CONFERENCESERIES.com

International Conference on

INFECTION CONTROL AND CLINICAL MICROBIOLOGY

September 25-26, 2017 Chicago, USA

Vaccines in kidney transplantation: Update

Gasch Illescas Hospital Universitario de Sevilla, Spain

Statement of the Problem: The effect and severity of vaccinatable pathologies is greater in transplanted patients. Moreover, it is known that for immunodepressed patients, the response to primary vaccination is less than that of the booster dose. The purpose of this study is to update recommendations on vaccination for kidney transplant recipients.

Findings: All possible efforts must be made to update the transplant candidate patient's vaccination calendar, as well as that of the patient's family members and the health personnel in attendance. Most of chronic renal disease patients (non-transplanted) have an adequate immune system to safely permit both inactivated as well as live virus vaccinations. Immunization with inactivated vaccinations should end during post-transplant if it was not completed pre-transplant. For best results, it should re-start 4-6 months later. Live virus vaccinations should be counter-indicated for patients during the month prior to transplant, and during the posttransplant period. One month after the guideline period has terminated, a post-vaccination serological control will be carried out to evaluate the booster dose.

Conclusions: With a view to achieving the greatest immune response, the transplant candidate patient must be included as soon as possible in an individualized vaccination program.

antonia.gasch.sspa@juntadeandalucia.es