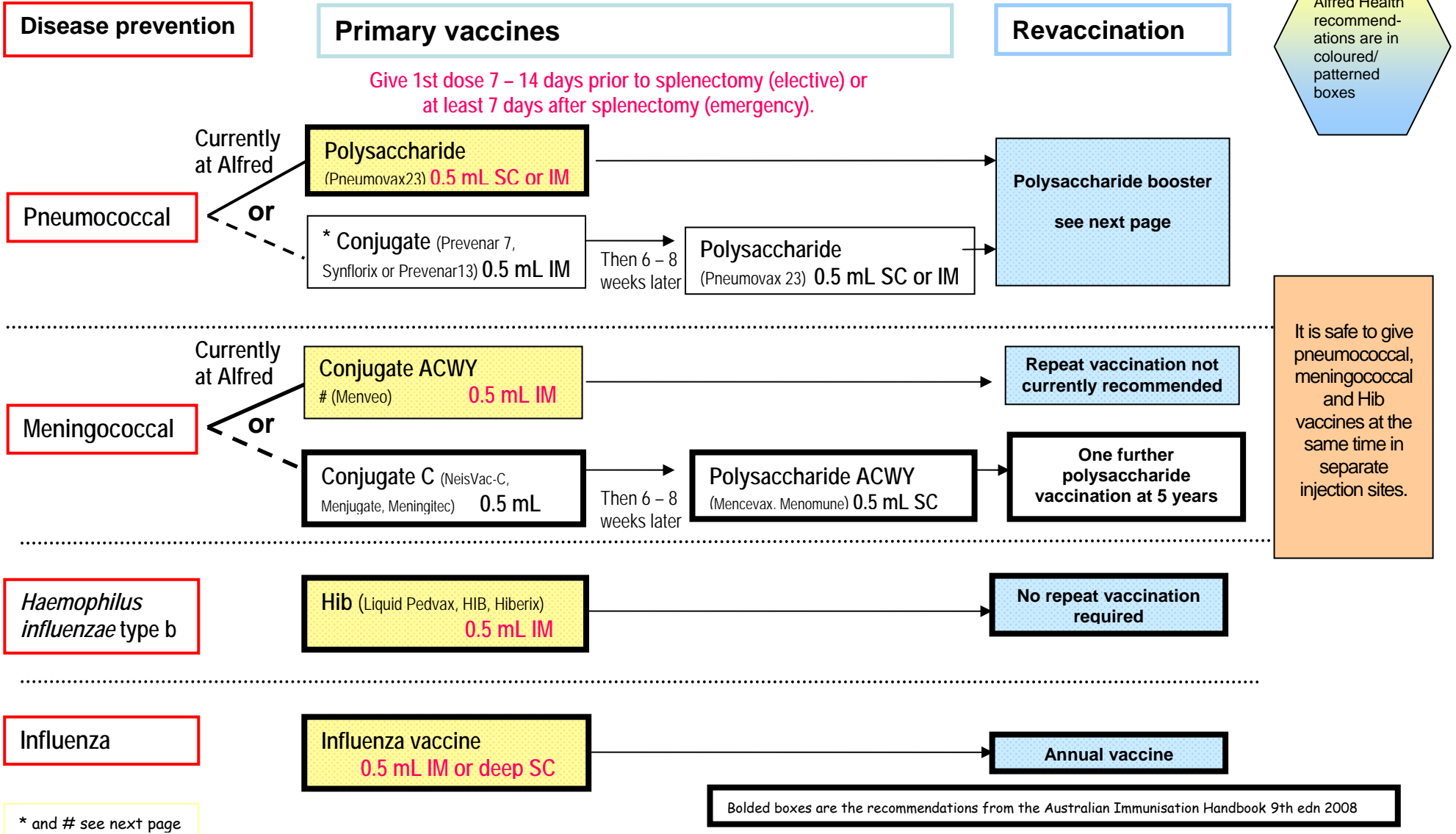


Please obtain verbal consent from patient to receive below vaccinations



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

Additional information

Antibiotic Prophylaxis	<ol style="list-style-type: none"> Oral amoxicillin 250-500 mg once daily OR phenoxymethyl penicillin (penicillin V) 250-500 mg twice daily Penicillin allergy – roxithromycin 150 mg once daily or erythromycin 250 mg once 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 3 gram sachet, kept at home and taken if fever occurs. Penicillin allergy - roxithromycin 300 mg daily or erythromycin 1 gram four times a day - patients should initiate antibiotics immediately and then seek medical advice as soon as possible
Pneumococcal vaccination and boosters	<ol style="list-style-type: none"> * Pneumococcal conjugate 7, 10 or 13 valent vaccines (Synflorix, Prevenar 7 or Prevenar 13) is recommended for asplenic children (<18 years) and sometimes adults. Currently there are insufficient data to recommend pneumococcal conjugate vaccine (PCV) for all adults. If PCV has been given, the patient should receive the pneumococcal polysaccharide vaccine (Pneumovax 23) 6-8 weeks later. Revaccination with Pneumovax currently not recommended. The Therapeutic Goods Administration (TGA) issued a statement on the 18/4/2011 that revaccination (booster) of the pneumococcal polysaccharide vaccine (Pneumovax 23) should be withheld; see www.tga.gov.au/alerts/pneumovax.htm. If considering booster doses of pneumococcal vaccines please refer to this website or contact the VSR 9076 3828.
Meningococcal vaccines	<ol style="list-style-type: none"> Meningococcal vaccines given out of order If meningococcal polysaccharide ACWY (Mencevax, Menomune) is inadvertently given prior to meningococcal C conjugate vaccine (NeisVac-C, Menjugate, Meningitec) – it is recommended that the patient wait 6 months before receiving the meningococcal C conjugate vaccine. # Menveo – PI states vaccine suitable in age group 2 - 55 years – in practice this vaccine can be administered 'off label' to older aged patients
