

Spleen Australia

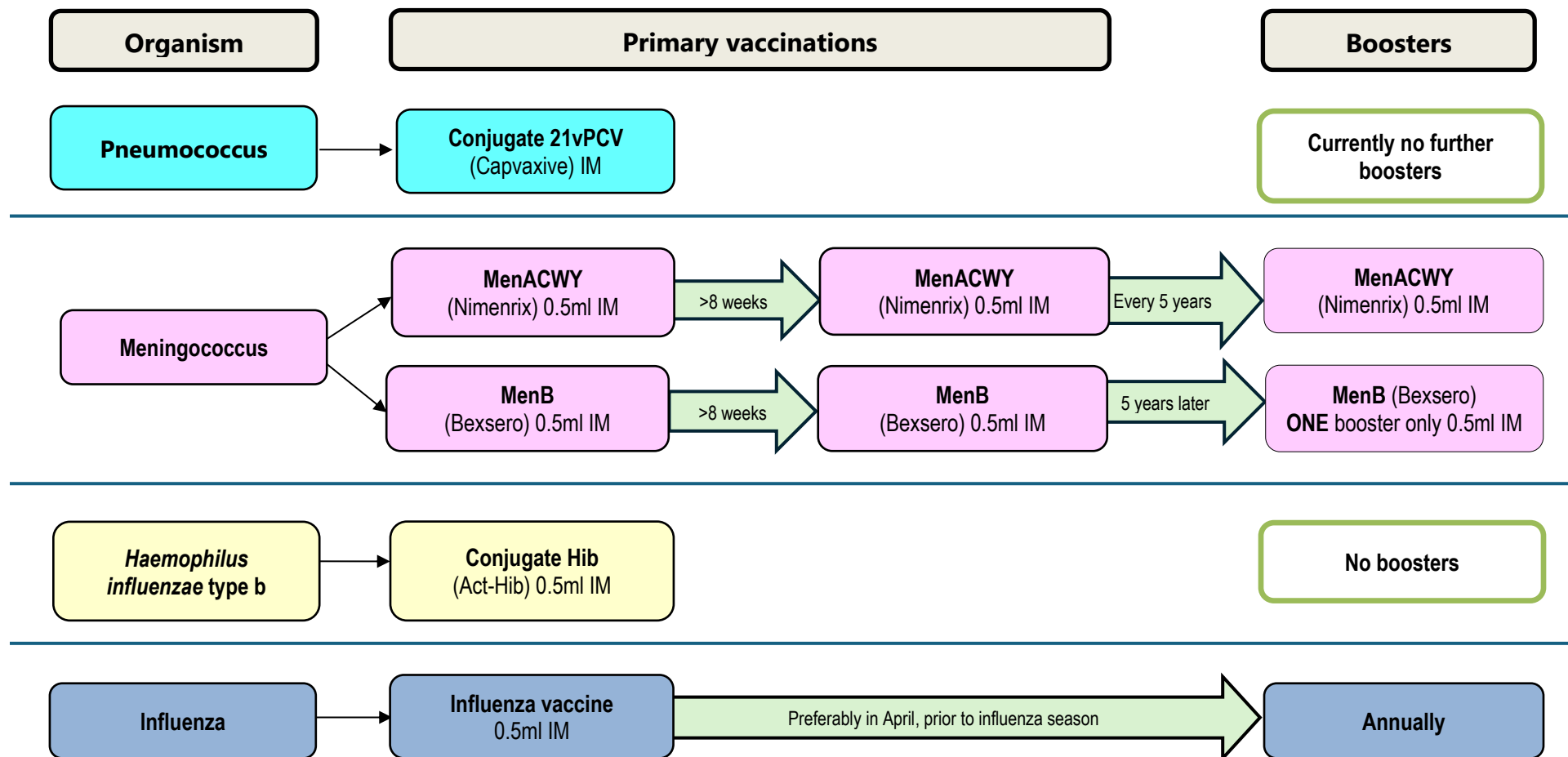
Guidelines for Adults with Asplenia/Hyposplenism Aged >18 Years

Disclaimer: This guideline is intended for use by clinicians

These guidelines are based on the Australian Immunisation Handbook and have been produced to guide clinical decision making for healthcare practitioners. These clinical guidelines are not a substitute for comprehensive clinical assessment of an individual patient.

