

Vaccinations and Transplantation – Information for Transplant Recipients

Why are vaccinations important?

After your transplant, you will be on medications that suppress your immune system. You are at a higher risk for infections and will benefit from immunization.

Patients are encouraged to get the necessary vaccinations while waiting for transplant. This is important as not all vaccinations are safe to be given after transplant.

Tips about vaccinations

- ✓ Some vaccines are not required after transplant if you have been vaccinated before your transplant. When sorting out which vaccinations are needed, it is helpful to know which ones you've had – Bring your vaccination records with you to Clinic.
- ✓ If you have had your spleen removed, check with your doctor about your vaccinations.
- ✓ The flu shot is recommended for transplant patients. If you receive your transplant during flu season, wait 1 month after your transplant before having the flu shot.
- ✓ Wait 3-6 months after your transplant for all other vaccinations.
- ✓ All vaccines are covered by OHIP with the exception of SHINGRIX (unless you are between 65 – 70 and have not received Zostavax) and HPV. These may be covered by some private insurance plans.
- ✓ Transplant patients should **NOT** receive live vaccines.
- ✓ COVID-19 vaccines are indicated in a three dose vaccine series. Those are preferably given before your transplant. If you are unable to get it before, then you should get it after your transplant. Check with your transplant team beforehand. Refer to [Service Ontario](#) for more information on Covid-19.

Which vaccinations should I take and when?

Infection	Recommended Vaccine	Cautions
COVID-19	<p>Either Pfizer-BioNTech or Moderna is acceptable. If you have never received ANY Covid vaccines, then 3 doses are considered a primary series. You should receive booster doses as they become available. Timing of doses should follow Ontario guidelines. (Note that the first 2 Pfizer mRNA vaccine doses should be three (3) weeks apart and the first two Moderna mRNA doses should be four (4) weeks apart.)</p> <p>For patients unable to receive an mRNA vaccine, the Novavax Nuvaxovid vaccine may be an option.</p>	<p>It is preferred that you not receive any other vaccines other than the influenza vaccine 2 weeks before or 2 weeks after each dose. Your transplant team may recommend you have other vaccines during this time if it is needed (e.g. travelling to a country where other vaccines are necessary).</p> <p>If you have had a recent COVID infection, it would be okay to postpone your booster for up to three (3) months. (While general consensus varies, in the peak season waiting up to four (4) weeks may be reasonable, rather than 3 months.) As always, talk to your transplant team.</p>



		COVID boosters are no longer recommended at a higher frequency than every 6-12 months however the upcoming booster contains coverage against the most recent strains so getting a booster pre-travel maybe advisable.
Infection	Recommended Vaccine	Comments and cautions
Influenza (the flu)	<p>Get the flu shot!</p> <p>High dose (one-time dose) is preferable for all post-transplant patients, even those under 65 yrs old.</p> <p>If a single dose is unavailable, regular dose is appropriate. (need 2 doses, 1 month apart)</p>	Do NOT use live inhaled flu vaccine.
Pneumonia	<p>There are <u>two</u> pneumococcal vaccines recommended – you should receive <u>both</u>.</p> <ol style="list-style-type: none"> 1. Prevnar® 13 (conjugate vaccine) 2. pneumovax® 23 – (pneumococcal polysacarie vaccine) -for those with no private insurance <p><i>These 2 vaccinations are publicly funded for transplant recipients.</i></p> <p>Prevnar®13 should be given first, followed, eight (8) weeks later by pneumovax®23.</p> <p><i>If able to purchase or have private insurance coverage, PCV 20 (conjugate vaccine) could be given once. There would be no need for pneumovax®23 afterwards.</i></p>	This vaccine is not required again if you were vaccinated before transplant.
Shingles	<p>SHINGRIX – 2 doses, 2 months apart</p> <p>You can still get the SHINGRIX vaccine but Health Canada recommends waiting 1 year after you have had shingles.</p> <p>Do NOT use Zostavax – this is a live vaccine.</p>	This vaccine is not required again if you were vaccinated before transplant. SHINGRIX is only covered by OHIP for people between the age 65-70 and if you have not received Zostavax. It may be covered by some private insurance plans.
Tetanus, Diphtheria, Pertussis	<p>Tdap Vaccine – required every 10 years</p> <p>There are 2 different Tdap vaccines – either is okay based on your age.</p> <p>Boostrix for people aged 10 years and older</p> <p>Adacel for people age 10-64</p>	



Infection	Recommended Vaccine	Information and Cautions
Meningitis (given to those who have had a splenectomy or planned use of Eculizumab)	There are different types of meningitis and therefore different vaccines. We recommend getting Menactra which covers the most common types of meningococcal groups (A,C,Y,W). Bexsero [®] covers meningococcal group B. Men-C (Menjugate) vaccine only covers group C	It is important to know which type of vaccine you have had – please check with your family doctor.
Haemophilus influenza B	Haemophilus influenzae B vaccine (Hib vaccine)	May be given pre or post transplant.
Respiratory Syncytial Virus (RSV)	Arexvy [®] - the only vaccine available in Ontario at this time. If you are over 60 years old and have received an organ transplant you are eligible under the High-risk Older adult RSV Vaccine Program to receive this vaccine through your Public Health Unit free of charge. (If you have private insurance it may be covered.)	It is recommended that the RSV vaccine be administered at least 2 weeks before or after any other vaccine. Side effects after the RSV vaccine can include pain, redness, and swelling where the shot is given, fatigue (feeling tired), fever, headache, nausea, diarrhea, and muscle or joint pain. *until further information is available, RSV can be a one time dose
Hepatitis B	Hepatitis B vaccine Being vaccinated to Hepatitis B does not mean that you are immune – it may take several boosters. After transplant it may be more difficult to achieve immunity. Your Transplant Team will have checked your immunity level using a blood test. If you are not immune, it is recommended that you get a booster or complete the 3-dose series. Immunity needs to be retested after vaccination. It is preferable to receive it before transplant. Not publicly funded after transplant.	
Hepatitis A	If you are planning to travel to a country where Hepatitis A is common, you should be vaccinated. This needs to be done well in advance of your travel. Check with the Transplant Team at least 2 months prior to departure. You will need 2 doses of the vaccine. The last dose needs to be at least 2 weeks before departure.	
Human papillomavirus (HPV)	4-Valent HPV vaccine (4vHPV) is recommended for anyone less than 45 years old. <ul style="list-style-type: none"> NACI recommends that individuals 9 to 20 years of age should receive 1 dose of HPV vaccine, and individuals 21 to 26 years of age should receive 2 doses of HPV vaccine. (If a two-dose strategy used, they should be given at least 24 weeks apart.) 	It is best given before the age of 26 and is free for those in Grade 7 with parental consent. 4vHPV is not covered by OHIP but may be covered by some private insurance plans.



	<ul style="list-style-type: none"> • NACI reiterates its current guidance recommending a 3-dose schedule for individuals who are considered immunocompromised, as well as individuals living with HIV. • Individuals 27 years of age and older may receive the HPV vaccine with shared decision making and discussion with a healthcare provider. The vaccine should be given as a 2-dose schedule with doses administered at least 24 weeks apart. 	
Measles	<p>Do NOT vaccinate for measles after transplant – MMR vaccine is live vaccine. Protection against measles is usually checked before transplant and MMR vaccine maybe given then if your transplant doctor approves.</p>	

