Research Review EDUCATIONAL SERIES™

2017 updates to the New Zealand National Immunisation Schedule

About the Expert

Karin Batty

Karin is a Registered Nurse working as an Immunisation Advisor and Technical Writer for the Immunisation Advisory Centre at The University of Auckland. She has a Postgraduate Certificate in Health Sciences, which included the paper on human vaccinology and its application in the health sector, and is currently studying towards a Postgraduate Diploma in Public Health.

Abbreviations used in this Review

Hib = *Haemophilus influenzae* type b
HPV = human papillomavirus
MMR = measles, mumps, rubella
NIS = National Immunisation Schedule
NIR = National Immunisation Register
PCV = pneumococcal conjugate vaccine

This resource aims to raise awareness of the vaccines on the standard New Zealand National Immunisation Schedule 2017, with a particular focus on changes to the Schedule which come into force on 1 January and 1 July 2017. Each vaccine is briefly described, and eligibility criteria are detailed. Answers to frequently asked questions associated with individual vaccines are provided in addition to information about changing from one vaccine brand to another. This resource does not provide detailed information about the eligibility of vaccines which are funded under 'special groups' criteria – this can be found in the New Zealand Pharmaceutical Schedule.

Introduction

A number of important changes to the New Zealand NIS will occur from 1 January 2017 and 1 July 2017. These include changes in eligibility to vaccinations, funding of new vaccinations and changes in the brands of vaccinations which are reimbursed. The NIS, as at 1 July 2017 and onward, is shown in Table 1.

On 1 January 2017 the eligibility for HPV immunisation was extended to include males from 9 years of age, and males and females aged up to 27 years. New Zealand is only the third country in the world to include males on their funded immunisation schedule. Transition from the quadrivalent HPV vaccine Gardasil® to the nonavalent HPV vaccine Gardasil® 9 also began from 1 January 2017. This started with the School-Based Immunisation Programme and use in General Practice will commence once stocks of Gardasil® are exhausted.

The varicella (chickenpox) vaccine Varilrix® is a new addition to the NIS from 1 July 2017. Varicella vaccination has previously only been funded for patients meeting the 'special groups' criteria. Varilrix® will now be funded for healthy children and given at the 15 month vaccination. One funded dose of Varilrix® will also be available for children who turn 11 years on/after 1 July 2017 AND who have not previously had chickenpox disease or immunisation.

Other changes taking effect from 1 July 2017 include a number of changes to the funded brand of vaccine. Rotarix® will replace RotaTeq® for protection against rotavirus gastroenteritis, Synflorix® will replace Prevenar 13® for prevention of pneumococcal disease (other than in patients meeting the 'special groups' criteria), Hiberix® will replace Act-HIB for *Haemophilus influenzae* type b (Hib) vaccination, and Priorix® will replace M-M-R II® for MMR.

	Rotavirus (RV1)	Diphtheria, tetanus, acellular pertussis, polio, hepatitis B, *Haemophilus influenzae* type b (DTaP-IPV-HBV/Hib)	Pneumococcal conjugate vaccine (PCV10)	*Haemophilus influenzae* type b (Hib)	Varicella vaccine (VV)	Measles, mumps, rubella (MMR)	Diphtheria, tetanus, pertussis, polio (DTaP-IPV)	Tetanus, diphtheria, acellular pertussis (Tdap)	Human papillomavirus (HPV)	Tetanus, diphtheria (Td)	Influenza
Every pregnancy								Boostrix (Between 28–38 weeks of pregnancy)			Influvac (Any time during pregnancy)
6 weeks	Rotarix	Infanrix-hexa	Synflorix								
3 months	Rotarix	Infanrix-hexa	Synflorix								
5 months		Infanrix-hexa	Synflorix								
15 months			Synflorix	Hiberix	Varilrix	Priorix					
4 years						Priorix	Infanrix-IPV				
11 years								Boostrix			
12 years									Gardasil 9 Two doses		
45 years										ADT Booster	
65 years										ADT Booster	Influvac

Table 1. The New Zealand National Immunisation Schedule (from 1 July 2017)

ROTAVIRUS (ROTARIX®)

Overview: Rotarix® is a live attenuated oral vaccine providing protection against rotavirus gastroenteritis. From 1 July 2017, Rotarix® will replace RotaTeq® on the NIS once national stock of RotaTeq® is exhausted. Only Rotarix® will be available on the NIS from 1 September 2017 (sole-supply status).

