

RECORD OF IMMUNIZATIONS FOLLOWING A BLOOD AND MARROW TRANSPLANT (BMT)

Patient Name: _____

Date of Birth: ____/____/____

PHIN: _____

 Type of Transplant: Allogeneic Autologous

Date of BMT: ____/____/____

Month 0 = ____/____ (MM/YY)

Approximate timing after BMT	3 months after BMT " Month 0 "	4 months after BMT " Month 1 "	5 months after BMT " Month 2 "	12 months after BMT " Month 9 "	14 months after BMT " Month 11 "	24 months after BMT " Month 21 "	27 months after BMT " Month 24 "
< 7 years old DTaP-IPV-Hib (diphtheria, tetanus, acellular pertussis, inactivated polio, haemophilus influenzae type B)				____/____/____ MM / DD / YY	____/____/____ MM / DD / YY	____/____/____ MM / DD / YY	
≥ 7 years old Tdap-IPV (tetanus, diphtheria, acellular pertussis, inactivated polio)				____/____/____ MM / DD / YY	____/____/____ MM / DD / YY	____/____/____ MM / DD / YY	
≥ 7 years old HIB (haemophilus influenzae type b)				____/____/____ MM / DD / YY	____/____/____ MM / DD / YY	____/____/____ MM / DD / YY	
Pneu-C-13 (pneumococcal conjugate)	____/____/____ MM / DD / YY	____/____/____ MM / DD / YY	____/____/____ MM / DD / YY				
Pneu-P-23 (pneumococcal polysaccharide)				____/____/____ ^① MM / DD / YY		____/____/____ MM / DD / YY	
Men-C-ACYW -135 (meningococcal conjugate) Menveo™				____/____/____ MM / DD / YY	____/____/____ MM / DD / YY		
HAHB (hepatitis A & B) ^② (Twinrix Adult® to be used for pediatric and adult patients)				____/____/____ MM / DD / YY	____/____/____ MM / DD / YY	____/____/____ MM / DD / YY	
2 to 12 years old MMRV (measles, mumps, rubella, varicella) ^{③④⑥⑧} (Priorix-Tetra®)						____/____/____ MM / DD / YY	____/____/____ MM / DD / YY
> 12 years old MMR (measles, mumps, rubella) ^{③④⑧}						____/____/____ MM / DD / YY	____/____/____ MM / DD / YY
> 12 years old Var (varicella) ^{③④⑤⑥} (Varivax III®)						____/____/____ MM / DD / YY	____/____/____ MM / DD / YY
Males and Females 9 to ≤ 26 years old HPV 4 (human papillomavirus) (Gardasil®)				____/____/____ MM / DD / YY	____/____/____ MM / DD / YY	____/____/____ MM / DD / YY	
Influenza	Lifelong seasonal administration starting 6 months after date of transplant ^⑦						
Td (tetanus, diphtheria)	Every 10 years for continued protection ^⑨						

- ① Following the primary series of 3 doses of Pneu-C-13, administer 2 doses of the 23-valent polysaccharide pneumococcal vaccine (Pneu-P-23) to broaden the immune response. For patients with chronic GVHD who are likely to respond poorly to Pneu-P-23, a fourth dose of the Pneu-P-13 should be considered instead of Pneu-P-23 at 12 months after HSCT.
- ② Post-vaccination testing for antibody to hepatitis B surface antigen is recommended 1-2 months after the 3rd dose to ensure protection. If testing indicates inadequate protection, provide an additional 3 doses of hepatitis B vaccine. Retest anti-HBs one month after the second series of hepatitis B vaccine.
- ③ Administer **only if off** all immunosuppressive therapy for at least 3 months and currently not receiving immunomodulatory drugs (eg. lenolidomide, bortezomib).
- ④ Interval between IVIG and a live vaccine is dependent upon the dose of IVIG used and ranges between seven and eleven months. Refer to the Canadian Immunization Guide www.phac-aspc.gc.ca/publicat/cig-gci/p01-10-eng.php
- ⑤ Varicella vaccine may be administered during the same visit but at a separate injection site as MMR vaccine, DTaP-IPV-Hib vaccines, adolescent/adult diphtheria-tetanus-acellular pertussis (Tdap), inactivated polio, pneumococcal polysaccharide, meningococcal conjugate, hepatitis A&B, and influenza vaccines. If not given during the same visit as other live virus vaccine (MMR), administration of the two live vaccines should be separated by at least 4 weeks
- ⑥ Varicella vaccine is only given to recipients who have not experienced primary varicella infection or herpes zoster between Day 0 and Day 730 (2 years) post-transplant. **Zoster (shingles) vaccine should never be used**
- ⑦ For children aged 6 months to 8 years who are receiving influenza vaccine for the first time, 2 doses should be administered
- ⑧ Serological testing post 2nd dose of MMR, if rubella IgG is negative or indeterminate one booster dose may be recommended (ordering serology and booster dose (if needed) is the responsibility of the transplant physician).
- ⑨ Tdap booster for adults who are due for a td booster and have not previously received pertussis containing vaccine in adulthood

****ALL VACCINES LISTED ABOVE ARE PROVIDED FREE OF CHARGE BY MANITOBA HEALTH AND OBTAINED FROM THE PROVINCIAL VACCINE WAREHOUSE ****

When administering vaccines, follow contraindications and routine precautions for immunizations as stated in the current version for the Canadian Immunization Guide and the supplementary National Advisory Committee on Immunization Statements online: <http://phac-aspc.gc.ca/naci-ccni/index-eng.php>. For further information or assistance regarding immunization of patients after BMT, contact the Adult Clinical Nurse Specialist: (204) 787-1864 or the Pediatric Nurse Clinician: (204) 787-4918 for patient related questions or Pharmacist: (204) 787-4493 for product or schedule related questions. **Product substitution not recommended**