

**Maine Medical Center  
Transplant Program  
Policies and Procedures  
Vaccination Policy**

**Purpose**

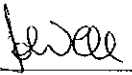
To outline the Maine Transplant Program Policy and Procedure for vaccinating transplant candidates and recipients.

**Policy**

- Transplant candidates and recipients are at an increased risk of infectious complications.
- Such patients should be appropriately vaccinated prior to transplantation.
- Recommendations from the American Society of Transplantation are used as a guideline.
- Live vaccinations (most commonly MMR, Varicella, and Zostavax) are contraindicated in immunosuppressed patients.

**Procedures**

1. Antibody titers pertinent to vaccination are drawn during the initial transplant evaluation appointment for the following: Hepatitis B, Varicella, Mumps, Rubella and Rubeola.
2. Serologic results are documented in the lab results section of the electronic medical record
3. The vaccination status of the potential candidate is reviewed during subsequent evaluation appointments, and vaccination advised as appropriate.
4. Vaccine documentation is in the patient medical record.
5. Pneumococcal prophylaxis:
  - a. Pneumovax: recommended every 5 years before and after transplantation.
  - b. Prevnar: a single dose is recommended either before or after transplantation. Not to be administered within 1 month of either pneumovax or influenza vaccination
6. Pretransplant candidates over the age of 60 are advised to receive Zostavax from their PCP.
7. Influenza Vaccine:
  - a. Inactivated influenza vaccine will be offered to transplant recipients yearly.
  - b. Transplant candidates are generally advised to receive the influenza vaccine through their dialysis unit, nephrologist or PCP
  - c. The only exception is for transplant candidates with identified living donors. There is evidence of risk of allosensitization after vaccination. These individuals are advised to avoid vaccination prior to transplantation accordingly
  - d. In the event a transplant candidate is found to have been vaccinated since their last serum sample for cross matching was obtained, a repeat serum sample will be sent to the HLA lab for updated cross match testing
8. Decisions regarding Tetanus, Diphtheria, Pertussus, Meningococcal and Gardasil vaccinations are deferred to the PCP.
9. Skin testing for tuberculosis ("PPD") will be performed yearly on transplant candidates and documented in the patient record. Patients with a positive PPD will be referred for a transplant Infectious Disease consultation for further evaluation and management.

  
\_\_\_\_\_  
John P. Vella, MD, FACP, FRCP, FASN, FAST  
Director of Nephrology & Transplantation

2/13/18  
\_\_\_\_\_  
Date

Original 10/29/07

Revised 6/17/09, 5/7/12, 8/8/14, 11/4/16, 1/17/18