
Date: 12 August 2019 Pages: 1 of 2

To: Primary Care Teams, Health Professionals

From: Kath Blair, Acting Manager, Immunisation team

Subject: **Changes to the National Immunisation Schedule, Influenza vaccine supply, Measles update, IMAC conference, Meningococcal update, Ministerial Delegation change**



Changes to the National Immunisation Schedule from 1 July 2020

Pharmac have announced changes to the list of funded vaccines under the National Immunisation Schedule at <https://www.pharmac.govt.nz/news/notification-2019-07-30-immunisation/> to take effect from 1 July 2020. Key changes are the shifting of the pneumococcal vaccination schedule from a four to a three dose schedule, which offers two doses as an infant and a booster dose in the second year of life, and the replacement of ADT for the pertussis-containing Tdap with adult booster doses. There will also be brand changes which include the replacement of Varilrix with Varivax, HBVaxPRO with Engerix-B, and Influvac Tetra with Afluria Quad.

The Ministry is considering the impact of the above changes on the timings of vaccination events under the National Immunisation Schedule. We will make a further announcement when this has been finalised, expected in August or September.

Eligibility criteria for Boostrix have changed as of 1 July 2019, to include pregnant women from earlier in pregnancy, and parents or primary caregivers of infants admitted to a Neonatal ICU or Specialist Care Baby Unit for more than three days and had not been exposed to maternal whooping cough immunisation at least two weeks before birth. Boostrix is now funded for administration in the second or third trimester, but recommended to be given from 16 weeks gestation onwards.

Influenza vaccine supply

FluQuadri vaccine, approved for use in individuals' age 3 years and older, continues to be available for ordering from HCL. The minimum order is 20 doses and maximum order is 30 doses. FluQuadri is supplied with separate needles for attachment at time of administration.

We expect that the additional stock of FluQuadri will be sufficient to continue vaccination to the end of the 2019 influenza season. We are no longer asking providers to prioritise stock for higher-risk people.

Measles and MMR vaccination update

Auckland region – 15 months and 4 years immunisation events

Auckland Regional Public Health Service and the Ministry of Health are receiving 4-16 measles case notifications per day. While Counties Manukau DHB are currently the main DHB affected by these cases, advice to practices in all three Auckland region DHBs is to bring all the 15 months vaccinations, including MMR, forward to 12 months. The second MMR vaccination should continue to be delivered at four years as per the Immunisation Schedule.

Additional supplies of MMR vaccine are available in Auckland and practices are requested to order the MMR II brand vaccine (rather than the usual Priorix).

For detailed information see www.arphs.health.nz/public-health-topics/disease-and-illness/measles/

Rest of New Zealand – 15 months and 4 years immunisation events

The risk of catching measles is lower for the rest of New Zealand so the normal immunisation schedule should be maintained with MMR given at 15 months and 4 years.

Infants under a year travelling to a high risk country

Infants travelling to a country where there is a measles outbreak can be vaccinated with MMR as young as 6 months. Authorised vaccinators can administer MMR vaccination to infants aged 6–11 months who meet this travel eligibility criteria. Because the vaccine effectiveness may be lower at this age, infants vaccinated before 12 months of age still need two further doses of the MMR vaccine at 15 months and 4 years for long term protection.

Older children and adults

Older children and adults aged up to 50 years who have no documented evidence of vaccination against measles are recommended to get vaccinated. One dose protects about 95 percent of people. MMR vaccination is free for eligible people. Those over 50 years of age are considered immune as the disease was widespread in their childhood.

Updates to this information will be published on the Ministry of Health website at www.health.govt.nz/our-work/diseases-and-conditions/measles-information-health-professionals

The 11th New Zealand Immunisation Conference and pre-conference Workshop

The 11th Immunisation Conference is being held on Friday 6 and Saturday 7 September 2019 in Auckland. The pre-conference workshop, on Thursday 5 September, will focus on improving coverage, cold chain, communications and vaccine administration issues.

Visit www.nzimmsconference.co.nz for more information on the programme, inaugural Immunisation Awards, to acknowledge the service and achievement of those working so hard to reduce the burden of vaccine-preventable diseases in New Zealand, and registration.

Meningococcal disease

There has been a significant increase in *Neisseria meningitidis* serogroup W (MenW) in New Zealand since mid-2017. GPs and EDs should be aware of this, and they should be aware that this strain presents atypically and keep a high level of suspicion for the disease. MenW can present with the classical signs of meningococcal disease but also atypically with gastro-intestinal symptoms, as well as pneumonia, septic arthritis, endocarditis or epi/supraglottitis. Because of the fulminant nature of meningococcal sepsis, antibiotics should be administered on suspicion of diagnosis before transferring the patient to hospital. GPs do not need to be concerned that administering antibiotics will obscure the diagnosis for hospital clinicians. Over-treatment is acceptable in this case, as failure to treat may be fatal.

As we advised in November 2018, ceftriaxone is the preferred first-line treatment for all individuals. If ceftriaxone is not available, benzyl-penicillin can be used. If benzyl-penicillin is used, it is important to note that the treatment dose is higher than previously recommended.

The antibiotics recommended prior to transfer to hospital are:

		Children	Adults
First line treatment	Ceftriaxone	100mg/kg IV (or IM) up to 2g	2g IV (or IM)
Second choice	Benzyl-penicillin	50mg/kg IV (or IM) up to 2g	2.4g IV (or IM)

Delegation change

There has been a change to ministerial delegations affecting immunisation. Ministerial responsibility for public health (including immunisation) will now be held by Associate Minister of Health, Julie Anne Genter. We look forward to working with the incoming Minister.

If you have any queries about anything in this update, please email immunisation@health.govt.nz