

Vaccinations for Infants and Children with Solid Organ Transplant (SOT)

The BCCH Multi-Organ Transplant (MOT) team **STRONGLY** recommends keeping current with vaccines after transplant to ensure your child is protected.

The MOT team has reviewed your child's vaccine record as of _____ and recommends the following vaccines:

Vaccines	Transplant-specific information	Due in the next 12 months
 Tetanus-diphtheria-pertussis vaccine	Same as the routine childhood vaccine schedule. Following the Grade 9 vaccine, tetanus-diphtheria boosters are recommended every 10 years as an adult.	☐ Tdap-IPV ☐ DTaP-IPV-Hib - ☐ Tdap _____ dose(s) ☐ Td booster
 Haemophilus influenzae serotype b (Hib) vaccine	Usually in combination with tetanus-diphtheria-pertussis vaccine. May require an additional dose if any missed infant doses or decreased spleen function.	☐ Single dose
 Meningococcal quadrivalent (Men-C-ACYW) vaccine	May be given earlier than Grade 9. Boosters recommended every 5 years (first booster after 3 years if 6 years old or younger)	☐ Next dose due _____
 Pneumococcal conjugate (PCV-20) vaccine	Young transplant recipients may require more than one dose. Older transplant recipients should receive one dose if they have never had this vaccine.	☐ Series – _____ doses ☐ Single dose
 Hepatitis B vaccine (high dose)	May require additional doses with higher dose formulation.	☐ Series – _____ doses ☐ Booster dose
 Hepatitis A vaccine	Recommended and publicly funded for some pediatric transplant recipients. (If not funded, around \$40 per dose.)	☐ Dose 1 ☐ Funded ☐ Not Funded ☐ Dose 2
 Human papillomavirus (HPV-9) vaccine	One dose usually given through school vaccination program in Grade 6. Children with transplant may require additional doses.	☐ Dose 1 ☐ Dose 3 ☐ Dose 2
 Seasonal influenza (flu) vaccine (inactivated)	No FluMist (live attenuated nasal spray). Formulation by injection is safe and recommended annually as transplant recipients are at higher risk of complications from flu.	☐ Seasonal dose – 2 doses during first flu season if 8 years old and under
 Seasonal COVID-19 vaccine	May require additional dose(s).	☐ Primary series – _____ doses ☐ Seasonal dose
 Meningococcal B vaccine	Recommended for some pediatric transplant recipients. Number of doses depends on age. Not publicly funded. (Around \$150 per dose.)	☐ Dose 1 ☐ Dose 3 ☐ Dose 2 ☐ Dose 4
 Varicella zoster virus (chickenpox) vaccine (live attenuated)	Recommended for some pediatric transplant recipients with written approval from transplant infectious diseases physician.	☐ Dose 1 ☐ Reviewed with ☐ Dose 2 Transplant ID
 Measles, mumps, rubella vaccine (live attenuated)	Recommended for some pediatric transplant recipients with written approval from transplant infectious diseases physician.	☐ Dose 1 ☐ Reviewed with ☐ Dose 2 Transplant ID
 Shingles (Shingrix) vaccine	Recommended for some transplant recipients at 18 years of age. Not publicly funded. (Around \$190 per dose.)	☐ Dose 1 ☐ Dose 2
 Injectable typhoid vaccine (inactivated)	May be recommended before traveling to high-risk locations. Not publicly funded.	☐ Single dose

The following vaccines are not recommended in solid organ transplant recipients:

 Rotavirus vaccine	All are live attenuated vaccines that are currently not well studied in pediatric transplant recipients.
 Oral typhoid vaccine	
 Yellow fever vaccine	

Why should your child get vaccinated?



Vaccines save lives and protect against dangerous and deadly infections. **Organ transplant recipients are at an increased risk of infections because their anti-rejection medications can weaken their immune system.**

Transplant recipients are able to receive most vaccines that are part of the routine immunization schedule, however, extra doses, different schedules or special instructions may be required.



Vaccines that are not funded by the public health care system

Certain vaccines in British Columbia are not fully covered under the Medical Services Plan (MSP) or the public health care system, which means you may need a prescription and may have to pay for them directly if you would like your child/youth to receive them.

i You may be eligible for some financial support depending on your family resources.

- **Medical expenses claim on your tax return:** If you pay out of pocket, you may be able to claim a tax credit for the vaccine when filing your income tax and benefit return. Please consult with your accountant or visit the CRA website (**search for the following article:** Did you have medical expenses? You may be able to claim them on your income tax and benefit return - Canada.ca).
- **Extended health benefits:** If you have an insurance plan, check your policy to see if it includes coverage for vaccines fully or partial.
- **Financial assistance programs:** Some nonprofit organizations may offer assistance or subsidies for vaccines. The transplant social worker can discuss options with you.
- **First Nations Health Authority**

Family and close contacts

Family members and close contacts are **strongly recommended** to be fully vaccinated with both live and inactivated vaccines to protect your child with SOT. No special precautions are needed for family members or close contacts who receive MMR, varicella or intranasal flu vaccines. Please talk to your healthcare provider about additional precautions to protect your child with transplant before a family member or close contact receives infant rotavirus vaccine (usually given to babies at 2 and 4 months of age).

Where to get your vaccines?

- BC Children's Hospital Family Immunization Clinic
- Local public health unit
- Some family doctors and pediatricians
- Local pharmacies (children ages 5+ only)

Scan the QR code for more information about pediatric SOT vaccines or visit:



bit.ly/PediatricSOTVaccines