This vaccine table is for adults (>18years) who have not previously received any recognised “spleen vaccines”

If possible, give vaccines 14 DAYS PRIOR to elective splenectomy or 7 DAYS AFTER splenectomy



This table is for adults (>18 years) who have previously received one or more recognised “spleen vaccines”

If possible, give vaccines 14 DAYS PRIOR to elective splenectomy or 7 DAYS AFTER splenectomy

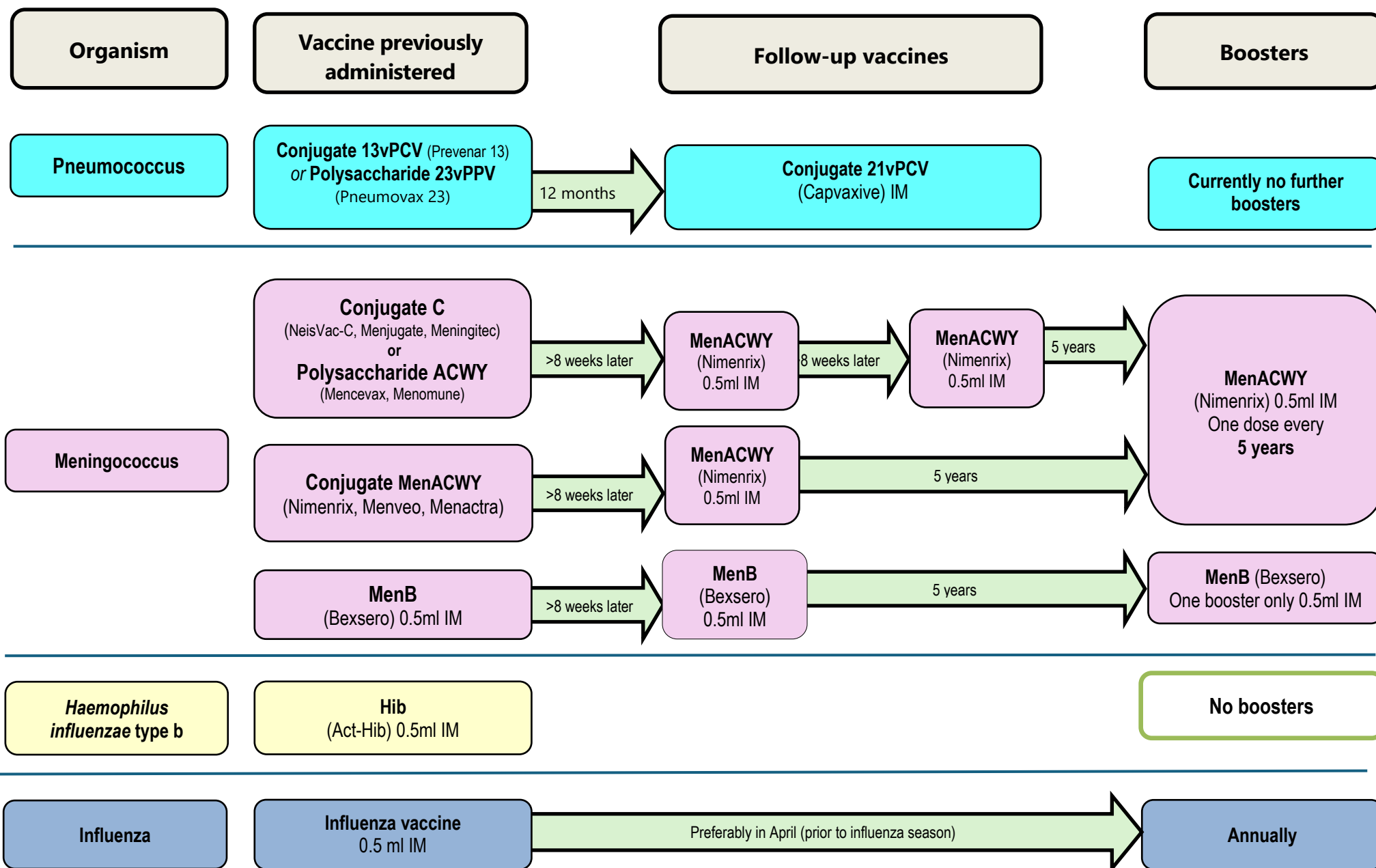


Table 1	Additional information for people living without a functioning spleen
Vaccines (“spleen vaccines”)	These vaccine brands are part of the National Immunisation Program (NIP) and funded for adults (>18 years) without a functioning spleen (see vaccination for people with asplenia and hyposplenia) • Capvaxive - Pneumococcal conjugate (21vPCV) introduced 1/7/2026 • Nimenrix - ACWY meningococcal conjugate (MenACWY) • Bexsero - Meningococcal B recombinant (MenB) • Act-HIB - <i>Haemophilus influenzae</i> type b (Hib)
Pneumococcal vaccines	For more information see Pneumococcal disease and Pneumosmart vaccine tool • Prevenar 13 (13vPCV) and Pneumovax 23 (23vPPV) have now been superseded by Capvaxive (21vPCV). Capvaxive should be given once, at least 12 months after any previous pneumococcal vaccine, and no further pneumococcal doses are required. • Children diagnosed with a risk condition before 18 years of age who received a dose of Prevenar 20® are recommended and eligible to receive a dose of Capvaxive® at 18 years of age for free under the NIP (12 months after any pneumococcal vaccine).
Meningococcal vaccines	For more information see Meningococcal Disease
<i>Haemophilus influenzae</i> type B vaccines	For more information see Haemophilus influenzae type B
Influenza vaccine	For more information see Influenza Immunisation of family members is recommended
Additional vaccines are only funded for certain groups	COVID-19 vaccination is recommended for people living without a functioning spleen due to increased risk of infection For more information see COVID-19
	Respiratory syncytial virus (RSV) vaccination is recommended, for pregnant or people aged >50 years who do not have a functioning spleen. • Arexvy is indicated for people age ≥50 years with medical conditions that increase their risk of severe RSV disease and all older adults aged ≥60 years. It is funded on the NIP for adults ≥75 years, and Aboriginal and Torres Strait Islander people from ≥60 years. • Abrysvo can be used for people age ≥60 years • Pregnant women should receive a single dose of Abrysvo from 28 weeks gestation (funded on NIP) For more information see RSV
	Zoster vaccine (Shingrix) is recommended for ALL people age ≥50 years AND for people age ≥18 years who are immunocompromised. Shingrix is funded on the NIP for the following groups: • Adults age ≥65 years • Aboriginal and Torres Strait Islander people age ≥50 years • Adults age ≥18 years with moderate or severe immunocompromise due to certain medical conditions or therapies. For more information see Zoster
Live vaccines	People without a functioning spleen can safely receive live vaccines such as MMR (Measles, Mumps & Rubella), unless they are pregnant or have other medical conditions that are contraindications to administration of live vaccines.
Other routine vaccines	It is important that people living without a functioning spleen remain up to date with all routinely recommended vaccines. This includes any booster doses, such as dTpa vaccine (Diphtheria, Tetanus & Pertussis) that are recommended in adulthood. Check if patient is due for catch up vaccination

Co-administration of vaccines	It is safe to administer multiple spleen vaccines at the same visit, provided they are injected into separate sites. Up to two vaccines can be given in each deltoid muscle, spaced at least 2.5cm apart.	
