



Absent or Dysfunctional Spleen Vaccination Protocol

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DOCUMENT CONTROL		PROTOCOL NO.	1.03
Policy Group	Infection Control Committee		
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DUMFRIES AND GALLOWAY ABSENT OR DYSFUNCTIONAL SPLEEN VACCINATION PROTOCOL

Antibiotic Prophylaxis *

Penicillin V 125mg b.d for children <2 yrs
250mg b.d for children 2-12 yrs
500mg b.d for adults

Clarithromycin 500 mg nocte for adults with penicillin allergy.

HIB/ Meningitis C Vaccine

Adults & children >2yrs should receive Hib/MenC dose regardless of immunisation status. Single dose MenACWY one month later ♥

Meningitis B Vaccine

Adults & children >2yrs should receive MenB dose regardless of immunisation status. 2nd dose 2 months later ♥

Pneumococcal vaccine: polysaccharide vaccine for >5yr olds. For < 5yr olds see schedule table 7.1 from JCVI March 2014 update (below). Reimmunise 5 yearly ♥

Influenza

Annual Influenza Vaccine

TRAVEL \$

Antimalarials if traveling to endemic areas
Meningitis A&C or ACWY if appropriate

Antibiotic Cover *

A three day supply of Coamoxiclav should be kept by the patient with instructions to take 1000/250 strength tablets (2) at first sign of infection and 500/125 strength tablet t.i.d thereafter (as per BNF).

Children up to 10 yrs 500/125 mg initially and 250//62 strength tablet t..i.d there after.

AUGUST 2014

This algorithm is based on the British Committee for Standards in Haematology by a Working Party of the Clinical Haemato-Oncology Workforce. "Review of the Guidelines for the Prevention and Treatment of Infection in Patients with an Absent or Dysfunctional Spleen". British Journal of Haematology 2011:155;308-317.

* Antibiotic cover is indicated as a minimum requirement and in addition to the recommendation of life-long antibiotic prophylaxis for higher risk patients (<16, >50, previous IPD or poor pneumococcal antibody response, and in the immediate post-operative period).

\$ Travel - patients with absent or dysfunctional spleens should seriously consider not going to malaria endemic areas.

♥ Green Book

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/566853/Green_Book_Chapter7.pdf

JCVI recommended - Table 7.1 Suggested schedule for Immunisation with conjugate vaccines in individuals with asplenia, splenic dysfunction, immunosuppression, or complement deficiency

Age at which condition is diagnosed	Vaccination schedule – where possible, vaccination course should be started at least two weeks before surgery or commencement of immunosuppressive treatment. If not possible, see advice in the pneumococcal chapter. Post-surgery immunizations should not commence until 14 days after surgery.
First diagnosed under 1 year of age	Children should be fully immunised according to the national schedule, and should also receive: <ul style="list-style-type: none"> two doses of MenACWY vaccine at least one month apart during infancy; one additional dose of PCV13* and one dose of MenACWY conjugate vaccine two months after the 12-month vaccinations; and one additional dose of Hib/MenC and one dose of PPV231 after the second birthday.
First diagnosed 12-23months	If not yet administered, give the routine 12-month vaccines: Hib/MenC, PCV13, MMR and MenB, plus: <ul style="list-style-type: none"> one additional dose of PCV13* and one dose of MenACWY conjugate vaccine two months after the 12-month vaccinations; and one additional dose of Hib/MenC and one dose of PPV23*,** after the second birthday. If not already received, two primary doses of MenB vaccine should be given two months apart at the same visit as the other vaccinations.
First diagnosed from 2 years to under 10 years	Ensure children are immunised according to the national schedule, and they should also receive: <ul style="list-style-type: none"> one additional dose of Hib/MenC and one dose of PPV23*; followed by: one dose of MenACWY conjugate vaccine two months later. If not already received, two primary doses of MenB vaccine should be given two months apart at the same visit as the other vaccinations.
First diagnosed at age 10 years onwards	Older children and adults, regardless of previous vaccination, should receive: <ul style="list-style-type: none"> one dose of Hib/MenC and one dose of PPV23*; one dose of MenACWY conjugate vaccine one month later. If not already received, two primary doses of MenB vaccine should be given one month apart at the same visit as the other vaccinations.

PCV = pneumococcal conjugate vaccine,

PPV = pneumococcal polysaccharide vaccine

Data on long-term antibody levels in these groups of patients are limited. Additional doses to cover the higher risks of Hib, meningococcal and pneumococcal disease during childhood, should be considered, depending on the child's underlying condition. Specialist advice may be required.