Patient education	<ul style="list-style-type: none"> Patient and family/friends should know of his/her increased lifelong risk of bacterial infections and how to prevent these (antibiotics/vaccinations – plus seeking additional medical advice) Patients should not worry about minor viral infections Animal bites/scratches – need to be reviewed by a medical practitioner as animals also carry some significant bacteria on their claws and teeth Dental procedures do not require additional antibiotic cover unless they have an associated condition Pregnancy or breastfeeding - underlying risk for overwhelming sepsis is not increased but vaccinations need to be discussed with GP <p style="text-align: center;">VSR dispenses “education kits” that contains many items including immunisation cards & alerts. All registered patients & their GPs receive an annual newsletter that contains medical updates and the latest information on staying healthy.</p>
Blood tests	<ul style="list-style-type: none"> FBE & film – can demonstrate lack of splenic function as shown by Howell-Jolly bodies on film and lowered IgM memory B cell markers. The IgM memory B test is available at The Alfred & Monash Medical Centre.
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 or Monash Medical Centre travel clinic 9594 4564 (you will need a referral). Where malaria is endemic, anti-malarials, insect repellent and barrier precautions should be recommended Ensure meningococcal vaccination is current for travel to high incidence countries
Alerts	<ul style="list-style-type: none"> Patient should be encouraged to wear or carry a medi-alert medallion or wallet card at all times. Patient’s medical notes should display medical alert sticker.
Emergency plan	Possible symptoms of serious bacterial infection include fever, shivers, chills and/or vomiting/diarrhoea. Patients with these symptoms should take emergency antibiotics and consult a doctor or present at local hospital emergency department as soon as possible.

For medical review if required: The Alfred hospital's Infectious Diseases Clinic (03) 9076 6081. The Victorian Spleen Registry is based at The Alfred hospital.

To register call (03) 9076 3828 or email spleenregistry@alfred.org.au or go to our website – www.spleen.org.au or call A/Professor Denis Spelman (03) 9076 2000.