



For children aged under 18 years, please refer to the [Starship Clinical Guideline Immunosuppression, infection and immunisation in rheumatology](#).

Vaccine	Additional notes	Recommended schedule ^a	Prior to elective immunosuppression ^a	Following immunosuppression for longer than 28 days
<i>Haemophilus influenzae</i> type b (Hib) (Hiberix [®])		<ul style="list-style-type: none"> Administer one dose 	NOT funded ^a	FUNDED
Hepatitis B (HBvaxPRO [®])	<ul style="list-style-type: none"> If individual does not have a documented primary course of three hepatitis B vaccines 	<ul style="list-style-type: none"> Administer three doses at 0, 1 and 6 month intervals 	NOT funded ^a	FUNDED
HPV (Gardasil [®] 9)	<ul style="list-style-type: none"> Males and females up to 45 years of age 	<ul style="list-style-type: none"> Administer three doses at 0, 2 and 6 month intervals 	FUNDED ^a up to 27 years of age	FUNDED ^a up to 27 years of age
Influenza (Influvac [®])	<ul style="list-style-type: none"> Annually, during the funded Influenza Immunisation Programme 	<p>Prior to immunosuppression</p> <ul style="list-style-type: none"> Administer one dose annually <p>Following immunosuppression</p> <ul style="list-style-type: none"> Administer two doses four weeks apart in the first year of immunosuppression, only the first dose is funded. In subsequent years only one dose is required annually 	FUNDED	FUNDED
Measles/mumps/rubella (Priorix [®])	<ul style="list-style-type: none"> Individuals born in New Zealand in 1969 or later who do not have two documented doses of MMR vaccine 	<ul style="list-style-type: none"> Administer two doses at least 4 weeks apart^{b,c,d,e} 	FUNDED CONTRAINDICATED from 4 weeks prior to immunosuppression ^d	CONTRAINDICATED
Meningococcal MCV4-D (Menactra [®])	<ul style="list-style-type: none"> No MenCCV required A minimum of 4 weeks is required between administration of PCV13 and MCV4-D 	<ul style="list-style-type: none"> Administer two doses MCV4-D 8 weeks apart Schedule a precall for a booster dose every 5 years 	NOT funded ^a	FUNDED for two doses
Pneumococcal PCV13 (Prevenar 13 [®])	<ul style="list-style-type: none"> A minimum of 4 weeks is required between administration of PCV13 and MCV4-D If 23PPV has been administered before PCV13, wait one year to give PCV13 	<ul style="list-style-type: none"> Administer one dose 	NOT funded ^a	NOT funded

Foot notes

- Immunisations should be delivered prior to elective immunosuppression if possible as response may be better and immunosuppression is a contraindication for some vaccines.
- Individuals who have received immunoglobulin or other blood products may require time for passive antibodies to decrease prior to administration of live varicella and MMR vaccines. Refer to Table A6.1: Suggested intervals between immunoglobulin product administration or blood transfusion and MMR or varicella vaccination in the Immunisation Handbook 2017 2nd Edition.
- Two or more live vaccines can be given at the same visit. However, when live vaccines are administered at different visits a minimum interval of 4 weeks is required.
- Live vaccines should not be given in the 4 weeks prior to elective immunosuppression.
- Consider normal immunoglobulin or zoster immunoglobulin for post-exposure measles or varicella prophylaxis respectively in non-immune individuals.



Vaccine	Additional notes	Recommended schedule	Prior to elective immunosuppression	Following immunosuppression for longer than 28 days
Pneumococcal 23PPV (Pneumovax®23)	<ul style="list-style-type: none"> Administer 23PPV a minimum of 8 weeks after PCV13 	<p>If aged 18 years to under 60 years</p> <ul style="list-style-type: none"> Administer one dose Schedule a precall for the second dose in 5 years Schedule a precall for the third/final dose 5 years after second dose or at age 65 years, whichever is later <p>If aged 60 years or older</p> <ul style="list-style-type: none"> Administer one dose Schedule a precall for the second/final dose in 5 years 	NOT funded ^a	NOT funded
Tetanus/diphtheria/pertussis Tdap (Boostrix®)	<ul style="list-style-type: none"> Check immunisation records for a primary course of three tetanus/diphtheria containing vaccines 	<p>Incomplete primary course documented</p> <ul style="list-style-type: none"> Administer funded adult catch-up vaccines to complete a three dose course of tetanus/diphtheria vaccines If funded, replace the first funded Td with Tdap Administer two further funded Td at 4 weekly intervals Schedule a precall for a Tdap dose every 10 years <p>Complete primary course documented</p> <ul style="list-style-type: none"> If funded and a minimum of 10 years has elapsed since receipt of a previous pertussis containing vaccine Administer one Tdap dose Schedule a precall for a Tdap dose every 10 years 	NOT funded	FUNDED
Varicella (chickenpox) (Varilrix®)	<ul style="list-style-type: none"> Non-immune individuals aged under 50 years 	<ul style="list-style-type: none"> Administer two doses at least 4 weeks apart^{b,c,d,e,f} 	FUNDED CONTRAINDICATED from 4 weeks prior to immunosuppression ^d	CONTRAINDICATED
Zoster (Zostavax®)	<ul style="list-style-type: none"> Individuals aged 60 years or older 	<ul style="list-style-type: none"> Administer one dose 	FUNDED ^a 65–80 years inclusively CONTRAINDICATED from 4 weeks prior to immunosuppression ^d	CONTRAINDICATED

Foot notes

- Immunisations should be delivered prior to elective immunosuppression if possible as response may be better and immunosuppression is a contraindication for some vaccines.
- Individuals who have received immunoglobulin or other blood products may require time for passive antibodies to decrease prior to administration of live varicella and MMR vaccines. Refer to Table A6.1: Suggested intervals between immunoglobulin product administration or blood transfusion and MMR or varicella vaccination (does not apply to rotavirus vaccine) in the Immunisation Handbook 2017 2nd Edition.
- Two or more live vaccines can be given at the same visit. However, when live vaccines are administered at different visits, a minimum interval of 4 weeks is required.
- Live vaccines should not be given in the 4 weeks prior to elective immunosuppression.
- Consider normal immunoglobulin or zoster immunoglobulin for post-exposure measles or varicella prophylaxis respectively in non-immune individuals.
- Two doses of varicella vaccine are funded for a household contact of an individual who is severely immunocompromised or undergoing a procedure leading to immune compromise, where the household contact has no clinical history of varicella infection or immunisation.