

Southampton Children's Hospital re-vaccination schedule for patients beginning 6 months after completion of standard-dose chemotherapy

Piam Brown Day Ward telephone : 023 8120 4249

Patient name and DOB:

Vaccinations will be due:

This patient should be considered to have splenic deficiency, asplenia or underlying complement deficiency: Yes / No

Re-immunisation after completion of treatment:

At 6 months following completion of treatment, administer booster doses of:

For children under 10 years of age give:

- dTaP/IPV (Repevax)
- Hib/Men C (Menitorix®) [or Men ACWY-conjugate vaccine (Menveo®) for at risk children where treatment could have resulted in splenic dysfunction or patient has underlying complement deficiency]
- Meningococcal B vaccine (Bexsero)
- 13-valent Pneumococcal conjugate vaccine (Prevenar 13®)
- MMR (Priorix® or MMRVaxPRO®): If patient only received 1 dose of MMR prior to starting chemotherapy then should receive 2 doses of MMR after completion of chemotherapy, at 6 month interval. The 2nd dose should may be given earlier (earliest 1 month after 1st dose) in measles outbreak situations.

For children age 10 years and over give:

- dTaP/IPV (Repevax)
- Hib/Men C (Menitorix®)
- Men ACWY-conjugate vaccine (Menveo®): This Men quadrivalent ACWY is now the adolescent booster so is now recommended for all > 10 years with the acceptance of 2 doses of Men C as also given with Menitorix.
- Meningococcal B vaccine (Bexsero)
- 13-valent Pneumococcal conjugate vaccine (Prevenar 13®)
- MMR (Priorix® or MMRVaxPRO®): If patient only received 1 dose of MMR prior to starting chemotherapy then should receive 2 doses of MMR after completion of chemotherapy, at 6 month interval. The 2nd dose should be given earlier (earliest 1 month after 1st dose) in measles outbreak situations.
- Human Papilloma Virus vaccine (HPV) for eligible girls (Gardasil®): Girls that did not start or complete the course of HPV vaccination should be given 2 doses of HPV vaccine at 6, and 12 months after completion of chemotherapy. Girls that did complete the course, a booster dose should be given.

For all patients:

- Subsequent routine booster doses will not be necessary if scheduled to be given within one year of the above booster doses.
- BCG Vaccine: If patient has previously had BCG and is considered to be at high risk of tuberculosis: perform mantoux test and if negative, re-vaccinate. If patient has not previously had BCG vaccinate according to local policy.
- Single vaccine Men C has been discontinued from the routine schedule since July 2016 so it is advisable to give Hib/Men C to those children <10years.