Vaccination record

Blood and marrow transplant (BMT) recipients ≥10 years of age

Transplant date: / /

Personal details

Family name		**Given name/s**			
Address		**Date of birth**	/ /		
		State		**Postcode**	
		Phone			

Instructions

Record enough information to enable an assessor to verify that an appropriate vaccine has been administered by a registered vaccination provider. Therefore record:

- providers name and signature in 'Given by' field.
- date specific vaccination given, time of vaccine administration
- batch numbers, where possible
- serological results as numerical values or positive/negative, as appropriate, not simply 'immune'
- vaccination administration in the Australian Immunisation Register

Attach copies of vaccination records and relevant pathology reports to the card, if available.

Vaccinations in first 12 months post BMT

SARS-CoV-2 (COVID-19)	3 months	4 months	6 months	Notes
Date given	/ /	/ /	/ /	3 dose primary course. Dose 3 is preferably 2 months after dose 2, but can be given as early as 1 month post dose 2 if vaccine burden an issue. Bivalent vaccines preferred for ≥12 years old.
Batch #				
Given by				

Influenza	6 months	7 months	Notes
Date given	/ /	/ /	The influenza vaccine should be given at the earliest 3 months post transplant if the flu season is approaching. The second dose should be given one month after the first dose. Use adjuvant vaccine for ≥ 65 years old.
Batch #			
Given by			

Published Jan 2024. Next review 2029. ACI/D23/4026
(ACI) 210487 [ACI_2551 1/24] TX-BMT-F061 Version 4

Vaccinations in first 12 months post BMT

Transplant date: / /

	6 months	8 months	12 months	Notes
Due date	/ /	/ /	/ /	
Pneumococcal (13vPCV)				
Date given	/ /	/ /	/ /	If ≥18 years old, 15-PCV or 20-PCV recommended.
Batch #				
Given by				
Haemophilus influenzae (Hib)				
Date given	/ /	/ /	/ /	If possible, use the same brand of Hib-containing vaccine for all primary doses.
Batch #				
Given by				
Quadrivalent meningococcal (MenACWY)				
Date given	/ /	/ /	**MenQuadfi®** or **Menveo®** or **Nimenrix®** can be used.	
Batch #				
Given by				
Meningococcal B (MenB)				
Date given	/ /	/ /	/ /	Number of doses for MenB vaccination depends on brand used. Note the difference in timing of dose 2. **Bexero®** 2 doses: one at 6 months and a second at 8 months post transplant. **Trumenba®** 3 doses: one at 6 months, a second at 7 months and a third at 12 months post transplant.
Batch #				
Given by				
Diptheria, tetanus, pertussis (DTaP), inactivated poliovirus (IPV)				
Date given	/ /	/ /	/ /	**Recommended formulations** DTaP and IPV combined vaccine is recommended in view of reducing vaccine burden. e.g. Adacel Polio® IM, Boostrix-IPV® IM.
Batch #				
Given by				
Varicella zoster (VZV) - Autologous BMT recipients only				
SAFETY WARNING: DO NOT USE Herpes zoster vaccine (e.g. Zostavax®) This contains 14 x the amount of live attenuated virus as the childhood VZV vaccine and is contraindicated.				
Date given	/ /	/ /	Shingrix® - Efficacy demonstrated in autologous BMT recipients ≥18 years old 2 doses: one at 6 months and a second at 8 months post transplant. Consideration can be given to delaying the timing of each dose of Shingrix (e.g. dose 1 at 7 months and dose 2 at 9 months post BMT), taking into account an individual patient's transplant type, ongoing treatment and preference for receipt of multiple vaccines at one visit.	
Batch #				
Given by				
Hepatitis B				
Date given	/ /	/ /	/ /	High-dose formulation (H-B-Vax II dialysis formulation) preferred. **Alternatives** Give single strength Hep B vaccine in each arm at each dosing interval. Standard vaccination course.
Batch #				
Given by				
Check Hep B serology 4-8 weeks after last dose. If HepB sAb <10 mIU/mL, seek further advice.	Date of serology	/ /		
	Hep B sAb level	mIU/mL		

