

Factsheet for health professionals

Patients who have an absent spleen or functional hyposplenism require specific management given they are at increased risk of severe infection compared with the general population.

The aim is to protect this group of patients from invasive infection, specifically from infection with encapsulated organisms, through vaccination against *Streptococcus pneumoniae*, *Haemophilus influenzae* and *Neisseria meningitidis*. These patients should be fully vaccinated according to the national schedule and also have annual flu

vaccination. Antibiotic prophylaxis is recommended for life, with the highest risk of infection being in childhood and the first two years after splenectomy. Patient education is paramount with regards to recognition and management of infection, treatment of animal bites, prevention of tick bites and the importance of up-to-date travel advice.

Children and adults with sickle-cell disease, coeliac disease and those who may develop splenic dysfunction in the future should follow the same advice.

Antibiotic prophylaxis for prevention of pneumococcal infection

Phenoxymethylpenicillin by mouth:

Child under 1 year of age	62.5mg twice daily
Child 1 – 5 years	125mg twice daily
Child over 5 years of age and adults	250mg twice daily

Amoxicillin by mouth if cover is also needed for *Haemophilus influenzae* in a child, give instead of phenoxymethylpenicillin:

Child 1 month – 5 years	125mg twice daily
Child 5 – 12 years	250mg twice daily
Child 12 – 18 years	500mg twice daily

Erythromycin by mouth if allergic to penicillin:

Child 1 month – 2 years	125mg twice daily
Child 2 – 8 years	250mg twice daily
Child over 8 years of age and adults	500mg twice daily

Points to note:

Lifelong antibiotic prophylaxis is recommended.

Prophylactic antibiotics are not an absolute protection against infection and should be given in conjunction with the vaccination schedule.

Highest risk of infection is in children up to 16 years of age, adults over 50 years of age and for two years post-splenectomy.

High risk patients who should receive lifelong antibiotic prophylaxis include those who have had invasive pneumococcal disease, those treated for splenic malignancy and particularly those who have received splenic irradiation or have ongoing graft versus host disease.

Patients who have had a splenectomy following trauma should continue antibiotic prophylaxis for a minimum of two years after surgery. Consider stopping antibiotic prophylaxis at this time if appropriately counselled.

Children over 5 years of age with sickle cell-disease may be considered for discontinuation of antibiotic prophylaxis if they have received pneumococcal immunisation and do not have a history of severe pneumococcal infection. This should be done in consultation with the child's consultant.

Splenectomy in adults and children - factsheet for health professionals

This guidance is for health professionals who deal with adults or children with no functioning spleen or splenic dysfunction and includes a suggested schedule of immunisation.

Currently being reviewed and will be available to download here soon.

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