Immunisation Advisory Centre

Immunisation for adults requiring immunosuppressive disease modifying therapy

(excluding stem cell transplant recipients and adults with cancer not receiving immunosupressive disease modifying therapy - see specific factsheets)

For children aged under 18 years, please refer to the National Child Cancer Network guide Immunosuppression, infection, and immunisation in rheumatology.

Vaccine	Additional notes	Recommended schedule	Eligibility
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 (Act-HIB/Hiberix)**		• Administer one dose	**FUNDED**
Hepatitis B (Engerix-B)	• If individual does not have a documented primary course of three hepatitis B vaccines	• Administer three doses at 0, 1 and 6 month intervals	**FUNDED**

Herpes zoster Recombinant ZV (Shingrix)	**Funded for:**
	• Adults aged 65 years
	• Adults from 18 years* of age and above planning to or receiving disease modifying anti-rheumatic drugs (DMARDs - targeted synthetic, biologic, or conventional synthetic) for:
	  ○ polymyalgia rheumatica
	  ○ systemic lupus erythematosus
	  ○ rheumatoid arthritis
	Recommended for:
	• Adults from 18 years* of age and above who are at increased risk of shingles who do not meet above requirements
		• Administer 2 doses at least 2-6 months apart	**FUNDED**
			Aged 65 years
			Aged 18+ years*
			(see additional notes column)
			
			Recommended NOT FUNDED 18+ years for those not meeting eligibility requirements

Human papillomavirus HPV (Gardasil 9)	• Males and females up to 45 years of age	• Administer three doses at 0, 2 and 6 month intervals	**FUNDED** **Up to 27 years of age**

Vaccine	Additional notes	Recommended schedule	Eligibility
Immunisations should be delivered prior to elective immunosuppression if possible, as response may be better and immunosuppression is a contraindication for some vaccines.			
Influenza	• Annually, during the funded Influenza Immunisation Programme	**If prior to immunosuppression:** • Administer one dose annually **If during immunosuppression:** • Administer two doses 4 weeks apart in the first year of immunosuppression; only the first dose is funded. The second dose requires a prescription. • In subsequent years only one dose is required annually	**FUNDED for one dose only**
Meningococcal MenACYW (MenQuadfi)	• Prescription required for second primary dose	**If prior to immunosuppression:** • Administer one dose • Schedule a precall for a booster dose every 5 years **If during immunosuppression:** • Administer two doses 8 weeks apart • Schedule a precall for a booster dose every 5 years	**FUNDED for two doses only**
Meningococcal 4CMenB (Bexsero)	• Can be coadministered with any other vaccine	• Administer two doses 8 weeks apart • Schedule a precall for a booster dose every 5 years †	**FUNDED for two doses only**
Pneumococcal PCV13 (Prevenar)	• If Pneumovax 23 has been administered before Prevenar 13, wait one year to give Prevenar 13	• Administer one dose	**Recommended NOT FUNDED**
Pneumococcal 23PPV (Pneumovax 23)	• Administer Pneumovax 23 a minimum of 8 weeks after Prevenar 13	**If aged 18 years to under 60 years:** • 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 **If aged 60 years or older:** • Administer one dose • Schedule a precall for the second/final dose in 5 years	**Recommended NOT FUNDED**
Polio IPV (Ipol)	• Check immunisation history for a primary course of three polio containing vaccines	**If unsure of polio immunisation history:** • Administer three doses with a minimum of 4 weeks between each dose	**FUNDED**

† Although the need for a booster dose after this vaccination schedule has not been established, it is recommended and funded for certain special groups (refer to Pharmac Schedule)

Vaccine	Additional notes	Recommended schedule	Eligibility
Immunisations should be delivered prior to elective immunosuppression if possible, as response may be better and immunosuppression is a contraindication for some vaccines.			
SARS-CoV-2 (COVID-19)	• A third primary dose of mRNA-CV may be recommended depending on the type of immunosuppression • Refer to Immunisation Handbook for specifics	• Administer vaccine doses following the recommended schedule for the available COVID-19 vaccine	**FUNDED**
Tetanus/diphtheria/ pertussis Tdap (Boostrix)	• Check immunisation history for a primary course of three tetanus/diphtheria containing vaccines	**If unsure of tetanus/diphtheria immunisation history:** • Administer three doses with a minimum of 4 weeks between each dose **If has a confident recollection of completed tetanus/diphtheria immunisation:** • 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)	• 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:** • Complete a documented course of two MMR doses • Administer up to two doses at least 4 weeks apart [a,b,c,d]	**FUNDED for individuals who meet the eligibility criteria** **CONTRAINDICATED From 4 weeks prior to immunosuppression**
Varicella (chickenpox) (Varivax/Varilrix)	• Individuals with no clinical history of varicella infection or vaccination	• Administer two doses at least 4 weeks apart [a,b,c,d,e]	

a. 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 in the current *Immunisation Handbook.*
b. 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.
c. Live vaccines should not be given during the 4 weeks prior to elective immunosuppression.
d. Consider normal immunoglobulin or zoster immunoglobulin for post-exposure measles or varicella prophylaxis respectively in immunosuppressed, non-immune individuals.
e. 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.

Call 0800 IMMUNE (0800 466 863) for clinical advice