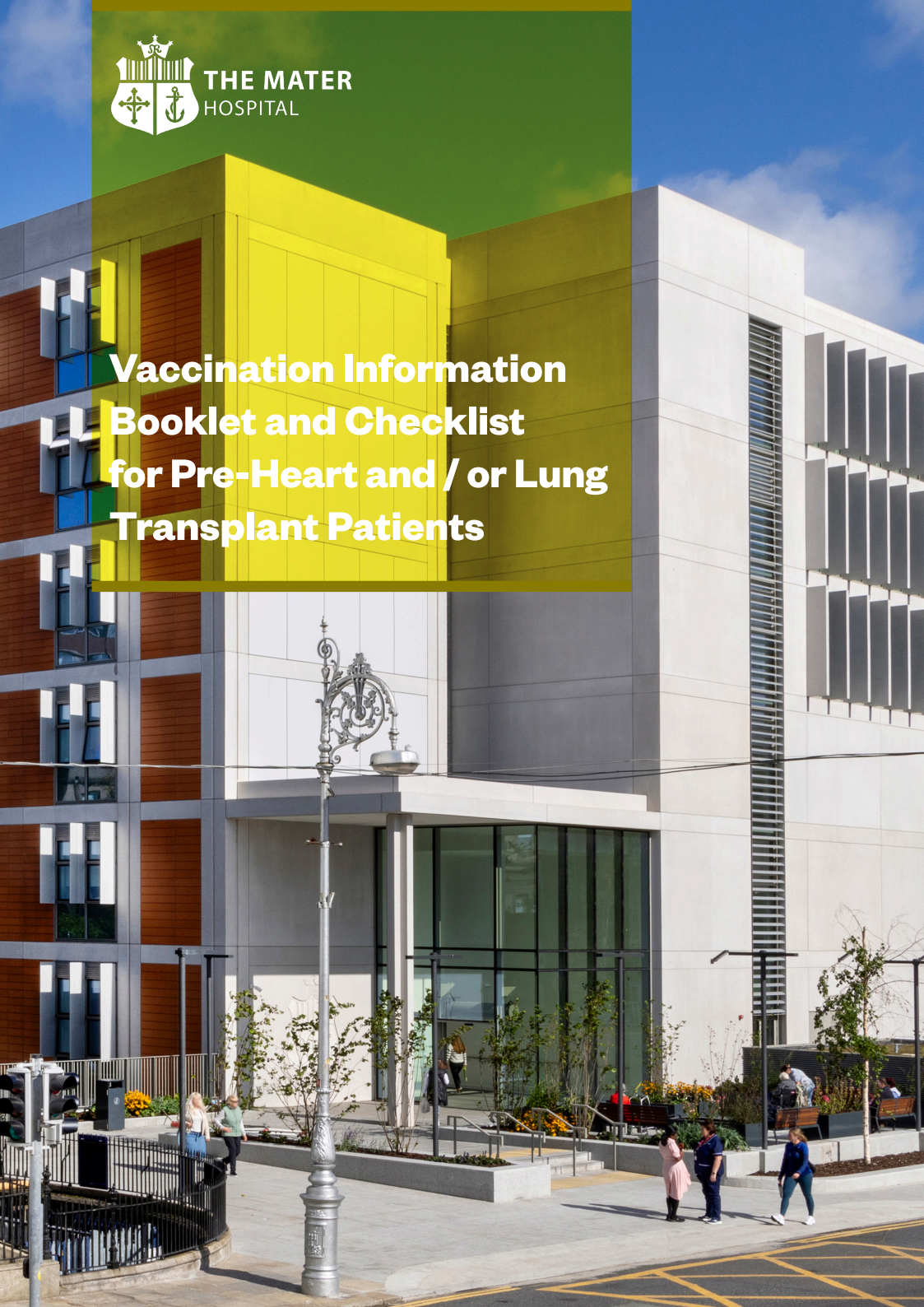




THE MATER
HOSPITAL

Vaccination Information Booklet and Checklist for Pre-Heart and / or Lung Transplant Patients



Dear Patient

Prior to transplant it is important that you are up to date with your vaccinations. This can be done through your local medical practitioner or local hospital service. You may have some of these vaccines already. The flow chart on page 2 will help you and your GP identify which vaccines you require.

