
Splenic Vaccination Protocol: Post Splenectomy or Spleen injury

Indications:

- All patients status post splenectomy
- All patients with <50% intact spleen
- Post embolization of spleen – vaccination at discretion of provider

Immunizations to be given 14 days post injury or prior to discharge from the hospital, whichever comes first, unless patient remains in the ICU.

Splenectomy Immunization Adult Order Set, in Epic will have the vaccines in the protocol.

Protocol:

Pneumococcal Vaccine:

For Pneumococcal Conjugate Vaccine (PREVNAR 13) (PCV13) and Pneumococcal Polysaccharide Vaccine (PNEUMOVAX) (PPSV23)

- If patient has not received either vaccine, administer PREVNAR 13, then in 8 weeks give PNEUMOVAX. 5 years after that dose, give the 2nd dose of PNEUMOVAX.
- If patient has received PREVNAR 13, administer PNEUMOVAX at least 8 weeks after PREVNAR 13. 2nd dose of PNEUMOVAX 5 years after 1st dose.
- If patient has already had 1 dose of PNEUMOVAX, administer PREVNAR 13 1 year after PNEUMOVAX. A 2nd dose of PNEUMOVAX will need to be given at least 8 weeks after PREVNAR 13 and 5 years after 1st PNEUMOVAX.
- If patient has already received 2 doses of PNEUMOVAX, administer PREVNAR 13 one year after most recent PNEUMOVAX.
- If the patient has already received both PREVNAR 13 and PNEUMOVAX, administer PNEUMOVAX 5 years after the 1st dose of PNEUMOVAX.

Haemophilus influenzae type b (Hib) Vaccine

- One dose immunization with either the monovalent or combination vaccine
- Monovalent: ActHIB, Hiberix, Pedvax.
- Combination vaccine: Pentacel (ActHIB plus tetanus toxoid)

Meningococcal Vaccine

- There are 2 types of meningococcal vaccines, can give either.
- Meningococcal conjugate or MenACWY vaccines: MENVEO, Menactra, and MenQuafi.
- Serogroup B meningococcal or MenB vaccines: BEXSERO and Trumenba



- Will need a second dose of meningococcal vaccine at least 8 weeks apart. Booster must be the same vaccine as the original.
- Revaccination every 5 years is recommended

Influenza Vaccine

- During Fall and Winter annually
- Since 2019, live attenuated influenza virus (FluMist) is not recommended in this patient population.

Other Recommends for Certain Patients:

- Tetanus, diphtheria, whooping cough (Tdap): if not up to date
- Zoster (shingles): If age 50 or older, 2 dose series of the Shingrix brand of shingles vaccine, even if previously vaccinated with Zostavax.
- Human papillomavirus (HPV): if not previously vaccinated, males up to the age of 21 and women up the age of 26.
- Varicella Vaccine: If born after 1980 and have no acquired immunity to the disease and/or have never received the vaccine.

References:

<https://www.cdc.gov/vaccines/adults/rec-vac/health-conditions/asplenia.html>