Vaccination Policy for Patients with Chronic Kidney Disease

Pneumococcal Vaccination
Patients with CKD stages 3-5 should be offered pneumococcal vaccination using the schedule as per guidelines in the green book (National Vaccination Guidelines).

Influenza Vaccination
Patients with CKD should be offered the seasonal flu vaccine annually.

Hepatitis B Vaccination
The following patients with CKD should be offered vaccination against hepatitis B:
- All patients on Renal Replacement Therapy-RRT (haemodialysis, peritoneal dialysis, or post Renal transplant)
- All patients with CKD 4 or 5 (unless it is felt unlikely that they will ever need RRT)
- Patients with CKD 1-3 should be offered this vaccination if it is felt likely/possible that they will need RRT at some point in the future.

There is a selection of vaccines:
1st choice: HB vax PRO (Sanofi Pasteur)
DOSE: 40 micrograms by intramuscular injection at 0, 1 and 6 months

2nd choice: Fendrix (GSK)
DOSE: 20 micrograms by intramuscular injection at 0, 1, 2, and 6 months

3rd choice: Engerix
DOSE: 40 micrograms by intramuscular injection (2 x 20mcg) at 0, 1, 2, and 6 months
(intradermal route is effective and may be used for any of the vaccines, but is dependent on practitioner training)

Adequate response is an antibody level >10iu at least 2 months after the final vaccine dose. Where possible, the same vaccine should be used for any given course including subsequent annual boosters as required. Response to antibody levels should be:
- Inadequate antibody levels (i.e. <10iu/ml) ☐ no further courses of vaccination to be offered
- Antibody level is 10-100iu/ml ☐ annual antibody check and booster to be offered
- Antibody levels are >100iu/ml ☐ boosters not required, but antibody levels should be checked annually

Where supplies of any given vaccine become unavailable part way through a course, it is then reasonable to complete the course with one of the alternative vaccines (as per above).

All of these vaccines (influenza, pneumococcal, and hepatitis B) are “killed vaccines”, and so are safe for use in patients who are immunosuppressed and/or on immunosuppressive therapy, including patients who have received a kidney transplant.

Live or attenuated vaccines should not be used for at least 3-months after being off high dose steroids, and 6-months after finishing other immunosuppressive agents.

Full details on hepatitis B vaccination are available on the website (www.merseyrenalunits.nhs.uk)

The Cheshire and Merseyside Kidney Care Network have re-affirmed this is a ratified document (January 2010).
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