

Regimen Reference Order – SUPP – asplenia/hyposplenia vaccinations

ARIA Support: [asplenia/hyposplenia over age 25]

[asplenia/hyposplenia age 25 and under]

Planned Course: Vaccinations given 8 weeks apart (1 cycle = 57 days)

Indication for Use: Vaccinations for asplenic/hyposplenic patients

Proceed with treatment if:

Blood work not required to proceed with vaccinations

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Not Applicable		

Treatment Regimen – SUPP – asplenia/hyposplenia vaccinations

Drug	Dose	CCMB Administration Guideline
Day 1		
<i>Haemophilus influenzae</i> type B (Hib) vaccine (ACT-HIB® or HIBERIX®)	0.5 mL	Intramuscular into the deltoid muscle
meningococcal ACYW-135 vaccine (MENACTRA® or NIMENRIX® or MENVEO®)	0.5 mL	Intramuscular into the deltoid muscle <i>*Alert: Look-alike, sound-alike with other Meningococcal vaccine. Carefully select correct vaccine</i>
pneumococcal 13 vaccine (PREVNAR 13®)	0.5 mL	Intramuscular into the deltoid muscle <i>*Alert: Look-alike, sound-alike with other Pneumococcal vaccine. Carefully select correct vaccine</i>
meningococcal B vaccine (BEXSERO®)	0.5 mL	<i>ONLY</i> to be prescribed for patients 25 years and younger as per Manitoba Health eligibility criteria for publicly funded vaccines Intramuscular into the deltoid muscle <i>*Alert: Look-alike, sound-alike with other Meningococcal vaccine. Carefully select correct vaccine</i>
Day 57		
meningococcal ACYW-135 vaccine (MENACTRA® or NIMENRIX® or MENVEO®)	0.5 mL	Intramuscular into the deltoid muscle <i>Note: A booster dose of Meningococcal Groups A, C, W-135 and Y Conjugate Vaccine is required after every 5 years</i> <i>*Alert: Look-alike, sound-alike with other Meningococcal vaccine. Carefully select correct vaccine</i>

pneumococcal 23 vaccine (PNEUMOVAX 23®)	0.5 mL	Intramuscular into the deltoid muscle <i>Note: A booster dose of Pneumococcal 23 vaccine is required after 5 years</i> <i>*Alert: Look-alike, sound-alike with other Pneumococcal vaccine. Carefully select correct vaccine</i>
meningococcal B vaccine (BEXSERO®)	0.5 mL	<u>ONLY</u> to be prescribed for patients 25 years and younger as per Manitoba Health eligibility criteria for publicly funded vaccines Intramuscular into the deltoid muscle <i>*Alert: Look-alike, sound-alike with other Meningococcal vaccine. Carefully select correct vaccine</i>

In the event of an infusion-related hypersensitivity reaction, refer to the ‘Hypersensitivity Reaction Standing Order’

REQUIRED MONITORING

- Patients should be instructed to contact their cancer team immediately if symptoms of hypersensitivity reactions occur after discharge

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
None required		

DISCHARGE INSTRUCTIONS

- Inform patient that a booster of Pneumococcal 23 vaccine is required 5 years after their Day 57 dose is administered
- Inform patient that a booster of Meningococcal Groups A, C, W-135 and Y is required every 5 years with the first booster 5 years after their Day 57 dose is administered

ADDITIONAL INFORMATION

- Lot number and expiry date of vaccinations must be recorded by treatment room nurse
- Different sites of administration should be used for each injection administered on the same day
- If possible, Day 57 vaccinations should be administered at least 2 weeks prior to elective splenectomy
- If urgent or emergency splenectomy is required, vaccinations (either Day 1 or Day 57) should be administered at least 2 weeks after splenectomy for optimal response
- Support protocols is available under **asplenia/hyposplenia** in the “Vaccination” folder