

10 September 2007

Dear Colleague

Re: 2008 National Immunisation Schedule from 1 June 2008

The purpose of this letter is to:

- update you on the confirmed 2008 National Immunisation Schedule (the Schedule)
- inform you of the resources being developed/updated for the 2008 Schedule
- provide a list of frequently asked questions and answers about the 2008 Schedule.

2008 National Immunisation Schedule from 1 June 2008

| | Immunisation Given | | | | | | Special Programme |
|--------------|--------------------|----------|---------|--------|--------------|----------|-------------------|
| | DTaP-IPV-HepB/Hib | PCV7 | Hib | MMR | DTaP-IPV | dTap* | Meningococcal B |
| Brand name | Infanrix-hexa | Prevenar | Hiberix | MMR-II | Infanrix-IPV | Boostrix | MeNZB |
| Manufacturer | GSK | Wyeth | GSK | MSD | GSK | GSK | Novartis |
| 6 weeks | • | • | | | | | • |
| 3 months | • | • | | | | | • |
| 5 months | • | • | | | | | • |
| 10 months | | | | | | | • |
| 15 months | | • | • | • | | | |
| 4 years | | | | • | • | | |
| 11 years | | | | | | • | |

*dTap will be given to 11 year old children from 1 January 2008

Vaccine key

D: diphtheria, T: tetanus, aP: acellular pertussis, HepB: hepatitis B, IPV: inactivated polio vaccine, Hib: *Haemophilus influenzae* type b, PCV7: 7-valent pneumococcal conjugate vaccine, MMR: measles-mumps-rubella, d: adult dose diphtheria, ap: adult dose acellular pertussis, MeNZB: meningococcal B.

Changes to the National Immunisation Schedule in 2008

From 1 January 2008 – dTap at age 11 years

- 11 year old children will receive dTap vaccine (Boostrix) instead of dTap-IPV.
- 11 year old children will have already received the recommended 4 doses of polio vaccine.

From 1 June 2008 – pneumococcal conjugate and hexavalent vaccines

- Introduction of the pneumococcal conjugate vaccine (Prevenar; PCV7) for babies from 6 weeks of age.
- All babies born from 1 January 2008 will be eligible for pneumococcal vaccine. However vaccine will not be available for these babies until 1 June 2008. You will need to implement a catch up programme for these babies.
- Expansion of the eligibility criteria for the high-risk pneumococcal programme (criteria to be confirmed).
- The hexavalent vaccine (Infanrix-hexa; DTaP-IPV-HepB/Hib) will replace the 2006 Schedule vaccine combinations given at 6 weeks, 3 months and 5 months of age.
- Using the hexavalent vaccine means there will still be 3 injections given at age 6 weeks, 3 and 5 months of age.

What information will be available for providers and parents for the 2008 Schedule?

Information booklet for providers

The information booklet will contain information about the Schedule vaccines and the immunisation programme.

The 2008 Schedule information booklet will be available on the Ministry of Health website (www.moh.govt.nz) from January 2008.

The final hardcopy version of the information booklet will be mailed to providers in March/April 2008.

Training package for healthcare providers

A national training package for healthcare providers will be developed. The information may be used in group educational sessions or for self-directed learning.

The Ministry expects 2008 Schedule training for healthcare providers to occur between January and April 2008.

Year 7 Health Education Immunisation Resources

These resources will be updated for the 2008 Schedule and available from December 2007.

Health Education Resources to inform about the pneumococcal vaccine

These are expected to be available for order from November 2007.

- Pneumococcal immunisation poster for practices/wards/waiting rooms
- Pneumococcal information leaflet for parents

Existing Health Education Immunisation Resources

All immunisation resources affected by the Schedule change will be updated by May 2008.

Health education resources can be ordered from www.healthed.govt.nz or from your local authorised provider.

Changes to NIR, PMS, SBVS and HealthPAC payment systems

Changes will be made to the National Immunisation Register, Patient Management Systems, School Based Vaccination System and HealthPAC payment systems for the 2008 Schedule. Information will be sent as soon as it is available.

