



1. Identification and description of procedure

Correct vaccination is one of the basic measures in the healthcare of well and sick people. Vaccination or immunisation is a way of activating the immune system and preventing potentially serious infectious illnesses. We should all undergo a series of vaccinations during childhood, adolescence and later in life. Haematopoietic transplants can lead to a loss of immunity to a variety of infections against which we were protected before the transplant. For this reason it is necessary for the patient to undergo a number of vaccinations after the transplant in order to be protected. Some of these vaccinations are the same as the ones the patient should have even if he/she had not had a transplant as they are part of the general recommendations for vaccinations, though the vaccinations may vary with respect to those used for a healthy person.

2. Purpose of the procedure and expected benefits

Being vaccinated means "preventing" an illness, i.e. preparing our body so that it can stand up to and be stronger than the viruses and bacteria which cause infectious illnesses. The purpose of the vaccine is to create antibodies (defences) which make it possible to immunise the body against the illness in question (so that you do not fall ill).

The aim is to achieve effective protection when you are at the greatest risk, particularly in the period immediately after the transplant which is when there is a greater risk of infection.

3. Reasonable alternatives to this procedure

At present there is no substitute for the use of vaccines, except for treatment with antibiotics or specific antiviral drugs if patients are suffering from infectious illnesses and their potential complications. On the other hand, not having the vaccination might have no consequence, although it potentially increases the risk of infections.

4. Predictable consequences of procedure

Vaccines offer effective protection for the prevention of illnesses in high-risk patients, in general creating a good defence response.

5. Predictable consequences if not performed

If vaccination is not carried out or is only carried out partially, patients run the risk of suffering from infectious illnesses with their usual frequency and their potential complications.

6. Frequent risks

Vaccines are safe, but there can be local reactions (which appear in the area of application) which may consist of inflammation processes (pain, heat, flushes, itchiness or swelling). These are tolerable reactions which disappear without any problem within a few days.

General reactions might also appear such as tiredness, a slight temperature, dizziness, nausea, diarrhoea and vomiting.

7. Infrequent risks

On rare occasions general reactions may occur such as: allergic reactions (recognised by an itchy rash on the hands and feet, swelling of the eyes and the face, difficulty in breathing or swallowing), bleeding, pain in joints, generalised adenopathies (lymph nodes), fainting (dizziness), vomiting, infections from the vaccine agent, secondary infections and sudden death which has a low frequency but it is necessary to know that the possibility exists.

Whenever the subject of these adverse reactions arises, we have to mention the possibility that there may be neurological disorders including convulsions, encephalopathy, encephalitis, a fall in alertness levels, polyneuropathy, persistent shouting syndrome in children and rare disorders of the central nervous system (Guillain-Barre syndrome).

Do not be alarmed by this list of possible side effects. Under normal circumstances you will not suffer any of them.

8. Risks depending on patient's clinical situation

It is important that you tell the staff responsible for the vaccination if you are pregnant or are breast-feeding, if you suffer from any bleeding problem, if you are taking any other medication or have recently had any other vaccine, if you are suffering from an acute infectious illness, if you have any allergies, or are convalescing from an illness, if you are suffering from a serious febrile illness or have suffered any neurological disorder or any other of the reactions described following a previous injection.

Vaccination in HPT patients:

Hepatitis B, Tetanus –Diphtheria, Polio, Haemophilus, Pneumococo Disease, Flu, MMR.

Vaccination in haematopoietic progenitor cell transplant patients

Declaration of consent

Mr./Mrs./Miss. aged, with home address at.....
....., National Identity No. and SIP number

Mr./Mrs./Miss. aged....., with home address at.....
..... acting in the capacity of (the patient's legal representative, relative or close friend), with National Identity No.

Hereby declare:

That the Doctor has explained to me that it is advisable/necessary in my situation to perform a
..... and that I have adequately understood the information he/she has given me.

In on, 2

Signed: Mr./Mrs./Miss. With National Identity Card No

Signed: Dr. With National Identity Card No

Associate number

Revocation of the consent

I hereby revoke the consent granted on the date of, 2 and I do not wish to carry on with the treatment that I hereby terminate on this date.

In on, 2

Signed: The Doctor

Signed: The patient

Associate number:

