

# New Zealand National Immunisation Schedule

Updated July 2026

|                                                                                                                                                                                                                                                                   | RV                                                                                                                   | DTaP-IPV-HepB/Hib | PCV           | MenB      | MMR      | Hib      | VV        | DTaP-IPV      | Tdap                         | HPV                                                                                | Influenza                                                                                                                                                                                       | COVID-19                                                                                                                                                                | ZV                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------|---------------|-----------|----------|----------|-----------|---------------|------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| Every pregnancy                                                                                                                                                                                                                                                   |                                                                                                                      |                   |               |           |          |          |           |               | Boostrix® from 2nd trimester |                                                                                    | Any trimester - see below                                                                                                                                                                       | Comirnaty® any trimester see below                                                                                                                                      |                     |
| Birth vaccines                                                                                                                                                                                                                                                    | High-risk babies, eligible for birth hepatitis B and/or BCG (tuberculosis) vaccines. See over page for more details. |                   |               |           |          |          |           |               |                              |                                                                                    |                                                                                                                                                                                                 |                                                                                                                                                                         |                     |
| 6 weeks                                                                                                                                                                                                                                                           | Rotarix®                                                                                                             | Infanrix®-hexa    | Prevenar 13®  |           |          |          |           |               |                              |                                                                                    |                                                                                                                                                                                                 |                                                                                                                                                                         |                     |
| 2 months                                                                                                                                                                                                                                                          |                                                                                                                      |                   |               | Bexsero®† |          |          |           |               |                              |                                                                                    |                                                                                                                                                                                                 |                                                                                                                                                                         |                     |
| 3 months                                                                                                                                                                                                                                                          | Rotarix®                                                                                                             | Infanrix®-hexa    | Prevenar 13®* | Bexsero®  |          |          |           |               |                              |                                                                                    |                                                                                                                                                                                                 |                                                                                                                                                                         |                     |
| 4 months                                                                                                                                                                                                                                                          |                                                                                                                      |                   |               | Bexsero®† |          |          |           |               |                              |                                                                                    |                                                                                                                                                                                                 |                                                                                                                                                                         |                     |
| 5 months                                                                                                                                                                                                                                                          |                                                                                                                      | Infanrix®-hexa    | Prevenar 13®  | Bexsero®  |          |          |           |               |                              |                                                                                    |                                                                                                                                                                                                 |                                                                                                                                                                         |                     |
| 6 months                                                                                                                                                                                                                                                          |                                                                                                                      |                   |               |           |          |          |           |               |                              |                                                                                    | Seasonal influenza vaccines are available for eligible persons from 6mths of age: visit visit <a href="https://www.immune.org.nz">immune.org.nz</a> for eligibility criteria and vaccine brands | COVID-19 vaccines available for eligible persons from 6mths of age: Recommended for those who are unvaccinated or at higher risk. See Immunisation Handbook for details |                     |
| 12 months                                                                                                                                                                                                                                                         |                                                                                                                      |                   | Prevenar 13®  | Bexsero®  | Priorix® |          |           |               |                              |                                                                                    |                                                                                                                                                                                                 |                                                                                                                                                                         |                     |
| 15 months                                                                                                                                                                                                                                                         |                                                                                                                      |                   |               |           | Priorix® | Act-HIB® | Varilrix® |               |                              |                                                                                    |                                                                                                                                                                                                 |                                                                                                                                                                         |                     |
| 4 years                                                                                                                                                                                                                                                           |                                                                                                                      |                   |               |           |          |          |           | Infanrix®-IPV |                              |                                                                                    |                                                                                                                                                                                                 |                                                                                                                                                                         |                     |
| School year 7 (11 years)                                                                                                                                                                                                                                          |                                                                                                                      |                   |               |           |          |          |           |               | Boostrix®                    |                                                                                    |                                                                                                                                                                                                 |                                                                                                                                                                         |                     |
| School year 8 (12 years)                                                                                                                                                                                                                                          |                                                                                                                      |                   |               |           |          |          |           |               |                              | Gardasil® 9 two doses                                                              |                                                                                                                                                                                                 |                                                                                                                                                                         |                     |
| 45 years                                                                                                                                                                                                                                                          |                                                                                                                      |                   |               |           |          |          |           |               | Boostrix®                    |                                                                                    |                                                                                                                                                                                                 |                                                                                                                                                                         |                     |
| 65 years                                                                                                                                                                                                                                                          |                                                                                                                      |                   |               |           |          |          |           |               | Boostrix®                    |                                                                                    |                                                                                                                                                                                                 |                                                                                                                                                                         | Shingrix® two doses |
| *An additional dose of Prevenar 13 is given at 3 months to children with an eligible medical condition.<br>Children with high pneumococcal-risk conditions may be eligible for 23PPV. Check the 'special groups' eligibility in the online Immunisation Handbook. |                                                                                                                      |                   |               |           |          |          |           |               |                              | †Alternative approved schedule for MenB: 2 months; 4 months; Booster at 12 months. |                                                                                                                                                                                                 |                                                                                                                                                                         |                     |

