



## Immunisation Schedule – transition to new vaccine brands

Distribution of Rotarix®, Synflorix®, Hiberix® and Priorix® will begin from mid-August as stocks of the previously funded vaccine brands run out. Please use up existing stocks before beginning vaccination with the newer vaccines. From mid-August, funded Prevenar 13® doses will only be available to order for high risk patients who meet the eligibility criteria for the vaccine. Please do not stockpile doses of this vaccine.

### Rotarix® and RotaTeq®

All babies who receive RotaTeq require three doses of rotavirus vaccine. Either RotaTeq or Rotarix can be used to complete a course of three vaccine doses. However, the upper age limit for Rotarix administration is much earlier than RotaTeq.

A baby **MUST** be aged under 25 weeks and 0 days of age to complete a course of vaccines with Rotarix, i.e. the latest Rotarix can be given is 24 weeks and 6 days. Please refer to *Table 17.3: Recommendations for infants aged under 25 weeks who are transitioning from RV5 (RotaTeq) to RV1 (Rotarix)* in the Immunisation Handbook 2017 or Table 1 below.

Table 1. Changing from RotaTeq (RV5) to Rotarix (RV1) to complete a rotavirus vaccine course

Number of RotaTeq doses received	Number of Rotarix doses required before age 25 weeks 0 days i.e. the latest is 24 weeks and 6 days
One RotaTeq dose	Two Rotarix doses <sup>#</sup>
Two RotaTeq doses	One Rotarix dose <sup>#</sup>
Three RotaTeq doses	No Rotarix doses required

<sup>#</sup> Note: Rotarix doses are administered when the infant reaches the appropriate Schedule age to receive their next rotavirus vaccine dose, OR a minimum of four weeks after the previous dose, whichever date is later, AND the infant is aged less than 25 weeks 0 days old, i.e. the latest is 24 weeks and 6 days.

### Synflorix® and Prevenar 13®

Synflorix (PCV10) will be on the National Immunisation Schedule at the 6 weeks, 3 months, 5 months and 15 months immunisation visits for all infants and children except those who meet the eligibility criteria for one of the 'special groups' described in *Table 15.3: High-risk children aged under 5 years* in the Immunisation Handbook 2017.

- A child who starts their course of pneumococcal immunisations with Prevenar 13 can safely and effectively complete their course with Synflorix.
- Synflorix can be used to catch-up a missed booster dose to children aged under 5 years.
  - » The catch-up schedule for Synflorix is a two dose course for children aged 2–5 years.

Infants and children who meet the eligibility criteria for one of the 'special groups' described in *Table 15.3* in the Immunisation Handbook 2017 will receive Prevenar 13 (PCV13) instead of Synflorix at the Schedule visits once their condition/eligibility has been identified.

### Hiberix® and Act-HIB®

These two vaccines are fully interchangeable.

### Priorix® and M-M-R® II

These two vaccines are fully interchangeable.

### Gardasil®9 and Gardasil®

These two vaccines are fully interchangeable. Individuals who begin with Gardasil (HPV4) can complete their vaccine course with Gardasil9 (HPV9). The number and timing of doses is the same for both vaccines. There are no safety concerns with changing vaccine brands during a course of vaccines.

Adolescents aged 14 years 7 months–14 years 11 months inclusively when they receive their first HPV vaccine dose will require three HPV vaccine doses in total because they turn 15 years of age before they can complete their vaccine course. To avoid an unnecessary delay in completion of an age appropriate HPV vaccine course, you can reschedule the second HPV vaccine dose for two months after the first, and the third dose for four months after the second.

## Resources

### Free online course

The online 2017 Vaccine Storage and Transportation course will be available on the [Education and Training](#) page of our website in late August.

The course is designed to assist designated cold chain staff and vaccinators review their knowledge of cold chain processes. It is expected to take around one hour to complete and covers the following:

- Vaccine storage and transportation standards and processes.
- Cold chain equipment and monitoring.
- Vaccine stock management.
- Cold Chain Accreditation, cold chain compliance and auditing.

### Immunisation Handbook 2017

Please refer to the online, e-book or PDF Immunisation Handbook 2017 or place an order for a hard copy via the Ministry of Health Immunisation Handbook 2017 webpage at [www.health.govt.nz/publication/immunisation-handbook-2017](http://www.health.govt.nz/publication/immunisation-handbook-2017) if you have not already received one. All versions of the 2014 Handbook are out of date and should be destroyed.

### IMAC fact sheets

New and updated written resources, including fact sheets addressing frequent questions about the Schedule change and vaccine administration, are highlighted on the home page of [our website](#).



