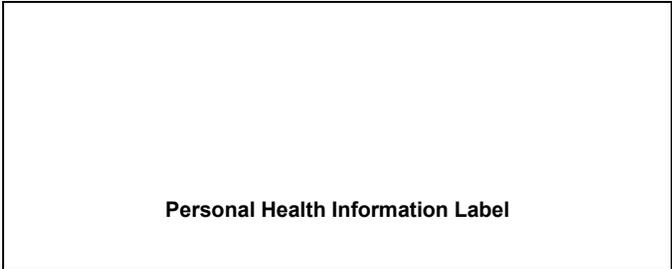


UHN BMT – IEC Program



Form 3A.24.1 Record of Immunizations after Allogeneic Blood and Marrow Transplantation (BMT)

Time post BMT (months)	4	5	6	7	8	12	14	18	24	Comments
Pneumococcal										
Prevnar 20 (PCV20)	PCV20	PCV20	PCV20			P C V 2 0				
Date	___/___/___	___/___/___	___/___/___			___/___/___				
Initial	_____	_____	_____			_____				
Meningococcal										
Meningococcus^{4,5} Men-C-ACYW (Menveo or Menactra)										- Patients are functionally hyposplenic post allogeneic BMT - Booster doses not recommended - Immunity screening after immunization not recommended - Menveo and Menactra not covered by MOH/ODB
Date			___/___/___		___/___/___					
Initial			_____		_____					
Meningococcus B Bexsero										- Patients are functionally hyposplenic post allogeneic BMT - Booster doses not recommended - Immunity screening after immunization not recommended
Date			___/___/___		___/___/___					
Initial			_____		_____					
Hepatitis B										
Hepatitis B 40ug (Engerix or Recombivax)										- Administer dialysis dose (Recombivax). If Recombivax unavailable, use double dose Engerix - Hepatitis B monovalent Vaccine - Check HBV IgG 4-8 weeks after completion. - If antiHBslevels (<10IU) a repeat HBV series is indicated
Date			___/___/___		___/___/___			___/___/___		
Initial			_____		_____			_____		
Diphtheria, Tetanus, Pertussis, Polio and Haemophilus influenzae type B										
DTaP-IPV-HiB (Pediactel)										- Off label use of Pediactel- Pediactel not covered by MOH/ODB for adults ** If Pediactel not available, substitute with Quadacel (DTap-IPV) AND Act-HiB at same time intervals which will be covered by MOH/ODB
Date			___/___/___		___/___/___			___/___/___		
Initial			_____		_____			_____		

UHN BMT – IEC Program

Personal Health Information Label

Months post BMT	4	5	6	7	8	12	14	18	24	
Human Papilloma Virus										
Human Papilloma Virus HPV4 (Gardasil)										
Date			___/___/___		___/___/___	___/___/___				
Initial			_____		_____	_____				
<ul style="list-style-type: none"> - For women and men ≤ 45 years old - Not covered for adults by MOH/ODDB 										
Varicella										
Varicella (Varilrix or Varivax)										
Date									___/___/___	
Initial									_____	
<ul style="list-style-type: none"> - Use varicella vaccine (zoster vaccine contraindicated). - If active GVHD, live vaccines contraindicated. May be administered after immunosuppressive therapy discontinued for at least 1 year and patient deemed immunocompetent by BMT MD. - Antiviral medications should be discontinued at least 24 hours before receipt of varicella vaccine and should not be restarted for at least 14 days - Prior to administration, check varicella serum IgG. Give varicella vaccine only if seronegative - Immunity screening after vaccine not recommended - Interval between IVIG and live vaccines should be at least 5 months. 										
Measles, Mumps, Rubella										
MMR										
Date									___/___/___	
Initial									_____	
<ul style="list-style-type: none"> - If active GVHD, live vaccines contraindicated. May be administered after all immunosuppression discontinued for a least 1 year and patient deemed immune competent by BMT MD. - Prior to administration, check MMR serology. - Check measles and rubella IgG levels 1 month after 1st MMR vaccine. Give MMR second dose if measles IgG negative. If only rubella IgG low, administer second MMR dose only to females of childbearing potential - Interval between IVIG and live vaccine should be at least 5 months. 										
Influenza (inactivated)										
Seasonal influenza vaccine	Annually starting <u>≥</u> 4 months post BMT									- Annual influenza vaccine also recommended for close contacts of BMT patients
Td (Tetanus vaccine)	Every 10yrs post BMT									
Varicella (shingles)										
Shingrix (non-live)										
Date			___/___/___		___/___/___					
Initial			_____		_____					
Two doses 2-6 months apart, can start at 6-12 months										

If your health care provider has questions regarding vaccination they may call their allogeneic BMT Most Responsible Physician.