**Post-Splenectomy Vaccine Guidelines**

Summary: Asplenic patients are at high risk for acquiring infections cause by certain encapsulated bacteria (ex: *Streptococcus pneumoniae*, *Haemophilus influenza* and *Neisseria meningitidis*). This risk can be decreased via appropriate vaccination and patient education. The following guidelines outline the current vaccine recommendations for initial immunization and re-vaccinations.

Vaccine Schedule:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Initial vaccination** | **2 month follow-up** | **Long-term follow-up** |
| Pneumococcal 20-valent conjugate (Prevnar 20®) | √ |  |  |
| Haemophilus B conjugate vaccine (actHIB®) | √ |  |  |
| Meningococcal polysaccharide vaccine (Menveo®) | √ | √ | √  (Every 5 yrs.) |
| Meningococcal serogroup B vaccine (Bexsero®) | √ | √ | √  (Every 2-3 yrs.) |
| Seasonal influenza vaccine | √  (If not received this yr.) |  | √  (Every yr.) |

Patient Education:

* Inform all healthcare providers of splenectomy status.
* In order to prevent serious infections, you will need an initial set of vaccines and be re-vaccinated in 2 months and approximately every 5 years for the rest of your life.
* If you experience signs and symptoms of an infection, it is important to immediately inform your doctor.
* You should consult with your doctor before traveling abroad. Additional vaccinations may be recommended in some cases.