**Immunisation for adults with immune-mediated inflammatory disease (IMID)**

For children aged under 18 years, please refer to the Starship Clinical Guideline *Immunosuppression, infection and immunisation in rheumatology*.

### Vaccine

**Haemophilus influenzae type b (Hib)**

- **Hiberix®**
  - Administer one dose
  - Prior to elective immunosuppression
  - Following immunosuppression for longer than 28 days
  - NOT funded^a

**Hepatitis B**

- **HBvaxPRO®**
  - If individual does not have a documented primary course of three hepatitis B vaccines
  - Administer three doses at 0, 1 and 6 month intervals
  - NOT funded^a

**HPV**

- **Gardasil®9**
  - Males and females up to 45 years of age
  - Administer three doses at 0, 2 and 6 month intervals
  - FUNDED^a

**Influenza**

- **Influvac®**
  - Annually, during the funded Influenza Immunisation Programme
  - Prior to immunosuppression
  - Administer one dose annually
  - Following immunosuppression
  - Only the first dose is funded
  - FUNDED

**Measles/mumps/rubella**

- **Priorix®**
  - Individuals born in New Zealand in 1969 or later who do not have two documented doses of MMR vaccine
  - Administer two doses at least 4 weeks apart^b,c,d,e
  - FUNDED CONTRAINDICATED from 4 weeks prior to immunosuppression^d

**Meningococcal**

- **MCV4-D**
  - MenCCV required
  - A minimum of 4 weeks is required between administration of PCV13 and MCV4-D
  - Administer two doses MCV4-D 8 weeks apart
  - Schedule a recall for a booster dose every 5 years
  - NOT funded^a

**Pneumococcal**

- **PCV13**
  - 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
  - Administer one dose
  - NOT funded^a

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**Foot notes**

a. Immunisations should be delivered prior to elective immunosuppression if possible as response may be better and immunosuppression is a contraindication for some vaccines.

b. 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.

c. 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.

d. Live vaccines should not be given in the 4 weeks prior to elective immunosuppression.

e. Consider normal immunoglobulin or zoster immunoglobulin for post-exposure measles or varicella prophylaxis respectively in non-immune individuals.
Immunisation for adults with immune-mediated inflammatory disease (IMID)

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| Pneumococcal 23PPV (Pneumovax®23) | • Administer 23PPV a minimum of 8 weeks after PCV13 | If aged 18 years to under 60 years  
• 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  
If aged 60 years or older  
• Administer one dose  
• Schedule a precall for the second/final dose in 5 years | NOT funded | NOT funded |

Tetanus/diphtheria/pertussis Tdap (Boostrix®) | • Check immunisation records for a primary course of three tetanus/diphtheria containing vaccines | Incomplete primary course documented  
• 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  
Complete primary course documented  
• 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®) | • Non-immune individuals aged under 50 years | • Administer two doses at least 4 weeks apart | FUNDED | CONTRAINDICATED |

Zoster (Zostavax®) | • Individuals aged 60 years or older | • Administer one dose | FUNDED | CONTRAINDICATED |

Foot notes

a. Immunisations should be delivered prior to elective immunosuppression if possible as response may be better and immunosuppression is a contraindication for some vaccines.
b. 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.
c. 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.
d. Live vaccines should not be given in the 4 weeks prior to elective immunosuppression.
e. Consider normal immunoglobulin or zoster immunoglobulin for post-exposure measles or varicella prophylaxis respectively in non-immune individuals.
f. 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.