



Victorian Spleen Registry (VSR) Recommendations for the prevention of infection in asplenic or hyposplenic patients

Vaccine Recommendation	Which	Route	Timing	REVACCINATION	
Pneumococcal polysaccharide vaccine <input type="checkbox"/>/...../20..	Pneumococcal 23 valent polysaccharide vaccine PPV23 (<i>Pneumovax 23</i>)	0.5ml S/C or IM	>2 weeks before elective surgery OR 7-14 days after emergency splenectomy or prior to discharge	1st after 5 years 2nd see below*	It is safe to give these 3 vaccines at the same time
	<i>Patients previously given Pneumococcal Conjugate 7 Valent Vaccine (Prevenar) see recommendations below</i>				
Haemophilus influenzae type b <input type="checkbox"/>/...../20..	Hib <i>(Liquid Pedvax Hib, Hiberix)</i>	0.5ml IM thigh/upper arm	>2 weeks before elective surgery OR 7-14 days after emergency splenectomy or prior to discharge	No booster required	
Meningococcal vaccines Conjugate <input type="checkbox"/>/...../20..	(1) Meningococcal C conjugate vaccine MenCCV <i>(Menjugate or Meningitec or NeisVac-C)</i> 	0.5ml deep IM thigh/upper arm	>2 weeks before elective surgery OR 7-14 days after emergency splenectomy or prior to discharge. <i>Wait 6 months</i> to administer conjugate meningococcal vaccine if polysaccharide vaccine was administered first	(1) No booster required	
	Polysaccharide <input type="checkbox"/>/...../20..	Then 6-8 weeks later (2) Meningococcal quadrivalent polysaccharide ACWY vaccine 4vMenPV <i>(Mencevax ACWY or Menomune)</i>	0.5ml S/C	Administered by GP or at ID outpatients review	1st after 5 years
Influenza Vaccine <input type="checkbox"/> 20.....	Annual	0.5ml IM or deep S/C	Pre winter	Annual	

If a patient has a bleeding disorder and there is a concern about giving vaccinations (i) delay administration until corrected (ii) contact Victorian Spleen Registry or Haematology Registrar

Antibiotic Prophylaxis	<ol style="list-style-type: none"> Oral amoxicillin 250-500mg once daily OR phenoxymethyl penicillin (penicillin V) 250-500mg twice daily Penicillin allergy – roxithromycin 150mg once daily or erythromycin 250mg twice daily Duration - Immunocompromised patients - lifelong; otherwise healthy patients - recommend daily antibiotics for a minimum of two years, or lifelong. Emergency supply of antibiotic - irrespective of prophylaxis, all patients to have amoxicillin 3g sachet, kept at home and taken if fever occurs. Penicillin allergy - roxithromycin 300mg daily or erythromycin 1g four times a day - patients should initiate antibiotics immediately and then seek medical advice as soon as possible.
*Pneumococcal Vaccinations	<ol style="list-style-type: none"> Pneumococcal conjugate 7 valent vaccine PCV7 (Prevenar) is recommended for asplenic children (<18 years). Currently there are insufficient data to recommend PCV7 for adults If PCV7 has been given, the patient should receive the pneumococcal polysaccharide vaccine (Pneumovax 23) 6-8 weeks later *2nd revaccination: at age 65 (or 50 for Indigenous Australians), or at least 5 years after 1st revaccination if older than 65 (or 50)
Patient education	Inform patient (and family) of increased risk of bacterial infection and strategies to prevent these infections. Patients should not worry about minor viral infections. Discuss OPSI (overwhelming post splenectomy infection), risk of tick and animal bites/scratches. Immunisation card, information sheet, laminated health advice card, spleen alert card, fridge magnet and Spleen Registry details should be given to patient.
Blood tests	FBE & film – lack of splenic function shown by Howell-Jolly bodies on film and lowered IgM memory B cell markers. The IgM B test is available at The Alfred.
Travel Recommendations	<ol style="list-style-type: none"> Seek medical advice before travel -this can be done at the Alfred Hospital Travel Clinic, phone number (03) 9076 3795 Where malaria is endemic, anti-malarials, insect repellent and barrier precautions may be recommended Ensure meningococcal vaccination is current for travel to high incidence countries
Alerts	Patient should be encouraged to wear or carry a medical alert medallion or wallet card. Patient's medical notes should display medical alert sticker.
Emergency plan	Possible symptoms of serious bacterial infection include fever, shivers/chills and/or vomiting. Patients with these symptoms should take emergency antibiotics and should call doctor or present at local hospital emergency department as soon as possible.

For review if required: The Alfred hospital asplenic/hyposplenic clinic (03) 9076 6081.