

## Renal Services

# Information about vaccinations for kidney transplant patients

### Vaccinations and holiday advice

This advice applies to kidney transplant patients and also to those patients with kidney diseases, who are receiving immunosuppression medications.

These immunosuppressant drugs make it unsafe for you to receive certain holiday vaccines that are 'live' – which means they have been prepared from living microorganisms.

Check the following lists to see if the vaccinations you have been advised to receive before your holiday are safe for you. Some vaccines are available in a combination product, so you will need to check the individual ingredients from the list below. If you are in any doubt whether a vaccine is OK for you to have, please check with your transplant team or renal pharmacist.

The following applies to adults only.

### Vaccinations which are safe to receive (either as a single vaccine or in a combination product) include:

- Diphtheria
- Hepatitis A
- Hepatitis B
- Immunoglobulin
- Influenza (injectable vaccine only)
- Meningococcus



## Patient Information

- Pertussis
- Inactivated Polio injection - your GP may need to order this specially. It is also available in a combined vaccine.
- Pneumococcal
- Rabies
- Tetanus – only available as a combined vaccine
- Typhoid injection
- Varicella-zoster (Shingles) – Shingrix brand only

### **Vaccinations that you should not receive are the ‘live’ vaccines which include:**

- BCG
- Measles, mumps and rubella (MMR)
- Oral polio
- Oral typhoid
- Yellow fever
- Rubella
- Influenza nasal spray (Fluenz<sup>®</sup>)
- Varicella-zoster (Shingles) – Zostavax brand only

## **Malaria Prophylaxis**

If you are going on holiday, your doctor, nurse or pharmacist can advise you on whether you will need to take tablets to prevent malaria. The tablets you will need to take will depend on where you plan to visit. **Some malaria tablets may interfere with your immunosuppressant medication, so if in doubt whether they are OK to take, check with your transplant team or renal pharmacist.**

Recommendations may change for certain countries, so it is important to check you have the most up to date information. This is available from your GP surgery, community pharmacy or your transplant team.

### Common malaria tablets suitable for renal patients include:

- **Chloroquine:** 300mg (as base) once a week (1 week before travel, whilst away, and 4 weeks after returning). (Note: Caution with Ciclosporin as Chloroquine can increase Ciclosporin levels).
- **Proguanil:** adjust dose according to renal function (see table below). You will need to take your tablets for 1 week before travel, whilst away, and 4 weeks after returning.

**Chloroquine** and **Proguanil** are available to buy from your community pharmacy. They are not available on prescription for prevention of malaria.

### Proguanil Dosing

<b>Creatinine Clearance</b>	<b>Dose</b>
>60 ml/min	200 mg daily
20-59 ml/min	100 mg daily
10-19 ml/min	50 mg alternate days
<10 ml/min	50mg once weekly

### What is Creatinine Clearance?

This is a measurement of your kidney function. Your doctor can tell you what your creatinine clearance is from a urine collection, or estimate it from your blood tests.

### Mefloquine

250mg (1 tablet) once a week; starting three weeks before travel, whilst away and 4 weeks after returning. This is only available on private prescription from your GP, even if you do not usually pay for your prescriptions.

## Patient Information

### **Doxycycline**

100mg daily; starting 1-2 days before travel, whilst away and 4 weeks after returning. ***Doxycycline should be considered as first line choice for malaria prophylaxis.***

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 7777 and we will do our best to meet your needs.

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#### **Document History**

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