

Immunisation for adults with immune-mediated inflammatory disease (IMID) who require immunosuppressive treatment

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

Vaccine	Additional notes	Recommended schedule	Immunosuppression for longer than 28 days
Immunisations should be delivered prior to elective immunosuppression if possible as response may be better and immunosuppression is a contraindication for some vaccines.			
Haemophilus influenzae type b Hib (Hiberix)		<ul style="list-style-type: none"> Administer one dose 	FUNDED
Hepatitis B (Engerix-B)	<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 	FUNDED
Human papilloma virus 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 up to 27 years of age
Influenza	<ul style="list-style-type: none"> Annually, during the funded Influenza Immunisation Programme 	<p>If prior to immunosuppression</p> <ul style="list-style-type: none"> Administer one dose annually <p>If during 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
Meningococcal MCV4-D (Menactra)	<ul style="list-style-type: none"> No NeisVac-C (MenCCV) required A minimum of 4 weeks is required between administration of Prevenar 13 and Menactra 	<p>If prior to immunosuppression</p> <ul style="list-style-type: none"> Administer one dose Schedule a precall for a booster dose every 5 years <p>If during immunosuppression</p> <ul style="list-style-type: none"> Administer two doses 8 weeks apart Schedule a precall for a booster dose every 5 years 	FUNDED for two doses
Meningococcal B 4CMenB (Bexsero)	<ul style="list-style-type: none"> Can be coadministered with any other vaccine 	<ul style="list-style-type: none"> Administer two doses 8 weeks apart Schedule a precall for a booster dose every 5 years^f 	FUNDED for two doses
Pneumococcal PCV13 (Prevenar 13)	<ul style="list-style-type: none"> A minimum of 4 weeks is required between administration of Prevenar 13 and Menactra If Pneumovax 23 has been administered before Prevenar 13, wait one year to give Prevenar 13 	<ul style="list-style-type: none"> Administer one dose 	Recommended NOT funded
Pneumococcal 23PPV (Pneumovax 23)	<ul style="list-style-type: none"> Administer Pneumovax 23 a minimum of 8 weeks after Prevenar 13 	<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 	Recommended NOT funded

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SARS-CoV-2 (COVID-19)	<ul style="list-style-type: none"> A third primary dose of mRNA-CV may be recommended depending on the type of immunosuppression Refer to Immunisation Handbook for specifics 	<ul style="list-style-type: none"> Administer vaccine doses following the recommended schedule for the available COVID-19 vaccine 	FUNDED
Polio IPV (Ipol)	<ul style="list-style-type: none"> Check immunisation history for a primary course of three polio containing vaccines 	If unsure of polio immunisation history <ul style="list-style-type: none"> Administer three doses with a minimum of 4 weeks between each dose 	FUNDED
Tetanus/diphtheria/pertussis Tdap (Boostrix)	<ul style="list-style-type: none"> Check immunisation history for a primary course of three tetanus/diphtheria containing vaccines 	If unsure of tetanus/diphtheria immunisation history <ul style="list-style-type: none"> Administer three doses with a minimum of 4 weeks between each dose If has a confident recollection of completed tetanus/diphtheria immunisation <ul style="list-style-type: none"> Administer one Tdap at age 45 years if less than four documented tetanus containing vaccine doses Administer one Tdap at age 65 years 	FUNDED
Measles/mumps/rubella MMR (Priorix)	<ul style="list-style-type: none"> Individuals born in 1969 or later who do not have two documented doses of MMR vaccine MMR vaccination is not required for adults born prior to 1969 	If less than two documented doses <ul style="list-style-type: none"> Complete a documented course of two MMR doses Administer up to two doses at least 4 weeks apart^{a, b, c, d} 	<p>FUNDED for individuals who meet the eligibility criteria</p> <p>CONTRAINDICATED from 4 weeks prior to immunosuppression</p>
Varicella (chickenpox) VV (Varivax)	<ul style="list-style-type: none"> Individuals with no clinical history of varicella infection or vaccination 	<ul style="list-style-type: none"> Administer two doses at least 4 weeks apart^{a, b, c, d, e} 	
Herpes zoster HZV (Zostavax)	<ul style="list-style-type: none"> Individuals aged 50 years or older 	<ul style="list-style-type: none"> Administer one dose^c 	

Foot notes

- Individuals who have received immunoglobulin or other blood products may require time for passive antibodies to decrease prior to administration of live MMR and varicella 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 current *Immunisation Handbook*.
- 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 during the 4 weeks prior to elective immunosuppression.
- Consider normal immunoglobulin or zoster immunoglobulin for post-exposure measles or varicella prophylaxis respectively in immunosuppressed, 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.
- 4CMenB booster not currently funded for this group. Although the need for a booster dose after vaccination schedule has not been established, it is recommended and funded for other special groups (refer to Immunisation Handbook – Section 13.5).