Please ensure your GP/healthcare provider completes the checklist on page 3 when vaccines are complete. This booklet is an official record of your vaccination history.

The vaccination process may take several weeks to complete so it is important to plan ahead.

Which vaccines do I need?

<p>1. Annual Covid vaccine</p>	<p>Received this season?</p> <ul style="list-style-type: none"> Yes → Not required No → Required 	<p>When available as per national guidelines.</p>
<p>2. Annual Flu vaccine (inactivated)</p>	<p>Received this season?</p> <ul style="list-style-type: none"> Yes → Not required No → Required 	<p>NOTE: 2 doses 4 weeks apart in the first season of receipt.</p>
<p>3. Hepatitis B *</p>	<p>History of hep B vaccination in past?</p> <ul style="list-style-type: none"> Yes → Check anti - Hep B surface antibody and refer to protocol page 4 No → Vaccine required - refer to protocol page 4 	<p>* See protocol page 4</p>
<p>4. Pneumococcal: (BOTH REQUIRED) i) PCV 13 (Pneumococcal conjugate vaccine, Pevnar 13)</p> <p>AND</p> <p>ii) PPV 23 (Pneumococcal polysaccharide vaccine, Pneumovax 23)</p>	<p>PCV13 previously received?</p> <ul style="list-style-type: none"> Yes → Not required No/unsure (no evidence) → Required <p>PCV23 previously received?</p> <ul style="list-style-type: none"> Yes <ul style="list-style-type: none"> >5 years ago → Not required <5 years ago → Not required until 5 yrs elapsed No/unsure (no evidence) → Required 	<p>Give if no evidence of previously being received.</p> <p>Give PPV23 Vaccine 2 months AFTER PCV 13 if no evidence of previously being received.</p> <p>If PPV23 has been given first, wait at least 1 year before giving PCV13.</p>
<p>5. Tetanus, Diphtheria, Pertussis, Polio (Tdap or Tdap/IPV)</p>	<p>Previously vaccinated for Polio?</p> <ul style="list-style-type: none"> Yes → Give Tdap if not received within last 10 years No/unsure (no evidence) → Give Tdap/IPV if not received within last 10 years 	<p>Tdap or Tdap/IPV can be used interchangeably, however use Tdap/IPV if possible previous polio vaccination not received.</p>
<p>6. Hepatitis A (Avaxim® or Havrix Monodose® or any monovalent Hep A vaccine available) 2 doses 6 month apart</p>	<p>Previous Hep A infection or vaccination?</p> <ul style="list-style-type: none"> Yes → Not required No → Required Unsure → Check Hep A IgG antibody <ul style="list-style-type: none"> Hep A IgG + → Vaccine not required Hep A IgG - → Vaccine required 	

7. Haemophilus influenzae type B (Hib) - Lung transplant only	Give 1 dose only if no documented evidence of receipt in past 5 years.	
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It is preferential that patients receive the following vaccines if not previously received. However as there may be a charge to the patient, they are not required unless patient happy to pay:

8. HPV (Human Papilloma virus)	Three dose schedule at 0, 2 and 6 months regardless of age. Ideally HPV9 (especially in females) however can be HPV4.
9. Zoster - Shingrix (non-live)	Two doses are required. The second dose can be given 1-2 months after the first dose.
10. RSV (Respiratory Syncytial Virus) - RSVpreF (Abrysvo, Pfizer)	Single dose only.

LIVE VACCINES

Given only on discussion with Transplant Physician and Clinical Microbiology.

- **Live vaccines require suspension from the active transplant list. Live vaccines are a contraindication to proceeding due to risk of severe infection from live virus.**
- **Live vaccines cannot be given on some immunotherapy medications. Please check with the transplant physician.**
- Vaccine response may be suboptimal if MMR or varicella vaccine is given from 2 weeks before to 3-11 months after specific immunoglobulins and/or blood products as they may interfere with the immune response.

