

**OREGON HEALTH AUTHORITY  
IMMUNIZATION PROGRAM**

**Post Hematopoietic Stem Cell Transplant (HSCT) Vaccine  
Recommendations**

Date Formatting and Adverse Events Reporting link change.

**I. ORDER:**

1. Check the ALERT Immunization Information System to determine whether the patient needs this vaccine and any other vaccines.
2. After verification of the HSCT, screen for contraindications of each vaccine administered.
3. Provide a current Vaccine Information Statement (VIS) for each vaccine administered, answering any questions.
4. Obtain a signed Vaccine Administration Record (VAR).
5. Administer each vaccine using the recommended dose and route.
6. May administer all vaccines due at the same visit as long as minimum intervals between doses of the same vaccine are followed as indicated in Section II of this order.\*

\*If two live vaccine doses are not given simultaneously, give at least 28 days apart.

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Signature

Health Officer or Medical Provider

Date

## II. VACCINES RECOMMENDED FOLLOWING HSCT

Vaccine	Doses	Start	Dose #1 (after HSCT)	Dose #2 (after Dose #1)	Dose #3 (after Dose #2)	Revaccinate (after last dose)
IPV (IPOL) <sup>1</sup>	3 doses	6 months after HSCT	≥6 months	≥ 4 weeks	≥ 6 months	
Influenza Vaccine <sup>2</sup> (IIV) and (RIV)	1 dose	4 months after HSCT	≥4 months			Annually
Pneumococcal Conjugate Vaccine (PCV-13)	3 doses	3–6 months after HSCT	≥3 months	≥8 weeks	≥8 weeks	
Pneumococcal Polysaccharide Vaccine (PPSV-23)	1 dose	8 weeks after 3 <sup>rd</sup> dose of PCV-13 6–12 months recommended				5 years
<i>Haemophilus influenzae</i> type b (Hib) Vaccine	3 doses	6 months after HSCT	≥6 months	≥4 weeks	≥4 weeks	
Measles, Mumps, Rubella Vaccine <sup>1</sup>	1 dose for adolescent & adults	24 months after transplant if immunocompetent	≥24 months	N/A for adolescent & adult.		
	2 doses for children			Children- ≥28 days after first dose		
Varicella <sup>2</sup>	1 dose	24 months after transplant if immunocompetent	≥24 months			
Meningococcal Conjugate Vaccine <sup>4</sup>	1 dose	6 months after HSCT	≥6 months			
DTaP Vaccine <sup>4</sup> followed by Tdap booster	3 doses <sup>2</sup>	6 months after HSCT	≥6 months	≥4 weeks	≥6 months	Tdap booster 5 years after last DTaP

Vaccine	Doses	Start	Dose #1 (after HCST)	Dose #2 (after Dose #1)	Dose #3 (after Dose #2)	Revaccinate (after last dose)
Hepatitis A	2 doses	12 months after HSCT	≥12 months	≥6 months		
Hepatitis B	3 doses	6 months after HSCT	≥6 months	≥4 weeks	≥8 weeks after dose #2 and ≥16 weeks after dose #1	

This table is adapted from a combination of ACIP and AAP recommendations for vaccinating post-HSCT recipients

<sup>1</sup> American Academy of Pediatrics. *Red Book: 2012 Report of the Committee on Infectious Diseases*. Pickering LK, ed. 29th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2012:84–5.

<sup>2</sup> CDC: Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP), MMWR 2013; 62(RR-7). Available at: [www.cdc.gov/mmwr/pdf/rr/rr6207.pdf](http://www.cdc.gov/mmwr/pdf/rr/rr6207.pdf)

<sup>3</sup> Limited data regarding safety and efficacy.

<sup>4</sup> This recommendation applies regardless of the patient’s age. See

- CDC. *Epidemiology and Prevention of Vaccine-preventable Diseases* (“Pink Book”). Atkinson W, Hamborsky J, Wolfe s, eds. 12<sup>th</sup> ed. Washington, DC: Public Health Foundation, 2011:22–3.
- Tomblyn M, Chiller T, Einsele, et al. Guidelines for preventing infectious complications among hematopoietic cell transplant recipients: a global perspective. *Biol Blood Marrow Transplant* 2009; 15:1143–1238.
- <http://www.cdc.gov/mmwr/pdf/rr/rr6002.pdf>

### III. ADVERSE EVENTS REPORTING

Adverse events following immunization should be reported.

<http://1.usa.gov/OregonStandingOrders> for Public provider forms. Send to Oregon Health Authority Immunization Program via confidential email, mail, or FAX (971-673-0278) according to state guidelines. Private providers report adverse events directly to VAERS at [www.vaers.hhs.gov](http://www.vaers.hhs.gov).

### IV. REFERENCES

- a. CDC. General Recommendations On Immunization – Recommendations of the Advisory committee on Immunization Practices (ACIP), 2013. MMWR 2013; 62(RR-7). Available at: [www.cdc.gov/mmwr/pdf/rr/rr6207.pdf](http://www.cdc.gov/mmwr/pdf/rr/rr6207.pdf)
- b. CDC. *Epidemiology and Prevention of Vaccine-preventable Diseases* (“Pink Book”). Atkinson W, Hamborsky J, Wolfe s, eds. 12<sup>th</sup> ed. Washington, DC: Public Health Foundation, 2011:22–3. Available at: [www.cdc.gov/vaccines/pubs/pinkbook/index.html#chapters](http://www.cdc.gov/vaccines/pubs/pinkbook/index.html#chapters) .
- c. Tomblyn M, Chiller T, Einsele, et al. Guidelines for preventing infectious complications among hematopoietic cell transplant recipients: a global perspective. *Biol Blood Marrow Transplant* 2009; 15:1143–1238.
- d. Ljungman P, Cordonnier C, Einsele H, et al. Vaccination of hematopoieric cell transplant recipients. *Bone Marrow Transplant* 2009;44:521–6.
- e. American Academy of Pediatrics. *Red Book: 2012 Report of the Committee on Infectious Diseases*. Pickering LK, ed. 29th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2012:84–5.

For more information or to clarify any part of the above order, consult with your health officer, or contact the Oregon Health Authority Immunization Program at 971-673-0300 or 711 for TTY.

**To download this order visit our website at**

**<http://1.usa.gov/OregonStandingOrders>**

To request this material in an alternate format (e.g., braille),  
please call 971-673-0300