



Table. Recommendations for vaccination after haematopoietic stem cell transplant in children and adults

Vaccine category	Vaccine	Time to start revaccination	Recommended dosing schedule	Minimum dose interval	Comm
Non-live vaccines	<u>COVID-19</u>	3–6 months after <u>HSCT</u>	<ul style="list-style-type: none"> • 2 primary doses, can consider a 3rd dose • Additional doses every 6–12 months based on individual risk assessment (see comment) 	4 weeks	Individual based (of other severe
	<u>Diphtheria-tetanus-pertussis</u> -containing vaccine ^{a,b,c}	6 months after <u>HSCT</u>	<ul style="list-style-type: none"> • <u>HSCT</u> recipients aged <10 years: 3-dose schedule of <u>DTPa</u>-containing vaccine (eg <u>DTPa-HepB-IPV-Hib</u>) 	4 weeks	–

		<ul style="list-style-type: none"> • HSCT recipients aged ≥10 years: 3-dose schedule of dTpa-containing vaccine (eg dTpa-IPV) 		
<i>Haemophilus influenzae</i> type <u>b</u> ^{c,d}	6 months after HSCT	3-dose schedule	4 weeks	–
Hepatitis A	6 months after HSCT if indicated based on individual risk exposure	Not routinely recommended, but may be given to HSCT recipients based on increased risk of exposure or severe outcomes from disease	4 weeks	See also internat
Hepatitis B ^d	6 months after HSCT	3-dose schedule	4-8 weeks between dose 1 and dose 2, and 12 weeks between dose 2 and dose 3	<ul style="list-style-type: none"> • A (f fc pl • If fc a' sl va ea gi va cl st 4. d <

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<u>Human papillomavirus</u> ^d	6 months after HSCT in people aged >9 years, although enhanced immune responses may be obtained when administered >12months after HSCT	3-dose schedule	4-8 weeks between dose 1 and dose 2, and 16 weeks between dose 2 and dose 3	For pec conduc determ vaccina
<u>Influenza</u> (non-live)	3-6 months after HSCT	<ul style="list-style-type: none"> • 2 doses 1st year after HSCT • 1 seasonal dose in each subsequent year 	4 weeks	-
<u>Japanese encephalitis</u> (non-live)	6 months after HSCT if indicated	Not routinely recommended, but may be given to HSCT recipients based on increased risk of exposure or severe outcomes from disease	4 weeks	See als <u>interna</u>
<u>Meningococcal</u> (MenACWY and MenB) ^d	6 months after HSCT	<ul style="list-style-type: none"> • A full primary schedule of <u>MenACWY</u> vaccine, with ongoing booster doses depending on 	<ul style="list-style-type: none"> • 8 weeks between the primary doses of <u>MenACWY</u> 	<ul style="list-style-type: none"> • T • d • p • v • M • S • I

		<p>the person's age</p> <ul style="list-style-type: none"> • A full primary schedule of MenB vaccine, with a single booster dose 	<ul style="list-style-type: none"> • 6 weeks between the primary doses of MenB if aged 6–23 months, and 4 weeks if aged ≥ 2 years. 	<p>fc fc st ca th m ar T fc p m in in di</p>
<u>Mpox</u> (live, non-replicating)	6 months after HSCT if indicated based on individual risk exposure	Not routinely recommended, but may be given to HSCT recipients based on increased risk of exposure or severe outcomes from disease	4 weeks	–
<u>Pneumococcal</u>	PCV starts from 3–6 months after HSCT	<p>Aged <18 years: a 3-dose schedule of 20vPCV</p> <p>Aged ≥18 years:</p> <ul style="list-style-type: none"> • A 3-dose schedule of PCV followed by 1 dose of PPV, and a booster dose of PPV at least 5 years later • The 1st dose of 	4 weeks between PCV doses if aged <12 months, and 8 weeks if aged ≥12 months	–

