



### Additional vaccine requirements for patients who have had a splenectomy

Patients who have an absent or dysfunctional spleen are at increased risk of severe infection. All patients with an absent or dysfunctional spleen should be fully vaccinated according to the national schedule. Aside from surgical splenectomy, some conditions can also cause functional hyposplenism such as sickle cell disease. Around 30% of adults with coeliac disease also have defective splenic function.

Following the death from pneumococcal septicaemia of a young asplenic patient who had not received all the additional vaccinations, CCGs in Nottinghamshire worked together to review patients and systems. They noticed a high number of patients had not received Men B or Men ACWY vaccines and that many practices had no recall system for 5 yearly pneumococcal boosters.

[Chapter 7 of the green book](#) has full information relating to the vaccinations these patients require and should be the first point of reference. It also provides a practical schedule for vaccinating asplenic patients, depending on the age of diagnosis. The table below shows the advice for **adult** patients:

#### **First diagnosed at age ten years onwards**

Older children and adults, regardless of previous vaccination, should receive:

- one dose of PPV23<sup>†</sup>, MenB and MenACWY conjugate vaccine
- an additional MenB vaccine dose 4 weeks later

#### **All patients aged over 6 months**

Annual influenza vaccine each season (see [Chapter 19](#))

- \* Patients on complement inhibitor therapy (Eculizumab or Soliris<sup>®</sup>) are not at increased risk of pneumococcal disease and do not require PPV23 or additional doses of PCV13 (see [Chapter 25](#)).
- <sup>†</sup> Patients with asplenia and splenic dysfunction should receive boosters of PPV23 at five yearly intervals.

- Additional vaccination against pneumococcal infection is recommended for **all individuals who have or are at high risk** of developing splenic dysfunction in the future, **including those with coeliac disease and sickle cell disease**. Patients should also receive boosters every 5 years and an annual flu vaccine.
- Patients with an absent or dysfunctional spleen should also be vaccinated against meningococcal groups A, C, W, Y and B at appropriate opportunities.

Additional vaccination against Haemophilus influenza type b (Hib) used to be recommended for asplenic patients however current control of Hib disease is excellent and the risk is extremely low hence this no longer being recommended.

The Medicines Optimisation Team has completed an audit in practices in Greater Preston and Chorley & South Ribble to check if adult patients, who are coded as having had a splenectomy, have had the additional pneumococcal and meningitis vaccines. Results have been fed back to practices individually. **Please note only patients who have had a splenectomy have been included, we have not audited patients with other conditions which may cause splenic dysfunction.**

To contact the Medicines Optimisation Team please phone 01772 214302

If you have any suggestions for future topics to cover in our prescribing tips please contact [Nicola.schaffel@nhs.net](mailto:Nicola.schaffel@nhs.net)

All content accurate and correct on the date of issue of this tip.