

# Immunisations

## Renal Transplantation Protocol: Immunisations

A. Killed Vaccines	Pre-Transplant	Post-Transplant
Tetanus / diphtheria / inactive polio <sup>1</sup>	Yes	
Hepatitis B	Yes	Yes
Influenza	Yes	Yes
Typhoid (inactive polysaccharide vaccine)	Yes	Yes
Pneumococcal / Meningococcal / Hib	Yes	
Combined Hepatitis A / B (TWINRIX)	Yes	Yes

B. Live Vaccines	Pre-Transplant	Post-Transplant
MMR <sup>2</sup>	Yes	Contraindicated
Varicella	Yes	Not recommended
BCG	Yes	Contraindicated
Yellow Fever Vaccine	Yes	Contraindicated

### Notes:

- There is no risk of infection from vaccines and susceptible contacts.
- **Measles** - patients who are immunosuppressed and come into contact with measles should receive HNIG (human normal immunoglobulin) as soon as possible, but within 6 days.
- **Chickenpox** - Varicella zoster immunoglobulin (VZIG) is indicated in patients who have had significant exposure to chickenpox or shingles and who have no antibodies to VZ. VZIG should be given within 7 days of contact.
- **Yellow Fever** - patients post-transplant intending to travel to countries

where a Yellow Fever vaccination certificate is mandatory should obtain a letter of exemption from a medical practitioner. (Yellow Fever occurs in tropical Africa and in South America – see WHO website for details.)

**Malaria Prophylaxis** – up-to-date information on Malaria prophylaxis for a given destination is available from pharmacy. The following table gives an indication of interactions:

	<b>Tacrolimus</b>	<b>Ciclosporin</b>
<b>Choloroquine</b>	tacrolimus (CP450 3A4)	CyA (CP450 3A4)
<b>Proguanil</b>	No interactions likely	No interaction likely
<b>Mefloquine</b>	tacrolimus (displacement from plasma protein)	No interaction likely
<b>Doxycycline</b>	tacrolimus (CP450 3A4)	CyA (CP450 3A4)