

Louth: Antimicrobial Guidelines - Louth Hospitals: Antimicrobial Guidelines: Asplenia / Splenic Dysfunction / Splenectomy Prophylaxis

Vaccination

Patients should be vaccinated ideally 4 weeks before but **at least two weeks before or two weeks after splenectomy**. If patient is discharged sooner than 2 weeks post-splenectomy, give first dose of vaccines on day of discharge. In general, vaccination should take place at least two weeks before or at least three months after immunosuppressive chemotherapy or radiotherapy. **Ensure the GP is fully informed about outstanding vaccinations on discharge.**

For both adult and paediatric patients, the vaccination schedule in cases of asplenia or hyposplenia is outlined in the National Immunisation Guidelines, available at www.hse.ie. See the tables below for a summary of the vaccination schedule for **ADULT** patients.

| Vaccine – Full Name | Vaccine – Short Name | Brand(s) |
|-------------------------------|----------------------|--|
| Haemophilus influenzae type b | Hib | Hiberix® |
| Meningococcal conjugate | MenACWY | Menveo®, Nimenrix® |
| Meningococcal B | MenB | Bexsero® |
| Pneumococcal conjugate | PCV | Prevenar-13® |
| Pneumococcal polysaccharide | PPV | Pneumovax 23® |
| Influenza | Influenza | Changes annually |
| Vaccine | | Recommended Schedule |
| Hib | | <p>Not previously immunised with Hib:</p> <p>Two doses given 2 months apart.</p> <p>Previously immunised with Hib:</p> <p>One dose.</p> |
| MenACWY | | <p>Regardless of immunisation history:</p> <p>Two doses given 2 months apart. Booster dose every 5 years.</p> |
| MenB | | <p>Not previously immunised with MenB:</p> <p>Two doses given 1 month apart.</p> |
| PCV | | <p>Not previously immunised with PCV or PPV:</p> <p>Two doses 2 months apart followed by PPV (see below)</p> <p>Previously immunised with PCV:</p> <p>One dose followed by PPV (see below).</p> <p>Previously immunised with PPV:</p> <p>Wait at least 1 year before giving PCV schedule.</p> |
| PPV | | <p>Not previously immunised with PPV:</p> <p>First dose at least 2 months after PCV. Booster dose 5 years later. If < 65 years when booster dose given, final booster dose at least 5 years later at \geq 65 years.</p> <p>Previously immunised with PPV when < 65 years:</p> <p>Booster dose 5 years after previous dose (given at least 2 months after PCV). If < 65 years when booster dose given, final booster dose at least 5 years later at \geq 65 years.</p> <p>Previously immunised with PPV when \geq 65 years:</p> <p>No further doses of PPV required.</p> |
| Influenza | | Annual vaccination during the influenza season. Influenza vaccine also recommended for household contacts of a person with asplenia or hyposplenia. |

Antibiotic Prophylaxis ■

- Phenoxyethylpenicillin (Calvepen®) 666mg BD
- If penicillin allergic, Erythromycin 250mg BD

Duration of Antibiotic Prophylaxis

■ Life-long antibiotic prophylaxis is recommended, particularly for patients at highest risk of pneumococcal infection:

- Aged less than 16 years or greater than 50 years
- Inadequate serological response to pneumococcal vaccination
- History of previous invasive pneumococcal disease
- Splenectomy for underlying haematological malignancy, particularly in the context of on-going immunosuppression

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Patients not at high risk may be counselled regarding the risks and benefits of lifelong antibiotic prophylaxis – the review may be conducted by the patient's GP after 2 years, who should also assess the serological response to vaccination after the first 2 years. Though most infections occur within the first two years after splenectomy, up to a third may be manifested at least five years later.

Patient Education

A patient information leaflet and splenectomy card is available from <https://www.gov.uk/government/publications/splenectomy-leaflet-and-card> :

Advise patient to

- Seek **urgent** medical attention if they develop a fever or other symptoms of infection, e.g. sore throat, as asplenic patients are immunocompromised and infection can progress very quickly.
- Consider carrying a card to alert doctors that they do not have a working spleen in case of emergency.
- Seek medical advice prior to booking an overseas holiday. It is recommended that patients who plan to travel overseas receive an emergency/standby supply of antimicrobials to take on the trip in the event that they become unwell and there is a potential delay in seeking medical attention. Prescribe co-amoxiclav 625mg TDS PO or, if penicillin allergy, levofloxacin 500mg once daily PO (Caution with levofloxacin – risk of long-lasting and disabling adverse effects, mainly involving muscles, tendons and bones and the nervous system. Consider potential to prolong the QT interval. Consider that seizure threshold may be lowered.)