			PPV should be administered ≥8 weeks after the last dose of PCV	
<u>Polio</u> ^{c,d}	6 months after <u>HSCT</u>	3-dose schedule	4 weeks	A 10-ye recomr ongoing; also <u>Va interna</u>
<u>Rabies</u>	6 months after <u>HSCT</u> if indicated based on individual risk exposure	<ul style="list-style-type: none"> • 5-dose schedule administered intramuscularly, and possibly <u>HRIG</u> • Not routinely recommended, but may be given to <u>HSCT</u> recipients based on increased risk of exposure or severe outcomes from disease 	–	See als <u>interna</u>
Immunisation against <u>respiratory syncytial virus</u> ^d	3–6 months after <u>HSCT</u>	<ul style="list-style-type: none"> • Adults ≥60 years: 1 dose of RSV vaccine • At-risk neonates and infants aged <24 months: 1 dose of RSV- 	–	–

			specific monoclonal antibody		
	<u>Zoster</u> (herpes zoster, recombinant)	6 months after HSCT in people aged >18 years	2-dose schedule	4 weeks	Consider delaying dose (if possible) and do not vaccinate after HSCT), the person has ongoing antiviral therapy, prefer multiple
Live vaccines	<u>BCG</u>	Contraindicated	-	-	BCG is contraindicated after HSCT
	<u>Cholera</u> (live)	Contraindicated	-	-	<ul style="list-style-type: none"> • Use only if necessary • Start in the first 24 hours
	<u>Influenza</u> (live)	Contraindicated	-	-	<ul style="list-style-type: none"> • Use only if necessary
	<u>Japanese encephalitis</u> (live)	Contraindicated	-	-	<ul style="list-style-type: none"> • Use only if necessary • Start in the first 24 hours
	<u>Measles-mumps-rubella</u> d,e	24 months after HSCT, once cell-mediated immunity has reconstituted and no chronic GVHD	2-dose schedule	4 weeks	<ul style="list-style-type: none"> • Preferably given before transplantation

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<u>Q fever</u>	Contraindicated or consult a specialist	–	–	–	Serolog needec
<u>Rotavirus</u>	Contraindicated	–	–	–	Rotavir contrai
<u>Typhoid (live)</u>	Contraindicated	–	–	–	• U o • S in
<u>Varicella (monovalent)^{d,e}</u>	24 months after HSCT, once cell-mediated immunity has reconstituted and no chronic GVHD	2-dose schedule	4 weeks	–	Serolog revacci recomr sensitiv availab potenti results.
<u>Yellow fever</u>	24 months after HCST if indicated based on individual risk exposure	Not routinely recommended, but may be given to HSCT recipients based on increased risk of exposure or severe outcomes from disease	–	–	See als <u>interna</u>

Acronyms used:

- – = none
- BCG = bacille Calmette–Guérin
- GVHD = graft-versus-host disease
- DTPa/dTpa = diphtheria-tetanus-pertussis
- HepB = hepatitis B
- Hib = Haemophilus influenzae type b
- HPV = human papillomavirus
- HSCT = haematopoietic stem cell transplant
- IPV = inactivated poliovirus
- MenACWY = meningococcal ACWY
- MenB = meningococcal B
- MMR = measles-mumps-rubella
- PCV = pneumococcal conjugate vaccine
- PPV = pneumococcal polysaccharide vaccine
- RSV = respiratory syncytial virus

Footnotes:

^a DTPa for children <10 years of age; dTpa for those ≥10 years of age

^b Young children should complete the recommended age-based vaccination schedule after c post-HSCT vaccination doses in this table.

^c May be given as combined vaccines

^d Recommended but not funded under the National Immunisation Program

^e Measles-mumps-rubella-varicella combination vaccines are not recommended.

Sources: Tomblyn et al,²⁰ Ljungman et al,¹⁵ Kumar et al,¹³ Cordonnier et al,¹⁴ Meisel et al,¹⁶ Control and Prevention⁴⁰

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[Meningococcal disease](#) [Mpox \(previously known as monkeypox\)](#)
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