Eligibility: From 1 July 2017 Rotarix® is available on the NIS for administration in a primary course of two vaccine doses at ages 6 weeks and 3 months.

Catch-up doses: Within the following strict upper age limits, Rotarix® can be used to complete a course of catch-up vaccine doses:

- The first Rotarix® dose must be administered before the infant is aged 15 weeks and 0 days (i.e. the latest is 14 weeks and 6 days old). If an infant does not have their first dose before turning 15 weeks old, no Rotarix® doses are given.
- The second Rotarix® dose must be administered before the infant is aged 25 weeks and 0 days (i.e. the latest is 24 weeks and 6 days old). If an infant does not have their second dose before turning 25 weeks old, they cannot complete a course of rotavirus vaccines.
- The interval between Rotarix® doses should not be less than 4 weeks.

Supply: Rotarix® is supplied in a pre-filled oral applicator with a plunger stopper in a 10-dose pack for the NIS. Rotarix® is an oral vaccine and must NOT be injected.

What is the difference between Rotarix® and RotaTeq®?

Both vaccines provide similar protection against rotavirus. However, the upper age limits for vaccine administration and the number of doses to complete a vaccine course are different.

- Rotarix® is a two-dose vaccine course and RotaTeq® is a three-dose vaccine course.
  - Rotarix® is on the NIS for administration when an infant is aged 6 weeks and 3 months.
- The first dose of Rotarix® must be given before the infant is aged 15 weeks and 0 days.
  - This is the same as the upper age limit to start RotaTeq®.
- No doses of Rotarix® can be given to infants aged 25 weeks and 0 days or older.
  - This is much earlier than the upper age limit to complete catch-up doses of RotaTeq®.

How will infants starting with RotaTeq® change over to Rotarix®?

The number of Rotarix® vaccine doses required when an infant has received one or more RotaTeq® vaccine doses are shown in Table 2.

Number of RotaTeq® doses received	Number of Rotarix® doses required (before age 25 weeks 0 days)	Total number of RotaTeq®/ Rotarix® doses required
One	Two*	Three
Two	One*	Three
Three	None	Three

Table 2. Changing from RotaTeq® to Rotarix® to complete a rotavirus vaccine course

*Rotarix® doses are administered when the infant reaches the appropriate Schedule age to receive their next rotavirus vaccine dose, OR a minimum of 4 weeks after the previous dose, whichever date is later, AND the infant is aged < 25 weeks 0 days old.

DIPHTHERIA, TETANUS, PERTUSSIS, POLIO, HEPATITIS B, AND *HAEMOPHILUS INFLUENZAE* TYPE B (INFANRIX®-HEXA)

Overview: Infanrix®-hexa is a subunit vaccine providing protection against diphtheria, tetanus, pertussis, polio, hepatitis B, and *Haemophilus influenzae* type b (Hib).

Eligibility: Infanrix®-hexa will continue on the NIS for administration in a primary course of vaccines at ages 6 weeks, 3 months and 5 months.

Catch-up doses: Infanrix®-hexa can also be used to complete a primary course of catch-up vaccine doses for children aged up to 10 years.

Supply: Infanrix®-hexa is supplied for the NIS in a 10-dose pack. The diphtheria, tetanus, pertussis, polio, hepatitis B component is presented as a turbid white suspension in a glass syringe. The lyophilised Hib vaccine is presented as a white powder in a glass vial.

Can Infanrix®-hexa be used for catch-up immunisation in children aged ≥ 10 years?

No. Infanrix®-hexa and Infanrix®-IPV are only available for use in catch-up immunisation schedules for children aged under 10 years.

