

Select BMT Products

This form must be completed to request state funded vaccines for individuals over 10 years old who have received a bone marrow transplant (BMT).

One form per patient is required.

For Information on immunisation requirements, please refer to the NSW Health Agency for Clinical Innovation BMT vaccination record and the chapter for vaccination for people who are immunocompromised in the Australian Immunisation Handbook.

Immunisation providers are required to check each patient's vaccination status on their Australian Immunisation Register (AIR) Immunisation History Statement prior to administering any vaccine.

Any next day or urgent delivery for BMT vaccine program will not be approved.

Please consider the below delivery times as a guide when placing your order and planning appointments:

- Metropolitan Sydney- 2 business days
- Regional- 3-5 business days
- Remote- 4-6 business days

Vaccines required:

Note please only order BMT vaccines as required by each patient. Please do not order all of the individual's schedule all at once.

		ADD TO CART
BMT VACCINE	ELIGIBILITY	DOSES REQUIRED
Diphtheria tetanus pertussis (DTaP) + inactivated poliovirus (IPV)- (Boostrix IPV)	Bone marrow transplant (BMT) recipients aged 10 years and over at 6 months, 8 months and 12 months post transplant. Refer to Australian Immunisation Handbook for dosing requirements.	<input type="text"/>
Haemophilus influenzae type B(Hib) (ActHib)	Bone marrow transplant (BMT) recipients aged 10 years and over at 6 months, 8 months and 12 months post transplant.	<input type="text"/>
Hepatitis B (HB Vax II Dialysis formulation)	Bone marrow transplant (BMT) recipients aged 10 years and over at 6 months, 8 months and 12 months post transplant. Refer to the Australian Immunisation Handbook for dosing information.	<input type="text"/>
Human Papillomavirus (HPV) under 26 years of age (Gardasil)	Bone marrow transplant (BMT) recipients aged 10 years and over at least 12 months post-transplant. Can commence at 8 months post-BMT if high risk for HPV infection. Refer to the Australian Immunisation Handbook for dosing information.	<input type="text"/>
Measles, mumps, rubella (Priorix)	Bone marrow transplant (BMT) recipients aged 10 years and over at 24 months post transplant who have finished immunosuppressive therapy, have no chronic graft-versus-host-disease and have reconstituted cell-mediated immunity. Refer to the Australian Immunisation Handbook for dosing requirements.	<input type="text"/>
Meningococcal (Men ACWY) (Nimenrix)	Bone marrow transplant (BMT) recipients aged 10 years and over at 6 months and 8 months post transplant. Booster dose required every 5 years. Refer to the Australian Immunisation Handbook for dosing requirements.	<input type="text"/>
Meningococcal B (Bexsero)	All bone marrow transplant (BMT) recipients aged 10 years and over at 6 months and 8 months post transplant. Refer to Australian Immunisation Handbook for dosing requirements.	<input type="text"/>
Pneumococcal (13PCV) (Prevenar13)	Bone marrow transplant (BMT) recipients aged 10 years and over at 6 months, 8 months and 12	<input type="text"/>

months post transplant. Refer to the Australian Immunisation Handbook for dosing requirements.

Pneumococcal (23vPPV) (Pneumovax23)

Blood and marrow transplant (BMT) recipients aged 10 years and over at 24 months post BMT, given at 2 to 12 months after the 3rd dose of 13vPCV or at 4 years of age, whichever is later and then an additional dose at least 5 years later.

Varicella (Varivax)

Allogeneic bone marrow transplant (BMT) recipients aged 10 years and over at 24 months post BMT who are seronegative, have finished immunosuppressive therapy, have no chronic graft-versus-host-disease and have reconstituted cell-mediated immunity. Refer to the Australian Immunisation Handbook for dosing requirements.

Varicella zoster (Shingrix)
DO NOT USE ZOSTAVAX

Autologous bone marrow transplant (BMT) recipients aged 18 years and over. At 6 months and 8 months post transplant. Refer to Australian Immunisation Handbook for dosing requirements.

Patient details:

Patient's name
(de-identified 2x2 e.g. John Smith = JoSm):

Patient DOB:

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Patient age:

Patient transplant date:

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Patient type of transplant:

Delivery Date required:

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Order note (optional):

ADD TO CART