

Immunization – Solid Organ Transplant Candidate

The number of immunocompromised people in Canadian society is steadily increasing for a variety of reasons, including the accumulation of long-term survivors after organ transplantation. Apart from the importance of providing protection to the individuals, the increasing number of susceptible immunocompromised persons may also be of public health importance. One general principle of immunization of immunocompromised individuals is to immunize at a time when maximum immune response can be anticipated. Our goal is to have every Solid Organ Transplant Candidate within British Columbia complete all of their recommended vaccine series **BEFORE** they have their transplant. This will maximize benefit while minimizing harm.

Organ	DPT/Td	IPV	Hepatitis A	Hepatitis B	Meningococcal (conjugate and polysaccharide)	Pneumococcal (polysaccharide only)	Hib	Influenza	MMR	Varicella
Kidney	✓	✓		✓	✓	✓	✓	✓	✓	✓
Liver	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pancreas	✓	✓			✓	✓	✓	✓	✓	✓
Lung	✓	✓			✓	✓	✓	✓	✓	✓
Heart	✓	✓			✓	✓	✓	✓	✓	✓

Live Vaccines:

MMR Vaccine for susceptible adults born after 1956 - 2 doses minimum 1 month apart

Varicella Vaccine for any susceptible (test for VZIG) adult - 2 doses minimum 1 month apart

Live Vaccines must be given at least 4 weeks BEFORE transplantation

Booster Doses:

Td every 10 years for life

Influenza every year for life

Pneumococcal - a once only revaccination after 5 years

Meningococcal Polysaccharide - every 3 years for life

References: Canadian Immunization Guide 6th Edition, BC Centre for Disease Control Immunization Program Manual, Loutan, L. Vaccination of the Immunocompromised Patient. *Biologicals*, 1997,25, 231-236., Avery Rk and Ljungman, P. Prophylactic Measures in the Solid-Organ Recipient before Transplantation: *CID* 2001;33:S15-S21.