PNEUMOCOCCAL DISEASE (SYNFLORIX®)

Overview: Synflorix® is a 10-valent subunit conjugate vaccine which directly covers the ten most common pneumococcal serotypes that cause disease in infants and young children (1, 4, 5, 6B, 7F, 9V, 14, 18C, 19F, 23F). Synflorix® also provides cross-protection against serotype 19A. It is licensed for protection against pneumococcal pneumonia, pneumococcal invasive disease such as pneumococcal meningitis and septicaemia, and acute otitis media (middle ear infection) resulting from infection with these serotypes. There is also evidence of cross protection against serotype 6A. Synflorix® can help reduce the incidence of acute otitis media in children who start their vaccine course on time at 6 weeks of age.

Eligibility: From 1 July 2017 Synflorix® is on the NIS for administration in a primary course of vaccines at ages 6 weeks, 3 months and 5 months, with a booster dose at age 15 months. Prevenar 13® will continue to be the pneumococcal conjugate vaccine offered to older children and adults who meet one or more of the 'special groups' eligibility criteria.

Catch-up doses: Synflorix® can be used to complete a primary course of catch-up vaccine doses for children aged up to 5 years.

Supply: Synflorix® is supplied for the NIS as pre-filled syringes without needles in a 10-dose pack.

What is the difference between Synflorix® and Prevenar 13®?

Both Synflorix® and Prevenar 13® are effective vaccines. They differ in the number of pneumococcal serotypes included in their formulations, and Synflorix® also provides cross-protection against serotypes 6A and 19A. In addition, the catch-up schedule for Synflorix® for children aged 2 years to under 5 years requires two doses administered a minimum of 8 weeks apart. This is different to the catch-up schedule for Prevenar 13® for this age group.

Will Prevenar® 13 continue to be available for people at increased risk of pneumococcal disease?

Yes. Prevenar® 13 will continue to be funded for infants, children and adults who meet the eligibility criteria for one of the 'special groups' described in the Pharmaceutical Schedule. Individuals with a medical condition that increases their risk of pneumococcal disease may benefit from pneumococcal immunisation that includes serotype 3. Prevenar® 13 will continue to be available as a purchased vaccine for individuals with an increased risk of pneumococcal disease but who do not meet an eligibility criteria to receive funded vaccine.

HAEMOPHILUS INFLUENZAE TYPE B (HIBERIX®)

Overview: Hiberix® is a subunit conjugate vaccine providing protection against Hib disease, including Hib invasive disease, meningitis and epiglottitis in infants and children. From 1 July 2017, Hiberix® will replace Act-HIB, on the Schedule for infants and children aged under 5 years, as national stock of Act-HIB® vaccine is exhausted. Only Hiberix® will be available on the NIS from 1 September 2017 (sole-supply status).

Eligibility: From 1 July 2017 Hiberix® is available on the NIS for administration as a booster dose at 15 months of age. Hiberix® is also available for Hib vaccination for older children and adults who meet one or more of the 'special groups' eligibility criteria.

Catch-up doses: Hiberix® can be used to catch-up a missed booster dose to children aged under 5 years.

Supply: Hiberix® is supplied in a one dose pack for the NIS. The lyophilised vaccine powder in a glass vial and sterile diluent in a pre-filled syringe should be stored together in the original packaging in the vaccine refrigerator until use.

MEASLES, MUMPS AND RUBELLA (PRIORIX®)

Overview: Priorix® is a live attenuated vaccine providing protection against measles, mumps and rubella. From 1 July 2017, Priorix® will replace M-M-R II®, on the NIS as national stock of M-M-R II® vaccine is exhausted. Only Priorix® will be available on the NIS from 1 September 2017 (sole-supply status).

Eligibility: From 1 July 2017 Priorix® will be on the NIS for administration as a primary dose at 15 months of age, AND as a reimmunisation dose at 4 years of age to capture the 5 to 10% of children who are not protected from measles after receipt of their first dose. However, the first Priorix® dose can be brought forward to 12 months of age and the reimmunisation dose given as early as 4 calendar weeks after the first. Priorix® may also be recommended for children aged 6 months to < 12 months by the Medical Officer of Health during a measles outbreak.

Catch-up doses: Priorix® can be used for catch-up immunisation in non-pregnant women of child-bearing age to protect them from rubella, and for adults born in New Zealand in 1969 or later to protect them from measles. Adults born in New Zealand prior to 1969 should be considered immune to measles as the disease was prevalent prior to the introduction of the first measles vaccine in 1969.