Chemotherapy, Radiotherapy and/or Immunosuppression	Aim to vaccinate at least 2 weeks before starting immunosuppressive therapy and delay vaccination 3–6 months following completion of chemotherapy or radiotherapy, or until adequate immune function is restored. Timing of vaccine administration should always be confirmed with the patient's treating physician. In some cases, vaccination may be recommended during immunosuppressive therapy. For more information see recommendations for people who are immunocompromised	
Antibiotic prophylaxis	Oral amoxicillin 250 mg once daily OR phenoxymethylpenicillin (penicillin V) 250 mg twice daily.	
Antibiotic duration	Immunocompromised patients – lifelong daily antibiotics are recommended Patients who have had a splenectomy are recommended to take daily antibiotics for at least 3 years after the procedure.	
Emergency plan	Emergency supply of antibiotic: patient should have this supply at home or with them when they travel. - If signs of bacterial infection (e.g. fever, shivers, shakes, chills and/or vomiting/diarrhoea): patient should take emergency antibiotics and consult a doctor or present to local hospital emergency department as soon as possible. - Amoxicillin 2 g (four 500 mg capsules) STAT; if medical review is delayed, continue 1 g 8-hourly until medical review.	
Beta-lactam allergies	For patients reporting a beta-lactam allergy, obtain a detailed history & verify their allergy, by conducting a penicillin allergy assessment Seek expert advice for patients with a verified allergy. In some cases of hypersensitivity, penicillin allergy de-labelling and desensitisation should be considered.	
	Non-severe penicillin hypersensitivity (e.g. urticaria, mild immediate rash, benign childhood rash and maculopapular rash): Antibiotic prophylaxis: Cefuroxime 250 mg daily Emergency supply: Cefuroxime 500 mg STAT, if medical review is delayed, continue 12 hourly until medical review. For more information refer to Therapeutic Guidelines (Antibiotic)	Severe penicillin allergy (e.g. anaphylaxis, compromised airway, airway angioedema, hypotension, collapse, severe cutaneous reactions or interstitial nephritis). Refer to Therapeutic Guidelines (Antibiotic) and seek expert advice. Spleen Australia can be contacted if further guidance is needed.
Testing for hyposplenism	Assessment of spleen function: - Full Blood Examination (FBE) & blood film can indicate reduced or absent splenic function by showing: - Howell-Jolly bodies (HJB) - Other signs (acanthocytes, Pappenheimer bodies, target cells) - IgM memory B-cell marker assessment is available in Australia through specialised laboratories and can be accessed via referral testing through major pathology providers to further assess splenic function. - If HJB or hyposplenic changes are detected this indicates splenic dysfunction (hyposplenism): register patient with Spleen Australia.	
Overseas Travel	Pre-travel medical consultation: Advise people without a functioning spleen to seek advice from a specialised travel medicine clinic at least 4-6 weeks before travelling overseas. Malaria endemic areas: Avoid mosquito bites by i) using insect repellent, ii) wearing protective clothing, iii) sleeping in screened or air-conditioned rooms, or under a bed net. Take malaria chemoprophylaxis as prescribed. Medical attention: Advise people living without a functioning spleen to seek prompt medical care if unwell during or after travel. Vaccinations: Ensure all routine and recommended vaccines are up to date, including pneumococcal, meningococcal, and influenza vaccines. Animal bites and tick bites: seek immediate medical attention if bitten.	

