine (live) (Varivax)*	1	0.5 ml SQ	
26	Varicella virus vaccine (live) (Varivax)*	1	0.5 ml SQ	

***Varivax – ID consult required for VZV seronegative recipients. Delay administration for at least 8 months after IVIG whenever feasible.**

If you receive vaccines at home, please bring documentation when you return for your next appointment so we can update your records.

Signature Manifest

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All dates and times are in Eastern Time.

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