Current Sources of Information

Ministry of Health website: www.moh.govt.nz

- *Immunisation Handbook 2006* Chapter 16:Pneumococcal disease
- General immunisation information

Immunisation Advisory Centre

Ph: 0800 466 863 or see: www.immune.org.nz

Medsafe

For vaccine datasheets and prescribing information, see: www.medsafe.govt.nz

See the attached page for frequently asked questions about the 2008 Schedule.

For more information about the 2008 Schedule change, please contact Alison Roberts at Alison_Roberts@moh.govt.nz or phone (04) 816 4384, or Vikki Cheer at Vikki_Cheer@moh.govt.nz or phone (04) 816 4434.

Yours sincerely

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National Immunisation Schedule 2008 – Frequently asked questions

What is the new vaccine that babies can receive from 1 June 2008?

From 1 June 2008 every child starting their routine immunisations at 6 weeks of age will be offered the pneumococcal vaccine (called Prevenar). Older babies born from 1 January 2008 can also receive the free pneumococcal vaccine from 1 June 2008.

Pneumococcal vaccine protects against the most common strains of severe pneumococcal disease. Severe pneumococcal disease can cause meningitis, blood poisoning and pneumonia. All babies are at risk of severe pneumococcal disease.

2008 National Immunisation Schedule (From 1 June 2008)

| Age given | Number of injections | Diseases protected against |
|-----------|----------------------|---|
| 6 weeks | 3 | Diphtheria, tetanus, whooping cough, polio, hepatitis B, Hib, meningococcal B, and pneumococcal |
| 3 months | 3 | Diphtheria, tetanus, whooping cough, polio, hepatitis B, Hib, meningococcal B, and pneumococcal |
| 5 months | 3 | Diphtheria, tetanus, whooping cough, polio, hepatitis B, Hib, meningococcal B, and pneumococcal |
| 10 months | 1 | Meningococcal B |
| 15 months | 3 | Hib, measles, mumps, rubella, and pneumococcal |
| 4 years | 2 | Diphtheria, tetanus, whooping cough, polio, measles, mumps and rubella. |
| 11 years | 1 | Diphtheria, tetanus and whooping cough* |

*Diphtheria, tetanus and whooping cough vaccine will be available from 1 January 2008.

In New Zealand, immunisation offers protection against 11 diseases. For early protection against these diseases, your child should receive the free immunisations at the times recommended by the Ministry of Health

Is the pneumococcal vaccine used in other countries?

Yes. The pneumococcal vaccine is used by many countries worldwide (including Australia, the United States and Canada) as part of their infant immunisation schedules.

What are common reactions after immunisation with the pneumococcal vaccine?

Some babies may have redness or swelling at the injection site after pneumococcal immunisation. These are expected reactions that can occur after immunisation with any vaccine. Temporary fever may also occur in some babies.

Why does my baby need pneumococcal vaccine as well as meningococcal B vaccine (MeNZB)?

Pneumococcal disease is different to meningococcal B disease. They are caused by different bacteria. Immunisation against meningococcal B disease will not protect against pneumococcal disease.

How many injections will my child receive?

From 1 June 2008, children at 6 weeks, 3 months and 5 months of age will receive 3 injections. These injections are:

- one vaccine to protect against 6 diseases - diphtheria, tetanus, whooping cough, polio, hepatitis B and Hib (Infanrix-hexa)
- the meningococcal B vaccine (MeNZB™)
- the pneumococcal vaccine (Prevenar).

Is it safe for my baby to receive vaccines against 8 diseases at one time?

Yes. The Ministry of Health advises it is safe and effective for babies to receive vaccines to protect against 8 diseases at one time. There is no evidence that giving multiple vaccines at the same visit overloads a baby's immune system.

Why should I immunise my child?

Immunisation is the safest and most effective way of giving protection against disease. After immunisation, your baby is far less likely to catch the disease if this disease is in the community. The benefit of protection against the disease far outweighs the very small risks of adverse reactions to the immunisation.

Providers – please photocopy this page until new resources are available.