Supply: Priorix® is supplied in a 10-dose pack for the NIS. The lyophilised vaccine powder in glass vials and sterile diluent in pre-filled syringes should be stored together in the original packaging in the vaccine refrigerator until use.

Are Priorix® and M-M-R II® interchangeable?

Yes. These MMR vaccine brands are interchangeable. Use of one M-M-R II® dose and one Priorix® dose will provide a valid two-dose course.

Does Priorix® look pink?

Yes. The lyophilised vaccine powder may appear whitish to slightly pink in the glass vial. Once reconstituted, the vaccine colour may vary from peach to fuchsia pink.

VARICELLA (VARILRIX®)

Overview: Varilrix® is a live attenuated vaccine providing protection against chickenpox. Varilrix® will be on the NIS from 1 July 2017.

Eligibility: From 1 July 2017 Varilrix® is listed on the NIS for:

- Children born on/after 1 April 2016, one funded vaccine dose at 15 months of age.
- Children who turn 11 years on/after 1 July 2017 AND who have not previously had chickenpox disease or immunisation; one funded vaccine dose at 11 years.
- Children and adults who meet one or more of the 'special groups' eligibility criteria; a maximum of 2 funded doses.
- Parents may choose to purchase a second dose of varicella vaccine, either before or after the funded dose, however there must be an interval of 4 weeks between doses. Varilrix® can be given from 9 months of age. Varilrix® or Varivax® purchased from Healthcare Logistics can be used for this second dose. One varicella vaccine dose gives good protection, two doses give optimal protection.

Catch-up doses: See FAQs.

Supply: The human albumin-free Varilrix® formulation is supplied in a 10-dose pack for the NIS. The lyophilised vaccine powder in glass vials and sterile diluent in pre-filled syringes should be stored together in the original packaging in the vaccine refrigerator until use.

Is a 15 month old child who has already received one purchased varicella vaccine dose eligible for one funded Varilrix® dose?

Yes. Children born on/after 1 April 2016 can have one funded varicella vaccine dose when they turn 15 months even if they have previously received one purchased varicella vaccine dose. Ensure the purchased Varilrix® vaccine dose was administered a minimum of 4 weeks earlier before administering the Schedule Varilrix® and other 15 month vacinations. Varicella vaccine brands are interchangeable. Use of one Varilrix® and one Varivax® provides a valid two-dose course.

Is a 15 month old child who presents late for Schedule vaccines eligible to receive a funded catch-up Varilrix® dose (with their overdue Hib, MMR and PCV vaccine doses)?

Yes. Children born on/after 1 April 2016 do not have an upper age limit for a catch-up varicella vaccine dose specified in the Pharmaceutical Schedule at this time.

Is a child aged 16 months to under 11 years eligible to receive a funded catch-up dose of Varilrix®?

No. Children aged 16 months to under 11 years on 1 July 2017 are not eligible to receive a funded varicella vaccine dose until they turn 11 years of age, and only if they have NOT previously had chickenpox disease or immunisation.

Can the funded Varilrix® dose due at 11 years of age be given before a child is aged 11 years?

No. Only children who turn 11 years of age on/after 1 July 2017, and who have NOT previously had chickenpox disease or immunisation are able to receive a funded varicella vaccine dose.

Is a child aged 12 years or older on 1 July 2017 eligible to receive a funded catch-up dose of Varilrix®?

No. Only children who turn 11 years of age on/after 1 July 2017 are eligible, and only if they have NOT previously had chickenpox disease or immunisation.

Are we expected to administer four injections at the 15 months immunisation visit?

Yes. A well-prepared and confident vaccinator will reassure the parent or whānau that giving concurrent vaccines is a safe and appropriate practice, avoiding multiple visits.

- One injection can cause distress and pain, increasing the number of injections won't always mean more distress.
- Additional immunisation visits mean children will have more stressful and painful immunisation experiences – not fewer.
- Spreading out immunisations means parents will have to schedule additional visits.
- If children are not brought back for the additional vaccines, they will be unprotected from serious diseases.
- The *Immunisation standards for vaccinators*, Section A3.3 in the *Immunisation Handbook 3rd Edition*, requires vaccinators to adhere to the National Immunisation Schedule and deliver all the immunisations recommended for that visit, unless the individual/parent/guardian does not consent to this.

