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**Pre-Solid Organ Transplant Recipients (SOTR) immunisation guidelines to 18 years (November 2015)**

- At diagnosis and/or consideration of transplant- it is recommended that the *full primary schedule with additional vaccines* be completed as early as possible.

- Ideally administer vaccines a minimum of 4 weeks before SOT, to maximise the serum immune response.

  *Once transplanted, live attenuated vaccines MUST NOT be given*

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<table>
<thead>
<tr>
<th>Age</th>
<th>Routine Immunisation schedule</th>
<th>Additional vaccines</th>
<th>Additional comments</th>
<th>Glossary</th>
</tr>
</thead>
</table>
| Birth     | Hep B (paediatric)            |                    | -Complete within 7 days  
-No need for catch up if dose missed | Bexsero  
*4c Meningococcal vaccine  
Boostrix  
* diphtheria  
* tetanus  
* pertussis  
Gardasil  
*human papillomavirus  
Hepatitis B  
*adult dose or paediatric dose |
| 6-8 weeks | Infanrix Hexa  
Prevenar 13 Rotateq¹ |                    | -Can be given from 6 weeks of age  
-Refer to Immunisation App for age limits  
* haemophilus influenza type b  
Infanrix Hexa  
* diphtheria  
* tetanus  
* pertussis  
* polio  
* Hib  
* Hepatitis B (paed)  
Infanrix IPV  
* diphtheria  
* tetanus  
* pertussis  
* polio |
| 4 month   | Infanrix Hexa  
Prevenar 13 Rotateq¹ |                    |                     | Menitorix  
* haemophilus influenza type b  
*meningococcal C conjugate |
| 6 month   | Infanrix Hexa  
Prevenar 13 Rotateq¹ | Influenza vaccine  
(recommended annually) | - Before having 6 month vaccines must be ≥24 weeks of age and ≥8 weeks post 4/12 immunisations  
- Refer to Immunisation App for Influenza doses  
-Fluvax (CSL) brand should NOT be used in children <5 years. It is also not recommended in children aged 5-10 years, with a strong preference for an alternative brand of influenza vaccine  
-Influenza must be separated from Prevenar 13 by minimum of 3 days if ≤4-years | Mnevo  
* 4-valent meningococcal conjugate ACWY  
Pneumovax 23  
pneumococcal polysaccharide  
Prevenar 13  
* pneumococcal conjugate  
Priorix/MMRII  
* measles  
* mumps  
* rubella  
Priorix Tetra  
* varicella  
*mumps  
*measles  
*rubella  
Rotateq  
*rotavirus |
| Additional timepoint [9 months] | | | -Can consider commencing Priorix and Varilrix, 2 dose schedule, min. 4 weeks apart, if transplant is imminent²  
-Bexsero & Mnevo licensed from 6 weeks of age³ | |
| 12 month  | Priorix²  
Menitorix (see additional vaccines)  
Hiberix (not required if Menitorix previously given)  
Prevenar 13 Varilrix ³  
Vaqta ² | Mnevo² (can give instead of scheduled Menitorix)  
Hiberix (not required if Menitorix previously given) | -If Menitorix (Hib-MenC) already given prior to diagnosis, allow 4-8 weeks before giving Mnevo (4-valent meningococcal conjugate ACWY)  
-Bexsero (4cMenB) - 2 doses 2 months apart  
-Hib catch up recommended to 5 years inclusive  
-Hepatitis A can be commenced from 12 months of age  
- 2-doses 6-months apart  
-Additional Prevenar 13 @ 12-months or diagnosis/ consideration of transplant (0-18 years) | |
| 18 month  | Priorix Tetra²  
Vaqta | | -If ≤4 years Priorix Tetra MUST not be given as the 1st dose of measles containing vaccine but can be given as the 2nd dose  
-Hepatitis A dose 2 administered ≥6 months after the 1st dose | |
| 2 years   | Pneumovax 23 | | -Must be a ≥28 weeks post Prevenar 13  
-Considered once ≥2 years of age | |

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¹For children born 01/01/2007 or later.

²For children born 01/01/2004 or later.

³For children born 01/01/2008 or later.
<table>
<thead>
<tr>
<th>Age Group</th>
<th>Vaccine</th>
<th>Dose Schedule</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 years</td>
<td>Infanrix IPV</td>
<td>-Can be administered ≥3.5 years</td>
<td></td>
</tr>
<tr>
<td>12-13 years</td>
<td>Gardasil</td>
<td>-3 dose course (0,2 and 6-months)</td>
<td></td>
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<tr>
<td>15-16 years</td>
<td>Boostrix</td>
<td>-Can consider giving vaccine early prior to transplant if no pertussis containing vaccine has been given in the last 5 years</td>
<td></td>
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</tbody>
</table>

* Consult with immunisation specialist to discuss vaccines being given <12 months if transplant date is imminent

* Live attenuated vaccines (Must be administered a minimum of 4 weeks prior to transplant. To be given on the same day or 4 weeks apart)

**NB:** Once transplanted, patients should receive 2 doses of Influenza vaccine annually when there is a strain change in the vaccine composition

Household Contacts - ensure up to date with Pertussis, MMR and Varicella; Recommend annual Influenza vaccine

For additional information on Bexsero, please see our [Meningococcal B position statement](#).