**BUMCP Abdominal Transplant Guidelines: Adult Vaccine Recommendations**

* Immunization is one of the most effective ways to protect against infectious diseases.
* Vaccination plans should be individualized for potential transplant candidates and recipients based on history and serological testing.
* Optimization of vaccines pre-transplant is recommended whenever possible for the following infectious diseases

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| **Disease** | **Pre Transplant** | **Post Transplant** |
| **Hepatitis A** | One dose at 0 months and 6 months  Recheck titer 60 days after last dose | Begin series 6 months post transplant, if not completed prior |
| **Hep B (Core antibody, surface antibody/**  **antigen)** | If Hep B core, surface antibody/antigen negative, begin HBV series   * One dose of 40mcg/mL at 0,1,6 months * Recheck titer 60 days after last dose * Re-administer series at double the dose of vaccine (if covered by insurance), if patient does not seroconvert after completion of first series | Begin series 6 months post transplant, if not completed prior   * Monitor HBsAb every 6 months, to assess ongoing immunity |
| **Human papilloma virus** | Until age 26 (female and male): One dose at 0 , 1-2, and 6 months | Begin series 6 months post transplant, if not completed prior |
| **Herpes zoster** | Recombinant adjuvanted zoster vaccine (RZV, Shingrix) dose at 0 months, then 2-6 months later (2 doses total) for adults >50 regardless of past episodes of herpes zoster or recipient of live zoster vaccine= | Begin series 6 months post transplant, if not completed prior |
| **Influenza** | Annually give inactivated influenza vaccine (IIV) or recombinant influenza vaccine (RIV) | Inactivated vaccine MAY be administered despite intensive immunosuppression (in immediate post transplant period) particularly in an outbreak situation   * *High dose vaccine preferred, if covered by insurance* |
| **Measles, mumps, rubella, rubeola IgG**  **\*Patients born before 1957 presumed immune to measles** | 1 dose MMR if no immunity detected.   * Give >60 days before transplant * Contraindicated less than 30 days before transplant * RECHECK titer 3 months after MMR dose | Contraindicated (live vaccine) |
| **Pneumococcal** | **Prevnar 13 (PCV 13); preferred to be given *before Pneumovax*:** If Pneumovax (PPSV23) given first, must wait 1 year to give Prevnar 13  **Pneumovax (PPSV 23); preferred to be given *after Prevnar*:** Give 8 weeks after first Prevnar dose OR give 1 dose if >5 years since last Pneumovax  <https://www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf> | Administer 6 months post transplant, if not given prior |
| **TdaP** | Substitute 1 time dose of TDaP for Td booster, then Td booster every 10 years | Administer 6 months post transplant, if not given prior |
| **Varicella** | If VZV IgG negative, consider varicella vaccine 2 doses 4-8 weeks apart IF transplant not anticipated within 4 weeks | Contraindicated (live vaccine) |

**References:**

CDC Recommended Immunization Schedule for Adults Aged 19 and older, United States 2018

Retrieved from <https://www.cdc.gov/vaccines/schedules/hcp/adult.html>

Danziger-isakov L, Kumar D. Vaccination in solid organ transplantation. *Am J Transplant*. 2013;13 Suppl 4:311-7.

# Rubin LG et al. 2013 IDSA Clinical Practice Guideline for Vaccination of the Immunocompromised Host. Clinical Infectious Diseases, Volume 58, Issue 3, 1 February 2014, Pages e44–e100, <https://doi.org/10.1093/cid/cit684>