The University of Arkansas for Medical Sciences
Trauma Clinical Practice Management Guideline

SUBJECT: Splenectomy Vaccines

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APPROVED: 12/2022
UPDATED: 06/2025
EFFECTIVE: 06/12/2025

PURPOSE: To provide guidelines for the appropriate administration of post-splenectomy vaccinations.

GUIDELINE:
Indications:

- All patients status post-splenectomy (this does not apply to patients following isolated spleen embolization)

Initial Vaccinations:

- Pneumococcal vaccine, PCV21 (Capvaxive) - 0.5mL IM
  - If PCV21 (Capvaxive) is not available, give PCV20 (Prevnar-20) – 0.5mL IM
- *Hemophilus b* conjugate vaccine (ActHIB/Hiberix/PedvaxHIB) - 0.5mL IM
- Meningococcal conjugate vaccine, MenACWY (MenQuadfi/Menveo) - 0.5mL IM
- Meningococcal Group B vaccine, MenB (Bexsero/Trumenba) – 0.5 mL IM

Second Set of Vaccinations (to be given eight weeks AFTER initial vaccinations):

- Meningococcal conjugate vaccine, MenACWY (MenQuadfi/Menveo) - 0.5mL IM
- Meningococcal Group B vaccine, MenB (Bexsero/Trumenba) – 0.5 mL IM
- Pneumococcal vaccine: IF the patient received PCV21 (Capvaxive) OR PCV20 (Prevnar-20), no further doses are required; IF the patient received a different pneumococcal vaccine, please contact the trauma/EGS/SICU pharmacist or utilize reference 7 below[7]

Third Set of Vaccinations (to be given 6 months AFTER INITIAL vaccinations)

- Meningococcal Group B vaccine, MenB (Bexsero/Trumenba) – 0.5 mL IM
  - IF the second vaccination was administered at least 6 months post-initial vaccinations, dose 3 is NOT needed; if dose 3 is administered < 4 months after the second vaccination, a fourth vaccination should be given at least 4 months after vaccination 3

Booster Recommendations

- Meningococcal conjugate vaccine, MenACWY (MenQuadfi/Menveo) - 0.5mL IM – one booster dose 5 years after primary series completion and every 5 years
- Meningococcal Group B vaccine, MenB (Bexsero/Trumenba) – 0.5 mL IM – one booster dose 1 year after primary series completion and every 2-3 years
- Pneumococcal vaccine: IF the patient received PCV21 (Capvaxive) OR PCV20 (Prevnar-20), no further doses are required; IF the patient received a different pneumococcal vaccine, please contact the trauma/EGS/SICU pharmacist or utilize reference 7 listed below[7]

Procedure:

Initial vaccinations should be administered on the day before discharge, 14 days after splenectomy, or on the last day of ICU care (before floor or progressive transfer) – whichever comes first.[1,2] All patients should have the problem list in Epic updated to reflect this status by adding the diagnosis of asplenia.

Education:

All patients with splenectomy need to be informed of their operation, the risk, and signs/symptoms of developing Overwhelming Post-Splenectomy Infection (OPSI) via physician-to-patient discussion. Patients should be instructed to follow up with their primary care physician for a booster vaccine assessment.[5,7-8] An information card should be completed with the vaccination dates and given to the patient.

References:

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