VACCINATION CHECKLIST
ASPLENIA & SICKLE CELL DISEASE

PROTECT EARLY – PROTECT FOR LIFE

Vaccine talks
Egyptian edition

Patient Name: _____

Date of Birth: _____ Sex: ☐ M ☐ F

Diagnosis: ☐ Asplenia ☐ Sickle Cell Disease

Planned Splenectomy Date (if any): ____ / ____ / ____

Allergies / Notes: _____

_____

_____

_____

1 FIRST VISIT
(ASAP / PRE-SPLENECTOMY)

AT DIAGNOSIS OR AS EARLY AS POSSIBLE

Vaccine	Purpose	Given Date	Due Date	Given	Notes
PCV*	No. of doses according to age	___/___/___	___/___/___	☐	
Hib	1 dose	___/___/___	___/___/___	☐	
MenACWY (1st dose)	First dose	___/___/___	___/___/___	☐	
MenB (1st dose)	First dose	___/___/___	___/___/___	☐	

***PCV** (No. of doses according to age):
- **Infants & children <2 years:** Continue routine infant schedule. Give age-appropriate PCV series.
- **24 through 71 months:** 2 doses of PCV20 or PCV15, or PCV13 given at least 8 weeks apart.
- **From age of 71 months onward: one dose.**

2 SECOND VISIT
AFTER 2 MONTHS

AFTER 2 MONTHS

Vaccine	Purpose	Given Date	Due Date	Given	Notes
MenACWY (2nd dose)	Second dose	___/___/___	___/___/___	☐	
MenB (2nd dose)	Second dose	___/___/___	___/___/___	☐	
PPSV23*	If PCV13 or PCV15 was used	___/___/___	___/___/___	☐	

*Only if PCV13 or PCV15 was used. (No PPSV23 needed if PCV20 was used)

3 THIRD VISIT
AFTER 4 MONTHS (≥ 6 MONTHS FROM FIRST VISIT)

AFTER 4 MONTHS (≥ 6 MONTHS FROM FIRST VISIT)

Vaccine	Purpose	Given Date	Due Date	Given	Notes
MenB (3rd dose)	Third dose	___/___/___	___/___/___	☐	

BOOSTER DOSES

MENACWY BOOSTERS

If the second primary dose is given:
- Before age 7 years:
  - First booster 3 years later, then every 5 years.
- At age ≥7 years:
  - First booster 5 years later, then every 5 years.

Booster	Due Date	Given Date	Notes
1st booster	___/___/___	___/___/___	
Next booster	___/___/___	___/___/___	
Next booster	___/___/___	___/___/___	
Next booster	___/___/___	___/___/___	

MENB BOOSTERS

- First booster: 1 year after completion of primary series.
- Subsequent boosters: every 2–3 years while risk remains.

Booster	Due Date	Given Date	Notes
1st booster	___/___/___	___/___/___	
Next booster	___/___/___	___/___/___	
Next booster	___/___/___	___/___/___	
Next booster	___/___/___	___/___/___	

PNEUMOCOCCAL (PCV) GUIDANCE

If PCV20 is used:
No PPSV23 or booster dose is needed.

If PCV15 is used:
Give PPSV23 (see 2nd visit).
No further PPSV23 is recommended.

OR

If previously received PCV13 → PPSV23:
Give PCV20 or PPSV23 ≥ 5 years after PPSV23.

IMPORTANT REMINDERS
- Whenever feasible, give indicated vaccines at least 14 days before planned splenectomy.
- Doses given within 14 days before surgery can still be counted as valid.
- If vaccination cannot be completed before surgery, vaccinate as soon as the patient is clinically stable after surgery.

NEXT REVIEW DATE:
____ / ____ / ____