

National Immunisation Schedule changes 2020

The National Immunisation Schedule (NIS) is regularly reviewed to ensure it provides the best protection for the New Zealand community against vaccine preventable diseases. The review takes both the national and international situations into consideration.

Changes to the NIS will take effect on 1 July 2020 and on 1 October 2020.

A recording of an IMAC webinar discussing Schedule changes is available on the IMAC website www.immune.org.nz

Schedule changes 1 July 2020

Reducing the number of PCV10 primary course doses

From 1 July 2020, PCV10 (Synflorix®) is moving to a 2+1 schedule. This means PCV10 (Synflorix) is not required at the 3-month immunisation event. A two-dose primary course will be given at ages 6 weeks and 5 months. The booster dose remains unchanged.

Vaccine brand changes

Engerix®-B 20 (20 micrograms/mL) replaces HBvaxPRO® (5 mcg, 10 mcg & 40 mcg).

Varivax® replaces Varilrix® at the 15-month and 11-year event, and for special groups from 12 months of age.

Boostrix® (Tdap) replaces ADT™ Booster for people aged 7 years and over.

Schedule changes 1 October 2020

A 12-month event will be added to the Schedule, making two events in the second year of life. Further information on this will follow later.

Note: currently the 15-month immunisation event is still offered at 12 months of age in the Auckland area. The 15-month vaccines can be given from 12 months of age, on parental request in other parts of the country.

Continued ...

Frequently asked questions

Pneumococcal vaccine

What is changing for the infant PCV10 schedule?

From the 1st July, PCV10 (Synflorix) will be scheduled at the 6-week and 5-month immunisation events only, with a booster dose at 15 months of age. This is a 2+1 schedule.

A dose of PCV10 (Synflorix) will no longer be included in the 3-month event on the routine National Immunisation Schedule. At the 3-month immunisation event, infants will be offered the DTaP-IPV-HepB/Hib (Infanrix®-hexa) and RV1 (Rotarix®) vaccines only.

Tables that clarify PCV10 (Synflorix) vaccine schedule during the transition between a 3+1 to a 2+1 dose schedule are available through [PCV10 \(Synflorix\) vaccine schedules](#) links on the home page and [Immunisation Schedule 1 July 2020 for health professionals](#) page of our website.

What about infants on the high-risk pneumococcal schedule?

There is no change to the high-risk pneumococcal schedule. Infants on this schedule should be offered PCV13 (Prevenar® 13) at the 6-week, 3-month and 5-month events, along with the PCV13 (Prevenar 13) booster at the 15-month event.

Why has the 3-month PCV10 dose been removed?

The most up-to-date research has demonstrated that two doses of PCV10 (Synflorix) in the first year of life, given at least 8 weeks apart followed by a booster dose in the second year of life, is as effective at protecting healthy children as a primary course of three doses and a booster.

NZ has decided to continue a primary course of three doses for children with high risk conditions and PCV13 (Prevenar 13) continues to be recommended. While it is likely a two-dose schedule is as protective, 3 doses are given as a precaution for these children who are at particularly high risk of pneumococcal disease.

If a child presents for catch-ups how many doses do they need?

For healthy infants under 12 months of age commencing PCV10 (Synflorix) vaccination, a primary course is two doses with a minimum of eight weeks between doses. A booster dose is given 8 weeks after the completion of the primary course. However, the booster may be given after at least four weeks if that coincides with the second year of life immunisation event, to get them back on the Schedule.

For healthy children aged between 1–5 years of age, two doses are required with an 8-week gap between doses. This also applies for those who have only had one PCV dose in first year of life.

What if a child has already had two doses of PCV 10 and is coming in for their 5-month event?

If there was an 8 week or longer gap between the first two doses of PCV10 (Synflorix) the infant does not require a further dose under the age of 12 months. If there is less than 8 weeks between the two doses, they should be offered the routine 5-months PCV 10 (Synflorix) vaccination.

What is the recommendation for children under 5 years old considered to be high-risk?

For children eligible for PCV13 (Prevenar 13), there is no change to the PCV13 primary course of 3 doses, followed by a booster dose in the second year of life, see table 15.3 in the current Immunisation Handbook.

Continued ...

Tdap (Boostrix) and Td (ADT Booster)

Who will Tdap (Boostrix) be funded for?

- Booster doses at age 45- and 65-years (both vaccine and administration funded).
- The Tdap (Boostrix) booster dose at 45-years is only required for adults who have not previously received four documented doses of tetanus-containing vaccine.
- A primary course for eligible adults and children from 7 years of age.
- The management of tetanus prone wounds, replacing Td (ADT Booster) vaccine.

Tdap (Boostrix) is funded from 7 years of age, when would I use it?

Children aged 7 years to under 10 years

- Infanrix-hexa and Infanrix-IPV combination products are preferred when the child also requires IPV and/or hepatitis B catch-up doses.
- Boostrix can be used when IPV and/or hepatitis B catch-up doses are not required, or on parental request.

