Asplenia Guidelines

- *Vaccinations* (>2 weeks pre-op, or post-op if emergent): Haemophilus influenzae type b (Hib), Meningococcal, Pneumococcal
  - See next slide for specific vaccine recommendations
- *Prophylaxis*:
  - Daily antibiotic prophylaxis to age 5 or for 1 year following splenectomy if > 4 years old
  - Lifelong antibiotic prophylaxis if patient is immunocompromised
  - Initiation of prophlyaxis by 2 months old if congenitally asplenic
- *Antibiotic Dosing:*
  - Amoxicillin: 20 mg/kg BID (max 250 mg/dose) OR
  - Pen V K: <3 yo 125 mg BID, ≥3 yo 250 mg BID

Source:
- American Academy of Pediatrics, Committee on Infectious Diseases. Policy statement: recommendations for the prevention of pneumococcal infections, including the use of pneumococcal conjugate vaccine (Prevnar), pneumococcal polysaccride vaccine, and antibiotic prophylaxis. *Pediatrics* 2000;106:362-6.

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Detailed Asplenia Vaccination Recommendations

Initiate vaccination at least 2 weeks prior to splenectomy. If emergent splenectomy, start antibiotic prophylaxis immediately and initiate vaccination post-operatively (typically ≥14 days).

Haemophilus Influenza B (HIB)

- Anatomic or functional asplenia (including sickle cell disease)
  - 12-59 months:
    - If unvaccinated or only 1 dose before 12 months: give 2 doses, 8 weeks apart
    - 2 or more doses before 12 months: give 1 dose, at least 8 weeks after previous dose.
  - Unimmunized* persons 5 years or older:
    - Give 1 dose
- Elective splenectomy
  - Unimmunized* persons 5 years or older:
    - Give 1 dose (preferably ≥14 days before procedure)

**unimmunized = less than routine series (through 14 months) OR no doses (14 months or older)*

Pneumococcus

- Pneumococcal conjugate vaccine (PCV13 or Prevnar 13®) if not previously received
  - Teens vaccinated before 2010 will need the booster
  - Complete Prevnar13 at least 4 weeks prior to Meningococcal (Menactra) as Prevnar13 decrease immunogenicity of Menactra
- Pneumococcal polysaccharide vaccine (PPSV23 or Pneumovax®) (minimum age 2 years)
  - At least 8 weeks after Prevnar13
  - Can be given with Meningococcal (Menactra) without any interactions
  - Pneumovax/PPSV23 boosters suggested every 5 years

Pneumococcal Vaccination Schedule

Previous Dose	Recommendations[25]	
2-5 Years Old: Unvaccinated or any incomplete schedule (< 3 doses)	2 doses PCV13	First dose ≥ 8 weeks after most recent dose Second dose ≥ 8 weeks later
2-5 Years Old: Any incomplete schedule of 3 doses	1 dose of PCV13	≥ 8 weeks after most recent dose
6+ Years Old: No history of PCV13 (*PCV13 available only after 2010*)	1 dose of PCV13	≥ 8 weeks after most recent dose

*Once PCV13 administration is completed, PPSV23 should be administered beginning 8 weeks after the final dose of PCV13. A second PPSV23 should be administered 5 years later .

Meningococcus

- Meningococcal ACYW: Meningococcal conjugate vaccines (Menactra®, Menveo®)
  - Guidelines for patients 24 months and older (patients <24 months of age: refer to the CDC immunization schedule; Menveo recommended <24 months as not affected by PCV13)
  - Everyone receives 2 doses 8-12 weeks apart
  - Boosters:
    - If primary series <7 years of age: first booster after 3 years, then every 5 years
    - If primary series ≥7 years of age: booster every 5 years
  - Can be given with Pneumovax®
- Meningococcal B: Meningococcal B sesies (MenB; Trumenba or Bexsero)
  - The CDC/ACIP currently recommends MenB for patients 10 years of age or older with anatomic or functional asplenia.
  - ID recommends MenB vaccination to individuals that will likely undergo surgery within 12 months of evaluation.
  - Trumenba – 3 vaccine series (0.1-2, and 6 months); Bexsero – 2 vaccine series (0 and ≥1 month). Bexsero and Trumenba are not interchangeable, therefore it is preferable to receive the vaccine from same provider/location.
  - Trumenba on formulary at CCHMC

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