11. MMR (Measles, mumps and rubella)	Serology will be checked to see if immune or nonimmune.	To be given only on direction of transplant physician as cannot receive organ transplant for at least one month. Cannot be given if on some immunosuppressive therapy. Please check with the transplant physician.
12. Varicella (Varivax)	Serology will be checked to see if immune or nonimmune.	Usual regimen is two doses 4-8 weeks apart. Note: if MMR and Varicella both required can be either given on the same day or ≥4weeks apart.

Vaccine Checklist

AFFIX PATIENT LABEL HERE

Vaccine	Date Completed	Signature / Practice stamp
COVID-19	1. 2. 3.	
Inactivated influenza (annual)		
Hepatitis B* *See protocol page 4	1. 2. 3. 4.	
PCV13 (Pneumococcal conjugate vaccine, Prevnar 13)		
PPV23 (Pneumococcal polysaccharide vaccine, Pneumovax 23)		
Tdap or Tdap/IPV (tetanus, diphtheria, pertussis)		
Hepatitis A (Avaxim® or Havrix Monodose® or any monovalent hepatitis A vaccine available)		
Haemophilus influenzae type B (Hib)		
HPV (Human Papilloma virus)	1. 2. 3.	
Zoster – Shingrix (non-live)	1. 2.	
RSV (Respiratory Syncytial Virus) - RSVpreF (Abrysvo, Pfizer)		

LIVE VACCINES

Give only on discussion with Transplant Physician and Clinical Microbiology

MMR (Measles, mumps and rubella)	DO NOT GIVE UNLESS SPECIFICALLY REQUESTED BY TRANSPLANT PHYSICIAN / MICROBIOLOGY 1.
Varicella (Varivax)	DO NOT GIVE UNLESS SPECIFICALLY REQUESTED BY TRANSPLANT PHYSICIAN / MICROBIOLOGY 1. 2.

Hepatitis B vaccine protocol

Brand: Use Fendrix® 20 microgram or Engerix® 40 micrograms vaccine.

Note: The different forms of Hepatitis B vaccine are not interchangeable. It is important that the vaccine is prescribed by brand name and dose so that the course can be completed correctly.

Schedule: Patients require 3 Hep B Vaccine doses at day 0, 1 month and 2 months from the date of first dose. Final dose is given at 6 months **IF anti-body response is achieved (see below).**

If hepatitis B vaccine schedule is interrupted, it does not need to be repeated and the next dose due should be given as soon as possible. The remainder of the vaccine course should be given as recommended above.

Monitoring of response: **Anti-HBs antibody levels should be checked 8 weeks after the third dose** to ensure a desired antibody response. It is generally accepted that the protective anti-HBs antibody level is 10 IU/l and above.

- If anti-HBs titre is ≥ 10 mIU/mL, please email result to transplantco@mater.ie and the patient should receive their final dose of hepatitis B vaccine at 6 months from the date of the first dose.
- If anti-HBs titre is < 10 mIU/mL, please email result to transplantco@mater.ie. A second course of Hepatitis B vaccination will be required.

FAQs

1. Where can I find information on the vaccines recommended for solid organ transplant candidates?

- Further information is available on the Health Information and Quality Authority (HIQA) website:
- Chapter 3; Immunisation of Immunocompromised Persons - updated 30 May 2023. Available at:
www.hiqa.ie/sites/default/files/NIAC/Immunisation_Guidelines/Chapter_03_Immunisation_of_the_Immunocompromised.pdf

2. What is the reimbursement agreement with the HSE for the vaccines?

- The vaccines, except HPV and Zoster (Shingrix), are provided free from the National Cold Chain Service.
- There is funding from the Department of Health to the HSE for vaccine administration for GPs for HepB and PPV23 vaccines through the PCERS only if patient has a medical card or GP visit card.

3. Who can I contact if I have further queries?

Please contact your transplant team if you have any further queries.

4. What vaccines should I get after transplant?

Post transplant vaccination is an important step to ensure you remain well. Typically it would be recommended not to receive any vaccines within 6 months post transplant to allow your immune system to recover. Please discuss with your transplant provider. Live vaccines are never indicated post transplant.

Notes