## ...from the phones

Addressing some of the questions we receive on the 0800 IMMUNE phone line

### Varilrix eligibility and administration

#### Who is eligible for varicella vaccine at 15 months of age?

- Children born on/after 1 April 2016 are eligible to receive one funded varicella vaccine dose when they turn 15 months of age, including those who have previously received one purchased varicella vaccine dose.
- Children who have had varicella disease prior to 15 months (determined by clinical history, serology is **NOT** required) do not require this immunisation.

#### How do we determine whether a child has had varicella disease?

We rely on clinical history. Parental recall of varicella disease or characteristic rash is sufficient. Do **NOT** do serology. If the history is uncertain, vaccinate.

#### Can the funded 15 month varicella vaccine dose be given from 12 months of age?

Yes. Children born on/after 1 April 2016 could have the 15 month varicella vaccine dose from 12 months of age along with the 15 month MMR, pneumococcal and Hib vaccines at a parent's request.

#### Can we catch up an overdue 15 month funded varicella vaccine dose?

Yes, if the child was born on/after 1 April 2016.

**GET THE FACTS ON IMMUNISATION**



## Improving immunisation coverage

### Early enrolment

Enrolment of newborns as soon as parents nominate their baby's general practitioner (GP) helps practices make contact with parents ahead of their baby's six-week health check and immunisation visit.

Babies who receive on-time immunisation at 6 weeks of age are more likely to complete their 3 month and 5 month immunisations on-time too, reducing their risk from serious vaccine preventable diseases such as pertussis, *Haemophilus influenzae* type b and pneumococcal diseases.

#### To support early newborn enrolment

Lead maternity carers are encouraged to ensure correct GP and baby contact details are recorded at birth and forwarded to the National Immunisation Register.

Practices need to have systems in place to identify newborn inbox messages from the NIR daily and accept or decline the nomination. The practice can then ensure a timely pre-call for the 6 week check and immunisations is sent to the parents.

Once a newborn nomination has been accepted, the baby will be allocated a 'B' enrolment code. When the baby is seen for their 6 week check and immunisations, and the parents have completed an enrolment form, the baby's electronic record needs to be updated to an 'E' enrolment code. This allows funding to continue beyond the first quarter.

Additional information is available on the Ministry of Health [Newborn enrolment with general practices](#) webpage.

### Pre-call, remind, recall

- Pre-call to draw attention to the next immunisation event.
- Remind to encourage attendance at an appointment that has already been made, e.g. using text-to-remind.
- Recall after an immunisation event has been missed to encourage attendance.

Continued...

## Improving immunisation coverage continued

### Encourage communication

- Be warm and welcoming. Pronounce people's names correctly.
- Make an effort to engage with the whole family. Avoid making judgements.
- Listen to parent and family concerns and questions.
- Acknowledge concerns. Respond openly and clearly, and if you are not sure or don't know, find out and get back to them.

### Opportunistic immunisation

- Check a person's immunisation status each time they visit your practice.
- Offer catch-up immunisation if vaccine doses are overdue. There are few true contraindications for or reasons to defer immunisation.

## COLD CHAIN MATTERS ...

### When the power goes out

All immunisation providers must have a cold chain process and equipment for ensuring safe temporary storage of vaccines if a power outage occurs, including a nominated back-up provider.

Vaccines do not automatically have to be transferred out of the refrigerator into a chilly bin when the power goes out. However, it is important to monitor the temperature and to respond to temperature changes.

The following practices are recommended when a power outage occurs:

- Keep the refrigerator door closed.
- Use an external digital minimum/maximum thermometer or data logger with external display to monitor the internal refrigerator temperature.
- Tape cardboard from a flattened box across the front of glass refrigerator doors to help reduce temperature loss from inside the refrigerator.
- If the internal refrigerator temperature rises above +8°C, seek alternative storage, following your provider cold chain policy.
- If the internal temperature of the refrigerator falls below +2°C, remove the vaccines and place them in alternative storage, following your provider cold chain policy.

If the power outage is widespread, such as across the region or city, contact your Immunisation or Cold Chain Coordinator before moving vaccines as there will need to be a priority system for back-up vaccine storage.

Providers in areas regularly affected by power outages, should consider using an uninterruptible power supply device, for example a generator.

All immunisation providers must have appropriate equipment for temporary vaccine storage:

- Chilly bins.
  - This is the only situation during which polystyrene chilly bins can be used.
- A minimum/maximum digital thermometer with audible alarm to measure the temperature of vaccines.
- Staff should check and record the minimum, maximum and current temperatures of the vaccines:
  - Before transporting the vaccines.
  - Before unpacking them at the alternative storage area.
  - Every 20–30 minutes whilst transporting or temporarily storing them.

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