

# Immunisation for adults post-haematopoietic stem cell transplant (HSCT)

These recommendations are for adults who have received either an autologous or allogeneic graft.

For children aged under 18 years, please refer to the National Child Cancer Network guide [Immunisation of children during and after cancer therapy](#).

Vaccine	Additional notes	Recommended schedule	Eligibility
<b>From 6 months post-HSCT</b>			
Influenza	<ul style="list-style-type: none"> <li>Annually, during the Influenza Immunisation Programme</li> </ul>	<ul style="list-style-type: none"> <li>Administer two doses 4 weeks apart in the first year post-HSCT, only the first dose is funded</li> <li>In subsequent years, only one dose is required annually</li> </ul>	FUNDED
SARS-CoV-2 (COVID-19)	<ul style="list-style-type: none"> <li>Revaccination following immunosuppression</li> <li>During outbreak, revaccination can begin from 3 months post-HSCT<sup>†</sup></li> </ul>	<ul style="list-style-type: none"> <li>Administer vaccine doses following the recommended 3-dose primary course</li> <li>Additional doses as per recommended schedule</li> </ul>	FUNDED
<b>From 12 months post-HSCT</b>			
<i>Haemophilus influenzae</i> type b Hib (Hiberix/Act-HIB)	<ul style="list-style-type: none"> <li>Revaccination following immunosuppression</li> <li><b>Three doses are recommended <u>but</u>:</b> <ul style="list-style-type: none"> <li>One dose <b>is</b> funded</li> <li>Two doses <b>are not</b> funded</li> </ul> </li> <li>No Hib vaccines are available for purchase through Healthcare Logistics</li> <li>ProPharma-supplied Hiberix must be used for doses two and three</li> <li>No Immunisation Benefit Subsidy can be claimed</li> <li>The practice may wish to charge a vaccine administration fee</li> </ul>	<ul style="list-style-type: none"> <li>Administer three doses at 0, 1 and 6 months</li> </ul>	<div>FUNDED One dose</div> <div>NOT FUNDED Two further doses</div>
Hepatitis B (Engerix-B)	<ul style="list-style-type: none"> <li>Revaccination following immunosuppression</li> </ul>	<ul style="list-style-type: none"> <li>Administer three doses at 0, 1 and 6 months</li> </ul>	FUNDED
Herpes zoster Recombinant rZV (Shingrix)	<ul style="list-style-type: none"> <li>Revaccination from 18 years of age</li> <li>When a HSCT patient is two years post HSCT and have already had their VV, wait 12 months post VV before administering two doses of Shingrix<sup>†</sup></li> </ul>	<ul style="list-style-type: none"> <li>Administer two doses at least 2–6 months apart</li> </ul>	FUNDED From 18 years of age
Human papillomavirus HPV (Gardasil 9)	<ul style="list-style-type: none"> <li>Males and females 18–45 years of age inclusively</li> </ul>	<ul style="list-style-type: none"> <li>Administer three doses at 0, 2 and 6 months</li> </ul>	FUNDED Up to 27 years of age
Meningococcal B 4CMenB (Bexsero)	<ul style="list-style-type: none"> <li>Can be coadministered with any other vaccine</li> </ul>	<ul style="list-style-type: none"> <li>Administer two doses 8 weeks apart</li> </ul>	FUNDED

<sup>†</sup> Or earlier, on advice from the treating specialist

Vaccine	Additional notes	Recommended schedule	Eligibility
Meningococcal MenACYW (MenQuadfi)	<ul style="list-style-type: none"> <li>Prescription required for second primary dose</li> </ul>	<ul style="list-style-type: none"> <li>Administer two doses at least 8 weeks apart</li> </ul>	FUNDED
Pneumococcal PCV13 (Prevenar 13)	<ul style="list-style-type: none"> <li>If Pneumovax23 has been administered before Prevenar 13, wait one year to give Prevenar 13</li> </ul>	<ul style="list-style-type: none"> <li>Administer one dose</li> </ul>	FUNDED
Pneumococcal 23PPV (Pneumovax23)	<ul style="list-style-type: none"> <li>Administer Pneumovax23 a minimum of 8 weeks after Prevenar 13</li> </ul>	<p><b>If aged 18 years to under 60 years:</b></p> <ul style="list-style-type: none"> <li>Administer one dose</li> <li>Schedule a precall for the second dose in 5 years</li> <li>Schedule a precall for the third/final dose 5 years after second dose or at age 65 years, whichever is later</li> </ul> <p><b>If aged 60 years or older:</b></p> <ul style="list-style-type: none"> <li>Administer one dose</li> <li>Schedule a precall for the second/final dose in 5 years</li> </ul>	FUNDED
Polio IPV (Ipol)	<ul style="list-style-type: none"> <li>Revaccination following immunosuppression</li> </ul>	<ul style="list-style-type: none"> <li>Administer three doses at 0, 1 and 6 months</li> </ul>	FUNDED
Tetanus/diphtheria/pertussis Tdap (Boostrix)	<ul style="list-style-type: none"> <li>Revaccination following immunosuppression</li> </ul>	<ul style="list-style-type: none"> <li>Administer three doses at 0, 1 and 6 months</li> </ul>	FUNDED
<b>From 24 months post-HSCT</b>			
Measles/mumps/rubella MMR (Priorix)	<ul style="list-style-type: none"> <li>Revaccination following immunosuppression</li> </ul>	<ul style="list-style-type: none"> <li>If immunocompetent administer two doses, at least 4 weeks apart <sup>a, b, c, d</sup></li> </ul>	<p><b>FUNDED for immunocompetent individuals who meet eligibility criteria.</b></p> <p><b>CONTRAINDICATED for individuals with extensive graft vs host disease or on significantly immunosuppressive medication</b></p>
Varicella (chickenpox) VV (Varivax and Varilrix)	<ul style="list-style-type: none"> <li>Revaccination following immunosuppression</li> <li>When an HSCT patient has completed their Shingrix vaccination plan and is 24 months post HSCT complete VZV serology. If negative serology and immunocompetent administer two doses of VV at least 4 weeks apart</li> </ul>	<ul style="list-style-type: none"> <li>If immunocompetent administer two doses, at least 4 weeks apart <sup>a, b, c, d, e</sup></li> </ul>	

a. Not routinely recommended for individuals with extensive graft vs host disease or on significantly immunosuppressive medication.

b. Individuals who have received immunoglobulin or other blood products may require time for passive antibodies to decrease prior to administration of live varicella and MMR vaccines. Refer to Table A6.1 in IHB.

c. Two or more live vaccines can be given at the same visit. However, when live vaccines are administered at different visits, a minimum interval of 4 weeks is required.

d. Consider normal immunoglobulin or zoster immunoglobulin for post-exposure measles or varicella prophylaxis respectively in non-immune individuals.

e. Two doses of varicella vaccines are funded for a household contact of an individual who is severely immunocompromised or undergoing a procedure leading to immunocompromise, where the household contact has no clinical history of varicella infection or immunisation.