

UNIT FARMASI KLINIKAL DAN MAKLUMAT DRUG, JAB. FARMASI, HOSPITAL USM

EDARAN MAKLUMAT UBAT

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 Bonanni, P., Grazzini, M., Niccolai, G., Paolini, D., Varone, O., Bartoloni, A., ... Bechini, A. (2017). Recommended vaccinations for asplenic and hyposplenic adult patients. Human vaccines & immunotherapeutics, 13(2), 359–368.

1-35-2525, 1-3101110-12/10300-1		
Haemophilus Influenza B Vaccine vs Influenza Vaccine		
	Haemophilus Influenza B (HIB) Vaccine	Influenza vaccine
Criteria of use ⁽¹⁾	For cases of splenectomy	Moderate to severe COPD, asthma with recurrent exacerbation due to flu / URTI , moderate to severe bronchiectasis with recurrent exacerbation, any other chronic lung disease
Preparation available in Hospital USM ⁽¹⁾	0.5 ml each	
Current brand name *subject to change	Hiberix® White with a dispolated mit was allowed to recent and the d	Influvac® Influvac Influvac
Indication and Recommended Doses According to Criteria of Use	Splenectomy 0.5 ml vaccine should be administered at least 2 weeks before splenectomy in elective cases (preferably 4– 6 weeks before) or at least 2 weeks after surgery in emergency case (4)	Prevention of flu in persons ≥65 yr; adults & children with chronic pulmonary & CV disorders, chronic metabolic diseases, chronic renal dysfunction & immunodeficiencies; children 6 mth-18 year on long-term acetylsalicylic acid. IM/deep SC inj Adult & children ≥36 month 0.5 ml. Children 6-35 months 0.25 or 0.5 ml. For children who have not previously been vaccinated, a 2nd dose should be given after an interval of at least 4 weeks. (3)
Contraindications	Hypersensitivity to the vaccine or after previous administration. (2)	Hypersensitivity to eggs, chicken protein, formaldehyde, cetyltrimethyl ammon Br, polysorbate 80, gentamicin. Febrile illness or acute infection. (3)
Special Precautions	Not to be injected by IV. Not a substitute for routine tetanus vaccination. Not for protection against disease due to other types of H influenzae nor against meningitis caused by other organisms. Postpone vaccination in subjects with acute severe febrile illness. Syncope. Resp monitoring for 48-72 hr in very premature infants (≤28 wk of	Do not administer intravascularly. Endogenous or iatrogenic immunosuppression. (3) References 1. Hospital USM Formulary 2. MIMS Malaysia online: Hiberix. Retrieved on 13/1/2019 from: http://www.mims.com/malaysia/drug/info/hiberix ////www.mims.com/malaysia/drug/info/hiberix /////www.mims.com/malaysia/drug/info/hiberix ////////////////////////////////////

gestation) & with previous history of

resp. immaturity.(2)

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