



TŪ MAI HEI KAITIAKI  
MŌ TŌ WHĀNAU  
ME TŌ WHAKAPAPA

**Kei te 15-30 tō pakeke?**

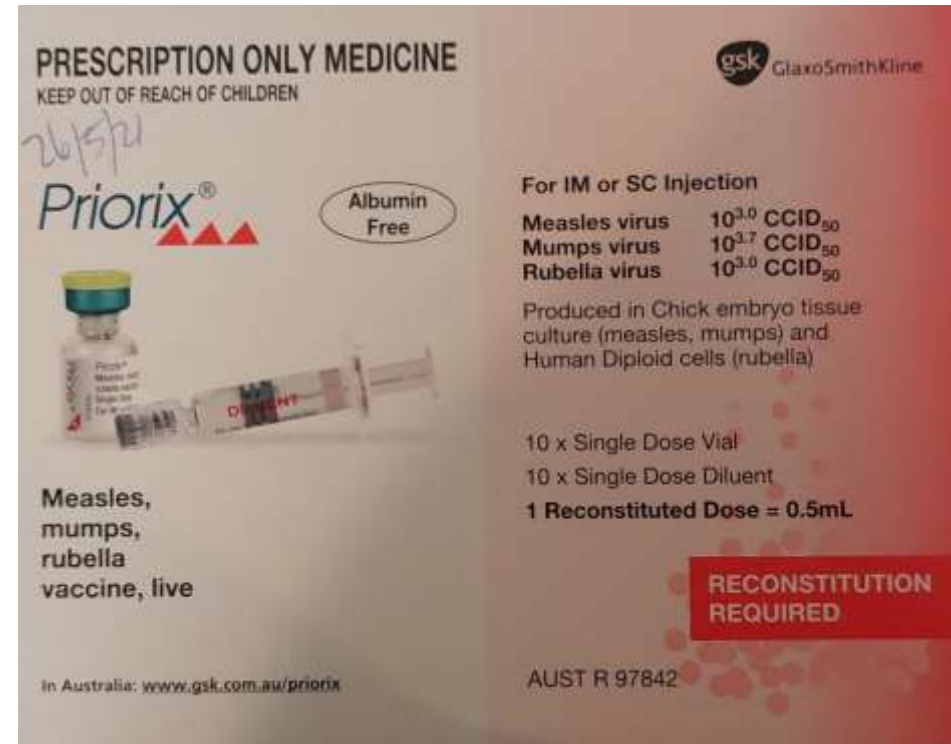
Me whiwhi kano ārai mate e te mate  
karawaka hei tiaki i tō whānau.

**He kore utu mai i ngā tākuta,  
me ngā kēmehi e whai wāhi ana.**

# MMR vaccination

# Measles, Mumps, Rubella Vaccine, MMR (Priorix)

- Live attenuated vaccine used since 1990
- Available for catchup for those born since 1969, and post immunosuppression.
- 2 doses needed for best protection
- High safety and protection of vaccine:
  - 95% after 1 dose
  - 99% after 2 doses




# Reconstitution of MMR video

immune.org.nz/pharmacists

**The Immunisation Advisory Centre** COVID-19 IMMUNISATION ▾ DISEASES ▾ VACCINES ▾ RESOURCES ▾ HEALTH PROFESSIONALS ▾

change of MMR, varicella and zoster administration from the subcutaneous to intramuscular route.

Click on the full screen icon  to view larger.

**A brief guide to vaccination**

- Workspace organisation
- Vaccine preparation
- Injection technique

**Menactra (MCV4-D)**

**Boostrix**

**Zostavax (HZV)**

**MMR vaccine Administration changes**

Presented by:  
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# Vaccine administration 7 “Rights”

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Right **person**

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Right **vaccine & diluent** (if applicable)

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Right **time** (age, interval & vaccine expiration time/date)

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Right **dosage**

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Right **route** (including correct needle angle, length & technique)

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Right **site**

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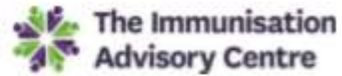
Right **documentation**

Ref: American Academy of Pediatrics/ Centers for Disease Control



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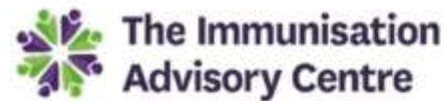
## Successful strategies towards BEST Practice for vaccination