Children aged 10 years to under 18 years

- Boostrix is the funded vaccine to provide a primary course and booster doses of tetanus, diphtheria and pertussis vaccine in this age group.
- Infanrix-hexa and Infanrix-IPV are not recommended or funded for use in this age group.

Adults aged 18 years or older

- When all stock of ADT Booster vaccines has been used, Boostrix will be the only vaccine available to provide a primary course and booster doses of tetanus and diphtheria containing vaccine for this age group.

How long will ADT Booster be available for?

ADT Booster will be available until October 2020 or until stocks are used up.

Will ADT Booster be available for private purchase if parents/patients do not want the pertussis component?

No. ADT Booster will be available for use until 1 October 2020 or until stocks are used up. After this, ADT Booster will be delisted and cannot be ordered.

Between July to October should we give ADT Booster if we have the vaccine available in the fridge or switch to Boostrix immediately?

Use of ADT Booster is preferred until local ProPharma and practice stock has been used up. In individuals where a pertussis booster dose is indicated, Boostrix vaccine can be given. ADT Booster vaccine will be delisted on 1 October 2020, from then only Boostrix will be available order.

Will tetanus-containing vaccine still be covered by ACC for tetanus prone wound care?

Yes, Tdap (Boostrix) will be recommended for treatment of tetanus-prone wounds and is funded for this purpose.

If a person had ADT Booster vaccine administered at 65 years, are they recommended to have a Boostrix vaccine now that its funded?

Only one Td-containing vaccine is claimable for people aged 65 years and over unless further doses are required for wound care. People can choose to receive a privately purchased Tdap vaccine in addition to a previously administered funded ADT Booster if they wish to have further pertussis protection.

Tdap (Boostrix) and Td (ADT Booster) continued

Why is the 45-years Tdap (Boostrix) booster dose now only recommended for people who have not previously had 4 documented doses of tetanus containing vaccine?

Four valid doses of tetanus-containing vaccine are expected to be adequate to provide good protection against tetanus disease until age 65 years when a booster dose is recommended. For a tetanus-prone wound, a booster dose of tetanus-containing vaccine may be recommended as part of appropriate wound care. For more information, [click here](#) to see the IMAC Tetanus flowchart.

Varivax and Varilrix

Will varicella vaccine be available for children under 12 months of age?

Varivax is not approved for use in infants under 12 months of age. Children who have medical conditions which increase the risk from varicella infection may be recommended to have the varicella vaccine from 9 months of age. These children are expected to be under specialist care and access to varicella vaccine will be via secondary care services. Discuss with the child's specialist care team or paediatric outpatients should you have a patient who is eligible for this vaccine.

If a child had Varilrix at 9 months, can they get Varivax at 15 months?

Yes, Varilrix and Varivax are considered interchangeable. The varicella vaccine is funded for children aged 12–15 months who have had a previous privately purchased dose.

If a child had Varilrix at 12 months because of the early recall (in Auckland), do they need another dose of Varivax at 15 months?

No, only one dose of varicella vaccine is funded from 12 months of age. For those who want the added protection from a two-dose regime, they can purchase the additional dose privately.

Hepatitis B

Can Engerix-B 20mcg be given to adolescents between 11–15 years of age, as two-dose schedule 4–6 months apart, as previously recommended for HBvaxPRO 10 mcg?

Yes, see Immunisation Handbook Appendix 2, Table A2.9. Engerix-B 20mcg and HBvaxPRO 10mcg vaccines are considered interchangeable.

Will there be a smaller volume hepatitis B vaccine for paediatric dosing?

This is still under consideration. At this time, the use of HBvaxPRO 5mcg is advised for neonates and infants who require monovalent hepatitis B vaccine doses and the number of doses that can be ordered are restricted. Engerix-B should be ordered children and adolescent hepatitis B only catch-up doses.

Other NIS questions

From 1 July 2020, can the 15-month immunisation event still be given from 12-months of age?

Yes. All the vaccines recommended to be given at the 15-month NIS event i.e. Hib, PCV, MMR and varicella vaccines can be given from 12 months of age.

When will the updated Immunisation Handbook to be available?

It is expected to be available online from mid to late-September, prior to the October Schedule changes.

Other NIS questions continued

When will MedTech and other practice management systems (PMS) be updated to reflect the NIS changes?

All PMS providers were advised of the upcoming Schedule changes by the Ministry of Health and are expected to provide an update for their systems which reflect these changes.

Catch-ups for Menactra and Zostavax finish in 2020

Please recall all eligible people and offer the vaccines noted below.

MCV4-D (Menactra)

Funded for people aged 13-25 years of age inclusive living in boarding school hostels, tertiary education halls of residence, military barracks, or prison. This is available if they are either **entering** these residences within the next three months or in their first year of residence.

The catch-up for those aged 13-25 years **already living** in these situations from 1 December 2019, finishes on 30 November 2020.

HZV (Zostavax)

- A 'catch-up' programme for people who were 66–80 years of age on 1 April 2018 and who are still aged under 81 years finishes on 31 December 2020.
- Adults who were 65 years of age on or after 1 April 2018 do not have an age or time limit to 'catch-up' a missed 65-years dose.