## VACCINE KEY

**RV:** rotavirus (Rotarix)

**DTaP-IPV-HepB/Hib:** diphtheria, tetanus, acellular pertussis, polio, hepatitis B, *Haemophilus influenzae* type b (Infanrix-hexa)

**PCV:** pneumococcal conjugate vaccine (Prevenar 13)

**MenB:** meningococcal B vaccine (Bexsero)

**Hib:** *Haemophilus influenzae* type b (Act-HIB)

**VV:** varicella (chickenpox) vaccine (Varilrix)

**MMR:** measles, mumps, rubella (Priorix)

**DTaP-IPV:** diphtheria, tetanus, acellular pertussis, polio (Infanrix-IPV)

**Tdap:** tetanus, diphtheria, acellular pertussis (Boostrix)

**HPV:** human papillomavirus (Gardasil 9)

**ZV:** zoster (shingles) vaccine (Shingrix)



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# Funded vaccines for special groups from 1 July 2024

To determine whether your patient meets the eligibility criteria, please check the specific eligibility details described on the Pharmaceutical Schedule ([www.pharmac.govt.nz](http://www.pharmac.govt.nz)) for every vaccine listed below. Please refer to the current Immunisation Handbook for vaccine administration schedules.

**\*Zoster eligibility is very specific; please see Pharmaceutical Schedule for details.**

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| <b>Adolescents and young people 13–25 years inclusively entering specified close-living situations</b> <ul style="list-style-type: none"> <li>Meningococcal vaccines</li> </ul>                                                                                                                                                                                                                                                                                                                    | <b>Immunodeficiency</b> <ul style="list-style-type: none"> <li><b>Primary:</b> Hib, influenza, meningococcal, pneumococcal and zoster* vaccines. <b>Secondary:</b> influenza vaccine</li> </ul>                                                                                                                                                                                                                                                      |
| <b>Asplenia - Functional or Pre- or Post-Splenectomy Immunisation Programme</b> <ul style="list-style-type: none"> <li>Hib, influenza, meningococcal, pneumococcal, and Tdap vaccines</li> </ul>                                                                                                                                                                                                                                                                                                   | <b>Influenza Immunisation Programme</b> <ul style="list-style-type: none"> <li>Influenza vaccine</li> </ul> Visit <a href="http://immune.org.nz">immune.org.nz</a> to see the current eligibility criteria and funded influenza vaccine brands.                                                                                                                                                                                                      |
| <b>Chemotherapy - following</b> <ul style="list-style-type: none"> <li>Hib, HPV, influenza, pneumococcal, Tdap, and varicella vaccines</li> </ul>                                                                                                                                                                                                                                                                                                                                                  | <b>Kidney disease</b> <ul style="list-style-type: none"> <li>Hepatitis B, Hib, influenza, pneumococcal, Tdap, varicella and zoster* vaccines</li> </ul>                                                                                                                                                                                                                                                                                              |
| <b>Cochlear implant</b> <ul style="list-style-type: none"> <li>Hib, influenza, and pneumococcal vaccines</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                | <b>Liver disease</b> <ul style="list-style-type: none"> <li>Hepatitis A and varicella vaccines</li> </ul>                                                                                                                                                                                                                                                                                                                                            |
| <b>Error of metabolism at risk of major metabolic decompensation</b> <ul style="list-style-type: none"> <li>Influenza and varicella vaccines</li> </ul>                                                                                                                                                                                                                                                                                                                                            | <b>Meningococcal disease case - contact with</b> <ul style="list-style-type: none"> <li>Meningococcal vaccine</li> </ul>                                                                                                                                                                                                                                                                                                                             |
