

A documented primary course of tetanus/diphtheria (Td), polio (IPV), and measles/mumps/rubella (MMR)[¥] vaccines are recommended and funded for unimmunised adults who are eligible to receive publicly funded health and disability services. Some adults will also be eligible to receive other Schedule vaccines because of a medical condition. *Section 2.1.7 Adult vaccination (aged 18 years and older)* in the *Immunisation Handbook 2017* outlines the primary immunisation requirements for adults and funded vaccines for special groups.

Certain occupations provide an increased risk of contracting some vaccine-preventable diseases. Additional vaccines and/or booster doses of some vaccines may be recommended but they will not be covered by the National Immunisation Schedule.

- They are vaccines purchased by the individual or their employer.
- If the vaccinator is not authorised to administer the vaccines under a local immunisation programme approved by the Medical Officer of Health, the vaccines MUST be prescribed individually or with a standing order from a registered medical practitioner or nurse practitioner with prescribing rights.

Table 4.8 in the *Immunisation Handbook 2017* provides vaccine recommendations by occupational group.

Hepatitis A

Vaccines available for purchase – Avaxim[®], Havrix[®]

Evidence of immunity

- Serology is not routinely recommended.
- Administer two vaccine doses 6–12 months apart.

Hepatitis B

Vaccine available for purchase – Engerix[®]-B

Evidence of immunity

Check immunisation records.

- If a complete age-appropriate course of hepatitis B vaccines is documented, check anti-HBs serology.
 - An anti-HBs level of ≥ 10 IU/L at any time is evidence of long term immunity, even if antibodies have subsequently waned.
- If an incomplete age-appropriate course of hepatitis B is documented, administer the required number of doses to complete a primary course of three documented hepatitis B vaccinations with a minimum of one month between each of the doses.[#] Check anti-HBs serology one month after the final vaccine dose.
- If there are no documented hepatitis B vaccine doses, even if the person is sure they “had them in the past”, do not undertake serology. Administer a primary course of three documented hepatitis B vaccinations with a minimum of one month between each of the doses.[#] Check anti-HBs serology one month after the final vaccine dose.

#Note: Protection ‘as soon as possible’ is important to reduce occupational risk. Administration of three hepatitis B vaccine doses using the shorter intervals of 0, 1, and 2 months, i.e. a one month interval between each dose, leads to equivalent seroconversion of ≥ 10 IU/L as when the intervals of 0, 1, and 6 months are used.

Interpretation of serology and responses

After completion of three documented hepatitis B vaccine doses:

- Anti-HBs levels < 10 IU/L: Administer one dose of hepatitis B vaccine and repeat serology one month later.
 - If repeat serology is < 10 IU/L, administer two more doses of hepatitis B vaccine one month apart to complete a second course of three hepatitis B vaccine doses. Repeat serology one month after the final dose.
 - If anti-HBs levels < 10 IU/L following a second full course of hepatitis B vaccine, the person should be considered a vaccine non-responder. Telephone 0800 IMMUNE to discuss further options.

Hepatitis A & B

Vaccine available for purchase – Twinrix[®]

- Twinrix[®] is an alternative to the monovalent hepatitis A and hepatitis B vaccines and can be considered when vaccination against both diseases is required.
 - Completion of the primary course of Twinrix[®] and protection against hepatitis A and hepatitis B takes longer than when separate monovalent hepatitis A and hepatitis B vaccines are used.
- Administer three doses at 0, 1 and 6 months.
 - Twinrix[®] doses are NOT interchangeable with Avaxim[®], Havrix[®], Engerix[®]-B, or HBvaxPRO[®] doses. Neither one dose of Twinrix[®] and two doses of Engerix[®]-B, nor two doses of Twinrix[®] and one dose of Engerix[®]-B provide a complete primary course of hepatitis A vaccines.

Influenza

Vaccines available for purchase – FluQuadri[™], Fluvax[®], Influvac[®], Vaxigrip[®]

- Annual influenza vaccine dose.
- Only Influvac[®] would be funded if the adult meets any one of the Influenza Immunisation Programme eligibility criteria.

Pertussis

Vaccines available for purchase – Adacel[®], Boostrix[®]

- Single booster dose of Tdap every 10 years.

Polio

Vaccine available – IPOL[®]

- Three documented doses are funded for unimmunised adults. The vaccine can be administered by a vaccinator authorised to administer National Immunisation Schedule vaccines without an individual prescription or standing order.
- Booster doses are not funded and must be purchased.

Measles, mumps, rubella

Vaccine available – M-M-R[®] II, Priorix[®]

- Two documented doses are funded for unimmunised adults.
- The vaccine can be administered by a vaccinator authorised to administer National Immunisation Schedule vaccines without an individual prescription or standing order.

Evidence of immunity for measles, mumps and rubella

- Serology is not required.
- Documented administration of two doses of MMR vaccine,[¥] or
- Laboratory evidence of immunity or laboratory confirmation of disease.[¥]

¥Note: Adults born in New Zealand before 1969 are considered immune to measles and do not require any other evidence of immunity against measles.

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Tetanus/diphtheria

Vaccine available – ADT™ Booster

- Three documented doses are funded for unimmunised adults. The vaccine can be administered by a vaccinator authorised to administer National Immunisation Schedule vaccines without an individual prescription or standing order.
- Booster doses are not funded and must be purchased.

Tuberculosis

- BCG vaccination is not indicated for adults as most are at comparatively low risk of occupationally acquired TB.
- Staff should undergo baseline screening with a risk assessment questionnaire and either two-step Tuberculin Skin Testing (TST/ Mantoux test) or an interferon gamma release assay (IGRA, QuantiFERON-TB Gold assay) when starting employment.

Varicella

Vaccines available for purchase – Varilrix®

Evidence of immunity

- A good history of previous varicella infection, or
- Diagnosis or verification of a history of herpes zoster by a health professional, or
- Documented administration of two doses of varicella vaccine, or
- Laboratory evidence of immunity or laboratory confirmation of disease.

References

- Centers for Disease Control and Prevention. Immunization of Health-Care Personnel. Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR Morb Mortal Wkly Rep. 2011;60(7).
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- Ministry of Health. Everything you need to know about flu 2017 [Internet]. Wellington: Ministry of Health; 2017. Available from: <http://www.influenza.org.nz/resources>.
- Ministry of Health. Guidelines for tuberculosis control in New Zealand 2010. Wellington: Ministry of Health; 2010.
- Ministry of Health. Immunisation handbook 2017. Wellington: Ministry of Health; 2016. Available from: <http://www.health.govt.nz/publication/immunisation-handbook-2017>.