DIPHTHERIA, TETANUS, PERTUSSIS, POLIO (INFANRIX®-IPV)

Overview: Infanrix®-IPV is a subunit vaccine providing protection against diphtheria, tetanus, pertussis and polio.

Eligibility: Infanrix®-IPV will continue on the NIS for administration as a booster vaccine dose for children aged 4 years. The vaccine can also be used to provide a booster vaccine dose for children aged up to 10 years.

Catch-up doses: Infanrix®-IPV can be used to complete a primary course of catch-up vaccine doses for children aged up to 10 years.

Supply: Infanrix®-IPV is supplied for the NIS as a 10-dose pack of pre-filled syringes.

Is a large local reaction an expected response to the booster dose of Infanrix-IPV®?

Yes. A large local reaction represents a robust immune response. Onset of symptoms is usually within one day post-immunisation. Redness and/or pain around the injection site may be associated with extensive, proximal limb swelling, and occasionally whole limb swelling. A mild fever and irritability may also be present. Large local reactions and any associated symptoms are self-limiting, resolving without permanent sequelae. No intervention is required. These local reactions are not infection, no antibiotic treatment is required. The child can receive tetanus/diphtheria/pertussis containing vaccines in the future. A large local reaction is not a contraindication to immunisation in the future.

TETANUS, DIPHTHERIA, PERTUSSIS (BOOSTRIX®)

Overview: Boostrix® is a subunit vaccine providing protection against tetanus, diphtheria and pertussis.

Eligibility: Boostrix® will continue on the NIS for administration as a booster vaccine dose for children aged 11 years or in year 7 where a School-Based Immunisation Programme is in place, and for pregnant women between 28–38 weeks gestation of every pregnancy. Boostrix® will continue to be the tetanus, diphtheria and pertussis vaccine offered to older children and adults who meet one or more of the 'special groups' eligibility criteria.

Catch-up doses: Boostrix® can be used to complete a primary course of catch-up vaccine doses for children aged 7 years to under 18 years.

Supply: Boostrix® is supplied for the NIS as a single-dose, or 10-dose pack of pre-filled syringes.

Do we give Boostrix® in every pregnancy?

Yes. Boostrix® is given between 28–38 weeks of every pregnancy to maximise maternal pertussis antibodies, transplacental antibody transfer to the unborn baby, and maternal antibody levels in the newborn baby to protect them from severe pertussis during the first 4–6 weeks of life.

Do we delay a booster dose of Boostrix® after a previous ADT™ Booster immunisation?

No. There is no minimum interval between an ADT™ Booster and subsequent Boostrix® when the Boostrix® is being administered only to boost pertussis protection. However, if both the ADT™ Booster and Boostrix® doses are being administered as part of a primary course of three tetanus and diphtheria vaccine doses, a minimum interval of 4 weeks between the ADT™ Booster and Boostrix® doses is required.

Can the funded Boostrix® dose due at 11 years of age be given in general practice before a child is aged 11 years?

No. Administration of the Boostrix® booster vaccine dose in general practice is only funded when a child is aged 11 years OR as a catch-up dose for children aged under 18 years when the 11 year old dose has not been administered.

How often can we give Boostrix® vaccine doses to non-pregnant healthcare workers, early childhood workers, or household and other close contacts of young infants?

Boostrix® is not recommended as a booster dose for non-pregnant individuals more frequently than every 10 years.

HUMAN PAPILLOMAVIRUS (GARDASIL® 9)

Overview: Gardasil® 9 is a nonavalent subunit vaccine providing protection against nine human papillomavirus serotypes. These are the seven most common high-risk serotypes associated with cancer (types 16, 18, 31, 33, 45, 52 and 58) and the two most common low-risk types associated with genital warts (types 6 and 11). The School-Based Immunisation Programme began using Gardasil® 9 at the commencement of the 2017 programme. From 1 July 2017, Gardasil® 9 will replace Gardasil®, on the NIS as national stock of Gardasil® is exhausted.

Eligibility: Gardasil® (from 1 January 2017 until delisting on 1 October 2017) and Gardasil® 9 (from 1 July 2017) are on the NIS to provide a primary vaccine course for eligible males and females from 9 years to under 27 years of age*. This can be with their family doctor, or at school in Year 8, through the School-Based Immunisation Programme. A fourth/booster vaccine dose is recommended and funded for eligible males and females aged under 27 years* who are post-chemotherapy.

* Non-resident males and females must be aged under 18 years to start a funded HPV vaccine course. They can go on to complete the course when aged 18 years or older. Males and females eligible for funded healthcare in New Zealand must be aged under 27 years to start a funded HPV vaccine course. They can go on to complete the course when aged 27 years or older.

Catch-up doses: See FAQs.

Supply: Gardasil® 9 is presented as a 10-dose pack of pre-filled syringes for the NIS and should be kept refrigerated until use.

Can Gardasil® 9 be given to a person who started their vaccine course with Gardasil®?

Yes. Gardasil® 9 and Gardasil® are fully interchangeable.

- Individuals who begin with Gardasil® can complete their vaccine course with Gardasil® 9.
- The number and timing of doses is the same for both vaccines.
- There are no safety concerns with changing vaccine brands during a course of vaccines.

How many doses of Gardasil® or Gardasil® 9 should be given?

If aged under 15 years and not immune compromised:

- Two vaccine doses at 0 and 6–12 months:
- If doses one and two are given ≥ 5 months apart, no further doses are required.*
- If doses one and two are given < 5 months apart, a third HPV vaccine dose is required.
- If dose two is not given until the child is aged ≥ 15 years, a third HPV vaccine dose is required.

* The two dose schedule can be applied to girls who received Gardasil® doses when aged under 15 years prior to 2017. If two doses were given ≥ 5 months apart when the girl was aged < 15 years, no further doses are required. The historical 'outstanding' third dose showing in the Practice Management System can then be closed.

If aged < 15 years and HIV-positive, or post-solid organ or stem-cell transplantation:

- Three vaccines doses at 0, 2, and 6 months.

Aged 15 years or older:

- Three vaccine doses at 0, 2, and 6 months.
- An accelerated catch-up schedule can be followed with three doses administered at 0, 1, and 4 months.

Should we restart the course of HPV vaccines when doses have been delayed?

No. It is not necessary to repeat doses/restart the course of Gardasil® 9 after a delay in administration, even if the course of vaccines exceeds 13 months.

Do we offer the HPV vaccine if the woman could be or is pregnant?

It is not recommended to do a routine pregnancy test before administration of Gardasil®9. If a woman is known to have become pregnant during her course of HPV vaccines, it is recommended that the remaining HPV vaccine doses are delayed until completion of pregnancy. However, as inactive vaccines can be safely administered to pregnant women no intervention is needed if a HPV vaccine dose is inadvertently administered during pregnancy.

TETANUS, DIPHTHERIA (ADT™ BOOSTER)

Overview: ADT™ Booster is a subunit vaccine providing protection against tetanus and diphtheria.

Eligibility: ADT™ Booster is on the NIS for administration as a booster vaccine dose for adults aged 45 years and 65 years. This dose is only a 'booster' dose if the person has had three documented doses of tetanus containing vaccine.

Catch-up doses: ADT™ Booster can be used to complete a primary course of catch-up vaccine doses for children aged 7 years or older and adults.

Supply: ADT™ Booster is supplied for the NIS as a 5-dose pack of pre-filled syringes.

Do we give the 45 years or 65 years ADT™ Booster doses when the adult doesn't have a documented primary course of tetanus/diphtheria vaccines?

Administer a course of ADT™ Booster catch-up doses* so the person has three documented doses of tetanus/diphtheria vaccines. Then administer either the 45 years or 65 years# ADT™ Booster as a booster dose a minimum of 6 months after their third documented tetanus/diphtheria vaccine dose.

Notes: * ADT™ Booster is funded to provide a course of tetanus/diphtheria catch-up vaccine doses for adults who are eligible for funded healthcare in New Zealand and an Immunisation Benefit Subsidy is claimable.