<b>BEFORE</b> 	<p><b>All providers (GPs) and vaccinators need to complete a NIR Authorised User Agreement form</b> to access National Immunisation Register (NIR) data.</p>
	<p><b>Register babies with the practice and enrol with a PHO:</b> Nomination messages are sent electronically by the NIR to the provider inbox.</p>
	<p><b>Check GP provider inboxes daily, 'Accept' all newborn nomination messages</b> using the 'B' code in the patient management system.</p>
	<p><b>Send enrolment form and first immunisation appointment for the baby.</b> Enrol as soon as possible.</p>
	<p><b>To ensure timeliness,</b> pre-call all children at least two weeks prior to the vaccination due date.</p>
	<p><b>Use your PMS</b> to identify children who are due or overdue for immunisations.</p>
	<p><b>Offer opportunistic vaccinations using PMS alerts.</b> Highlight overdue immunisations.</p>

From IMAC website -

[www.immune.org.nz/resources/written-resources](http://www.immune.org.nz/resources/written-resources)



### Pre-vaccination screening tool

For health professional use

#### Potential screening outcomes:

- **There are no contraindications to vaccination.** Follow your usual informed consent process, ensure that you fully document this in the patient notes.
- **Vaccination is deferred.** Advise the patient of the outcome and why they the vaccination has been deferred. Let them know when to come back for vaccination and make an appointment if possible.
- **Vaccination is contraindicated.** Advise the patient of the outcome and why they cannot receive the vaccine.
- **Specialist opinion is required.** Let the patient know, discuss how the advice from the specialist will be sought and approximately when you will tell them whether they can have the vaccination or not.

All Vaccines: Questions	Rationale
Are you/your child feeling well today?	General screening for acute moderate/severe illness.
Have you/your child ever had a serious allergic reaction (to anything)?	Screening for history of anaphylaxis to a vaccine or vaccine component e.g. neomycin or gelatin.

# Pre-vaccination screening all vaccines

## Anaphylaxis to vaccine or component?

- Contraindicated

## Unwell today?

- Significant illness or fever - **reschedule**

## Serious reaction to vaccine?

- Depends on nature of reaction - any concerns seek specialist advice

## Vaccination history?

- Check date of last dose of same vaccine or other vaccine given

## General health history?

- Eligible for special group vaccines / has specialist health supervision?

## Other medications?

- If on immunosuppressive agent check chapter 4

# Pre-vaccination screening - **Live vaccines**

## Altered immune system function

- Steroids - high dose, **delay**
- **DMARDs** in pregnancy - **avoid** newborn live vaccines <12 months
- Immunosuppressive therapy - **delay**
- Lowered immunity – **check**
- **Immune checkpoint inhibitors** – live vaccines contraindicated



## Blood products or Ig

- **Delay** live vaccines (MMR & VV) for interval to ensure immune response

## Pregnant or planning

- **Give** recommended vaccines - **delay** some (live) until after birth

# Reminder - common expected responses after vaccination with non-live vaccines

- Within 24hours
  - Local pain
  - Injection site reactions: redness, induration, swelling
- Fever
- Headache
- Dizziness

**But later responses to MMR,  
fever, rash, swollen glands, joint pain  
6-12 days later**



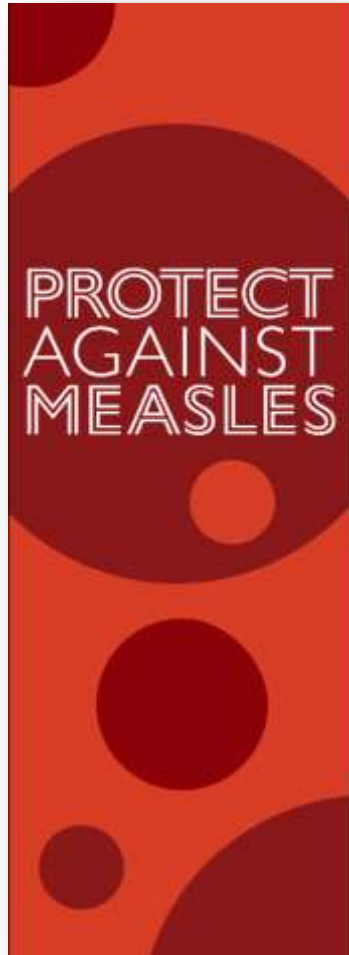
"No, that's just the problem, Doctor.  
I'm not a dalmatian."



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# Resources



- Current *Immunisation Handbook* (MoH) – **online version**
- Childhood immunisation
  - MoH code HE1323 (booklet)
- Infectious diseases
  - MoH code HE1215 (A4 card)
- Vaccine-preventable diseases video
- IMAC website Disease pages and resources
- Communicable Diseases Manual (MoH)



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