Vaccinations >12 months post BMT

Transplant date: / /

Human papilloma virus (9vHPV)				
	Dose 1	**Dose 2**	**Dose 3**	**Notes**
Due date	/ /	/ /	/ /	Individual recommendations for HPV vaccination in those >25 years of age should be determined by an individual risk assessment (see 'Human papillomavirus' in the *Australian Immunisation Handbook*). **Timing of subsequent doses** Dose 1 – At least 12 months post-transplant. Can commence at 8 months post-BMT if high risk for HPV infection. Dose 2 – 2 months after dose 1. Dose 3 – 4 months after dose 2.
Date given	/ /	/ /	/ /	
Batch #				
Given by				

Pneumococcal (23vPPV)			
	24 months	**7 years**	**Notes**
Due date	/ /	/ /	Active immunosuppression for chronic graft vs host disease (cGVHD)? ☐ yes ☐ no **If yes**, prophylaxis with amoxicillin 250mg daily or phenoxymethyl penicillin 250mg PO bd required.
Date given	/ /	/ /	
Batch #			
Given by			

Meningococcal (MenACWY)			
	6 years	**11 years**	**Notes**
Due date	/ /	/ /	Booster dose of MenACWY required every 5 years, to be continued indefinitely
Date given	/ /	/ /	
Batch #			
Given by			

Meningococcal (MenB)		
Due date	/ /	5 years after last dose **Bexero®** and **Trumenba®** are not interchangeable. The same vaccine should be used for booster doses as the primary course.
Date given	/ /	
Batch #		
Given by		

Varicella zoster (VZV) – Allogeneic BMT recipients only			
SAFETY WARNING: DO NOT USE Herpes zoster vaccine (e.g. Zostavax®) This contains 14 x the amount of live attenuated virus as the childhood VZV vaccine and is contraindicated.			
	12 months	**14 months**	**Notes**
Due date	/ /	/ /	Only for ≥18 years old. Dose 1 at 12 months. Dose 2 at 14 months.
Date given	/ /	/ /	
Batch #			
Given by			

SARS-CoV-2 (COVID-19)		
Due date	/ /	Due to the constant evolving nature of the recommendations for COVID-19 vaccination, refer to ATAGI *Clinical guidance for COVID-19 vaccine providers* revaccination interval.
Date given	/ /	
Batch #		
Given by		

Influenza – annual					
	2 years	**3 years**	**4 years**	**5 years**	**Notes**
Due date	/ /	/ /	/ /	/ /	Annual influenza vaccine to be continued indefinitely.
Date given	/ /	/ /	/ /	/ /	
Batch #					
Given by					

Live attenuated vaccines – to be considered at 24 months

Transplant date: / /

Can only be given if all these criteria are met:

- ☐ Off immunosuppression
- ☐ No chronic graft vs host disease (cGVHD)
- ☐ Cell-mediated immunity has reconstituted

Due to antibody-vaccine interactions, appropriate intervals are required between live attenuated vaccines and transfusion products for optimal response to vaccination. Time intervals required are dependent on the transfusion product as well as dose (for intravenous immunoglobulin).

Refer to the *Australian Immunisation Handbook*, table: 'Recommended intervals between immunoglobulins or blood products and MMR, MMRV or varicella vaccination' for details.

Measles, mumps and rubella (MMR)					
Dose 1		**Serology**		**Dose 2**	
Most recent blood product		Test serology 4 weeks after Dose 1		Most recent blood product	
Date transfused	/ /	Date of serology		Date transfused	/ /
Time interval required		Measles IgG		Time interval required	
Due date	/ /	Mumps IgG		Due date	/ /
Date given	/ /	Rubella IgG		Date given	/ /
Batch #		If no seroconversion, repeat dose		Batch #	
Given by				Given by	

Varicella zoster (VZV)				
SAFETY WARNING: DO NOT USE Herpes zoster vaccine (e.g. Zostavax®) This contains 14 x the amount of live attenuated virus as the childhood VZV vaccine and is contraindicated.				
Serology			**Dose 1**	**Dose 2**
Date of serology	/ /	Most recent blood product		
VZV IgG		Date transfused	/ /	/ /
		Time interval required		
If seronegative, proceed with 2 dose vaccination course.		Due date	/ /	/ /
		Date given	/ /	/ /
Vaccination not required if seropositive.		Batch #		
		Given by		