



## Vaccinations advice for liver transplant patients

Following your transplant, it is important to stay as well as possible and free from infection. If you plan to travel abroad, you should also ensure you have had the appropriate immunisations.

### Vaccinations

You may need vaccines for several reasons. We suggest you do not have any vaccines for the first three months after your transplant. However, after three months you may need vaccines to travel, prevent flu, or act as a 'booster' to update you or your family's immunity.

### Foreign travel

You should talk to your GP, practice nurse or travel health clinic about vaccinations at least two months before travelling. You can read more information about immunisation and foreign travel by visiting the following websites;

- Department of Health; [www.nhs.uk/conditions/travel-vaccinations/](http://www.nhs.uk/conditions/travel-vaccinations/)
- National Travel Health Network and Centre; [www.nathnac.org](http://www.nathnac.org)

There are two types of vaccination: live and inactivated. When you are immunosuppressed (e.g. taking anti-rejection medication), you **must not** have live vaccines as these can cause symptoms of the disease they are trying to prevent.

#### Listed below are vaccinations that you must not receive:

- BCG
- Yellow fever
- MMR
- Live influenza vaccine (nasal spray) - neither must your family, otherwise please avoid contact for two weeks
- Smallpox
- Oral polio (live) vaccine - neither must your family e.g. children/grandchildren, otherwise please avoid handling their nappies for six weeks
- Varicella-zoster (to prevent either shingles or chicken Pox) – if a family member receives the vaccine; please avoid any contact with their injection site or any skin blisters they might develop
- Typhoid Ty21a (live) vaccine

#### Those adults who have had liver transplants can safely be given:

- Tetanus toxoid
- Inactivated polio vaccine
- Hepatitis B vaccine
- Hepatitis A vaccine
- Meningococcal polysaccharide vaccine
- Diphtheria
- Influenza – inactivated vaccine
- Pertussis (whooping cough)

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- Pneumococcal vaccine
- Cholera
- Typhoid – inactivated Vi vaccine

### Winter vaccinations

Your GP should offer you the annual flu vaccine and the pneumonia vaccine. We advise you to have these.

The pneumonia vaccine is one lifelong vaccine, only to be repeated if you have chronic kidney disease or have had your spleen removed.

### Hepatitis vaccinations

We recommend that you have Hepatitis A and Hepatitis B vaccines, if you are not already immune to these viruses. You will normally be asked to start the vaccine course when you go onto the transplant waiting list. If you do not complete the course before your transplant, you will be asked to resume the course three months after your transplant.

### Rotavirus

A live rotavirus vaccine is given to infants and this virus can be transmitted to transplant recipients through the faecal-oral route. Strict personal hygiene, especially handwashing, is important and it is best to avoid handling nappies of these infants for at least 14 days.

### Chicken Pox

The varicella-zoster virus, which causes chicken pox and shingles, can make a transplant patient very unwell. Here are some guidelines:

The risk of chicken pox infection is low if you are sure that you have had the disease in the past. A blood test to check for immunity is done as part of your transplant assessment. If you are immune and become exposed to a chicken pox case, there is no need for any specific action unless you develop a rash – please then follow the advice below.

If you are not immune to chicken pox and you are in direct contact with a chicken pox case, you must inform your GP/transplant specialist promptly.

They should discuss with the consultant Virologist at QEHB regarding your need for anti-viral treatment within 10 days of exposure to the virus.

### Shingles

The risk of developing chicken pox from contact with someone with shingles is lower than if the contact is with someone with chickenpox. In the majority of cases, you are only at risk if you come into contact with the skin lesions (for example, by touching them), but you should seek advice from the Liver Unit in these circumstances. If you come into contact with someone with shingles, as long as you have had chickenpox, the risk is very low.

However, if you come into contact with someone with shingles and you have never been exposed to chicken pox, you should then follow the same guidelines as above.

If you have any further queries, please contact the on-call Liver Unit Medical Registrar via switchboard on **0121 627 2000** or call the Liver Transplant Co-ordinator on **0121 371 4528** (08:00–16:00) or via switchboard on **0121 627 2000** and ask them to page the on-call Liver Transplant Co-ordinator.

## Information for Patients

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