ADT™ Booster is funded to provide the 45 years and 65 years tetanus/diphtheria booster vaccine doses for adults eligible for funded healthcare in New Zealand, but no Immunisation Benefit Subsidy is claimable.

What tetanus vaccine do we use for wound management?

When a person has three documented tetanus containing vaccine doses, the vaccine funded for tetanus-prone wound management is ADT™ Booster.* The vaccine is provided to practices for free by ProPharma but no Immunisation Benefit Subsidy is claimable. The costs associated with administering ADT™ Booster for tetanus-prone wound management are covered by provider claims submitted to the Accident Compensation Corporation (ACC).

* If a child aged 11 years presents with a tetanus-prone wound, administer the 11 year old Schedule Boostrix® vaccine dose instead of ADT™ Booster.

INFLUENZA (INFLUVAC®)

Overview: Influvac® is a trivalent subunit vaccine providing protection against the three influenza strains expected to prevail during the influenza season. The World Health Organization convenes a meeting of influenza experts from around the world annually to analyse data from the WHO Global Influenza Surveillance and Response System and make recommendations on the composition of influenza vaccines for the following Southern Hemisphere influenza season.

Eligibility: Influvac® is on the NIS for administration to:

- Pregnant women at any stage of pregnancy.
- Adults aged 65 years or older.
- Anyone aged under 65 years with an eligible medical condition including:
  - Cardiovascular disease.
  - Cerebro-vascular disease.
  - Chronic respiratory disease with impaired lung function.
  - Diabetes.
  - Chronic renal disease.
  - Cancer (excluding basal and squamous skin cancers if not invasive).
- Other conditions such as:
  - Autoimmune disease, immune suppression or immune deficiency, HIV positive, transplant recipient, neuromuscular or CNS disease/disorder, haemoglobinopathy, children on long-term aspirin, cochlear implant, error of metabolism at risk of major metabolic decompensation, pre- or post-splenectomy, Down syndrome.
- Children aged ≤ four years who have been hospitalised for respiratory illness or have a history of significant respiratory illness.
- Unless meeting the criteria set out above, the following conditions are excluded from funding:
  - Asthma not requiring regular preventative therapy.
  - Hypertension and/or dyslipidaemia without evidence of end-organ disease.

Supply: Influvac® is supplied for the NIS as a 10-dose pack of pre-filled syringes.

Where can we get the latest Influenza Immunisation Programme information and resources?

Information for health professionals is available on the Influenza Info for Health Professionals webpage www.influenza.org.nz. Influenza Programme resources are ordered through the website, an electronic version of the Influenza Kit is available to download, programme updates are posted on the website as well as information about claiming funded vaccine, and recording influenza immunisation on the NIR.

Non-health professionals can visit the *Fight Flu* website www.fightflu.co.nz for information about funded influenza vaccine eligibility, answers to some of the frequently asked questions about influenza immunisation, and information on the importance of influenza immunisation for pregnant women.

What is the funded influenza vaccine brand in 2017?

Influvac® is the only vaccine funded for individuals who are eligible to receive free influenza vaccine. Claims submitted for any other influenza vaccine brand will not be accepted.

When is the best time to be immunised against influenza?

It is preferable to vaccinate as soon as the vaccine is available (usually from early March) well before the start of winter. From 2017 the funded vaccine is available through to 31 December. Influenza vaccination can be given at any time during pregnancy.

Are influenza immunisations being recorded on the NIR?

Yes. All influenza immunisations given at general practices will be recorded on the NIR unless the person does not want their vaccination recorded on the Register. Information about recording influenza immunisations on the NIR is available in the 2017 Influenza Kit. Pharmacists will use a new, secure web browser application called *Immunise Now* to record influenza vaccinations on the NIR. Pharmacists are still required to notify the person's GP and/or lead maternity carer when they have administered an influenza vaccine.

When can influenza vaccine be given during pregnancy?

Influenza vaccines can be given at any time during pregnancy. A pregnant women has a higher risk of contracting influenza and experiencing serious complications for herself and her baby than a non-pregnant women. Influenza immunisation during pregnancy helps to protect the newborn baby from influenza for up to 6 months after birth. The influenza vaccine has an excellent safety profile.

The Immunisation Advisory Centre

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