| <b>Haematological malignancies</b> <ul style="list-style-type: none"> <li>Zoster* vaccine</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                               | <b>Needle stick injury - following</b> <ul style="list-style-type: none"> <li>Hepatitis B vaccine</li> </ul>                                                                                                                                                                                                                                                                                                                                         |
| <b>Haematopoietic stem cell transplantation (HSCT) - following</b> <ul style="list-style-type: none"> <li>Hib, HPV, influenza, meningococcal, pneumococcal, Tdap, varicella and zoster* vaccines</li> </ul> <b>Also consider immunosuppression for longer than 28 days</b> <ul style="list-style-type: none"> <li>Hepatitis B vaccine</li> </ul>                                                                                                                                                   | <b>Non-consensual sexual intercourse - following</b> <ul style="list-style-type: none"> <li>Hepatitis B vaccine</li> </ul>                                                                                                                                                                                                                                                                                                                           |
| <b>Hepatitis A case - contact with</b> <ul style="list-style-type: none"> <li>Hepatitis A vaccine</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                       | <b>Neonatal Intensive Care Unit or Specialist Care Baby Unit admission more than 3 days</b> <ul style="list-style-type: none"> <li>Tdap for parents/primary caregivers if maternal Tdap not given at least 14 days before birth</li> </ul>                                                                                                                                                                                                           |
| <b>Hepatitis B case - contact with</b><br><b>Infants born to mothers who are hepatitis B surface antigen (HBsAg) positive</b> <ul style="list-style-type: none"> <li>Hepatitis B vaccine and hepatitis B immunoglobulin (HBIG) at birth</li> </ul> <b>Household and sexual contacts of known acute hepatitis B cases or carriers</b> <ul style="list-style-type: none"> <li>Hepatitis B vaccine</li> </ul>                                                                                         | <b>Pneumococcal disease - increased risk</b> <ul style="list-style-type: none"> <li>Additional pneumococcal vaccines</li> </ul>                                                                                                                                                                                                                                                                                                                      |
| <b>Hepatitis C positive</b> <ul style="list-style-type: none"> <li>Hepatitis B vaccine</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Pregnancy</b> <ul style="list-style-type: none"> <li>Influenza and Tdap in every pregnancy. COVID-19 recommended for those unvaccinated or at higher risk</li> </ul>                                                                                                                                                                                                                                                                              |
| <b>HIV positive</b> <ul style="list-style-type: none"> <li>Hepatitis B, HPV, influenza, meningococcal, pneumococcal, varicella and zoster* vaccines</li> </ul>                                                                                                                                                                                                                                                                                                                                     | <b>Solid organ transplantation</b><br><b>Prior to solid organ transplantation</b> <ul style="list-style-type: none"> <li>Hepatitis A, hepatitis B, Hib, meningococcal, pneumococcal, Tdap, varicella and zoster* vaccines</li> </ul> <b>Following solid organ transplantation</b> <ul style="list-style-type: none"> <li>Hepatitis A, hepatitis B, Hib, HPV, influenza, meningococcal, pneumococcal, Tdap, varicella and zoster* vaccines</li> </ul> |
| <b>Immunosuppression</b><br><b>Household contacts of children or adults who will be/are immunosuppressed</b> <ul style="list-style-type: none"> <li>Varicella vaccine</li> </ul> <b>Prior to elective immunosuppression for longer than 28 days</b> <ul style="list-style-type: none"> <li>Varicella vaccine</li> </ul> <b>Following immunosuppression for longer than 28 days</b> <ul style="list-style-type: none"> <li>Hepatitis B, Hib, influenza, meningococcal, and Tdap vaccines</li> </ul> | <b>Tuberculosis - infants and children aged under 5 years at risk of tuberculosis (TB) exposure</b> <ul style="list-style-type: none"> <li>BCG vaccine</li> </ul>                                                                                                                                                                                                                                                                                    |

## VACCINE KEY

**BCG:** tuberculosis

**Hib:** *Haemophilus influenzae* type b

**HPV:** human papillomavirus

**IPV:** inactivated polio vaccine

**Tdap:** tetanus, diphtheria, acellular pertussis

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