

Galway: GAPP - Galway Antimicrobial Prescribing Policy / Guidelines (GAPP): Prophylactic Antibiotics for patients with asplenia & hyposplenia

Prophylactic Antibiotics for patients with asplenia & hyposplenia

- Recommendations regarding the duration of antibiotic prophylaxis for asplenia and hyposplenia vary. **The risk for invasive pneumococcal infection is elevated throughout life but highest for those <16 and >50 years of age.**
- **All patients should receive prophylactic antibiotics for a minimum of one to two years post splenectomy.**
- Lifelong prophylaxis is recommended for **high-risk patients**. See risk factors below.
- Risk assessment is recommended for **low risk patients**. Such patients should be counselled regarding the risks and benefits of lifelong antibiotics and may choose to discontinue prophylaxis. Prophylaxis should only be discontinued if the patient is fully immunised and education and counselling is given regarding the risks of pneumococcal, meningococcal and *Haemophilus B* infection and the need for prompt early management of febrile illness.

Risk factors associated with high risk of invasive pneumococcal disease in hyposplenism include:

- Immediate post-operative period
- Age less than 16 or greater than 50 years
- Inadequate serological response to pneumococcal vaccination
- A history of previous invasive pneumococcal disease
- Splenectomy for underlying haematological malignancy particularly in the context of on-going immunosuppression
- Poor clinic attendees
- Patients with sickle cell disease with surgical splenectomy

Prophylactic Antibiotics for Adult Patients with an Absent or Dysfunctional Spleen			
Infection	First line antibiotics	If penicillin allergy	Comment
Prophylaxis for patients with an absent or dysfunctional spleen	Phenoxymethylpenicillin 666mg (Calvepen®) every 12 hours	Erythromycin PO 250 to 500mg every 24 hours	Oral absorption of phenoxymethylpenicillin is limited and affected by a number of variables. For emergency self initiated therapy of a suspected systemic infection treatment doses of amoxicillin are preferable.
	or Amoxicillin PO 500mg every 24 hours		
Treatment doses	Amoxicillin PO 500mg to 1g every 8 hours	Erythromycin PO 500mg to 1g every 6 hours	

Amoxicillin advantages: absorption not affected by food, broader spectrum
A supply of treatment doses of amoxicillin should be kept at home (and on holidays) and used immediately should infective symptoms of raised temperature or malaise develop. In such a situation, the patient should seek urgent medical attention