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PBMT GEN-070 PEDIATRIC POST TRANSPLANT VACCINATION SCHEDULE

Post-HSCT Immunizations Record & Guidelines

Schedule	Vaccine	Brand	Series #	Date
Annually	~ ~	*injections are killed.	1 per year	Initial:
(Sept – March)	Influenza	Flumist is a "LIVE"	(unless naïve, then boost after 2	boost (if needed):
give if > 100d post	injections	vaccine	months)	Yearly:
	DTaP (preferred or Tdap)		1 of 3	
Initial	IPV	Pediarix	1 of 3	
Round	Hepatitis B		1 of 3	
(1 year post-Tx or as per PBMT	HiB		1 of 3	
attending)	PCV-13	Prevnar	1 of (3/4)	
3)	Hepatitis A		1 of 2	
	DTaP (preferred or Tdap)		2 of 3	
≥2 months	IPV	Pediarix	2 of 3	
(from initial round)	Hepatitis B		2 of 3	
	HiB		2 of 3	
	PCV-13	Prevnar	2 of (3/4)	
	DTaP (preferred or Tdap)		3 of 3	
≥4 months	IPV	Pediarix	3 of 3	1000
(from initial round)	Hepatitis B		3 of 3	
	HiB		3 of 3	NO. 10 10 10 10 10 10 10 10 10 10 10 10 10
	PCV-13	Prevnar	3 of (3/4)	
	MCV4	*do not give Menactra at same time as Prevnar*	1 of 2	
		ase check Tetanus and	Pneumococcal tite	ers
≥6 months	MCV4		2 of 2	
(from initial round)	Hepatitis A		2 of 2	
**On	ly give live vaccines afte			
		ase check Tetanus and		ers
≥12 months	MMR (live)		1 of 2	
(from initial round)	Varicella (live)		1 of 2	
	PCV-13 or	Prevnar or	4 of 4	
	PPSV-23	Pneumovax	1 of 1	
15 months	Varicella (live)		2 of 2	
	MMR (live)		2 of 2	
Males and		Use Guardasil-9 if possible 1st two doses separated by 2	1 of 3	
Females > 9 yo	HPV	mo, 2 nd and 3 rd doses	2 of 3	
·		separated by 4 months	3 of 3	
Before college	MCV4	Boost if > 4-5y since last MCV dose	1 of 1	
	Men B	2 doses (Besero) separated by ≥ 1 month	2 doses	1
Every 10 years	Tdap booster		1 dose	

Fast Facts and More Detailed Explanations

- The re-immunization process for patients who have had allogenic HSCT's typically begin at 1 year post-transplant with the *killed/inactivated* vaccines, *AND* when patients are: a) off of all immunosuppressive medications, b) they have a CD4+ count of > 400 cells/uL and an ANC of > 800 cells/uL, c) and they have not received an IVIG infusion in the past 3 months (can be > 8 weeks for these inactivated vaccines).
- ALL post-HCST patients should be viewed as "never vaccinated," with an infant-like immune system... thus pediatric vaccinations with higher antigen/toxin doses are preferred for these patients regardless of age.
- Therefore, combination vaccines are a good option and can be given to these patients also regardless of age. DTaP rather than (Td or Tdap) is preferred for patients even over 7 yo. There is currently no evidence that there are significant more side effects.
- If unable to get the preferred DTaP, the Tdap vaccine is an acceptable, although it is likely a less effective alternative.
- The Menactra brand MCV4 vaccine and the Prevnar (PCV-13) vaccine should NOT be administered at the same time (as it will decrease the effectiveness of the Prevnar) and should be separated by at least 4 weeks. The Menveo brand MCV-4 vaccine can be given at the same time as Prevnar.
- It is recommended that the first 3 doses of pneumococcal vaccine be with Prevnar (PCV-13) as these patients will have a better response to its antigen presentation. For the 4th dose, it is ideal to boost with the Pneumovax (PCV23) vaccine which will cover more strains. However, a 4th dose of Prevnar (PCV-13) is also acceptable.
- It is important to get diphtheria (+/- tetanus) and pneumococcal titers after 3 rounds (about 6 months after starting immunizations) to document response to the vaccines. They should be checked again at the 1 year mark prior to starting live vaccinations
- It is safe to begin *live vaccinations (MMR, Varicella)* following the 2-8-1 rule: a) no sooner than 2 years post-HSCT, b) at least 8 months after the last IVIG dose, and c) 1 year off of all immunosuppressive therapy. They should also have a documented response to the killed vaccines per diphtheria and pneumococcal titers.
- The minimum time between the 1st and 2nd MMR/Varicella doses is 1 month
- It is recommended that all males and females receive HPV vaccinations (with Guardasil-9 if possible). Recent studies have suggested that 2 doses may be adequate.
- For high risk patients (ie. students living in college dorms) it is recommended that the get a boost with an MCV 4 vaccine if >5 yrs since last dose. 2 doses of the newly approved Men B vaccine will provide further protection.

^{**}Please see: Carpenter PA & Englund, JA. *How I vaccinate blood and marrow transplant recipients.* Blood. 2016 Jun 9;127(23):2824-32 for an excellent Q&A format review of current evidence and guidelines.

Signature	Manifest
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