

Table 3.3.5: Recommendations for vaccination in persons with functional or anatomical asplenia

Age	Recommendations
Pneumococcal vaccines	
6 weeks to <2 years	Give a 3-dose primary course of 13vPCV, with an additional dose of 13vPCV at age ≥ 12 months. Refer to Table 4.13.1 and Table 2.1.11 for catch-up schedules.
2 to 5 years	If the primary course of PCV is incomplete or if the recommended 13vPCV dose at age ≥ 12 months was not received, give 1 or 2 doses of 13vPCV as per Table 4.13.2. Give a single dose of 23vPPV at age 4–5 years.*
>5 to <18 years	If a 13vPCV dose has not previously been given, give a single dose of 13vPCV, preferably prior to 23vPPV.* If a dose of 23vPPV was received at age 4–5 years, give another dose of 23vPPV 5 years later (at age 9–10 years). If asplenia is newly diagnosed, give 2 doses of 23vPPV, 5 years apart (after 13vPCV; refer above).
≥ 18 years	If a 13vPCV dose has not previously been given, give a single dose of 13vPCV, preferably prior to 23vPPV.* There is a maximum limit of 3 doses of 23vPPV during adulthood [†] (age ≥ 18 years). Give the 1st adult dose at diagnosis (after 13vPCV: refer above), or at least 5 years after the last 23vPPV dose, whichever is later.
Meningococcal vaccines	
≥ 2 months [‡]	4vMenCV is recommended according to the age at which the vaccine course commenced (refer to 4.10 <i>Meningococcal disease</i> , Table 4.10.2). MenBV is recommended according to the age at which the vaccine course commenced (refer to 4.10 <i>Meningococcal disease</i> , Table 4.10.1).
<i>Haemophilus influenzae</i> type b (Hib) vaccine	
6 weeks–<5 years	Give the recommended course of Hib-containing vaccine, or catch-up vaccination, according to Table 2.1.8 <i>Catch-up schedule for Hib vaccination for children <5 years of age</i> . Additional/repeat doses are not required.
≥ 5 years	If a Hib vaccine dose has not previously been given, or if the primary course of Hib vaccine is incomplete, give a single dose of Hib-containing vaccine. If Hib vaccination is complete (as per children <5 years above), additional/repeat doses are not required.
Influenza vaccine[§]	
6 months–<3 years	Give 2 doses (0.25 mL each), 4 weeks apart, in the first year of vaccination. Give 1 dose (0.25 mL) in subsequent years.
3–<9 years	Give 2 doses (0.5 mL each), 4 weeks apart, in the first year of vaccination. Give 1 dose (0.5 mL) in subsequent years.
≥ 9 years	Give 1 dose (0.5 mL) every year. [§]

* Whenever possible, 13vPCV dose(s) should precede the recommended 23vPPV dose(s). If 13vPCV follows 23vPPV, a minimum interval of 12 months between 13vPCV and the last previous 23vPPV dose is recommended. The recommended minimum interval between a 13vPCV dose and a subsequent 23vPPV dose is 2 months. Also note that the recommended minimum interval between any two 23vPPV doses is 5 years.

† If asplenia is diagnosed at age ≥ 65 years (age ≥ 50 years for Indigenous adults), only a single revaccination dose of 23vPPV is recommended.

‡ MenBV can be given from 6 weeks of age to align with the schedule for other routine infant vaccines. The co-administration of MenBV and 4vMenCV in persons who are at increased risk of meningococcal disease is acceptable based on first principles. (Refer also to 4.10 *Meningococcal disease*.)

§ Two doses of influenza vaccine in the first year influenza vaccine is given are required if the asplenic person has another underlying immunocompromising condition such as post SOT or HSCT.