Animal and human bites	Any animal or human bite or scratch in a patient without a functioning spleen should be treated as potentially high risk for serious infection and reviewed by a healthcare practitioner. Animals can carry pathogenic bacteria on their teeth, claws, and saliva, including <i>Capnocytophaga canimorsus</i> and <i>Pasteurella</i> species. Clinical management • Commence presumptive antibiotic therapy immediately, pending medical review. • Monitor for signs of local or systemic infection, including pain, swelling, erythema, chills, warmth, and fever (>38°C). • Seek urgent medical assessment if there is evidence of infection or systemic symptoms. Recommended antibiotic therapy • First-line: Amoxicillin–clavulanate (Augmentin®) • If beta-lactam hypersensitive: Metronidazole plus either doxycycline or trimethoprim–sulfamethoxazole Special considerations • Seek specialist advice if pregnant or if there are concerns about antibiotic selection or resistance.
Tick bites	Babesiosis is a rare tick-borne infection endemic to certain regions (including North and South America, Europe, Asia and Africa). Patients without a functioning spleen who are travelling to these areas should take precautions to avoid tick bites. If bitten by a tick, please seek immediate medical attention.
Other bacterial infections	Patients without a functioning spleen are at increased risk of severe infections caused by a range of other bacteria including <i>Salmonella</i> species, <i>Staphylococcus aureus</i>, <i>Escherichia coli</i>, <i>Campylobacter</i> species, <i>Bacteroides</i> species, <i>Pseudomonas</i> species, <i>Plesiomonas shigelloides</i>.
Splenic Artery Embolisation	For current Splenic Artery Embolisation (SAE) medical recommendations refer to SAE guidelines on the Spleen Australia website. If a patient is found to be hyposplenic following testing with FBE + film, please contact Spleen Australia & follow this guideline.
Alerts	People without a functioning spleen should be encouraged to wear a medical bracelet or always carry a medical alert card.
Children	Refer to Paediatric guidelines on Spleen Australia website.
Pregnancy and Breastfeeding	All spleen vaccines are considered safe to give during pregnancy and breastfeeding. Patients are encouraged to discuss the timing with their obstetrician or midwife. There is no evidence of increased risk of overwhelming sepsis.
Dental procedures	Additional antibiotic prophylaxis is not required for dental procedures unless the patient has another medical condition in addition to a non-functioning spleen. The patient's dentist can prescribe prophylaxis antibiotics if indicated.
Patient education	• Education and resources: Spleen Australia is a support service for people living without a functioning spleen. We provide education kits, including vaccination cards and alerts. Registered patients, healthcare practitioners, and clinic nurses are encouraged to visit the Spleen Australia website for current medical recommendations and updates. Patients will also be informed of important health information via Spleen Australia reports, newsletters and the Spleen-IE App. • Infection risk and prevention: Patients and their family/friends should be aware of the increased lifelong risk of serious bacterial infections and the importance of preventive measures, including antibiotics, vaccinations, and medical review. • Minor viral infections: Patients do not need to be concerned about minor viral infections, such as upper respiratory tract infections (colds) without fever or systemic symptoms. • Bleeding disorders: Consider delaying administration of vaccines until the disorder is corrected. Seek advice from the patient's specialist if needed.