

Vaccination Recommendations for Individuals with LAM*

(*Based on CDC Advisory Committee on Immunization Practices Recommendations and modifications by the LAM Foundation ad hoc Vaccine Committee)

1. Influenza vaccine

- Recommended for all individuals annually.
- Optimal time to receive the vaccine is September-October but can be administered throughout the flu season. Vaccination prior to September is discouraged.
- Individuals 65 years and older should receive one of the high dose quadrivalent vaccines.
- Egg allergy is no longer considered a contraindication to receiving the vaccine.

2. Pneumococcal Pneumonia vaccines

- Adults aged 19-64 years
 - Individuals who have never received a pneumococcal pneumonia vaccine should receive the PCV20 vaccine.
 - Those who previously received the PPSV23 (Pneumovax-23) or the PCV13 should receive the PCV20 at least one year after the prior vaccine.
 - Individuals who are taking sirolimus or everolimus and who have previously received both the PPSV23 and PCV13 should receive a PCV20 vaccine at least 5 years after their last vaccine.
- Adults 65 years and older
 - Individuals who have never received a pneumococcal pneumonia vaccine should receive the PCV20 vaccine.
 - For those who received the PCV20 vaccine prior to age 65, no additional vaccination is currently recommended.
 - Those who previously received the PPSV23 (Pneumovax-23) or the PCV13 should receive the PCV20 at least one year after the prior vaccine.
 - Those who previously received both PPSV23 and PCV13 prior to age 65 should receive the PCV20 vaccine at least 5 years after their last vaccine.
- Given the complexities of these vaccination recommendations, we strongly encourage our LAM patients to discuss the appropriate vaccine schedule with their care provider.

3. Respiratory Syncytial Virus (RSV) vaccine

- The FDA recently approved two vaccines for prevention of serious respiratory infections from respiratory syncytial virus (RSV) in **adults aged 60 or older**. Within this age group, the Advisory Committee on Immunization Practices recommends that individuals deemed by their health care provider to be at increased risk for serious infection strongly consider receiving the vaccine. Since this risk varies among individuals, based in part on the severity of their lung disease and presence of other medical conditions, it is recommended that individuals with LAM who are 60 years or older engage in a discussion with their medical provider to decide whether to receive the RSV vaccine. In particular,

we would recommend that those individuals with impaired lung function and those on sirolimus or everolimus strongly consider receiving the vaccine.

- It is also recommended that women who are 32 through 36 weeks pregnant receive one dose of the Pfizer RSV vaccine during RSV season (September through January) in order to provide their baby with antibodies that will protect them from acquiring the virus as a newborn. This should be discussed with the Ob-Gyn providers.

4. Shingrix (shingles) vaccine

- This is a recombinant vaccine. It should not be confused with the prior live attenuated vaccine (Zostavax), which is not as effective and not recommended.
- Recommended for all individuals 50 years and older.
- The Advisory Committee on Immunization Practices also recommends that immunocompromised individuals age 19 and older should also receive the Shingrix vaccine. Since sirolimus and everolimus are modestly immunosuppressive, individuals on these medications should consider receiving the vaccine.
- It is recommended that individuals with prior history of shingles or who have previously received the Zostavax shingles vaccine should receive Shingrix. The interval between these events and administration of Shingrix should be discussed with your care provider.
- Shingrix is a series of two vaccines, administered 2-6 months apart.

5. Tetanus, Diphtheria, Pertussis vaccine (Tdap)

- Recommended every 10 years for all individuals

6. Human Papillomavirus (HPV) vaccine

- Although this should be administered to adolescents aged 11-12 years, it is recommended that adults up to age 26 years who did not previously receive the vaccine or did not complete the series should receive "catch-up" vaccination.

7. Hepatitis B vaccine series

- Recommended for all adults aged 19-59 years, and optional for those 60 years and older who lack risk factors for hepatitis B.

8. Other vaccines

- The above list is not intended to be comprehensive and there are other vaccines that may be indicated in select circumstances (missed vaccinations during childhood/adolescence, foreign travel, high risk occupation). Consult with your health provider to ensure that you are up to date on all appropriate vaccines.
- Individuals taking sirolimus or everolimus should generally avoid live virus/bacteria vaccines. If any of these vaccines are deemed necessary, your care provider should be consulted to determine if these medications should be temporarily held. These include the following:
 - Zostavax

- Varicella
- FluMist (nasal influenza vaccine)
- Measles, Mumps, Rubella
- Rotavirus
- Yellow fever
- Cholera
- Typhoid
- BCG (TB vaccine)

Disclaimer:

This content was created for general informational purposes only. The content is not intended to be a substitute for professional medical advice. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding vaccinations.